

# ANTIEMETICS

Generic & Class	Brand & Company	Form(s)	Strength(s)		Usual Dose*
<b>ANTICHOLINERGICS</b>					
Scopolamine	<b>Transderm SCOP</b> Novartis Cons.	transdermal patch	1.5mg (delivers 1mg per 72hrs)	R	<b>Motion sickness:</b> 1 patch 4hrs before departure, remove after 72hrs. <b>Post-op:</b> 1 patch evening before surgery. <b>C-section:</b> 1 patch 1hr before surgery. Remove 24 hrs after surgery.
<b>ANTIHISTAMINES</b>					
Meclizine	<b>Antivert</b> Pfizer	tabs	12.5mg, 25mg, 50mg	R	<b>Motion sickness:</b> 25-50mg 1hr before departure, then once daily. <b>Vertigo:</b> 25-100mg/day in divided doses.
	<b>Zentrip Sato</b>	orally-disintegrating thin strips	25mg	OTC	Dissolve on tongue. 1 or 2 strips once daily, start 1 hour prior to travel.
Diphenhydramine	<b>Benadryl</b> Pfizer	IV or IM inj	50mg/mL	R	<b>Adults:</b> 10-50mg IV or deep IM; max 400mg. <b>Children:</b> 5mg/kg/day in 4 divided doses; max 300mg/day.
<b>CANNABINOIDS</b>					
Dronabinol	<b>Marinol</b> Unimed	caps	2.5mg, 5mg, 10mg	CIII	Initially 5mg/m <sup>2</sup> 1-3hrs before chemo, then every 2-4hrs; max 4-6 doses and 15mg/m <sup>2</sup> /day.
Nabilone	<b>Cesamet</b> Valeant	caps	1mg	CII	1-2mg twice daily; max 6mg/day in 3 divided doses. Start 1-3 hrs before chemo.
<b>5-HT<sub>3</sub> RECEPTOR ANTAGONISTS</b>					
Dolasetron	<b>Anzemet</b> Sanofi-Aventis	tabs	50mg, 100mg	R	<b>Adults:</b> 100mg within 1hr before chemo or within 2hrs before surgery. <b>Children:</b> <2yrs: not recommended. 2-16 yrs: 1.8mg/kg within 1hr before chemotherapy; or, 1.2mg/kg within 2hrs before surgery. Max 100mg/dose.
		IV inj	20mg/mL	R	<b>Adults:</b> ≥16yrs: 1.8mg/kg about 30mins before chemo; or, may give 100mg IV. <b>Prevention:</b> 12.5mg about 15mins before stopping anesthesia. <b>Treatment:</b> 12.5mg as needed.
Granisetron	(various)	tabs	1mg	R	2mg up to 1hr before chemo; or 1mg up to 1hr before, then 1mg 12hrs after 1st dose. <b>Radiation:</b> 2mg within 1hr.
	<b>Sancuso</b> ProStrakan	transdermal patch	3.1mg/day	R	≥2yrs: 10micrograms/kg within 30mins before chemo.
Ondansetron	<b>Zofran</b> GSK	tabs	4mg, 8mg, 24mg	R	<b>Highly emetogenic:</b> 24mg 30mins before chemo.
		orally-disintegrating tabs (ODT)	4mg, 8mg	R	<b>Moderately emetogenic:</b> 8mg for 2 doses starting 30mins before chemo, then 8mg every 12hrs for 1-2 days after.
		soln	4mg/5mL	R	<b>Post-op prophylaxis:</b> 16mg 1hr before anesthesia.
		IV or IM inj	2mg/mL	R	>18yrs: 32mg once or 0.15mg/kg every 4hrs for 3 doses 30mins before chemo. <b>Post-op:</b> 4mg IV before anesthesia or shortly post-op.
	<b>Zuplenz</b> Strativa	Oral soluble films	4mg, 8mg	R	<b>Adults:</b> <b>Highly emetogenic:</b> 24mg (given successively as three 8mg films) 30mins before chemo. <b>Moderate emetogenic:</b> 8mg every 8hrs for 2 doses starting 30mins before chemo, then 8mg every 12hrs for 1-2 days after. <b>TBI, single high-dose fraction or daily fractionated radiotherapy:</b> see monograph. <b>Post-op prophylaxis:</b> 16mg (given successively as two 8mg films) 1hr before anesthesia. <b>Children:</b> Highly emetogenic chemotherapy, radiotherapy, post-op prophylaxis or <4yrs of age: not recommended. <b>4-11yrs: Moderately emetogenic:</b> 4mg every 4hrs for 3 doses starting 30mins before chemo, then 4mg every 8hrs for 1-2 days after.
Palonosetron	<b>Aloxi</b> Eisai	IV inj	0.075mg/1.5mL 0.25mg/5mL	R	<b>Chemotherapy:</b> ≥18yrs: give 30 minutes prior to chemotherapy. 0.25mg IV over 30 seconds; max 1 dose/week. <b>Post-op:</b> give immediately before anesthesia induction. 0.075mg IV over 10 seconds.
<b>PHENOTHIAZINES</b>					
Chlorpromazine	(various)	tabs	10mg, 5mg, 50mg, 100mg, 200mg	R	10-25mg every 4-6hrs.
		inj	25mg/mL	R	25-50mg every 3-4hrs.
Prochlorperazine	(various)	tabs	5mg, 10mg	R	5-10mg 3-4 times daily; max 40mg/day.
		supps	2.5mg, 5mg, 25mg	R	25mg twice daily; max 40mg/day.
Promethazine	(various)	tabs	12.5mg, 25mg, 50mg	R	<b>Motion sickness:</b> 25mg 30-60mins before departure, maintenance: 25mg every 12hrs.
		supps	12.5mg, 25mg, 50mg	R	<b>Peri-op:</b> initially 25mg, then 12.5-25mg every 4-6hrs.
<b>SUBSTITUTED BENZAMIDES</b>					
Metoclopramide	<b>Metozolv ODT</b> Salix	orally-disintegrating tabs	5mg, 10mg	R	<b>Diabetic gastroparesis:</b> 10mg 4 times daily 30 minutes before meals and at bedtime for 2-8 weeks. Allow tablet to dissolve on tongue. Renal impairment: reduce dose.
	<b>Reglan</b> Ani	tabs	5mg, 10mg	R	<b>N/V dues to diabetic gastroparesis:</b> 10mg 30mins before meals and bedtime for 2-8 weeks.
Trimethobenzamide	<b>Tigan</b> King	caps	300mg	R	200mg (IM) or 300mg (oral) 3-4 times daily.
		IM inj	100mg/mL	R	
<b>SUBSTANCE P/NEUROKININ 1 RECEPTOR ANTAGONIST</b>					
Aprepitant	<b>Emend</b> Merck	caps	40mg, 80mg, 125mg	R	<b>Chemo-induced:</b> 125mg 1hr before chemo; then on days 2 and 3: 80mg in AM. <b>Post-op prophylaxis:</b> 40mg within 3hrs prior to anesthesia
	<b>Emend Injection</b> Merck	IV inj	115mg/vial, 150mg/vial	R	≥18yrs: Give with corticosteroid and 5-HT <sub>3</sub> antagonist, approx. 30min prior to chemo. <b>Highly emetogenic (Single dose regimen):</b> 150mg IV over 20-30min on Day 1. <b>Moderately or highly emetogenic: 3-Day regimen:</b> 115mg IV over 15min on Day 1, then Days 2 and 3: 80mg orally once daily in the AM.

## NOTES

\*Usual Dose is the manufacturer's suggested dose for healthy adults (eg, doses for hepatic or renal impairment are not shown). Patients' individual needs may vary.

Adjust dose based on clinical effect.

•TBI = total body irradiation

•See individual product entries for exact indications, other dosing information, IV infusion rates, and other important information.

(Rev. 1/2013)