

CARE MEDICATION REVIEW

CONTRAINDICATED MEDICATIONS:

- *Benzodiazepines*: eg Xanax (alprazolam), Klonopin (clonazepam), Ativan (lorazepam), Valium (diazepam).
- *Opioids (and analogs)*: eg OxyContin/Percocet (oxycodone), Lortab (hydrocodone), Dilaudid (hydromorphone), Morphine, Ultram (tramadol). Exceptions may be made in rare circumstances such as acute post-operative pain, with Medical Director approval.
- *Z-drugs* (benzodiazepine analogs): eg Ambien (zolpidem), Lunesta (eszopiclone), Sonata (zaleplon).
- *Carisoprodol (Soma)*: This muscle relaxant is metabolized into meprobamate (schedule IV substance), and has been implicated in overdose and addiction.

RELATIVELY CONTRAINDICATED MEDICATIONS: (require case by case consideration)

- *Stimulants*:
 - For ADHD: eg Ritalin (methylphenidate), Concerta (long-acting methylphenidate), Adderall (amphetamine and dextroamphetamine). Discouraged in most cases but may be considered in cases of documented failure of non-stimulant options. Patients should have a confirmed diagnosis of ADHD.
 - For sleep-related disorders: Stimulants such as Provigil (modafinil) or Nuvigil (armodafinil) may be considered with documentation of an appropriate indication, which include but are not limited to narcolepsy, central sleep apnea, and obstructive sleep apnea with persistent somnolence.
- *Pseudoephedrine containing products*: Contraindicated for long-term use in CARE facilities. At practitioner discretion, a client may receive these for short-term, acute treatment.
- *Gabapentinoids*: eg Neurontin (gabapentin, Lyrica (pregabalin). These medications have abuse potential due to euphoria and potentiating highs from other substances but also can be effective managing neuropathic pain.
- *Seroquel (quetiapine)*: This is a second-generation antipsychotic with very low potency, typically causing somnolence before any antipsychotic effect. Its use as a sleeping aid during treatment at CARE requires Medical Director approval.
- *Dextromethorphan*: This OTC cough syrup has abuse potential. Short-term use for an acute condition is permissible in someone without a history of abuse.
- *Muscle Relaxants*: eg Flexeril (cyclobenzaprine), Robaxin (methocarbamol), Zanaflex (tizanidine). These medications have poor data to suggest utility on a chronic basis. They can be considered for short-term use for acute muscle spasm.

If diversion or misuse of any medication is a concern, then referring practitioners should consider transitioning to a formulation and dosing schedule conducive to crushing, and ascertain the patient's tolerance of this change in anticipation of admission to CARE.