

## ANTIEMETICS (Part 1 of 2)

Generic	Brand	Form	Strength	Usual Dose
<b>ANTICHOLINERGICS</b>				
scopolamine	<b>Transderm SCOP</b>	℞	transdermal patch	1.5mg (delivers 1mg per 72hrs) <b>Adults:</b> <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. <b>Children: Not established.</b>
<b>ANTIHISTAMINES</b>				
meclizine	—	℞	tabs	<b>Adults:</b> <i>Motion sickness:</i> 25–50mg 1hr before travel; repeat every 24hrs as needed. <i>Vertigo:</i> 25–100mg/day in divided doses. <b>Children: Not established.</b>
	<b>Zentrip</b>	OTC	orally-disintegrating thin strips	25mg <b>Adults:</b> 1 or 2 strips once daily 1hr before travel. <b>Children: Not recommended.</b>
diphenhydramine	—	℞	IV or IM inj	<b>Adults:</b> 10–50mg IV or deep IM; max 400mg/day. <b>Children:</b> 5mg/kg/day in 4 divided doses; max 300mg/day.
<b>CANNABINOIDS</b>				
dronabinol	<b>Marinol</b>	CIII	caps	2.5mg, 5mg, 10mg <b>Adults:</b> Initially 5mg/m <sup>2</sup> 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 <sup>2</sup> ; max 15mg/m <sup>2</sup> per dose. May decrease to 2.5mg once daily before chemo to reduce adverse events. <i>Elderly:</i> initially 2.5mg/m <sup>2</sup> once daily. <b>Children: Not established.</b>
	<b>Syndros</b>	CII	soln	5mg/mL <b>Adults:</b> Give 1st dose ≥30mins before eating. Initially 4.2mg/m <sup>2</sup> 1–3hrs before chemo then every 2–4hrs after chemo; max 4–6 doses/day. <b>Children: Not established.</b>
nabilone	<b>Cesamet</b>	CII	caps	1mg ≥18yrs: 1–2mg twice daily; max 6mg/day in 3 divided doses. Start 1–3hrs before chemo. <b>&lt;18yrs: Not recommended.</b>
<b>5-HT<sub>3</sub> RECEPTOR ANTAGONISTS</b>				
dolasetron	<b>Anzemet</b>	℞	tabs	50mg, 100mg <b>Adults:</b> ≥16yrs: 100mg within 1hr before chemo. <b>Children &lt;2yrs: Not established.</b> 2–16yrs: 1.8mg/kg (max 100mg) within 1hr before chemo.
			IV inj	20mg/mL <b>Adults:</b> ≥16yrs: <i>Prevention:</i> 12.5mg IV 15mins before stopping anesthesia. <i>Treatment:</i> 12.5mg. <b>Children &lt;2yrs: Not established.</b> 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 <b>Adults:</b> 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 <b>Adults and Children:</b> <i>Chemotherapy:</i> ≥2yrs: 10mcg/kg within 30mins of initiating chemo. <i>PONV (adults):</i> infuse 1mg undiluted IV over 30secs.
	<b>Sancuso</b>	℞	transdermal patch	3.1mg/day ≥18yrs: 1 patch 24–48hrs before chemo, remove at least 24hrs after completion; max 7 days. <b>&lt;18yrs: Not recommended.</b>
	<b>Sustol</b>	℞	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. <b>&lt;18yrs: Not established.</b>
ondansetron	—	℞	IV or IM inj	2mg/mL <b>Adults and Children:</b> <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.
	<b>Zofran</b>	℞	tabs	4mg, 8mg
			ODT soln	4mg, 8mg 4mg/5mL
	<b>Zuplenz</b>	℞	oral soluble films	4mg, 8mg <b>Children: Highly emetogenic, radiotherapy, post-op prophylaxis or &lt;4yrs: Not established.</b> <i>Moderately emetogenic:</i> 4–11yrs: 4mg every 4hrs for 3 doses 30mins before chemo, then 4mg every 8hrs for 1–2 days after.
palonosetron	<b>Aloxi</b>	℞	IV inj	0.075mg/1.5mL 0.25mg/5mL <b>Adults:</b> ≥17yrs: <i>Chemotherapy:</i> 0.25mg IV 30mins before chemo. <i>Post-op:</i> 0.075mg IV before anesthesia. <b>Children: &lt;1 month: Not established.</b> <i>Chemotherapy:</i> 1 month–<17yrs: 0.02mg/kg IV 30mins before chemo; max 1.5mg/dose.
<b>PHENOTHIAZINES</b>				
chlorpromazine	—	℞	tabs	10mg, 25mg, 50mg, 100mg, 200mg
			IV or IM inj	25mg/mL <b>Adults:</b> <i>Tabs:</i> 10–25mg every 4–6hrs. <i>IM:</i> 25–50mg every 3–4hrs. <b>Children: &lt;6mos: Not recommended.</b> ≥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.

(continued)

## ANTIEMETIC THERAPY (Part 2 of 2)

Generic	Brand	Form	Strength	Usual Dose
<b>PHENOTHIAZINES (continued)</b>				
prochlorperazine	—	℞ tabs	5mg, 10mg	<b>Adults:</b> Oral: 5–10mg 3–4 times daily; max 40mg/day. Rectal: 25mg twice daily. <b>Children:</b> <2yrs or <20lbs: <b>Contraindicated.</b> Oral: 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	<b>Adults:</b> Motion sickness: 25mg 30–60min before travel. Maintenance: 25mg twice daily. Perioperative N/V: 25mg; may give additional doses of 12.5–25mg every 4–6hrs. <b>Children:</b> <2yrs: <b>Contraindicated.</b> Motion sickness: ≥2yrs: 12.5–25mg twice daily. Perioperative N/V: 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	
<b>SUBSTITUTED BENZAMIDES</b>				
metoclopramide	<b>Metozolv ODT</b>	℞ ODT	5mg	<b>Adults:</b> Diabetic gastroparesis: 10mg 4 times daily 30min before meals and at bedtime for 2–8wks.
	<b>Reglan</b>	℞ tabs	5mg, 10mg	
trimethobenzamide	<b>Tigan</b>	℞ caps	300mg	<b>Adults:</b> 200mg (IM) or 300mg (oral) 3–4 times daily.
		IM inj	100mg/mL	
<b>SUBSTANCE P/NEUROKININ 1 RECEPTOR ANTAGONIST</b>				
aprepitant	<b>Cinvanti</b>	℞ emulsion for IV inj or infusion after dilution	130mg/18mL	<b>Adults:</b> Give with dexamethasone and 5-HT <sub>3</sub> antagonist (see full labeling) approx. 30mins before chemo. Give by IV inj over 2mins (do not dilute) or by IV infusion over 30mins. MEC (3-day regimen): 100mg IV on Day 1, then oral aprepitant 80mg on Days 2 and 3. Moderately to highly emetogenic (single-dose regimen): 130mg IV on Day 1. <b>Children: Not established.</b>
	<b>Emend</b>	℞ caps	80mg, 125mg	
	<b>Emend Oral Suspension</b>	℞ pwd for oral susp	125mg	
fosaprepitant dimeglumine	<b>Emend Injection</b>	℞ IV inj	150mg/vial	<b>Adults:</b> ≥18yrs: Give with corticosteroid and 5-HT <sub>3</sub> antagonist (see full labeling) 30mins before chemo. 150mg IV over 20–30mins on Day 1. <b>Children:</b> <6mos or <6kg: <b>Not recommended.</b> Give with 5-HT <sub>3</sub> antagonist with or without corticosteroid (see full labeling) 30mins before chemo. Single-day chemo: 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. Multi-day chemo: 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.
rolapitant	<b>Varubi</b>	℞ tabs	90mg	≥18yrs: Give before each cycle, at no less than 2wk intervals. Infuse IV over 30mins. Highly emetogenic cisplatin-based chemotherapy: 180mg tab or 166.5mg IV within 2hrs before chemo with dexamethasone 20mg given 30mins before chemo and a 5-HT <sub>3</sub> receptor antagonist on Day 1, then dexamethasone 8mg twice daily on Days 2–4. MEC and AC regimens: 180mg tab or 166.5mg IV within 2hrs before chemo with dexamethasone 20mg given 30mins before chemo on Day 1 and a 5-HT <sub>3</sub> receptor antagonist on Days 1–4. <18yrs: <b>Not established.</b>
		IV inj	166.5mg/92.5mL	
<b>SUBSTANCE P/NEUROKININ 1 RECEPTOR ANTAGONIST + 5-HT<sub>3</sub> RECEPTOR ANTAGONIST</b>				
netupitant/palonosetron	<b>Akynzeo</b>	℞ caps	300mg/0.5mg	≥18yrs: Highly emetogenic: 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. AC or non-highly emetogenic: 1 cap 1hr before chemo with dexamethasone 12mg PO given 30mins before chemo on Day 1. <18yrs: <b>Not established.</b>
		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](http://www.eMPR.com) and/or contact company for full drug labeling.

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