cevimeline (se-vim-e-leen)

**General**

**Classification**
Therapeutic: xerostomia therapy adjuncts
Pharmacologic: cholinergics, muscarinic agonists, sialagogues

**Pregnancy Category U-**

**Indications**
Treatment of the symptoms of dry mouth associated with Sjogren's syndrome.

**Action**
Direct cholinergic (muscarinic) effects result on increased secretion of exocrine glands including salivary and sweat glands, and increased smooth muscle tone in the gastrointestinal and urinary tracts.

**Therapeutic Effects:** Improved symptoms of dry mouth in patients with Sjogren's syndrome.

**Pharmacokinetics**

**Absorption:** Rapidly absorbed following oral administration.

**Distribution:** Extensively bound to tissues.

**Metabolism and Excretion:** Mostly metabolized by the liver (CYP2D6 and CYP3A3/4 isoenzymes) (the CYP2D6 enzyme system exhibits genetic polymorphism; 7% of population may be poor metabolizers and may have significantly lower cevimeline concentrations and an increased risk of adverse effects); 16% excreted unchanged in urine.

**Half-life:** 5 hr.

**TIME/ACTION PROFILE (blood levels)**

<table>
<thead>
<tr>
<th>ROUTE</th>
<th>ONSET</th>
<th>PEAK</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO</td>
<td>unknown</td>
<td>1.5–2 hr</td>
<td>unknown</td>
</tr>
</tbody>
</table>

**Contraindications/Precautions**

**Contraindicated in:** Hypersensitivity, Angle-closure glaucoma, Nephrolithiasis or cholelithiasis.

**Use Cautiously in:** Cardiovascular disease including angina pectoris or history of MI; Pulmonary disease including asthma, chronic bronchitis, or chronic obstructive pulmonary disease; Nephrolithiasis or cholelithiasis; Geri: May be more sensitive to toxicity; OB: Use only if potential benefit justifies potential risk to the fetus; Pedi: Safety not established.

**Adverse Reactions/Side Effects**

**CNS:** Coughing, EENT: rhinitis, visual disturbances. GI: nausea, diarrhea, excessive salivation. Derm: hot flashes, sweating, hot flushes.

**Interactions**

**Drug-Drug:** Concurrent beta blocker therapy may increase the risk of cardiac conduction disturbances. Additive parasympathetic and muscarinic effects may occur with drugs that have parasympathetic or muscarinic properties. Drugs that inhibit CYP2D6 and CYP3A4's liver enzymes may inhibit the metabolism of cevimeline and increase its effects and risk of toxicity.

**Drug-Natural Products:** St. John's wort may increase the metabolism of cevimeline and decrease its levels.

**Route/Dosage**

**PO (Adults):** 30 mg 3 times daily.

**NURSING IMPLICATIONS**

**Assessment**

- Assess patient for dry mouth prior to and periodically during therapy.
- Lab Test Considerations: May cause ↑ GGT, AST, and ALT.

**Potential Nursing Diagnoses**

- Impaired oral mucous membrane, altered (Indications)
- Deficient knowledge, related to medication regimen (Patient/Family Teaching)

**Implementation**

- PO: Administer 30 mg 3 times daily.

**Patient/Family Teaching**

- Instruct patient to take cevimeline as directed.
- May cause visual disturbances, especially at night, that could impair ability to drive safely.
- Advise patient to drink extra water if sweating excessively. May cause dehydration.

- **CNS:** Coughing, EENT: rhinitis, visual disturbances. GI: nausea, diarrhea, excessive salivation. Derm: hot flashes, sweating, hot flushes.
- **Drug-Drug:** Concurrent beta blocker therapy may increase the risk of cardiac conduction disturbances. Additive parasympathetic and muscarinic effects may occur with drugs that have parasympathetic or muscarinic properties. Drugs that inhibit CYP2D6 and CYP3A4's liver enzymes may inhibit the metabolism of cevimeline and increase its effects and risk of toxicity.
- **Drug-Natural Products:** St. John's wort may increase the metabolism of cevimeline and decrease its levels.
- **Route/Dosage**
  - PO (Adults): 30 mg 3 times daily.
- **NURSING IMPLICATIONS**
  - **Assessment**
    - Assess patient for dry mouth prior to and periodically during therapy.
    - Lab Test Considerations: May cause ↑ GGT, AST, and ALT.
- **Potential Nursing Diagnoses**
  - Impaired oral mucous membrane, altered (Indications)
  - Deficient knowledge, related to medication regimen (Patient/Family Teaching)
- **Implementation**
  - PO: Administer 30 mg 3 times daily.
- **Patient/Family Teaching**
  - Instruct patient to take cevimeline as directed.
  - May cause visual disturbances, especially at night, that could impair ability to drive safely.
  - Advise patient to drink extra water if sweating excessively. May cause dehydration.
Instruct patient to notify health care professional of all Rx or OTC medications, vitamins, or herbal products being taken and consult health care professional before taking any new medications.

Advise female patients to notify health care professional if pregnancy is planned or suspected or if breast feeding.

Evaluation/Desired Outcomes

Decrease in dry mouth in patients with Sjögren’s disease.

Why was this drug prescribed for your patient?