

# P & T News

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## GUIDELINES FOR COMPLETE, SAFE, AND ACCURATE DISCHARGE AND OUTPATIENT PRESCRIPTION WRITING

One of the primary communication links between the prescriber, pharmacist, and patient is the generation of complete, safe, and accurate prescriptions. Completion of all "essential elements" of a prescription will assure that it is accurately interpreted and not subject to alteration. Attention to detail when writing prescriptions will prevent the need for the Department of Pharmaceutical Care to contact the prescriber to clarify prescriptions and will reduce patient delays. Complete and accurate prescriptions will help ensure continuity of care in the patient's local community.

The INFORMM Patient Record (IPR) system must be used for all prescriptions effective July 2, 2007. This system allows for prescriptions to be electronically documented in patients' Medication List, ensures legibility and provides for an electronic prescriber signature (where permitted by law). Security functions are also incorporated to allow authenticity to be verified. The result is enhanced patient safety and prescriber convenience.

VALID ONLY IF ON CHAIN PATTERN WATERMARK STOCK. IF NEEDED, CALL 319-356-2577 TO VERIFY AUTHENTICITY.

<b>FOR PHARMACY USE ONLY</b>		<b>NAME</b>	
		PATIENT NO. <b>PATIENT, TEST</b>	
		ADDRESS <b>01-54399-0</b>	
<b>ATTENTION PHARMACIST: SEE REVERSE SIDE BEFORE FILLING</b>		UNIVERSITY OF IOWA HOSPITALS AND CLINICS IOWA CITY, IOWA PHONE (319) 356-1818 PHARMACY DEPARTMENT PHONE (319) 356-2577	
		DATE <b>09/28/07</b> BIRTHDATE <b>01/02/52</b>	
		PAYOR INFO <b>SELF PAY</b>	
DRUG SOURCE	Drug Allergies	DRUG: <b>CITALOPRAM TABLET 20 MG TABLET (CELEXA)</b>	
LOT NO.	<input checked="" type="checkbox"/> NKKA or Specify:	STRENGTH: <b>20 MG / 1 TAB</b>	
EXP.		INDICATION FOR USE: <b>depression</b>	
PH STAFF		DISPENSE: <b>*** 30 days ***</b>	
	<b>SEP 28 07</b>	<b>30 20 mg (1 tab) ORAL Every day</b>	
	NPI: <b>1255314563</b>		
	<b>152704</b>		
	SECURITY NO. <b>0002328899</b>		
W/O SAFETY CAP <input type="checkbox"/>	P.A. SUPERVISING PHYSICIAN	SIGNATURE <b>ELECTRONICALLY SIGNED BY</b>	
Refill <b>*** 11 *** times</b>		<b>MARGO L. SCHILLING, M.D. H941 AS000000</b>	
Unit			

HOLD PRESCRIPTION UP TO LIGHT TO VERIFY CHAIN PATTERN WATERMARK.



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### ELECTRONIC DUPLICATE PRESCRIPTION SYSTEM

The Duplicate Prescription System at UIHC is structured to produce an original and exact copy of the medication order. Under this system, the Department of Pharmaceutical Care is authorized to dispense a take-home supply of medication from the **copy** of the prescription and **return the original prescription to the patient** to obtain continuing supplies in the local community. Duplicate blanks are also available to manually generate a prescription when use of the computer system is not possible. **The use of other, nonstandard prescription blanks within UIHC is not authorized.**

The "essential elements" of a prescription are depicted in the preceding figure of a UIHC prescription and described below:

### **A Patient Name, Hospital Number, Birthdate, and Date Prescription Is Written**

This information is automatically added to prescriptions generated by IPR. If manual blanks are used, this information may be transmitted to the prescription by using the patient's addressograph plate in situations when IPR is not operational. The hospital number is essential to ensure that the intended patient receives, and is billed for, the correct medication.

### **B Name and Strength of Drug**

Medications should be ordered by the generic name, not by the proprietary or trade names. The dosage forms (tablet, capsule, suspension) and strength or concentration of the dosage form must be specified. Hospital policy and Joint Commission standards **permit the use of drug name abbreviations in medication orders only if the abbreviation has been specifically approved by the hospital and it appears on a published list.** "Coined" abbreviations such as HCTZ, AZT, T3, PCN, U, and ddC are not acceptable medical abbreviations, may be misinterpreted, and may cause drug errors. Medication orders that contain nonapproved drug name abbreviations are not valid. Pharmacists are authorized to withhold dispensing of medications ordered via nonapproved abbreviations. The approved drug name abbreviations are provided on the on-line *Formulary and Handbook* — [www.healthcare.uiowa.edu/Pharmacy/Formulary/Form/16ApprovedDrug.html](http://www.healthcare.uiowa.edu/Pharmacy/Formulary/Form/16ApprovedDrug.html) (see Table 1); approved medical abbreviations are available at [www.healthcare.uiowa.edu/Pharmacy/Formulary/Hand/11MedAbbr.html](http://www.healthcare.uiowa.edu/Pharmacy/Formulary/Hand/11MedAbbr.html), and dangerous medical abbreviations that may not be used at UIHC are listed at [www.healthcare.uiowa.edu/Pharmacy/Formulary/Form/dangerousmedicalabbrev.html](http://www.healthcare.uiowa.edu/Pharmacy/Formulary/Form/dangerousmedicalabbrev.html).

**A separate prescription blank must be used for each drug prescribed.** Multiple prescriptions on a single blank are unsafe and greatly increase the potential for medication errors.

### **C Quantity to Be Dispensed**

The quantity of drug to be dispensed must be expressed in the metric system. A zero should always be placed before a decimal expression less than one to prevent misinterpretation. The quantities dispensed to most patients are generally limited to a maximum 30-day supply with continuing supplies to be prescribed as refills. In order to minimize patient delays, the pharmacist is authorized to round the quantity dispensed to the nearest available prepackage quantity (usually a one-month supply) only for prescriptions with refills authorized.

For Drug Enforcement Administration (DEA) designated controlled substances, including narcotics and anabolic steroids, the quantity should be written in words as well as numbers to prevent alteration of the prescription.

#### **Outpatient Prescription Medication Supply and Refill Limits**

1. Supply quantities are generally limited to a 30-day supply except where health plan benefits allow a greater supply. Patients being discharged from the hospital may receive an initial supply of medications. Refills are limited to the cases noted below.
2. Refill prescriptions may be processed for:
  - Patients receiving their on-going primary care from UIHC (i.e., generally local area residents as refills must be picked up from UIHC).
  - Hospital staff and dependents at the same address.
  - Prescriptions for medications which are not commercially available.
  - Employees of the University of Iowa.

### **D Directions to the Patient**

Clear and concise directions will assist your patient in the appropriate use of the medication. **"Take as directed" should be avoided.** Your patient may forget or confuse verbal directions or lose a separate note. The Department of Pharmaceutical Care will complete a patient medication calendar for tapered or intermittent dosage schedules. The "PRN" designation should include the purpose of the medication (e.g., PRN sleep, PRN pain).

### **E Signature, Printed Name, Prescriber Code**

The IPR computer system will automatically populate the signature line with the prescriber's name and CLP number, along with the phrase **"Electronically signed by"** on non-controlled substance prescriptions. In the case of the necessity to write manually generated prescriptions, the prescriber should print his/her name legibly below the signature along with a **UIHC 4-digit prescriber code**, and indicate practitioner status by circling the appropriate initials to the right of the signature line. This will facilitate communications with health care practitioners throughout the state who have a need to accurately identify the prescriber, and it will also decrease the possibility of forgery. Additionally, Board of Pharmacy rule 657 I.A.C. 6.10(1) requires that the name of the prescriber appear on the prescription label. If the prescriber's signature is illegible and the identity of the prescriber is unknown, the prescription cannot be filled until the prescriber has been identified. This provision will result in telephone calls to your department and delays to patients. To prevent illegal drug diversion, supplies of prescription blanks may not be signed by the prescriber in advance of use. Prescriptions must only be signed by the prescriber at the time prescriptions are written for a specific patient. Physician assistants must also indicate the name of their supervising physician in the designated space.

## F DEA Number and NPI Number

Your personal Drug Enforcement Administration (DEA) registration number (or the UIHC DEA registration number for eligible practitioners) with your personal 4-digit prescriber code (CLP number) must be included on all prescriptions for drugs classified as controlled substances. This step is a safety mechanism to prevent prescription forgery because each DEA number can be checked to verify its validity. When your DEA number is omitted, it is illegal for any pharmacy to fill the prescription. Pharmacy does not have a list of every prescriber's DEA number; therefore, this omission causes your patient to be inconvenienced until the deficiency is corrected. Physician assistants and advanced registered nurse practitioners are authorized to prescribe controlled substances after obtaining a mid-level practitioner's registration from the DEA. However, physician assistants are not authorized to prescribe Schedule II substances listed as depressants in Iowa. Information about obtaining the application forms for State and Federal registration is available at the Pharmacy Administrative Office, Room CC-101 GH. For additional information, see the on-line Formulary and Handbook — [www.healthcare.uiowa.edu/Pharmacy/Formulary/Form/FedDEARegistrationProcess.html](http://www.healthcare.uiowa.edu/Pharmacy/Formulary/Form/FedDEARegistrationProcess.html).

The prescriber's National Provider Identifier (NPI) number must also be included.

## G Drug Allergies

The patient's medication allergies should be specified in this space on one of the prescriptions for each set of prescriptions. If there are no known allergies, please check the box next to "NKA." The pharmacist will obtain or confirm allergy information with the patient as necessary at the time the prescription is presented to the Ambulatory Care Pharmacies.

## H Containers Without Safety Closures

"Childproof" containers with safety closures are used for dispensing all prescription medications (with limited exceptions) in accordance with the Federal Poison Prevention Packaging Act of 1970. You may indicate the need for nonsafety closures for a patient for whom childproof containers may cause difficulty by checking the designated box.

## I Refill Designation

Always specify the number of times and/or the last date the prescription may be refilled. "PRN" is not a valid refill designation.

Prescriptions may be refilled at the Department of Pharmaceutical Care ONLY if certain criteria are met (see page 10). Prescriptions for these eligible patient groups (excluding controlled substances) may be refilled a maximum of 11 times or for 12 months - whichever is less. Prescriptions for DEA controlled substances in Schedules III, IV, and V may be refilled a maximum of 5 times or for 6 months - whichever is less. Prescriptions for Schedule II controlled substances may **not** be refilled.

## J Indication for Use

The indication for use should be specified in this space for each prescription. This information permits the pharmacist to reinforce physician instructions with the patient and helps the patient understand the purpose for the medications. Federal regulations require the pharmacist to obtain information on the patient's disease state(s) so that appropriate utilization review and counseling can occur.

**Table 1. Drug Name Abbreviations Approved for Use at UIHC**

Abbreviation	Generic Name	Abbreviation	Generic Name
<b>Medications</b>		<b>Vaccines, Toxoids, Skin Tests</b>	
ASA	Aspirin	BCG Vaccine	BCG Vaccine
B&O Suppository	Belladonna and Opium Suppository	DTaP Vaccine	Diphtheria and Tetanus Toxoids and Acellular Pertussis Vaccine
ECASA	Enteric Coated Aspirin	DTP Vaccine	Diphtheria and Tetanus Toxoids and Pertussis Vaccine
ETOH	Ethyl Alcohol	DT Vaccine	Diphtheria and Tetanus Toxoid (for pediatric use)
INH	Isoniazid	Hep A Vaccine	Hepatitis A Vaccine
MOM	Milk of Magnesia	Hep B Vaccine	Hepatitis B Vaccine
Nitropatch	Nitroglycerin Patch	Hib Vaccine	Haemophilus influenzae b Vaccine
Nitropaste	Nitroglycerin Ointment	IPV Vaccine	Polio Virus Vaccine, Inactivated
NPH Insulin	Isophane Insulin Suspension	MMR Vaccine	Measles, Mumps, Rubella Virus Vaccine Live
NSAID	Nonsteroidal Anti-inflammatory Drugs	OPV Vaccine	Poliovirus Vaccine Live, Oral
NTG	Nitroglycerin	PPD Skin Test	Tuberculin Purified Protein Derivative
PVP-Iodine	Povidone-Iodine	Td Vaccine	Diphtheria and Tetanus Toxoids (for adult use)
SSRI	Selective Serotonin Reuptake Inhibitors	Tdap Vaccine	Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine
<b>Intravenous Fluids*</b>		<b>Vitamins</b>	
D5W	Dextrose 5% in water	Vit A	Retinol
NS	0.9% NaCl in water	Vit B12	Cyanocobalamin
LR	Lactated Ringer's Injection	Vit B6	Pyridoxine
D5 1/4NS	Dextrose 5% and NaCl 0.2% in water	Vit B2	Riboflavin
D5 1/2NS	Dextrose 5% and NaCl 0.45% in water	Vit B1	Thiamine
D5 LR	Dextrose 5% in Lactated Ringer's Injection	Vit C	Ascorbic Acid
D5 1/2NS with 20 mEq KCl/L	Dextrose 5% and NaCl 0.45% and KCl 20 mEq per liter	Vit D2	Ergocalciferol
*Note: Other combinations of the above abbreviations may be used.		Vit E	Tocopherol
Most Standard International Chemical Formulas (e.g., NH <sub>3</sub> , KCl) are also acceptable. Note that MgSO <sub>4</sub> may not be used.		Vit K1	Phytonadione

## SAFE GENERATION OF PRESCRIPTIONS

Several national organizations, including the American Medical Association, the Institute of Medicine, the Institute for Safe Medication Practices, and the Joint Commission, have warned healthcare providers about the association between poor prescriber handwriting and medical errors. Prescription orders written hurriedly and illegibly force other care providers to seek order clarifications or inadvertently lead the care provider to erroneously interpret the order and give medication in a manner not intended by the prescriber. To avoid errors caused by illegibly written orders, the IPR computer system should be used to generate prescriptions. If a prescription must be written by hand, the following must be observed:

- All aspects of handwritten prescription orders must be clearly written using a ballpoint pen. Felt tips and fountain pens do not generate sufficient pressure to transmit the order to the duplicate copy of the UIHC prescription blank.
- Care should be taken when prescribing drugs with look-alike names, especially when handwritten (examples include Inderal vs. Isordil, tramadol vs. trazodone, or Humulin vs. Humalog). Drug names should be legibly printed.
- Avoid the use of drug name abbreviations and minimize the use of medical abbreviations as these may be misread or misinterpreted (for example, "qod" may be misinterpreted as "qid," resulting in a significant drug overdose). The UIHC has developed a list of dangerous medical abbreviations that may not be used (<http://www.healthcare.uiowa.edu/pharmacy/formulary/Form/dangerousmedicalabbrev.html>). Write instructions in complete English.
- Prescriber signatures and CLP codes should be clearly legible, not simply recognizable.

Additional information about safely writing medication orders may be reviewed at the Institute for Safe Medication Practices web site ([www.ismp.org](http://www.ismp.org)).

## ELECTRONICALLY GENERATED PRESCRIPTIONS

The INFORMM Patient Record (IPR) allows UIHC prescribers to generate prescriptions electronically by using the Medication List function. Prescriptions can be printed out locally or sent electronically to the ambulatory care pharmacy-of-choice. These prescriptions maintain the duplicate system (original and copy) that has been employed at UIHC for over 25 years.

Several features of the IPR system are advantageous: 1) prescriptions generated by IPR are later accessible in the patient's profile under Medication List; 2) legibility is clear by virtue of the prescriptions being type-printed; and 3) prescriber signatures are "electronically" provided, therefore also legible. The legibility of both the prescription information and the signature promotes patient safety and convenience for patients and results in fewer follow-up phone calls to prescribers.

The system also affords several security features. In addition to the electronic signature, each prescription has its own printed security number. This number is generated by IPR and can later be entered into INFORMM by a UIHC ambulatory care pharmacist to verify the prescription's authenticity. Additionally, the paper stock used is watermarked. Finally, outside pharmacies may call the Department of Pharmaceutical Care (phone number is provided on the prescription) to verify the authenticity of the prescription.

Prescriptions for controlled substances can be generated by the IPR Medication List function, although electronic signatures are prohibited. Prescribers must provide a handwritten signature on the original portion and on the "copy" portion if refills have been indicated. **Controlled substance prescriptions cannot be sent electronically to the ambulatory care pharmacies; rather, they must be printed out locally so that the prescriber can sign them.**

## DISCHARGE PRESCRIPTIONS FOR INPATIENTS

Prescriptions for discharge medications should be electronically generated in IPR as all patients must be given the option of taking their prescriptions to their community pharmacy or having an initial supply filled by the UIHC Ambulatory Care Pharmacies. This should be determined 24 hours prior to discharge to allow time for the prescriptions to be filled at the UIHC Ambulatory Care Pharmacies if the patient chooses this option. Failure to determine the need to have prescriptions filled at UIHC until the day of discharge can lead to delays in the patient's discharge and dissatisfaction with their stay. Payment for prescriptions is required at the time of discharge. **Use of generics or most cost-effective therapy is recommended.**

## TELEPHONED PRESCRIPTIONS

All UIHC physicians, dentists, physician assistants, and advanced registered nurse practitioners may telephone prescriptions for UIHC clinic patients to the UIHC Ambulatory Care Pharmacies during normal clinic operating hours. To ensure an accurate and up-to-date medication list, all prescriptions phoned into pharmacies must be documented in the IPR medication list. In order to provide optimal service to our patients and minimize the potential for transcription errors, only small groups of prescriptions should be phoned to the pharmacy. Larger groups (more than 4) should be in writing or generated via the IPR Medications List function.

The majority of patients being discharged from UIHC will not utilize the UIHC Ambulatory Care Pharmacies as their primary pharmacy and will require an electronically generated or verbal prescription for their local pharmacy. Prescriptions for patients being discharged from the hospital must be electronically generated, as this ensures patients their legal right to choose where to have their prescriptions filled. Should the patient choose to have an initial supply of medications filled at UIHC, the inpatient pharmacist following the patient will review the patient's medication profile and counsel the patient about any prescribed home-going medication therapy at bedside before discharge from the hospital.

Registered nurses and pharmacists acting as an agent of a physician may also orally transmit prescription orders for clinic patients to the UIHC Ambulatory Care Pharmacies.

#### UNUSED SUPPLIES OF MEDICATION

Iowa law mandates that for the protection of the public health and safety, prescription drugs and devices, controlled substances, and items of personal contact nature may be returned to the pharmacy for reuse or resale only as herein provided:

- **Integrity maintained.** Prescription drugs and devices may be returned, exchanged, or resold only if, in the professional judgment of the pharmacist, the integrity of the prescription drug has not in any way been compromised.
- **Controlled substances.** Under no circumstances shall pharmacy personnel accept from a patient or a patient's agent any controlled substances for return, exchange, or resale except to the same patient.
- **Personal contact items.** Pharmacy personnel shall not accept for reuse or resale any items of personal contact nature that have been removed from the original package or container after sale.

#### CLINICIAN SELF TREATMENT

Consistent with the UIHC Policy MS-SOP-01.21 ([http://policies.uihc.uiowa.edu/Governing Body Directives/Section/I.21ClinicianSelfTreatment.pdf](http://policies.uihc.uiowa.edu/Governing%20Body%20Directives/Section%20I.21ClinicianSelfTreatment.pdf)), medications should not be ordered or prescribed by a clinician for himself or herself. Although self-treatment may be appropriate in an emergency setting where no qualified clinician is available, it is not anticipated that such a situation would arise within the UIHC. Another authorized prescriber (within a valid DEA registration number for controlled substances) should write the prescription for the practitioner or members of his/her immediate family, and this should be properly documented in the appropriate medical record.

#### PRESCRIPTIONS FOR HOUSE STAFF

The UIHC medical care program permits house staff physicians and dentists to a maximum of a 30-day supply of medications as deemed appropriate based upon the package insert, if medically necessary, for themselves and members of their immediate family (defined as a spouse or child living with the house staff member) at no cost. A clinician may not prescribe for himself/herself in accordance with Hospital Policy MS-SOP-01.21. Only medications on formulary may be prescribed. All prescriptions must be generated electronically, except in cases of an emergency. Certain high-cost medications within specific therapeutic classes may be restricted, requiring a clinical faculty signature. Failure to acquire any required signatures for these agents will result in the house staff member being billed the acquisition cost of the high-cost medication. All prescriptions must reflect the name of the patient for whom the medication is being prescribed. Prescriptions will be monitored for appropriateness.

To minimize waiting time for clinic and discharge patients, house staff are asked to plan ahead so that refills and new prescriptions for nonurgent medications are **presented one day and picked up the following day**. This will allow Pharmacy staff to fill house staff prescriptions at less busy times.

#### STORAGE OF PRESCRIPTION BLANKS

To reduce the incidence of theft of UIHC prescription blanks and to reduce illegal drug diversion, access to UIHC prescription blanks is limited. Prescription blanks are stored only in secure centralized locations (e.g., medical conference rooms or medication preparation rooms) of the ambulatory care clinics and inpatient care units. Patients, visitors, and unauthorized hospital staff members should not have access to these locations. Prescription blanks must not be stored in patient examination rooms.

In addition to controlled storage, prescription blanks are serialized, and dispersal of all prescription pads and storage destination is documented by Pharmacy staff. These procedures permit a trace of lost or stolen prescription blanks. Prescription blanks that are left outside of secure storage after hours may be confiscated as a security measure.

#### PRESCRIPTION ORDERS BY PHYSICIAN ASSISTANTS AND ADVANCED REGISTERED NURSE PRACTITIONERS

Physician assistants and advanced registered nurse practitioners may generate medication and treatment orders only when acting pursuant to policies or protocols approved by the Clinical Service Head and reviewed and approved by the Professional Practice Subcommittee.

Physician assistants and advanced registered nurse practitioners shall not have the authority to limit substitution or standardization pursuant to Pharmacy and Therapeutics Subcommittee protocols and shall not be authorized to override protocol or restricted drug indications.

Physician assistants and advanced registered nurse practitioners authorized to prescribe medications must obtain a personal DEA registration for mid-level practitioners, if controlled substances are prescribed. The UIHC's institutional DEA registration for House Staff practitioners is NOT available for this purpose.

**For further information on prescribing discharge and outpatient medications, please see the on-line *Formulary and Handbook* — <http://www.healthcare.uiowa.edu/Pharmacy/Formulary/Form/17TakeHome.html> or call the Department of Pharmaceutical Care**

## PHARMACY AND THERAPEUTICS SUBCOMMITTEE ACTIONS

### DRUGS ADDED TO STOCK

#### COENZYME Q 10

Coenzyme Q 10 oral liquid (6 mg/ml) is used in patients with mitochondrial disorders. It has a role in mitochondrial electron transfer and synthesis of adenosine triphosphate.

*Note: The prescribing of coenzyme Q 10 is restricted to Pediatric Genetics*

#### CUPRIC CHLORIDE

Cupric chloride injection (copper 0.4 mg/ml) is indicated for copper supplementation.

### ADDITIONAL ACTIONS

#### AMPHETAMINE-DEXTROAMPHETAMINE SALTS

A 5 mg extended-release capsule (Adderall XL®) was added to stock.

#### ARIPIRAZOLE

A 20 mg tablet (Ahiliv®) was added to stock.

#### ATAZANAVIR

A 300 mg capsule (Reyataz®) was added to stock.

#### BIOTIN

A 5 mg tablet was added to stock.

#### ONDANSETRON

A 24 mg tablet was added to stock.

#### QUETIAPINE

50 mg and 400 mg strengths (Seroquel®) were added to stock.

#### RISPERIDONE MICROSPHERE INJECTION

A 12.5 mg vial (Risperdal Consta®) was added to stock.

#### THEOPHYLLINE 80 mg/15 ml ORAL SOLUTION

This single component solution (Elixophyllin®) will replace the combination theophylline-guaifenesin solution which is no longer available from any manufacturer. The concentration is different (80 mg/15 ml vs. 100 mg/15ml).

### ADDITIONAL ACTIONS (CONTINUED)

#### VITAMIN B COMPLEX

A product that contains thiamine 50 mg, riboflavin 50 mg, niacin 50 mg, pyridoxine 50 mg, folic acid 100 mcg, cyanocobalamin 50 mcg, biotin 50 mcg, and pantothenic acid 50 mg was added to stock.

*Note: The cost following each monograph is the UIHC inpatient acquisition cost.*

### DRUGS DELETED FROM STOCK

#### ATAZANAVIR 150 mg CAPSULE (REYATAZ®)

Replaced with a 300 mg capsule.

#### THEOPHYLLINE-GUAIFENESIN ORAL SOLUTION (ELIXOPHYLLIN GG®)

Discontinued by the manufacturer; replaced by a single-component theophylline solution.

#### THIORIDAZINE 200 mg TABLETS

Discontinued by the manufacturer; 100 mg tablets are available.

For information regarding newly marketed drugs, drug-drug interactions, foreign drug identification, adverse drug reactions, alternative medications or other medication-related questions, contact the  
**DRUG INFORMATION CENTER**  
The Center is open Monday through Friday from  
8:00 a.m. - 12:30 p.m. and 1:00 p.m. - 4:30 p.m.  
(except holidays).

**ADVERSE DRUG  
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