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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.

RISK FACTOR	CLASSIFICATION	COMMENTS * Weight risk vs benefit esp. in some diseases eg. diabetes, asthma, hypertension, psychiatry. Benefit of treatment in these conditions, may outweigh the risks of not treating.
A	SAFE	No risk. Considered safe in all trimesters. No evidence of fetal risk in controlled studies in humans.
B	LIKELY SAFE	Minimal risk. Either no evidence of risk in animals or risk found in animal studies not reproduced in humans.
B/D		With higher dose, longer duration of drug exposure or near term the risk becomes D
C	CAUTION	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.
C/D		With higher dose, longer duration of drug exposure or near term the risk becomes D
D	EXTREME CAUTION	Positive evidence of risk. Use only if benefit outweighs risk.
X	CONTRAINDICATED	++ Positive evidence of risk. Avoid in women who are or may become pregnant as risk of use outweighs any benefit.
U	UNKNOWN	Risk unknown or untested. Information unavailable / inadequate at this time.

Colors: used within the charts
Green Shading usually **HERBAL/Lifestyle** related
Blue Shading usually indicates **PEDIATRIC** related
Purple script usually indicates **TRADE NAMES**
Yellow is highlighted clinical differences, practice gaps & common questions.
Navy script usually indicates **MAJOR TRIALS**

* Rating system has limitations eg. antidepressant frequently used like fluoxetine has a C rating; yet maprotiline (B rating) has less clinical experience

General Info: **Pregnancy Exposure Registries** <http://www.fda.gov/womens/registries/default.htm> **LactMed** ^{Lactation} <http://toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT>

1. **Drugs in Pregnancy and Lactation**, 8th ed. Briggs GE, Freeman RK, Yaffe SJ, editors. Williams and Wilkins; Baltimore, MD: 2008.

2. **Drug Information Handbook**, 17th ed. Lacy CF, Armstrong LL, Goldman MP and Lance LL, editors. Lexi-Comp Inc; Hudson, Ohio: 2008-2009.

3. **Individual Drug Product Monographs**. 4. **Micromedex 2010** {NOTE: for additional Canadian information on drugs in pregnancy & lactation see <http://www.motherisk.org/index.jsp> }

WHO Essential Medicines List <http://www.who.int/medicines/publications/essentialmedicines/en/index.html>

Common RxFiles ABBREVIATIONS & SYMBOLS –most of our charts have footnotes to explain unique abbreviations.

=Exception Drug Status (EDS) in Saskatchewan (1-800-667-2549)

X =non-formulary in Saskatchewan

\$ Retail *Cost to Consumer* based on acquisition cost, markup & dispensing fee in Saskatchewan. Lowest generic price used where available

BID=twice daily **BP** =blood pressure **Bz** =benzodiazepine **CI** =contraindication

HF =heart failure **HR** =Heart rate **HSR**=Hypersensitivity reaction

SE =side effect **SJS** =Stevens Johnson Sx **Sx** =syndrome/symptom **Sz** =seizure

♯ =indicates strength of tablet is scored **☺** = tastes good

=↓ dose required for **Renal** dysfunction ¹ if 1) ≥ 75% renal excretion =↓ dose required for **Liver** dysfunction
 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/l 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)= accurate, but need PDA with MedCalc to do the calculation. www.hdcn.com www.kidney.org

CKD-EPI eGFR= new accurate for CKD

=prior approval required by **NIHB** (Non-Insured Health Benefits) coverage for eligible **First Nations & Inuit** 1-800-580-0950

=not covered by NIHB http://www.hc-sc.gc.ca/fnih-spni/pubs/nihb-ssna_e.html#drug-med_bull-lebull

=covered by NIHB for the **OTC charts** p70-73 & identified **ONLY** for those drugs which have **Sask. Formulary** restrictions such as **EDS or non formulary status**

CV =cardiovascular **DI** =drug interaction **Dx** =diagnosis/disease **g** =generic avail. **GI** =Gastrointestinal **HA** =headache

LFT =Liver Function tests **M** =Monitoring **OD** =daily **Ⓢ** =concern if given **Pre-Op** **Ⓟ** =Porphyria **QID** =four times daily

TID =three times daily **Tx** =treatment **Units** = uses **SI** but can convert (cholesterol x 38.6=mg/dL; glucose x 18=mg/dL)

= **CDN** (We are **Canadian**) =Avoid → soybean & peanut allergy =male =women

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Newsletters, Charts & **References** are available online at www.RxFiles.ca

RxFiles Academic Detailing Program

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

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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.

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Levey AS, Stevens LA, Schmid CH, et al.; CKD-EPI (Chronic Kidney Disease Epidemiology Collaboration). A new equation to estimate glomerular filtration rate. *Ann Intern Med*. 2009 May 5;150(9):604-12. The CKD-EPI creatinine equation is more accurate than the Modification of Diet in Renal Disease Study equation and could replace it for routine clinical use.