

- **PREGNANCY** Manufacturer advises use only if potential benefit outweighs risk.
- **BREAST FEEDING** Manufacturer advises avoid—present in milk.
- **HEPATIC IMPAIRMENT**
 - ▶ With oral use Manufacturer advises consider avoiding in severe impairment.
 - Dose adjustments** ▶ With oral use Manufacturer advises dose reduction, if used in severe impairment.
- **RENAL IMPAIRMENT**
 - Monitoring** ▶ With intravenous use Manufacturer advises monitor renal function closely in renal impairment.
- **DIRECTIONS FOR ADMINISTRATION** Avoid concomitant administration of nimodipine infusion and tablets.
 - ▶ With oral use For administration *by mouth*, tablets may be crushed or halved but are light sensitive—administer immediately.
 - ▶ With intravenous use For *intravenous infusion*, give via drip tubing in Glucose 5% or Sodium chloride 0.9%. Not to be added to infusion container; administer via an infusion pump through a Y-piece into a central catheter; incompatible with polyvinyl chloride giving sets or containers; protect infusion from light.
 - ▶ With intravenous use Polyethylene, polypropylene, or glass apparatus should be used.
- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug. Forms available from special-order manufacturers include: oral suspension
 - Solution for infusion**
 - ▶ **Nimotop** (Bayer Plc)
Nimodipine 200 microgram per 1 ml Nimotop 0.02% solution for infusion 50ml vials | 1 vial [PoM] £13.60 (Hospital only)

Tablet

- ▶ **Nimotop** (Bayer Plc)
Nimodipine 30 mg Nimotop 30mg tablets | 100 tablet [PoM] £40.00
DT = £40.00

3 Blood clots

3.1 Blocked catheters and lines

Other drugs used for Blocked catheters and lines Heparin (unfractionated), p. 143 • Urokinase, p. 148

PROSTAGLANDINS AND ANALOGUES

Epoprostenol

20-Apr-2020

(Prostacyclin)

- **DRUG ACTION** Epoprostenol is a prostaglandin and a potent vasodilator. It is also a powerful inhibitor of platelet aggregation.

● INDICATIONS AND DOSE

Inhibition of platelet aggregation during renal dialysis when heparins are unsuitable or contra-indicated
Treatment of primary pulmonary hypertension resistant to other treatments, usually with oral anti-coagulation (initiated by a specialist)

- ▶ BY CONTINUOUS INTRAVENOUS INFUSION
- ▶ Adult: (consult product literature)

PHARMACOKINETICS

- ▶ Short half-life of approximately 3 minutes, therefore it must be administered by continuous intravenous infusion.

- **CONTRA-INDICATIONS** Severe left ventricular dysfunction

- **CAUTIONS** Avoid abrupt withdrawal when used for primary pulmonary hypertension (risk of rebound pulmonary hypertension) • extreme caution in coronary artery disease • haemorrhagic diathesis • pulmonary veno-occlusive disease • reconstituted solution highly alkaline—avoid extravasation (irritant to tissues) • risk of pulmonary oedema (dose titration for pulmonary hypertension should be in hospital)
- **INTERACTIONS** → Appendix 1: epoprostenol
- **SIDE-EFFECTS**
 - ▶ **Common or very common** Abdominal pain • anxiety • arrhythmias • arthralgia • chest discomfort • diarrhoea • flushing • haemorrhage • headache • intracranial haemorrhage • nausea • pain • rash • sepsis • vomiting
 - ▶ **Uncommon** Dry mouth • hyperhidrosis
 - ▶ **Rare or very rare** Fatigue • hyperthyroidism • intravenous catheter occlusion • local infection • pallor
 - ▶ **Frequency not known** Ascites • pulmonary oedema (avoid chronic use if occurs during dose titration) • spleen abnormalities
- **PREGNANCY** Use if potential benefit outweighs risk.
- **BREAST FEEDING** Manufacturer advises avoid—no information available.
- **MONITORING REQUIREMENTS** Anticoagulant monitoring required when given with anticoagulants.
- **TREATMENT CESSATION** Avoid abrupt withdrawal when used for primary pulmonary hypertension (risk of rebound pulmonary hypertension).
- **DIRECTIONS FOR ADMINISTRATION** Directions for administration vary depending on the preparation used—consult product literature.

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug.

Powder for solution for infusion▶ **Epoprostenol (Non-proprietary)**

Epoprostenol (as Epoprostenol sodium) 500 microgram
Epoprostenol 500microgram powder (pH12) for solution for infusion vials | 1 vial [PoM] ☒ (Hospital only)

Epoprostenol (as Epoprostenol sodium) 1.5 mg Epoprostenol 1.5mg powder (pH12) for solution for infusion vials | 1 vial [PoM] ☒ (Hospital only)

▶ **Veletri** (Actelion Pharmaceuticals UK Ltd)

Epoprostenol (as Epoprostenol sodium) 500 microgram Veletri 500microgram powder for solution for infusion vials | 1 vial [PoM] £24.44

Epoprostenol (as Epoprostenol sodium) 1.5 mg Veletri 1.5mg powder for solution for infusion vials | 1 vial [PoM] £49.24

Powder and solvent for solution for infusion

ELECTROLYTES: May contain Sodium

▶ **Epoprostenol (Non-proprietary)**

Epoprostenol (as Epoprostenol sodium) 500 microgram
Epoprostenol 500microgram powder and solvent (pH10.5) for solution for infusion vials | 1 vial [PoM] £58.95

Epoprostenol (as Epoprostenol sodium) 1.5 mg Epoprostenol 1.5mg powder and solvent (pH10.5) for solution for infusion vials | 1 vial [PoM] £118.75

▶ **Flolan** (GlaxoSmithKline UK Ltd)

Epoprostenol (as Epoprostenol sodium) 500 microgram Flolan 500microgram powder and solvent (pH12) for solution for infusion vials | 1 vial [PoM] £22.22

Epoprostenol (as Epoprostenol sodium) 1.5 mg Flolan 1.5mg powder and solvent (pH12) for solution for infusion vials | 1 vial [PoM] £44.76