1996

Physicians GenRx®

THE COMPLETE DRUG REFERENCE

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EDITORIAL REVIEW PANEL

PREFACE

Physicians GenR$_x$ is the drug reference of choice for the most accurate and up-to-date drug information. It enables you, the health care professional, to work smarter, more confidently, and more cost-effectively.

The 1996 edition of *Physicians GenR$_x$* is a comprehensive reference of approximately 40,000 prescription drug products and more than 1600 complete generic entries of FDA-approved prescription drugs on the market today, investigational drugs when data are available, and 6700 foreign brand name drugs from 137 countries.

ONE KEYWORD INDEX FOR EASY USE

Physicians GenR$_x$ is easy to use with all essential drug information in one complete index, which features cross-indexed generic name, trade name, pharmacological category, therapeutic use, and disease state. With *Physicians GenR$_x$*, finding material involves using only a single index allowing for quicker access to the information needed. The information is arranged in a manner that makes sense to both professionals and support staff. The drugs are arranged alphabetically by generic name so only one entry is necessary per drug.

COMPLETE PRESCRIBING INFORMATION

Each monograph lists the basic prescribing information with as many as 14 distinct categories, including:

- Drug description
- Clinical pharmacology
- Indications and usage
- Contraindications
- Adverse reactions
- Warnings
- Precautions
- Drug interactions
- Drug abuse and dependence
- Overdosage
- Dosage and administration
- References
- Animal pharmacology
- Clinical studies
- And much more . . .

Physicians GenR$_x$ offers additional coverage making it the one-stop source for drug information. Also included for each drug, if appropriate, is:

- FDA approval date
- FDA pregnancy categories
- Cost of therapy
- Patent expiration date
- FDA class
- Top sales rankings and formularies

A special supplier profile is contained in the reference. This section lists more than 850 companies and 5500 executives and personnel and serves as an easy reference guide for readers to make any further inquiries on their own. Lists of the Drug Enforcement Administration Schedules of Controlled Substances and certified regional Poison Control Centers appear in the reference. This complete source of facts contains a wealth of material for health care professionals, investors, researchers, and marketers in a single volume.

FULL-COLOR PHOTO IDENTIFICATION

New in the 1996 edition is Mosby's full-color photo section. This section illustrates more than 1100 solid oral dosage forms of the most commonly dispensed capsules and tablets, making drug recognition even easier for the professional and patient.

CRUCIAL COST COMPARISON DATA

Today's care providers need to offer the best possible therapies at the lowest possible costs. *Physicians GenR$_x$* does just that with its in-depth cost data.

- Average wholesale prices for every brand name and generic
- Benchmark cost-of-therapy estimates for brand names and generics
- Formulary coverage by major managed care insurance plans
- HCFA federal "upper limits"
- Potential cost savings based on typical hospitalization DRG
- Identification of best-selling products
- And much more . . .

FREE PRINT UPDATE SERVICE

In the constantly expanding field of pharmacology, *Physicians GenR$_x$* provides the most current, up-to-date information on the market through its quarterly updates for all versions including print, disk, and CD-ROM. For those customers who choose to purchase the print version, the quarterly updates will be free of charge. Disk and CD-ROM subscribers need only to call 1-800-MYB-DISK to obtain the latest product update with the most current drug information.

The formatted text of the *Physicians GenR$_x$* database has been converted to SGML. As such, this material is output device–independent and application-independent. The database is well suited for launching site licenses, network applications, web sites, and for re-marketing opportunities. For further information call 1-800-638-1393.

Physicians GenR$_x$ offers a completely unbiased source of information. Product listings are received from the innovator manufacturers but are not sponsored or paid for by the manufacturer. This book is not intended to promote the use of particular brand name drugs nor the sole use of generic drugs, but rather to serve as a reference to all drugs with all options available. A board of well-known health care professionals in the fields of medicine, nursing, pharmacy, clinical pharmacology, and dentistry review the book yearly for content and format.

The editorial staff at *Physicians GenR$_x$* is committed to serving our customers with the best products that pharmaceutical and medical publishers have to offer.

HOW TO USE Physicians GenR$_x$®

INTRODUCTION

The 1996 edition of *Physicians GenR$_x$* represents a thorough compilation of the most current information on prescription pharmaceuticals and their suppliers available today. The result is a reference work that serves to meet the diverse needs of the health care professional. By providing a unique indexing system, thorough prescribing information, and invaluable price listings, *Physicians GenR$_x$* is the complete unbiased guide to prescription pharmaceuticals, both branded and generic.

The intention of this book is not to promote the use of generic drugs over brand name products, or vice versa. Generic drugs are in wide use across the United States. Many states and health insurance plans promote or mandate generic substitution, and some brand name pharmaceutical companies have now launched their own generic lines. In short, they are an integral part of the health care delivery system.

Physicians GenR$_x$ can serve as a guide to identify which drugs are available as generics, whether there are any therapeutic equivalency problems, and if there are any significant economic benefits. *Physicians GenR$_x$* is designed for its ease of use. A completely unbiased source of pharmaceutical information, the book is organized in a manner that makes sense to both professionals and support staff. It also contains a wealth of information on the pharmaceutical industry, which can be useful for investors, researchers and marketers.

Prescribing information is included wherever possible. There are some cases where due to its unavailability, prescribing information is not included. For example, most drugs that pre-date the FDA approval process (pre-1938), have no official prescribing information. Every effort has been made in these cases to obtain the information; there is no editorial policy against the inclusion of any particular drug or the products of any company.

After reading this entire section, should you have any questions on how to use the book, please feel free to call the *Physicians GenR$_x$* at Mosby–Year Book, Inc. (1-800-638-1393). Calls will be forwarded to our editors who are prepared to help not only with your how-to-use questions but also with any recent pharmaceutical product information.

Section I
KEYWORD INDEX

The Keyword Index, the most complete drug index ever developed, allows the user to find the correct generic name by looking up any words that might relate to the name.

The many features and advantages of the Keyword Index are enhanced by the fact that they are all found in one place. Each entry within the Keyword Index lists the appropriate page in the Product Information Section (Section II) where more complete information about the specific drug is located.

Each of 1600 generic pharmaceutical names, for prescription drugs only (not over-the-counter), are indexed in this section. Drugs available without a prescription are not covered in the print version of *Physicians GenR$_x$*. The print version includes limited information on diagnostic imaging agents, since they are not generally obtained via prescription.

FDA-standard names use USP (U.S. Pharmacopoeial Convention, Inc.) approved names for single ingredients. For multiple ingredient drugs each generic chemical is included in *alphabetical order*, separated by a semicolon (";") between each entity (e.g., Hydrochlorothiazide; Triamterene). This is not necessarily the same order of ingredients used in product names for multiple ingredient drugs, however, since suppliers use different formats, this FDA-standard format allows for easy grouping of identical drugs.

Among the index terms are generic names, including branded generics and even some brand names no longer available. If the generic name is known, it is possible to locate the drug in question in the Drug Information Section (Section II) without using the Keyword Index at all.

Products are also indexed under therapeutic and pharmacologic categories. Most drugs fall into several categories, so that this index can be a more powerful way to locate drugs than references that are organized by therapeutic category.

Complete listings of indications are included among index terms, so alternative therapies can be identified. Also included are nonapproved indications for some drugs. These nonapproved uses cannot be described in the FDA prescribing information, but they are included as index categories.

Drugs are also grouped under various categories such as the following:

- Products still under Drug Efficacy Study Implementation (DESI) review that are unapproved for effectiveness but remain on the market legally
- Pharmacologic and therapeutic classifications, e.g., beta blockers, diuretics, cardiovascular drugs
- Orphan drugs
- Top-selling drugs grouped by top 100, 200, 300, and 400
- Drugs with worldwide sales in U.S. dollars, at the manufacturers level, more than $1 billion, $500 million, and $100 million
- Drug Enforcement Administration Schedules of Controlled Substances: C-II, C-III, C-IV, C-V
- FDA Pregnancy Categories
- FDA Approval Date
- Patent Expiration Date
- FDA's evaluation of New Molecular Entities:
  - Class 1A (Important Therapeutic Advantage)
  - Class 1B (Modest Therapeutic Gain)
  - Class 1C (Little or No Therapeutic Advantage)
  - Class 1P ("Priority Review")
  - Class 1S ("Standard Review")

The two categories 1P and 1S are the current FDA designations used for new molecular entities. Classes 1A, 1B, 1C are no longer assigned.

The Keyword Index also includes a benchmark Cost of Therapy for many drugs. Thus different chemicals can be compared in the Keyword Index based on their overall cost of therapy.

Section II
DRUG INFORMATION

The purpose of this section is to provide complete information for pharmaceutical decision making, organized by generic name, including prescribing information as well as how available (equivalency ratings and costs).

This section is organized alphabetically by generic drug name. For multiple ingredient drugs, the standard name includes each ingredient in alphabetical order, separated by semicolons (e.g., Hydrochlorothiazide; Triamterene).

Immediately under the generic name are up to four headings of summary information for that drug: Categories, Brand Names, Formularies, and Cost of Therapy.

Categories

The list of Categories includes therapeutic and other categories that apply, at least in some cases, to a given drug. These include nonapproved indications that are not covered in the prescribing information monograph, but are included to facilitate easier indexing for possible uses. If any nonapproved indications are listed, they are identified by an asterisk and a footnote stating "Indication Not Approved by FDA."

This section can be quickly scanned in alphabetical order for the Pregnancy Category, H.C.F.A., "J" Injection Code (required for Medicare reimbursement of in-office injectables), DEA Controlled Substance Schedule, FDA Approval Date, Patent Expiration Date, FDA Class (Evaluations of New Molecular Entities), Top Sales Ranking (Top 100, etc.), and relative worldwide sales volume at the manufacturers level (Sales > $1 Billion, etc.).

Brand Names

The list of brands includes brand names or alternative generic names, including branded generics and brand names no longer in use. The brand name equivalents are provided for 137 countries throughout the world. These names are in italics and are designated by a footnote. Coverage includes all countries in North and South America, Africa, Asia, Europe, the Mideast, Australia, and the Caribbean. In contrast to the names used only in foreign countries, the names used in the U.S. are not in italics. In addition, the primary innovator brand name is in **bold-face type**. For a list of names actually on the market currently in the U.S., see the How Supplied sections.

The terms in both of these lists are also used to locate the drug in Section I, the Keyword Index, so that related drugs may be found by using these Category terms in Section I.

Formularies

Beneath the brand names is the formularies section. This section indicates coverage by major, usually national, managed care drug formularies. Coverage means that the health plans using those formularies will typically reimburse their members for use of those drugs. In most cases all available forms, routes, and strengths are covered, but in some cases they will not be. For up-to-date information, please check with your local carrier. This formulary coverage does not indicate the preferred supplier, which is generally the innovator brand when FDA-rated equivalent generics are not available, but when they are available, substitution is usually required at the time of drug dispensing. Information on the formulary coverage of drugs was obtained from drug manufacturers who have succeeded in getting their drugs placed on the formularies, from the managed care organization itself, or from government documents and press releases.

Included among the formularies is "WHO," indicating inclusion on the World Health Organization's *List of Essential Drugs for Developing Countries*, intended for use by countries establishing a national drug list for the first time.

Cost of Therapy

The next section, Cost of Therapy, calculates a net cost based on assumptions in the FDA-approved package insert, and in many cases compares this cost with the alternative cost of hospitalization, using the appropriate DRG (Diagnosis Related Group). The assumptions are provided in the Cost of Therapy section, and they include primary indication, primary form, starting strength, number of doses per day, and total number of days of therapy required. Cost of Therapy typically uses oral forms only, and the number of days is assumed to be 365 for maintenance drugs. These assumptions are then applied to the constantly changing prices that appear in the How Supplied section to arrive at a dollar figure. When FDA-rated equivalent generics are available, the price used

is the HCFA reimbursement MAC (FFP) price, which closely approximates the acquisition price of generics. In addition, if appropriate, a potential cost savings from use of the drug is indicated by identifying the hospitalization DRG that might be avoided through use of the drug. A dollar figure for this benchmark cost avoidance is calculated by applying the DRG weight to the 1994 standard federal payment rates, including capital, labor, and nonlabor.

Prescribing Information

Next appears complete FDA-approved prescribing information for that drug; each monograph is organized into as many as 14 sections:

- Description
- Clinical pharmacology
- Indications and usage
- Contraindications
- Adverse reactions
- Warnings
- Precautions
- Drug interactions
- Drug abuse and dependence
- Overdosage
- Dosage and administration
- References
- Animal pharmacology
- Clinical studies

In addition, some monographs will also have a Patient Package Insert when available.

The prescribing information included in this volume is the FDA-approved labeling found in the pharmaceutical suppliers package inserts. In many cases the monographs in this section are a combination of the prescribing information for different forms, routes, strengths, and indications. In some of these combination cases only certain sections of the monograph pertain to all of the products. The first paragraph of the monograph will identify which forms, routes, and strengths are covered within which monograph section.

If a drug is available in generic form, the monograph will usually refer to the drug by the generic name, or by an abbreviation of it. In some monographs it is necessary to use the brand name to avoid reader confusion.

Single-source drugs are described within the monographs using the brand name. All brand names used are the trademark and property of the various manufacturers and suppliers. Inactive ingredients are identified for the innovator brand form of the drug. The brand and their corresponding manufacturers are identified in the HOW SUPPLIED section.

How Supplied

Equivalency ratings

The breakdown of product listings between "rated equivalent" and "not rated equivalent" is a format that is derived directly from the Food and Drug Administration publication: *Approved Drug Products with Therapeutic Equivalence Evaluations*, widely known as the *"Orange Book."* The *Orange Book* is considered to be the most reliable information source for determining which drug products are therapeutically equivalent.

IMPORTANT NOTE: An exhaustive effort was conducted to verify the source of each supplier's products, and then to assign the products to the appropriate category. If there is some doubt regarding equivalence, the reader should verify the information either by checking with the *Physicians GenR$_x$* editorial staff or with the supplier of the product in question.

Most drug labels are required to show the name of the original manufacturer as well as the distributor (if any). If a particular distributor's product is listed as "not rated equivalent," check to see whether the manufacturer is also listed as "not rated equivalent" for the same drug form, strength, and route. Judgment should be based upon whether the original manufacturer is listed as "rated therapeutically equivalent." Some original manufacturers are not listed in *Physicians GenR$_x$* because they do not market their own products, and are not registered with the FDA Drug Listing Branch.

There are some products that are available from many sources in one form, but only as a branded single-source in another. For example, minoxidil is available from many sources as an oral tablet, but only one manufacturer produces the topical solution (Rogaine, Upjohn). The topical solution is "not rated equivalent" because there is no rating in the *Orange Book* for single-source products.

All single-source products for which there are no other generically available forms, routes or strengths are listed as "equivalents not available."

Drugs not rated by the *Orange Book* are listed in the "how supplied" area as "equivalents not available." These are drugs that (1) predate the FDA approval process (before 1938), or (2) drug products marketed between 1938 and 1962 that were approved for safety but not effectiveness and are still under the scientific and legal-administrative review procedures of the Drug Efficacy Study Implementation (DESI) process.

Equivalency criteria

Pharmaceutical equivalents: Drug products are considered pharmaceutical equivalents if they contain the same active ingredient(s), are of the same dosage form, and are identical in strength or concentration, and route of administration. Pharmaceutically equivalent drug products are formulated to contain the same amount of active ingredient in the same dosage form and to meet the same compendial or other applicable standards (i.e., strength, quality, purity, and identity), but they may differ in characteristics such as shape, scoring configuration, packaging, excipients (including colors, flavors, preservatives), expiration time, and, within certain limits, labeling.

Therapeutic equivalents: Drug products are considered to be therapeutic equivalents only if they are pharmaceutical equivalents and if they can be expected to have the same clinical effect when administered to patients under the conditions specified in the labeling. FDA classifies as therapeutically equivalent those products that meet the following general criteria:

1. They are approved as safe and effective, or approved under section 505(j) of the Federal Food, Drug, and Cosmetic Act;
2. They are pharmaceutical equivalents in that they:
   (a) contain identical amounts of the same active drug ingredient in the same dosage form and route of administration, and
   (b) meet compendia or other applicable standards of strength, quality, purity, and identity;
3. They are bioequivalent in that:
   (a) they do not present a known or potential bioequivalence program, and they meet an applicable in vitro standard, or
   (b) if they do present a known or potential problem, they are shown to meet an appropriate bioequivalence standard;
4. They are adequately labeled;
5. They are manufactured in compliance with Current Good Manufacturing Practice regulations.

The concept of therapeutic equivalence, as used to develop this list, applies only to drug products containing the same active ingredient(s). A single-source drug product in this list repackaged and/or distributed by other than the applicant holder is considered to be therapeutically equivalent to the single-source drug product.

FDA considers drug products to be therapeutically equivalent if they meet the criteria outlined above, even though they may differ in certain other characteristics such as shape, scoring configuration, packaging, excipients (including colors, flavors, preservatives), expiration time and minor aspects of labeling (e.g., the presence of pharmacokinetic information). When such differences are important in the care of a particular patient, it may be appropriate for the prescribing physician to require that a particular brand be dispensed as a medical necessity.

Although the therapeutic equivalency information contained in the *Orange Book* is widely used, product selection is a professional decision that is based on policies at the state level to minimize the cost of drugs to consumers. Health professionals and the states are under no mandate to accept the therapeutic equivalence recommendations in the *Orange Book*. The FDA takes no official position on state regulation of drug product selection by pharmacists.

If the FDA has rated any products as therapeutic equivalents, they are listed as RATED THERAPEUTICALLY EQUIVALENT. These products are designated with "A" codes by the FDA. Readers may be familiar with the term "'A' rated," which simply translates as RATED THERAPEUTICALLY EQUIVALENT. Products not rated equivalent are listed as NOT RATED EQUIVALENT, and if no alternative products are available, supplier information is listed as EQUIVALENTS NOT AVAILABLE. Some of these products have received a "B" code by the FDA. These are drug products that the FDA does not at this time consider to be therapeutically equivalent to other pharmaceutically equivalent products. Additionally, some of these products have not been evaluated by the FDA in terms of therapeutic equivalence.

Product Listings

Product information is supplied, grouped by Dosage Form, and Strength, and sorted by price within package size, giving the product name used by the supplier, the supplier company's FDA short name, and the product's official NDC (National Drug Code) number, using 5-4-2 format. The labeler code, assigned by the FDA, is the first five digits of all product NDC numbers listed for this supplier. The rest of the NDC number (in 5-4-2 format) includes four digits assigned by the supplier to identify their unique drug and two digits to identify the package size.

- Branded product names are in all CAPITAL LETTERS for easy identification.
- Top-selling drugs are indicated with **bold listings.**
- U.D. indicates Unit Dose packaging.

Prices are AWP (Average Wholesale Price), a benchmark price used for reimbursement. AWP represents what a retail pharmacist or a dispensing physician might pay for a product, without any special discounts. There are usually, however, many discounts in place, so the AWP can often approximate the price that a consumer might pay. The prices listed here are not intended to serve as an up-to-date substitute for supplier price lists. The price listings do give the reader a good idea of the spread between the high and low prices.

SPECIAL NOTE ON AWP: While the AWP price is the closest thing to a benchmark price, and it is commonly used for reimbursement, it has many problems. First of all, no AWP from any source is truly an "average wholesale price." It is a price made up by the marketer of the drug. For example, with brand name drugs most manufacturers set AWP at 125% of their direct price, and the direct price is that published catalog price at which an independent pharmacy could buy before any special discounts. AWP is still commonly used for reimbursement of brand name products. For generic products, AWP will vary in relation to direct price, but the spread is usually greater than the 25% for brand products. Very few health plans reimburse for generics based on AWP anymore, but instead use the HCFA Upper Limits price (see below). As a result of all of this, AWP greatly overstates the average wholesale costs of drugs.

In making prescribing decisions, and considering generic substitution, physicians can not only identify if 'equivalent' generic alternatives are available, but also evaluate whether the cost differential between brands and generics justifies a possible risk in substitution. Furthermore, decisions about alternative drug entities can also be based partially on their economic impact.

To that end, the H.C.F.A. FFP (the Health Care Finance Administration's Federal Financial Participation "upper limits" price for that package size) for each drug is listed along with the other listings by AWP. This is the price reimbursable by Medicare when reimbursement is available. Many states have also adopted this price for use in their Medicaid programs, and many insurance carriers use this price.

AWP is the most common price used for drug reimbursement, but FFP is increasingly being used by many plans to cover generics from any supplier rated equivalent. This is because AWP is usually much higher than the actual acquisition cost for a generic

drug by a pharmacy.

In many states the existence of a H.C.F.A. FFP price means that substitution is mandatory unless the prescribing physician specifies otherwise, and Medicaid reimburses the dispensing pharmacist at the FFP price plus a dispensing fee.

While the direct price at which pharmacies can purchase a drug is almost always less than the AWP, this difference tends to be much greater for generics than for brands. The H.C.F.A. FFP price is a better approximation of actual price for generics, and therefore, to estimate the difference in price between the generic and brand, the brand should be compared to the FFP, if one is given.

Section III
SUPPLIER PROFILES

The SUPPLIER PROFILES Section can be used to obtain additional information on a particular supplier. The information listed here serves as an excellent guide to individual firms. Through contrast and comparison, it enables the reader to understand the pharmaceutical industry as a whole.

Some readers may have questions as to why a certain product is not rated therapeutically equivalent. It is important to remember that FDA does not require distributors and/or repackagers to notify FDA when they have changed from one approved manufacturer to another. Therefore it is possible for a repackaged product listed as "not rated therapeutically equivalent" to have originated with a supplier whose product is rated "therapeutically equivalent." The supplier profiles section serves as an easy reference guide for readers to make further inquiries on their own.

All suppliers in Section II, Product Information, are listed alphabetically in this section by their FDA Short Name. This is the same name that follows their product name in the How Supplied portion of Section II. Also included are parent companies of listed suppliers and a number of biotechnology companies, research and development organizations, and major foreign manufacturers, which do not currently have pharmaceutical products on the market in the United States.

Beneath the FDA short name is the full company name, ownership information (if appropriate), and complete address. To the right of the name is the telephone number (with toll-free 800 numbers where available) for inquiries about their products. Fax numbers are also listed, where available.

Opposite the FDA short name is the five-digit NDC (National Drug Code) labeler code for this supplier. The labeler code, assigned by the FDA, is the first five digits of all product NDC numbers listed for each supplier. Codes that start with the letter "P" designate parent companies, those starting with "A" have no products on the U.S. market.

Also included are estimates of medical product sales volume and total employees. Where possible, the companies are described as either manufacturers or distributors.

Federal Procurement eligibility, including coverage by the 1990 Medicaid Rebate Law, is also listed. As of April 1, 1991, OBRA-90 will only provide Medicaid coverage for products of those manufacturers that have signed rebate agreements with the federal government.

Ownership of each company is identified by the FDA Short Name of the owner, or the designations public and private. For public companies, statements of revenues and net income for the past five years are listed where available.

A listing of names and titles of key executives in general management, marketing, production, and research follows. The names listed under research (there may be many for larger firms) are listed alphabetically, without respect to position or exact location.

The bulk of this section is then a list of all generic product names for which this supplier has products. Information on the supplier's products can be found in Section II, listed under each of these generic names.

Subsidiaries (each of which has its own separate listing) are listed at the bottom of each supplier profile.

Former names of suppliers and their subsidiaries are cross referenced within the section.

FDA PREGNANCY CATEGORIES

Pregnancy Category	Definition
A	Adequate studies in pregnant women have not demonstrated a risk to the fetus in the first trimester of pregnancy and there is no evidence of risk in later trimesters.
B	Animal studies have not demonstrated a risk to the fetus but there are no adequate studies 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 later trimesters.
C	Animal studies have shown an adverse effect on the fetus but there are no adequate studies in humans; the benefits of the drugs in pregnant women may be acceptable despite its potential risks **or** There are no animal reproduction studies and no adequate studies in humans.
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.
X	Studies in animals or humans demonstrate fetal abnormalities or adverse reaction reports indicate evidence of fetal risk. The risk of use in a pregnant woman clearly outweighs any possible benefit.

Regardless of the designated Pregnancy Category or presumed safety, no drug should be administered during pregnancy unless it is clearly needed and potential benefits outweigh potential risks.

DRUG ENFORCEMENT ADMINISTRATION SCHEDULES OF CONTROLLED SUBSTANCES

The controlled substances that come under jurisdiction of the Controlled Substances Act are divided into five schedules. Examples of controlled substances and their schedules are as follows:

SCHEDULE I SUBSTANCES

The controlled substances in this schedule are those that have no accepted medical use in the United States and have a high abuse potential. Some examples are heroin, marijuana, LSD, peyote, mescaline, psilocybin, THC, MDA, ketobemidone, acetylmethadol, fenethylline, tilidine, methaqualone, dihydromorphine, and others.

SCHEDULE II SUBSTANCES

The controlled substances in this schedule have a high abuse potential with severe psychic or physical dependence liability. Schedule II controlled substances consist of certain narcotic, stimulant, and depressant drugs. Some examples of Schedule II controlled narcotic substances are: opium, morphine, codeine, hydromorphone, methadone, meperidine, cocaine, oxycodone, anileridine, and oxymorphone. Also in Schedule II are amphetamine and methamphetamine, phenmetrazine, methylphenidate, amobarbital, pentobarbital, secobarbital, fentanyl, etorphine hydrochloride, and phencyclidine.

SCHEDULE III SUBSTANCES

The controlled substances in this schedule have an abuse potential less than those in Schedules I and II and include compounds containing limited quantities of certain narcotic drugs and nonnarcotic drugs such as: derivatives of barbituric acid except those that are listed in another schedule, glutethimide, methyprylon, nalorphine, benzphetamine, chlorphentermine, clortermine, phendimetrazine, and paregoric. Any suppository dosage form containing amobarbital, secobarbital, or pentobarbital is in this schedule.

SCHEDULE IV SUBSTANCES

The controlled substances in this schedule have an abuse potential less than those listed in Schedule III and include such drugs as: barbital, phenobarbital, mephobarbital, chloral hydrate, ethchlorvynol, ethinamate, meprobamate, paraldehyde, methohexital, fenfluramine, diethylpropion, phentermine, chlordiazepoxide, diazepam, oxazepam, clorazepate, flurazepam, clonazepam, prazepam, lorazepam, alprazolam, halazepam, triazolam, mebutamate, dextropropoxyphene, and pentazocine.

SCHEDULE V SUBSTANCES

The controlled substances in this schedule have an abuse potential less than those listed in Schedule IV and consist of preparations containing limited quantities of certain narcotic drugs generally for antitussive and antidiarrheal purposes.

AMERICAN ASSOCIATION OF POISON CONTROL CENTERS CERTIFIED REGIONAL POISON CONTROL CENTERS, APRIL 1995

ALABAMA

Alabama Poison Center, Tuscaloosa
408-A Paul Bryant Drive
Tuscaloosa, AL 35401
Emergency Phone: (800) 462-0800 (AL only) or
(205) 345-0600

Regional Poison Control Center
The Children's Hospital of Alabama
1600 – 7th Avenue South
Birmingham, AL 35233-1711
Emergency Phone: (205) 939-9201, (800) 292-6678
(AL only) or (205) 933-4050

ARIZONA

Arizona Poison and Drug Information Center
Arizona Health Sciences Center; Rm. #3204-K
1501 N. Campbell Avenue
Tucson, AZ 85724
Emergency Phone: (800) 362-0101 (AZ only),
(602) 626-6016

Samaritan Regional Poison Center
Good Samaritan Regional Medical Center
Ancillary-1
1111 E. McDowell Road
Phoenix, AZ 85006
Emergency Phone: (602) 253-3334

CALIFORNIA

Central California Regional Poison Control Center
Valley Children's Hospital
3151 N. Millbrook, IN31
Fresno, CA 93703
Emergency Phone: (800) 346-5922 (Central CA only)
or (209) 445-1222

San Diego Regional Poison Center
UCSD Medical Center
200 West Arbor Drive
San Diego, CA 92103-8925
Emergency Phone: (619) 543-6000
(800) 876-4766 (619 area code only)

San Francisco Bay Area Regional Poison Control Center
San Francisco General Hospital
1001 Potrero Avenue, Building 80, Room 230
San Francisco, CA 94110
Emergency Phone: (800) 523-2222

Santa Clara Valley Regional Poison Center
Valley Health Center – Suite 310
750 South Bascom Avenue
San Jose, CA 95128
Emergency Phone: (408) 885-6000
(800) 662-9886 (CA only)

University of California, Davis, Medical Center Regional Poison Control Center
2315 Stockton Boulevard
Sacramento, CA 95817
Emergency Phone: (916) 734-3692, (800) 342-9293
(Northern California only)

COLORADO

Rocky Mountain Poison and Drug Center
645 Bannock Street
Denver, CO 80204
Emergency Phone: (303) 629-1123

DISTRICT OF COLUMBIA

National Capital Poison Center
3201 New Mexico Avenue, NW, Suite 310
Washington, DC 20016
Emergency Numbers: (202) 625-3333
(202) 362-8563 (TTY)

FLORIDA

Florida Poison Information Center – Jacksonville
University Medical Center
University of Florida Health Science Center – Jacksonville
655 West 8th Street
Jacksonville, FL 32209
Emergency Numbers: (904) 549-4480
(800) 282-3171 (FL only)

The Florida Poison Information Center and Toxicology Resource Center
Tampa General Hospital
P.O. Box 1289
Tampa, FL 33601
Emergency Phone: (813) 253-4444 (Tampa)
(800) 282-3171 (Florida)

GEORGIA

Georgia Poison Center
Grady Memorial Hospital
80 Butler Street S.E.
P.O. Box 26066
Atlanta, GA 30335-3801
Emergency Phone: (800) 282-5846 (GA only)
(404) 616-9000

INDIANA

Indiana Poison Center
Methodist Hospital of Indiana
I-65 at 21st Street
P.O. Box 1367
Indianapolis, IN 46206-1367
Emergency Phone: (800) 382-9097 (IN only),
(317) 929-2323

KENTUCKY

Kentucky Regional Poison Center of Kosair Children's Hospital
P.O. Box 35070
Louisville, KY 40232-5070
Emergency Phone: (502) 629-7275 or
(800) 722-5725 (KY only)

MARYLAND

Maryland Poison Center
20 N. Pine Street
Baltimore, MD 21201
Emergency Phone: (410) 528-7701
(800) 492-2414 (MD only)

National Capital Poison Center (DC suburbs only)
3201 New Mexico Avenue, NW, Suite 310
Washington, DC 20016
Emergency Numbers: (202) 625-3333
(202) 362-8563 (TTY)

MASSACHUSETTS

Massachusetts Poison Control System
300 Longwood Avenue
Boston, MA 02115
Emergency Phone: (617) 232-2120
(800) 682-9211

MICHIGAN

Poison Control Center
Children's Hospital of Michigan
Harper Professional Office Building
4160 John Road, Suite 425
Detroit, MI 48201
Emergency Phone: (313) 745-5711
(800) POISON-1, (800) 356-3232 (TTY)

MINNESOTA

Hennepin Regional Poison Center
Hennepin County Medical Center
701 Park Avenue
Minneapolis, MN 55415
Emergency Phone: (612) 347-3141; (612) 337-7387
(Petline); (612) 337-7474 (TDD)

Minnesota Regional Poison Center
St. Paul – Ramsey Medical Center
8100 34th Avenue, South
P.O. Box 1309
Minneapolis, MN 55440-1309
Emergency Phone: (612) 221-2113, (800) 222-1222

MISSOURI

Cardinal Glennon Children's Hospital Regional Poison Center
1465 S. Grand Boulevard
St. Louis, MO 63104
Emergency Phone: (314) 772-5200
(800) 366-8888

MONTANA

Rocky Mountain Poison and Drug Center
645 Bannock Street
Denver, CO 80204
Emergency Phone: (303) 629-1123