

## Levomepromazine for anti-emesis – How do you use it?

April – May 2016

Number of responses = 160

1) For PO doses of levomepromazine less than 25mg, what formulation do you use? (one\_of)

answer	votes	% of vote
Split a 25mg tablet in half for 12.5mg dose or quarter for a 6.25mg dose	103	64%
Use a 6mg tablet (special order in UK)	33	21%
Other (please state in the comments section below)	24	15%

2) What PO *starting dose* of levomepromazine do you *generally* use as an anti-emetic? (one\_of)

answer	votes	% of vote
3mg PO at bedtime and p.r.n.	8	5%
6–6.25mg PO at bedtime and p.r.n.	124	78%
12–12.5mg PO at bedtime and p.r.n.	12	8%
Other (please state in the comments section below)	16	10%

3) What SC *starting dose* of levomepromazine do you *generally* use as an anti-emetic? (one\_of)

answer	votes	% of vote
2.5mg SC at bedtime and p.r.n.	22	14%
5mg SC at bedtime and p.r.n.	9	6%
6.25mg SC at bedtime and p.r.n.	106	66%
12.5mg SC at bedtime and p.r.n.	6	4%
Other (please state in the comments section below)	17	11%

4) The PO bio-availability of levomepromazine is reported between 20–50%. When switching from PO to the SC route, do you adjust the dose? (one\_of)

answer	votes	% of vote
Do not reduce the dose, i.e. use the same dose SC as the PO dose	114	71%
Reduce by 50%, i.e. use half the PO dose SC	34	21%
Other (please state in the comments section below)	12	8%

5) What is the total PO *maximum daily* dose that you generally use for levomepromazine as an anti-emetic? (one\_of)

answer	votes	% of vote
<6mg/24h	0	0%
6–6.25mg/24h	2	1%
12–12.5mg/24h	25	16%
18–18.75mg/24h	9	6%
25mg/24h	87	54%
37.5mg/24h	5	3%
50mg/24h	27	17%
>50mg/24h	5	3%
Other (please state in the comments section below)	1	1%

6) What is the *total SC or CSCI maximum daily dose* that you generally use for levomepromazine as an anti-emetic? (one\_of)

answer	votes	% of vote
<6.25mg/24h	0	0%
6.25mg/24h	2	1%
12.5mg/24h	20	13%
18.75mg/24h	3	2%
25mg/24h	85	53%
37.5mg/24h	10	6%
50mg/24h	28	18%
>50mg/24h	6	4%
Other (please state in the comments section below)	5	3%

7) Once a satisfactory PO/SC anti-emetic dose of levomepromazine is determined, how do you *generally* prescribe it? (one\_of)

answer	votes	% of vote
As a once daily dose at bedtime	83	52%
Split the total daily dose required into twice a day, i.e. b.d.	54	34%
Split the total daily dose required into three times a day, i.e. t.d.s.	8	5%
Other (please state in the comments section below)	13	8%

8) At what dose have you generally encountered dose-limiting problems with sedation or hypotension when using the PO route? (one\_of)

answer	votes	% of vote
<6mg/24h	1	1%
6–6.25mg/24h	11	7%
12–12.5mg/24h	29	18%
18–18.75mg/24h	15	9%
25mg/24h	45	28%
37.5mg/24h	14	9%
50mg/24h	10	6%
>50mg/24h	6	4%
Other (please state in the comments section below)	26	16%

9) At what dose have you generally encountered dose-limiting problems with sedation or hypotension when using the SC or CSCI route? (one\_of)

answer	votes	% of vote
<6.25mg/24h	4	3%
6.25mg/24h	6	4%
12.5mg/24h	32	20%
18.75mg/24h	13	8%
25mg/24h	47	29%
37.5mg/24h	11	7%
50mg/24h	8	5%
>50mg/24h	8	5%
Other (please state in the comments section below)	26	16%

10) Do you find patients tolerate the undesirable effects of levomepromazine better if the daily dose is divided (either PO or SC)? (one\_of)

answer	votes	% of vote
Yes	47	29%
No	39	24%
Do not know	73	46%

11) Which diluent do you generally use for CSCI infusions containing levomepromazine mixed with other drugs (assuming the diluent is compatible with all the drugs)? (one\_of)

answer	votes	% of vote
WFI	101	63%
0.9% saline	47	29%
Other	7	4%

12) Further comments. (freetext)

**Q1 Other oral formulations specified were:**

Levomepromazine oral solution/suspension (special-order product in UK)  
 Levomepromazine injection solution given PO  
 Levomepromazine 1.5mg tablet (Japan)  
 Levomepromazine oral drops (France and Spain) 1 drop =1mg.

**Q2 Other PO starting doses:**

3.125mg  
 Would probably start a lower dose than 6.25mg but 6mg tablets extremely expensive.

**Q3 Other SC starting doses;**

We tend to use levomepromazine as a first-line anti-emetic for all EOL patients, so tend to use 12.5mg in syringe driver if needed over 24h. Anticipatory dose of 6.25mg b.d..

**Q4 Other comments relating to conversion of PO to SC:**

Tend to round PO dose down for SC use e.g. 6.25mg to 5mg  
 Reduce but not by 50%, probably 20-25% dose dependent  
 Depends on the patient's current symptoms and how well they are managed  
 SC, I prescribe 5mg as a starting dose which is small dose reduction but easier to administer.

**Q7 Other comments relating to administration details:**

I divide the total dose in 6 and give each portion q4h  
 I use a low dose at night first-line, if this does not suffice I increase and divide the dose  
 Often prescribe levomepromazine as SC once daily injection due to long halflife rather than used in syringe pump due to risk of irritation at infusion site.

**Q8 and Q9 Summary of comments relating to undesirable effects:**

The dose at which undesirable sedation occurs varies considerably between patients (12 responses) and many titrate the anti-emetic dose gradually to an acceptable degree of sedation. Some patients cannot tolerate even low doses, e.g. 6mg/24h, however 3 reports from those using lower doses of 6-12.5mg/24h had not encountered problems with sedation or hypotension.

<b>Other comments received:</b>
There were 3 reports of levomepromazine being given sublingually (SL) rather than PO, either by using the injection formulation via SL route or using half a 6mg special-order tablet SL (however this is noted to be formulation dependent)
On the inpatient unit we use 6.25mg for both SC and PO as the starting dose. However, when a patient is discharged we supply 6mg tablets to save the patient or carer from having to quarter tablets
Mostly use is dictated by preparation, i.e. 25mg tablet or ease of dividing injectable amount
SC breakthrough dose used 3.125mg.