RxFiles - Drug Comparison Charts - 7th Edition

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Various OTC (Pain Relief Chart) Objective, Comparative Drug Information Editors: Brent Jensen, Loren D. Regier See page 113 for Disclaimer/Copyright statement ©

Drugs in Pregnancy Risk Classification^{1,2,3,4}

The following are the codes that appear on some of our charts. This table explains the rating system used

A S. B L. B/D L. C C C C D E. K C	CLASSIFICATION SAFE LIKELY SAFE CAUTION EXTREME CAUTION	COMMENTS * No risk. Considered safe in all trimesters. No evidence of fetal risk in controlled studies in humans. Minimal risk. Either no evidence of risk in animals or risk found in animal studies not reproduced in humans. With higher dose, longer duration of drug exposure or near term the risk becomes p Potential risk. Risk evident from studies in animals and/ or no human studies available. Use only if benefit outweighs risk. May be more or less safe depending on trimester. With higher dose, longer duration of drug exposure or near term the risk becomes p Positive evidence of risk. Use only if benefit outweighs risk.
B L B/D L C C C C D E D E K C	LIKELY SAFE CAUTION	No evidence of fetal risk in controlled studies in humans. Minimal risk. Either no evidence of risk in animals or risk found in animal studies not reproduced in humans. With higher dose, longer duration of drug exposure or near term the risk becomes D Potential risk. Risk evident from studies in animals and/ or no human studies available. Use only if benefit outweighs risk. May be more or less safe depending on trimester. With higher dose, longer duration of drug exposure or near term the risk becomes D Positive evidence of risk. Use only if benefit outweighs risk.
B/D C C C C/D E D E X C	CAUTION	 Either no evidence of risk in animals or risk found in animal studies not reproduced in humans. With higher dose, longer duration of drug exposure or near term the risk becomes D Potential risk. Risk evident from studies in animals and/ or no human studies available. Use only if benefit outweighs risk. May be more or less safe depending on trimester. With higher dose, longer duration of drug exposure or near term the risk becomes D Positive evidence of risk. Use only if benefit outweighs risk.
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		Use only if benefit outweighs risk. May be more or less safe depending on trimester. With higher dose, longer duration of drug exposure or near term the risk becomes D Positive evidence of risk. Use only if benefit outweighs risk.
	EXTREME CAUTION	Positive evidence of risk. Use only if benefit outweighs risk.
	EXTREME CAUTION	Use only if benefit outweighs risk.
	CONTRAINDICATED	++ Positive evidence of risk. Avoid in women who are or may become pregnant as risk of use outweighs any benefit.
UU	UNKNOWN	Risk unknown or untested. Information unavailable / inadequate at this time.
neral Inform Drugs in Preg Drug Informat	mation about Pregnancy Exercises and <u>Lactation</u> , 8 th ed. <u>Station Handbook</u> , 17 th ed. Lacy	epressant frequently used like fluoxetine has a C rating; yet maprotiline (B rating) has less clinical experience xposure Registries <u>http://www.fda.gov/womens/registries/default.htm</u> Briggs GE, Freeman RK, Yaffe SJ, editors. Williams and Wilkins; Baltimore, MD: 2008. y CF, Armstrong LL, Goldman MP and Lance LL, editors. Lexi-Comp Inc; Hudson, Ohio: 2008-2009.
<mark>HO</mark> Essential	al Medicines List http://www	Micromedex 2008 {NOTE: for additional Canadian information on drugs in pregnancy & lactation see <u>http://www.motherisk.org/inde</u> who.int/medicines/publications/essentialmedicines/en/index.html YMBOLS –most of our charts have footnotes to explain unique abbreviations.
=Exception Drug =non-formulary etail Cost to Cons e in Saskatchewa	ug Status (EDS) in Saskatchewan (1- ry in Saskatchewan <i>onsumer</i> based on acquisition cost, mai wan. Lowest generic price used where	 800-667-2549) <i>φ</i> =prior approval required by NIHB (Non-Insured Health Benefits) coverage for eligible First Nations & Inuit 1-800-580-09 <i>φ</i> =not covered by NIHB <u>http://www.hc-sc.gc.ca/fnih-spni/pubs/nihb-ssna_e.html#drug-med_bull-lebull</u> <i>φ</i> =covered by NIHB for the OTC charts p70-73 & identified <u>ONLY</u> for those drugs which have Sask. Formulary

=indicates strength of tablet is scored \odot = tastes good

 $=\downarrow$ dose required for **Renal** dysfunction ¹ if 1) \geq 75% renal excretion 2) toxic if accumulates 3) an active metabolite requiring dose adjustment. [CrCl <60ml/min shows impaired renal function]

CrCl ml/min Male={(140-age) x ABW weight in Kg } / {serum creatinine in umol/ x 0.814} Female= 0.85 x CrCl male

Adjusted body weight in kg $(ABW) = \{ Ideal body weight (IBW) + 0.4 (Actual body weight-IBW) \}$

IBW (Males)= 50kg + 0.906 (Height in cm - 152.4cm); IBW (Females)= 45kg + 0.906 (Height in cm - 152.4cm) MDRD (eGFR)= most accurate, but need PDA with MedCalc to do the calculation.

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 \otimes =Avoid \rightarrow soybean & peanut allergy

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= CDN (We are **Canadian**)

Objective comparisons for optimal drug therapy. For more information check our website - www.RxFiles.ca or, contact Loren Regier BSP, BA RxFiles, c/o, Saskatoon City Hospital 701 Queen Street Saskatoon, SK S7K 0M7 Canada; Ph (306) 655-8505, Fax (306) 655-7980

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¹ Vidal L, Shavit M, Fraser A, et al.. Systematic comparison of four sources of drug information regarding adjustment of dose for renal function. BMJ. 2005 Jul 30;331(7511):263. Epub 2005 May 19.