

**VANCOUVER GENERAL HOSPITAL
CSU PHARMACEUTICAL SCIENCES
NON-FORMULARY DRUG DATA SHEET**

DRUG NAME

treprostinil

ALTERNATE NAME

REMODULIN

STRENGTH

20 mL multiuse vials of:
1 mg/mL, 2.5 mg/mL, 5 mg/mL, 10 mg/mL

CLASSIFICATION

Prostacyclin

INDICATIONS

- Treatment of pulmonary arterial hypertension when conventional therapy is not effective
- Restricted to Division of Respiratory

RECONSTITUTION AND STABILITY

- Stable at room temperature
- Diluted solutions stable x 48 hours at room temperature
- Once vial is punctured, discard after 30 days

COMPATIBILITY

- Compatible with NS or sterile water for injection
- Incompatible with other medications

ADMINISTRATION

- SUBCUTANEOUS infusion
 - IV infusion – 50,000- 300,000 ng/mL in 100 mL NS
 - administer IV via central line (can be infused peripherally in emergencies only)
- The IV and SUBCUT infusion rates must be controlled with a CADD pump

DOSAGE

1 mg = 1,000,000 ng

- SUBCUTANEOUS or IV infusion - initiate at 1 ng/kg/min and increase dose by 1 ng/kg/min Q4H as tolerated

$$\text{Rate (mL/hour)} = \frac{\text{Dose (ng/kg/minute)} \times \text{Weight (kg)} \times 60 \text{ minute/hour}}{\text{Concentration (ng/mL)}}$$

Refer to one of the following charts for IV infusions:

IV Infusion rates for treprostinil concentration 50,000 ng/mL

IV Infusion rates for treprostinil concentration 100,000 ng/mL

IV Infusion rates for treprostinil concentration 200,000 ng/mL

IV Infusion rates for treprostinil concentration 300,000 ng/mL

SIDE EFFECTS

- Dose limiting effects: chest pain, shortness of breath, nausea/vomiting/diarrhea, fatigue/weakness, flushing/warm extremities, heacache/persistent jaw pain, hypotension/bradycardia, seizures, fainting
- Generalized rash and pruritus has been reported
- SUBCUT infusion can cause infusion site pain, redness and swelling

MONITORING

- Monitor BP, pulse, respiratory rate, O2 saturation at baseline, and Q15MIN x 1 hour after each dose titration
- Monitor SUBCUT infusion site Q4H for erythema, pain, edema and swelling

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