

Use with other MAO inhibitors (linezolid or IV methylene blue):

Do not initiate olanzapine/fluoxetine in patients receiving linezolid or IV methylene blue; consider other interventions for psychiatric condition.

If urgent treatment with linezolid or IV methylene blue is required in a patient already receiving olanzapine/fluoxetine and potential benefits outweigh potential risks, discontinue olanzapine/fluoxetine promptly and administer linezolid or IV methylene blue. Monitor for serotonin syndrome for 5 weeks or until 24 hours after the last dose of linezolid or IV methylene blue, whichever comes first. May resume olanzapine/fluoxetine 24 hours after the last dose of linezolid or IV methylene blue.

Geriatric Oral: Initial: Olanzapine 3 to 6 mg/fluoxetine 25 mg once daily in the evening; use caution adjusting dose (metabolism may be decreased).

Discontinuation of therapy: Refer to adult dosing.

MAO inhibitor recommendations: Refer to adult dosing.

Pediatric

Lower doses (olanzapine 3 to 6 mg/fluoxetine 25 mg) should be used in patients predisposed to hypotension, with hepatic impairment, with combined factors for reduced metabolism (females, nonsmokers), or enhanced sensitivity to olanzapine; dose adjustments should be made with caution in this patient population.

Depression associated with bipolar I disorder: Initial: Children and Adolescents 10 to 17 years: Oral: Olanzapine 3 mg /fluoxetine 25 mg in the evening. Adjust dose based on response and tolerability. Usual dose: Olanzapine 6 to 12 mg/fluoxetine 25 to 50 mg; safety of fluoxetine doses >50 mg in combination with olanzapine doses >12 mg has not been studied in pediatrics.

Note: When using individual components of fluoxetine with olanzapine rather than fixed-dose combination product (Symbyax®), approximate dosage correspondence is as follows:

Olanzapine 2.5 mg + fluoxetine 20 mg = Symbyax 3/25

Olanzapine 5 mg + fluoxetine 20 mg = Symbyax 6/25

Olanzapine 12.5 mg + fluoxetine 20 mg = Symbyax 12/25

Olanzapine 5 mg + fluoxetine 50 mg = Symbyax 6/50

Olanzapine 12.5 mg + fluoxetine 50 mg = Symbyax 12/50

Discontinuation of therapy: Refer to adult dosing.

MAO inhibitor recommendations: Refer to adult dosing.

Renal Impairment No dosage adjustment necessary.

Hepatic Impairment Initial: Olanzapine 3 to 6 mg/fluoxetine 25 mg once daily in the evening; use caution adjusting dose (metabolism may be decreased).

Administration

Oral Administer capsules once daily in the evening. May be taken without regard to meals.

Monitoring and Teaching Issues

Monitoring Parameters Vital signs; lipid profile, fasting blood glucose/HbA_{1c}; BMI; mental status; abnormal involuntary movement scale (AIMS), extrapyramidal symptoms (EPS); signs and symptoms of depression, anxiety, suicidal ideation (especially at the beginning of therapy or when doses are increased or decreased), sleep; signs/symptoms of serotonin syndrome and/or NMS; liver function tests in patients with hepatic disease; complete blood count in patients at risk for neutropenia; ECG assessment and periodic monitoring in patients with risk factors for QT prolongation and ventricular arrhythmia

Physical Assessment See individual agents.

Related Information

FLUoxetine on page 990

OLANZapine on page 1674

◆ **Olanzapine and Fluoxetine Hydrochloride** see Olanzapine and Fluoxetine on page 1680

◆ **Olanzapine Pamoate** see OLANZapine on page 1674

Olaparib (oh LAP a rib)

Brand Names: US Lynparza

Index Terms AZD2281; KU-0059436; PARP inhibitor AZD2281

Generic Availability (US) No

Pharmacologic Category Antineoplastic Agent, PARP Inhibitor

Medication Safety Issues

Sound-alike/look-alike issues

Lynparza may be confused with Lenvima

High alert medication:

This medication is in a class the Institute for Safe Medication Practices (ISMP) includes among its lists of drug classes which have a heightened risk of causing significant patient harm when used in error.

Medication Guide Available Yes

Prescribing and Access Restrictions Olaparib is available only through the designated specialty pharmacy Biologics, Inc. For further information on patient assistance, product availability, and prescribing instructions, please refer to the following website: <http://myaccess360.com/hcp/reimbursement/Oncology.aspx?product=lynparza> or call 1-844-275-2360.

Pregnancy Risk Factor D

Use Ovarian cancer, advanced: Treatment (monotherapy) of deleterious or suspected deleterious germline BRCA mutated (as detected by an approved test) advanced ovarian cancer in patients who have been treated with 3 or more prior lines of chemotherapy

Available Dosage Forms**Capsule, Oral:**

Lynparza: 50 mg

Dosing**Adult & Geriatric Note:** Administer only to patients with deleterious or suspected deleterious germline BRCA mutations, as detected by an approved test.**Ovarian cancer, advanced:** Oral: 400 mg twice daily until disease progression or unacceptable toxicity*Missed doses:* If a dose is missed, administer the next dose at its scheduled time.**Dosage adjustment for concomitant therapy with CYP3A inhibitors:** Avoid concomitant use with moderate or strong CYP3A inhibitors. Reduce dose to 200 mg twice daily if coadministration with a **moderate** CYP3A inhibitor cannot be avoided; reduce dose to 150 mg twice daily if coadministration with a **strong** CYP3A inhibitor cannot be avoided.**Renal Impairment**

Mild impairment (CrCl 50 to 80 mL/minute): No dosage adjustment necessary; monitor closely for toxicity, as an increase in mean AUC has been observed in patients with mild impairment.

Moderate or severe impairment (CrCl <50 mL/minute): There are no dosage adjustments provided in the manufacturer's labeling (has not been studied).

Dialysis: There are no dosage adjustments provided in the manufacturer's labeling (has not been studied).

Hepatic Impairment There are no dosage adjustments provided in the manufacturer's labeling (has not been studied). Patients with bilirubin >1.5 times ULN and AST/ALT \geq 2.5 times ULN (\geq 5 times ULN in the presence of liver metastases) were excluded from clinical trials.**Adjustment for Toxicity**

Consider therapy interruption or dose reduction if adverse reactions occur. The recommended dose reduction is to 200 mg twice daily; if further reduction is required, reduce dose to 100 mg twice daily.

Pneumonitis: Discontinue

Secondary AML/MDS: Discontinue

Administration**Oral** Swallow capsule whole; do not chew, dissolve, or open capsule. Do not administer if capsules appear deformed or show evidence of leakage.

Hazardous agent; use appropriate precautions for handling and disposal (meets NIOSH 2014 criteria).

Monitoring and Teaching Issues**Monitoring Parameters** Complete blood count at baseline and monthly thereafter, or as clinically indicated (weekly until recovery for prolonged hematologic toxicity); monitor for signs/symptoms of AML/MDS and pneumonitis◆ **Olepro** see TraZODone on page 2274**Olmesartan** (ole me SAR tan)**Brand Names:** US Benicar**Index Terms** Olmesartan Medoxomil**Generic Availability (US)** No**Pharmacologic Category** Angiotensin II Receptor Blocker; Antihypertensive**Medication Safety Issues****Sound-alike/look-alike issues:**

Benicar may be confused with Mevacor

Pregnancy Risk Factor D**Use Hypertension:** Treatment of hypertension with or without concurrent use of other antihypertensive agents

The 2014 guideline for the management of high blood pressure in adults (Eighth Joint National Committee [JNC 8; James, 2013]) recommends initiation of pharmacologic treatment to lower blood pressure for the following patients:

- Patients \geq 60 years of age with systolic blood pressure (SBP) \geq 150 mm Hg or diastolic blood pressure (DBP) \geq 90 mm Hg. Goal of therapy is SBP <150 mm Hg and DBP <90 mm Hg.
- Patients <60 years of age with SBP \geq 140 mm Hg or DBP \geq 90 mm Hg. Goal of therapy is SBP <140 mm Hg and DBP <90 mm Hg.
- Patients \geq 18 years of age with diabetes and SBP \geq 140 mm Hg or DBP \geq 90 mm Hg. Goal of therapy is SBP <140 mm Hg and DBP <90 mm Hg.
- Patients \geq 18 years of age with chronic kidney disease (CKD) and SBP \geq 140 mm Hg or DBP \geq 90 mm Hg. Goal of therapy is SBP <140 mm Hg and DBP <90 mm Hg.

In patients with CKD, regardless of race or diabetes status, the use of an ACE inhibitor (ACEI) or angiotensin receptor blocker (ARB) as initial therapy is recommended to improve kidney outcomes. In the general nonblack population (without CKD), including those with diabetes, initial antihypertensive treatment should consist of a thiazide-type diuretic, calcium channel blocker, ACEI, or ARB. In the general black population (without CKD), including those with diabetes, initial antihypertensive treatment should consist of a thiazide-type diuretic or a calcium channel blocker instead of an ACEI or ARB.

Mechanism of Action/Effect As a selective and competitive, nonpeptide angiotensin II receptor antagonist, olmesartan blocks the vasoconstrictor and aldosterone-secreting effects