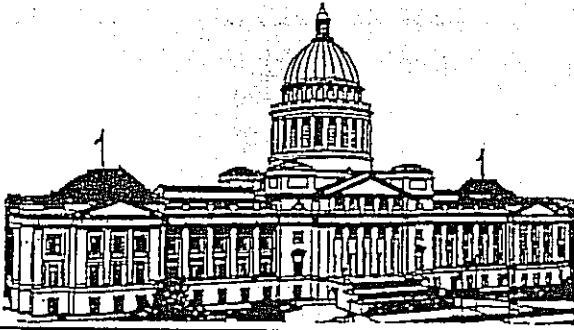


ARKANSAS REGISTER

Transmittal Sheet



Sharon Priest
Secretary of State
State Capitol Rm. 01
Little Rock, Arkansas 72201-1094

For Office Use Only: Effective Date 3/22/98 Code Number 070,00,98--003

Name of Agency ARKANSAS STATE BOARD OF PHARMACY

Department _____

Contact Person John T. Douglas, P.D. Sheila Castin Phone 682-0190

Statutory Authority for Promulgating Rules §17-92-205 (A)

	<i>Regulation 48</i>	Date
Intended Effective Date	Legal Notice Published	01-07 through 01/13/98
<input type="checkbox"/> Emergency	Final Date for Public Comment	02/10/98
<input checked="" type="checkbox"/> 10 Days After Filing	Filed With Legislative Council	01/06/98
<input type="checkbox"/> Other	Reviewed by Legislative Council	03/05/98
	Adopted by State Agency	02/10/98

CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted
In Compliance with Act 434 of 1967 As Amended.

John T. Douglas P.D.
Signature

(501) 682-0190
Phone Number

Executive Director
Title

3-10-98
Date

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STATE OF ARKANSAS

48. **PATIENT INFORMATION, DRUG USE EVALUATION, AND PATIENT COUNSELING.**

The intent of this regulation is to improve pharmaceutical care by defining basic standards of care. Pharmacy care/ pharmaceutical care is defined as the responsible provision of drug therapy for the purpose of achieving definite outcomes that improve a patient's quality of life. These outcomes are: (1)cure of disease; (2)elimination or reduction of a patient's symptomatology; (3)arresting or slowing a disease process; or (4)preventing a disease or symptomatology.

Pharmaceutical care (clinical pharmacy) involves four major functions on behalf of the patient; (1)identifying potential and actual drug-related problems; (2)resolving actual drug-related problems; (3)preventing potential drug-related problems; and (4)optimizing patient therapy outcomes. It is recognized that the patient might be best served if medication is not provided.

Section I: PATIENT INFORMATION (PROFILE)

In order to effectively counsel patients, the pharmacist must, through communication with the patient or caregiver, make a reasonable effort to obtain, record, and maintain the following information for each patient. It is recognized that most of this can be obtained using qualified pharmacy employees and designed forms, etc.

A) Name, Address, Telephone Number;

B) Date of Birth (Age), Gender;

C) Medical History

1. Significant patient health problems known to the pharmacist.
2. Prescription drug reactions/prescription drug allergies
3. List of prescription medications and legend drug administration devices known to the pharmacist.

D) Transitory patients or situations where the pharmacy will only provide medication one time--In obtaining patient information, if the pharmacist knows or is informed by the patient that this is a one-time situation, the pharmacist may forego the above requirement to record and maintain the information.

E) Pharmacist comments

Section II: DRUG USE EVALUATION---For New and Refill Prescriptions

Drug use evaluation or drug utilization review includes the following activities:

A) The pharmacist shall evaluate the prescription or medication order for:

1. Reasonable dose and route of administration.
2. Reasonable directions for use.

B) The pharmacist shall evaluate medication orders and

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patient information for:

1. Duplication of therapy - is the patient taking same or similar medication(s).
2. Prescription drug-prescription drug interactions
3. Proper utilization (over or under utilization).
4. Known drug allergies.
5. Drug-Drug Contraindications as defined by the Board. (Is this medication contraindicated with another medication the patient is taking?)

It is recognized that the ultimate decision to use the medication or not use the medication rests with the physician who has more complete patient information. It is the pharmacist's responsibility to monitor the patient's medication therapy in the areas addressed in this regulation and inform the physician of the suspected problem.

If a problem is suspected and the physician is informed, the pharmacist shall document the process.

Section III: PATIENT COUNSELING

- * A pharmacist shall counsel the patient or caregiver "face to face" if the patient or caregiver is in the pharmacy. If not, a pharmacist shall make a reasonable effort to counsel the patient or caregiver;
- * Alternative forms of patient information may be used to supplement, but not replace face to face patient counseling;
- * Patient counseling, as described herein, shall also be required for outpatients of hospitals and institutions when medications are dispensed on discharge from the hospital or institution.
- * Patient counseling as described in this Regulation shall not be required for inpatients of a hospital or institution where a nurse or other licensed health care professional is authorized to administer the medication. However, the pharmacist shall provide drug therapy counseling when professionally deemed to be appropriate and when medications are provided by the pharmacy, when a pharmacist is on duty and a patient is discharged from the hospital or institution.
- * The pharmacist shall maintain and make available to all patients appropriate patient-oriented reference materials USP-DI or Facts and Comparisons Patient Drug Facts or an equivalent or better as determined by the Board.
- * It is recognized that the ultimate decision to not provide patient counseling rests with the physician. If the physician in specific instances (blanket requests not accepted) requests that information NOT be provided to the patient and gives reason, the pharmacist should honor that request in almost all instances.

PATIENT COUNSELING shall mean the effective communication by the pharmacist of information, as defined in this act to the patient or

caregiver, in order to improve therapeutic outcome by encouraging proper use of prescription medications and drug delivery devices.

- 1) For original prescription medication orders, (excluding renewed or updated prescriptions the patient has been recently taking) and orders for legend devices specific areas of counseling shall include:
 - a) Name and general description of the medication dispensed, i.e. antibiotic, antihistamine, blood pressure medicine, etc.
 - b) Name, general description and directions for use of drug delivery devices, i.e., insulin syringes, morphine pump, etc.
 - c) Explain route of administration, dosage, times of administration, and continuity of therapy;
 - d) Special directions for storage as deemed necessary by the pharmacist;
 - e) If the drug has been determined to have a significant side effect by the Board of Pharmacy, the patient shall be properly counseled to the extent deemed necessary by the pharmacist.
 - f) When the prescription drug dispensed has a significant side effect, if taken with OTC drugs, the pharmacist should counsel the patient about that interaction. (Example: Coumadin with Aspirin)
 - g) If the prescription medication is significantly affected by food or diet the pharmacist should so advise the patient. (Example: Tetracycline with milk or food)
 - h) The pharmacist shall inform the patient or caregiver that he/she is available to answer questions about medications or general health information.
- 2) Refills--On refills the pharmacist shall present the opportunity for the patient or caregiver to ask questions. However, counseling on refills is not required except when needed in the professional judgement of the pharmacist.

Section IV: DRUG INTERACTIONS--SIGNIFICANT SIDE EFFECTS

Recognizing that a pharmacist cannot be expected to recognize all possible drug interactions and also recognizing that the pharmacist and the patient does not have time to explain the numerous side effects of drugs, the pharmacy shall maintain a computer program which will identify Significant Drug Interactions (These are drugs with side effects which may be managed most effectively if the patient is aware of the specific side effect and what to do if it occurs.) The pharmacist in charge will be responsible for assuring that the computer system adequately flags and warns the pharmacist of any occurrence of significant drug interactions or significant side effects. (If a pharmacy was in business before September 1, 1997, and at that time, did not have a computer system, said pharmacy may substitute Patient Drug Facts or other drug interaction manuals to reference drug interactions and side effects for effective patient counseling. This method should only be used

until such time as the pharmacy acquires an adequate computer program as described in this section.)

The pharmacist will be responsible for counseling the patient on these interactions with verbal and, where appropriate , written information. (Amended 10/10/98)

48. PATIENT INFORMATION, DRUG USE EVALUATION, AND PATIENT COUNSELING.

The intent of this regulation is to improve pharmaceutical care by defining basic standards of care. Pharmacy care/ pharmaceutical care is defined as the responsible provision of drug therapy for the purpose of achieving definite outcomes that improve a patient's quality of life. These outcomes are: (1)cure of disease; (2)elimination or reduction of a patient's symptomatology; (3)arresting or slowing a disease process; or (4)preventing a disease or symptomatology.

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B) The pharmacist shall evaluate medication orders and

patient information for:

1. Duplication of therapy - is the patient taking same or similar medication(s).
2. Prescription drug-prescription drug interactions as listed in the Board of Pharmacy's "~~List of Significant Drug Interactions~~" (see section IV).
3. Proper utilization (over or under utilization).
4. Known drug allergies.
5. Drug-Drug Contraindications as defined by the Board. (Is this medication contraindicated with another medication the patient is taking?)

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 - c) Explain route of administration, dosage, times of administration, and continuity of therapy;
 - d) Special directions for storage as deemed necessary by the pharmacist;
 - e) If the drug has been determined to have a significant side effect by the Board of Pharmacy and ~~is on the Board of Pharmacy's "List of Drugs With Significant Side Effects,"~~ (see Section IV) the patient shall be properly counseled to the extent deemed necessary by the pharmacist.
 - f) When the prescription drug dispensed ~~is on the "List of Significant Drug Interactions"~~ has a significant side effect, if taken with OTC drugs, the pharmacist should counsel the patient about that interaction. (Example: Coumadin with Aspirin)
 - g) If the prescription medication is significantly affected by food or diet the pharmacist should so advise the patient. (Example: Tetracycline with milk or food)
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September 1, 1997, and at that time, did not have a computer system, said pharmacy may substitute Patient Drug Facts or other drug interaction manuals to reference drug interactions and side effects for effective patient counseling. This method should only be used until such time as the pharmacy acquires an adequate computer program as described in this section.) Board of Pharmacy shall determine and provide the following:

The pharmacist will be responsible for counseling the patient on these interactions with verbal and, where appropriate, written information.

1) List of Significant Drug Interactions

These are known and documented drug interactions which require specific monitoring to optimize therapy and/or prevent adverse effects.

2) List of Drugs With Significant Side Effects

These are drugs with side effects which may be managed most effectively if the patient is aware of the specific side effect and what to do if it occurs.

The Board of Pharmacy shall develop and update these lists and the pharmacist will only be responsible for the current lists as provided by the Board.

The Board of Pharmacy will provide these lists to each pharmacist. (2/12/91)

MOST CRITICAL DRUG INTERACTIONS:

ACE Inhibitors/Potassium Sparing Diuretics

Allopurinol/azathioprine

Allopurinol/mercaptopurine

Anticoagulants/allopurinol

Anticoagulants/amiodarone

Anticoagulants/anabolic steroids

Anticoagulants/aspirin-salicylates

Anticoagulants/barbiturates

Anticoagulants/carbamazepine

Anticoagulants/chloral hydrate

Anticoagulants/cholestyramine

Anticoagulants/cimetidine

Anticoagulants/ciprofloxacin

Anticoagulants/clofibrate

Anticoagulants/colestipol

Anticoagulants/danazol
Anticoagulants/dextrothyroxine
Anticoagulants/diflunisal
Anticoagulants/disulfiram
Anticoagulants/erythromycin
Anticoagulants/ethchlorvynol
Anticoagulants/fenoprofen
Anticoagulants/gemfibrozil
Anticoagulants/glutethimide
Anticoagulants/griseofulvin
Anticoagulants/hydantoins
Anticoagulants/indomethacin
Anticoagulants/mefenamic acid
Anticoagulants/metronidazole
Anticoagulants/nalidixic acid
Anticoagulants/oral contraceptives
Anticoagulants/phenylbutazone
Anticoagulants/primidone
Anticoagulants/quinidine—quinine derivatives
Anticoagulants/ranitidine
Anticoagulants/rifampin
Anticoagulants/sulfinpyrazone
Anticoagulants/sulfonamides
Anticoagulants/sulindac
Anticoagulants/thyroid hormones
Anticoagulants/vitamin K
Antidiabetic agents/beta-blockers
Astemizole with Erythromycin
Astemizole with Itraconazole, Ketoconazole
Barbiturates/CNS depressants
Beta-blockers/Verapamil
Carbamazepine/cimetidine
Carbamazepine/danazol
Carbamazepine/diltiazem
Carbamazepine/erythromycin
Carbamazepine/isoniazid
Carbamazepine/propoxyphene
Carbamazepine/verapamil
Cyclosporine/cimetidine
Cyclosporine/digoxin
Cyclosporine/diltiazem
Cyclosporine/erythromycin
Cyclosporine/hydantoin anticonvulsants
Cyclosporine/ketoconazole
Digitalis glycosides/cholestyramine
Digitalis glycosides/colestipol

Digitalis-glycosides/cordarone
Digitalis-glycosides/diltiazem
Digitalis-glycosides/erythromycin
Digitalis-glycosides/potassium-depleting-diuretics
Digitalis-glycosides/propafenone
Digitalis-glycosides/quinidine
Digitalis-glycosides/quinine
Digitalis-glycosides/tetracycline
Digitalis-glycosides/verapamil
Floxin-with-Theophylline
Fluoxetine/tricyclic-antidepressants
Gemfibrozil-with-Simvastatin-or-Pravastatin
Hydantoin-anticonvulsants/amiodarone
Hydantoin-anticonvulsants/chloramphenicol
Hydantoin-anticonvulsants/cimetidine
Hydantoin-anticonvulsants/disulfiram
Hydantoin-anticonvulsants/isoniazid
Hydantoin-anticonvulsants/phenylbutazone
Hydantoin-anticonvulsants/sulfenamides
Insulin/timolol
Insulin/carteolol
Insulin/nadolol
Insulin/propranolol
Insulin/labetalol
Insulin/pindolol
Isoniazid/rifampin
Lithium/diuretics
Lithium/NSAIDs
Lovastatin/gemfibrozil
MAO-inhibitors/amphetamines
MAO-inhibitors/buspirone
MAO-inhibitors/carbamazepine
MAO-inhibitors/cocaine
MAO-inhibitors/dextromethorphan
MAO-inhibitors/ephedrine
MAO-inhibitors/fluoxetine
MAO-inhibitors/guanadrel
MAO-inhibitors/levodopa
MAO-inhibitors/MAO-Inhibitors
MAO-inhibitors/meperidine
MAO-inhibitors/methyldopa
MAO-inhibitors/methylphenidate
MAO-inhibitors/phenylephrine
MAO-inhibitors/pseudoephedrine
MAO-inhibitors/guanethidine
MAO-inhibitors/rauwolfia-alkaloids

Methotrexate/probenecid
 Methotrexate/salicylates
 Methotrexate/sulfonamides
 Oral contraceptives/barbiturates
 Oral contraceptives/hydantoins
 Phenobarbital/valproic acid
 Potassium/potassium-sparing diuretics
 Quinidine/amiodarone
 Quinidine/phenobarbital
 Terfenadine with Erythromycin
 Terfenadine with Ketoconazole and Etracozazole
 Tricyclic antidepressants/clonidine
 Tricyclic antidepressants/ephedrine
 Tricyclic antidepressants/guanethidine
 Tricyclic antidepressants/phenylephrine
 Tricyclic antidepressants/phenylpropanolamine
 Tricyclic antidepressants/pseudoephedrine
 Xanthines (except dyphylline)/cimetidine
 Xanthines (except dyphylline)/ciprofloxacin
 Xanthines (except dyphylline)/erythromycin
 Xanthines (except dyphylline)/hydantoin
 Xanthines (except dyphylline)/ofloxacin
 Xanthines (except dyphylline)/norfloxacin
 Xanthines (except dyphylline)/propranolol
 Xanthines (except dyphylline)/rifampin
 Xanthines (except dyphylline)/timolol
 Xanthines (except dyphylline)/ Carteolol
 Xanthines (except dyphylline)/nadolol
 Xanthines (except dyphylline)/propranolol
 Xanthines (except dyphylline)/labetalol
 Xanthines (except dyphylline)/pindolol

INJECTABLE DRUG INTERACTIONS

Aminoglycosides, parenteral/loop diuretics,
 — amikacin, gentamicin, kanamycin, neomycin
 — netilmicin, streptomycin, tobramycin,
 — bumetanide, ethacrynic acid, furosemide
 Anticoagulants/cephalosporins, parenteral
 — warfarin, cefamandole, cefoperazone,
 — cefotetan, moxalactam
 Carmustine/cimetidine
 Dopamine/phenytoin, parenteral

Epinephrine/carteolol, nadolol, pindolol,
 —propranolol, timolol
 Lidocaine I.V./atenolol, metoprolol, nadolol
 —pindolol, propranolol
 Lidocaine I.V./cimetidine
 Lidocaine I.V./ranitidine

DRUGS WITH SIGNIFICANT SIDE EFFECTS:

<u>DRUG</u>	<u>COUNSEL PATIENT</u>
ACE INHIBITORS	
develops	If persistent cough
Captopril	contact Pharmacist and Doctor.
Enalapril	
Lisinopril	

ADRENERGIC BRONCHODILATOR INHALERS

Albuterol	Pharmacist Information
Bitolterol	These cause:
Isoetharine	Trembling 14%
Meta-Proterenol	Nervousness,
Restlessness	
Pirbuterol	Dry Mouth and Throat,
Terbutaline	Headache and Pounding
Isoproterenol	Heartbeat
Epinephrine	

ADRENOCORTICOIDS, INHALED

Beclomethasone	Pharmacist
Information	
Dexamethasone	These cause:
Triamcinolone	G.I. Upset 25%,
Headache 25%	
Flunisolide	Oral Candidiasis, Voice
Change	
	Hoarseness

ADRENOCORTICOIDS, SYSTEMIC

Cortisone	
Hydrocortisone	Pharmacist
Information	
Prednisone	These cause:

Prednisolone	G.I. Upset, Nervousness
or	
Triamcinolone	Restlessness, Changes
in	
Methylprednisolone	Appetite, Sleep
Problems,	
Paramethasone	Diabetes Mellitus,
Ulcers,	
Dexamethasone	Hair Loss
Betamethasone	

ANTIARRHYTHMICS

Adenosine	For all, if you experience
Amiodarone	unusual heartbeat,
call your	
Bretylum	Doctor.
Disopyramide	
Encainide HCl	
Flecainide Acetate	Pharmacist Information
Indecainide HCl	Verify All Refills
and Be Sure	
Lidocaine HCl	Patient is Monitored by
Doctor.	
Mexiletine HCl	
Moricizine HCl	
Procainamide HCl	
Promine	
Procan-SR	
Propafenone HCl	
Quinidine	
Quinaglute	
Tocainide HCl	

ANTIBIOTICS

Chloramphenicol	If sore throat, fever, unusual bleeding, bruising or pale skin occurs, call Doctor.
	Pharmacist Information
	Verify All Refills and
	Assure Periodic Blood
	Studies Are Performed.
Clindamycin, Lincomycin	May cause severe problems, if diarrhea,

Tetracycline	May cause
increased tendency to	
Doxycycline	sunburn.
Minocin	

Bishydroxycoumarin	Will cause increased tendency to bleed. Dangerous side effects to watch for:
Warfarin Na	
Anisindione	

~~— watch for:
— Rare (but very
dangerous) painful skin
patches on skin of
abdomen, breasts or
buttocks.~~

~~---Black tar-like stool~~

~~(B.M.)~~

Unusual tiredness
If these occur call your
Doctor. Consult with
your Doctor before
taking any other
medication.

**~~Provide Patient Book,
Answer Questions, and
Document Counseling.~~**

Cholestyramine	May cause G.I.
upset, headache,	
Colestipol	dizziness, tiredness, or
blurred	
Gemfibrozil	vision.

Levastatin
Nicotinic acid
Probucol

ANTIHYPERTENSIVES

Methyldopa	Shortness of
Breath, Dizziness	
Clonidine	Drowsiness, Dizziness
Guanfacine	Drowsiness,
Dizziness	
Guanabenz ACE	Drowsiness, Dizziness,
Weakness	
Guanethidine	Shortness of Breath,
Dizziness,	
	Night Urination
Guanadrel	Shortness of Breath,
Dizziness,	
	Night Urination
Prazosin	Weakness, Take
First Dose at	
	Night
Terazosin	Weakness, Take First
Dose at	
	Night
Doxazosin	Weakness, Take First
Dose at	
	Night
	Pharmacist Information
	May Exacerbate Angina
	Pectoris and Be Aware of
	Excessive Hair Growth.
Verapamil	May cause constipation.

ANTINEOPLASTICS (ORAL)

Pharmacist Information
Refer to Books—
Provide Patient
Information Book
to Patient—Offer to
Explain. ***Document
Counseling***

BENZODIAZEPINES

Aprazolam	May cause drowsiness,
balance	

Chlordiazepoxide _____ problems (dizziness).
Alcohol will _____
Clonazepam _____ increase effects.
Do Not Increase
Clorazepate _____ Dosage!
Diazepam _____

_____ *Pharmacist Information*
Flurazepam _____ *Continue to Use*
Auxiliary Label to Halazepam _____
_____ *Caution On Driving And Lorazepam*
_____ *Operating Machinery.*

Oxazepam _____
Prazepam _____ *Pharmacist Information*
Temazepam _____ *May Cause*
Temporary Memory Triazolam _____
Loss. _____

BARBITURATES

Amobarbital _____ Warn against mixing
with other _____
Aprobarbital _____ drugs and/or alcohol.
Do Not _____
Butabarbital Na _____ Increase Dosage.
Mephobarbital _____
Metharbital _____ *Pharmacist Information*
Pentobarbital _____ *Continue To Use*
Auxiliary Label Phenobarbital _____ To
Caution on Driving And Secobarbital _____
_____ *Operating Machinery.*
Seco & Amo (Tuinal)
Talbutal

BETA BLOCKING AGENTS

Acebutolol _____ Patient will tire more
easily.
Atenolol _____
Carteolol _____ *Pharmacist Information*
Labetalol _____ *Attempt to Explain Pulse*
Rate and _____
Metoprolol _____ *Question Pulse Rate If*
Below 40. Nadolol _____ *Be*
Aware Of Problems Of
Penbutolol _____ *Asthmatics and Beta*
Blockers.
Pindolol

Propranolol
Timolol

CARBAMAZEPINE

May cause blurred
vision, headaches, and
confusion.

DIGITALIS GLYCOSIDES

Deslanoside
vision, or Digitoxin
irregular heartbeats. If these Digoxin
occur, call your Doctor.

May cause nausea, vomiting,
diarrhea, blurred

DIURETICS

(Loop Diuretics) Most Potent
irregular

If mental confusion,

Bumetanide

heartbeats,

muscle cramps, Ethacrynic Acid

unusual tiredness, or weakness

Furosemide

occur, call your

Doctor.

(Potassium sparing)

Spironolactone

Pharmacist

Information

Amiloride

The Pharmacist Should

Be Aware

Triamterene

Of And Watch For

Signs Of

(Thiazide Diuretics)

Hypokalemia,

Hyperkalemia, And

Bendroflumethiazide

Hyponatremia. These

Symptoms

Benzthiazide

Are: Confusion, Dry

Mouth,

Chlorthalidone

Increased Thirst,

Irregular

Chlorothiazide

Heartbeats, Mood or

Mental

Cyclothiazide

Changes, Muscle

Cramps Or Pain,

Hydrochlorothiazide

Numbness

Tingling In Hands,

Hydroflumethiazide

Feet Or Lips,

Shortness of Breath Methyclothiazide

Or

Difficult Breathing, Unusual

~~Metolazone~~ ~~Tiredness or~~
~~Weakness, Weak Polythiazide~~
~~Pulse And Weakness Or Heaviness Quinethazone~~
~~Of Legs.~~
~~Trichlormethiazide~~

ERGOT MEDICATIONS

~~Adhere strickly to dosage. May cause headache, nausea, and vomiting. Call your Doctor if chest pains occur or if feet or legs swell.~~

~~Pharmacist Information
Dangerous Side Effects:
Chest Pain, Red Or
Violet Blisters On Skin
Of Hands Or Feet,
Anxiety, Confusion,
Hypertension, Or
Changes In Vision.
Sansert May Cause
Dangerous Fibrosis In
Long Term Therapy.~~

**ESTROGENS, PROGESTERONES, &
ORAL CONTRACEPTIVES**

~~Provide Patient Insert, ask them to read, and offer to discuss.~~

HYDANTIONS

~~Use very good dental care while taking this medication.~~

INSULIN

Did your Doctor thoroughly explain use? Offer Patient Information Book. Provide Package Insert. Be sure to caution to rotate injection sites.

LITHIUM

Lithium Carbonate
take with

Lithium Citrate

Adhere strictly to dose, food and maintain normal fluid and salt intake. Provide Patient Information Book, review briefly and answer questions. (Document Counseling)

MAO INHIBITORS

Isocarboxazid

Avoid cheddar cheese, herring Phenelzine fish, sausages, alcohol, yeast Tranyleypremine extracts, caffeine, and chocolate. Consult Doctor or Pharmacist before starting any new medication.

NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

Fenoprofen

Take with food.

May cause

Flurbiprofen

headache.

Ibuprofen

Ketoprofen

Naproxen

Indomethacin

Indomethacin SR

Sulindac

Tolmetin

Meclofenamate

Mefenamic Acid

Piroxicam

Diclofenac

Nalfon

Ansaid
Motrin, Rufen
Orudis
Anaprox, Naprosyn
Indocin SR
Glinoril
Tolectin
Meclomen
Penstel
Feldene
Voltaren

OPIATE ANALGESICS

Codeine _____ Warn of danger of
alcohol and
Dezocine _____ continue to warn
of drowsiness
Fentanyl _____ and do not operate
machinery.
Hydrocodone
Hydromorphone
Leverphanol
Meperidine
Methadone
Morphine
Opium
Oxycodone
Oxymorphone
Propoxyphene
Buprenorphine
Butorphanol
Nalbuphine
Pentazocine

SEDATIVE HYPNOTICS

Gluthethimide _____ Do not increase dose
and warn of
Chloral Hydrate _____ alcohol danger.
Methyprylon
Ethchlorvynol
Ethinamate
Flurazepam
Triazolam
Temazepam
Midazolam

**TRANQUILIZERS/ANTIPSYCHOTICS/
NEUROLEPTICS**

Phenothiazines	Warn of alcohol
danger and may	
Prochlorperazine	cause drowsiness. Do
not drive Thioridazine	or operate
machinery.	
Fluphenazine	
Mesoridazine	Pharmacist Information
Promazine	On Long Term Use
Review Book	
Trifluoperazine	Consider Use Of
Artane.	
Chlorpromazine	
Acetophenazine	
Perphenazine	
Triflupromazine	
Haloperidol	
Loxapine	
Molindone	
Thiothixene	
Chlorprothixene	
Clozapine	

TRICYCLIC ANTIDEPRESSANTS

Amitriptyline	May cause dry mouth
and	
Amoxapine	therapeutic result may
be Clomipramine	delayed. Alcohol
warning and Do Desipramine	Not
Drive or Operate Machinery.	
Dexepin	
Imipramine	
Nortriptyline	
Protriptyline	
Trimipramine	

XANTHINE BRONCHODILATORS

Present Patient
Information Book,
discuss, answer
questions, and then
Document Counseling.

MISC:

ACETAZOLAMIDE	When used for Glaucoma, inform the patient that
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	for a while it will cause excessive urination-- may cause a metallic taste.
ALLOPURINOL (ZYLOPRIM)	Gout attacks may increase at first, stop and call Doctor if rash, painful urination, or swelling of lips or mouth develops.
AMIODARONE (CORDARONE)	May cause balance problems or breathing problems. If they occur, call your Doctor.
CARBAMAZEPINE	May cause blurred vision, headache, and confusion.
DISULFIRAM & METRONIDAZOLE	Do not use alcohol, if eye pain, changes in eyesight, numbness, tingling, or pain in the hands or feet occur, call your Doctor.
ETRETINATE	Explain side effects.
ISOTRETINOIN	Provide Patient Information Book, answer questions. <u>Document Counseling.</u>
MISOPROSTOL	Provide package warnings. Provide Patient Information Book, offer to discuss. <u>Document Counseling.</u>
NITROGLYCERIN	May cause headache.
	<i>Pharmacist Information</i>
	<i>May Cause Allergic Reaction, G.I. Distress,</i>

*Altered Taste, Ringing In
Ears.*

PENICILLAMINE

Take on empty stomach
one hour before or two
hours after meals. If
skin rash, unusual
bleeding or bruising
occurs, call your Doctor.

*Pharmacist Information
May Cause Allergic
Reaction, G.I. Distress,
Altered Taste, Ringing In
Ears.*

ZIDOVUDINE

May cause severe
headache and/or