COMPENDIUM OF PHARMACEUTICALS AND SPECIALTIES

SEVENTH EDITION

COMPENDIUM of PHARMACEUTICALS and SPECIALTIES

(Canada) 1972

Seventh Edition

Editor

Gerald N. Rotenberg, B.Sc.Phm.
Canadian Pharmaceutical Association

Consulting Editor
Chairman, CPS Editorial Advisory Board

F. Norman Hughes, Phm.B. (Tor.),
B.S. in Phar. (Purdue), M.A. (Tor.), LL.D. (Purdue)
Dean, Faculty of Pharmacy, University of Toronto

Published by
THE CANADIAN PHARMACEUTICAL ASSOCIATION, INC.
175 College Street, Toronto 2B, Ontario

Printed in Canada
by
Southam Murray, Toronto

Copies of the *"Compendium of Pharmaceuticals and Specialties"* may be obtained from the Canadian Pharmaceutical Association, 175 College Street, Toronto 2B, Ontario, Canada.

Preface

In CPS '72 (the Seventh Edition of the *Compendium of Pharmaceuticals and Specialties*) the policy of making progressive improvements has been continued in order to render CPS increasingly useful to the health professions. All monographs, as well as the other sections, have been revised. To facilitate production of future editions, CPS '72 has been completely reset utilizing modern computer technology.

The basic format and alphabetical arrangement of the monographs (White Pages) remains as in CPS '71. This provides concisely and comprehensively the essential information on drugs—old and new, nonproprietary (generic) and brand named alike—as required by prescribing practitioners, pharmacists, nurses and students. Thus each new monograph and many of the monographs of older products supplies carefully evaluated and edited information, besides the title and subtitle (nonproprietary name), as follows: therapeutic classification, chemistry, pharmacology, indications, contraindications, precautions, adverse effects, overdosage symptoms and treatment, dosage, supplied. The number of general monographs (i.e. under nonproprietary titles) has been increased to include most of the frequently used drugs which are available in Canada under two or more brand names. Many brand names are listed in the "Suppliers" section of each general monograph and, if available, the dates of introduction of the products in Canada have also been included. Monographs of products with numerical titles (e.g., 222 Tablets) follow immediately after the alphabetical monograph section.

The White Pages Section now contains, in addition to the product monographs, charts of multivitamin formulations and vitamin B compound preparations compiled from data sheets completed by the manufacturers.

As in previous editions, the Editors have made reference to authoritative published sources of information, as well as, on occasion, selected experts, in order to assure as far as possible the accuracy of the monographs and the provision of factual, unbiased drug information. In all cases, galley proofs were sent to manufacturers and distributors for their review, comment, and where necessary, correction.

The Prescriber's Guide and Therapeutic Index (Pink Pages) has been revised by the addition of some headings, the deletion of others, and additional modifications. It will be noted that some headings are pharmacological, others are therapeutic, and a few are chemical. Extensive cross-indexing will be found. It is intended thereby to make this section of greater practical value to the prescriber. As in previous editions, not all products will be found in the Pink Pages but only those which have been selected for listing by the manufacturers themselves. In this way these companies have financially supported CPS, and thus have made possible its wide distribution to physicians in private practice, pharmacies, and hospitals throughout Canada.

A substantial change has been made in the former Green Pages and Buff Pages Sections. These are now combined into one alphabetically arranged Green Pages Section so that the reader may quickly locate any listed Canadian product containing only one drug if he knows any one of its nonproprietary names or brand names. A number of drugs not currently available in Canada have been included in this section as well as some which may be undergoing clinical trial.

In the Yellow Pages Section (Manufacturers' Index), product identification markings have been shown where such information has been provided by the manufacturers.

In order to keep CPS users up to date on new products and important changes in older ones between CPS '72 and CPS '73, the "New Pharmaceuticals" Section will appear regularly in the Canadian Pharmaceutical Journal and the Canadian Medical Association Journal.

The free distribution of a copy of CPS to the office of each physician in private practice, and to each community pharmacy and hospital in accordance with established lists as of October 1, 1971 is made possible by the financial participation of those manufacturers whose products of their choice are contained in the Pink Pages. The support of these companies is gratefully acknowledged. The complete listing of the products of each of these participating companies appears in the Yellow Pages as follows:

Abbott (839-40); Anca (840); Arlington (841); Astra (841); Ayerst (841-2); BDH (842-3); Boehringer (843); Bristol (843); Burroughs Wellcome (843-4); Calmic (844); Chemo (844-6); CIBA (846); Connaught (846-7); Cooper (847); Desbergers (847-8); Dow Chemical (848); Elliott-Marion (849); Endo (849); Fisons (849); Franca (849-50); Frosst (850); Geigy (850); Gilcross (851); Glaxo-Allenburys (851-2); Hoechst (852); Hoffmann-La Roche (852-3); Horner (853); Intra (853-4); Lakeside (854); Lederle (854); Lilly (855); Mallinckrodt (856); Marsan (856); McNeil (856); Mead Johnson (856-7); Merck Sharp & Dohme (857); Merrell (858); M.T.C. (858); Nadeau (859); Neo (859); Noco (860-1); Nordic (861-2); Novopharm (862); Omega (862); Organon (862-3); Ortho (863); Parke, Davis (863-4); Paul Maney (864-5); Pentagone (865); Pfizer (865); Pharmacia (865); Poulenc (865-6); Purdue Frederick (866); Reed & Carnrick (866); Riker (866); Robins (866-7); Ross (867); Rougier (867-8); Roussel (868); Sandoz (868); Schering (868-9); Schmid (869); Searle (869); Smith Kline & French (869); Squibb (870); Sterilab (870); Strasenburgh (870); Syntex (871); Upjohn (871-2); Warner-Chilcott (872); Warren-Teed (872); Westwood (872); Will (873); Winthrop (873); Wyeth (874).

The Editors and the Publisher have been materially assisted by the Editorial Advisory Board both in matters of policy and respecting a substantial number of editorial problems. The members are listed on page ix.

The Editors express their thanks to all manufacturers and distributors who have co-operated by supplying information, offering suggestions and reading proofs. The appreciation of the Editors is extended to the members of the Editorial Advisory Board for their keen interest and advice. Also grateful acknowledgment is expressed for the active interest of the Canadian Medical Association, the Canadian Hospital Association, the Pharmaceutical Manufacturers Association of Canada, and those provincial pharmaceutical and medical associations which have assisted in the distribution.

Finally, the Editors would express personal thanks to Mr. John C. Turnbull, Executive Director of the Canadian Pharmaceutical Association, who has continued the support necessary to make possible the publication and distribution on such a large scale; to CPS Editorial Assistant, Mrs. Nancy Otterbein who carried so much of the load in preparing and checking copy; to Mrs. Isabel Beason, who typed most of the copy; to Messrs. Walter Fisher, Walter Hamilton and Ken Fremont of Southam Murray, who were responsible for the production of the book, and to all others who have had any part in the preparation and publication of CPS '72.

G.N.R.
F.N.H.

Editor

G. N. Rotenberg, B.Sc.Phm.; Canadian Pharmaceutical Association; Consultant on Drug Classification, Ontario Department of Health; Secretary, CPS Editorial Advisory Board.

Consulting Editor

F. N. Hughes, Phm.B. (Tor.), B.S. in Phar. (Purdue), M.A. (Tor.), LL.D. (Purdue); Dean, Faculty of Pharmacy, University of Toronto; Chairman, CPS Editorial Advisory Board.

Editorial Advisory Board

Denise Chevalier, B.Sc.(Pharm.), Ph.D.; Professor of Hospital Pharmacy, Faculty of Pharmacy, University of Montreal.

W. T. W. Clarke, M.D., F.R.C.P.(C), F.A.C.P.; Professor and Head, Division of Therapeutics, University of Toronto; Chairman, Drug Quality and Therapeutics Committee, Province of Ontario.

G. E. Johnson, B.Sc.Phm., M.A., Ph.D.; Associate Professor of Pharmacology, Faculty of Medicine, University of Toronto.

W. A. Mahon, M.D., F.R.C.P.(C); Associate Professor of Pharmacology and Associate Professor of Medicine, University of Toronto.

D. I. Rice, M.D.; Executive Director, College of Family Physicians of Canada, Don Mills, Ontario.

J. Ruedy, M.D., F.R.C.P.(C); Associate Professor of Pharmacology and Associate Professor of Medicine, McGill University, Montreal.

D. J. Stewart, B.S.P., M.Sc.; Professor of Hospital Pharmacy, Faculty of Pharmacy, University of Toronto.

W. W. Wigle, M.D., C.M.; President, Pharmaceutical Manufacturers Association of Canada, Ottawa.

J. C. Turnbull, B.S.P.; Executive Director, Canadian Pharmaceutical Association.

Liaison Member:

J. Bishop, M.D.; Director, Drug Advisory Bureau, Food and Drug Directorate, Ottawa.

General Considerations

The inclusion of monographs of any company's products in the *Compendium of Pharmaceuticals and Specialties* does not imply that the Editors or the Editorial Advisory Board accepts, endorses or recommends these preparations as being clinically superior to similar products of any other firm. Nor is it to be considered a logical or reasonable single criterion for approving the use of such products listed or described herein by private practitioners, or institutions or any who may require drugs for therapeutic purposes.

The reader should note that although CPS lists products of various manufacturers, many of which possess essentially the same chemical specifications, no attempt has been made to evaluate the therapeutic equivalence of these products or their formulation. It is recognized that therapeutic efficacy may depend not only upon the amount of drug present in each dose, but also upon such factors as the pharmaceutical form, the physical nature of the active drug used, the presence of other substances, the method of manufacture and the exercise of adequate control of quality from raw material through all stages of preparation to finished product.

The products described in CPS are those generally available for human use to meet the needs of professional practice. The monographs are based upon information received from the manufacturers subsequent to notification by the manufacturers that such products are, in fact, available. Those products registered under the Proprietary or Patent Medicine Act, and hence, offered to the public for automedication, have not been included.

It should be noted that in the monograph section, aside from the general monographs, products are, for the most part, listed by names which are registered trademarks of the company whose name, either in full or in abbreviated form, immediately follows it. Where such information has been supplied, the designation ® appears beside the product name. All who use CPS are, therefore, cautioned relative to the unauthorized use of any listed name. The monographs are intended to present unbiased, factual information on drugs in a format which will be useful to the busy practitioners of the health professions. For additional product information, readers are referred to the pertinent scientific and professional literature, to the descriptive literature of the company concerned, or to its professional personnel.

Great care has been taken to ensure the accuracy and completeness of the information contained in CPS. However, the Editors and Publisher cannot be responsible for errors in publication or any consequences whatsoever arising from the use of the information published herein.

As a general principle, whether or not special precautions are embodied in specific monographs, considerable discretion and care should apply to the use of *all* drugs in view of the potency and complexity of action of modern medicinal agents. This may particularly be so in conditions such as pregnancy, allergy-prone

patients, severely debilitated states and, frequently, in diabetes mellitus, as well as in the use of drugs acting on the central nervous system whenever mental alertness is required. The possibility of synergism, potentiation, or, on the other hand, of antagonism should likewise be borne in mind when prescribing drugs in combination.

The reader should study the indices appearing on the colored pages of CPS to gain a working knowledge of the manner in which they are cross-referenced. A key to abbreviations and symbols employed in the monographs of the White Pages Section will be found on page 941.

The Publisher wishes to emphasize that in the event that CPS monographs are utilized, either in whole or in part, as the basis for the preparation of catalogues, price lists, advertising or any promotional literature, printed acknowledgment must be part of all such published material, and that prior consent of the Publisher must first be obtained before any publication of CPS monographs can be made.

Comments concerning CPS '72, and its usefulness to the practitioners of the various health professions, and suggestions for the improvement of future editions will be welcomed.

Monographs of Pharmaceuticals and Specialties

Table of Contents

Monographs of Pharmaceuticals and Specialties

A

ABBOCILLIN® Ointments Ⓟ *Abbott*

Penicillin G Potassium — ***Antibiotic***

Indications: Ophthalmic Ointment: Superficial infections of the eye, involving the cornea, conjunctiva, meibomian glands and lacrimal sac, caused by penicillin-susceptible organisms.

Topical Ointment: Superficial infections of the skin caused by organisms susceptible to penicillin.

Contraindications: Allergy to penicillin or cephalosporins.

Precautions: If sensitization occurs, discontinue use. As with any antibiotic product, overgrowth by resistant organisms is possible and, if this occurs, treatment should be discontinued and appropriate therapy instituted.

Dosage: Ophthalmic Ointment: Apply to eye one or more times a day as required.

Topical Ointment: Apply locally, with or without a bandage, one or more times a day as condition requires.

If indicated supplement local treatment with parenteral or oral antibiotic therapy.

Supplied: Each g of ointment base contains: penicillin G potassium 1,000 I.U. The **Ophthalmic Ointment** is available in 3.7 g tubes and the **Topical Ointment** in 30 g tubes.

ABDEC® *P.D. & Co.*

Multivitamins — ***Dietary Supplement***

Indications: Prevention and treatment of vitamin deficiencies. Drops are intended particularly for infants and children.

Dosage: Kapseals: As a prophylactic measure, usually 1 Kapseal daily. In pregnancy and lactation and as a therapeutic measure, 2 or more Kapseals daily.

Drops: Average daily dose: infants under 1 year, 0.3 ml; older children and adults, 0.6 ml. May be dropped on tongue or mixed with milk, fruit juices, or other foods as preferred.

Supplied: Kapseals: Each black banded, red, Kapseal capsule contains: vitamin A 10,000 I.U., vitamin D 1,000 I.U., vitamin B_1 4.5 mg, riboflavin 3 mg, vitamin B_6 1.5 mg, d-panthenol 5 mg, niacinamide 25 mg, vitamin C 75 mg, vitamin B_{12} 3 mcg. Available in bottles of 25, 100 and 250 Kapseals.

Drops: Each 0.6 ml of clear, non-alcoholic, apple-flavored, hypo-allergenic solution contains: vitamin A 5,000 I.U., vitamin D 1,000 I.U., vitamin B_1 1 mg, riboflavin 1.2 mg, vitamin B_6 1 mg, d-pantothenic acid (as the sodium salt) 5 mg, niacinamide 10 mg, vitamin C 50 mg. Available in 30 ml dropper bottles.

ABDOL® WITH VITAMIN C *P.D. & Co.*

Multivitamins — ***Dietary Supplement***

Indications: Prophylaxis and treatment of certain vitamin deficiencies.

Dosage: Prophylaxis, 1 capsule daily; for active adults, adolescent boys, pregnant or lactating women, or for specific vitamin deficiencies, 2 or more capsules daily as prescribed.

Supplied: Each soluble, gelatin capsule contains: vitamin A 10,000 I.U., vitamin D 400 I.U., vitamin B_1 2.5 mg, riboflavin 2.5 mg, vitamin B_6 1 mg, d-pantothenic acid (as the calcium salt) 5 mg, niacinamide 20 mg, vitamin C 50 mg, vitamin B_{12} 3 mcg. Available in bottles of 50, 100 and 250 capsules.

ABSTIN® Ⓟ *Intra*

Phenmetrazine Compound — ***Anorexiant***

Indications: As an occasional adjunct in the short-term (i.e. a few weeks) management of exogenous obesity in conjunction with a medically supervised regimen of weight reduction based on caloric restriction.

Contraindications, Precautions and Adverse Effects: As for phenmetrazine.

Dosage: Adults, 1 to 3 tablets daily.

Supplied: Each yellow, sugar-coated tablet contains: dimethyl chloroxanthinyl phenmetrazine 30 mg, phenmetrazinyl-N-ethyl phenylethyl acetate HCl 20 mg. Available in bottles of 100 and 500 tablets.

A-C Tablets *Noco*

Acetylsalicylic Acid—Caffeine — ***Analgesic-Antipyretic***

Dosage: Adults: 1 to 2 tablets with water 1 to 3 times daily, or as prescribed. Children: as prescribed.

Supplied: Each white, quadrisected, compressed tablet contains: acetylsalicylic acid 375 mg and caffeine 30 mg. Available in bottles of 100, 500 and 1,000 tablets.

For additional prescribing information, refer to acetylsalicylic acid monograph.

ACALO® Ⓟ *Lilly*

Phenaglycodol — ***Antianxiety Agent***

Indications: For the relief of mild anxiety and tension states.

Precautions: Use with caution in pregnancy and in patients who have impaired hepatic or renal function. Patients should avoid undertaking activities which require mental alertness, judgment and physical coordination while taking the drug. Other psychotrophic agents, particularly phenothiazines or MAO inhibitors, that are known to potentiate the action of other drugs should not be given with phenaglycodol.

Adverse Effects: Drowsiness, inertia, dizziness, nausea and gastric irritation. Extremely rare instances of dermatitis, headache, depression, lethargy, insomnia, gynecomastia, anxiety and feelings of unreality have been recorded.

Overdose: Symptoms: Respiratory depression, sedation, mental confusion, and loss of consciousness.

Treatment: No specific therapy. General management may consist in symptomatic and supportive therapy, including gastric lavage, administration of oxygen and intravenous fluids and maintenance of body temperature.

Dosage: Adults, usually 300 mg 3 times daily; in certain instances 600 mg upon retiring.

Supplied: Pulvules: Each No. 1 capsule with white, opaque body and green, opaque cap contains: phenaglycodol 300 mg. Available in bottles of 50 Pulvules.

Identi-Code: H 01.

ACCELERASE® *Organon*
ACCELERASE®-PB Ⓒ

Pancrelipase Compounds — ***Digestant***

Indications: The symptomatic relief of functional digestive disorders characterized by bloating, belching, flatulence, and other symptoms resulting from inadequate enzymatic secretions and temporarily impaired secretory activity of the upper digestive tract. May be especially useful for patients of the older age group with declining digestive enzyme production or diminished secretory response due to temporary stresses.

The formula of Accelerase-PB adds the action of the belladonna alkaloids and phenobarbital on hypermotility and involuntary spasm to provide symptomatic control for this aspect of functional gastrointestinal disturbances.

Contraindications: Accelerase-PB: Incipient glaucoma, porphyria, hypersensitivity to any of the components.

Precautions: Accelerase: Use cautiously in patients sensitive to pork protein. **Accelerase-PB:** Caution must be carefully exercised in patients with prostatic hypertrophy, renal or hepatic disease and known sensitivity to pork protein. Phenobarbital in prolonged dosage may be habit forming.

Adverse Effects: Accelerase-PB: Blurring of vision, dryness of mouth and difficulty in urination may occur as well as allergic reactions manifested by skin rash, urticaria or other symptoms of hypersensitivity.

Dosage: Accelerase: Usual adult dose is 1 or 2 capsules with each meal.

Accelerase-PB: Usual adult dose is 1 capsule 3 times a day, preferably with meals, or as prescribed.

Supplied: Accelerase: Each gray capsule contains: pancrelipase 165 mg, mixed conjugated bile salts 65 mg, cellulase 2 mg and calcium carbonate 20 mg.

Accelerase-PB: Each gray and white capsule contains: above formula plus belladonna alkaloids (levorotatory) 0.2 mg and phenobarbital 16 mg.

Both forms are available in bottles of 60 capsules.

ACETAL Preparations *Dymond*

Acetylsalicylic Acid Preparations — ***Analgesic—Antipyretic***

Supplied: Acetal-Compound No. 32 Ⓡ (Green): Acetylsalicylic acid 5 grains, phenobarbital ¼ grain, codeine phosphate 1/6 grain.

Acetal-Phenobarbital Ⓒ (Gray): Acetylsalicylic acid 5 grains, phenobarbital ¼ grain.

Both preparations are available in bottles of 100, 500 and 1,000 tablets.

ACET-AM® Preparations *Intra*

Theophylline Aminoacetate ***Bronchodilator***

Indications: Symptomatic relief of acute bronchial asthma, paroxysmal dyspnea associated with congestive heart failure and control of Cheyne-Stokes respiration; selected cases of coronary artery disease and angina pectoris. Acet-Am tablets may be used with other therapy in acute attacks, or as sole therapy for maintenance.

Contraindications: Do not administer to patients hypersensitive to xanthine derivatives or in whom mild cardiac stimulation is deemed harmful.

Precautions: Do not administer concomitantly with other xanthine-containing preparations. Use with caution in children.

Adverse Effects: Mild CNS stimulation (restlessness, insomnia) and, rarely, gastric irritation may occur. Excessive dosage may cause headache, dizziness, nausea and hypotension.

Dosage: Liquid: Orally, 1 teaspoonful to 2 tablespoonfuls (100 mg to 600 mg).

Suppositories: Rectally, 0.6 g before retiring; maximum of 2.4 g in 24 hours.

Tablets: Orally, 1 to 3 g daily, in divided doses.

Supplied: Liquid: Each 5 ml contains: sodium theophylline aminoacetate 100 mg (equivalent to theophylline 50 mg). Alcohol 20%. Available in 8 fl. oz. bottles.

Suppositories: Each suppository contains: calcium theophylline aminoacetate 600 mg in a water-soluble base. Available in boxes of 12 and 100 suppositories.

Tablets: Each yellow, compressed tablet contains: calcium theophylline aminoacetate 300 mg. Available in bottles of 100, 500 and 1,000 tablets.

ACET-AM® ELIXIR Preparations *Intra*

Theophylline-Ephedrine Compounds

Antiasthmatic

Indications: Symptomatic relief of bronchospastic conditions associated with bronchial asthma and the asthmatic complications of bronchitis and hay fever.

Contraindications: See Acet-Am Preparations. Do not administer to patients receiving MAO inhibitors. Hypersensitivity to any of the components.

Precautions: See Acet-Am Preparations. Use with caution in the presence of cardiovascular disease, severe hypertension, hyperthyroidism, circulatory collapse, diabetes mellitus, prostatic hypertrophy and glaucoma. Do not administer concurrently with other xanthine-containing compounds. Patients should be cautioned not to operate vehicles or hazardous machinery until their response to the drug has been determined. Since the depressant effects of antihistamines are additive to those of other drugs affecting the central nervous system, patients should be cautioned against drinking alcoholic beverages or taking hypnotics, sedatives, psychotherapeutic agents or other drugs with CNS depressant effects during antihistaminic therapy. Rarely, prolonged therapy with antihistamine-containing preparations can cause blood dyscrasias.

Adverse Effects: Drowsiness, dizziness, insomnia or mild stimulation, dryness of mouth, blurring of vision, nausea and gastric upset may occur.

Dosage: Adults: 1 to 3 teaspoonfuls 2 or 3 times daily. Children: 5 years and over—¼ to ¾ teaspoonful diluted with water 2 or 3 times daily; 2 to 4 years—¼ to ½ teaspoonful diluted with water 2 or 3 times daily. Not recommended for children under 2 years of age.

Supplied: Acet-Am Elixir: Each 5 ml of orange flavored elixir contains: theophylline sodium aminoacetate 100 mg, ephedrine HCl 3.5 mg, diphenhydramine HCl 12.5 mg. Alcohol 20%. Available in 8 and 80 fl. oz. bottles.

Acet-Am Elixir Plus: Each 5 ml contains: same components as Acet-Am Elixir plus glyceryl guaiacolate 100 mg. Available in 8 fl. oz. bottles.

ACET-AM® EXPECTORANT *Intra*

Theophylline—Glyceryl Guaiacolate Compound

Antiasthmatic

Indications: Symptomatic treatment of acute bronchospastic conditions associated with bronchial asthma and asthmatic complications of bronchitis and hay fever.

Contraindications, Precautions and Adverse Effects: As for Acet-Am Preparations.

Dosage: Adults: 1 to 3 teaspoonfuls 2 to 3 times daily. Children: 5 years and over—¼ to ¾ teaspoonful diluted with water 2 or 3 times daily; 2 to 4 years—¼ to ½ teaspoonful diluted with water 2 to 3 times daily.

Supplied: Each 5 ml of expectorant contains: theophylline sodium aminoacetate 100 mg (equivalent to 50 mg of theophylline), glyceryl guaiacolate 100 mg, alcohol 20%. Available in 8 fl. oz. bottles.

ACET-AM® FORTE *Intra*

Calcium Theophylline Aminoacetate-Ephedrine

Antiasthmatic

Indications: The symptomatic treatment of acute bronchospastic conditions associated with bronchial asthma and asthmatic complications of bronchitis and hay fever.

Contraindications: See Acet-Am Elixir Preparations.

Precautions; Do not administer concomittantly with other xanthine-containing preparations. Use with caution in children. Use with caution in the presence of cardiovascular disease, severe hypertension, hyperthyroidism, circulatory collapse, diabetes mellitus, prostatic hypertrophy and glaucoma.

Adverse Effects: Drowsiness, dizziness, insomnia or mild stimulation, dryness of mouth, blurring of vision, nausea and gastric upset may occur.

Dosage: Usual adult dose is 2 to 3 tablets daily in divided dosage. This dose can be increased to 4 or 5 tablets daily—see Adverse Effects.

Supplied: Each peach-colored, compressed tablet contains: calcium theophylline aminoacetate 500 mg and ephedrine HCl 25 mg. Available in bottles of 100, 500 and 1,000 tablets.

ACETEST® *Ames*

Sodium Nitroprusside Reagent

Ketonuria Diagnostic Aid

Indications: Detection of acetone and diacetic acid in urine in concentrations of 1:1,000 or higher.

Precautions: Specimens containing Urofix as a urine preservative will produce an atypical gray color. Bromsulphalein or high concentrations of phenylketones will cause color reactions with Acetest tablets. Results should not be interpreted under fluorescent lighting only.

Method of Use: Place tablet on a clean sheet of paper, add 1 drop of urine to tablet and wait 30 seconds to compare reaction with color chart provided. Trace, moderate or strongly positive reactions are indicated by color range of lavender to deep purple.

Overdose: Symptoms: If accidently ingested, symptoms are those of borate poisoning.

Treatment: Gastric lavage. (Acute oral LD_{50} in rats is the equivalent of 6.2 tablets per lb. of body weight).

Supplied: Reagent tablets containing: sodium nitroprusside, disodium phosphate, glycine and lactose. Available in bottles of 100 and 250 reagent tablets.

ACETOBAR ⊕ *Saunders*

Phenobarbital-A.S.A. ***Analgesic—Sedative***

Indications: As an analgesic-sedative for the relief of anxiety and tension states associated with pain, fever, malaise, headache, the common cold or sore throat and muscle and joint pains.

Contraindications, Precautions and Adverse Effects: As for acetylsalicylic acid and phenobarbital.

Dosage: As prescribed.

Supplied: Each tablet contains: acetylsalicylic acid 5 grains, phenobarbital ¼ grain. Available in bottles of 100 and 1,000 tablets.

ACETONE TEST (DENCO)® *Denver*

Sodium Nitroprusside Reagent

Ketonuria Diagnostic Aid

Indications: The detection of ketone bodies (acetone or acetoacetic acid) in the urine.

Method of Use: Shake the vial of powder before using. Place small quantity of the powder on a piece of clean white paper. Moisten the powder thoroughly with 2 or 3 drops of urine or plasma. Color reaction will occur within 1 minute. If ketone bodies (acetone or acetoacetic acid) are present, the powder will turn a shade of purple. A trace will produce a light lavender shade, a larger amount will produce a dark purple. If no acetone is present the powder will turn grayish yellow.

Supplied: Each 3 dram screw cap vial contains: sufficient dry powder reagent (sodium nitroprusside, ammonium sulfate and sodium carbonate) for approximately 100 tests.

ACETOPHEN® *Frosst*

Acetylsalicylic Acid ***Analgesic—Antipyretic***

Indications: Analgesic, antipyretic, anti-inflammatory agent in a variety of conditions. Symptomatic relief of pain and fever associated with colds of acute respiratory infections, gout, acute rheumatic fever, headache, arthritic or rheumatic pain, neuritis, neuralgia.

Contraindications: Salicylate sensitivity, gastrointestinal ulceration.

Precautions: Acetylsalicylic acid may depress the plasma prothrombin concentration. Care, therefore, should be exercised when acetylsalicylic acid and anticoagulants are prescribed concurrently.

Large doses of salicylates may have a hypoglycemic action. This may affect the insulin requirements of diabetics. Salicylates can produce changes in thyroid function tests, and slightly increase the renal excretion of uric acid.

Adverse Effects: Tinnitus, nausea, vomiting and diarrhea. Idiosyncrasy to acetylsalicylic acid is uncommon, being manifest as skin rash but rarely anaphylaxis.

Dosage: Adult dose: 5 to 15 grains with water 1 to 3 times daily, as required. Children: 2 to 4 years, 1 to 2 grains; 5 to 9 years, 1 to 3 grains—given 1 to 3 times a day.

Supplied: Each white tablet contains: acetylsalicylic acid 5 grains. Available in bottles of 1,000.

ACETOPHEN® COMPOUNDS *Frosst*

Tablets of ACETOPHEN® (Acetylsalicylic Acid) and various combinations—e.g. 217, 222, 282, 292, 283, 692, etc., refer to Numbers Index

ACETOVAGINAL *Barlowe Cote*

Acetarsol Compound ***Vaginitis Therapy***

Indications: For the treatment of leukorrhea and vaginitis.

Contraindications: Known sensitivity to arsenicals.

Dosage: Acute cases, 3 to 4 inserts the first day; subsequent days, 2 inserts, then 1 insert daily and finally 1 insert every other day in proportion as condition improves.

Supplied: Each vaginal insert contains: acetarsol 0.25 g, boric acid 0.05 g and carbohydrate 0.7 g. Available in bottles of 100, 250 and 1,000 inserts.

ACETYL-SAL and Compounds *Hartz*

Acetylsalicylic Acid ***Analgesic—Antipyretic***

Indications: For temporary relief of pain, fever, malaise; headache, coryza; sore throat; toothache; and muscle and joint pains.

Contraindications, Precautions and Adverse Effects: As for acetylsalicylic acid and codeine. Analgesic abuse (excessive and prolonged therapy) has been associated with renal nephropathy.

Dosage: As prescribed.

Supplied: Acetyl-Sal: Each tablet contains: acetylsalicylic acid 5 grains.

Acetyl-Sal Buffered: Each tablet contains: acetylsalicylic acid 5 grains buffered with a balanced colloidal aluminum-magnesium gel.

Acetyl-Sal Compound: Acetylsalicylic acid 3½ grains, phenacetin 2½ grains, caffeine ¼ grain.

Acetyl-Sal Comp. with Codeine No. 1 Ⓝ : Acetylsalicylic acid 3½ grains, phenacetin 2½ grains, caffeine ¼ grain, codeine phosphate ⅛ grain.

Acetyl-Sal Comp. with Codeine No. 2 Ⓝ: Formula as in No. 1 but with ¼ grain codeine phosphate.

Acetyl-Sal Comp. with Codeine No. 3 Ⓝ: Formula as in No. 1 but with ½ grain codeine phosphate.

Each product is available in bottles of 1,000 tablets.

ACETYLSALICYLIC ACID

A.S.A. ***Analgesic—Antipyretic—Anti-inflammatory***

Indications: Analgesic, antipyretic, anti-inflammatory agent in a variety of conditions. For the treatment of rheumatoid arthiritis, osteoarthritis, nonarticular rheumatism such as bursitis, painful shoulder syndrome, tendosynovitis, fibrositis, and other musculoskeletal disorders. The drug may also be used for the symptomatic relief of pain, aches, and discomfort of headache, neuralgia, minor injuries, dysmenorrhea, common cold and other minor infections of the respiratory tract.

Contraindications: Salicylate sensitivity, gastrointestinal ulceration. Relative contraindications include hepatic or renal impairment, existing or predisposition to anemia, hypoprothombinemia, fluid retention or sodium retention.

Precautions: The effects of bishydroxycoumarin type anticoagulants and sulfonylurea hypoglycemic agents are increased by salicylates Although salicylates are uricosuric agents in huge doses, small doses of salicylates depress uric acid clearance and thus decrease the uricosuric effects of probenecid, sulfinpyrazone and phenylbutazone. Sodium excretion produced by spironolactone is also decreased by salicylates. Salicylates may also interfere with certain diagnostic procedures such as PBI test for thyroid function. Acetylsalicylic acid may also decrease cholesterol levels and other serum lipid fractions in hypercholesterolemic patients. In Canada, acetylsalicylic acid is one of the most frequent causes of accidental poisoning in infants and toddlers. A.S.A.-containing preparations should, therefore, be stored well out of the reach of all children.

Adverse Effects: Dyspepsia or heartburn is experienced by about 5% of patients after a single dose of A.S.A. This intolerance may preclude use in a few patients. Nausea, vomiting and diarrhea are also common. A much more serious problem, however, is gastroduodenal bleeding and ulceration which can be produced by A.S.A. This effect is apparently unrelated to dyspepsia or gastric upset.

Large doses of A.S.A. (3 to 8 g/day) may cause tinnitus, vertigo and bilateral hearing loss. Ototoxicity is an innate toxic effect of salicylates which is dose related and experienced by almost all patients with salicylate blood levels of 30 to 60 mg/100 ml. The effect is reversible, tinnitus disappearing rapidly and hearing returning within a week.

Acetylsalicylic acid can produce allergic reations manifested by asthma, angioneurotic edema and rarely anaphylactic shock. Skin eruptions such as urticaria and purpura are also seen. Although the incidence of allergic reactions to A.S.A. is quite low the mortality of salicylate-sensitive asthmatics is said to be high.

Overdose: Symptoms: Symptoms are those of salicylate intoxication. In mild overdosage these may include rapid and deep breathing, nausea, vomiting (leading to alkalosis), hyperpnea, vertigo, tinnitus, flushing, sweating, thirst and tachycardia. (High blood levels of acetylsalicylic acid lead to acidosis). Severe cases may show fever, hemorrhage, excitement, confusion, convulsions or coma, and respiratory failure.

Treatment: Administer water, mild or universal antidote and remove by gastric lavage or emesis. Force fluids (e.g. salty broth) to replace sodium loss. If the patient is unable to retain fluids orally, the alkalosis can be treated by hypertonic saline intravenously. If salicylism acidosis is present, sodium bicarbonate intravenously is preferred because it increases renal excretion of salicylate. Treat severe excitement or convulsions with a barbiturate. Vitamin K is indicated if there is evidence of hemorrhage. Hemodialysis has been used with success. Prophylactic antibiotics are helpful.

Dosage: Orally or rectally by enema or suppository. For minor aches, 300 to 600 mg of A.S.A. may be given every 4 to 6 hours if necessary. With continued high dosage, in rheumatic fever, amounts up to 12 g/day may be used.

Total daily dosage for children is 40 mg/lb. body weight given in 4 or more divided doses.

Suppliers: Anca (Ancasal, Tolerin); BDH; Can. Pharm. (Supasa); C & C (Neopirine No. 25); Chemo; Dymond (Acetal); Empire; Frosst (Acetophen,● Entrophen●); Hartz (Acetyl-Sal); I&B (Cetasal); Marsan (Monasalyl); MTC (Acetylsal); M & M (Sal-Infant, Sal-Adult supp.); Noco; Nova (Nova-Phase Simple); Novopharm (Novasen); Parke & Parke (Cetyl No. 1); Poulenc (Rhonal●); SK&F (Ecotrin●).

ACETYLSALICYLIC ACID COMPOUNDS with CODEINE, 304 and 334 Ⓝ *Ayerst*

A.P.C. & C. ***Analgesic—Antipyretic***

Indications: For temporary relief of pain, fever and malaise; headache; head cold; sore throat; toothache; and muscle and joint pains.

Contraindications, Precautions and Adverse Effects: As for acetylsalicylic acid and codeine. May be injurious if taken in large doses or for a long time. Do not exceed the recommended dose without consulting a physician.

Dosage: As prescribed.

Supplied: Each yellow, hard gelatin, dry powder capsule with **"Ayerst"** imprint contains: acetylsalicylic acid 215 mg, phenacetin 135 mg, caffeine (alkaloid) 15 mg, and codeine phosphate 15 mg (304 formula) or 30 mg (334 formula). Available in bottles of 100 capsules.

ACHROCIDIN® Ⓟ *Lederle*

Tetracycline-Salicylamide Compound

Antibiotic—Analgesic

Indications: The treatment of tetracycline-sensitive bacterial infection which may complicate vasomotor rhinitis, sinusitis and other allergic diseases of the upper respiratory tract, and for the concomitant symptomatic relief of headache and nasal congestion.

Contraindications, Precautions and Adverse Effects: As for Achromycin●. Tablets contain phenacetin which may be injurious if taken in large doses or for a long time. Patients should be cautioned not to operate vehicles or hazardous machinery until their response to the drug has been determined. Since the depressant effects of antihistamines are additive to those of other drugs affecting the central nervous system, patients should be cautioned against drinking alcholic beverages or taking hypnotics, sedatives, pyschotherapeutic agents or other drugs with CNS depressant effects during antihistamine therapy. Rarely, prolonged therapy with antihistamine-containing preparations can produce blood dyscrasias.

Dosage: Adults, 2 teaspoonfuls of syrup or 2 tablets, with water at onset of symptoms, then 2 teaspoonfuls or 2 tablets 3 or 4 times daily for 3 to 5 days. Children, dosage is determined by the tetracycline content which is 10 to 20 mg/lb. of body weight per day. Oral forms of tetracycline should be given 1 hour before or 2 hours after meals. This dosage should not be given with milk formula or other calcium containing foods and should be given at least 1 hour prior to feeding.

Supplied: Syrup: Each 5 ml of lemon-lime flavored syrup contains: tetracycline HCl 125 mg, phenacetin 120 mg, salicylamide 150 mg, ascorbic acid 25 mg, pyrilamine maleate 15 mg, with methylparaben 4 mg, and propylparaben 1 mg, as preservatives. Available in 2 fl. oz. bottles.

Tablets: Each yellow, coated tablet contains: tetracycline HCl 125 mg, phenacetin 120 mg, caffeine 30 mg, salicylamide 150 mg, chlorothen citrate 25 mg. Available in bottles of 24, 100 and 500 tablets.

ACHROMYCIN® Preparations Ⓟ *Lederle*

Tetracycline HCl *Antibiotic*

Indications: Tetracycline is active against a wide variety of gram-positive and gram-negative bacteria, rickettsiae, spirochetes, and viruses of the lymphogranuloma-psittacosis-trachoma group. Representative infections in which tetracycline preparations may be used are: pneumococcal infections (lobar pneumonia); streptococcal infections (cellulitis, bronchopneumonia, follicular tonsillitis, otitis media, pharyngitis, scarlet fever, urinary tract infections); staphylococcal infections (abscesses, acute bronchitis, furunculosis, impetigo, laryngotracheitis, ophthalmic infections); osteomyelitis; otitis media, pharyngitis, septicemia, sinusitis, tonsillitis, tracheobronchitis, urinary tract infections; Neisseria infections (gonorrhea, meningitis); Proteus infections (due to tetracycline-sensitive strains); Escherichia coli infections (abscesses, peritonitis, urinary tract infections); Shigella infections (bacillary dysentery); Hemophilus infections; Rickettsial infections (epidemic typhus, Rocky Mountain spotted fever); virus-like infections (lymphogranuloma, psittacosis, trachoma); intestinal amebic infections; acute brucellosis (in conjunction with streptomycin) and Mycoplasma pneumoniae infections. Recommended for mixed infections of the eye and for such pyogenic dermatologic conditions as secondarily infected atopic dermatitis, sycosis and eczematous otitis externa.

Because tetracycline tends to accumulate in certain neoplastic cells and to exhibit a brilliant, yellow-gold fluorescence when exposed to ultraviolet light, it may be useful in experienced hands for the diagnosis of malignancy.

Tetracycline can also be of benefit in the treatment of acne and in the adjunctive management of infections caused by susceptible strains of E. histolytica.

Contraindications: Known hypersensitivity to tetracycline or any of its analogues; presence of severe renal or hepatic disease.

Precautions: With the tetracyclines local reactions, including thrombophlebitis, infrequently allow i.v. administration. The incidence and severity of this reaction can be minimized by using dilute solutions and by avoiding diffusion into the surrounding tissues.

Aluminum, calcium and magnesium, interfere significantly with the absorption of tetracycline. Therefore these antibiotics generally should be administered to patients on an empty stomach, and milk, food, or such agents as aluminum hydroxide gel, magnesium sulfate, or dicalcium phosphate should be withheld for at least 1 hour after administration. If gastrointestinal disturbances are encountered these may be minimized by reducing the individual dose and administering at more frequent intervals. This tends to reduce irritating concentrations of the drug in the digestive tract.

The patient should be watched carefully for signs of secondary infection caused by non-susceptible organisms. If such infections appear, the antibiotic should be discontinued and/or other appropriate measures taken.

Tetracycline may form a stable calcium complex in any bone-forming tissue with no serious harmful effects reported thus far in humans. However, use of tetracycline during tooth development (i.e. last trimester of pregnancy, neonatal period and early childhood) may cause yellow-grey-brownish discoloration of the teeth. This effect occurs mostly during long-term use of the drug but it has also been observed in usual short treatment courses.

If renal impairment exists, even usual oral or parenteral doses may lead to excessive systemic accumulation of the drug and possible liver toxicity. Under such conditions, lower-than-usual doses are indicated and if therapy is prolonged tetracycline serum level determinations may be advisable.

Individuals with a history of photosensitivity reactions should be instructed to avoid exposure to direct sunlight while under treatment with this or other tetracyclines and therapy should be discontinued at first evidence of skin discomfort.

Adverse Effects: The toxic effects of tetracycline are primarily gastrointestinal: anorexia, nausea, vomiting, diarrhea and flatulence.

Hematotoxic effects, including neutropenia and hemolytic anemia, have occurred rarely.

Other undesirable effects are enterocolitis; stomatitis, including vesiculopapular oral lesions; glossitis, including black hairy tongue; dryness of the mouth; pharyngitis; dysphagia; hoarseness; and inflammatory lesions (with monilial overgrowth) of the vulva, vagina, and perianal region. Most of these effects are related to suppression of normal enteric flora with overgrowth of other organisms. Superinfections, including rare episodes of staphylococcal enterocolitis, have been caused by both the oral and i.v. administration of tetracyclines.

Certain hypersensitive individuals may develop a photodynamic reaction precipitated by exposure to direct sunlight during the use of this drug. This reaction is usually of the photoallergic type which may also be produced by other tetracycline derivatives, particularly demethylchlortetracycline.

Hypersensitivity reactions attributed to tetracycline therapy, although uncommon, include anaphylaxis, angioneurotic edema, anaphylactoid vascular purpura, urticaria, exfoliative dermatitis, and exacerbation of systemic lupus erythematosus.

Cross sensitization among the various tetracyclines is common.

The tetracyclines have been shown to delay blood coagulation, and thus the effects of certain anticoagulants may be potentiated. This anticoagulant effect has been attributed to an alteration in the physiochemical properties of certain lipoproteins. Interference with vitamin K synthesis, particularly in elderly patients with marginal hepatic function, may also contribute to this effect.

The antianabolic action of the tetracyclines may result in elevated blood levels of NPN and an increased excretion of urinary nitrogen. Ordinarily, this imposes no problem in patients with adequate renal function. In patients with significant kidney impairment, however, higher serum levels of tetracycline may occur, with development of azotemia, hyperphosphatemia, and acidosis in varying degrees. Consequently, increasing levels of BUN may not accurately reflect changes in renal function; the serum creatinine will provide a more reliable index.

Outdated and degraded products of tetracycline have been shown to affect renal tubular function and induce kidney damage corresponding clinically to the acute Fanconi syndrome (nausea, vomiting, albuminuria, glycosuria, aminoaciduria, hypophosphatemia, hypokalemia, and acidosis). Such damage is usually reversed slowly after withdrawal of the degraded tetracycline, although fatal reactions have been reported. This effect has occurred in patients given tetracycline HCl capsules containing citric acid that were stored beyond their expiration date under conditions of increased heat and humidity. Since the use of the acid ingredient has been abandoned, this reaction should no longer present a problem. However, as with other medications, the expiration dates should be noted and carefully adhered to.

Hepatic toxicity, associated with pancreatitis in some cases, has been attributed to the long-term use of doses larger than those recommended in patients with renal insufficiency or to the concomitant administration of other potentially hepatotoxic drugs. This serious reaction has occurred most often in pregnant or postpartum patients with pyelonephritis. When it is essential to administer any of the tetracyclines intravenously, the blood level should not be permitted to exceed 15 mcg/ml and, if possible, other potentially hepatotoxic drugs should be avoided. Presumably, large doses may be expected to have comparable toxicity by either the i.m. or oral route if renal or hepatic insufficiency is present.

Dosage: Oral: Adults should receive an average daily dose of 250 mg 4 times a day. Higher dosages, such as 500 mg 4 times a day may be required for severe infections. In general, the pediatric dosage should supply 10 to 20 mg of tetracycline/lb. of body weight each day, in divided doses, depending on the type and severity of the infection. The medication should be administered 1 hour before or 2 hours after meals.

Parenteral: I.V. or i.m. administration should be employed only when the oral route is not practical.

I.M.—Add 2 ml of sterile water for injection U.S.P. (or sodium chloride injection U.S.P.) to the 100 mg or 250 mg vial. The resulting solution may be stored at room temperature and should not be used after 24 hours. Inject deeply, either into the gluteal region or the anterior thigh. Inadvertent injection into the subcutaneous or fat layers may cause mild pain and induration, which can be relieved by applying an ice pack.

Infants and children: 10 mg/kg (4.5 mg/lb.) body weight per day in divided doses. Adults: Average dose range: 200 to 300 mg daily in divided doses or a single 250 mg vial per day. In severe infections: 100 mg every 4 to 6 hours or one 250 mg vial every 12 hours.

I.V.—The vials may be initially reconstituted by adding 5 ml of sterile water for injection to the 250 mg vial and 10 ml of sterile water for injection to the 500 mg vial. After the solution has been prepared, it should be further diluted prior to administration to at least 100 ml (up to 1,000 ml) with any of the following diluents: sterile water for injection U.S.P.; sodium chloride injection U.S.P.; dextrose injection U.S.P.; dextrose and sodium chloride injection U.S.P.; Ringer's injection U.S.P.; Lacatated Ringer's injection U.S.P.; protein hydrolysate injection; low sodium U.S.P. 5%, 5% with dextrose 5%, 5% with invert sugar 10%.

The initial reconstituted solutions are stable at room temperature for 12 hours without significant loss of potency. The final dilution for administration should be administered without delay. The use of solutions containing calcium should be avoided as these tend to form precipitates (especially in neutral to alkaline solution) and, therefore, should not be used unless necessary. However, Ringer's injection, U.S.P. and Lactated Ringer's injection U.S.P. can be used with caution since the calcium ion content in these diluents does not normally precipitate tetracycline in an acid media.

The rate of infusion should not exceed 100 ml per 5 minutes. Tetracycline i.v. infusion may precede or follow, but should not accompany, a blood transfusion. The i.v. route should not be used unless the oral route is not feasible.

Usual dose is 500 mg at 12-hour intervals which should not ordinarily be exceeded unless the physician, because of the severity of the disease, wishes to increase it to a maximum of 500 mg every 6 hours. The suggested parenteral pediatric dosage for newborn and young children is 10 to 15 mg/kg per day, given in 2 doses. Because of insufficient experience in the treatment of infants under 1 month of age, caution should be exercised in administering the drug to patients in this age group.

Topical Ointment: Apply directly to the involved area preferably on sterile gauze, one or more times daily as the condition indicates. In severe local infections, systemic therapy may become necessary as prescribed.

Ophthalmic Ointment: Apply to the infected eye every 2 hours or oftener as the condition and response indicate. Severe or stubborn infections may require oral antibiotic administration in addition to local treatment.

Supplied: Injectables: I.M.—Each vial contains:

	100 mg vial	250 mg vial
Tetracycline HCl	100 mg	250 mg
Procaine HCl	40 mg	30 mg
Magnesium Chloride	46.84 mg	46.84 mg
Ascorbic Acid	250 mg	275 mg

Available in boxes of 12 vials.

I.V.—Each vial contains:

	250 mg vial	500 mg vial
Tetracycline HCl	250 mg	500 mg
Ascorbic Acid	625 mg	1250 mg

Available in boxes of 12 vials.

Topical Ointment: Each g contains: tetracycline HCl 3%, with methylparaben 2.4% and propylparaben 0.6% as preservatives in a wool fat-petrolatum base. Available in 1 oz. tubes.

Ophthalmic Ointment: Each ⅛ oz. tube contains: 1% tetracycline HCl in a wool fat-petrolatum base.

ACHROMYCIN® V [P] *Lederle*

Tetracycline HCl ***Antibiotic***

Supplied: Capsules: Each blue-yellow, hard-shell capsule contains: tetracycline HCl 100 or 250 mg. Available in bottles of 100 capsules and bottles of 100 and 500 capsules respectively.

Pediatric Drops: Each ml (20 drops) contains: tetracycline equivalent to tetracycline HCl 100 mg, buffered with citric acid and sodium citrate; preservatives—methylparaben 0.12% and propylparaben 0.03%, cherry flavored. Available in 10 ml plastic-dropper type bottles.

Syrup: Each 5 ml of cherry-flavored syrup contains: tetracycline HCl activity of 125 mg; plus the preservatives as in drops. Available in 2 and 16 fl. oz. bottles.

For prescribing information, refer to Achromycin monograph.

ACID MANTLE *Dome*

Aluminum Acetate ***Dermatitis Therapy***

Indications: To restore and maintain the normal protective acidity of the skin and facilitate healing. For dry, cracked, scaly hands, housewives' hand eczema, soap and alkali dermatitis, occupational dermatitis, nummular eczema, and mild dermatoses resulting from wet work, chemicals, detergents. A vehicle for steroids, tars and other topical drugs.

Dosage: Prophylactically after each washing of skin surface. Therapeutically as required.

Supplied: Available in cream or lotion form—formulated with buffered aluminum acetate in a water-miscible base. Acid pH. Availability: **Creme:** 30 g tubes, 120 g Dispensajars; 1 lb. jars. **Lotion:** 114 ml squeeze bottles.

ACIDOBYL® *Desbergers*

Bile Salts-Homatropine Compound

Choleretic—Antispasmodic

Indications: Biliary insufficiency, chronic constipation.

Contraindications: Biliary tract obstruction, acute hepatitis, glaucoma, advanced renal or hepatic disease, hypersensitivity to any of the components.

Precautions: Prostatic hypertrophy. Observe long-term patients periodically for signs of increased intraocular pressure.

Adverse Effects: Diarrhea, dry mouth, blurred vision and difficult urination may occur.

Dosage: 1 or 2 tablets after each meal.

Supplied: Each sugar-coated tablet contains: dehydrocholic acid 120 mg, bile salts 120 mg, dioctyl sodium sulfosuccinate 60 mg, homatropine methylbromide 0.5 mg. Available in bottles of 50 and 500 tablets.

ACIDOBYL AND CASCARA® *Desbergers*

Bile Salts-Homatropine-Cascara Compound

Choleretic—Laxative

Indications: Biliary insufficiency; chronic constipation.

Contraindictions, Precautions and Adverse Effects: As for Acidobyl.

Dosage: 1 or 2 tablets after each meal.

Supplied: Each chocolate-coated tablet contains: dehydrocholic acid 60 mg, bile salts 120 mg, casanthranol 20 mg, dioctyl sodium sulfosuccinate 50 mg, homatropine methylbromide 0.5 mg. Available in bottles of 50 and 500 tablets.

ACIDOGEN *Abbott*

d-Glutamic Acid HCl ***Gastric Acidifier***

Indications: To counterbalance deficiency of hydrochloric acid in the gastric juice and to destroy or inhibit the growth of putrefactive micro-organisms in ingested food. A deficiency of hydrochloric acid is often associated with pernicious anemia, gastric carcinoma, congenital achlorhydria, and allergy.

Contraindications: Should not be used if gastric hyperacidity or peptic ulcers are present.

Precautions: Glutamic acid (not the hydrochloride) has been reported of value in the treatment of petit mal, and in mentally retarded children. Glutamic acid HCl is not used for these purposes.

Overdose: Symptoms: Massive overdosage may produce systemic acidosis.
Treatment: Alkalis, such as sodium bicarbonate, or sodium r-lactate solution, one molar (to be diluted).

Dosage: 1 or more capsules shortly after beginning of meal and 1 or more capsules shortly after completion.

Supplied: Each capsule contains: glutamic acid HCl 5 grains, equivalent to 0.6 ml of dilute hydrochloric acid. Available in bottles of 100 and 1,000 capsules.

ACIDOL-PEPSIN *Winthrop*

Pepsin—Betaine HCl ***Gastric Acidifier***

Indications: To counterbalance deficiency of hydrochloric acid in the gastric juice and to destroy or inhibit the growth of putrefactive micro-organisms in ingested food. A deficiency of hydrochloric acid is often associated with pernicious anemia, gastric carcinoma, congenital achlorhydria, and allergy.

Contraindications: Should not be used if gastric hyperacidity or peptic ulcers are present.

Dosage: Two to three capsules with water, before, during, or after meals.

Supplied: Each hard, No. 1, red capsule contains: betaine HCl 4 grains (equivalent to 10 minims dilute hydrochloric acid), and pepsin 3.5 grains. Available in bottles of 50 capsules.

ACIDULIN® *Lilly*

Glutamic Acid HCl ***Gastric Acidifier***

Chemistry: Glutamic acid HCl is an amino acid chemically combined with hydrochloric acid which, upon contact with water, releases hydrochloric acid. It is a white crystalline powder with a characteristic odor and a sour taste. Solutions in water are acid to litmus. Soluble 1 in 3 of water and 1 in 200 of alcohol; almost insoluble in chloroform and ether. Incompatible with alkalis and magnesium. Protect from light.

Indications: To counterbalance deficiency of hydrochloric acid in the gastric juice and to destroy or inhibit the growth of putrefactive micro-organisms in ingested food. A deficiency of hydrochloric acid is often associated with pernicious anemia, gastric carcinoma, congenital achlorhydria, and allergy.

Contraindications: Should not be used if gastric hyperacidity or peptic ulcers are present.

Precautions: Glutamic acid (not the hydrochloride) has been reported of value in the treatment of petit mal, and in mentally retarded children. Glutamic acid HCl is not used for these purposes.

Overdose: Symptoms: Massive overdosage may produce systemic acidosis.
Treatment: Alkalis, such as sodium bicarbonate, or sodium r-lactate solution, one molar (to be diluted).

Dosage: One to three Pulvules daily before meals.

Supplied: Each No. 1, pink Pulvule capsule is equivalent to about 10 minims of dilute hydrochloric acid, N.F. or to about 16.8 ml of 0.1 N hydrochloric acid. Available in bottles of 100 Pulvules.

Identi-Code: F 31.

ACIGENA® Lotion *Prof. Pharm. Corp.*

Hexachlorophene Compound ***Dermatitis Therapy***

Indications: For irritated hands and skin, especially when caused by alkaline irritants. For "dishpan hands".

Dosage: When used for treatment of irritated hands and skin, use Neutrogena instead of soap, followed by Acigena lotion.

Supplied: A soft, white skin lotion with a pH of 5, containing 0.5% hexachlorophene. Available in 4 and 40 fl. oz. bottles.

. . . All practitioners are required to be familiar with legislation pertaining to drugs. Refer to the summaries printed in the last section.

ACI-JEL® *Ortho*

Acetic-Boric Acid Compound ***Vaginal Acidifier***

Indications: In cases where the restoration and maintenance of vaginal acidity is desirable as in the treatment of nonspecific vaginal infection and in the milder forms of simple cervicitis. Also useful prophylactically after courses of more specific therapy.

Dosage: In the average case, one applicatorful intravaginally in the morning and upon retiring. In those cases where there is a tendency to vaginal discharge or leakage, a vulvar pad is recommended. The frequency of application and duration of treatment depends upon the type of case and the degree of progress.

Supplied: Jelly: Contains: acetic acid 0.92%, oxyquinoline sulfate 0.025%, ricinoleic acid 0.7%, boric acid 3% and glycerin 5%, compounded with tragacanth, acacia, propylparaben, potassium hydroxide, stannous chloride, egg albumen, potassium bitartrate, perfume and water. Available in 85 g tubes with or without applicator.

ACLOVITE® ANTIBIOTIC OINTMENT ℞ *Dow*

Cod Liver Oil Compound ***Local Anti-Infective***

Indications: For the prevention and/or treatment of irritated, denuded or inflamed skin conditions associated with diaper rash, impetigo, minor skin irritations and infections, superficial wounds and minor burns.

Precautions: Sensitivity rarely occurs but if itching, burning or inflammation follows application, usage should be discontinued. As with any antibiotic product, overgrowth by nonsusceptible organisms is possible and if this occurs, treatment should be discontinued and appropriate measures instituted.

Dosage: Apply freely, either directly or on a sterile gauze dressing to cover the infected area 2 or 3 times a day, or as required.

Supplied: Each g contains: neomycin sulfate 5 mg, tyrothricin 1 mg, urea 50 mg, cod liver oil 300 mg. Available in ½ oz. tubes.

ACNAVEEN® CREAM *Cooper*
ACNAVEEN® TREATMENT BAR

Colloidal Oatmeal-Sulfur Compound ***Acne Therapy***

Indications: For the treatment of acne and dandruff.

Dosage: Acne: Wet face thoroughly and massage into skin vigorously to produce lather. Allow lather to remain on skin for several minutes. Rinse thoroughly. Repeat 2 or 3 times daily or as required.

Dandruff: Wet hair and scalp thoroughly. Massage liberal amount of Acnaveen Cream in hair and scalp. Leave lather on for 5 minutes. Rinse. Repeat shampoo and rinse hair and scalp immediately. Use twice weekly, or as required.

Supplied: Each 3.8 oz. Acnaveen Bar or each 4 oz. plastic tube of Acnaveen Cream contains: Aveeno colloidal oatmeal, sudsing agents, 2% sulfur, 2% salicylic acid and hexachlorophene.

ACNE-AID CREAM *Winley-Morris*

Sulfur-Resorcinol Compound ***Acne Therapy***

Indications: In acne vulgaris, and where a mild keratolytic, antiseborrheic and antimicrobial agent is required.

Contraindications: Do not apply to diffuse, acutely inflamed areas.

Precautions: Keep away from eyes and off eyelids. Should excessive dryness or irritation develop, discontinue use.

Dosage: Wash the affected part with cleanser recommended by the physician. Dry thoroughly without rubbing. Apply Cream with the fingertips, allowing a thin film to remain.

Supplied: Each 1½ oz. tube of cream contains: sulfur 2.5%; resorcinol 1.25%; hexachlorophene 0.625%; chloroxylenol 0.375% with microporous cellulose in a flesh colored, greaseless, water-washable base.

ACNE-AID SOAP *Winley-Morris*

Detergent

Indications: To cleanse oily skin; open clogged pores; a shampoo for the oily scalp.

Dosage: Using warm water, massage lather on affected areas, with fingers, cloth or facial brush as indicated. Rinse warm, then cold. Repeat if skin is very oily. Dry and apply medication, if any.

Supplied: Each 3½ oz. cake consists of a hypoallergenic blend of neutral soap and surfactant.

. . . Careful calculation of drug dosage in children is essential. Refer to the special table included in the last section of CPS.

ACNE-DOME® *Dome*

Sulfur-Hexachlorophene Compound ***Acne Therapy***

Indications: Acne vulgaris and related skin and scalp conditions.

Precautions: Keep away from eyes. Discontinue treatment if excessive dryness or skin irritation occurs.

Dosage: Wet skin or scalp, apply cleanser to moist cellulose sponge and work into lather, massage for 5 minutes, rinse.

Supplied: A medicated, soapless, sudsing cleanser containing: 2% sulfur, 1% hexachlorophene, 2% salicylic acid and colloidal soya protein complex in Acid Mantle® vehicle. Acid pH. Available in 120 g Dispensajars with cellulose sponge enclosed.

ACNE KIT *Winthrop*

Dermatological

Kit: Special combination package, containing 1 bottle of pHisoHex 5 oz. and 1 tube of pHisoAc 1½ oz. For full description, see monograph on individual products.

ACNESTROL® LOTION ℞ *Prof. Pharm. Corp.*

Stilbestrol Compound ***Acne Therapy***

Indications: Selected acne vulgaris, when topical estrogens are indicated.

Contraindications: Malignancies or precarcinomatous lesions of the vagina, vulva or breasts.

Precautions: Excessive or prolonged use may cause gynecomastia, nipple pigmentation in the male and uterine bleeding in the female. These effects are reversible.

Dosage: Wash skin thoroughly. Apply thin film (not to exceed ½ teaspoonful once daily).

Supplied: Each 2 fl. oz. bottle with color blender contains: a flesh-tinted lotion containing stilbestrol 0.0875% w/v (0.7 mg stilbestrol/g lotion), hexachlorophene 0.5% w/v and isopropyl alcohol 29% by volume.

ACNOMEL® *SK&F*

Resorcinol-Sulfur-Hexachlorophene

Acne Therapy

Indications: Treatment of acne—basic topical medication for acne. The cake may be used by patients who desire a medicated preparation to mask lesions during the day and by those with sensitive skin.

Contraindications: Should not be applied to diffuse, acutely inflamed areas. Keep out of eyes and off eyelids.

Precautions: Moderate erythema and scaling are normal and expected results of Acnomel therapy. However, should these reactions become excessive, the patient should apply Acnomel less frequently or discontinue until they subside.

Pharmaceutical Compatibility: Acnomel should not be diluted or compounded with other drugs. The product should be dispensed in the original container.

Overdose: Involves the skin primarily.

Symptoms: Moderate erythema and scaling are normal and expected results of Acnomel therapy. Overdosage is marked by excessive drying and erythema or by burning and itching.

Treatment: Switch the patient to one-half strength Acnomel cake. In severe cases, discontinue medication and apply a bland ointment or cold cream.

Accidental Ingestion—In case of accidental ingestion of Acnomel by children, the amount which the child succeeds in swallowing would be expected to be small, and symptoms would generally consist merely of mild gastrointestinal disturbance. Treatment consists of general measures such as inducing emesis; gastric lavage; catharsis; and forcing fluids.

Dosage: Before application, wash affected areas with soap and water, then dry.

Cake—Apply with moist sponge or finger tips, no oftener than 2 or 3 times in 24 hours.

Cream—Apply a thin coating with fingers. Stroke on lightly; do not rub in. One application daily is usually adequate.

Supplied: Cake: (Half strength)—resorcinol 1%, sulfur 4%, hexachlorophene 0.25% in a washable, flesh-tinted cake base. Available in 1 oz. plastic containers.

Cream: (Standard strength)—resorcinol 2%, sulfur 8%, hexachlorophene 0.25% in a stable, greaseless, flesh-tinted base. Available in 1½ oz. tubes.

. . . SYMBOLS:
℞ denotes "Prescription required".
Ⓒ denotes "Controlled Drug".
Ⓝ denotes "Narcotic".

ACODIN Ⓝ *Noco*

Ephedrine-Guaiacol-Codeine Compound

Antitussive—Expectorant

Indications: Symptomatic relief of coughs and nasal congestion due to colds.

Contraindications: Sensitivity to any of the components, patients receiving MAO inhibitors.

Precautions: Use with caution in severe hypertension, cardiovascular disease, diabetes mellitus, glaucoma, or hyperthyroidism and where patients are sensitive to sympathomimetic amines.

Adverse Effects: Gastric distress, nausea, vomiting, restlessness, insomnia or mild tremor may occur with large doses.

Dosage: Adults—1 teaspoonful at half-hour intervals for 3 doses; then every 3 or 4 hours as required. Maximum daily dose 6 teaspoonfuls. Children: only as prescribed.

Supplied: Each ml of syrup contains: ephedrine HCl 0.57 mg, terpin hydrate 0.57 mg, ammonium chloride 2.28 mg, sodium monobenzyl succinate 9.04 mg, potassium guaiacolsulfonate 4.56 mg, menthol 0.17 mg, codeine phosphate 0.76 mg, chloroform 0.004 ml. Available in 6, 80 and 160 fl. oz. bottles.

ACRIFLEX® *Glaxo-Allenburys*

Aminacrine HCl ***Topical Antiseptic***

Indications: As a first aid antiseptic application to minor superficial wounds, minor burns, cuts, abrasions, scratches and as an emollient for chapped skin, sunburn, diaper rash and minor superficial skin infections.

Supplied: A non-staining cream containing: aminacrine HCl 1:1,000. Available in 1 oz. tubes and 12 oz. jars.

ACTH

Corticotropin ***Adrenocorticotropic Hormone***

Indications: Allergic diseases (angioneurotic edema, asthma, drug reactions, hay fever, serum sickness). Collagen diseases (acute rheumatic fever, rheumatoid and psoriatic arthritis, bursitis, lupus erythematosus, periarteritis nodosa, scleroderma, rheumatoid spondylitis, Still's disease, tenosynovitis). Dermatologic diseases (anogenital pruritus, atopic and exfoliative dermatitis, dermatitis venenata and medicamentosa, dermatomyositis, pemphigus, psoriasis, urticaria). Endocrine disease (panhypopituitarism). Eye diseases (choroiditis, conjunctivitis, acute secondary glaucoma, iritis, keratitis, optic neuritis, sympathetic ophthalmia, uveitis). Hemolytic diseases (acquired hemolytic jaundice) and numerous other disease states.

ACTH may be used to determine adrenocortical function.

Contraindications: Tuberculosis (active; healed or questionably healed), Cushing's syndrome, glomerulonephritis, ocular herpes simplex and acute psychosis are usually absolute contraindications to corticotropin therapy. Since its action depends on the integrity of the adrenal cortex, ACTH is of no value in Addison's disease or after adrenalectomy. Relative contraindications include: congestive heart failure, diverticulitis, fresh intestinal anastomoses, active or latent peptic ulcer, renal insufficiency, hypertension, thromboembolic tendencies, osteoporosis, diabetes mellitus, psychotic tendencies, acute or chronic infections (especially varicella or vaccinia), other exanthematous and fungal diseases, epilepsy and pregnancy, particularly during the first trimester, because fetal abnormalities have been observed in experimental animals. If corticotropin is used in any of the above conditions, the risks should be weighed against the possible benefits.

Precautions: Skin testing should be considered prior to treatment of patients with known or suspected sensitivities to corticotropin (which is a polypeptide) or porcine proteins. It is recommended that all patients be observed for a period of at least 15 minutes following administration of corticotropin. Epineprhine 1:1,000 for emergency treatment should be available.

Corticotropin should be given only with full knowledge of the characteristic activity of, and the varied responses to it. Average and large doses can cause elevation of blood pressure, salt and water retention, and increased potassium and calcium excretion. The hypertension may be transitory during a period of electrolyte and water retention. Observe blood pressure responses until maintenance dose is established. Dietary salt restriction and potassium supplementation may be necessary. If this does not control fluid retention, decrease the dose, omit a few injections until diuresis occurs, administer a diuretic or consider discontinuation of therapy. Daily weights should be charted as a guide to abnormal weight gains. Muscle weakness, fatigue or paresthesias may be a reflection of potassium deficiency, but are seldom observed if potassium supplement is added to the diet. EKG's or serum potassium levels are recommended guides if corticotropin is administered at high dosage levels for prolonged periods. If necessary, decrease the dosage or temporarily interrupt treatment and resume at a later date on a high potassium regimen. Corticotropin may mask the signs of infection and enhance dissemination of the infecting organism. Hence all patients on corticotropin should be watched for evidence of intercurrent infection. Chest X-rays should be done at regular intervals during prolonged therapy. Should infection occur, initiate vigorous, appropriate anti-infective therapy. Abrupt cessation of corticotropin should be avoided if possible because of the danger of superimposing adrenocortical insufficiency on the infectious process. Since spontaneous remission of some diseases, such as rheumatoid arthritis, may occur during pregnancy, every effort should be made to avoid hormone treatment in pregnancy. To avoid relative pituitary hypofunction, corticotropin therapy should be terminated gradually, particularly when patients are receiving large doses or have undergone prolonged treatment. Furthermore, if such patients are subjected to undue stress, such as surgery or trauma, while being treated or within one year after treatment has been terminated, hormone therapy should be augmented or reinstated and continued for the duration of the stress period and immediately following it. It is preferable to use corticotropin and/or cortisone or hydrocortisone in the immediate pre- and postoperative periods. Continued supervision of the patient after cessation of corticotropin is essential since there may be a sudden reappearance of severe manifestations of the disease for which the patient was treated. Long term therapy may be accompanied by gastric hyperacidity and/or peptic ulcer. An ulcer regimen, as a prophylactic measure is recommended in those with a history of peptic ulcer. Peptic ulcer patients complaining of gastric distress should have X-ray examinations of the gastrointestinal tract. Corticotropin may aggravate diabetes mellitus so that higher insulin dosage may become necessary or manifestations of latent diabetes mellitus may be precipitated. Frequent urine sugar determinations and two hour postprandial blood sugar determinations are recommended during the period of dosage adjustment. Psychotic changes have been observed. If exaggerated euphoria, nervousness, pronounced insomnia or depression occur, reduce or discontinue therapy. Cases which have been treated with steroids for a long period of time and in which adrenal function has consequently been suppressed must be carefully evaluated.

Adverse Effects: Adverse effects, which are usually reversible and disappear when corticotropin is discontinued include: abscess (sterile), activation and complication of peptic ulcer (including perforation and hemorrhage), aggravation or masking of infection, alteration of glucose metabolism with aggravation of diabetes mellitus, including hyperglycemia and glycosuria, aseptic necrosis of hip and humerus, convulsions, Cushing's syndrome, electrolyte imbalance, facial erythema, headache, increased blood pressure, increased intracranial pressure with papilledema (pseudo-tumor cerebri), increased intraocular tension, insomnia, menstrual irregularities, myopathy, necrotizing angitis, osteoporosis (reversible only with difficulty), pancreatitis, petechiae and purpura, posterior subcapsular cataracts (occasionally requiring extraction), postinjection flare, protein catabolism (with negative nitrogen balance), psychic disturbances (especially abnormal euphoria), spontaneous fractures, suppression of growth in children, sweating, thromboembolism, ulcerative esophagitis, vertigo and weakness.

Dosage: Clinical response is the criterion of adequate dosage. once the disease is under control, decrease the total daily dose as rapidly as possible consistent with maintaining a remission. If nature of the disease requires maintenance therapy, aim to employ the smallest effective dose with the longest possible interval between doses. From 20 to 80 units daily given intramuscularly or subcutaneously as 3 divided doses of corticotropin injection or 1 dose of repository corticotropin is suggested in most diseases. 10 to 25 units of corticotropin injection or 40 to 80 units of corticotropin repository in 500 ml of 4% glucose in water given as a continuous i.v. infusion over an 8 hour period is the recommended dose where rapid response is desired.

Suppliers: Armour (Acthar®); Nordic (Acton X—1954 and Duracton®—1969); Organon (Cortrophin®-Zinc); P.D. & Co.

ACTHAR *Armour*
ACTHAR GEL HP

ACTH ***Adrenocorticotropic Hormone***

Supplied: Acthar: Each vial contains: 25 or 40 I.U. of ACTH lyophilized powder. May be reconstituted by the addition of water for injection or sodium chloride injection.

Acthar Gel HP: Each 5 ml vial contains: ACTH 40 or 80 I.U. in gelatin 16%, 0.5% phenol, not more than 0.1% cysteine and q.s. water for injection.

For prescribing information, refer to ACTH monograph.

ACTIDIL® *B. W. & Co.*

Triprolidine HCl ***Antihistamine***

Indications: Seasonal hay fever, vasomotor rhinitis, spasmodic bronchial cough without dyspnea, urticaria, angioneurotic edema, serum sickness, reactions from antibiotics, itching from dermatitis, pruritus ani and vulvae, insect bites. May be useful in providing protection against the harmful effects of sunlight.

Contraindications: Sensitivity to triprolidine or antihistamines.

Precautions: Patients should be cautioned not to operate vehicles or hazardous machinery until their response to the drug has been determined. Since the depressant effects of antihistamines are additive to those of other drugs affecting the central nervous system, patients should be cautioned against drinking alcoholic beverages or taking hypnotics, sedatives, psychotherapeutic agents or other drugs with CNS depressant effects during antihistaminic therapy. Rarely, prolonged therapy with antihistamines can produce blood dyscrasias.

Adverse Effects: Drowsiness, dizziness, gastrointestinal disturbances and dryness