

ANTIEMETIC TREATMENTS (Part 2 of 2)

Generic	Brand	Strength	Form	Usual Dose
ANTICHOLINERGICS				
scopolamine	Transderm SCOP	Rx 1.5mg (delivers 1mg per 72hrs)	transdermal patch	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				
dimenhydrinate	Dramamine	OTC 50mg	tabs, chew tabs	Adults: <i>Motion sickness:</i> ≥12yrs: 50–100mg every 4–6hrs, start ½–1hr before travel; max 400mg/day. Children: <2yrs: Not recommended. <i>Motion sickness:</i> start ½–1hr before travel; may repeat every 6–8hrs. 2–6yrs: 12.5–25mg; max 75mg/day. 6–11yrs: 25–50mg; max 150mg/day.
diphenhydramine	—	Rx 50mg/mL	IV or IM inj	Adults: 10–50mg IV or deep IM; max 400mg/day. Children: 5mg/kg/day in 4 divided doses; max 300mg/day.
meclizine	—	Rx 12.5mg, 25mg	tabs	Adults: <i>Motion sickness:</i> 25–50mg 1hr before travel; repeat every 24hrs as needed. <i>Vertigo:</i> 25–100mg/day in divided doses. Children: Not established.
	Zentrip	OTC 25mg	orally-disintegrating thin strips	Adults: 1 or 2 strips once daily 1hr before travel. Children: Not recommended.
CANNABINOIDS				
dronabinol	Marinol	CIII 2.5mg, 5mg, 10mg	caps	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 5mg/mL	oral soln	Adults: Give 1st dose ≥30mins before eating. Initially 4.2mg/m ² 1–3hrs before chemo then every 2–4hrs after chemo; total 4–6 doses/day. <i>Elderly:</i> 2.1mg/m ² once daily 1–3hrs before chemo. May increase in increments of 2.1mg/m ² ; max 12.6mg/m ² per dose for 4–6 doses/day. May reduce to 2.1mg once daily 1–3hrs before chemo if needed. Children: Not established.
nabilone	Cesamet	CII 1mg	caps	≥18yrs: 1–2mg twice daily; max 6mg/day in 3 divided doses. Start 1–3hrs before chemo. <18yrs: Not recommended.
DOPAMINE-2 RECEPTOR ANTAGONIST				
amisulpride	Barhemsys	Rx 2.5mg/mL	soln for IV infusion	Adults: Infuse over 1–2mins. <i>PONV (Prevention):</i> 5mg IV once at the time of induction of anesthesia; <i>(Treatment):</i> 10mg IV once in the event of nausea and/or vomiting after a surgical procedure. Children: Not established.
5-HT₃ RECEPTOR ANTAGONISTS				
dolasetron	Anzemet	Rx 50mg, 100mg	tabs	Adults: ≥16yrs: 100mg within 1hr before chemo. Children <2yrs: Not established. 2–16yrs: 1.8mg/kg (max 100mg) within 1hr before chemo.
granisetron	—	Rx 1mg	tabs	Adults: 2mg up to 1hr before chemo; or 1mg up to 1hr before, then 1mg 12hrs later. <i>Radiation:</i> 2mg within 1hr.
	—	Rx 1mg/mL	IV inj	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	Rx 3.1mg/day	transdermal patch	≥18yrs: 1 patch 24–48hrs before chemo, remove at least 24hrs after completion; max 7 days. <18yrs: Not recommended.
	Sustol	Rx 10mg/0.4mL	ext-rel SC inj	≥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	—	Rx 2mg/mL	IV or IM inj	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.
	—	Rx 4mg, 8mg 4mg/5mL	ODT oral soln	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.
	Zofran	Rx 4mg, 8mg	tabs	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.
palonosetron	—	Rx 0.075mg/1.5mL 0.25mg/5mL	IV inj	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	—	Rx 10mg, 25mg, 50mg, 100mg, 200mg	tabs	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.
	—	Rx 25mg/mL	IV or IM inj	

(continued)

ANTIEMETICS (Part 2 of 2)

Generic	Brand	Strength	Form	Usual Dose	
PHENOTHIAZINES (continued)					
prochlorperazine	—	Ⓡ 5mg, 10mg	tabs	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.	
		25mg	supps		
promethazine	—	Ⓡ 12.5mg, 25mg, 50mg	tabs	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.	
		12.5mg, 25mg, 50mg	supps		
SUBSTITUTED BENZAMIDES					
metoclopramide	—	Ⓡ 5mg	ODT	Adults: <i>Diabetic gastroparesis:</i> 10mg 4 times daily 30min before meals and at bedtime for 2–8wks. Children: Not recommended.	
	Reglan	Ⓡ 5mg, 10mg	tabs		
	—	Ⓡ 5mg/mL	IV or IM inj		
trimethobenzamide	—	Ⓡ 300mg	caps	Adults: 200mg (IM) or 300mg (oral) 3–4 times daily. Children: Not recommended.	
	Tigan	Ⓡ 100mg/mL	IM inj		
SUBSTANCE P/NEUROKININ 1 RECEPTOR ANTAGONIST					
aprepitant	Cinvanti	Ⓡ 130mg/18mL	emulsion for IV inj or infusion after dilution	Adults: Give with dexamethasone and 5-HT ₃ antagonist (see full labeling) approx. 30mins before chemo. Give by IV inj over 2mins (do not dilute) or by IV infusion over 30mins. <i>MEC (3-day regimen):</i> 100mg IV on Day 1, then oral aprepitant 80mg on Days 2 and 3. <i>Moderately to highly emetogenic (single-dose regimen):</i> 130mg IV on Day 1. Children: Not established.	
			caps		
	Emend	Ⓡ 80mg, 125mg	caps	Adults: <i>Chemotherapy induced:</i> ≥12yrs: Give with corticosteroid and 5-HT ₃ antagonist 1hr before chemo. Day 1: 125mg. Days 2 and 3: 80mg; if no chemotherapy given, administer caps in the AM. Children: <i>Chemotherapy induced:</i> <12yrs: use oral susp.	
fosaprepitant dimeglumine	Emend Oral Suspension	Ⓡ 125mg	pwd for oral susp	Adults and Children: <6mos or <6kg: Not recommended. 6mos–<12yrs or unable to swallow: Give with corticosteroid and 5-HT ₃ antagonist (see full labeling) 1hr before chemo. Day 1: 3mg/kg (max 125mg). Days 2 and 3: 2mg/kg (max 80mg); if no chemotherapy given, administer susp in the AM.	
			Ⓡ 150mg/vial		pwd for IV infusion after reconstitution and dilution
	Emend Injection	Ⓡ 150mg/vial	pwd for IV infusion after reconstitution and dilution	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 once over 60mins on Day 1; then 2mg/kg (max 80mg) IV once over 60mins or may give 2mg/kg oral susp or caps (if ≥40kg & able to swallow caps) on Days 2 and 3. 12–17yrs: 115mg IV once over 30mins on Day 1; then 80mg IV once over 30mins or may give 80mg oral caps or susp (if unable to swallow caps) on Days 2 and 3.	
rolapitant	Varubi	Ⓡ 90mg	tabs	≥18yrs: Give before each cycle, at no less than 2wk intervals. <i>Highly emetogenic cisplatin-based chemotherapy:</i> 180mg within 2hrs before chemo with dexamethasone 20mg given 30mins before chemo and a 5-HT ₃ receptor antagonist (see drug's full labeling for dosing) on Day 1, then dexamethasone 8mg twice daily on Days 2–4. <i>MEC and AC regimens:</i> 180mg within 2hrs before chemo with dexamethasone 20mg given 30mins before chemo on Day 1 and a 5-HT ₃ receptor antagonist (see drug's full labeling for dosing) on Days 1–4. <18yrs: Not established.	
SUBSTANCE P/NEUROKININ 1 RECEPTOR ANTAGONIST + 5-HT₃ RECEPTOR ANTAGONIST					
netupitant/palonosetron	Akynzeo	Ⓡ 300mg/0.5mg	caps	≥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.	
			235mg/0.25mg/20mL	soln for IV infusion after dilution	≥18yrs: <i>Highly emetogenic:</i> 1 vial 30mins before chemo with dexamethasone 12mg PO given 30mins before chemo on Day 1, then 8mg PO once daily on Days 2–4. <18yrs: Not established.
			235mg/0.25mg per vial	pwd for IV infusion after reconstitution and dilution	

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. (Rev. 11/2022)