

# CLINICIAN'S POCKET DRUG REFERENCE

# 2008

Leonard G. Gomella  
Steven A. Haist  
Aimee G. Adams  
Kelly M. Smith



the SCUT MONKEY DRUG MANUAL

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## PREFACE

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We are pleased to present the 7th edition of the *Clinician's Pocket Drug Reference*. This book is based on the drug presentation style used since 1983 in the *Clinician's Pocket Reference*, popularly known as the Scut Monkey Book. Our goal is to identify the most frequently used and clinically important medications, including branded, generic and OTC products. The book includes well over 1000 medications and is designed to represent a cross section of commonly used products in medical practices across the country.

Our style of drug presentation includes key "must-know" facts of commonly used medications, essential for both the student and practicing physician. The inclusion of common uses of medications rather than just the official FDA-labeled indications are based on the uses of the medication supported by publications and community standards of care. All uses have been reviewed by our editorial board.

It is essential that students and residents in training learn more than the name and dose of the medications they prescribe. Certain common side effects and significant warnings and contraindications are associated with prescription medications. Although health-care providers should ideally be completely familiar with the entire package insert of any medication prescribed, such a requirement is unreasonable. References such as the *Physician's Desk Reference* and the drug manufacturer's Web site make package inserts readily available for many medications, but may not highlight clinically significant facts or key data for generic drugs and those available over the counter.

The limitations of difficult-to-read package inserts were acknowledged by the Food and Drug Administration in early 2001, when it noted that physicians do not have time to read the many pages of small print in the typical package insert. Newer drugs are producing more user-friendly package insert summaries that will highlight important drug information for easier practitioner reference. Although useful, these summaries do not commingle with similarly approved generic or "competing" similar products.

The editorial board has analyzed the information on both brand and generic medications and has made this key prescribing information available in this pocket-sized book. Information in this book is meant for use by health-care professionals who are familiar with these commonly prescribed medications.

This 2008 edition has been completely reviewed and updated by our editorial board and technical contributors. Over 55 new drugs have been added, and changes in other medications based on FDA actions have been incorporated, including deletions of discontinued brand names and compounds. Where appropriate, emergency cardiac care (ECC) guidelines are provided based on the latest recommendations for the American Heart Association (Circulation, Volume 112, Issue 24 Supplement; December 13, 2005)

We express special thanks to our spouses and families for their long-term support of this book and the entire Scut Monkey project ([www.thescutmonkey.com](http://www.thescutmonkey.com)). The contributions of the members of the editorial board are deeply appreciated. The assistance of Denise Tropea and the team at McGraw-Hill, are also to be thanked.

Your comments and suggestions are always welcome and encouraged because improvements to this and all our books would be impossible without the interest and feedback of our readers. We hope this book will help you learn some of the key elements in prescribing medications and allow you to care for your patients in the best way possible.

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## MEDICATION KEY

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Medications are listed by prescribing class, and the individual medications are then listed in alphabetical order by generic name. Some of the more commonly recognized trade names are listed for each medication (in parentheses after the generic name) or if available without prescription, noted as OTC (over the counter).

### **Generic Drug Name (Selected Common Brand Names) [Controlled Substance]**

**WARNING:** Summarized version of the "Black Box" precautions deemed necessary by the FDA. These are significant precautions and contraindications concerning the individual medication. **Uses:** This includes both FDA-labeled indications bracketed by \* and other "off label" uses of the medication. Because many medications are used to treat various conditions based on the medical literature and not listed in their package insert, we list common uses of the medication rather than the official "labeled indications" (FDA approved) based on input from our editorial board **Action:** How the drug works. This information is helpful in comparing classes of drugs and understanding side effects and contraindications. *Spectrum:* Specifies activity against selected microbes **Dose: Adults.** Where no specific pediatric dose is given, the

implication is that this drug is not commonly used or indicated in that age group. At the end of the dosing line, important dosing modifications may be noted (ie, take with food, avoid antacids, etc) **Caution:** [pregnancy/fetal risk categories, breast-feeding (as noted below)] cautions concerning the use of the drug in specific settings **Contra:** Contraindications **Disp:** Common dosing forms **SE:** Common or significant side effects **Notes:** Other key information about the drug.

## CONTROLLED SUBSTANCE CLASSIFICATION

Medications under the control of the US Drug Enforcement Agency (Schedule I–V controlled substances) are indicated by the symbol [C]. Most medications are "uncontrolled" and do not require a DEA prescriber number on the prescription. The following is a general description for the schedules of DEA controlled substances:

**Schedule (C-I) I:** All nonresearch use forbidden (eg, heroin, LSD, mescaline).

**Schedule (C-II) II:** High addictive potential; medical use accepted. No telephone call-in prescriptions; no refills. Some states require special prescription form (eg, cocaine, morphine, methadone).

**Schedule (C-III) III:** Low to moderate risk of physical dependence, high risk of psychologic dependence; prescription must be rewritten after 6 months or five refills

(eg, acetaminophen plus codeine).

**Schedule (C-IV) IV:** Limited potential for dependence; prescription rules same as for schedule III (eg, benzodiazepines, propoxyphene).

**Schedule (C-V) V:** Very limited abuse potential; prescribing regulations often same as for uncontrolled medications; some states have additional restrictions.

## FDA FETAL RISK CATEGORIES

**Category A:** Adequate studies in pregnant women have not demonstrated a risk to the fetus in the first trimester of pregnancy; there is no evidence of risk in the last two trimesters.

**Category B:** Animal studies have not demonstrated a risk to the fetus, but no adequate studies have been done in pregnant women.

**or**

Animal studies have shown an adverse effect, but adequate studies in pregnant women have not demonstrated a risk to the fetus during the first trimester of pregnancy, and there is no evidence of risk in the last two trimesters.

**Category C:** Animal studies have shown an adverse effect on the fetus, but no adequate studies have been done in humans. The benefits from the use of the drug in pregnant women may be acceptable despite its potential risks.

**or**

No animal reproduction studies and no adequate studies in humans have been done.

**Category D:** There is evidence of human fetal risk, but the potential benefits from the use of the drug in pregnant women may be acceptable despite its potential risks.

**Category X:** Studies in animals or humans or adverse reaction reports, or both, have demonstrated fetal abnormalities. The risk of use in pregnant women clearly outweighs any possible benefit.

**Category ?:** No data available (not a formal FDA classification; included to provide complete data set).

## BREAST-FEEDING CLASSIFICATION

No formally recognized classification exists for drugs and breast-feeding. This shorthand was developed for the *Clinician's Pocket Drug Reference*.

+	Compatible with breast-feeding
M	Monitor patient or use with caution
±	Excreted, or likely excreted, with unknown effects or at unknown concentrations
?/–	Unknown excretion, but effects likely to be of concern
–	Contraindicated in breast-feeding
?	No data available

## ABBREVIATIONS

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√: check or monitor

Ab: antibody

ABMT: autologous bone marrow transplantation

ACE: angiotensin-converting enzyme

ACLS: advanced cardiac life support

ACS: acute coronary syndrome, American Cancer Society, American College of Surgeons

ADH: antidiuretic hormone

ADHD: attention-deficit hyperactivity disorder

ADR: adverse drug reaction

AF: atrial fibrillation

ALL: acute lymphocytic leukemia

ALT: alanine aminotransferase

AMI: acute myocardial infarction

AML: acute myelogenous leukemia

amp: ampule

ANC: absolute neutrophil count

aPTT: activated partial thromboplastin time

APAP: acetaminophen [*N*-acetyl-*p*-aminophenol]

ARB: angiotensin II receptor blocker

ARDS: adult respiratory distress syndrome

ASA: aspirin (acetylsalicylic acid)

AUC: area under the curve

AUB: abnormal uterine/vaginal bleeding

AV: atrioventricular

AVM: arteriovenous malformation

BCL: B-cell lymphoma

BM: bone marrow; bowel movement

↓BM: bone marrow suppression, myelosuppression

BMT: bone marrow transplantation

BOO: bladder outlet obstruction

↓BP: hypotension

BSA: body surface area

BUN: blood urea nitrogen

Ca: calcium

CA: cancer

CAD: coronary artery disease

CAP: community acquired pneumonia

CBC: complete blood count  
CCB: calcium channel blocker  
CF: cystic fibrosis  
CHF: congestive heart failure  
CLL: chronic lymphocytic leukemia  
CML: chronic myelogenous leukemia  
CMV: cytomegalovirus  
Contra: contraindicated  
COPD: chronic obstructive pulmonary disease  
CP: chest pain  
CPP: central precocious puberty  
CR: controlled release  
CrCl: creatinine clearance  
CRF: chronic renal failure  
CV: cardiovascular  
CVA: cerebrovascular accident, costovertebral angle  
CVH: common variable hypergammaglobulinemia  
D: diarrhea  
D<sub>5</sub>LR: 5% dextrose in lactated Ringer's solution  
D<sub>5</sub>NS: 5% dextrose in normal saline  
D<sub>5</sub>W: 5% dextrose in water  
D/C: discontinue  
DI: diabetes insipidus  
Disp: dispensed as, how the drug is supplied  
DKA: diabetic ketoacidosis  
dL: deciliter  
DM: diabetes mellitus  
DMARD: Disease-modifying antirheumatic drug; drugs in randomized trials to decrease erosions and joint space narrowing in rheumatoid arthritis (eg, Dpenicillamine, methotrexate, azathioprine)  
DN: diabetic nephropathy  
dppr: dropper  
DOT: directly observed therapy  
DVT: deep venous thrombosis  
Dz: disease  
EC: enteric-coated  
ECC: emergency cardiac care  
ECG: electrocardiogram  
ED: erectile dysfunction  
ELISA: enzyme-linked immunosorbent assay  
EMIT: enzyme-multiplied immunoassay test  
EPS: extrapyramidal symptoms (tardive dyskinesia, tremors and rigidity, restlessness [akathisia], muscle contractions [dystonia], changes in breathing and heart rate)  
ER: extended release  
ESRD: end-stage renal disease

ET: endotracheal  
EtOH: ethanol  
FSH: follicle-stimulating hormone  
5-FU: fluorouracil  
Fxn: function  
G-CSF: granulocyte colony-stimulating factor  
gen: generation  
GERD: gastroesophageal reflux disease  
GF: growth factor  
GFR: glomerular filtration rate  
GI: gastrointestinal  
GIST: Gastrointestinal stromal tumor  
GM-CSF: granulocyte-macrophage colony-stimulating factor  
GnRH: gonadotropin-releasing hormone  
gtt: drop, drops (*gutta*)  
GUHD Graft URS Host Disease  
HA: headache  
HCL: hairy cell leukemia  
Hct: hematocrit  
HCTZ: hydrochlorothiazide  
HD: hemodialysis  
Hgb: hemoglobin  
HIT: heparin-induced thrombocytopenia  
HIV: human immunodeficiency virus  
HMG-CoA: hydroxymethylglutaryl coenzyme A  
HR: heart rate  
↑HR: increased heart rate (tachycardia)  
hs: at bedtime (*hora somni*)  
HSV: herpes simplex virus  
5-HT: 5-hydroxytryptamine  
HTN: hypertension  
Hx: history of  
IBD: irritable bowel disease  
IBS: irritable bowel syndrome  
ICP: intracranial pressure  
IFIS: Intraoperative Floppy Iris Syndrome  
Ig: immunoglobulin  
IM: intramuscular  
Inf: infusion  
Infxn: infection  
Inh: inhalation  
INH: isoniazid  
INR: international normalized ratio  
Insuff: insufficiency  
Intravag: intravaginal  
IOP: intraocular pressure