

## **METOCLOPRAMIDE syrup/tab/amp**

**Class:** Antiemetic;Gastrointestinal Agent, Prokinetic

**Indications:** Symptomatic treatment of diabetic gastroparesis; gastroesophageal reflux

**Available dosage form in the hospital:**

**METOCLOPRAMIDE 5MG/5ML SYRUP, METOCLOPRAMIDE 10MG TAB,  
METOCLOPRAMIDE HCL 10MG AMP**

**Trade Names:**

**Dosage:**

**1- Gastroesophageal reflux:** Oral: 10-15 mg up to 4 times daily 30 minutes before meals or food and at bedtime; single doses of 20 mg are occasionally needed prior to provoking situations. Treatment >12 weeks is not recommended.

**2- Gastroparesis:**

*Manufacturer's labeling:* Diabetic gastroparesis:

Oral: 10 mg up to 4 times daily 30 minutes before meals or food and at bedtime for 2-8 weeks. Treatment >12 weeks is not recommended.

I.M., I.V. (for severe symptoms): 10 mg over 1-2 minutes; 10 days of I.V. therapy may be necessary before symptoms are controlled to allow transition to oral administration

**3- Chemotherapy-induced emesis prophylaxis:** I.V.: 1-2 mg/kg 30 minutes before chemotherapy and repeated every 2 hours for 2 doses, then every 3 hours for 3 doses (manufacturer labeling); pretreatment with diphenhydramine will decrease risk of extrapyramidal reactions.

**Alternate dosing: Note:** Metoclopramide is considered an antiemetic with a low therapeutic index; use is generally reserved for agents with low emetogenic potential or in patients intolerant/refractory to first line antiemetics.

*Low-risk chemotherapy (unlabeled):* I.V., Oral: 10-40 mg prior to chemotherapy dose, then every 4-6 hours as needed

*Breakthrough treatment (unlabeled):* I.V., Oral: 10-40 mg every 4-6 hours

*Delayed-emesis prophylaxis (unlabeled):* Oral: 20-40 mg (or 0.5 mg/kg/dose) 2-4 times daily for 3-4 days (in combination with dexamethasone

*Refractory or intolerant to antiemetics with a higher therapeutic index :*

I.V.: 1-2 mg/kg/dose before chemotherapy and repeat 2 hours after chemotherapy

Oral: 0.5 mg/kg every 6 hours on days 2-4

**4- Postoperative nausea and vomiting prophylaxis:** I.M., I.V. (unlabeled route): 10-20 mg near end of surgery

**5- Postpyloric feeding tube placement, radiological exam:** I.V.: 10 mg as a single dose.

## **Geriatric**

Initial: Dose at the lower end of the recommended range. Refer to adult dosing.

### **Common side effect:**

**Cardiovascular:** AV block, bradycardia, HF, fluid retention, flushing, hyper-/hypotension, supraventricular tachycardia

**Central nervous system:** Drowsiness , acute dystonic reactions ,fatigue , lassitude , restlessness ,headache , dizziness , somnolence , akathisia, confusion, depression, hallucinations (rare), insomnia, neuroleptic malignant syndrome (rare), Parkinsonian-like symptoms, suicidal ideation, seizure, tardive dyskinesia

**Dermatologic:** Angioneurotic edema, rash, urticaria

**Endocrine & metabolic:** Amenorrhea, galactorrhea, gynecomastia, hyperprolactinemia, impotence

**Gastrointestinal:** Nausea , vomiting , diarrhea

**Genitourinary:** Incontinence, urinary frequency

**Hematologic:** Agranulocytosis, leukopenia, neutropenia, porphyria

**Hepatic:** Hepatotoxicity

**Ocular:** Visual disturbance

**Respiratory:** Bronchospasm, laryngeal edema , laryngospasm

**Miscellaneous:** Allergic reactions, methemoglobinemia, sulfhemoglobinemia

**Pregnancy Risk Factor:** B