

ANTIEMETIC TREATMENTS (Part 1 of 2)

Generic	Brand	Form	Strength	Usual Dose
ANTICHOLINERGICS				
scopolamine	Transderm SCOP	℞ transdermal patch	1.5mg (delivers 1mg per 72hrs)	Adults: <i>Motion sickness:</i> 1 patch ≥4hrs before required effect; remove after 72hrs. Apply a new patch if therapy is required >3 days. <i>PONV (for surgeries except cesarean):</i> 1 patch evening before surgery; remove 24hrs after surgery. Children: Not established.
ANTIHISTAMINES				
meclizine	—	℞ tabs	12.5mg, 25mg, 50mg	Adults: <i>Motion sickness:</i> 25–50mg 1hr before travel; then once daily as needed. <i>Vertigo:</i> 25–100mg/day in divided doses. Children: Not recommended.
	Zentrip	OTC orally-disintegrating thin strips	25mg	Adults: 1 or 2 strips once daily 1hr before travel. Children: Not recommended.
diphenhydramine	—	℞ IV or IM inj	50mg/mL	Adults: 10–50mg IV or deep IM; max 400mg/day. Children: 5mg/kg/day in 4 divided doses; max 300mg/day.
CANNABINOIDS				
dronabinol	Marinol	CIII caps	2.5mg, 5mg, 10mg	Adults: Initially 5mg/m ² 1–3hrs before chemo, then every 2–4hrs after chemo; max 4–6 doses/day. May increase if needed by increments of 2.5mg/m ² ; max 15mg/m ² per dose. May decrease to 2.5mg once daily before chemo to reduce adverse events. <i>Elderly:</i> initially 2.5mg/m ² once daily. Children: Not established.
	Syndros	CII soln	5mg/mL	Adults: Give 1st dose ≥30mins before eating. Initially 4.2mg/m ² 1–3hrs before chemo then every 2–4hrs after chemo; max 4–6 doses/day. Children: Not established.
nabilone	Cesamet	CII caps	1mg	≥18yrs: 1–2mg twice daily; max 6mg/day in 3 divided doses. Start 1–3hrs before chemo. <18yrs: Not recommended.
5-HT₃ RECEPTOR ANTAGONISTS				
dolasetron	Anzemet	℞ tabs	50mg, 100mg	Adults: ≥16yrs: 100mg within 1hr before chemo. Children <2yrs: Not established. 2–16yrs: 1.8mg/kg (max 100mg) within 1hr before chemo.
		IV inj	20mg/mL	Adults: ≥16yrs: <i>Prevention:</i> 12.5mg IV 15mins before stopping anesthesia. <i>Treatment:</i> 12.5mg Children <2yrs: Not established. 2–16yrs: <i>Prevention:</i> 0.35mg/kg IV (max 12.5mg) 15mins before stopping anesthesia; or, 1.2mg/kg (max 100mg) mixed into apple juice and taken orally within 2hrs before surgery. <i>Treatment:</i> 0.35mg/kg.
granisetron	—	℞ tabs	1mg	Adults: 2mg up to 1hr before chemo; or 1mg up to 1hr before, then 1mg 12hrs later. <i>Radiation:</i> 2mg within 1hr.
		IV inj	1mg/mL	Adults and Children: <i>Chemotherapy:</i> ≥2yrs: 10mcg/kg within 30mins of initiating chemo. <i>PONV (adults):</i> infuse 1mg undiluted IV over 30secs.
	Sancuso	℞ transdermal patch	3.1mg/day	≥18yrs: 1 patch 24–48hrs before chemo, remove at least 24hrs after completion; max 7 days. <18yrs: Not recommended.
	Sustol	℞ ext-rel SC inj	10mg/0.4mL	≥18yrs: Give as SC inj over 20–30secs with IV dexamethasone ≥30mins before chemotherapy. 10mg on Day 1 of chemotherapy; give no sooner than once every 7 days. <i>MEC:</i> use IV dexamethasone 8mg on Day 1. <i>AC:</i> use IV dexamethasone 20mg on Day 1, then 8mg orally twice daily on Days 2–4. <18yrs: Not established.
ondansetron	—	℞ IV or IM inj	2mg/mL	Adults and Children: <i>Chemotherapy:</i> <6mos: see full labeling. ≥6mos: 0.15mg/kg (max 16mg/dose) IV every 4hrs for 3 doses 30mins before chemo. <i>Post-op:</i> Give as IV inj before anesthesia or shortly post-op. <1 month: see full labeling. 1 month–12yrs (<40kg): 0.1mg/kg; (≥40kg): 4mg. >12yrs: 4mg.
	Zofran	℞ tabs	4mg, 8mg	Adults: <i>Highly emetogenic:</i> 24mg 30min before chemo. <i>Moderately emetogenic:</i> 8mg every 8hrs for 2 doses starting 30min before chemo, then 8mg every 12hrs for 1–2 days after. <i>Post-op:</i> 16mg 1hr before anesthesia induction. <i>TBI, single or daily fractionated radiotherapy to abdomen:</i> See drug monographs. Children: Highly emetogenic, radiotherapy, post-op prophylaxis or <4yrs: Not established. <i>Moderately emetogenic:</i> 4–11yrs: 4mg every 4hrs for 3 doses 30mins before chemo, then 4mg every 8hrs for 1–2 days after.
		ODT	4mg, 8mg	
soln	4mg/5mL			
Zuplenz	℞ oral soluble films	4mg, 8mg		
palonosetron	Aloxi	℞ IV inj	0.075mg/1.5mL 0.25mg/5mL	Adults: ≥17yrs: <i>Chemotherapy:</i> 0.25mg IV 30mins before chemo. <i>Post-op:</i> 0.075mg IV before anesthesia. Children: <1 month: Not established. <i>Chemotherapy:</i> 1 month–<17yrs: 0.02mg/kg IV 30mins before chemo; max 1.5mg/dose.
PHENOTHIAZINES				
chlorpromazine	—	℞ tabs	10mg, 25mg, 50mg, 100mg, 200mg	Adults: <i>Tabs:</i> 10–25mg every 4–6hrs. <i>IM:</i> 25–50mg every 3–4hrs. Children: <6mos: Not recommended. ≥6mos: <i>tabs:</i> 0.25mg/lb every 4–6hrs. <i>IM:</i> 0.25mg/lb every 6–8hrs. <5yrs or <50lbs: max 40mg/day; ≥5yrs or 50–100lbs: usual max 75mg/day.
		IV or IM inj	25mg/mL	

(continued)

ANTIEMETICS (Part 2 of 2)

Generic	Brand	Form	Strength	Usual Dose
PHENOTHIAZINES (continued)				
prochlorperazine	—	℞ tabs	5mg, 10mg	Adults: <i>Oral:</i> 5–10mg 3–4 times daily; max 40mg/day. <i>Rectal:</i> 25mg twice daily. Children: <2yrs or <20lbs: Contraindicated. <i>Oral:</i> 20–29lbs: 2.5mg once or twice daily; max 7.5mg/day. 30–39lbs: 2.5mg 2–3 times daily; max 10mg/day. 40–85lbs: 2.5mg 3 times daily or 5mg twice daily; max 15mg/day.
		supps	25mg	
promethazine	—	℞ tabs	12.5mg, 25mg, 50mg	Adults: <i>Motion sickness:</i> 25mg 30–60min before travel. <i>Maintenance:</i> 25mg twice daily. <i>Perioperative N/V:</i> 25mg; may give additional doses of 12.5–25mg every 4–6hrs. Children: <2yrs: Contraindicated. <i>Motion sickness:</i> ≥2yrs: 12.5–25mg twice daily. <i>Perioperative N/V:</i> 0.5mg/lb or 25mg; may give additional doses of 12.5–25mg or 0.5mg/lb every 4–6hrs.
		supps	12.5mg, 25mg, 50mg	
SUBSTITUTED BENZAMIDES				
metoclopramide	Metozolv ODT	℞ ODT	5mg	Adults: <i>Diabetic gastroparesis:</i> 10mg 4 times daily 30min before meals and at bedtime for 2–8wks.
	Reglan	℞ tabs	5mg, 10mg	
trimethobenzamide	Tigan	℞ caps	300mg	Adults: 200mg (IM) or 300mg (oral) 3–4 times daily.
		IM inj	100mg/mL	
SUBSTANCE P/NEUROKININ 1 RECEPTOR ANTAGONIST				
aprepitant	Cinvanti	℞ emulsion for IV inj	130mg/18mL	Adults: Infuse over 30mins. Give with dexamethasone and 5-HT ₃ antagonist (see full labeling) approx. 30mins before chemo. <i>MEC:</i> 100mg IV on Day 1, then oral aprepitant 80mg on Days 2 and 3. <i>Highly emetogenic:</i> 130mg IV on Day 1. Children: Not established.
		℞ caps	40mg, 80mg, 125mg	
	Emend Injection	℞ IV inj	150mg/vial	Adults: ≥18yrs: Give with corticosteroid and 5-HT ₃ antagonist (see full labeling) 30mins before chemo. 150mg IV over 20–30mins on Day 1. Children: <6mos or <6kg: not recommended. Give with 5-HT ₃ antagonist with or without corticosteroid (see full labeling) 30mins before chemo. <i>Single-day chemo:</i> 6mos–<2yrs: 5mg/kg (max 150mg) IV once over 60mins; 2yrs–<12yrs: 4mg/kg (max 150mg) IV once over 60mins; 12–17yrs: 150mg IV once over 30mins. <i>Multi-day chemo:</i> 6mos–<12yrs: 3mg/kg (max 115mg) IV over 60mins on Day 1; then 2mg/kg (max 80mg) oral susp on Days 2 and 3. 12–17yrs: 115mg IV over 30mins on Day 1; then 80mg oral caps or susp on Days 2 and 3.
	Emend Oral Suspension	℞ pwd for oral susp	125mg	
rolapitant	Varubi	℞ tabs	90mg	≥18yrs: Give before each cycle, at no less than 2wk intervals. Infuse IV over 30mins. <i>Highly emetogenic cisplatin-based chemotherapy:</i> 180mg tab or 166.5mg IV within 2hrs before chemo with dexamethasone 20mg given 30mins before chemo and a 5-HT ₃ receptor antagonist on Day 1, then dexamethasone 8mg twice daily on Days 2–4. <i>MEC and AC regimens:</i> 180mg tab or 166.5mg IV within 2hrs before chemo with dexamethasone 20mg given 30mins before chemo on Day 1 and a 5-HT ₃ receptor antagonist on Days 1–4. <18yrs: Not established.
		IV inj	166.5mg/92.5mL	
SUBSTANCE P/NEUROKININ 1 RECEPTOR ANTAGONIST + 5-HT₃ RECEPTOR ANTAGONIST				
netupitant/palonosetron	Akynzeo	℞ caps	300mg/0.5mg	≥18yrs: <i>Highly emetogenic:</i> 1 cap 1hr before chemo with dexamethasone 12mg PO given 30mins before chemo on Day 1, then 8mg PO once daily on Days 2–4. <i>AC or non-highly emetogenic:</i> 1 cap 1hr before chemo with dexamethasone 12mg PO given 30mins before chemo on Day 1. <18yrs: Not established.
		IV inj	235mg/0.25mg	
NOTES				
Key: AC = anthracycline and cyclophosphamide combination; MEC = moderately emetogenic chemotherapy; ODT = orally disintegrating tabs; PONV = postoperative nausea and vomiting; TBI = total body irradiation				
Patients' individual needs may vary. Adjust dose based on clinical effect. Not an inclusive list of medications, official indications, and/or doses.				
Please see drug monograph at www.eMPR.com and/or contact company for full drug labeling.				