

HYPERTENSION TREATMENTS: ORAL CCBs

Generic	Brand	Strength	Form	Initial Adult Dose
DIHYDROPYRIDINES				
amlodipine	Norvasc	2.5mg, 5mg, 10mg	tabs	5mg daily; adjust at 7–14 day intervals; max 10mg daily
felodipine	—	2.5mg, 5mg, 10mg	ext-rel tabs	5mg once daily; adjust at 2wk intervals; max 10mg daily
nicardipine	—	20mg, 30mg	caps	≥ 18yrs : 20mg 3 times daily; adjust at intervals of at least 3 days; max 120mg daily
nifedipine	Adalat CC	30mg, 60mg, 90mg	ext-rel tabs	30mg once daily; titrate over 7–14 days; max 90mg/day
	Procardia XL	30mg, 60mg, 90mg	ext-rel tabs	30 or 60mg once daily, titrate over 7–14 days; max 120mg/day
nisoldipine	Sular	8.5mg, 17mg, 34mg	ext-rel tabs	17mg once daily; may increase by 8.5mg weekly; max 34mg/day
NON-DIHYDROPYRIDINES				
diltiazem	Cardizem LA	120mg, 180mg, 240mg, 300mg, 360mg, 420mg	ext-rel tabs	180–240mg once daily; adjust at 2wk intervals; max 540mg/day
	Cardizem CD	120mg, 180mg, 240mg, 300mg, 360mg	ext-rel caps	180–240mg once daily; adjust at 2wk intervals; max 480mg/day
	Tiazac	120mg, 180mg, 240mg, 300mg, 360mg, 420mg	ext-rel caps	120–240mg once daily; adjust at 2wk intervals; max 540mg/day
verapamil	—	40mg, 80mg+, 120mg+	tabs	≥ 18yrs : 80mg 3 times daily; usual max 360mg/day in divided doses. Elderly or small patients: 40mg 3 times daily
	Calan	80mg+, 120mg+		
	Calan SR	120mg, 180mg+, 240mg+	sust-rel caplets	≥ 18yrs : 180mg in the AM; may titrate to max 480mg/day in divided doses. Elderly or small patients: 120mg in the AM
	Verelan	120mg, 180mg, 240mg, 360mg	sust-rel caps	≥ 18yrs : Usually 240mg daily in the AM; adjust in 120mg increments. Elderly, small patients, increased sensitivity: 120mg daily; if needed, may increase to 180mg/day, then 240mg/day, then higher in 120mg increments. Max 480mg/day.
	Verelan PM	100mg, 200mg, 300mg	controlled onset ext-rel caps	Initially 200mg once daily at bedtime; may titrate upwards in steps to 300mg, then 400mg if needed. Elderly, small patients, renal or hepatic impairment: initially 100mg daily.

NOTES

Key: + = scored.

Not an inclusive list of medications, official indications and/or doses. Please see drug monograph at www.eMPR.com and/or contact company for full drug labeling. Individualize dose. Initially may start at lower doses in certain patient populations. May be confused with other products with similar names. Ensure that the patient receives the appropriate product.

With few exceptions, ext-rel and sust-rel products should not be crushed, chewed, or divided to preserve the products' release characteristics.