

1362 Appendix A Selected New Drugs

who are refractory to at least 2 proteasome inhibitors, at least 2 immunomodulatory agents, and an anti-CD38 monoclonal antibody, in combination with dexamethasone

CONTRAINDICATIONS

Hypersensitivity, pregnancy, breastfeeding

DOSAGE AND ROUTES

• **Adult: PO** 80 mg in combination with dexamethasone 20 mg orally on days 1 and 3 of each week; repeat weekly until disease progression or unacceptable toxicity

solriamfetol (Rx)

(sol' ri- am' fe-tol)

Sunosi

Func. class.: Narcolepsy agent

Chem. class.: Dopamine norepinephrine reuptake inhibitor

Controlled substance IV

ACTION: Unknown, action may be due to its inhibitor of a dopamine and norepinephrine reuptake

USES: Excessive daytime sleepiness due to narcolepsy or obstructive sleep apnea

CONTRAINDICATIONS: Hypersensitivity, MAOIs

Precautions:

Alcoholism, bipolar disorder, cardiac disease, breastfeeding, diabetes mellitus, geriatrics, heart failure, hepatic disease, hypertension, MI, pregnancy, renal disease, schizophrenia, stroke, substance abuse, valvular heart disease, ventricular dysfunction

DOSAGE AND ROUTES

Narcolepsy

Adults: PO Initially, 75 mg daily on awakening; may increase to 150 mg after ≥ 3 days; max 150 mg/day Obstructive sleep apnea

• **Adults: PO** Initially, 37.5 mg daily on awakening; double the dose at intervals of at least 3 days if needed; max 150 mg/day

Renal dose

Adult: PO 37.5 mg/day; may increase to 75 mg/day after ≥ 7 days

Available forms: Tablet 75, 150 mg

Administer:

- Without regard to food
- Take on awakening; avoid within 9 hr of bedtime

SIDE EFFECTS

CNS: *Insomnia, anxiety, headache, dizziness*

CV: Palpitations, chest discomfort

GI: *Anorexia, nausea, dry mouth, constipation, abdominal pain*

INTEG: Hyperhidrosis

PHARMACOKINETICS

Protein binding $< 20\%$, minimally metabolized; half-life 7.1 hr, increased in renal disease; excreted 95% unchanged, peak 1.2-3 hr

INTERACTIONS

Increased: hypertensive reaction—MAOIs; do not use within 14 days

Use caution when using dopaminergic agents or drugs that increase B/P or heart rate

NURSING CONSIDERATIONS

Assess:

- **Narcolepsy:** assess for trouble staying awake baseline and after 1 wk, 2 wk
- B/P and heart rate baseline and periodically; hypertension should be treated before starting this product
- Psychiatric symptoms: assess for symptoms baseline and periodically; those with renal disease may be at higher risk
- Abuse: assess for those with a recent history of drug abuse, especially alcohol, amphetamines, cocaine, methylphenidate; watch for drug-seeking behaviors

Evaluate:

- Therapeutic response: ability to stay awake

Teach patient/family:

- To discuss all Rx, OTC, herbs, and supplements taken and if taking an MAOI