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## Medications that should not be crushed

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### **Medications That Should Not Be Crushed**

\*Please note that this table provides a list of many <u>common</u> medications that should not be crushed, yet there are many more not listed. The considerations presented in the narrative portion of this document will assist the healthcare professional in determining what other medications should not be crushed.\*

Generic Name	Brand Name	Dosage Form		
Sustained-release Medications <sup>1-5</sup>				
Acamprosate	Campral	Tablet		
Acetaminophen	Tylenol Arthritis Pain	Tablet		
	Extended Relief			
Acetazolamide	Diamox Sequels	Capsule		
Albuterol	VoSpire ER	Tablet		
Alprazolam	Xanax XR	Tablet		
Amoxicillin/Clavulanate	Augmentin XR	Tablet		
Aspirin	ZORprin	Tablet		
Aspirin/Dipyridamole	Aggrenox	Capsule		
Belladonna Alkaloids	Donnatal Extentabs	Tablet		
Bisacodyl	Fleet Bisacodyl, Modane	Tablet		
Bupropion	Wellbutrin SR, XL, Zyban	Tablet		
Carbamazepine	Carbatrol	Capsule		
Carbamazepine	Tegretol-XR	Tablet		
Chlorpheniramine Maleate	Chlor-Trimeton Allergy SR	Tablet		
Ciprofloxacin	Cipro XR	Tablet		
Clarithromycin	Biaxin XL	Tablet		
Colestipol	Colestid	Tablet		
Dexmethylphenidate	Focalin XR	Capsule		
Dextroamphetamine/Amphetamine	Adderall XR	Capsule		
Diclofenac	Voltaren-XR	Tablet		
Diclofenac/Misoprostol	Arthrotec	Tablet		
Didanosine	Videx EC	Capsule		
Diltiazem	Cardizem CD, Cartia XT,	Capsule		
	Dilacor XR, Diltia XT, Dilt			
	XR, Taztia XT, Tiazac			
Diltiazem	Cardizem LA	Tablet		
Disopyramide	Norpace CR	Capsule		
Divalproex	Depakote Sprinkle	Capsule		
Divalproex	Depakote, Depakote ER	Tablet		
Doxycycline	Doryx	Tablet		
Duloxetine	Cymbalta	Capsule		
Enalapril/Felodipine	Lexxel	Tablet		
Erythromycin	ERYC	Capsule		

More. . .

Generic Name	Brand Name	Dosage Form
Sustained	l-release Medications, contin	ued
Erythromycin	Ery-Tab, PCE Dispertab	Tablet
Esomeprazole	Nexium	Capsule
Felodipine	Plendil	Tablet
Ferrous Sulfate	Slow FE	Tablet
Fexofenadine/Pseudoephedrine	Allegra-D	Tablet
Fluoxetine	ProzacWeekly	Capsule
Fluvastatin	Lescol XL	Tablet
Glipizide	Glucotrol XL	Tablet
Hyoscyamine	Cystospaz-M, Levsinex	Capsule
, ,	Timecaps	•
Hyoscyamine	Levbid	Tablet
Indomethacin	Indocin SR	Capsule
Isosorbide Dinitrate	Dilatrate-SR	Capsule
Isosorbide Mononitrate	Imdur	Tablet
Isradipine	DynaCirc CR	Tablet
Lansoprazole	Prevacid	Capsule
Lansoprazole	Prevacid SoluTab	Tablet
Levodopa/Carbidopa	Sinemet CR	Tablet
Lithium Carbonate	Eskalith CR, Lithobid	Tablet
Loratadine/Pseudoephedrine	Claritin-D, Claritin-D 12 Hour	Tablet
Lovastatin/Niacin	Advicor	Tablet
Magnesium	Slow-Mag	Tablet
Mesalamine	Pentasa	Capsule
Mesalamine	Asacol	Tablet
Metformin	Fortamet, Glucophage XR	Tablet
Methylphenidate	Metadate CD, Ritalin LA	Capsule
Methylphenidate	Concerta, Metadate ER, Ritalin SR	Tablet
Metoprolol	Toprol XL	Tablet
Metronidazole	Flagyl ER	Tablet
Morphine Sulfate	Avinza, Kadian	Capsule
Morphine Sulfate	MS Contin, Oramorph SR	Tablet
Naproxen	EC Naprosyn, Naprelan	Tablet
Niacin	Niaspan, Slo-Niacin	Tablet
Nicardipine	Cardene SR	Capsule
Nifedipine	Adalat CC, Procardia XL	Tablet
Nisoldipine	Sular	Tablet
Omeprazole	Prilosec	Capsule
Omeprazole	Prilosec OTC	Tablet
Oxybutynin	Ditropan XL	Tablet
Oxycodone	OxyContin	Tablet
Pantoprazole	Protonix	Tablet
Paroxetine	Paxil CR	Tablet
Pentoxifylline	Trental	Tablet
Phendimetrazine	Bontril	Capsule

Generic Name	Brand Name	Dosage Form
Sustained	release Medications, contin	ued
Phentermine	Ionamin	Capsule
Phenylephrine/Brompheniramine	Bromfed PD	Capsule
Phenylephrine/Guaifenesin	Entex ER, LA, others	Capsule
Phenylephrine/Guaifenesin	Liquibid D, others	Tablet
Potassium Chloride	Micro-K, others	Capsule
Potassium Chloride	K-Dur, Kaon-CL, Klor-	Tablet
	Con, others	
Procainamide	Procanbid, Pronestyl SR	Tablet
Propafenone	Rythmol SR	Capsule
Propranolol	Inderal LA, InnoPran XL	Capsule
Pseudoephedrine	Sudafed 12 Hour, 24 Hour	Tablet
Pseudoephedrine/Brompheniramine	Bromfenex PD, Brovex SR,	Capsule
	Iofed PD, others	
Pseudoephedrine/Carbinoxamine	Coldec D, Rondec-TR,	Tablet
D 1 1 1 1 (C11 1 1 1 1	others	
Pseudoephedrine/Chlorpheniramine	Deconamine SR	Capsule
Pseudoephedrine/Chlorpheniramine	Chlor-Trimeton Allergy	Tablet
D 1 1 1 ' /D 1 1 ' '	Decongestant SR	T. 11 .
Pseudoephedrine/Dexbrompheniramine	Disophrol, Drixoral	Tablet
Pseudoephedrine/Guaifenesin	Entex PSE	Capsule
Pseudoephedrine/Guaifenesin	Mucinex D	Tablet
Pyridostigmine	Mestinon Timespan	Tablet
Rabeprazole	AcipHex	Tablet
Theophylline	Theo-24	Capsule
Theophylline	Theochron, Uniphyl	Tablet
Tolterodine	Detrol LA	Capsule
Venlafaxine	Effexor XR	Capsule
Verapamil	Verelan SR, PM	Capsule
Verapamil	Calan SR, Covera-HS,	Tablet
Zolpidem	Isoptin SR Ambien CR	Tablet
		Tablet
Aspirin	eric-coated Medications <sup>1-5</sup>	Tablet
	Easprin, Ecotrin, others Dulcolax	Tablet Tablet
Bisacodyl Budesonide	Entocort EC	
Diclofenac/Misoprostol	Arthrotec	Capsule Tablet
Dictorenac/Misoprostor  Dirithromycin	Dynabac Dynabac	Tablet Tablet
Divalproex	Depakote Depakote	Tablet Tablet
Ferrous Gluconate	Fergon	Tablet
Ferrous Gluconate Ferrous Sulfate	Feosol	Tablet
Lansoprazole	Prevacid	Suspension Particles
Naproxen	EC-Naprosyn	Tablet
Pancrelipase	Creon, Lipram, Pancrease,	Capsule
i ancienpase	Pancrease M, Pancrecarb MS, Ultrase MT, others	Capsuic

*More. . .* 

Generic Name	Brand Name	<b>Dosage Form</b>			
Enteric-o	coated Medications, continu	led			
Sulfasalazine	Azulfidine En-Tabs	Tablet			
Tamsulosin	Flomax	Capsule			
Medications With Poor Taste <sup>1-5</sup>					
Carbenicillin	Geocillin	Tablet			
Cefuroxime	Ceftin	Tablet			
Ciprofloxacin	Cipro	Tablet			
Docusate Sodium	Colace	Capsule			
Eszopiclone	Lunesta	Tablet			
Ibuprofen	Motrin, Advil	Tablet			
Imatinib	Gleevec	Tablet			
Indinavir	Crixivan	Capsule			
Penicillin	Betapen-VK	Tablet			
Praziquantel	Biltricide	Tablet			
Promethazine	Phenergan	Tablet			
Propoxyphene/Acetaminophen	Darvocet	Tablet			
Raloxifene	Evista	Tablet			
Tetracycline	Sumycin	Tablet			
Topiramate	Торатах	Capsule/Tablet			
Trazodone	Desyrel	Tablet			
Medicat	ions That Can Be Irritating	1-5			
Alendronate	Fosamax	Tablet			
Benzonatate	Tessalon Perles	Capsule			
Diflunisal	Dolobid	Tablet			
Ganciclovir	Cytovene	Capsule			
Isotretinoin	Accutane	Capsule			
Piroxicam	Feldene	Capsule			
Temozolomide	Temodar	Capsule			
Valproic Acid	Depakene	Capsule			
Medication	ons That Can Be Teratogeni	$10^{1-5}$			
Dutasteride	Avodart	Capsule			
Finasteride	Propecia, Proscar	Tablet			
Lenalidomide	Revlimid	Capsule			
Mycophenolate	Cellcept	Capsule/Tablet			
Ganciclovir	Cytovene	Capsule			
Valganciclovir	Valcyte	Tablet			
Ribavirin	Copegus, Rebetol	Tablet, Capsule			
-					

#### **Background**

There is a wide range of circumstances that make it either impractical or impossible to administer solid oral medications. For example, some patients might need their medications to be given through a feeding tube, such as a nasogastric (NG) tube. Some patients may have dysphagia (difficulty swallowing) due to the effects of age, stroke, chemotherapy, etc. Other

patients might have trouble swallowing due to impaired cough/gag reflexes or due to problems with oral secretions.

An alternative way to provide medication is necessary for these types of patients. Oral medications are frequently crushed to allow for better ease of administration; however, there are many solid oral medications that should not be crushed or broken.<sup>1,2</sup>

*More. . .* 

#### Types of Drug Formulations

There are a variety of reasons why crushing or breaking some solid oral medications is not a good idea. One is that this process can alter the pharmacokinetics of certain drug formulations. For example, sustained-release medications are designed to release the drug over an extended period of time, maintaining steady drug levels over 8, 12, or 24 hours. These formulations usually either contain layers where drug is released as each layer is dissolved, pellets that dissolve at different time intervals, or inert matrixes that slowly release the drug over a period of time. Crushing or breaking these formulations can ruin their sustained-release properties and can cause the patient to receive a large dose all at once. This increases the risk of side effects and toxicity. It also eliminates the benefits of giving a sustained-release formulation because the drug's action will not last for the full dosing interval.<sup>1-3</sup>

Sustained-release medications generally have an abbreviation attached to the brand name. This abbreviation is a clue that crushing or breaking the medication might alter the formulation. Examples of abbreviations include LA (long-acting), SR (slow- or sustained-release), CR (controlled-release), CRT (controlled-release tablet), XL (extended-release), XR (extended-release), SA (sustained-action), TD (time-delay), TR (time-release), and 24 (24-hour). The words "Spansules," "Sequels," "Timecaps," "Sprinkle," etc., are also often added to the end of the brand name to signify a sustained-release product.<sup>1-3</sup>

Another example of oral medications that should not be crushed is enteric-coated medications. These medications are designed to remain intact as they pass through the stomach and not release the drug until the tablet reaches the intestines. This formulation is frequently used for drugs that can be irritating to the stomach, for drugs that are destroyed by stomach acids, and to achieve a delayed onset of action. Destroying the enteric coating of these medications can jeopardize the stability of the drug and its intended action, or increase the risk of side effects. They also don't pulverize well and can end up clogging tubes. <sup>1,3</sup>

Some medications can irritate the oral mucosa and upper gastrointestinal tract, while others are bitter tasting, or can even stain the mouth and teeth. Also, some medications have coatings to prevent drug absorption during handling because they are potentially carcinogenic. Even though crushing or breaking these drugs may not affect their drug delivery mechanisms, it might cause aerosolization of drug particles. This increases the risk of exposure to drug handlers or healthcare personnel and possible health risks.<sup>1</sup>

Sublingual or buccal tablets are placed under the tongue or between the gum and cheek. These formulations are designed to dissolve and release medication for rapid absorption by the large supply of blood vessels in the mouth. Swallowing or chewing these formulations might cause them to not be effective, or to be less effective.<sup>1,2</sup>

#### Alternatives to Crushing

Alternatives to crushing are available for many medications on the market today. Some may be given in ways other than being swallowed whole. For example, some capsules can be opened and the contents sprinkled on soft food such as applesauce or pudding. If the capsule is a sustained-release formulation, be careful that the patient doesn't chew the pellets. Other capsules contain a liquid, which can be removed and administered. Some medications are already conveniently supplied in a liquid formulation. If there is not a liquid formulation commercially available, it may be possible to compound one.<sup>1-3</sup>

Sometimes, the injectable form of a drug can be used by placing the appropriate amount of injectable solution into an appropriate fluid such as water or juice. However, it is necessary to make certain that there are no problems with compatibility or changes in drug absorption before doing this. Another possible option is to use a chemically different but clinically similar drug that is available in liquid form.<sup>1</sup>

#### Other Considerations

Whenever medications must be administered to patients with enteral feeding tubes, special considerations must be recognized. These considerations include the type of feeding tube, the tubing bore, its placement site, the drug absorption site, the time necessary for drug absorption, physical or chemical incompatibilities of the drug or drugs

to be administered with feeding formula, other administered drugs, and tube-flushing solution. Some of the small-bore tubes include nasoenteric (NE) tubes which can be placed into the stomach, duodenum, or jejunum. Needle catheter jejunostomy (NCJ) tubes are very small-bore tubes that are surgically inserted into the jejunum. Only liquid dosage forms should be placed in NE tubes and drug administration into a NCJ tube should be avoided whenever possible due to clogging. Large-bore tubes present less risk for These large-bore tubes include nasogastric (NG) and orogastric (OG) tubes as well as tubes that are surgically inserted across the abdominal wall using open, laparoscopic, fluoroscopic endoscopic, or techniques. Gastrostomy (G) tubes and jejunostomy (J) tubes are included in this group. More information on drug therapy administration in patients with enteral feeding tubes can be found in an article by Beckwith et al.6

#### Conclusion

There are frequent circumstances where patients are unable to swallow solid oral medications whole, making it necessary to find a suitable alternative for administration. Watch for medications that should not be crushed or broken because of the risk of destroying the drug delivery mechanism, or exposing the patient or handler to potentially irritating or harmful compounds. When considering the alternatives available, it is important to remember that substituting other formulations of the same medication might require a change in the dosing regimen, particularly for sustained-release medications. The tables identify some medications that should not be crushed. Keep in mind that the examples

listed are commonly used drugs and are representative of drugs that should not be crushed or broken, but they do not make up a complete list.<sup>1</sup>

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#### References

- Mitchell JF. Oral Dosage Forms That Should Not Be Crushed: 2000 Update. Hosp Pharm 2000;35:553-557.
- McPherson ML. Don't crush that tablet! Am Pharm 1994:NS34:57-8.
- 3. Miller D, Miller H. To crush or not to crush? What to consider before giving medications to a patient with a tube or who has trouble swallowing. *Nursing* 2000;30:50-2.
- Lexi-Comp Online 2005. Lexi-Comp, Inc. Hudson, OH. http://www.lexi.com (Accessed December 28, 2005).
- Hochadel MA (ed). Clinical Pharmacology 2005.
   Gold Standard Multimedia Inc., Tampa, FL. http://cp.gsm.com. (Accessed December 28, 2005).
- Beckwith MC, Feddema SS, Barton RG, Graves C. A guide to drug therapy in patients with enteral feeding tubes: dosage form selection and administration methods. Hosp Pharm 2004;39:225-37.

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