



## Medication Audit Criteria and Guidelines

### Diphenhydramine (Benadryl®)

### Hydroxyzine (Vistaril®, Atarax® [DSC])

PEFC Approved: July 2023

#### Indications

If a medication is prescribed for an off-label indication, documentation in the patient chart is recommended.

Label:

- Anxiety
- Insomnia (diphenhydramine)
- Parkinsonism and other EPS (diphenhydramine)

Off Label:

- Insomnia (hydroxyzine)

#### Black Box Warning

None

#### Contraindications

- Anticholinergic intoxication
- Delirium
- Early pregnancy (hydroxyzine)
- Hypersensitivity to medication prescribed
- Prolonged QT interval (hydroxyzine, diphenhydramine) or risk factors for QT prolongation (hydroxyzine doses  $\geq 100\text{mg}$ ) – such as concomitant QT prolonging medications, electrolyte imbalance, pre-existing heart disease, family history of congenital long QT syndrome

#### Warnings and Precautions

- Diagnosis of cardiovascular disease (hypertension, ischemic heart disease, etc.) (diphenhydramine)
- Disease states where increased anticholinergic activity may complicate disease course (narrow angle glaucoma, benign prostatic hypertrophy, etc.)

- Elderly, debilitated patients
- Hepatic impairment (hydroxyzine)
- Known hypersensitivity to cetirizine or levocetirizine (hydroxyzine)
- Patient with thyroid dysfunction (diphenhydramine)
- Pregnancy and nursing mothers
- Renal impairment (hydroxyzine)
- Respiratory impairment or diagnosis of respiratory disease (asthma, emphysema, chronic bronchitis)
- Risk factors for QT prolongation (hydroxyzine doses <100mg) – such as concomitant QT prolonging medications, electrolyte imbalance, pre-existing heart disease, family history of congenital long QT syndrome
- Urinary retention
- Use with other anticholinergic medications
- Use with other CNS depressants or sedatives

### **Adverse Reactions**

Side Effects Which Require Medical Attention

- Delirium
- Over-sedation, dizziness, or lightheadedness
- Pain with, or change in frequency of urination
- QT prolongation (hydroxyzine)
- Severe anticholinergic side effects (mydriasis, tachycardia, urinary retention, hypotension, constipation, arrhythmia, etc.)
- Worsening confusion or agitation

### **Drug Interactions of Major Significance**

See: Contraindications

See: [Indiana Univ Drug Interaction Table](#)

See: Lexicomp, Micromedex for more information

### **Special Populations**

- Pediatrics/Adolescents
  - See “Psychotropic Medication Utilization Parameters for Children and Youth in Texas Public Behavioral Health (6th Version)” for specific details.
- Geriatric
  - Included in Beers Criteria. Use caution or avoid use as potentially inappropriate in older adults.
  - Hydroxyzine – dose cautiously by starting on the lower end of the dosing range
- Renal

- ▶ Diphenhydramine – no specific labeling recommendations
- ▶ Hydroxyzine
  - ◊ CrCl  $\geq$  50 ml/min – no adjustment recommended
  - ◊ CrCl 10 to  $<$  50 ml/min – 50% of normal dose
  - ◊ CrCl  $<$ 10 ml/min – 25% to 50% of normal dose
- Hepatic
  - ▶ Diphenhydramine – no specific labeling recommendations
  - ▶ Hydroxyzine - in adults with primary biliary cirrhosis, change dosing interval to every 24 hours
- Pregnancy and Breastfeeding
  - ▶ See Contraindications (hydroxyzine) and Warnings and Precautions (diphenhydramine, hydroxyzine).
  - ▶ Review product-specific labeling. Consider risks/benefits in reviewing medication-specific labeling.

### **Patient Monitoring Parameters**

#### Baseline Tests:

- Pregnancy test (females)

#### Ongoing Tests:

- Pregnancy test (females) as clinically indicated

### **Dosing**

- See HHSC Psychiatric Drug Formulary for dosage guidelines.
- If a medication is prescribed at dosages in excess of the Psychotropic Dosage Guidelines found in the HHS Psychiatric Drug Formulary, documentation in the patient chart is recommended.