化療藥物輸注順序相反藥物交互作用之影響

最新修訂 113.01.02

施打順序		藥物施打順序相反的結果	機轉	處置與建議
前	後			
Methotrexate	**L-Asparaginase**	Asparaginase 與 methotrexate 同時投予或在 methotrexate 前給予會使 methotrexate 抗腫瘤效果減弱或失效。	Asparaginase prohibits the cell replication necessary for methotrexate antineoplastic activity	Administer asparaginase nine to ten days before methotrexate therapy or shortly after methotrexate therapy
Prednisolone	**L-Asparaginase**	Asparaginase 與 prednisolone 同時投予或在 prednisolone 前給予會使毒性增加。	unknown	Administer asparaginase after prednisolone rather than before or concurrently to avoid an increased risk of toxicity.
Paclitaxel	**Cisplatin**	Cisplatin 會減少 paclitaxel 清除率，並且會引起 paclitaxel 骨髓抑制毒性增加。	Paclitaxel (110-200 mg/m^2) was given after cisplatin (50 or 75 mg/m^2) within hours and decrease in paclitaxel clearance of approximately 33 %.	Monitor for myelosuppression, which is more profound when paclitaxel is given after cisplatin than with paclitaxel before cisplatin.
Doxorubicin	**Paclitaxel**	Paclitaxel 會減少 doxorubicin 清除率，並且會提高嗜中性性白血球減少(neutropenia)與口腔炎(stomatitis)毒性發生。	Increased plasma levels of doxorubicin and its active metabolite, doxorubicinol.	Monitor for increased doxorubicin plasma levels and neutropenia and stomatitis adverse reaction when paclitaxel is coadministered.
Epirubicin	**Paclitaxel**	Paclitaxel significantly increased the bioavailability of epirubicin, and slowed recovery from neutropenia.	When administered before epirubicin, paclitaxel significantly increased the bioavailability of epirubicin and enhanced absolute neutrophil count (ANC) depression	Administer epirubicin before paclitaxel

Topotecan	**Carboplatin**	Concomitant administration of topotecan and carboplatin has resulted in severe myelosuppression, thereby necessitating a dose reduction	Unknown	Treatment with carboplatin therapy followed by topotecan has been shown to induce more severe myelosuppression than topotecan followed by carboplatin
Topotecan	**Cisplatin**	會有顯著的血小板減少症(thrombocytopenia)與嗜中性性白血球減少(neutropenia)不良反應發生。	Significantly worse thrombocytopenia and neutropenia incident: cisplatin **before** topotecan therapy > cisplatin **after** topotecan therapy.	If concomitant use of these two agents is necessary, monitor the patient closely for toxicity, especially myelosuppression.
Vincristine	**Asparaginase**	Asparaginase 會減少 vincristine 在肝臟的清除率，並且會提高 vincristine 的肝臟與神經毒性。	Administering asparaginase before vincristine may reduce hepatic clearance of vincristine.	Vincristine should be given 12 to 24 hours before asparaginase in order to minimize toxicity. Monitor liver function and neurotoxicity.
Nivolumab	**Ipilimumab**			When administered in combination with ipilimumab, administer nivolumab first followed by ipilimumab on the same day
Pertuzumab /trastuzumab	**Taxane**			The taxane should be given after pertuzumab and the trastuzumab product.
Anthracycline	**Pertuzumab /trastuzumab**			Pertuzumab (and the trastuzumab product) should be administered following completion of the anthracycline therapy in patients receiving anthracycline-based regimens.

Reference: CCIS, Lexicomp, 仿單

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