

## **Preferred Drug List – Disease Base**



# ProCare HospiceCare

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Drugs rated “Tier 1” are “First Line” for cost and safety. Typically they cost < \$1/day up to \$5/day.

Drugs rated “Tier 2” are “Second Line” for cost and safety. Typically they cost about \$5/day up to \$7 or \$8/day.

Drugs rated “Tier 3” are “Limited Use” for cost and safety, and require prior authorization. They typically cost about \$8-\$30+/day

Tier 1D, 2D, 3D: Disease Directed Use Only.  
NF: Non-formulary

### DISEASE STATES

#### Alzheimer’s

Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier
<b>Donepezil</b>	<b>Aricept</b> Tablet: 5, 10, 23 mg (BRAND) ODT: 5, 10 mg	5 mg daily	23 mg	Limited, if any, efficacy in hospice patients due to end-stage severity of the disease	Tier 3D
<b>Galantamine</b>	<b>Razadyne, Razadyne ER</b> Tablet: 4, 8, 12 mg Capsule, ER: 8, 16, 24 mg Solution, oral: 4 mg/mL	16-24 mg daily	24 mg, 16 mg for renal/hepatic	Limited, if any, efficacy in hospice patients Give w/ food; tablet or solution (breakfast/dinner) or capsule (breakfast) Creatinine Clearance (CrCl) <9 mL/min: avoid use Child-Pugh Class C: avoid use	Tier 3D
<b>Memantine</b>	<b>Namenda</b> Tablet: 5, 10 mg Solution, oral: 2 mg/mL	10 mg BID	20 mg	Limited, if any, efficacy in hospice patients CrCl 5-29: max 5 mg PO BID CrCl <5: not defined	Tier 3D
<b>Rivastigmine</b>	<b>Exelon</b> Capsule: 1.5, 3, 4.5, 6 mg	1.5 mg BID	12 mg	Incr. 1.5 mg/dose Q2wk as tolerated Give w/food; re-titrate from 1.5 mg BID if treatment interrupted more than several days	Tier 3D

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<b>Cancer</b>					
Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier
<b>Calcitonin</b>	<b>Miacalcin</b> Nasal spray 200 units/ACT	1 spray each nostril daily	2 sprays	<b>Subcategory:</b> Bone cancer/metastases For bone pain	Tier 2D
<b>Finasteride</b>	<b>Proscar</b> Tablet: 5 mg	5 mg daily	5 mg	<b>Subcategory:</b> Prostate cancer Women of child-bearing age should not touch broken tabs	Tier 2D
<b>Phytonadione</b>	<b>Mephyton</b> Tablet: 5 mg, 100 mcg Injection, aqueous colloidal: 10 mg/mL, 1 mg/0.5 mL	Tablet: 2.5-10 mg orally, depending on INR IV: 2.5-10 mg, depending on bleed severity and INR	Individualized	<b>Subcategory:</b> Cancer with PE/DVT (not pre-existing) Dosage based upon INR and/or severity of bleeding Urgent reversal/major bleeding: use IV administration Non-urgent reversal: Oral administration is recommended See drug information resources or consult RPh for full dosing details and expected bleeding reversal/INR lowering times	Tier 2D
<b>Tamsulosin</b>	<b>Flomax</b> Capsule: 0.4 mg	0.4 mg daily	0.8 mg	<b>Subcategory:</b> Prostate cancer Take 30 mins after meal; swallow whole	Tier 2D
<b>Warfarin</b>	<b>Coumadin</b> Tablet: 1, 2, 2.5, 3, 4, 5, 6, 7.5, 10 mg	Individualized	Based upon INR level	<b>Subcategory:</b> Cancer with PE/DVT (not pre-existing) Requires monitoring by INR Discontinue when oral intake declines	Tier 2D
<b>Enoxaparin</b>	<b>Lovenox</b> Syringe: 30, 40, 60, 100, 150, 300 mg	Prophylaxis: 30 mg subcut, Q12hr Treatment: 1 mg/kg, Q12hr		<b>Subcategory:</b> Cancer with PE/DVT (not pre-existing) Does not require monitoring INR Monitor CBC & platelets	Tier 3D
<b>Pancreatic Enzymes (Lipase, protease and amylase)</b>	<b>Pancreaze, Creon, Pertzye, Zenpep, Viokace</b> Various strengths	Initial: Lipase 25,000 to 50,000 units/meal, or lipase 1,000 units/kg/day, or 4,000 units per 5 to 7 g of fat at each meal.		<b>Subcategory:</b> Pancreatic cancer Helps with steatorrhea Do not cut/crush/chew; may open caps and sprinkle on soft food w/pH 4.5 or less Additional dosing notes: Titrate dose based on relief of symptoms and taper with decreased food intake For snacks, administer half the prescribed mealtime dose.	Tier 3D

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<b>Amiloride</b>	<b>Midamor</b> Tablet: 5 mg	5-10 mg daily	20 mg	Give with food Renal impairment/Cr >1.5: contraindicated	Tier 1D	
<b>Amiodarone</b>	<b>Cordarone</b> Tablet: 200 mg, 400 mg	200-1600 mg	1600 mg	Very long half-life Discontinue once prognosis less than 1 month Use in caution in patients on methadone Give with meals	Tier 1D	
<b>Amlodipine</b>	<b>Norvasc</b> Tablet: 2.5, 5, 10 mg	5-10 mg daily	10 mg	<b>Subcategory:</b> Abdominal Aortic Aneurysm (AAA), Ischemic Heart Disease <b>Therapeutic Class:</b> Calcium channel blocker May cause constipation	Tier 1D	
<b>Amlodipine-Benazepril</b>	<b>Lotrel</b> Capsule: 2.5/10, 5/10, 5/20, 5/40, 10/20, 10 mg/40	1 capsule daily	10 mg/ 80 mg	Not for initial treatment May increase dose every week	Tier 1D	
<b>Atenolol</b>	<b>Tenormin</b> Tablet: 25, 50, 100 mg	50-100 mg daily	100 mg	<b>Subcategory:</b> Congestive Heart Failure, Ischemic Heart Disease, Abdominal Aortic Aneurysm (AAA), Severe Aortic Stenosis w/Angina <b>Therapeutic Class:</b> Beta Blocker May mask symptoms of hypoglycemia	Tier 1D	
<b>Benazepril</b>	<b>Lotensin</b> Tablet: 5, 10, 20, 40 mg	5-20 mg daily	80 mg	<b>Subcategory:</b> Congestive Heart Failure, Abdominal Aortic Aneurysm (AAA), Severe Aortic Stenosis <b>Therapeutic Class:</b> Angiotensin-Converting Enzyme (ACE) Inhibitors Requires renal dosing Use lower dose if also on diuretics	Tier 1D	
<b>Bisoprolol</b>	<b>Zebeta</b> Tablet: 5, 10 mg	5-20 mg daily	20 mg	<b>Subcategory:</b> Ischemic Heart Disease, Abdominal Aortic Aneurysm (AAA), Severe Aortic Stenosis w/Angina <b>Therapeutic Class:</b> Beta Blocker May mask symptoms of hypoglycemia	Tier 1D	
<b>Bumetanide</b>	<b>Bumex</b> Tablet: 0.5, 1, 2 mg	0.5-10 mg/day given daily-BID	10 mg	<b>Subcategory:</b> Congestive Heart Failure, Abdominal Aortic Aneurysm (AAA), Severe Aortic Stenosis w/CHF <b>Therapeutic Class:</b> Diuretics (loop) Monitor for hypokalemia; administer last dose before 4pm Contraindicated in anuria	Tier 1	
<b>Candesartan</b>	<b>Atacand</b> Tablet: 4, 8, 16, 32 mg	4-32 mg daily	32 mg	<b>Subcategory:</b> Congestive Heart Failure, Abdominal Aortic Aneurysm (AAA), Severe Aortic Stenosis <b>Therapeutic Class:</b> Angiotensin II Receptor Blockers (ARBs) – if intolerant to ACE Inhibitors Dizziness/headache, monitor for signs/symptoms of hypotension	Tier 1D	

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Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments		Tier
Candesartan	<b>Atacand</b> Tablet: 4, 8, 16, 32 mg	4-32 mg daily	32 mg	<b>Subcategory:</b> Congestive Heart Failure, Abdominal Aortic Aneurysm (AAA), Severe Aortic Stenosis <b>Therapeutic Class:</b> Angiotensin II Receptor Blockers (ARBs) – if intolerant to ACE Inhibitors Dizziness/headache, monitor for signs/symptoms of hypotension		Tier 1D
Captopril	<b>Capoten</b> Tablet: 12.5, 25, 50, 100 mg	50 mg TID	450 mg	<b>Subcategory:</b> Congestive Heart Failure, Abdominal Aortic Aneurysm (AAA), Severe Aortic Stenosis <b>Therapeutic Class:</b> Angiotensin-Converting Enzyme (ACE) Inhibitors Short-acting ACE Inhibitor. Must be titrated slowly		Tier 1D
Carvedilol	<b>Coreg, Coreg CR</b> Tablet: 3.125, 6.25, 12.5, 25 mg Capsule, CR (BRAND): 10, 20, 40, 80 mg	3.125-25 mg BID	50 mg	<b>Subcategory:</b> Congestive Heart Failure, Ischemic Heart Disease, Abdominal Aortic Aneurysm (AAA), Severe Aortic Stenosis w/Angina <b>Therapeutic Class:</b> Beta Blocker May mask symptoms of hypoglycemia, take with food		Tier 1D CR: Tier 3D
Clonidine	<b>Catapres</b> Tablet: 0.1, 0.2, 0.3 mg Transdermal Patch: 0.1, 0.2, 0.3 mg/24h patch	0.1-0.8 mg/day divided into 2 doses	2.4 mg	<b>Subcategory:</b> Congestive Heart Failure, Abdominal Aortic Aneurysm (AAA) <b>Therapeutic Class:</b> Alpha 2 Agonist Do not suddenly d/c drug as rebound hypertension may occur		Tier 1D Patch: Tier 3D
Diltiazem	<b>Cardizem, Cardizem CD, LA, Cartia XT, Dilt-CD, Diltia XT</b> Tablet: 30, 60, 90, 120 mg Tablet, 24HR ER: 180, 240, 300, 360, 420 mg Capsule, 12HR ER: 60, 90, 120 mg Capsule, 24HR ER: 120, 180, 240, 300, 360, 420 mg	30-90 mg PO QID	360 mg	<b>Subcategory:</b> Ischemic Heart Disease, Abdominal Aortic Aneurysm (AAA) <b>Therapeutic Class:</b> Calcium Channel Blocker May cause constipation		Tier 1D
Doxazosin	<b>Cardura</b> Tablet: 1, 2, 4, 8 mg	1-16 mg	16 mg	May cause orthostatic hypotension Syncope or loss of consciousness is possible with first dose or dose		Tier 1D
Enalapril	<b>Vasotec</b> Tablet: 2.5, 5, 10, 20 mg	5-40 mg daily in 2 divided doses	40 mg	<b>Subcategory:</b> Congestive Heart Failure, Abdominal Aortic Aneurysm (AAA), Severe Aortic Stenosis <b>Therapeutic Class:</b> Angiotensin-Converting Enzyme (ACE) Inhibitors Monitor for signs/symptoms of angioedema Cough common		Tier 1D
Felodipine	<b>Plendil</b> Tablet, ER: 2.5, 5, 10 mg	2.5-20 mg daily	10 mg	<b>Subcategory:</b> Abdominal Aortic Aneurysm (AAA) <b>Therapeutic Class:</b> Calcium Channel Blocker May cause peripheral edema		Tier 1D

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<b>Fludrocortisone</b>	<b>Florinef</b> Tablet: 0.1 mg	0.1 mg daily initially	1 mg daily	Hypotension is an off-label use Doses exceeding 0.3 mg daily may not be beneficial and predispose patient to unwanted side effects (e.g., hypertension, edema, hypokalemia)	Tier 1	
<b>Fosinopril</b>	<b>Monopril</b> Tablet: 10, 20, 40 mg	5-80 mg	80 mg	<b>Subcategory:</b> Congestive Heart Failure, Abdominal Aortic Aneurysm (AAA), Severe Aortic Stenosis <b>Therapeutic Class:</b> Angiotensin-Converting Enzyme (ACE) Inhibitors Monitor for ACE inhibitor induced cough	Tier 1D	
<b>Furosemide</b>	<b>Lasix</b> Tablet: 20, 40, 80 mg Solution, oral: 8 mg/mL, 10 mg/mL Solution, injectable: (see 'Injectables' section)	10-160 mg daily-BID (See 'Injectables' section for parenteral dosing)	600 mg	<b>Subcategory:</b> Congestive Heart Failure, Severe Aortic Stenosis w/CHF, Abdominal Aortic Aneurysm (AAA) <b>Therapeutic Class:</b> Diuretics (loop) Monitor for hypokalemia Anuria: contraindicated	Tier 1	
<b>Hydralazine</b>	<b>Apresoline</b> Tablet: 10, 25, 50, 100 mg	10-300 mg	300 mg	<b>Subcategory:</b> Congestive Heart Failure, Abdominal Aortic Aneurysm (AAA) <b>Therapeutic Class:</b> Alpha 1 Blocker Monitor for postural hypotension CrCl 10-50: give Q8h CrCl <10: give Q8-16h	Tier 1D	
<b>Hydrochlorothiazide</b>	<b>Microzide, Hydrodiuril</b> Tablet: 25, 50 mg Capsule: 12.5 mg	12.5-50 mg daily	200 mg	<b>Subcategory:</b> Abdominal Aortic Aneurysm (AAA), Severe Aortic Stenosis w/CHF, Congestive Heart Failure <b>Therapeutic Class:</b> Diuretics (thiazide) Anuria: contraindicated	Tier 1	
<b>Irbesartan</b>	<b>Avapro</b> Tablet: 75 mg, 150 mg, 300 mg	75-300 mg daily	300 mg	<b>Subcategory:</b> Congestive Heart Failure, Abdominal Aortic Aneurysm (AAA), Severe Aortic Stenosis <b>Therapeutic Class:</b> Angiotensin II Receptor Blockers (ARBs) – if intolerant to ACE Inhibitors Monitor for potassium retention and hypotension	Tier 1D	
<b>Isosorbide dinitrate</b>	<b>Isordil</b> Tablet, ER: 5, 10, 20, 30, 40 mg Tablet, SL: 2.5, 5 mg	2.5-240 mg	480 mg 160 mg ER	<b>Subcategory:</b> Congestive Heart Failure, Ischemic Heart Disease, Severe Aortic Stenosis w/CHF <b>Therapeutic Class:</b> Nitrates Short-acting vasodilator. Monitor for postural hypotension	Tier 1D	



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<b>Isosorbide mononitrate</b>	<b>Imdur</b> Tablet: 10, 20 mg Tablet, ER: 30, 60, 120 mg	10 mg BID	40 mg 240 mg ER	<b>Subcategory:</b> Congestive Heart Failure, Ischemic Heart Disease, Severe Aortic Stenosis w/CHF <b>Therapeutic Class:</b> Nitrates Long acting vasodilator Monitor for hypotension	Tier 1D	
<b>Labetalol</b>	<b>Trandate, Normodyne</b> Tablet: 100, 200, 300 mg	200-400 mg BID	2400 mg	<b>Subcategory:</b> Congestive Heart Failure, Ischemic Heart Disease, Abdominal Aortic Aneurysm (AAA), Severe Aortic Stenosis w/Angina <b>Therapeutic Class:</b> Beta Blocker May mask symptoms of hypoglycemia	Tier 1D	
<b>Lisinopril</b>	<b>Prinivil, Zestril</b> Tablet: 2.5, 5, 10, 20, 30, 40 mg	10-40 mg daily	80 mg, 40 mg (renal)	<b>Subcategory:</b> Congestive Heart Failure, Abdominal Aortic Aneurysm (AAA), Severe Aortic Stenosis <b>Therapeutic Class:</b> Angiotensin-Converting Enzyme (ACE) Inhibitors Monitor for cough and postural hypotension	Tier 1D	
<b>Losartan</b>	<b>Cozaar</b> Tablet: 25, 50, 100 mg	25-100 mg in 1-2 divided doses	100 mg	<b>Subcategory:</b> Abdominal Aortic Aneurysm (AAA), Congestive Heart Failure, Severe Aortic Stenosis <b>Therapeutic Class:</b> Angiotensin II Receptor Blockers (ARBs) – if intolerant to ACE Inhibitors. Monitor for potassium retention	Tier 1D	
<b>Metolazone</b>	<b>Zaroxolyn</b> Tablet: 2.5, 5, 10 mg	2.5-20 mg daily	20 mg	<b>Subcategory:</b> Congestive Heart Failure, Abdominal Aortic Aneurysm (AAA), Severe Aortic Stenosis w/CHF <b>Therapeutic Class:</b> Diuretics (thiazide) Not a potent diuretic alone; used in conjunction with Lasix or Bumex; administer 30 min prior to dose of Lasix or Bumex	Tier 1	
<b>Metoprolol</b>	<b>Lopressor, Toprol XL</b> Tablet, as tartrate: 25, 50, 100 mg Tablet, as succinate, XL: 25, 50, 100, 200 mg	50-200 mg BID	450 mg 400 mg XL	<b>Subcategory:</b> Congestive Heart Failure, Ischemic Heart Disease, Abdominal Aortic Aneurysm (AAA), Severe Aortic Stenosis w/Angina <b>Therapeutic Class:</b> Beta Blocker Sudden discontinuation can cause rebound angina Monitor for hypotension	Tier 1D	
<b>Nadolol</b>	<b>Corgard</b> Tablet: 20, 40, 80, 160 mg	20-320 mg daily	320 mg	<b>Subcategory:</b> Congestive Heart Failure, Ischemic Heart Disease, Abdominal Aortic Aneurysm (AAA), Severe Aortic Stenosis w/Angina <b>Therapeutic Class:</b> Beta Blocker Long-acting beta blocker Monitor for hypokalemia	Tier 1D	

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<b>Nicardipine</b>	<b>Cardene</b> Capsule: 20, 30 mg	20-40 mg TID	120 mg	<b>Subcategory:</b> Ischemic Heart Disease, Abdominal Aortic Aneurysm (AAA) <b>Therapeutic Class:</b> Calcium Channel Blocker Can cause peripheral edema and constipation	Tier 1D	
<b>Nifedipine</b>	<b>Procardia, Adalat</b> Capsule: 10, 20 mg Tablet, ER: 30, 60, 90 mg	IR: 10-20 mg TID ER: 30-90 mg daily	IR: 180 mg ER: 90 mg	<b>Subcategory:</b> Ischemic Heart Disease, Abdominal Aortic Aneurysm (AAA) <b>Therapeutic Class:</b> Calcium Channel Blocker Take ER tablets on empty stomach; may cause constipation	Tier 1D	
<b>Nitroglycerin Ointment</b>	<b>Nitro-Bid</b> Topical: 2%	0.5-2 inch strip Q4-6h	2-5 inch strip Q4hr	<b>Subcategory:</b> Congestive Heart Failure, Ischemic Heart Disease, Severe Aortic Stenosis w/CHF <b>Therapeutic Class:</b> Nitrates Increase 0.5 inch PRN Include 10-12h nitrate-free interval Contraindicated in severe anemia and with concurrent use of phosphodiesterase-5 (PDE-5) inhibitors (avanafil, sildenafil, tadalafil, or vardenafil)	Tier 1D	
<b>Nitroglycerin Patch</b>	<b>Nitro-Dur</b> Transdermal Patch: 0.1, 0.2, 0.4, 0.6 mg/hr.	0.1-0.6 mg/hr	0.6 mg/hr	<b>Subcategory:</b> Congestive Heart Failure, Ischemic Heart Disease, Severe Aortic Stenosis w/CHF <b>Therapeutic Class:</b> Nitrates Include 10-12h nitrate-free interval Contraindicated in severe anemia and with concurrent use of phosphodiesterase-5 (PDE-5) inhibitors (avanafil, sildenafil, tadalafil, or vardenafil)	Tier 1D	
<b>Nitroglycerin Sublingual</b>	<b>Nitrostat, NitroMIST</b> Tablet: 0.3, 0.4, 0.6 mg Spray: 0.4 mg/actuation	0.3-0.6 mg Q5 min	3 doses in 15 min	<b>Subcategory:</b> Congestive Heart Failure, Ischemic Heart Disease, Severe Aortic Stenosis w/CHF <b>Therapeutic Class:</b> Nitrates Store tablets in original glass container and away from moisture and light Contraindicated in severe anemia and with concurrent use of phosphodiesterase-5 (PDE-5) inhibitors (avanafil, sildenafil, tadalafil, or vardenafil)	Tier 1D Spray: Tier 3	
<b>Potassium chloride</b>	<b>KDur, Klor-Con</b> Capsule, XR: 8, 10 mEq Tablet, ER: 8, 10, 15, 20 mEq Solution, oral: 20, 40 mEq/15 mL Packet, oral: 20 mEq	20 mEq 2-5X daily	100 mEq	May cause diarrhea, nausea, vomiting, or abdominal pain	Tier 1 Oral solution, packet: Tier 3	

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<b>Propafenone</b>	<b>Rythmol</b> Tablet: 150, 225, 300 mg Capsule, ER: 225, 325, 425 mg	150 mg TID	900 mg	May cause bradycardia Use with caution in patients taking methadone Hepatic impairment: decrease dose 70-80%	Tier 1D
<b>Propranolol</b>	<b>Inderal</b> Tablet: 10, 20, 40, 60, 80 mg Capsule, LA: 60, 80, 120, 160 mg Solution, oral: 20, 40 mg/5 mL	80-240 mg BID	HTN: 640 mg Angina: 320 mg	<b>Subcategory:</b> Congestive Heart Failure <b>Therapeutic Class:</b> Beta Blocker Effective also for myoclonus	Tier 1D
<b>Quinapril</b>	<b>Accupril</b> Tablet: 5, 10, 20 40 mg	20-80 mg daily	HTN: 80 mg CHF: 40 mg	Long-acting ACE inhibitor Cough side effect is common	Tier 1D
<b>Ramipril</b>	<b>Altace</b> Capsule: 1.25, 2.5, 5, 10 mg	5 mg BID	20 mg 5 mg (renal)	<b>Subcategory:</b> Congestive Heart Failure, Abdominal Aortic Aneurysm (AAA), Severe Aortic Stenosis <b>Therapeutic Class:</b> Angiotensin-Converting Enzyme (ACE) Inhibitors Increase dose Q3 weeks to target dose CrCl <40: max 5mg/day	Tier 1D
<b>Spirolactone</b>	<b>Aldactone</b> Tablet: 25, 50, 100 mg	20-200 mg daily	400 mg	<b>Subcategory:</b> Congestive Heart Failure, Severe Aortic Stenosis w/CHF, Abdominal Aortic Aneurysm (AAA) <b>Therapeutic Class:</b> Diuretics (potassium sparing) Especially useful with ascites prevents third spacing; may cause constipation and hypotension CrCl <10: contraindicated Anuria, acute renal impairment: contraindicated	Tier 1
<b>Terazosin</b>	<b>Hytrin</b> Capsule: 1, 2, 5, 10 mg	1-5 mg QHS	20 mg	First dose hypotension side effect; give QHS only	Tier 1D
<b>Torsemide</b>	<b>Demadex</b> Tablet: 5, 10, 20, 100 mg	10-200 mg daily	200 mg	<b>Subcategory:</b> Congestive Heart Failure, Abdominal Aortic Aneurysm (AAA), Severe Aortic Stenosis w/CHF <b>Therapeutic Class:</b> Diuretics (thiazide) May cause hypokalemia Anuria: contraindicated	Tier 1D
<b>Triamterene-Hydrochlorothiazide</b>	<b>Maxzide, Dyazide</b> Tablet: 25-37.5, 50-75 mg Capsule: 25-37.5 mg	25 mg-37.5 mg daily	50-75 mg	Triamterene is a potassium sparing diuretic	Tier 1
<b>Valsartan</b>	<b>Diovan</b> Tablet: 40, 80, 160, 320 mg	HTN: 80-320 mg daily CHF: 80-160 mg daily	320 mg	<b>Subcategory:</b> Congestive Heart Failure, Abdominal Aortic Aneurysm (AAA), Severe Aortic Stenosis <b>Therapeutic Class:</b> Angiotensin II Receptor Blockers (ARBs) – if intolerant to ACE Inhibitors May be made into a suspension for patients unable to swallow	Tier 1D

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<b>Verapamil</b>	<b>Calan, Verelan</b> Tablet IR: 40, 80, 120 mg Tablet, ER (12h): 120, 180, 240 mg Capsule, ER (24h): 120, 180, 240,360 mg Capsule, ER (24h PM): 100, 200, 300 mg	240-320 mg 3-4x daily Divide dose BID if >240 mg daily	480 mg	<b>Subcategory:</b> Abdominal Aortic Aneurysm (AAA), Ischemic Heart Disease <b>Therapeutic Class:</b> Calcium Channel Blocker Divide dose BID if >240 mg/day Do not crush ER tablets Hepatic impairment: decrease dose 70%; consider alternate dosage form instead of ER May cause constipation	Tier 1D
<b>Aspirin</b>	<b>Aspirin</b> Tablet: 81, 325, 500, 650 mg Supp: 300, 600 mg	325-650 mg Q4h PRN	4000 mg	Monitor for bleeding/antiplatelet effects	Tier 2
<b>Digoxin</b>	<b>Lanoxin</b> Tablet: 0.125, 0.25 mg Solution, oral: 50 mcg/mL	0.125-1.25 mg daily		<b>Subcategory:</b> Congestive Heart Failure, Severe Aortic Stenosis w/CHF <b>Therapeutic Class:</b> Cardiac glycoside Risk of toxicity generally outweighs benefit if no serum monitoring Monitor signs/symptoms bradycardia	Tier 2D
<b>Isradipine</b>	<b>Dynacirc</b> Capsule: 2.5, 5 mg	2.5-5 mg BID	10 mg	<b>Subcategory:</b> Ischemic Heart Disease, Abdominal Aortic Aneurysm (AAA) <b>Therapeutic Class:</b> Calcium Channel Blocker May cause constipation and peripheral edema	Tier 2D
<b>Olmesartan</b>	<b>Benicar</b> Tablet: 5, 20, 40 mg	5-40 mg daily	40 mg	<b>Subcategory:</b> Congestive Heart Failure, Abdominal Aortic Aneurysm (AAA), Severe Aortic Stenosis <b>Therapeutic Class:</b> Angiotensin II Receptor Blockers (ARBs) – if intolerant to ACE Inhibitors May cause potassium retention and hypotension	Tier 2D
<b>Phytonadione (Tablet only)</b>	<b>Mephyton</b> Tablet: 5 mg	2.5-25 mg daily PRN, PO only	25 mg/dose	<b>Subcategory:</b> Congestive Heart Failure – Other Dosage based upon INR and bleeding status	Tier 2D

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Preferred Drug List – Disease Base

<b>Cardiac</b>						
Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier	
<b>Sotalol</b>	<b>Betapace</b>	80 mg BID, though frequency depends on CrCl and type of arrhythmia	160 mg BID	For safety reasons, other formulary beta-blockers are preferred Contraindicated in CrCl < 40 Avoid in SSS, 2 <sup>nd</sup> /3 <sup>rd</sup> degree AV block, sinus bradycardia and electrolyte imbalances Ideally should not be initiated on hospice QTc monitoring is typically required due to risk of life threatening ventricular tachycardia Indicated for arrhythmias (atrial fibrillation/flutter, ventricular arrhythmias); not for hypertension	Tier 2	
<b>Telmisartan</b>	<b>Micardis</b> Tablet: 20, 40, 80 mg	20-80 mg daily	160 mg	<b>Subcategory:</b> Congestive Heart Failure, Abdominal Aortic Aneurysm (AAA), Severe Aortic Stenosis <b>Therapeutic Class:</b> Angiotensin II Receptor Blockers (ARBs) – if intolerant to ACE Inhibitors	Tier 2D	
<b>Warfarin</b>	<b>Coumadin</b> Tablet: 1, 2, 2.5, 3, 4, 5, 6, 7.5, 10 mg	Individualized	Based upon INR level	<b>Subcategory:</b> Cancer with PE/DVT (not pre-existing) Requires monitoring by INR Discontinue when oral intake declines	Tier 2D	
<b>Sacubitril-Valsartan</b>	<b>Entresto</b> Tablet: 24-26 mg, 49-51 mg, 97-103 mg	Sacubitril 24 mg-valsartan 26 mg BID if previously taking no ACE or ARB, or on low doses	Sacubitril 97 mg-valsartan 103 mg BID	Use with an ACE inhibitor is contraindicated Allow a 36-hour washout period when switching to/from ACE inhibitors Conversion to an ARB or ACE inhibitor depends on current Entresto dosing (consult RPh) Avoid in severe liver disease Observe initial dosing recommendations for renal and mild-moderate liver impairment	Tier 3	

**ProCare HospiceCare**  
Preferred Drug List – Disease Base

**Diabetes**

Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier
<b>Dextrose</b>	<b>Insta-Glucose, Glucose 15</b> Oral tablet, chewable: 4 g Oral gel: 40%, 77.4%	15-20 g single dose, repeat Q 10-15 mins PRN hypoglycemia		Available OTC Self-monitoring of blood glucose (SMBG) should be repeated 10-15 mins after each dose Once glucose values rise to normal (typically above 70 mg/dL), pt should have a snack or meal Review for any needed adjustment of anti-hyperglycemia therapies	Tier 1
<b>Glipizide</b>	<b>Glucotrol, Glucotrol XL</b> Tablet: 5, 10 mg ER 24h Tablet: 2.5, 5, 10 mg	2.5-15 mg once daily	40 mg	Sulfonylurea (SU) High risk of hypoglycemia with poor intake and concomitant insulin therapy Best SU to use in renal disease	Tier 1
<b>Metformin</b>	<b>Glucophage, Glucophage XR</b> Tablet: 500, 850, 1000 mg ER 24h tablet: 500, 750 mg	250-1000 mg BID	2500 mg	If eGFR falls to <45 mL/minute/1.73 m <sup>2</sup> , consider benefits/risks of continuing therapy (FDA safety communication 2016)	Tier 1
<b>Glimepiride</b>	<b>Amaryl</b> Tablet: 1, 2, 4 mg	1-2 mg once daily	8 mg	Sulfonylurea (SU). Renal dosing required, avoid in eGFR <15 mL/minute/1.73 m <sup>2</sup> High risk of hypoglycemia with poor intake and concomitant insulin therapy Give with first meal/breakfast	Tier 2
<b>Glyburide</b>	<b>Glynase, Diabeta</b> Tablet: 1.25, 1.5, 2.5, 3, 5, 6 mg Micronized Tablet: 1.5, 3, 6 mg only	1.25-20 mg once daily or BID	20 mg	Sulfonylurea (SU) Generally not recommended in chronic kidney disease High risk of hypoglycemia with poor intake and concomitant insulin therapy Micronized glyburide tablets are not bioequivalent to conventional glyburide tablets	Tier 2
<b>NPH Insulin (Intermediate Acting)</b>	<b>Humulin N [OTC], Humulin N ReliOn [OTC], Humulin KwikPen [OTC], Novolin N [OTC], Novolin N ReliOn [OTC]</b> Suspension, Subcutaneous [OTC]: 100 unit/mL vial Suspension Pen-injector, Subcut [OTC]: 100 unit/mL	BID	Individualized	Basal Insulin; all available OTC Higher risk of hypoglycemia compared to long-acting insulin Convert conservatively: 1 unit NPH or less for 1 unit of long-acting (1 unit NPH if eating well, 0.5-0.7 if poor/erratic intake) Storage/stability differs based on product and refrigeration. Humulin N from a vial may be mixed with insulin lispro or insulin regular, and Novolin N from a vial may be mixed only with insulin regular	Tier 2 KwikPen: Tier 3
<b>Regular Insulin (Short Acting)</b>	<b>Humulin R [OTC], Humulin R U-500, Humulin R U-500 KwikPen, Novolin R [OTC], Novolin R ReliOn [OTC]</b> Solution, Subcutaneous: 100 unit/mL vial Solution, Subcutaneous: 500 unit/mL vial Solution Pen-injector, Subcut: 500 unit/mL	Individualized	Individualized	Prandial/Bolus Insulin, Sliding Scale Insulin If poor/erratic intake: dose at or immediately after mealtime, NOT before. Storage/stability differs based on product and refrigeration. May be mixed only with Novolin N from a vial	Tier 2 U-500: Tier 3

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Preferred Drug List – Disease Base

**Diabetes**

Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier
<b>Aspart Insulin (Rapid Acting)</b>	<b>Novolog, Novolog FlexPen, Novolog PenFill, Fiasp, Fiasp FlexTouch</b> Solution, Subcutaneous: 100 unit/mL vial Solution, Subcutaneous: 100 unit/mL cartridge Solution Pen-injector, Subcut: 100 unit/mL	Individualized	Individualized	Prandial/Bolus Insulin, Sliding Scale Insulin If poor/erratic intake: dose at or immediately after, mealtime, NOT before	Tier 3
<b>Detemir Insulin (Long Acting)</b>	<b>Levemir, Levemir FlexTouch</b> Solution, Subcutaneous: 100 unit/mL vial Solution Pen-injector, Subcut: 100 unit/mL	Daily or BID	Individualized	Basal Insulin If morning fasting glucose levels too low: move evening dose to the morning, or reduce evening dose If bedtime glucose levels too low: move morning dose to bedtime, or reduce morning dose	Tier 3
<b>Glargine Insulin (Long Acting)</b>	<b>Lantus, Lantus SoloStar, Basaglar KwikPen, Toujeo SoloStar, Toujeo Max SoloStar</b> Solution, Subcutaneous: 100 unit/mL vial Solution Pen-injector, Subcut: 100 unit/mL Solution Pen-injector, Subcut: 300 unit/mL	Daily or BID	Individualized	Basal Insulin If morning fasting glucose levels too low: move evening dose to the morning, or reduce evening dose If bedtime glucose levels too low: move morning dose to bedtime, or reduce morning dose Storage/stability differs based on product and refrigeration	Tier 3
<b>Glulisine Insulin (Rapid Acting)</b>	<b>Apidra, Apidra SoloStar</b> Solution, Subcutaneous: 100 unit/mL vial Solution Pen-injector, Subcut: 100 unit/mL	Individualized	Individualized	Prandial/Bolus Insulin, Sliding Scale Insulin If poor/erratic intake: dose at, or immediately after, mealtime, NOT before	Tier 3
<b>Lispro Insulin (Rapid Acting)</b>	<b>Humalog, Humalog KwikPen, Admelog, Admelog SoloStar, Humalog Junior KwikPen, Humalog KwikPen</b> Solution, Subcutaneous: 100 unit/mL vial Solution Pen-injector, Subcut: 100 unit/mL	Individualized	Individualized	Prandial/Bolus Insulin, Sliding Scale Insulin If poor/erratic intake: dose at, or immediately after, mealtime, NOT before	Tier 3
<b>NPH+Regular Insulin (Combination Intermediate and Short Acting)</b>	<b>Humulin 70/30, Humulin 70/30 KwikPen, Novolin 70/30</b> Suspension, Subcutaneous: 100 unit/mL vial Suspension Pen-injector, Subcut: 100 unit/mL	Daily or BID	Individualized	Basal+prandial/bolus insulin combo Caution use in patients with poor PO intake due to hypoglycemia Avoid if not eating. Faster onset than NPH with similar duration Administer 30 to 45 minutes before a meal; typically given once or twice daily Do not mix with any other insulin formulation or diluents	Tier 3

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Preferred Drug List – Disease Base

<b>Pulmonary Disease</b>					
Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier
<b>Albuterol</b>	<b>Proventil, Ventolin</b> Neb: 2.5 mg/3 mL (0.083%), 5 mg/mL (0.5%) MDI: 90 mcg/spray	Neb: 1 vial via neb Q1-4h PRN MDI: 2 puffs Q4- 6h PRN	Neb: 10 mg MDI: 12 puffs	<b>Subcategory:</b> COPD (Obstructive), Other (Restrictive/Neoplastic) Monitor for agitation May be used to treat hyperkalemia	Tier 1
<b>Dexamethasone</b>	<b>Decadron</b> Solution, oral: 1 mg/mL Tablet: 0.25, 0.5, 0.75, 1, 1.5, 2, 4, 6 mg Injection, as sodium phosphate: 4 mg/mL, 10 mg/mL	2-16 mg BID	40 mg oral; 10-20mg/day IV/IM though higher doses individualized	<b>Subcategory:</b> COPD (Obstructive) Crosses blood-brain barrier Can cause GI upset, though less than with prednisone. Use with caution for patients with diabetes due to resultant hyperglycemia Give last dose by 2pm to avoid steroid-induced insomnia Use in patients with CHF or water retention	Tier 1
<b>Ipratropium</b>	<b>Atrovent</b> Neb: 0.5 mg/2.5mL (0.02%) <b>MDI: 17 mcg/spray</b>	Neb: 1 vial via neb Q6-8h PRN MDI: 2 puffs INH QID	Neb: 6 doses MDI: 12 puffs	<b>Subcategory:</b> COPD (Obstructive) Neb mixed with albuterol neb is stable for 1 hour	Neb: Tier 1D <b>MDI: Tier 3D</b>
<b>Prednisone</b>	<b>Deltasone</b> Solution, oral: 1 mg/mL Tablet: 1, 2.5, 5, 10, 20, 50 mg	5-80 mg 4x daily	80 mg	<b>Subcategory:</b> COPD (Obstructive) Can cause GI upset. Use with caution in patients with diabetes due to resultant hyperglycemia Give last dose by 2pm to avoid steroid-induced insomnia. Do NOT use in patients with CHF or water retention (use dexamethasone instead)	Tier 1
<b>Sodium chloride for inhalation</b>	<b>Broncho Saline</b> Inhalation, nebulization solution: 0.9%	3 mL Q4h PRN	150 mEq	<b>Subcategory:</b> COPD (Obstructive) Fluid intake is encouraged	Tier 1
<b>Theophylline</b>	<b>Theo-Dur</b> Tablet, CR: 400, 600 mg Capsule, ER: 100, 200, 300, 400 mg Elixir: 80 mg/15 mL	200 mg BID	600 mg	Geriatric goal serum concentration is 5-7 mcg/mL	Tier 1D
<b>Ipratropium-Albuterol</b>	<b>DuoNeb, Combivent</b> Neb: 0.5 mg-2.5 mg/3 mL <b>Respimat: 20 mcg-100 mcg/actuation</b>	Neb: 3 mL INH QID MDI: 1-2 puffs INH QID	Neb: 6 doses MDI: 12 puffs	<b>Subcategory:</b> COPD (Obstructive), Other (Restrictive/Neoplastic)	Neb: Tier 2D <b>Inhaler: Tier 3D</b>
<b>Arformoterol</b>	<b>Brovana</b> Neb: 15 mcg/2 mL	2 mL via neb Q12h	30 mcg	<b>Subcategory:</b> COPD (Obstructive) Long-Acting Beta2 Agonist	Tier 3D



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Preferred Drug List – Disease Base

**Pulmonary Disease**

Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier
<b>Beclomethasone</b>	<b>Qvar RediHaler</b> MDI: 40, 80 mcg/spray	1-4 puffs INH Q12h	640 mcg	<b>Subcategory:</b> COPD (Obstructive)	Tier 3D
<b>Fluticasone</b>	<b>Flovent</b> DPI: 100, 250 mcg/blister MDI: 40, 110, 220 mcg/spray	DPI:1-2 puffs INH Q12h MDI: 2 puffs INH Q12h	DPI: 1000 mcg MDI: 880 mcg	<b>Subcategory:</b> COPD (Obstructive) Inhaled steroid: rinse mouth after use	Tier 3D
<b>Fluticasone-Salmeterol</b>	<b>Advair Diskus, HFA,Wixela Inhub</b> DPI: 100/50, 250/50, 500/50 mcg/blister MDI: 45/21, 115/21, 230/21 mcg	1 puff INH Q12h	500/50: 1 puff BID	<b>Subcategory:</b> COPD (Obstructive) Inhaled steroid: rinse mouth after use Not for acute attacks; dosage for COPD	Tier 3D
<b>Formoterol</b>	<b>Perforomist, Foradil</b> Neb: 20 mcg/2 mL DPI: 12 mcg/cap	Neb: 2 mL via neb INH Q12h DPI: 1 cap INH Q12h	Neb: 40 mcg DPI: 2 caps	<b>Subcategory:</b> COPD (Obstructive) Long-acting Beta 2 agonist	Tier 3D
<b>Levalbuterol</b>	<b>Xopenex, HFA</b> Neb: 0.31, 0.63 (0.021%), 1.25 mg/ 3 mL (0.042%) MDI: 45 mcg/spray	Neb: 1-2 vials via neb TID PRN MDI: 2 puffs INH Q4-6h PRN	Neb: 6 vials MDI: 12 puffs	<b>Subcategory:</b> COPD (Obstructive)	Tier 3D
<b>Salmeterol</b>	<b>Serevent Diskus</b> DPI: 50 mcg/blister	1 puff INH Q12h	50 mcg INH Q12h	<b>Subcategory:</b> COPD (Obstructive) Long-acting Beta 2 Agonist	Tier 3D
<b>Tiotropium</b>	<b>Spiriva</b> MDI (Respimat): 1.25, 2.5mcg/actuation DPI (Capsule for Inhalation): 18 mcg	MDI: 2 inhalations once daily DPI: 18 mcg	MDI: 2 inhalations DPI: 18 mcg	Avoid combination with Combivent or DuoNeb	Tier 3D

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Preferred Drug List – Disease Base

**Hepatic Disease**

Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier
<b>Bumetanide</b>	<b>Bumex</b> Tablet: 0.5, 1, 2 mg	0.5-10 mg/day given daily-BID	10 mg	Monitor for hypokalemia Administer last dose before 4pm Contraindicated in anuria	Tier 1D
<b>Cholestyramine</b>	<b>Questran</b> Powder, packet: 4 g cholestyramine/9 g powder Powder, scoop: 4 g cholestyramine/9 g powder	4 g 1-4x daily	24 g	Dissolved in juice or water Promotes formed stools Useful in C. diff	Tier 1
<b>Furosemide</b>	<b>Lasix</b> Tablet: 20, 40, 80 mg Solution, oral: 8 mg/mL, 10 mg/ mL Solution, injection: (see 'Injectables' section)	10-160 mg daily-BID	600 mg	Monitor for hypokalemia Anuria: contraindicated	Tier 1D
<b>Metolazone</b>	<b>Zaroxolyn</b> Tablet: 2.5, 5, 10 mg	2.5-20 mg daily	20 mg	Not a potent diuretic alone Used in conjunction with Lasix or Bumex; administer 30 min prior to dose of Lasix or Bumex	Tier 1D
<b>Spironolactone</b>	<b>Aldactone</b> Tablet: 25, 50, 100 mg	20-200 mg daily	400 mg	Potassium sparing, especially useful with ascites or CHF, prevents third spacing May cause constipation and hypotension CrCl <10: contraindicated Anuria, acute renal impairment: contraindicated	Tier 1D
<b>Torsemide</b>	<b>Demadex</b> Tablet: 5, 10, 20, 100 mg	10-200 mg	200 mg	Loop diuretic. May cause hypokalemia Anuria: contraindicated	Tier 1D
<b>Lactulose</b>	<b>Enulose, Kristalose</b> Solution, oral: 10 g/15 mL Powder Packet (BRAND): 10 g/packet (30s), 20 g/packet (30s)	15-30 mL daily-BID	60 mL (constipation)	Reserve for patients with high ammonia levels	Tier 2D Powder Packet: Tier 3
<b>Neomycin</b>	<b>Neo-Fradin</b> Tablet: 500 mg	1000 – 3000 mg PO Q6h x 5-6 days	12,000 mg	Renal impairment: decrease dose	Tier 2D
<b>Aminocaproic acid</b>	<b>Amicar</b> Tablet: 500, 1000 mg	1-3 g Q6hr	30 g	May give loading dose	Tier 3D
<b>Rifaximin</b>	<b>Xifaxan</b> Tablet (BRAND): 200, 550 mg	550 mg PO BID	1100 mg	Reduces urease-producing bacterial flora, decreasing ammonia production	Tier 3D

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Preferred Drug List – Disease Base

**Parkinson's disease**

Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier
<b>Amantadine</b>	<b>Symmetrel</b> Capsule: 100 mg Tablet: 100 mg Syrup: 50 mg/5 mL	100 mg BID	400 mg	Anticholinergic side effects CrCl 30-50: 200 mg x1, then 100 mg Qday; CrCl 5-29: 200 mg x1, then 100 mg Q48h; CrCl<15: 200 mg Q7 days	Tier 1D
<b>Benzotropine</b>	<b>Cogentin</b> Tablet: 0.5, 1, 2 mg	0.5-1 mg BID	6 mg 4 mg (elderly)	Anticholinergic for Parkinson's and drug-induced EPS Use extra caution in elderly	Tier 1D
<b>Bromocriptine</b>	<b>Parlodel</b> Tablet: 2.5 mg Capsule: 5 mg	2.5 mg daily	100 mg	Give with food	Tier 1D
<b>Carbidopa-Levodopa</b>	<b>Sinemet</b> Tablet: 10-100, 25-100, 25-250 mg Tablet, ER: 25-100, 50-200 mg	25-100 mg TID	200 and 2000 mg of carbidopa and levodopa	Dyskinesia side effects CrCl <50: decrease dose 0-50%	Tier 1D
<b>Selegiline</b>	<b>Eldepryl</b> Capsule: 5 mg Tablet: 5 mg	5 mg BID	10 mg	Give w/breakfast and lunch	Tier 1D
<b>Trihexyphenidyl</b>	<b>Trihexyphenidyl</b> Tablet: 2 mg, 5 mg Oral solution: 0.4 mg/mL (2 mg/5 mL)	1 mg once daily, increase by 2 mg every 3 to 5 days	12 to 15 mg/day	Anticholinergic for Parkinson's and drug-induced EPS Use extra caution in elderly Consider dosage reduction when used concomitantly with levodopa	Tier 1
<b>Entacapone</b>	<b>Comtan</b> Tablet: 200 mg	200 mg 4x daily	1600 mg	Give with levodopa/carbidopa dose	Tier 2D
<b>Levodopa-Carbidopa-Entacapone</b>	<b>Stalevo</b> 50: Levodopa 50 mg, carbidopa 12.5 mg and entacapone 200 mg 75: Levodopa 75 mg, carbidopa 18.75 mg and entacapone 200 mg 100: Levodopa 100 mg, carbidopa 25 mg, and entacapone 200 mg 125: Levodopa 125 mg, carbidopa 31.25 mg, and entacapone 200 mg 150: Levodopa 150 mg, carbidopa 37.5 mg, and entacapone 200 mg 200: Levodopa 200 mg, carbidopa 50 mg, and entacapone 200 mg	Based on therapeutic response	8 tabs (6 tabs of 200 mg strength)	Swallow tablet whole; do not crush, chew, or break Separate dosing from iron supplements and multivitamins with minerals	Tier 2D

**ProCare HospiceCare**  
Preferred Drug List – Disease Base

**Parkinson's disease**

Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier
<b>Pramipexole</b>	<b>Mirapex</b> Tablet: 0.125, 0.25, 0.5, 0.75, 1, 1.5 mg Tablet, ER (BRAND): 0.375, 0.75, 1.5, 3, 4.5 mg	0.125 mg TID	4.5 mg	Only adjust dosage Q5 days CrCl 35-59: start 0.125 mg BID, max 1.5 mg BID; CrCl 15-34: start 0.125 mg Qday, max 1.5 mg Qday; CrCl <15: not defined	Tier 2D ER Tablet: Tier 3D
<b>Quetiapine</b>	<b>Seroquel, Seroquel XR</b> Tablet: 25, 50, 100, 200, 300, 400 mg Tablet, XR: 50, 150, 200, 300, 400 mg	25-50 mg Q8-12h	800 mg	Preferred in Parkinson's disease over other antipsychotics Adjunct for resistant depression Antipsychotics are appropriate when psychosis is suspected to be the primary cause of agitation/aggression Reserve for short-term adjunctive use while addressing underlying causes of severe symptoms If no clinically significant response after 4 weeks, taper and withdraw therapy Avoid antipsychotics in severe agitation associated with Lewy Body dementia.	IR: Tier 2D XR: Tier 3
<b>Ropinirole</b>	<b>Requip</b> Tablet: 0.25, 0.5, 1, 2, 3, 4, 5 mg Tablet, ER: 2, 3, 4, 6, 8, 12 mg	3-6 mg TID	24 mg	Give with food	Tier 2D ER Tablet: Tier 3D

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Preferred Drug List – Disease Base

**Renal Disease**

Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier
<b>Bumetanide</b>	<b>Bumex</b> Tablet: 0.5, 1, 2 mg	0.5 -10 mg/day given daily-BID	10 mg	<b>Subcategory:</b> Congestive Heart Failure, Abdominal Aortic Aneurysm (AAA), Severe Aortic Stenosis w/CHF <b>Therapeutic Class:</b> Diuretics (loop) Monitor for hypokalemia; administer last dose before 4pm	Tier 1
<b>Furosemide</b>	<b>Lasix</b> Tablet: 20, 40, 80 mg Solution, oral: 8 mg/mL, 10 mg/mL Solution, injectable: (see 'Injectables' section)	10-160 mg daily-BID (See 'Injectables' section for parenteral dosing)	600 mg	<b>Subcategory:</b> Congestive Heart Failure, Severe Aortic Stenosis w/CHF, Abdominal Aortic Aneurysm (AAA) <b>Therapeutic Class:</b> Diuretics (loop) Monitor for hypokalemia Anuria: contraindicated	Tier 1
<b>Hydrochlorothiazide</b>	<b>Microzide, Hydrodiuril</b> Tablet: 25, 50 mg Capsule: 12.5 mg	12.5-50 mg daily	200 mg	<b>Subcategory:</b> Abdominal Aortic Aneurysm (AAA), Severe Aortic Stenosis w/CHF, Congestive Heart Failure <b>Therapeutic Class:</b> Diuretics (thiazide) Anuria: contraindicated	Tier 1
<b>Metolazone</b>	<b>Zaroxolyn</b> Tablet: 2.5, 5, 10 mg	2.5-20 mg daily	20 mg	<b>Subcategory:</b> Congestive Heart Failure, Abdominal Aortic Aneurysm (AAA), Severe Aortic Stenosis w/CHF <b>Therapeutic Class:</b> Diuretics (thiazide) Not a potent diuretic alone; used in conjunction with Lasix or Bumex; administer 30 min prior to dose of Lasix or Bumex	Tier 1
<b>Paroxetine</b>	<b>Paxil</b> Tablet: 10, 20, 30, 40 mg Tablet, ER: 12.5, 25, 37.5 mg Suspension: 10 mg/5 mL	10-40 mg	50 mg or 40 mg (elderly, renal, hepatic)	Useful if renal, opioid, or hepatic induced itch	Tier 1D
<b>Potassium chloride</b>	<b>KDur, Klor-Con</b> CapsuleER: 8, 10 mEq Tablet ER: 8, 10, 15, 20 mEq Solution, oral: 20, 40 mEq/15 mL Packet, oral: 20 mEq	20 mEq 2-5x daily	100 mEq	May cause diarrhea, nausea, vomiting or abdominal pain Limit single doses to not more than 20 mEq to avoid GI upset	Tier 1 Soln, Packets: Tier 3
<b>Sodium bicarbonate</b>	<b>Neut</b> Tablet: 325, 650mg (650 mg = 10 grains)	650 mg PO 2-3 times daily	5850 mg	For management of metabolic acidosis related to renal disease Use for hyperkalemia is IV only Does not directly palliate symptoms Continue to evaluate goals of care for continuation of therapy, especially if no serum bicarb monitoring Each oral tablet (650 mg) contains 7.7 mEq each of sodium and bicarbonate ions	Tier 1

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Preferred Drug List – Disease Base

<b>Renal Disease</b>					
Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier
<b>Spirolactone</b>	<b>Aldactone</b> Tablet: 25, 50, 100 mg	20-200 mg daily	400 mg	<b>Subcategory:</b> Congestive Heart Failure, Severe Aortic Stenosis w/CHF, Abdominal Aortic Aneurysm (AAA) <b>Therapeutic Class:</b> Diuretics (potassium sparing) Especially useful with ascites, prevents third spacing; may cause constipation and hypotension CrCl <10: contraindicated Anuria, acute renal impairment: contraindicated	Tier 1
<b>Torsemide</b>	<b>Demadex</b> Tablet: 5, 10, 20, 100 mg	10-200 mg daily	200 mg	<b>Subcategory:</b> Congestive Heart Failure, Abdominal Aortic Aneurysm (AAA), Severe Aortic Stenosis w/CHF <b>Therapeutic Class:</b> Diuretics (thiazide) May cause hypokalemia Anuria: contraindicated	Tier 1
<b>Triamterene-Hydrochlorothiazide</b>	<b>Maxzide, Dyazide</b> Tablet: 25-37.5, 50-75 mg Capsule: 25-37.5 mg	25-37.5 mg once daily	50-75 mg	Triamterene is a potassium-sparing diuretic	Tier 1
<b>Calcitriol</b>	<b>Rocaltrol</b> Capsule: 0.25, 0.5 mcg Solution, oral: 1 mcg/mL	0.25 mcg 3 times weekly to once daily	0.5 to 1 mcg	Vitamin D analog for management of secondary hyperparathyroidism in CKD KDIGO guidelines do not recommend routine use of calcitriol or other vitamin D analogs in patients with CKD stages G3 to G5; may reserve for those with severe and progressive hyperparathyroidism Continue to evaluate goals of care for continuation of therapy, especially if no serum calcium, phosphate or PTH monitoring	Tier 3
<b>Sevelamer</b>	<b>Renagel, Renvela</b> Tablet, as carbonate: 400, 800 mg Oral packet, as hydrochloride: 0.8 g (800 mg)	800 to 1,600 mg TID with meals	Individualized based on serum phosphorus levels	This medication and other phosphate binders must be administered with meals Does not bind/reduce phosphate in serum directly; not systemically absorbed Swallow tablets whole Discontinue if not able to eat or if no serum phosphorus monitoring	Tier 3

**ProCare HospiceCare**  
Preferred Drug List – Disease Base

**SYMPTOM MANAGEMENT**  
**Allergic Rhinitis**

Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier
<b>Cetirizine</b>	<b>Zyrtec</b> Tablet: 10 mg Solution, oral: 5 mg/5 mL	Elderly: 5 mg once daily Non-elderly adults: 10 mg once daily	Non-elderly adults: 10 mg/day (See comments)	Less sedating antihistamine May use 10 mg up to twice daily for acute urticaria/hives Elderly, liver disease or severe renal disease: max 5 mg/day	Tier 1
<b>Fexofenadine</b>	<b>Allegra</b> Tablet: 60 mg, 180 mg Suspension, oral (children's): 30 mg/5 mL	60 mg once daily to start in the elderly; may give Q12h or 180 mg once daily	180 mg/day	Less sedating antihistamine Same dosing for urticaria/hives Headache is a common side effect Renal dosing suggested: GFR <10 mL/minute: dose every 24 hours	Tier 1
<b>Fluticasone</b>	<b>Flonase</b> Spray, nasal [OTC]: 50 mcg/act Spray, nasal [Rx]: 50 mcg/act	1-2 sprays in one or both nostrils once daily	200 mcg/day (2 sprays each nostril/day)	Can also be used for non-allergic rhinitis and sinusitis Avoid use with recent nasal septal ulcers, nasal surgery, or nasal trauma until healing has occurred	Tier 1 <b>Rx: Tier 3</b>
<b>Loratadine</b>	<b>Claritin</b> Tablet: 5 mg, 10 mg Capsule: 10 mg Solution, oral: 5 mg/5 mL	10 mg once daily or 5 mg twice daily	10 mg/day	Non-sedating antihistamine Not for nasal congestion Wide half-life variation reported in the elderly May use 10 mg up to twice daily for acute urticaria/hives Renal dosing suggested: CrCl 10-50 mL/minute: dose every 24 to 48 hours CrCl <10 mL/minute: dose every 48 hours	Tier 1
<b>Sodium Chloride Nasal</b>	<b>Ayr Saline Nasal</b> Aerosol solution, nasal: 0.65% Gel, nasal	Nasal Inhalation: 2 to 3 sprays each nostril as needed	N/A	Clears irritants and mucus from nasal passages	Tier 1
<b>Montelukast</b>	<b>Singulair</b> Tablet: 5 mg, 10 mg Tablet, chewable: 5 mg (Packet is NF)	10 mg once daily	10 mg	Indicated for asthma and allergic rhinitis Neuropsychiatric events [US Boxed Warning] have been reported, including but not limited to agitation, aggression, depression, sleep disturbances, suicidal thoughts and behavior	Tier 2

**ProCare HospiceCare**  
Preferred Drug List – Disease Base

**SYMPTOM MANAGEMENT**  
**Anorexia**

Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier
<b>Dexamethasone</b>	<b>Decadron</b> Solution, oral: 1 mg/mL Tablet: 0.25, 0.5, 0.75, 1, 1.5, 2, 4, 6 mg Injection, as sodium phosphate: 4 mg/mL, 10 mg/mL	2-16 mg BID	40 mg oral; 10-20mg/day IV/IM though higher doses individualized	Crosses blood-brain barrier Can cause GI upset, though less than with prednisone Use with caution for patients with diabetes due to resultant hyperglycemia Give last dose by 2pm to avoid steroid-induced insomnia Use in patients with CHF or water retention	Tier 1
<b>Mirtazapine</b>	<b>Remeron, Remeron SolTab</b> Tablet: 7.5, 15, 30, 45 mg SolTab (ODT): 15, 30, 45 mg	7.5-30 mg QHS	45 mg	Also expected to improve sleep and mood Higher doses better for depression, lower doses better for sleep/appetite	Tier 1 SolTab: Tier 3
<b>Prednisone</b>	<b>Deltasone</b> Solution, oral: 1 mg/mL Tablet: 1, 2.5, 5, 10, 20, 50 mg	5-80 mg 4x daily	80 mg	Can cause GI upset Use with caution in patients with diabetes due to resultant hyperglycemia Give last dose by 2pm to avoid steroid-induced insomnia Do NOT use in patients with CHF or water retention (use dexamethasone instead)	Tier 1
<b>Cyproheptadine</b>	<b>Periactin</b> Solution, oral: 2 mg/5 mL Tablet: 4 mg	4 mg 4x daily	16 mg	Administer at bedtime to start Heavy anticholinergic side effects	Tier 2
<b>Megestrol acetate</b>	<b>Megace</b> Suspension, oral, as acetate: 40 mg/mL ES (BRAND): 125 mg/mL Tablet: 20, 40 mg	400-800 mg daily	800 mg	Promotes clot formation, especially in non-ambulatory patients, those with high CV risk, and in cancer	Tier 3



**ProCare HospiceCare**  
Preferred Drug List – Disease Base

**Anxiety/Agitation**

Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier
<b>Alprazolam (CIV)</b>	<b>Xanax</b> Tablet: 0.25, 0.5, 1, 2 mg Tablet, ER: 0.5, 1, 2, 3 mg ODT: 0.25, 0.5, 1, 2 mg Solution, oral: 1 mg/mL	0.25- 1 mg Q4-6h	4 mg	May be given PO or SL; avoid or reduce dose in patients with liver disease <b>For ER dosing: 0.5-1mg daily, range 3-6 mg daily</b>	Tier 1 <b>ODT, ER: Tier3</b>
<b>Chlordiazepoxide</b>	Capsule: 5,10, 25 mg	5-25 mg QID	100 mg	Recommended geriatric dose is 5 mg QID Avoid use if possible due to long acting metabolite	Tier 1
<b>Clonazepam (CIV)</b>	<b>Klonopin</b> Tablet: 0.5, 1, 2 mg <b>ODT wafer: 0.125, 0.25, 0.5, 1, 2 mg</b>	Anxiety: 1 mg/day Seizure: 0.5 mg	4 mg (anxiety) 20 mg (seizure)	Long-acting benzodiazepine; should not be used in combo with short-acting benzodiazepine	Tier 1 <b>ODT: Tier 3</b>
<b>Diazepam (CIV)</b>	<b>Valium</b> Tablet: 2, 5, 10 mg Solution, oral: 5 mg/5 mL, 5 mg/mL	2-10 mg Q6-12h		May be given PO, SL, PR Long half-life Use with caution in elderly w/liver disease <b>DIASTAT RECTAL GEL: NON-FORMULARY</b>	Tier 1
<b>Divalproex sodium</b>	<b>Depakote, Depakote Sprinkles</b> Tablet, DR: 125, 250, 500 mg Tablet, ER: 250, 500 mg Capsule, DR: 125 mg	15 mg/kg/day	60 mg/kg/day	Give with food; may open and sprinkle capsules on food Divalproex sodium ER and DR tabs not bioequivalent Incr. total daily dose by 8-20% if switching from DR tab to ER tab Hepatic disease/significant impairment: contraindicated	Tier 1
<b>Haloperidol</b>	<b>Haldol</b> Tablet: 0.5, 1, 2, 5, 10, 20 mg Solution, oral, as lactate: 2 mg/mL Solution, injection, as lactate: 5 mg/mL	0.5-5 mg Q6-12h	100 mg	Can be given PO, SL, PR, IM Useful when benzodiazepines fail Do not use in patients with Parkinson's Lower sedation levels as compared with other antipsychotics Antipsychotics are appropriate when psychosis is suspected to be the primary cause of agitation/aggression Reserve for short-term adjunctive use while addressing underlying causes of severe symptoms If no clinically significant response after 4 weeks, taper and withdraw therapy Avoid antipsychotics in severe agitation associated with Lewy Body dementia	Tier 1
<b>Hydroxyzine</b>	<b>Atarax, Vistaril</b> Capsule as pamoate: 25, 50, 100 mg Tablet, HCl: 10, 25, 50 mg Solution, oral: 10 mg/5 mL	10-50 mg Q4-6h	400 mg	May cause drowsiness; use with caution in the elderly Useful in patients with Parkinson's	Tier 1
<b>Lorazepam (CIV)</b>	<b>Ativan</b> Tablet: 0.5, 1, 2 mg Solution, oral: 2 mg/mL Solution, injection: 2 mg/mL, 4 mg/mL	0.5-2 mg Q4-6h	10 mg	Intermediate-acting benzodiazepine May be given PO, SL, PR, SQ, IM Reduce dose if liver disease present	Tier 1

**ProCare HospiceCare**  
Preferred Drug List – Disease Base

**Anxiety/Agitation**

Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier
<b>Oxazepam (CIV)</b>	<b>Serax</b> Capsule: 10, 15, 30 mg	10 mg Q8-14h		Intermediate-acting benzodiazepine May cause paradoxical reaction in the elderly	Tier 1
<b>Phenobarbital (CIV)</b>	<b>Luminal</b> Tablet: 15, 16, 30, 32, 60, 65, 97, 100 mg Elixir: 20 mg/5 mL Injection, as sodium: 65 mg/mL, 130 mg/mL	60-100 mg daily BID-TID (See 'Injectables' section for parenteral dosing)	400 mg/day (oral/IV/IM) for sedation	May be given PO, PR, IM Long half-life allows less frequent dosing CrCl <10: give Q12-16h Seizures: Dosage should be individualized based upon clinical response and serum concentration; 2 mg/kg/day IV typically produces a steady-state level of 20 mg/L	Tier 1 Injection: Tier 3
<b>Valproic acid</b>	<b>Depakene</b> Syrup, as valproic acid: 250 mg/5 mL Capsule, as valproic acid: 250 mg	250 mg QHS x 7 days, then 500 mg QHS	60 mg/kg/day	Drug levels recommended for seizures DO NOT CRUSH ER FORMS Depakene liquid may be given rectally	Tier 1
<b>Aripiprazole</b>	<b>Abilify</b> Tablet: 2, 5, 10, 15, 20, 30 mg (Other forms NF)	2 to 5 mg once daily	15 mg (30 mg in severe cases)	Antipsychotics are appropriate when psychosis is suspected to be the primary cause of agitation/aggression Reserve for short-term adjunctive use while addressing underlying causes of severe symptoms, if no clinically significant response after 4 weeks, taper and withdraw therapy Avoid antipsychotics in severe agitation associated with Lewy Body dementia Adjunct therapy for resistant depression	Tier 2
<b>Buspirone</b>	<b>Buspar</b> Tablet: 5, 7.5, 10, 15, 30 mg	20-30 mg/day divided BID-TID	60 mg	Start: 7.5 mg PO BID, then incr. 5 mg/day Q2-3 days Severe renal/hepatic impairment: Avoid Use	Tier 2
<b>Lamotrigine</b>	<b>Lamictal</b> Tablet (IR): 25, 100, 150, 200 mg (Kits and other formulations are NF)	Depends on interacting medications; see drug reference or consult RPh	Depends on interacting medications; see drug reference or consult RPh	For mood stability or Bipolar disorder (also for seizures) Significant risk of severe skin rash (SJS, TEN), <b>especially when used concurrently with valproic acid</b> (refer to drug interaction monograph for management) Cautious dosing in liver impairment required	Tier 2
<b>Olanzapine</b>	<b>Zyprexa, Zyprexa Zydis</b> Tablet: 2.5, 5, 7.5, 10, 15 mg, 20 mg ODT: 5, 10, 15, 20 mg	2.5-5 mg daily	20 mg	May cause hyperglycemia Antipsychotics are appropriate when psychosis is suspected to be the primary cause of agitation/aggression Reserve for short-term adjunctive use while addressing underlying causes of severe symptoms; if no clinically significant response after 4 weeks, taper and withdraw therapy Avoid antipsychotics in severe agitation associated with Lewy Body dementia	Tier 2 ODT: Tier 3

**ProCare HospiceCare**  
Preferred Drug List – Disease Base

**Anxiety/Agitation**

Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier
<b>Quetiapine</b>	<b>Seroquel, Seroquel XR</b> Tablet: 25, 50, 100, 200, 300, 400 mg Tablet, XR: 50, 150, 200, 300, 400 mg	25-50 mg Q8-12h	800 mg	Preferred in Parkinson's disease over other antipsychotics Adjunct for resistant depression Antipsychotics are appropriate when psychosis is suspected to be the primary cause of agitation/aggression Reserve for short-term adjunctive use while addressing underlying causes of severe symptoms; if no clinically significant response after 4 weeks, taper and withdraw therapy. Avoid antipsychotics in severe agitation associated w/Lewy Body dementia	IR: Tier 2 XR: Tier 3
<b>Risperidone</b>	<b>Risperdal</b> Tablet: 0.25, 0.5, 1, 2, 3, 4 mg Solution, oral: 1 mg/mL ODT: 0.25, 0.5, 1, 2, 3, 4 mg	1-3 mg BID	16 mg	Preferred atypical antipsychotic Antipsychotics are appropriate when psychosis is suspected to be the primary cause of agitation/aggression Reserve for short-term adjunctive use while addressing underlying causes of severe symptoms; if no clinically significant response after 4 weeks, taper and withdraw therapy Avoid antipsychotics in severe agitation associated with Lewy Body dementia	Tier 2
<b>Ziprasidone</b>	<b>Geodon</b> Capsule: 20, 40, 60, 80 mg (IM injection is NF)	20 mg BID	80 mg BID	Must take with a meal (≥500 calories) for adequate absorption Dose-dependent QT prolongation Antipsychotics are appropriate when psychosis is suspected to be the primary cause of agitation/aggression. Reserve for short-term adjunctive use while addressing underlying causes of severe symptoms; if no clinically significant response after 4 weeks, taper and withdraw therapy Avoid antipsychotics in severe agitation associated with Lewy Body dementia	Tier 2
<b>Chlorpromazine</b>	<b>Thorazine</b> Tablet: 10, 25, 50, 100, 200 mg Solution: 30 mg/ml, 100 mg/ml	10-50 mg Q4-6h	1000 mg	May be given PO, SL, PR; more sedating; avoid in patients with Parkinson's disease May cause orthostatic hypotension	Tier 3
<b>Clozapine</b>	<b>Clozaril</b> Tablet: 25, 50, 100, 200 mg ODT: 12.5, 25, 100, 150, 200 mg Oral suspension: 50 mg/mL	Initial 12.5 mg at bedtime	Variable depending on indication	Prescribers and pharmacies must be REMS certified Use not recommended in hospice due to lack of blood monitoring and potential risk of significant side effects/toxicities, including neutropenia, myocarditis, cardiomyopathy, bradycardia, hypotension and seizures Taper off (or cross-taper with other antipsychotic) recommended	Tier 3
<b>Paliperidone</b>	<b>Invega</b> Tablet, ER: 1.5, 3, 6, 9 mg	6 mg daily	12 mg	Non-preferred. Primary active metabolite of risperidone CrCl 50-79: start 3 mg qam; max 6 mg/day; CrCl 10-49: start 1.5 mg qam; max 3 mg/day	Tier 3

**ProCare HospiceCare**  
Preferred Drug List – Disease Base

**Bladder Spasm/Pain**

Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier
<b>Oxybutynin</b>	<b>Ditropan, Ditropan XL</b> Syrup: 5 mg/5 mL Tablet, IR: 5 mg Tablet, XL: 5, 10, 15 mg <b>Transdermal Patch: 3.9 mg/day</b>	IR: 2.5 mg Q8-12hr XL: 5-15 mg daily	IR: 20 mg ER: 30 mg	<b>Subcategory:</b> Bladder Cancer Geriatric dose is 2.5 mg BID	Tier 1 XL: Tier 2 <b>Patch: Tier 3</b>
<b>Phenazopyridine</b>	<b>Pyridium</b> Tablet: 100, 200 mg	100 mg TID x3 days	600 mg	CrCl 50-80: give Q12-16h. CrCl <50: contraindicated Max 3 day course Discolors urine orange	Tier 1
<b>Bethanechol</b>	<b>Urecholine</b> Tablet: 5, 10, 25, 50 mg	10-50 mg TID-QID	50 mg QID	Initiate therapy with 5-10 mg; increase dose hourly until effective response seen Use the lowest effective dose Should be administered 1 hour before meals or 2 hours after meals (to avoid nausea and vomiting)	Tier 2
<b>Flavoxate</b>	Tablet: 100 mg	100-200 mg TID-QID	200 mg QID	Reduce dose when symptoms improve Avoid use with GI obstruction or hemorrhage; lower urinary tract obstruction	Tier 2
<b>Tolterodine</b>	<b>Detrol</b> Tablet: 1, 2 mg <b>Capsule, LA: 2, 4 mg</b>	4 mg/day	4 mg 2 mg (renal)	<b>Subcategory:</b> Bladder Cancer CrCl <30: 1 mg BID	Tier 2 <b>LA: Tier 3</b>

**ProCare HospiceCare**  
Preferred Drug List – Disease Base

**Congestion**

Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier
<b>Guaifenesin</b>	<b>Robitussin</b> Tablet: 200, 400 mg Liquid: 100 mg/5 mL Solution, oral: 100 mg/5 mL, 100 mg/6.25 mL Solution, oral drops: 50 mg/mL	10-30 mL Q4h	2400 mg	<b>Subcategory:</b> COPD (Obstructive) Encourage fluid intake	Tier 1
<b>Oxymetazoline</b>	<b>Afrin</b> Solution, intranasal, as hydrochloride [spray]: 0.05 %	2-3 sprays each nostril, Q12h		Do not use for more than 3-5 days May cause rebound congestion	Tier 1
<b>Phenylephrine</b>	<b>Sudafed PE</b> Tablet: 10 mg Oral Solution, oral (children's): 2.5 mg/mL, 2.5 mg/5 mL	10 mg Q4h as needed	60 mg	Use for 7 days or less Avoid regular/frequent use in cardiac disease or high blood pressure Avoid use within 14 days of monoamine oxidase inhibitor therapy	Tier 1
<b>Pseudoephedrine</b>	<b>Sudafed</b> Tablet: 30 mg, 60 mg Oral Liquid: 15 mg/5 mL (children's), 30 mg/5 mL	IR: 30-60 mg Q6h as needed ER: 120 mg Q12h or 240 mg Q24h	240 mg	In elderly, start with IR form Use caution in seizure disorder (causes CNS stimulation) Avoid regular/frequent use in cardiac disease or high blood pressure Sudafed 24-Hour tablet may not completely dissolve and appear in stool May cause agitation Do not take at bedtime due to drug-induced insomnia	Tier 1
<b>Sodium Chloride for inhalation</b>	<b>Ayr Saline Nasal, Broncho Saline</b> Aerosol solution, nasal Gel, nasal Inhalation, nebulization solution: 0.9%	Nasal Inhalation: 2 to 3 sprays each nostril as needed Oral inhalation: 3 mL Q4h PRN	Oral Inhalation: 150 mEq	<b>Subcategory:</b> COPD (Obstructive) Fluid intake is encouraged	Tier 1
<b>Guaifenesin LA</b>	<b>Mucinex</b> Tablet, ER: 600 mg	1-2 tabs BID	2400 mg	<b>Subcategory:</b> COPD (Obstructive) Do not crush Encourage fluid intake	Tier 2

**ProCare HospiceCare**  
Preferred Drug List – Disease Base

**Constipation**

Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier
<b>Bisacodyl</b>	<b>Dulcolax</b> Suppository: 10 mg Tablet: 5 mg	5-10 mg QHS	30 mg	Can be used daily or prn	Tier 1
<b>Docusate</b>	<b>Colace</b> Capsule, as sodium: 50, 100, 250 mg Liquid: 150 mg/15 mL	50-500 mg, daily in 1-4 divided doses		Stool softener only Due to weak/poor evidence demonstrating benefit, other bowel medications are preferred	Tier 1
<b>Citrate of Magnesia</b>	<b>Magnesium Citrate</b> Solution, oral: 1.745 g/30 mL	1 bottle (approx. 300 mL) PRN	300 mL	May keep chilled in refrigerator 300 mL= 235 mEq magnesium = 2.8 g magnesium	Tier 1
<b>Glycerin Suppository</b>	<b>Sani-Supp</b> Suppository, rectal, adult: 1 g, 2 g	1 supp daily	2 supps	May cause "fatty" appearing stool	Tier 1
<b>Magnesium hydroxide</b>	<b>Milk of Magnesia</b> Liquid, oral: 400, 800 mg/5 mL Tablet, chewable: 311 mg	15-30 mL daily; or 2 to 4 tablets every 4 hours up to 4 times/day	4800 mg liquid or 8 tablets	Caution in patients with renal impairment	Tier 1
<b>Mineral Oil</b>	<b>Mineral Oil</b> Oil, oral (various quantities) Enema, rectal: 135 mL	Oral: 15-45 mL/ day divided Q8- 24h Rectal: 118 mL x 1 dose	118 mL	Oral use may cause pneumonitis Onset of action: oral - 6 to 8 hours; rectal - 2 to 15 minutes	Tier 1
<b>Psyllium (Fiber)</b>	<b>Metamucil</b> Powder: 3.4 g per dose	2 Tbsp daily-BID	30 g	Use with caution in patients with poor fluid intake; may cause obstruction	Tier 1
<b>Senna</b>	<b>Senna</b> Tablet: 8.6 mg Syrup, oral: 8.8 mg/5 mL	2 tabs BID	8 tablets	May cause abdominal cramping when used alone	Tier 1
<b>Senna-Docusate</b>	<b>Senna S, Senokot S, Senna Plus</b> Tablet: docusate 50 mg and sennosides 8.6 mg	1-2 tabs daily	8 tablets	Plain senna and other bowel medications preferred due to weak/poor evidence demonstrating any benefit with docusate	Tier 1
<b>Sodium Phosphates Enema</b>	<b>Fleets Enema</b> Solution, rectal: Monobasic sodium phosphate monohydrate 19 g and dibasic sodium phosphate heptahydrate 7 g per 118 mL delivered dose (133 mL)	1 enema PR daily	1 enema	May cause electrolyte imbalance Sodium 4 mEq is equivalent to sodium 92 mg; Phosphorous 3 mmol is equivalent to phosphorus 93 mg	Tier 1

**ProCare HospiceCare**  
Preferred Drug List – Disease Base

<b>Constipation</b>					
Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier
<b>Sorbitol 70%</b>	<b>Sorbitol 70%</b> Solution, oral: 70% (30 mL, 480 mL, 3840 mL)	15-30 mL daily-BID	150 mL	Osmotic stool softener	Tier 1
<b>Lactulose</b>	<b>Enulose, Kristalose</b> Solution, oral: 10 g/15 mL Powder Packet: 10 g/packet (15s, 30s), 20 g/packet (30s)	15-30 mL daily BID	60 mL (constipation)	Reserve for patients with high ammonia levels and/or liver disease Sorbitol is the preferred alternative	Tier 2  Powder Packet: Tier 3
<b>Polyethylene glycol (PEG) 3350</b>	<b>MiraLax OTC</b> Powder, oral Packet, oral	17 g daily	34 g	Dissolve in 4-8 oz of liquid May take 2-4 days to produce BM	Tier 2

**ProCare HospiceCare**  
Preferred Drug List – Disease Base

<b>Cough-Dry; Non Productive</b>						
Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier	
<b>Benzonatate</b>	<b>Tessalon</b> Capsule: 100, 200 mg	100 mg TID	600 mg	Swallow caps whole	Tier 1	
<b>Dextromethorphan</b>	<b>Vicks, Delsym (ER)</b> Liquid: 10 mg/5 mL; 30 mg/5 mL (ER)	5-10 mL Q4h PRN Delsym (ER): 10 mL Q12h PRN	120 mg	Contains alcohol	Tier 1	
<b>Paroxetine</b>	<b>Paxil</b> Tablet: 10, 20, 30, 40 mg Tablet, ER: 12.5, 25, 37.5 mg Suspension: 10 mg/5 mL	10-40 mg daily	50 mg 40 mg (elderly, renal & hepatic)	Mechanism for cough unknown Effective for cough after 1-3 doses	Tier 1	
<b>Promethazine-Codeine (CV)</b>	<b>Phenergan with Codeine</b> Syrup, oral; 6.25-10 mg/5 mL	5 mL PO Q4-6h PRN	30 mL	Take with food/water to decrease GI upset	Tier 1	
<b>Hydrocodone-Homatropine (CII)</b>	<b>Hydromet, Hycodan</b> Syrup, oral: 5-1.5 mg/5 mL	5 mL Q4-6H PRN	30 mL		Tier 2	



**ProCare HospiceCare**  
Preferred Drug List – Disease Base

**Cough-Wet; Productive**

Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier
<b>Guaifenesin-Codeine (CV)</b>	<b>Robitussin AC, GuaiaTussin AC, Iophen C-NR</b> Solution/Syrup oral: 100 mg-10 mg/5 mL	10 mL Q4H PRN	60 mL	Encourage fluid intake Recommend diabetic tussin for patients with DM	Tier 1
<b>Guaifenesin-Dextromethorphan</b>	<b>Robitussin DM</b> Solution, oral: 100 mg-10 mg/5 mL	10 mL Q4hr PRN	2400 mg/day guaifenesin	Encourage fluid intake Recommend diabetic tussin for patients with DM	Tier 1
<b>Sodium Chloride for inhalation</b>	Inhalation, nebulization solution: 0.9%	3 mL Q4h PRN	150 mEq	<b>Subcategory:</b> COPD (Obstructive). Fluid intake is encouraged	Tier 1

**ProCare HospiceCare**  
Preferred Drug List – Disease Base

**Depression**

Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier
<b>Citalopram</b>	Tablet: 10, 20, 40 mg Solution, oral: 10 mg/5 mL	10-40 mg QAM	40 mg; 20 mg for pts >60 yrs	Starting dose can be an effective dose Dose-dependent QTc prolongation	Tier 1
<b>Desipramine</b>	<b>Norpramin</b> Tablet: 10, 25, 50, 75, 100, 150 mg	10-150 mg QHS	300 mg; 150 mg in elderly	Also expected to improve sleep and mood; least anticholinergic effect	Tier 1
<b>Dexamethasone</b>	<b>Decadron</b> Solution, oral: 1 mg/mL Tablet: 0.25, 0.5, 0.75, 1, 1.5, 2, 4, 6 mg Injection, as sodium phosphate: 4 mg/mL, 10 mg/mL	2-16 mg BID	40 mg oral; 10-20 mg/day IV/IM though higher doses individualized	Crosses blood-brain barrier Can cause GI upset, though less than with prednisone Use with caution for patients with diabetes due to resultant hyperglycemia Give last dose by 2pm to avoid steroid-induced insomnia Preferred over prednisone in patients with CHF or water retention	Tier 1
<b>Doxepin</b>	<b>Sinequan</b> Capsule: 10, 25, 50, 75, 100, 150 mg Solution, oral: 10 mg/mL	10-30 mg QHS	300 mg, (6 mg for elderly)	Caution in elderly; causes drowsiness; OK if bedbound	Tier 1
<b>Escitalopram</b>	<b>Lexapro</b> Tablet: 5, 10, 20 mg Solution: 5 mg/ 5mL	5-20 mg daily	20 mg, (10 mg for elderly)	Usual starting dose: 10 mg	Tier 1 Solution: Tier 3
<b>Fluoxetine</b>	<b>Prozac</b> Tablet: 10, 20 mg Capsule: 10, 20, 40 mg Capsule, DR: 90 mg Solution, oral: 20 mg/5 mL	20-60 mg daily	80 mg	Long half-life Increases risk of falls	Tier 1 DR Capsule: Tier 3
<b>Fluvoxamine</b>	Tablet: 50, 100 mg ER Tablet: 100 mg	100-300 mg daily	300 mg	Usual starting dose: 50 mg daily Increase in 50 mg increments every 4-7 days as tolerated	Tier 1 ER: Tier 3
<b>Imipramine</b>	Tablet: 50 mg Capsule: 75, 100, 125, 150 mg	25-150 mg QHS	200 mg (100 mg for elderly)	Also expected to improve sleep and mood Not preferred TCA in elderly (see desipramine) Daily dose may be given in two divided doses Requires taper off to avoid withdrawal symptoms	Tier 1 Capsule: Tier 3
<b>Methylphenidate (CII)</b>	<b>Ritalin</b> Tablet: 5, 10, 20 mg Tablet, 12-24h ER: 10, 20 mg Capsule, 24h LA (BRAND): 10, 20, 30, 40 mg Solution, oral: 5, 10 mg/5 mL	5-10 mg daily- BID	60 mg (ER tab/cap)	May be used alone or in combination with SSRI or TCA Schedule last dose before 2pm to lessen the risk of drug-induced insomnia Caution in patients with cardiac issues or uncontrolled HTN	Tier 1

**ProCare HospiceCare**  
Preferred Drug List – Disease Base

**Depression**

Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier
Mirtazapine	<b>Remeron, Remeron SolTab</b> Tablet: 7.5, 15, 30, 45 mg <b>SolTab (ODT): 15, 30, 45 mg</b>	7.5-30 mg QHS	45 mg	Also expected to improve sleep and appetite Higher doses better for depression, lower doses better for sleep/appetite	Tier 1 <b>SolTab: Tier 3</b>
Nortriptyline	<b>Pamelor</b> Capsule: 10, 25, 50, 75 mg Solution, oral: 10 mg/5 mL	10-150 mg QHS	150 mg	Also expected to improve sleep and mood Start at lowest dose possible	Tier 1
Paroxetine	<b>Paxil, Paxil CR</b> Tablet: 10, 20, 30, 40 mg Tablet, ER: 12.5, 25, 37.5 mg Suspension, oral: 10 mg/5 mL	10-40 mg daily	50 mg 40 mg (elderly, renal & hepatic)	Paxil half-life: 21 h Paxil CR half-life: 15-20 h	Tier 1
Prednisone	<b>Deltasone</b> Solution, oral: 1 mg/mL Tablet: 1, 2.5, 5, 10, 20, 50 mg	5-80 mg 4x daily	80 mg	Can cause GI upset Use with caution in patients with diabetes due to resultant hyperglycemia Give last dose by 2pm to avoid steroid-induced insomnia Do NOT use in patients with CHF or water retention (use dexamethasone instead)	Tier 1
Sertraline	<b>Zoloft</b> Tablet: 25, 50, 100 mg Solution, oral: 20 mg/mL	25-200 mg QAM	200 mg	Use lower doses in patients with hepatic impairment	Tier 1
Trazodone	<b>Desyrel</b> Tablet: 50, 100, 150, 300 mg	25-100 mg QHS	400 mg (depression) 200 mg (insomnia)	Useful to treat comorbid insomnia	Tier 1
Amitriptyline	<b>Elavil</b> Tablet: 10, 25, 50, 75, 100, 125, 150 mg	10-15 mg QHS	300 mg	Also expected to improve sleep and mood Increases risk of falls	Tier 2
Aripiprazole	<b>Abilify</b> Tablet: 2, 5, 10, 15, 20, 30 mg (Other forms NF)	2 to 5 mg once daily	15 mg (30 mg in severe cases)	Adjunct therapy for resistant depression Antipsychotics are appropriate when psychosis is suspected to be the primary cause of agitation/aggression Reserve for short-term adjunctive use while addressing underlying causes of severe symptoms If no clinically significant response after 4 weeks, taper and withdraw therapy Avoid antipsychotics in severe agitation associated with Lewy Body dementia	Tier 2

**ProCare HospiceCare**  
Preferred Drug List – Disease Base

**Depression**

Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier
<b>Bupropion hydrochloride</b>	<b>Budeprion SR/XL, Wellbutrin SR/SL, Zyban</b> Tablet: 75, 100 mg Tablet, SR (12H): 100, 150, 200 mg Tablet, XL (24H): 150, 300 mg	IR: 100 mg TID SR, 12H: 150 mg BID XL, 24H: 300 mg QAM	IR: 450 mg divided SR: 400 mg XL: 450 mg	ER Form: Do not cut/crush/chew Severe cirrhosis: Max 75 mg/day, 100 mg ER daily, or 150 mg ER Q48h	Tier 2
<b>Ketamine (CIII)</b>	<b>Ketalar</b> Solution for Injection: 10 mg/mL, 50 mg/mL, 100 mg/mL Powder: 100% bulk	See Ketamine Quick Guide on PHC Website: <a href="https://phc.procarerx.com/docs/WREMPDF/PHC%20Ketamine%20Quick%20Guide.pdf">https://phc.procarerx.com/docs/WREMPDF/PHC%20Ketamine%20Quick%20Guide.pdf</a>		Can be compounded for PO/SL or IN administration May give IV at low (analgesic) doses Used for depression, nerve pain, desired sedation	Tier 2 Powder: Tier 3
<b>Venlafaxine</b>	<b>Effexor</b> Tablet: 25, 37.5, 50, 75, 100 mg Tablet, ER: 37.5, 75, 150, 225 mg Capsule, ER: 37.5, 75, 150 mg	IR: 37.5 – 75 mg BID-TID ER: 75 – 225 mg daily	IR: 375 mg ER: 225 mg	Give with food Do not cut/crush/chew ER form CrCl 10-70: decrease dose 25-50% CrCl <10: decrease dose 50%	Tier 2
<b>Duloxetine</b>	<b>Cymbalta, Drizalma Sprinkle</b> Capsule, DR Particles: 20, 30, 40, 60 mg Capsule, DR Sprinkle: 20, 30, 40, 60 mg	60 mg daily	120 mg	Useful to treat neuropathic pain Doses above 60 mg daily may add side effects without benefit Do not cut/crush/chew; may sprinkle Avoid use in CrCl <30 and liver impairment	Tier 3

**ProCare HospiceCare**  
Preferred Drug List – Disease Base

<b>Diarrhea/Gas</b>						
Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier	
<b>Bismuth subsalicylate</b>	<b>Pepto Bismol, Kaopectate</b> Tablet, chewable: 262 mg Liquid, oral: 262 mg/15 mL	524 mg Q 30-60 min PRN	8 tabs	May cause stool to appear black/tarry Avoid when <i>C. diff</i> infection present	Tier 1	
<b>Cholestyramine</b>	<b>Questran</b> Powder, packet: 4 g cholestyramine/9 g powder Powder, scoop: 4 g cholestyramine/9 g powder	4 g 1-4x daily	24 g	Dissolved in juice or water Promotes formed stools Useful in <i>C. diff</i>	Tier 1	
<b>Diphenoxylate-Atropine (CV)</b>	<b>Lomotil</b> Tablet: diphenoxylate hydrochloride 2.5 mg and atropine sulfate 0.025 mg Solution, oral: diphenoxylate hydrochloride 2.5 mg and atropine sulfate 0.025 mg/5 mL	5 mg diphenoxylate component 1- 4x daily PRN	20 mg diphenoxylate component	Avoid when <i>C. diff</i> infection present	Tier 1	
<b>Loperamide</b>	<b>Imodium</b> Capsule/Tablet: 2 mg Solution, oral, as hydrochloride: 1 mg/5 mL, 1 mg/7.5 mL	4 mg x1 and then 2 mg PRN	16 mg	Avoid when <i>C. diff</i> infection present	Tier 1	
<b>Simethicone</b>	<b>Mylicon</b> Tablet, chewable: 80 mg, 125 mg Softgel: 125 mg, 166 mg, 180 mg Suspension, oral drops: 40 mg/0.6 mL (30 mL)	40-125 mg 4x daily	500 mg		Tier 1	
<b>Opium Tincture (CII)</b>	<b>Opium Tincture</b> Tincture 10%, oral: w/anhydrous morphine 10 mg/mL [0.6 mL = to morphine 6 mg; contains ethanol 19%]	Doses expressed in mg: 6 mg of undiluted opium tincture (10 mg/mL) 4x daily		Opium Tincture contains 25 times more morphine than paregoric	Tier 2	

**ProCare HospiceCare**  
Preferred Drug List – Disease Base

<b>Dysphagia</b>						
Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier	
<b>Thick It</b>	<b>Thick It</b> Powder, oral: modified food starch and maltodextrin (various generics and sizes)	1-4 Tbsp	Individualized	1.3 Tbsp (4 tsp) = 6g powder	Tier 1	

**ProCare HospiceCare**  
Preferred Drug List – Disease Base

**Dyspnea/Shortness of Breath**

Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier
<b>Albuterol</b>	<b>Proventil, Ventolin</b> Neb: 2.5 mg/3 mL (0.083%), 1.25 mg/3 mL, 0.63 mg/3 mL, 5 mg/mL (0.5%) MDI: 90 mcg/spray	Neb: 1 vial via neb Q1-4h PRN MDI: 2 puffs Q4-6h PRN	Neb: 10 mg MDI: 12 puffs	<b>Subcategory:</b> COPD (Obstructive), Other (Restrictive/Neoplastic) Monitor for agitation May be used to treat hyperkalemia	Tier 1
<b>Alprazolam (CIV)</b>	<b>Xanax</b> Tablet: 0.25, 0.5, 1, 2 mg Tablet, ER: 0.5, 1, 2, 3 mg ODT: 0.25, 0.5, 1, 2 mg Solution, oral: 1 mg/mL	0.25-1 mg Q4-6h	4 mg	May be given PO or SL Avoid or reduce dose in patients with liver disease For ER dosing: 0.5-1mg daily; range 3-6 mg daily	Tier 1 ODT, ER: Tier 3
<b>Dexamethasone</b>	<b>Decadron</b> Solution, oral: 1 mg/mL Tablet: 0.25, 0.5, 0.75, 1, 1.5, 2, 4, 6 mg Injection, as sodium phosphate: 4 mg/mL, 10 mg/mL	2-16 mg BID	40 mg oral; 10-20 mg/day IV/IM though higher doses individualized	<b>Subcategory:</b> COPD (Obstructive) Crosses blood-brain barrier Can cause GI upset, though less than with prednisone Use with caution for patients with diabetes due to resultant hyperglycemia Give last dose by 2pm to avoid steroid-induced insomnia Use in patients with CHF or water retention	Tier 1
<b>Ipratropium</b>	<b>Atrovent</b> Neb: 0.5 mg/2.5 mL (0.02%) MDI: 17 mcg/spray	Neb: 1 vial via neb Q6-8h prn MDI: 2 puffs inh QID	Neb: 6 doses MDI: 12 puffs	<b>Subcategory:</b> COPD (Obstructive) Neb mixed with albuterol neb is stable for 1 hour	Neb: Tier 1 MDI: Tier 3D
<b>Lorazepam (CIV)</b>	<b>Ativan</b> Tablet: 0.5, 1, 2 mg Solution, oral: 2 mg/mL Solution, injection: 2 mg/mL, 4 mg/mL	0.5-2 mg Q4-6h	10 mg	Reserve for fear/anxiety-induced n/v Intermediate-acting benzodiazepine May be given PO, SL, PR, SQ, IM Reduce dose if liver disease present	Tier 1
<b>Morphine IR (CII)</b>	<b>MSIR, Roxanol</b> Tablet: 15, 30 mg Solution, oral: 10 mg/5 mL, 20 mg/5 mL, 20 mg/mL	Q2h PRN	N/A	Avoid in severe renal impairment if more than 7 days prognosis Dosage for SOB is 5-10 mg Q2h PRN CrCl 10-50: decrease dose 25%; CrCl <10: decrease dose 50%	Tier 1
<b>Oxycodone IR (CII)</b>	<b>OxyIR, OxyFast</b> Tablet: 5, 10, 15, 20, 30 mg Capsule: 5 mg Concentrate, oral: 20 mg/mL (100 mg/5 mL) Solution, oral: 5 mg/5 mL	Dosed Q2hr PRN	N/A	Dosage for SOB is 5-10 mg Q2h prn Preferred for patients with severe renal impairment Tabs can be given SL or PR	Tier 1 Solution: Tier 2

**ProCare HospiceCare**  
Preferred Drug List – Disease Base

**Dyspnea/Shortness of Breath**

Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier
<b>Prednisolone</b>	Solution: 5 mg/15 mL, 15 mg/5 mL	5-60 mg daily	60 mg	Cost effective version: Prednisolone sodium phosphate oral solution Typically utilized when steroid tablets are not an option	Tier 1
<b>Prednisone</b>	<b>Deltasone</b> Solution, oral: 1 mg/mL Tablet: 1, 2.5, 5, 10, 20, 50 mg	5-80 mg 4x daily	80 mg	Can cause GI upset Use with caution in patients with diabetes due to resultant hyperglycemia Give last dose by 2pm to avoid steroid-induced insomnia Do NOT use in patients with CHF or water retention (use dexamethasone instead)	Tier 1
<b>Sodium Chloride for inhalation</b>	Inhalation, nebulization solution: 0.9%	3 mL Q4h PRN	150 mEq	<b>Subcategory:</b> COPD (Obstructive) Fluid intake is encouraged	Tier 1
<b>Ipratropium-Albuterol</b>	<b>DuoNeb, Combivent</b> Neb: 0.5 mg/2.5 mg/3 mL <b>Respimat: 20 mcg-100 mcg/actuation</b>	Neb: 3 mL inh QID MDI: 1-2 puffs inh QID	Neb: 6 doses MDI: 12 puffs	<b>Subcategory:</b> COPD (Obstructive), Other (Restrictive/Neoplastic)	Neb: Tier 2D <b>Inhaler: Tier 3D</b>
<b>Methylprednisolone</b>	Tablets: 2, 4, 8, 16, 32 mg Dose pack: Containing 21 tablets x 4 mg	4-60 mg daily; Larger doses require BID dosing	60 mg	<b>Subcategory:</b> COPD (Obstructive) GI upset can occur Use with caution in patients with diabetes due to resultant hyperglycemia DO NOT use in patients with CHF or water retention (use dexamethasone instead) Usual directions for use spread over 6 days (pack): 24mg on Day 1, 20 mg on Day 2, 16 mg on Day 3, 12 mg on Day 4, 8 mg on Day 5, 4 mg on Day 6	Tier 2



**ProCare HospiceCare**  
Preferred Drug List – Disease Base

<b>Edema</b>						
Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments		Tier
<b>Bumetanide</b>	<b>Bumex</b> Tablet: 0.5, 1, 2 mg	0.5-10 mg/day given daily BID	10 mg	<b>Subcategory:</b> Congestive Heart Failure, Abdominal Aortic Aneurysm (AAA), Severe Aortic Stenosis w/CHF <b>Therapeutic Class:</b> Diuretics (loop) Monitor for hypokalemia Administer last dose before 4pm Anuria: contraindicated		Tier 1
<b>Furosemide</b>	<b>Lasix</b> Tablet: 20, 40, 80 mg Solution, oral: 8 mg/mL, 10 mg/mL Solution, injectable: (see 'Injectables' section)	10-160 mg daily BID (See 'Injectables' section for parenteral dosing)	600 mg	<b>Subcategory:</b> Congestive Heart Failure, Severe Aortic Stenosis w/CHF, Abdominal Aortic Aneurysm (AAA) <b>Therapeutic Class:</b> Diuretics (loop) Monitor for hypokalemia Anuria: contraindicated		Tier 1
<b>Hydrochlorothiazide</b>	<b>Microzide, Hydrodiuril</b> Tablet: 25, 50 mg Capsule: 12.5 mg	12.5-50 mg daily	200 mg	<b>Subcategory:</b> Abdominal Aortic Aneurysm (AAA), Severe Aortic Stenosis w/CHF, Congestive Heart Failure <b>Therapeutic Class:</b> Diuretics (thiazide) Anuria: contraindicated		Tier 1
<b>Metolazone</b>	<b>Zaroxolyn</b> Tablet: 2.5, 5, 10 mg	2.5-20 mg daily	20 mg	<b>Subcategory:</b> Congestive Heart Failure, Abdominal Aortic Aneurysm (AAA), Severe Aortic Stenosis w/CHF <b>Therapeutic Class:</b> Diuretics (thiazide) Not a potent diuretic alone Used in conjunction with Lasix or Bumex; administer 30min prior to dose of Lasix or Bumex		Tier 1
<b>Potassium chloride</b>	<b>KDur, Klor-Con</b> Capsule, XR: 8, 10 mEq Tablet, ER: 8, 10, 15, 20 mEq Solution, oral: 20, 40 mEq/15 mL Packet, oral: 20 mEq	20 mEq 2-5x daily	100 mEq	May cause diarrhea, nausea vomiting or abdominal pain Limit single doses to not more than 20 mEq to avoid GI upset		Tier 1 Soln, Packets: Tier 3
<b>Spironolactone</b>	<b>Aldactone</b> Tablet: 25, 50, 100 mg	20-200 mg daily	400 mg	<b>Subcategory:</b> Congestive Heart Failure, Severe Aortic Stenosis w/CHF, Abdominal Aortic Aneurysm (AAA) <b>Therapeutic Class:</b> Diuretics (potassium sparing) Especially useful with ascites, prevents third spacing Mmay cause constipation and hypotension CrCl <10: contraindicated Anuria, acute renal impairment: contraindicated		Tier 1
<b>Torsemide</b>	<b>Demadex</b> Tablet: 5, 10, 20, 100 mg	10-200 mg daily	200 mg	<b>Subcategory:</b> Congestive Heart Failure, Abdominal Aortic Aneurysm (AAA), Severe Aortic Stenosis w/CHF <b>Therapeutic Class:</b> Diuretics (thiazide) May cause hypokalemia Anuria: contraindicated		Tier 1

**ProCare HospiceCare**  
Preferred Drug List – Disease Base

<b>Edema</b>					
Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier
<b>Triamterene-Hydrochlorothiazide</b>	<b>Maxzide, Dyazide</b> Tablet: 25-37.5, 50-75 mg Capsule: 25-37.5 mg	25 mg-37.5 mg once daily	50-75 mg	Triamterene is a potassium sparing diuretic	Tier 1

**ProCare HospiceCare**  
Preferred Drug List – Disease Base

<b>Extrapyramidal Symptoms</b>					
Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier
<b>Benzotropine</b>	<b>Cogentin</b> Tablet: 0.5, 1, 2 mg	0.5-2 mg BID	6 mg 4 mg (elderly)	May cause sedation	Tier 1
<b>Diphenhydramine</b>	<b>Benadryl</b> Capsule/Tablet: 25, 50 mg Elixir: 12.5 mg/5 mL	25-100 mg QHS and/or Q4-6h PRN	400 mg	Use with caution in elderly patients Causes confusion/drowsiness/dizziness Will not affect blood pressure	Tier 1

**ProCare HospiceCare**  
Preferred Drug List – Disease Base

<b>Fever</b>					
Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier
<b>Acetaminophen</b>	<b>Tylenol</b> Tablet: 325, 500 mg Tablet, chewable: 80, 160 mg Caplet/Geltab: 500 mg Caplet/Geltab, extended release: 650 mg Liquid, oral: 500 mg/15 mL, 160 mg/5 mL Suppository: 120, 325, 650 mg	500-1000 mg Q4-6h	4000 mg	Max of 3000 mg for elderly Max of 2000 mg for patients with hepatic impairment	Tier 1
<b>Ibuprofen</b>	<b>Motrin, Advil</b> Tablet: 200 mg [OTC], 400, 600, 800 mg Capsule/Gelcap: 200 mg [OTC] Suspension: 100 mg/5 mL [OTC] Chewable: 50, 100 mg	400-800 mg	3200 mg	Take with food/milk; may cause GI upset Monitor concomitant use with corticosteroids (GI bleed risk) Caution if cardiovascular dx, CHF, HTN CrCl <30: avoid use	Tier 1
<b>Naproxen</b>	<b>Naprosyn</b> Tablet: 250, 375, 500 mg Suspension: 125 mg/5 mL	250-500 mg BID	1500 mg	250 mg naproxen = 275 mg naproxen sodium CrCl <30: avoid use	Tier 1

**ProCare HospiceCare**  
Preferred Drug List – Disease Base

**Gastrointestinal Irritation/Colic**

Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier
<b>Aluminum-Magnesium</b>	<p><b>Gaviscon:</b> Liquid: aluminum hydroxide 31.7 mg and magnesium carbonate 119.3 mg per 5 mL</p> <p><b>Mag- Al</b> Liquid: aluminum hydroxide 200 mg and magnesium hydroxide 200 mg per 5 mL</p> <p><b>Gaviscon Extra Strength</b> Liquid: aluminum hydroxide 254 mg and magnesium carbonate 237.5 mg per 5 mL Tablet: aluminum hydroxide 160 mg and magnesium carbonate 105 mg</p>	<p><b>Gaviscon:</b> Liquid: aluminum hydroxide 31.7 mg/magnesium carbonate 119.3 mg per 5 mL Tablet: 2-4 daily- QID PRN</p> <p><b>Mag- Al:</b> Liquid: 10 to 20 mL daily- QID</p> <p><b>Gaviscon Extra Strength:</b> Liquid: 10 to 20 mL daily- QID Tablet: 2-4 tabs daily-QID</p>	<p><b>Gaviscon:</b> Liquid:120 mL Tablets: 16</p> <p><b>Mag-Al:</b> Liquid: 80 mL</p> <p><b>Gaviscon Extra Strength:</b> Liquid: 80 mL Tablets: 16</p>	Avoid use in end-stage renal disease	Tier 1
<b>Aluminum-Magnesium-Simethicone</b>	<p><b>Mylanta Classic, Maalox Advanced</b> Liquid: Aluminum hydroxide 200 mg, magnesium hydroxide 200 mg, and simethicone 20 mg per 5 mL (360 mL); aluminum hydroxide 400 mg, magnesium hydroxide 400 mg, and simethicone 40 mg/5 mL (360 mL) Tablet, chewable: Aluminum hydroxide 200 mg, magnesium hydroxide 200 mg and simethicone 25 mg</p>	10-20 mL 4x daily PRN	Liquid: 4800 mg aluminum, 4800 mg magnesium, 480 mg simethicone per 24h Tablets: 16/24h	Avoid use in end-stage renal disease	Tier 1
<b>Calcium carbonate</b>	<p><b>Tums</b> Tums: 500 mg Tums: E-X: 750 mg Tums Ultra: 1000 mg</p>	1-2 Q day PRN	7000 mg (as antacid)	May cause constipation	Tier 1
<b>Dicyclomine</b>	<p><b>Bentyl</b> Tablet: 20 mg Capsule: 10 mg Solution, oral: 10 mg/5 mL</p>	10-20 mg Q6-8h	160 mg	Anticholinergic May cause vision changes	Tier 1

**ProCare HospiceCare**  
Preferred Drug List – Disease Base

**Gastrointestinal Irritation/Colic**

Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier
<b>Famotidine</b>	<b>Pepcid</b> Tablet: 10, 20, 40 mg Suspension: 40 mg/5 mL	20 mg BID	40 mg 20 mg (renal)	CrCl <50: decrease dose 50% or give Q36-48h	Tier 1 Suspension: Tier 3
<b>Nizatidine</b>	<b>Axid</b> Capsule: 150, 300 mg Solution, oral: 15 mg/mL	150 mg BID	300 mg	CrCl 20-50: 150 mg daily CrCl <20: 150 mg Q48h	Tier 1
<b>Omeprazole</b>	<b>Prilosec</b> Tablet, delayed release [OTC]: 20 mg Capsule, delayed release, <i>magnesium</i> [OTC]: 20 mg Capsule, delayed release (Rx): 10, 20, 40 mg	20 mg Daily to BID	80 mg in severe cases such as Zollinger-Ellison	OTC forms are preferred	OTC: Tier 1 Rx Capsule: Tier 2
<b>Sucralfate</b>	<b>Carafate</b> Tablet: 1 g Suspension: 1 g/10 mL	1 g 4x daily	6 g	Can be constipating Shake well Give 1h before meals, bedtime	Tier 1 Oral susp: Tier 3
<b>Lansoprazole</b>	<b>Prevacid, Prevacid SoluTab, Prevacid 24H</b> Capsule, delayed release, 24h [OTC]: 15 mg Capsule, delayed release (Rx): 15, 30 mg Tablet, oral disintegrating (Rx): 15, 30 mg Suspension: 15 mg/5 mL (Rx) (150 mL 300 mL)	15-30 mg PO daily	30 mg	OTC is preferred Reserve suspension and ODT for patients unable to swallow whole caps	Tier 2 ODT, oral susp: Tier 3
<b>Pantoprazole</b>	DR Tablet: 20, 40 mg Packet: 40 mg	20- 40 mg daily BID	80 mg	Reserve for patients with GI bleed	Tier 2 Packet: Tier 3

**ProCare HospiceCare**  
Preferred Drug List – Disease Base

<b>Gout</b>						
Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier	
<b>Allopurinol</b>	<b>Zyloprim</b> Tablet: 100, 300 mg	100-300 mg daily	800 mg	For prevention of gout flares or tumor lysis syndrome due to cancer treatment-induced hyperuricemia Not recommended for the treatment of asymptomatic hyperuricemia CrCl 10-20: 200 mg daily; CrCl 3-10: 100 mg daily or 300 mg 2x/wk	Tier 1	
<b>Colchicine</b>	<b>Colcrys</b> Tablet, capsule: 0.6 mg	0.6 mg daily- BID	1.2 mg	CrCl less than 30: 0.3 mg/day Dialysis: 0.3 mg BID	Tier 3	

**ProCare HospiceCare**  
Preferred Drug List – Disease Base

<b>Hiccups</b>					
Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier
<b>Baclofen</b>	<b>Lioresal</b> Tablet: 10, 20 mg	5-15 mg TID	80 mg	May lower seizure threshold	Tier 1
<b>Metoclopramide</b>	<b>Reglan</b> Tablet: 5, 10 mg Solution, oral: 5 mg/5 mL	5-10 mg 4x daily	60 mg 30 mg (elderly)	For gastric stasis-induced n/v Avoid in patients with Parkinson's Monitor for EPS and agitation Decrease dose 50% in elderly pts Give 30 min before meals CrCl 41-50: reduce dose 25%; CrCl 10-40: reduce dose 50%	Tier 1
<b>Chlorpromazine</b>	<b>Thorazine</b> Tablet: 10, 25, 50, 100, 200 mg Concentrate: 30 mg/ml, 100 mg/ml	10-50 mg Q4-6h	1000 mg	May be given PO, SL, PR More sedating Avoid in patients with Parkinson's disease May cause orthostatic hypotension	Tier 3



**ProCare HospiceCare**  
Preferred Drug List – Disease Base

Insomnia						
Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier	
<b>Clonazepam (CIV)</b>	<b>Klonopin</b> Tablet: 0.5, 1, 2 mg ODT wafer: 0.125, 0.25, 0.5, 1, 2 mg	Anxiety: 1 mg/day Seizure: 0.5 mg TID and titrate	4 mg (anxiety) 20 mg (seizure)	Long-acting benzodiazepine without active metabolites	Tier 1 ODT: Tier 3	
<b>Diphenhydramine</b>	<b>Benadryl</b> Capsule/Tablet: 25, 50 mg Elixir: 12.5 mg/5 mL	25-100 mg QHS and/or Q4-6h PRN	400 mg	Use with caution in elderly patients Causes confusion/drowsiness/dizziness Will not affect blood pressure	Tier 1	
<b>Melatonin</b>	Tablet: 1, 3, 5, 10 mg	0.5-5 mg QHS	6 mg	Take 3 to 4 hours before an imposed sleep period over 4 weeks	Tier 1	
<b>Mirtazapine</b>	<b>Remeron, Remeron SolTab</b> Tablet: 7.5, 15, 30, 45 mg SolTab (ODT): 15, 30, 45 mg	7.5-30 mg QHS	45 mg	Also expected to improve appetite and mood Higher doses better for depression, lower doses better for sleep/appetite	Tab: Tier 1 SolTab: Tier 3	
<b>Temazepam (CIV)</b>	<b>Restoril</b> Capsule: 7.5, 15, 22.5, 30 mg	15-30 mg QHS	30 mg		Tier 1 7.5 and 22.5mg: Tier 3	
<b>Triazolam (CIV)</b>	<b>Halcion</b> Tablet: 0.125, 0.25 mg	0.125-0.25 mg QHS	0.5 mg	For short-term use	Tier 1	
<b>Zolpidem (CIV)</b>	<b>Ambien, Ambien CR</b> Tablet: 5, 10 mg Tablet, CR: 6.25, 12.5 mg	5-10 mg QHS	10 mg	Short half-life; wears off after approximately 5 hours. Max 5 mg PO QHS or 6.25 mg ER PO QHS in elderly or female pts Give on empty stomach	Tier 1 CR: Tier 3	

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**Dry Mouth/Mucositis**

Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier
Artificial Saliva	Artificial Saliva, Biotene, Salivart	PRN	None	Generic forms are preferred	Tier 1
Chlorhexidine gluconate	Peridex Mouth/Throat Solution: 0.12%	15 mL swish spit BID	30 mL	Should swish for 30 sec prior to spitting out Does not provide analgesia	Tier 1
Lidocaine (viscous)	Xylocaine Oral solution, viscous: 2%	0.225 mL/kg Q3h prn	15 mL/dose 8 doses	For viscous solution 1 mL = 20 mg of lidocaine; swish and spit out	Tier 1
Nystatin	Mycostatin Suspension: 100,000 units/mL	500,000– 1,000,000 units 4x daily x10-14 days swish +/- swallow	2.4 million units	Not systemically absorbed Use x48h after symptoms resolve	Tier 1
Sucralfate	Carafate Tablet: 1 g Suspension: 1 g/10 mL	1 g 4x daily	6 g	Can be constipating Shake well Give 1h before meals and at bedtime	Tier 1 Oral Susp: Tier 3

**ProCare HospiceCare**  
Preferred Drug List – Disease Base

**Muscle Spasms**

Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier
<b>Baclofen</b>	<b>Lioresal</b> Tablet: 10, 20 mg	5-15 mg TID	80 mg	May lower seizure threshold	Tier 1
<b>Clonazepam (CIV)</b>	<b>Klonopin</b> Tablet: 0.5, 1, 2 mg ODT wafer: 0.125, 0.25, 0.5, 1, 2 mg	Anxiety: 1 mg/day Seizure: 0.5 mg TID and titrate	4 mg (anxiety) 20 mg (seizure)	Long-acting benzodiazepine without active metabolites	Tier 1 ODT: Tier 3
<b>Cyclobenzaprine</b>	<b>Flexeril</b> Tablet: 5, 7.5, 10 mg	5 mg daily	30 mg	Avoid use in mod-severe hepatic impairment	Tier 1 7.5 mg: Tier 3
<b>Carisoprodol (CIV)</b>	<b>Soma</b> Tablet: 250 mg, 350 mg	250-350 mg TID	4x daily	May be sedating Max duration x 2-3 weeks	Tier 2 250mg: Tier 3
<b>Methocarbamol</b>	Tablet: 500, 750 mg	1-1.5 gram TID- QID	1.5 gram QID		Tier 2
<b>Tizanidine</b>	<b>Zanaflex</b> Tablet: 2, 4 mg Capsule: 2, 4, 6 mg	8 mg Q6-8hr	36 mg	Max: 3 doses/24h; 12 mg/dose Give consistently w/food or on empty stomach	Tier 2

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Preferred Drug List – Disease Base

**Nausea/Vomiting**

Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier
<b>Diazepam (CIV)</b>	<b>Valium</b> Tablet: 2, 5, 10 mg Solution, oral: 5 mg/5 mL, 5 mg/mL	2-10 mg Q6-12h		<b>Fear/anxiety-induced n/v</b> May be given PO, SL, PR Long half-life Use with caution in elderly and w/liver disease <b>DIASTAT RECTAL GEL: NON-FORMULARY</b>	Tier 1
<b>Haloperidol</b>	<b>Haldol</b> Tablet: 0.5, 1, 2, 5, 10, 20 mg Solution, oral, as lactate: 2 mg/mL Solution, injection, as lactate: 5 mg/mL	0.5-5 mg Q6-12h	100 mg	<b>Drug of choice for opioid-induced n/v</b> Can be given PO, SL, PR, IM Useful when benzodiazepines fail Do not use in patients with Parkinson's Lower sedation levels as compared with other antipsychotics	Tier 1
<b>Mecizine</b>	<b>Antivert, Bonine, Dramamine</b> Tablet: 12.5, 25, 50 mg Tablet, chewable: 25 mg	12.5-50 mg Q8-12h		<b>Movement-induced n/v</b> Anticholinergic May cause dizziness or drowsiness	Tier 1
<b>Metoclopramide</b>	<b>Reglan</b> Tablet: 5, 10 mg Solution, oral: 5 mg/5 mL	5-10 mg 4x daily	60 mg 30 mg (elderly)	<b>Gastric stasis-induced n/v</b> Avoid in patients with Parkinson's Monitor for EPS and agitation Decrease dose 50% in elderly pts Give 30min before meals CrCl 41-50: decrease dose 25%; CrCl 10-40: decrease dose 50%	Tier 1
<b>Prochlorperazine</b>	<b>Compazine</b> Tablet: 5, 10 mg Suppository, rectal: 25 mg	5-10 mg PO or 25 mg PR Q4-8h	150 mg	<b>Constant/intermittent/unknown cause n/v</b> Do not use in patients with Parkinson's Less sedating than promethazine	Tier 1 Supp: Tier 2
<b>Promethazine</b>	<b>Phenergan</b> Tablet: 12.5, 25, 50 mg Solution, oral: 6.25 mg/5 mL Suppository, rectal: 25 mg	12.5-25 mg Q4-6h	150 mg	<b>Movement-induced n/v;</b> <b>Constant/intermittent/unknown cause n/v</b> Preferred in patients with Parkinson's Use with caution in the elderly More sedating than prochlorperazine	Tier 1 Supp: Tier 2
<b>Olanzapine</b>	<b>Zyprexa, Zyprexa Zydis</b> Tablet: 2.5, 5, 7.5, 10, 15 mg, 20 mg <b>ODT: 5, 10, 15, 20 mg</b>	2.5-5 mg daily	20 mg	May cause hyperglycemia	Tier 2 <b>ODT: Tier 3</b>
<b>Ondansetron</b>	<b>Zofran, Zofran ODT</b> Tablet: 4, 8, 16, 24 mg <b>ODT: 4, 8 mg</b> Solution, oral: 4 mg/5 mL Solution, injection: 4 mg/2 mL	4-8 mg Q8hr	32 mg	<b>Indicated for chemotherapy or post-op induced nausea/vomiting</b> Child-Pugh Class C liver disease: max 8 mg/24h Can be given IV, IM Absorption does NOT occur via oral mucosa (SL/buccal)	Tier 2 <b>ODT: Tier 3</b>
<b>Trimethobenzamide</b>	<b>Tigan</b> Tablet: 300 mg	300 mg Q6-8hr PRN	1200 mg	CrCl <70: consider decreasing dose or frequency	Tier 2

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**Nausea/Vomiting**

Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier
<b>Dronabinol</b>	<b>Marinol</b> Capsule: 2.5, 5, 10 mg	2.5 mg BID	20 mg	Also indicated as AIDS-related appetite stimulant	Tier 3
<b>Erythromycin</b>	<b>Ery-tab, E.E.S, EryPed</b> Suspension: 200, 400 mg/5 mL Tablet, DR: 250, 333, 500 mg Tablet, as base/stearate: 250, 500 mg Capsule, as base/stearate: 250 mg Tablet, as ethylsuccinate: 400 mg	20-30 mg BID 4x daily	4000 mg	<b>Gastric stasis-induced n/v</b> Useful in pulmonary infections May cause GI upset and diarrhea; give IR on empty stomach	Tier 3
<b>Granisetron</b>	<b>Kytril</b> Tablet: 1 mg	2 mg Q6-8hr		<b>Only indicated for chemotherapy induced nausea/vomiting.</b> Not preferred	Tier 3
<b>Scopolamine</b>	<b>Transderm Scop</b> 1.5 mg patch (releases 1mg over 72 hours)	1 patch TD Q3d	3 patches	<b>Movement-induced n/v</b> May cause blurred vision/confusion Titration difficult Do not use if phlegm or mucus is present - may cause mucus plug	Tier 3

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Preferred Drug List – Disease Base

**Pain – Nociceptive (Mild)**

Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier
<b>Acetaminophen</b>	<b>Tylenol</b> Tablet: 325, 500 mg Tablet, chewable: 80, 160 mg Tablet, ER: 650 mg Caplet/Gelcap: 500 mg Caplet/Gelcap, extended release: 650 mg Liquid, oral: 500 mg/15 mL, 160 mg/5 mL Suppository: 120, 325, 650 mg	500-1000 mg Q4-6h	4000 mg	Max of 3000 mg for elderly Max of 2000 mg for patients with hepatic impairment	Tier 1
<b>Dexamethasone</b>	<b>Decadron</b> Solution, oral: 1 mg/mL Tablet: 0.25, 0.5, 0.75, 1, 1.5, 2, 4, 6 mg Injection, as sodium phosphate: 4 mg/mL, 10 mg/mL	2-16 mg BID	40 mg oral; 10-20 mg/day IV/IM though higher doses individualized	Crosses blood-brain barrier Can cause GI upset, though less than with prednisone Use with caution for patients with diabetes due to resultant hyperglycemia Give last dose by 2pm to avoid steroid-induced insomnia Preferred over prednisone in patients with CHF or water retention	Tier 1
<b>Diclofenac gel</b>	<b>Voltaren, Voltaren Arthritis Pain</b> Gel, external, as sodium [OTC and Rx]: 1%	2 g to upper extremities or 4 g to lower extremities 4x daily	8 g per upper extremity joint per day, or 16 g per lower extremity joint per day	Do not use topical product on more than 2 body parts at the same time Avoid use in eyes, nose and mouth Avoid occlusive dressings and/or heat application to treated area Other forms and strengths remain NF	Tier 1
<b>Ibuprofen</b>	<b>Motrin, Advil</b> Tablet: 200 mg [OTC], 400, 600, 800 mg Capsule/Gelcap: 200 mg [OTC] Suspension: 100 mg/5 mL [OTC] Chewable: 50, 100 mg	400-800 mg Q6h	3200 mg	Take with food/milk; may cause GI upset Monitor concomitant use with corticosteroids (GI bleed risk) Caution if cardiovascular dx, CHF, HTN CrCl <30: avoid use	Tier 1
<b>Indomethacin</b>	<b>Indocin</b> Capsule: 25, 50mg Capsule, ER: 75 mg Suppository, rectal: 50 mg Suspension (BRAND): 25 mg/5 mL	25 mg Q8-12hr	200 mg	Only NSAID that can cross blood brain barrier Not recommended in patients with advanced renal disease	Tier 1
<b>Meloxicam</b>	<b>Mobic</b> Tablet: 7.5, 15 mg Suspension: 7.5 mg/5 mL	7.5-15 mg daily	15 mg	COX-1 and -2 mixed inhibitor CrCl <15: avoid use	Tier 1
<b>Naproxen</b>	<b>Naprosyn</b> Tablet: 250, 375, 500 mg Suspension: 125 mg/5 mL	250-500 mg BID	1500 mg	250 mg naproxen= 275 mg naproxen sodium CrCl <30: avoid use	Tier 1

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Preferred Drug List – Disease Base

**Pain – Nociceptive (Mild)**

Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier
<b>Prednisone</b>	<b>Deltasone</b> Solution, oral: 1 mg/mL Tablet: 1, 2.5, 5, 10, 20, 50 mg	5-80 mg 4x daily	80 mg	Can cause GI upset Use with caution in patients with diabetes due to resultant hyperglycemia Give last dose by 2pm to avoid steroid-induced insomnia Do NOT use in patients with CHF or water retention (use dexamethasone instead)	Tier 1
<b>Trolamine cream</b>	<b>Aspercreme</b> Cream, topical: 10%	Apply 3-4 times/ day as needed		Do not use on irritated skin or near eyes	Tier 1
<b>Aspirin</b>	<b>Aspirin</b> Tablet: 81, 325, 500, 650 mg Supp: 300, 600 mg	325-650 mg Q4h PRN	4000 mg	Monitor for bleeding/antiplatelet effects	Tier 2
<b>Choline magnesium trisalicylate</b>	Solution, oral: 500 mg/5 mL	1000 mg Q12h	4500 mg	Do not use in salicylate or aspirin allergy May cause tinnitus; less GI effects Advanced CKD: contraindicated	Tier 2
<b>Methylprednisolone</b>	Tablets: 2, 4, 8, 16, 32 mg Dose pack: Containing 21 tablets x 4mg	4-60 mg daily; larger doses require BID dosing	60 mg	GI upset can occur Use with caution in patients with diabetes due to resultant hyperglycemia DO NOT use in patients with CHF or water retention (use dexamethasone instead) Usual directions for use spread over 6 days (Pack): 24mg on Day 1, 20 mg on Day 2, 16 mg on Day 3, 12 mg on Day 4, 8 mg on Day 5, 4 mg on Day 6	Tier 2
<b>Celecoxib</b>	<b>Celebrex</b> Capsule: 50, 100, 200, 400 mg	100-200 mg daily	800 mg	Caution with sulfa allergy and for patients who have experienced a recent GI bleed Severe renal impairment: avoid use Doses > 200 mg/day are not recommended long term	Tier 3

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**Pain - Nociceptive (Moderate)**

Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier
<b>Hydrocodone bitartrate-Acetaminophen (CII)</b>	<b>Lortab</b> Tablet: 5 mg-325 mg, 7.5 mg-325 mg, 10 mg-325 mg <b>5 mg-300 mg, 7.5 mg-300 mg, 10mg-300 mg</b> Elixir, oral: 10 mg-300 mg/15 mL Solution, oral: 7.5 mg-325 mg/15 mL	1-2 tabs Q4-6h	4000 mg of acetaminophen, 3000 mg (elderly)	Monitor total acetaminophen intake	Tier 1 Elixir, Solution, Select Tab strengths: Tier 3
<b>Oxycodone-Acetaminophen (CII)</b>	<b>Percocet, Tylox</b> Tablet: 2.5-325 mg, 5 mg-325 mg, 7.5mg-325 mg, 10 mg-325 mg	1-2 tabs Q4-6h	4000 mg of acetaminophen, 3000 mg (elderly)	Monitor total acetaminophen intake from all sources	Tier 1
<b>Tramadol (CIV)</b>	<b>Ultram</b> Tablet: 50, 100 mg Tablet, ER: 100, 200, 300 mg	50 mg 4x daily	400 mg 300 mg (elderly)	May lower seizure threshold CrCl <30: give Q12h, max 200 mg/day Cirrhosis: 50 mg Q12h, max 100 mg/day	Tier 1 ER: Tier 3
<b>Acetaminophen-Codeine (CIII)</b>	<b>Tylenol #3</b> Tablet: 300 mg-30 mg	1-2 tabs Q4-6h PRN	12 tabs	Weak opioid May be effective for diarrhea Monitor total acetaminophen intake	Tier 2
<b>Tramadol-Acetaminophen (CIV)</b>	<b>Ultracet</b> Tablet: 37.5 mg-325 mg	2 tabs Q4- 6h PRN	8 tabs	Treatment should not exceed 5 days Monitor total acetaminophen intake	Tier 2
<b>Buprenorphine Patch (CIII)</b>	<b>Butrans</b> Transdermal Patch*: 5, 7.5, 10, 15, 20 mcg/h (Other forms NF)	5 mcg/h TD once weekly	20 mcg/h TD weekly	Buprenorphine 5 mcg/h patch may be used in opioid naïve patients Minimum titration interval is 72h Partial mu receptor agonist with lower risk of respiratory depression May use up to 2 patches at the same time	Tier 3



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Preferred Drug List – Disease Base

**Pain - Nociceptive (Severe)**

Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier
<b>Methadone (CII)</b>	<b>Dolophine</b> Solution, oral: 5 mg/5 mL, 10 mg/5 mL; 10 mg/mL Tablet: 5, 10 mg <b>Injection: 10 mg/mL</b>	Individualized	N/A	Excellent for nociceptive and neuropathic pain and for patients with renal or hepatic impairment PRN use not recommended; call clinical pharmacist for dosage	Tier 1 <b>Injection: Tier 3</b>
<b>Morphine ER/SR tablet (CII)</b>	<b>MS Contin, Oramorph SR</b> Tablet, ER, SR: 15, 30, 60, 100, 200 mg	Dosed Q8-12h	N/A	Avoid in severe renal impairment if more than 7 days prognosis DO NOT CRUSH; whole tab may be given rectally CrCl 10-50: decrease dose 25%; CrCl <10: decrease dose 50%	Tier 1
<b>Morphine IR (CII)</b>	<b>MSIR, Roxanol</b> Tablet: 15, 30 mg Solution, oral: 10 mg/5 mL, 20 mg/5 mL, Concentrate, oral: 20 mg/mL (100 mg/5 mL)	Dosed Q2h PRN	N/A	Avoid in severe renal impairment if more than 7 days prognosis Dosage for SOB is 5-10 mg Q2h PRN; CrCl 10-50: decrease dose 25%; CrCl <10: decrease dose 50%	Tier 1
<b>Oxycodone IR (CII)</b>	<b>OxyIR, OxyFast</b> Tablet: 5, 10, 15, 20, 30 mg Capsule: 5 mg Concentrate, oral: 20 mg/mL (100 mg/5 mL) Solution, oral: 5 mg/5 mL	Dosed Q2hr PRN	N/A	Dosage for SOB is 5-10 mg Q2h PRN preferred for patients with severe renal impairment Tabs can be given SL or PR	Tier 1 <b>Solution: Tier 2</b>
<b>Fentanyl (CII)</b>	<b>Duragesic patch, Actiq, Fentora, Sublimaze</b> Transdermal Patch: 12 mcg/h, 25 mcg/h; <b>37.5 mcg/h, 50 mcg/h, 62.5 mcg/h, 75 mcg/h, 87.5 mcg/h, 100 mcg/h</b> Transmucosal Lozenge: <b>200, 400, 800, 1200, 1600 mcg</b> Buccal tablet (BRAND): <b>100, 200, 400, 600, 800 mcg</b>	Patch changed Q72h	Opioid naïve 25 mcg Lozenge: 2 doses/episode; 4 doses/day	Adequate fat tissue required to absorb medication from patch Difficult to titrate Do NOT cut patches	12, 25, 50 and 75 mcg/hr: Tier 2 <b>All others: Tier 3</b>
<b>Hydromorphone (CII)</b>	<b>Dilaudid</b> Solution, oral: 1 mg/mL Suppository, rectal: 3 mg Tablet: 2, 4, 8 mg	Dosed Q2-4h PRN	N/A	Option for patients on high-dose morphine and not able to use methadone	Tier 2
<b>Morphine SR Capsule (CII)</b>	<b>Avinza, Kadian</b> Capsule, ER: 30, 60, 90, 120 mg	Dosed Q24h	N/A	Avoid in patients with severe renal or hepatic impairment Do NOT crush; may sprinkle on soft food or administer capsule contents via g-tube Do NOT use rectally CrCl 10-50: decrease dose 25%; CrCl <10: decrease dose 50%	Tier 3
<b>Oxycodone SR (CII)</b>	<b>OxyContin</b> Tablet, ER/CR: 10, 15, 20, 30, 40, 60, 80 mg	Dosed Q12h	N/A	Do NOT crush Non-preferred Do NOT use rectally	Tier 3

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<b>Pain – Neuropathic</b>						
Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments		Tier
<b>Carbamazepine</b>	<b>Tegretol</b> Tablet, chewable: 100 mg Tablet, regular: 200 mg Tablet, ER: 100, 200, 400 mg Suspension, oral: 100 mg/5 mL	100-400 mg BID 4x daily	1600 mg	<b>Subcategory:</b> Brain cancer Can be given rectally Do NOT CRUSH ER tablets Give with food CrCl <10: decrease dose 25%		Tier 1
<b>Desipramine</b>	<b>Norpramin</b> Tablet: 10, 25, 50, 75, 100, 150 mg	10-150 mg QHS	300 mg	Also expected to improve sleep and mood Least anticholinergic effect Max in elderly is 150 mg per day		Tier 1
<b>Divalproex sodium</b>	<b>Depakote, Depakote Sprinkles</b> Tablet, DR: 125, 250, 500 mg Tablet, ER: 250, 500 mg Capsule, DR: 125 mg	15 mg/kg/day	60 mg/kg/day	Give with food; may open and sprinkle capsules on food Divalproex sodium ER and DR tabs not bioequivalent Incr. total daily dose by 8-20% if switching from DR tab to ER tab Hepatic dz/significant impairment: contraindicated		Tier 1
<b>Gabapentin</b>	<b>Neurontin</b> Capsule: 100, 300, 400 mg Solution, oral: 250 mg/5 mL Tablet: 600, 800 mg	100 mg TID and titrate Q72h	3600 mg	Must titrate up and down May cause memory loss Very sedating CrCl 30-60: 200-700 mg BID CrCl 16-29: 200-700 mg daily CrCl 15: 100- 300 mg daily CrCl <15: decrease dose proportionately to CrCl		Tier 1
<b>Imipramine</b>	<b>Tofranil</b> Tablet: 50mg Capsule: 75, 100, 125, 150 mg	25-150 mg QHS	200 mg (100 mg for elderly)	Also expected to improve sleep and mood Not preferred TCA in elderly (see desipramine) Daily dose may be given in two divided doses Requires taper off to avoid withdrawal symptoms		Tier 1 Capsule: Tier 3
<b>Lidocaine</b>	<b>Aspercreme with Lidocaine, Lidoderm</b> 2% Gel 4% Cream 4% Patch [OTC] 5% Ointment 5% Patch (rx)	Gel, cream, oint: Apply PRN on intact skin and to wound periphery prior to dressing changes Patches: 1 patch up to 12 hrs/day	Depends on formulation and product	Wash hands after use. Systemic absorption can occur on large wounds, therefore should not be used in patients who are on class 1 antiarrhythmic drugs May cut patches OTC 4% <b>gel</b> patches may be used up to 8h/day		Tier 1 Ointment, 5% Patch: Tier 3
<b>Methadone (CII)</b>	<b>Dolophine</b> Solution, oral: 5 mg/5 mL, 10 mg/5 mL, 10 mg/mL Tablet: 5, 10 mg Injection: 10 mg/mL	Individualized	N/A	Excellent for nociceptive and neuropathic pain and for patients with renal or hepatic impairment PRN use not recommended Call clinical pharmacist for dosage		Tier 1 Injection: Tier 3

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**Pain – Neuropathic**

Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier
<b>Nortriptyline</b>	<b>Pamelor</b> Capsule: 10, 25, 50, 75 mg Solution, oral: 10 mg/5 mL	10-150 mg QHS	150 mg	Also expected to improve sleep and mood Start at lowest dose possible	Tier 1
<b>Valproic acid</b>	<b>Depakene</b> Syrup, as valproic acid: 250 mg/5 mL Capsule, as valproic acid: 250 mg	250 mg QHS x 7 days, then 500 mg QHS	60 mg/kg/day	Drug levels required for seizures only DO NOT CRUSH ER FORMS Depakene liquid may be given rectally	Tier 1
<b>Amitriptyline</b>	<b>Elavil</b> Tablet: 10, 25, 50, 75, 100, 125, 150 mg	10-15 mg QHS	300 mg	Also expected to improve sleep and mood Increases risk of falls Not preferred in elderly – use desipramine	Tier 2
<b>Ketamine (CIII)</b>	<b>Ketalar</b> Solution for Injection: 10 mg/mL, 50 mg/mL, 100 mg/mL <b>Powder: 100% bulk</b>	See Ketamine Quick Guide on PHC Website: <a href="https://phc.procarerx.com/docs/WREMPDF/PHC%20Ketamine%20Quick%20Guide.pdf">https://phc.procarerx.com/docs/WREMPDF/PHC%20Ketamine%20Quick%20Guide.pdf</a>		Can be compounded for PO/SL or IN administration May give IV at low (analgesic) doses Used for depression, nerve pain, desired sedation	Tier 2 <b>Powder: Tier 3</b>
<b>Duloxetine</b>	<b>Cymbalta, Drizalma Sprinkle</b> Capsule, DR Particles: 20, 30, 40, 60 mg Capsule, DR Sprinkle: 20, 30, 40, 60 mg	60 mg daily	120 mg	Useful to treat neuropathic pain Doses above 60 mg daily may add side effects without benefit Do not cut/crush/chew; may sprinkle Avoid use in CrCl <30 and liver impairment	Tier 3

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<b>Pruritus</b>					
Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier
<b>Chlorpheniramine</b>	<b>Chlor-Trimeton</b> Tablet: 4 mg	4 mg Q6hr	24 mg	Take with full glass of water	Tier 1
<b>Cholestyramine</b>	<b>Questran</b> Powder, packet: 4 g cholestyramine/9 g powder Powder, scoop: 4 g cholestyramine/9 g powder	4 g 1-4x daily	24 g	For liver-induced itching Dissolve in juice or water Promotes formed stools Useful in C. diff	Tier 1
<b>Colloidal Oatmeal Mineral Oil</b>	<b>Aveeno</b>	Apply PRN		Very good for itchy dry skin Some formulations also contain menthol	Tier 1
<b>Diphenhydramine</b>	<b>Benadryl</b> Capsule/Tablet: 25, 50 mg Elixir: 12.5 mg/5 mL	25-100 mg QHS and/or Q4-6h prn	400 mg	Use with caution in elderly patients Causes confusion/drowsiness/dizziness Will not affect blood pressure	Tier 1
<b>Doxepin</b>	<b>Sinequan</b> Capsule: 10, 25, 50, 75, 100, 150 mg Solution, oral: 10 mg/mL	10-30 mg QHS	300 mg	Caution in elderly; OK if bedbound; causes drowsiness	Tier 1
<b>Hydrocortisone</b>	<b>Cortaid</b> External Cream: 0.5%, 1%, 2.5% External Ointment: 0.5%, 1%, 2.5% Rectal Cream/Ointment: NF	0.5-1% applied topically BID		Useful if rash present Do not use on open areas	Tier 1
<b>Hydroxyzine</b>	<b>Atarax, Vistaril</b> Capsule as pamoate: 25, 50, 100 mg Tablet, HCl: 10, 25, 50 mg Solution, oral: 10 mg/5 mL	10-50 mg Q4-6h	600 mg	May cause drowsiness; use with caution in the elderly Useful in patients with Parkinson's	Tier 1
<b>Menthol-Camphor</b>	<b>Sarna, Gold Bond Medicated Lotion</b>	Apply topically PRN		OTC Offers a soothing, cooling effect	Tier 1
<b>Paroxetine</b>	<b>Paxil, Paxil CR</b> Tablet: 10, 20, 30, 40 mg Tablet, ER: 12.5, 25, 37.5 mg Suspension: 10 mg/5 mL	10-40 mg daily	50 mg; 40 mg (elderly, renal, hepatic)	Useful if renal, opioid, or hepatic-induced itch	Tier 1

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Preferred Drug List – Disease Base

**Seizure – Active**

Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier
<b>Diazepam (CIV)</b>	<b>Valium</b> Tablet: 2, 5, 10 mg Solution, oral: 5 mg/5 mL, 5 mg/mL	2-10 mg Q6-12h		May be given PO, SL, PR Long half-life Use with caution in elderly and in liver disease DIASTAT RECTAL GEL: NON-FORMULARY	Tier 1
<b>Lorazepam (CIV)</b>	<b>Ativan</b> Tablet: 0.5, 1, 2 mg Solution, oral: 2 mg/mL Solution, injection: 2 mg, 4 mg/mL	0.5-2 mg Q4-6h	10 mg	Intermediate-acting benzodiazepine May be given PO, SL, PR, SQ, IM Reduce dose if liver disease present	Tier 1

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Preferred Drug List – Disease Base

**Seizure – Maintenance**

Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier
<b>Carbamazepine</b>	<b>Tegretol</b> Tablet, chewable: 100 mg Tablet, ER: 100, 200, 400 mg Suspension, oral: 100 mg/5 mL	100-400 mg BID to 4x daily	1600 mg	<b>Subcategory:</b> Brain cancer Can be given rectally DO NOT CRUSH ER tablets Give with food CrCl <10: decrease dose 25%	Tier 1
<b>Clonazepam (CIV)</b>	<b>Klonopin</b> Tablet: 0.5, 1, 2 mg <b>ODT wafer: 0.125, 0.25, 0.5, 1, 2 mg</b>	Anxiety: 1 mg/day Seizure: 0.5 mg TID and titrate	4 mg (anxiety) 20 mg (seizure)	Long-acting benzodiazepine without active metabolites	Tier 1 <b>ODT: Tier 3</b>
<b>Diazepam (CIV)</b>	<b>Valium</b> Tablet: 2, 5, 10 mg Solution, oral: 5 mg/5 mL, 5 mg/mL	2-10 mg Q6-12h		May be given PO, SL, PR Long half-life Use with caution in elderly w/liver disease DIASTAT RECTAL GEL: NON-FORMULARY	Tier 1
<b>Divalproex sodium</b>	<b>Depakote, Depakote Sprinkles</b> Tablet, DR: 125, 250, 500 mg Tablet, ER: 250, 500 mg Capsule, DR: 125 mg	15 mg/kg/day	60 mg/ kg/day	Give with food; may open and sprinkle capsules on food Divalproex sodium ER and DR tabs not bioequivalent Incr. total daily dose by 8-20% if switching from DR tab to ER tab Hepatic disease/significant impairment: contraindicated	Tier 1
<b>Lorazepam (CIV)</b>	<b>Ativan</b> Tablet: 0.5, 1, 2 mg Solution, oral: 2 mg/mL Solution, injection: 2 mg, 4 mg/mL	0.5-2 mg Q4-6h	10 mg	Intermediate-acting benzodiazepine May be given PO, SL, PR, SQ, IM Reduce dose if liver disease present	Tier 1
<b>Phenobarbital (CIV)</b>	<b>Luminal</b> Tablet: 15, 16.2, 30, 32.4, 60, 64.8, 97.2, 100 mg Elixir: 20 mg/5 mL <b>Injection, as sodium: 65 mg/mL, 130 mg/mL</b>	60-100 mg oral daily BID-TID. (See 'Injectables' section for parenteral dosing)	400 mg/day (oral/IV/IM) for sedation	May be given PO, PR, IM Long half-life allows less frequent dosing CrCl <10: give Q12-16h Seizures: Dosage should be individualized based upon clinical response and serum concentration; 2 mg/kg/day IV typically produces a steady-state level of 20 mg/L	Tier 1 <b>Injection: Tier 3</b>
<b>Phenytoin</b>	<b>Dilantin, Phenytek</b> Capsule, ER: 100, 200, 300 mg Tablet, chewable: 50 mg Suspension, oral: 25 mg/mL	300 mg daily	400 mg dose	<b>Subcategory:</b> Brain cancer Poor absorption when given rectally (do not give rectally) Oral suspension binds to tube feeds Reduce dose in patients with hypoalbuminemia Serum monitoring recommended ER Capsule: Do not open/crush/chew	Tier 1

**ProCare HospiceCare**  
Preferred Drug List – Disease Base

**Seizure – Maintenance**

Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier
<b>Primidone</b>	<b>Mysoline</b> Tablet: 50 mg, 250 mg	Seizures, tremor: follow recommended titration schedules	Tremor: 750 mg/day** Seizures: 2 g/day divided	**For tremor, lower doses (250 mg daily) have been found to be equally or more effective than higher doses (750 mg daily) with fewer adverse effects Metabolized to phenobarbital Monitor for falls and toxicity, even at lower doses Strong CYP3A4 inducer (monitor drug interactions)	Tier 1
<b>Valproic acid</b>	<b>Depakene</b> Syrup, as valproic acid: 250 mg/5 mL Capsule, as valproic acid: 250 mg	250 mg QHS x 7 days, then 500 mg QHS	60 mg/kg/day	Drug levels recommended for seizures DO NOT CRUSH ER FORMS Depakene liquid may be given rectally Extreme caution if used with lamotrigine due to potential for severe rash (drug interaction)	Tier 1
<b>Lamotrigine</b>	<b>Lamictal</b> Tablet (IR): 25, 100, 150, 200 mg (Kits and other formulations are NF)	Depends on interacting medications; see drug reference or consult RPh	Depends on interacting medications; see drug reference or consult RPh	Significant risk of severe skin rash (SJS, TEN), <b>especially when used concurrently with valproic acid</b> (refer to drug interaction monograph for management) Cautious dosing in liver impairment required	Tier 2
<b>Levetiracetam</b>	<b>Keppra</b> IR Tablet: 250, 500, 750, 1000 mg Solution: 100 mg/mL XR Tablet: 500, 750 mg	500-1500 mg BID	3000 mg	RENALLY DOSE Do not crush IR tabs due to taste	Tier 2 XR: Tier 3
<b>Topiramate</b>	<b>Topamax, Topamax Sprinkle Cap</b> Tablet (IR): 25, 50, 100, 200 mg Capsule, ER: 15, 25 mg (other ER cap strengths/Brands NF)	25 mg daily in elderly or in patients with CrCl < 70	400 mg	Can also be used for management of chronic migraines CrCl <70: Reduce dose to 50% of normal dose and titrate more slowly Monitor for rare but serious skin rash and signs/symptoms of metabolic acidosis-- especially in renal, respiratory or hepatic impairment, diarrhea, or with other meds that can cause acidosis	Tier 2
<b>Lacosamide (CV)</b>	<b>Vimpat</b> Tablet: 50, 100, 150, 200 mg Oral solution: 10 mg/mL	50 mg BID	600 mg divided	Use caution or consider avoiding in significant cardiac conditions or drugs that affect cardiac conduction and prolong the PR interval CrCl <30 mL/minute and in mild to moderate liver impairment: reduce dose to 75% of the maximum dose Use not recommended in severe liver impairment	Tier 3

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Preferred Drug List – Disease Base

**Terminal Secretions**

Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier
<b>Hyoscyamine</b>	<b>Levsin, Levsbid</b> Solution, oral: 0.125 mg/5mL Oral drops: 0.125 mg/mL Tablet, sublingual: 0.125 mg Tablet, ER: 0.375 mg ODT: 0.125 mg	0.125-0.25 mg Q4-6h	1.5 mg	May cause blurred vision, dry mouth, dry eyes	Tier 1
<b>Atropine</b>	<b>Atropine, Isopto</b> Ophthalmic Solution: 1 % (5 mL, 15 mL) Injection solution: (See 'Injectables' section form)	1-3 gtts SL Q2-4h PRN		May cause anticholinergic delirium if used too early (reserve for last 7 days of life) Not to be used if phlegm or mucus present as may cause mucus plug	Tier 2 Injection: Tier 3
<b>Glycopyrrolate</b>	<b>Robinul</b> Tablet: 1, 1.5, 2 mg Injection solution: (See 'Injectables' section) (Other forms NF)	1-2 mg Q4-12h	8 mg	Reserve for patients who develop confusion on anticholinergic therapy. No SL absorption	Tier 2 Injection: Tier 3
<b>Scopolamine</b>	<b>Transderm Scop</b> Patch, transdermal: 1.5 mg (releases 1mg over 72 hours)	1 patch TD Q3d	3 patches	May cause blurred vision, confusion Titration difficult Not to be used if phlegm or mucus present as may cause mucus plug	Tier 3



**ProCare HospiceCare**  
Preferred Drug List – Disease Base

**Infections – Systemic Antibiotics**

PO Antibiotics covered for infections related to the terminal diagnosis (for symptom management). IV/IM Antibiotics – Tier 3

Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier
<b>Amoxicillin</b>	<b>Trimox, Amoxil</b> Capsule: 250, 500 mg Suspension: 125, 200, 250, 400 mg/5 mL Tablet: 500, 875 mg Tablet, chewable: 125, 200, 250, 400 mg	250-500 mg TID	4000 mg 2000 mg (renal)	Useful in pulmonary, sinus, and dental infections May be given with or without food CrCl 10-30: give Q12h; CrCl <10: give Q24h Do not use 875 mg tab if CrCl <30	Tier 1
<b>Ampicillin</b>	Tablet: 250, 500 mg Suspension: 125 mg/5 mL; 250 mg/5 mL	250-500 mg Q6H	2000 mg	CrCl > 50: Q6h; CrCl 10-50: Q6h-Q12h; CrCl <10: Q12h- 24h Administer on empty stomach with full glass of water	Tier 1
<b>Azithromycin</b>	<b>Zithromax</b> Tablet: 250, 500, 600 mg Suspension: 100, 200 mg/5 mL Powder Packet: 1 g	500 mg day 1, then 250 mg daily x 4 days	2000 mg	Useful in pulmonary infections, including CAP Not for aspiration pneumonia. Hepatic impairment, or severe renal impairment: caution advised	Tier 1
<b>Cefaclor</b>	<b>Ceclor</b> Capsule: 250, 500 mg Tablet, ER: 375, 500 mg Suspension: 125, 250, 375 mg/5 mL	250-500 mg daily x 7 days	2000 mg	Second generation cephalosporin Useful in otic, respiratory, skin and urinary tract infections May be given with or without food Preferred in aspiration pneumonia	Tier 1 ER Tab, Susp: Tier 3
<b>Cefuroxime</b>	<b>Ceftin</b> Tablet: 250, 500 mg Suspension: 125, 250 mg/5 mL	250-500 mg BID x 5-10 day		Second generation cephalosporin Useful for otic, respiratory, skin and urinary tract infections Preferred in aspiration pneumonia	Tier 1
<b>Cephalexin</b>	<b>Keflex</b> Capsule: 250, 500 mg Suspension: 125, 250 mg/5 mL Tablet: 250 mg, 500 mg	1000-4000 mg/day Divided Q6- Q12h	4000 mg	First generation cephalosporin Useful in otic, respiratory and skin infections Not for aspiration pneumonia May be given with or without food CrCl 50-90: give Q6-8h; CrCl 10-50: give Q8-12h; CrCl <10: give Q12-24h	Tier 1
<b>Ciprofloxacin</b>	<b>Cipro</b> Tablet: 100, 250, 500, 750 mg Tablet, ER: 500, 1000 mg Oral suspension: 250, 500 mg/5 mL	250-750 mg Q12h x 5-10 days		Useful in urinary tract and skin infections Some anti-pseudomonal activity Do NOT use empirically for pneumonia Not for aspiration pneumonia IR Form: CrCl 30-50: 250-500 mg Q12h; CrCl 5-29: 250-500 mg Q18h; CrCl <5: not defined	Tier 1 Oral Suspension: Tier 3
<b>Doxycycline</b>	<b>Vibramycin</b> Hyclate, capsule: 50, 100 mg Hyclate, tablet: 100 mg Suspension: 25, 50 mg/5 mL	100 mg capsule BID x 10 days	200 mg	Useful in respiratory (including CAP) and skin infections MRSA coverage Not for aspiration pneumonia Give with or without food	Tier 1

**ProCare HospiceCare**  
Preferred Drug List – Disease Base

**Infections – Systemic Antibiotics**

PO Antibiotics covered for infections related to the terminal diagnosis (for symptom management). IV/IM Antibiotics – Tier 3

Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier
<b>Metronidazole</b>	<b>Flagyl</b> Tablet: 250, 500 mg Capsule: 375 mg	500 mg Q8h x 7-14 days	1 g/dose, 4000 mg	GI upset NO ALCOHOL within 24 hours useful in C. diff and other anaerobic infections May crush and apply topically for odiferous wounds	Tier 1
<b>Penicillin</b>	<b>Pen VK</b> Tablet: 250, 500 mg Suspension, oral: 125, 250 mg/5 mL	250-500 mg Q6 8h		Useful in sinus/respiratory and oral infections Give 1h before or 2h after meals	Tier 1
<b>Tetracycline</b>	<b>Sumycin</b> Capsule: 250, 500 mg	1-2 g/day divided BID-4x daily		CrCl 50-80: give Q8-12h; CrCl 10-50: give Q12-24h; CrCl <10: give Q24h Give at least 1h before or 2h after meals	Tier 1
<b>Trimethoprim</b>	<b>Primsol</b> Solution (BRAND): 50 mg/5 mL Tablet: 100, 200 mg	100 mg BID x 10 days		Useful in sulfa allergy. CrCl 15-30: decrease dose 50%; CrCl <15: avoid use	Tier 1
<b>Trimethoprim-Sulfamethoxazole</b>	<b>Bactrim, Septra</b> Suspension, oral: TMP 40 mg/SMX 200 mg/5 mL Tablet, SS: TMP 80 mg/SMX 400 mg Tablet, DS: TMP 160 mg/SMX 800 mg	1 DS tablet BID x 10-14 days	6 DS tablets	Useful in respiratory, skin and urinary tract infections MRSA coverage Not for aspiration pneumonia. CrCl 15-30: decrease. Dose 50% CrCl <15: avoid use	Tier 1
<b>Amoxicillin-Clavulanate</b>	<b>Augmentin</b> Tablet: 250/125 mg, 500/125 mg, 875/125 mg Tablet, chewable: 400/57 mg Solution, oral: 125/31.25 mg/5 mL (BRAND), 200/28.5 mg/5 mL, 250/62.5 mg/5 mL, 400/57 mg/5 mL, 600/42.9 mg/5 mL Tablet, ER: 1000/62.5 mg	500-875 mg Q12h	4000 mg, 1500 mg (renal)	Useful for respiratory (CAP and aspiration pneumonia), skin, and resistant urinary tract infections Must be taken WITH FOOD to avoid severe diarrhea CrCl <30: 875 mg and ER tabs are contraindicated	Tier 2
<b>Cefdinir</b>	<b>Omnicef</b> Capsule: 300 mg Suspension, oral reconstituted: 125 mg/5 mL, 250 mg/5 mL	300 mg BID or 600 mg once daily	600 mg	Useful for respiratory (CAP) and middle ear infections Urinary tract: Use only when preferred agents cannot be used (due to limited evidence and decreased efficacy of oral beta-lactams compared to other agents) CrCl <30 mL/minute: 300 mg once daily	Tier 2 <b>Suspension: Tier 3</b>
<b>Clindamycin</b>	<b>Cleocin</b> Capsule: 75, 150, 300 mg Suspension: 75 mg/5 mL	300 mg 4x daily	4800 mg	Useful in penicillin allergy MRSA coverage Side effect of pseudomembranous colitis daily yogurt intake may decrease diarrhea	Tier 2

**ProCare HospiceCare**  
Preferred Drug List – Disease Base

**Infections – Systemic Antibiotics**

PO Antibiotics covered for infections related to the terminal diagnosis (for symptom management). IV/IM Antibiotics – Tier 3

Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier
<b>Levofloxacin</b>	<b>Levaquin</b> Tablet: 250, 500, 750 mg Solution, oral: 25 mg/mL	250-750 mg PO daily x 5-7 days		Useful in respiratory (including CAP) and urinary tract infections <i>Pseudomonas</i> coverage Not for aspiration pneumonia Give oral solution 1h before or 2h after meals RENALLY DOSE	Tier 2
<b>Nitrofurantoin</b>	<b>Macrobid</b> Capsule, macrocrystal monohydrate ER: 100 mg	100 mg BID x 10- 14 days	400 mg	Useful in urinary tract infections Give w/ food CrCl < 60: contraindicated per labelling short-term use may be ok if CrCl > 30	Tier 2
<b>Rifampin</b>	<b>Rifadin</b> Capsule: 150, 300 mg	300 mg BID	600 mg	Teeth, urine, feces, saliva, sweat, and tears may be discolored (yellow, orange, red, or brown) Give on empty stomach CrCl <50: decrease dose 0-50%. Many drug interactions	Tier 2
<b>Erythromycin</b>	<b>Ery-tab, E.E.S, EryPed</b> Suspension: 200 mg/5 mL; 400 mg/5 mL (BRAND) Tablet DR: 250, 333, 500 mg Tablet, as base/stearate: 250, 500 mg Capsule, as base/stearate: 250 mg Tablet, as ethylsuccinate: 400 mg	250-500 mg BID 4x daily	4000 mg	Useful in respiratory (including CAP) and skin infections; causes GI upset and diarrhea. Give IR on empty stomach	Tier 3
<b>Ceftriaxone</b>	<b>Rocephin</b> Injection: 1, 2 g	1-2 g IM daily	4 g	Painful IM injection, add lidocaine 1% to injection solution (see lidocaine listing) Not for aspiration pneumonia Hepatic impairment w/significant renal disease: max 2 g/day	Tier 3
<b>Linezolid</b>	<b>Zyvox</b> Tablet: 600 mg Suspension: 100 mg/5 mL	600 mg Q12hr	1200 mg	MAOI Serotonergic drug interactions	Tier 3
<b>Moxifloxacin</b>	<b>Avelox</b> Tablet: 400 mg	400 mg daily	400mg	Useful in skin, intra-abdominal and respiratory infections (CAP, aspiration pneumonia) Do NOT use for pseudomonal infections Duration depends on indication and severity	Tier 3
<b>Vancomycin</b>	<b>Vancocin, FirvanQ</b> Capsule: 125, 250 mg Solution, oral reconstituted: 25 mg/mL, 50 mg/mL, 250 mg/5 mL	125-500 mg Q6h x 10-14 days		Do not use oral formulations for systemic infections or pneumonia Only for C. diff and certain other GI infections Commercially available oral solution is less costly than caps, but still expensive Oral compound from IV powder is cost-effective, but only allowed if patient unable to take commercially available oral solution	Tier 3

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Preferred Drug List – Disease Base

**Infections - Antifungals**

Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier
<b>Clotrimazole</b>	<b>Lotrimin</b> Cream: 1% Solution, topical: 1%	Apply BID	BID	Use for 2-4 weeks	Tier 1
<b>Fluconazole</b>	<b>Diflucan</b> Tablet: 50, 100, 150, 200 mg Suspension: 10, 40 mg/mL	100 mg daily	400 mg	CrCl <50: give usual loading dose x1, then decrease dose 50%. Caution use with methadone	Tier 1
<b>Nystatin</b>	<b>Mycostatin</b> Tablet: 500,000 units Suspension: 100,000 units/mL Topical (cream/ointment/powder): 100,000 units/g	500,000– 1,000,000 units 4x daily x 10-14 days swish +/- swallow	2.4 million units	Not systemically absorbed Use x 48h after symptoms resolve	Tier 1

**ProCare HospiceCare**  
Preferred Drug List – Disease Base

**Infections – Antivirals**

Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier
Acyclovir	<b>Zovirax</b> Tablet: 400, 800 mg Capsule: 200 mg Suspension: 200 mg/5 mL	200-800 mg 5x daily x 5-10 days		Requires renal dosing for CrCl <25	Tier 1
Famciclovir	<b>Famvir</b> Tablet: 125, 250, 500 mg	500 mg BID-TID X 7 days depending on indications		Most effective when started within 72h of rash onset Renal dosing required	Tier 2

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Preferred Drug List – Disease Base

**Injectables**

<b>Dexamethasone Injection</b>	<b>Decadron</b> Injection, as sodium phosphate: 4 mg/mL, 20 mg/5 mL, 120 mg/30 mL, 10 mg/mL, 100 mg/10 mL Solution, injection, as sodium phosphate [preservative free]: 4 mg/mL, 10 mg/mL	Varies based on indication	10-20 mg/day, though higher doses individualized	Crosses blood-brain barrier Can cause GI upset, though less than with prednisone Use with caution for patients with diabetes due to resultant hyperglycemia Give last dose by 2pm to avoid steroid-induced insomnia Preferred over prednisone in patients with CHF or water retention	Tier 1
<b>Furosemide Injection</b>	<b>Lasix</b> Solution, injection: 10 mg/mL Solution, injection [preservative free]: 10 mg/mL	Initial: 20-40 mg once, then titrate as needed to an effective dose (see comments)	600 mg/day (divided)	<b>Subcategory:</b> Congestive Heart Failure, Severe Aortic Stenosis w/CHF, Abdominal Aortic Aneurysm (AAA) <b>Therapeutic Class:</b> Diuretics (loop) Monitor for hypokalemia Anuria: contraindicated Additional dosing notes: If the initial dose does not result in diuresis, double the individual dose (rather than administer the same dose more frequently) until diuresis occurs, then continue total daily effective dose (divided)	Tier 1
<b>Haloperidol Injection</b>	<b>Haldol, Haldol Decanoate</b> Solution, intramuscular, as decanoate: 50 mg/mL, 100 mg/mL Solution, injection, as lactate: 5 mg/mL	Lactate: typically 0.5-5 mg IV/SC/IM Q4-12h <b>Decanoate: IM only, given monthly</b>	up to 100 mg/day may be necessary in some cases	Lactate dosing can vary greatly in frequency and dose, depending on patient and symptom severity Elderly: start at 0.25-1 mg per dose Useful when benzodiazepines fail Do not use in patients with Parkinson's Lower sedation levels as compared with other antipsychotics	Tier 1
<b>Heparin Flush (Adult Dose)</b>	Flush: 10, 100 units/mL	2-5 mL via IV line as directed	N/A	For line patency There are a variety of dosing regimens used based on catheter lumen, access, medications used and frequency Heparin flushes are frequently administered with saline flushes (see below)	Tier 1
<b>Lidocaine Injection</b>	<b>Xylocaine</b> Injection: 1% Injection (PF): 1%	1-4.2 mL as directed	Dependent on ceftriaxone dose per day	<b>IN CONJUNCTION WITH CEFTRIAXONE ADMINISTRATION:</b> 500 mg: Use 1 mL of lidocaine injection 1 gram: Use 2.1 mL of lidocaine injection 2 gram: Use 4.2 mL of lidocaine injection	Tier 1
<b>Lorazepam Injection (CIV)</b>	<b>Ativan</b> Solution, Injection: 2 mg/mL, 4 mg/mL	0.5-2 mg IV/IM/SC every 1-6 hours PRN	Individualized	For anxiety/restlessness/agitation: generally initial dose not to exceed 2mg When administering IM, may consider a lower initial dose (e.g., 0.5 mg)	Tier 1

# ProCare HospiceCare

## Preferred Drug List – Disease Base

### Injectables

<b>Midazolam (CIV)</b>	<b>Versed</b> Solution, Injection: 1 mg/mL, 5 mg/mL (various package volumes) Solution, injection [preservative free]: 1 mg/mL, 5 mg/mL (various package volumes) Solution, intravenous: 1 mg/mL in NaCl 0.8% (100 mL, 50 mL bags)	2.5 to 5 mg IV/IM/Subcut Q5 mins PRN agitation (see comments for seizure protocol using IN route)	15 mg intranasally or 30 mg buccally for seizure episode	For anxiety/restlessness/agitation Also for seizure abortion (may give IV solution IM, buccal or intranasal if no IV access) Seizure protocol intranasally: Use 5 mg/mL (2 mL vial) Give 5 to 10 mg IN (aim toward ipsilateral ear) May repeat Q5 mins to maximum total dose: 15 mg Due to low pH, a burning sensation upon administration is likely to occur May be minimized by using nasal atomizer	Tier 1
<b>Morphine Injection (CII)</b>	Solution, Injection, as sulfate [preservative free]: 0.5 mg/mL, 1 mg/mL, 2 mg/mL, 4 mg/mL, 5 mg/mL, 8 mg/mL, 10 mg/mL  Solution, Intravenous, as sulfate [preservative free]: 1 mg/mL, 2 mg/mL, 4 mg/mL, 8 mg/mL, 10 mg/mL, 25 mg/mL, 150 mg/30mL	Individualized	Individualized	Avoid in severe renal impairment if more than 7 days prognosis CrCl 10-50: decrease dose 25%; CrCl <10: decrease dose 50%	Tier 1
<b>Saline Flush</b>	Flush: 0.9%: Many different sizes, but commonly used 5, 10, 20 mL	User dependent	N/A	For line patency: there are a variety of dosing regimens used based on use and frequency	Tier 1
<b>Sterile Water for injection</b>	Many different sizes, but commonly used 5, 10, 20 mL	Indication dependent	N/A	Frequently used as an admixture component of injectable products	Tier 1
<b>Ondansetron Injection</b>	<b>Zofran</b> Solution, Injection, as hydrochloride: 4 mg/2 mL, 40 mg/20 mL Solution, Injection, as hydrochloride, preservative free: 4 mg/2 mL	Chemotherapy-dependent. May give 4-8mg IV/IM Q8-12h	24 mg	<b>Indicated for chemotherapy or post-op induced nausea/vomiting</b> Single IV doses >16 mg are not recommended due to the potential for QT prolongation Child-Pugh Class C liver disease: max 8 mg/24h Can be given IV, IM	Tier 2
<b>Phytonadione</b>	<b>Mephyton</b> Injection, aqueous colloidal: 10 mg/mL, 1 mg/0.5mL	IV: 2.5-10 mg, depending on bleed severity and INR	Individualized	<b>Subcategory:</b> Cancer with PE/DVT (not pre-existing) Dosage based upon INR and/or severity of bleeding Urgent reversal/major bleeding: use IV administration Non-urgent reversal: Oral administration is recommended See drug information catheter lumen, access, medications resources or consult RPh for full dosing details and expected bleeding reversal/INR lowering times	Tier 2D
<b>Promethazine Injection</b>	<b>Phenergan</b> Solution, injection, as hydrochloride: 25 mg/mL, 50 mg/mL	12.5-25 mg Q4-6 PRN	150 mg	<b>**ISMP (2018): injectable promethazine via any route is discouraged**</b> Preferred in Parkinson's patients for n/v Can use for movement-induced n/v More sedating than prochlorperazine or haloperidol	Tier 2
<b>Atropine injection</b>	<b>Atropine</b> Solution, injection, as sulfate: 0.4 mg/mL, 1 mg/mL	0.4-1 mg IV/IM/subcut Q4-6h PRN	3 mg max total dose	Hyoscyamine tabs/solution or atropine ophth solution preferred Consider restricting total IV dose to 0.03 to 0.04 mg/kg in patients with ischemic heart disease due to paradoxical bradycardia	Tier 3

**ProCare HospiceCare**  
Preferred Drug List – Disease Base

**Injectables**

<b>Ceftriaxone</b>	<b>Rocephin</b> Injection: 1, 2 g	1-2 g IM daily	4 g	Painful IM injection, add lidocaine 1% to injection solution (see lidocaine listing) Hepatic impairment w/significant renal disease: max 2 g/day	Tier 3
<b>Glycopyrrolate</b>	<b>Robinul</b> Injection solution: 0.2 mg/mL, 0.4 mg/2 mL, 1 mg/5 mL, 4 mg/20 mL	0.2 mg IV/subcut Q4-8 h PRN	4 doses	Reserve for patients who develop confusion on anticholinergic therapy.	Tier 3
<b>Methadone Injection (CII)</b>	<b>Methadose, Dolophine</b> Solution, injection, as hydrochloride: 10 mg/mL	Individualized	Individualized	Excellent for nociceptive and neuropathic pain and for patients with renal or hepatic impairment PRN use not recommended Call clinical pharmacist for dosage Higher QT prolongation risk as compared with oral form	Tier 3
<b>Phenobarbital Injection (CIV)</b>	<b>Phenobarb</b> Solution, injection, as sodium: 65 mg/mL, 130 mg/mL	<i>Sedation:</i> 30-120 mg/day IV/IM in 2-3 divided doses	400 mg/day for sedation	<i>Seizures:</i> Dosage should be individualized based upon clinical response and serum concentration 2 mg/kg/day (maintenance dosing) typically produces a steady-state level of 20 mg/L	Tier 3



**ProCare HospiceCare**  
Preferred Drug List – Disease Base

**Topical Agents - Anesthetics**

Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier
<b>Phenol</b>	<b>Chloraseptic</b> Throat spray: 1.4% Lozenge: regular or extra strength	1-2 sprays onto throat Q2H PRN; 1-2 lozenges Q2H PRN	5 sprays Q2H 2 lozenges Q2H	Spray: Keep in place for 15 secs, then expectorate	Tier 1
<b>Lidocaine</b>	2% Gel 4% Cream 4% Patch [OTC] 5% Ointment 5% Patch (rx)	Gel, cream, oint: Apply PRN on intact skin and to wound periphery prior to dressing changes Patches: 1 patch up to 12 hrs/day	Depends on formulation and product	Wash hands after use Systemic absorption can occur on large wounds, therefore should not be used in patients who are on class 1 antiarrhythmic drugs May cut patches OTC 4% <b>gel</b> patches may be used up to 8h/day	Tier 1 Ointment, 5% Patch: Tier 3

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**Topical Agents – Ophthalmic and Otic**

Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier
<b>Carboxymethylcellulose Sodium Ophth</b>	<b>Artificial Tears, Refresh Tears, Sterile Lubricant, [Various OTC names] Gel and Solution, All strengths</b>	1-2 drops in affected EYE(S) 3-4 times/day	8 drops/eye		Tier 1
<b>Ciprofloxacin Ophth</b>	<b>Ciloxan Ophth</b> Solution: 0.3%	1-2 drops in EYE Q2H for 2 days and 1-2 drops Q4H for the next 5 days	N/A	Administer in conjunctival sac May use in ear	Tier 1
<b>Erythromycin Ophth Ointment</b>	<b>Ilotycin</b> 5 mg/g	½" ribbon in EYE 2x daily	6x daily	Dosing frequency and duration depends on severity of infection	Tier 1
<b>Gentamicin Ophth</b>	<b>Garamycin, Gentak</b> Ophth Ointment: 0.1%, 0.3% Ophth Solution: 0.3%	Ointment: Instill 1/2" in EYE 2-3 times daily Solution: 1-2 drops in EYE Q4h	Ointment: Up to every 3 hours Solution: 2 gtts Q1h for severe infections	Prolonged use may result in fungal or bacterial superinfection	Tier 1
<b>Hydrophilic Lubricating Ophth Gel</b>	<b>Tears Naturale Ointment</b>	Apply to affected EYE TID-4x daily		Useful for dry eyes not responding to tradition drops/solution	Tier 1
<b>Prednisolone Ophth</b>	Acetate suspension: 1% Sodium phosphate solution: 1 %	Acetate: 1-2 gtts in affected EYE BID-QID Sodium Phosphate: 1-2 gtts into conjunctival sac Q 1-4h	2 drops QID Solution: 2 drops Q1h	Do not abruptly discontinue Acetate: During the initial 24 to 48 hours, the dosing frequency may be increased if necessary Sodium Phosphate: subsequent reduction to 1 drop TID-QID may be adequate after initial response seen	Tier 1
<b>Tobramycin Ophth</b>	<b>Tobrex Ophth</b> Solution: 0.3%	1-2 drops in affected EYE Q2-4H	2 drops Q1H for severe infection		Tier 1
<b>Vaseline (sterile) Ophth</b>	Lacrilube Ophth Ointment	Apply PRN	N/A	Sterile petroleum Useful for dry eyes not responding to traditional drops/solution	Tier 1
<b>Sulfacetamide Ophth</b>	<b>Bleph – 10</b> Ophth Solution: 10%	1-2 gtts in affected EYE Q2-3h	2 drops Q2h	Taper dose by increasing dosage time interval as condition responds Usual duration of treatment: 7 to 10 days	Tier 2

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**Topical Agents – Ophthalmic and Otic**

Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier
<b>Neomycin-Polymyxin B-Hydrocortisone Otic</b>	<b>Cortisporin Otic</b> Suspension: 3.5 mg-10000 unit-10 mg/mL Solution: 3.5 mg-10000 unit-10 mg/mL, 1%	3-4 gtts in affected EAR 3-4 times daily	4 gtts 4 times daily	General max duration 10 days Steroid can help with painful inflammation	Tier 2
<b>Ciprofloxacin Otic</b>	<b>Cetraxal</b> Otic solution: 0.2% in 14-dose carton	0.25mL (contents of single dose container) in EAR BID x 7 days	N/A	Do not use in the eyes Note the 6% <i>suspension</i> (in 1 mL vial) is brand name Otiprio and available in clinic only for tympanostomy tube placement (NF)	Tier 3

**Topical Agents – Skin and Wound Care**

Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier
<b>A &amp; D Ointment</b>	<b>A &amp; D Ointment</b>	Apply PRN	None	Also contains zinc	Tier 1
<b>Acetic Acid</b>	Irrigation Solution: 0.25%	See comments	See comments	Periodic indwelling catheter irrigation: ~50mL, may repeat as often as desired Continuous or intermittent bladder irrigation: Rate of administration will approximate the rate of urine flow, usually 500-1,500mL/24 hrs May cause irritation of bladder mucosal lesions Note open bladder lesions may result in systemic acidosis from absorption	Tier 1
<b>Bacitracin</b>	Ointment: 500 units/g	Apply topically BID-TID	5 x day; 7 day duration		Tier 1
<b>Balsam Peru-Castor Oil</b>	<b>Venelex, Dermulcera, BPCO</b> Ointment	Apply thin film BID or PRN		Deodorizes and protects chronic or acute wounds and ulcers Avoid contact with eyes	Tier 1
<b>Betamethasone-Clotrimazole</b>	<b>Lotrisone</b> Cream: Betamethasone dipropionate 0.05% and Clotrimazole 1% Lotion: Betamethasone dipropionate 0.05% and clotrimazole 1%	Apply BID	45 grams per week	Do not use on open wounds or in conjunction with occlusive dressings	Tier 1 Lotion: Tier 3

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Preferred Drug List – Disease Base

**Topical Agents – Skin and Wound Care**

Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier
Clotrimazole	Lotrimin	Apply BID	BID	Use for 2-4 weeks	Tier 1
Colloidal Oatmeal Mineral Oil	Aveeno	Apply PRN		Very good for dry skin Some formulations contain menthol	Tier 1
Desenex	Desenex	Apply TID-4x daily			Tier 1
Dual Antibiotic Ointment	Polysporin	Apply PRN			Tier 1
Eucerin	Eucerin	1-2% applied topically BID			Tier 1
Honey	MediHoney, Manuka Honey Topical paste, gel (Alginate and Hydrocolloid dressings are NF)	Individualized	Individualized	Natural anti-inflammatory for pain/swelling May help control odor Do not use on dry/necrotic wounds or those needing surgical debridement Ok to use in bee sting/venom allergies	Tier 1
Hydrocortisone	Cortaid, Hytone	Apply PRN		Useful if rash is present Do not use on open areas	Tier 1
Menthol-Camphor Lotion	Sarna	Apply BID-TID		Effective for pruritus	Tier 1
Neomycin-Polymyxin B-Bacitracin	Triple Antibiotic Ointment, Neosporin	Apply daily-TID	TID		Tier 1
Nystatin Powder	Nystop	Apply 4x daily	4x daily	Useful as an anti-fungal for moist areas	Tier 1
Phenylephrine nasal	Neo-Synephrine Mild Strength Solution, nasal: 0.25%	2-3 sprays each nostril (or to bleeding site) Q4h PRN <3 days	Q4h up to 3 days	Produces local vasoconstriction Prolonged intranasal use may cause rebound nasal congestion Caution in cardiac disease (e.g. hypertension)	Tier 1
Silver Sulfadiazine (SSD)	Silvadene External Cream: 1%	Apply daily to BID	N/A	Useful for burns and wounds	Tier 1
Sodium Chloride	Wound Wash Saline, Salijet, Safe Wash External Solution: 0.9% (normal saline) Irrigation Solution: 0.9% (normal saline)	AAA PRN	N/A	Useful for general cleansing and gentle debris removal Available in various forms, including spray (Safe Wash, Wound Wash Saline), and 30 mL unit dose (Saljet)	Tier 1

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**Topical Agents – Skin and Wound Care**

Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier
<b>Sodium Hypochlorite</b>	<b>Dakin's Solution, Di-Dak-Sol</b> External solution: 0.0125% (1/40 strength), 0.125% (quarter strength), 0.25% (half strength), 0.5% (full strength)	AAA once daily (light/mod exudate) or BID (heavy exudate)	BID	Di-Dak-Sol is the 0.0125% strength Do not use if sensitive to chlorine compounds Use BID for contaminated wounds Avoid contact with eyes or mucus membranes Protect intact skin with barrier ointment or skin sealant as needed Can dissolve blood clots and delay clotting May bleach clothing	Tier 1
<b>Sterile Water For Irrigation</b>	Solution: 1-3 liters	Indication dependent	N/A	For general irrigation, washing, rinsing and external dilution purposes	Tier 1
<b>Triamcinolone</b>	<b>Aristocort, Kenalog</b> Cream: 0.025%, 0.1%, 0.5% Ointment: 0.025%, 0.1%, 0.5%	Apply 2-4x daily	4x daily		Tier 1
<b>Urea</b>	<b>[Various BRAND names]</b> Cream: 10%, 20% most commonly used Lotion: 5%, 10%, 15%, 20% most commonly used (Other formulations and strengths NF)	Apply daily - TID	TID	For use in debridement and promotion of normal healing of hyperkeratotic surface lesions Apply to affected area; rub in until completely absorbed May cover with adhesive bandage/gauze or plastic film Shake lotion vigorously before administering dose	Tier 1
<b>Ammonium Lactate</b>	<b>AmLactin, Lac-Hydrin</b> Lotion: 5%, 12%	Apply BID		May cause photosensitivity Avoid eyes, lips and mucous membranes	Tier 2
<b>Betamethasone dipropionate</b>	<b>Diprolene</b> Lotion: 0.05% Cream: 0.05% Ointment: 0.05%	Apply daily - BID	BID	Do not use on broken skin	Tier 2
<b>Gentamicin</b>	<b>Garamycin</b> External Ointment: 0.1% External Cream: 0.1%	Apply 3-4 times daily	4x daily	For external use only, not for ophthalmic use May cover with gauze dressing Effective for Streptococci, <i>Staphylococcus aureus</i> , and gram-negative bacteria ( <i>Pseudomonas aeruginosa</i> , <i>Aerobacter aerogens</i> , <i>E. coli</i> , <i>Proteus vulgaris</i> , and <i>Klebsiella pneumoniae</i> ).	Tier 2
<b>Mupirocin</b>	<b>Bactroban</b> Ointment: 2% Cream: 2%	Apply topically TID x 10 days	TID	Reserve for patients with history of MRSA Limit to area <100 cm <sup>2</sup> or length <10 cm May cover w/ gauze	Tier 2 Cream: Tier 3

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**Topical Agents – Skin and Wound Care**

Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier
<b>Silver Nitrate</b>	<b>Arzol Silver Nitrate Applicators</b> Applicators, sticks: silver nitrate 75% and potassium nitrate 25%	Apply only to those mucus membrane areas to be treated	Typically 1 application cauterizes wound	Do not use in/on eyes Caustic; skin contact time should be extremely short when used on thin/delicate skin If used on dry skin, dip applicator tip in water immediately before use May apply to small ulcers in the mouth, infected tonsils, rectal fissures/fistulae, vaginal & cervical ulcerations/erosions Intranasal bleeds may be controlled by direct application to the site of hemorrhage.	Tier 2
<b>Collagenase Ointment</b>	<b>Santyl</b> Ointment, external: 250 units/g	Apply once daily	Daily and PRN	Enzymatic debridement May apply PRN if dressing is soiled	Tier 3

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**Miscellaneous**

Generic	Brand/Available Forms* Available form indicates commercial availability only, not coverage of specific form	Dose	Max/Day	Comments	Tier
<b>Levothyroxine</b>	<b>Levoxyl, Synthroid</b> Tablet: 25, 50, 75, 88, 100, 112, 125, 137, 150, 175, 200, 300 mcg	Individualized; average dose is ~1.6 mcg/kg/day	Individualized; rarely more than 200-300 mcg/day needed	Dose for hypothyroidism is individualized according to clinical response and serum thyroid stimulating hormone (TSH) and/or free T4 concentrations Consider reducing or withholding therapy in patients with cardiac symptoms	Tier 1
<b>Pyridostigmine</b>	<b>Mestinon, Regonol</b> Tablet (IR): 60 mg (Other strengths/forms are NF)	Individualized. IR tabs: range 60 to 1,500 mg/day	IR tabs: 1,500 mg	For myasthenia gravis, to maintain muscle strength. Usual dose for IR tabs: usually 600 mg/day divided into 5 to 6 doses spaced to provide maximum relief Excess cholinergic activity may occur (salivation, sweating, urinary incontinence) Do not use if intestinal or urinary obstruction	Tier 2