

Current Drug Handbook 1984-1986

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Preface

This revision, as have past ones, presents specific information on approximately 1500 selected drugs in order to provide a handy source for quick reference. It supplies information supplemental to that in Part II of the textbook *The Drug, The Nurse, The Patient*. As a general rule, active principles or individual drugs are considered rather than the myriad mixtures available, and attempts have been made to include only drugs in general use, regardless of their recognition by official publication.

Material has been organized with categories of usage similar to that of the *United States Pharmacopeia*; thus drugs with the same use will be found grouped together in the handbook. In addition, the most recent USP monograph changes have been added to the index and have been cross-referenced to the appropriate place within the text.

The format has been planned in tabular form for ease in grasping all the pertinent facts at one glance. The material is to be read across the page.

The first column gives the names of the drug—generic, major trade names, and Canadian names when these differ from those used in the United States. The Canadian names are placed in parentheses with the letter "C" at the end. This column also gives the source of the drug, if this is not listed in the heading; the active principles (if any are therapeutically important); and the designations USP or NF, if applicable. It should be remembered that there are some drugs with an almost unlimited number of names. Obviously, it has not been possible to include every one. In all cases, the official names have been given preference. We have identified official or generic names by printing them in bold type.

In the second column are given the dosage, method, and times of administration, if the drug is usually given at definite times. The dosages are listed in the metric system. If the apothecaries' dose is desired, the reader may consult the list of approximate equivalents in the back of the book.

The third column gives the major uses of the drug and sometimes the minor ones.

The fourth column states the action and fate (absorption, distribution, excretion) of the drug in the body insofar as this is known.

The fifth column covers the toxicity, side effects, contraindications, interactions, and, when applicable, their treatment. The sixth and last column is titled "Nursing Implications and Remarks" and includes important information that is not applicable under the other headings. This format has been used with only slight variations throughout, even though in some instances it has not been entirely satisfactory. The variations are self-explanatory. Since the tabular form has been used and brevity is stressed, sentences are often incomplete. To conserve space, and for clarity, interactions have sometimes been included in column 6 rather than, or in addition to, column 5. When they apply to an entire group, they have been placed across the page with general heading information.

The U.S. Food and Drug Administration has established five categories (A, B, C, D, and X) to indicate a drug's potential for causing birth defects when taken during pregnancy, and some prescription drugs are now carrying these designations. The meanings are briefly:

A. Controlled studies in women fail to demonstrate a risk to the fetus in the first trimester, and the possibility of fetal harm appears remote.

B. Animal studies do not indicate a risk to the fetus, and there are no controlled human studies or animal studies to show an adverse effect on the fetus, but well-controlled studies in pregnant women have failed to demonstrate fetal risk.

C. Studies have shown the drug to have animal teratogenic or embryocidal effects, but there are no controlled studies in women, or no studies are available in either animals or women.

D. Positive evidence of human fetal risk exists, but benefits in certain situations (e.g., life-threatening situations or serious diseases for which safer drugs are ineffective or cannot be used) may make use of the drug acceptable despite its risks.

X. Studies in animals or humans have demonstrated fetal abnormalities or there is evidence of fetal risk based on human experience, or both situations exist, and the risk clearly outweighs any possible benefit.

It should be noted that even if placed in the lowest risk category (Category A), a drug should not be used in pregnancy unless clearly needed. These designations have been included with some of the newer additions to the Handbook.

The authors have drawn on a large number of sources for the information used, relying heavily upon official publications such as the *United States Pharmacopoeia*, and other sources such as *Drug Evaluations*, the *Modern Drug Encyclopedia*, the *American Hospital Formulary Service*, the *American Drug Index*, *Facts and Comparisons*, and, for the newest drugs, information provided by the pharmaceutical company preparing the medication.

Laws and regulations controlling the dispensing and administration of potentially addictive drugs and narcotics are undergoing intensive scrutiny as legislative attempt to deal with drug abuse problems. On May 1, 1971, the federal *Comprehensive Drug Abuse Prevention and Control Act of 1970* went into effect in the United States. This act was known as the *Controlled Substance Act*. As of October 1, 1973 the name of the control agency is the *Drug Enforcement Agency (DEA)*.

This act repeals the *Narcotic Acts* as well as the *Drug Abuse Control Amendments to the Federal Food, Drug and Cosmetic Act*. The drugs that come under the jurisdiction of the act are divided into five schedules (I, II, III, IV, V). The greater the possibility of abuse and dependence, the lower the classification number. Schedule I includes those drugs that have no accepted medical use in the United States and includes heroin, marijuana, and so forth. The remaining schedules have the former Class A, B, and X narcotics, the amphetamines and amphetamine-like compounds, and the barbiturates and hypnotic drugs.

The people working with these drugs should know in what schedule the various compounds are listed so that they can be handled as required by this act.

State laws are more stringent than federal laws in some cases. The student should become familiar with local regulations. Canadian students should refer to the books and pamphlets issued by the Department of National Health and Welfare such as *The Food and Drug Act and Regulations*, *Narcotic Control Act*, and *Controlled Drugs*. As with state laws, provincial laws may be more stringent than the dominion laws, in which case the student will need to know the local regulations. These laws are amended as circumstances indicate.

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ANTISEPTICS AND DISINFECTANTS

Drugs included in this group are those used to destroy or inhibit the development of microorganisms in the environment of the patient or on the body surfaces. Some insecticides are also listed. Systemic anti-infectives are discussed later. These substances are all poisonous to a greater or lesser degree.

Name, Source, Synonyms, Preparations	Dosage and Administration	Uses	Action and Fate	Side Effects and Contraindications	Nursing Implications and Remarks
HALOGENS					
Only two of the halogen elements—chlorine and iodine—are commonly used as antiseptics and disinfectants.					
CHLORINE. <i>Gaseous element.</i>		For utensils, skin, mucous membranes, sometimes food and water. Most common means of making water potable.	In insects, acts as contact and stomach poison. (In humans, mainly CNS effects.)	Toxic in strong solutions, poisoning rare in usual strengths. Irritating skin; protect with oil or petrolatum.	Germicidal action of chlorine decreased in presence of organic matter or alkaline pH.
Chlorinated lime (chloride of lime, bleaching powder).	5–20% solution. Environmental.	For excreta.	Other than chlorine gas, chlorine-containing compounds act by slow release of hypochlorous acid, which is bactericidal but also destructive to normal tissue.		
Halazone, USP	4–8 mg to 1 L. Environmental.	To render water potable.	Dissolve tablets in water. Allow solution to stand at least 30 min for antimicrobial action to occur.		Convenient extemporaneous procedure for hikers and campers.
Sodium hypochlorite diluted solution, USP (hychlorite, modified Dakin's solution). (Hygeol (C)). <i>Sodium hypochlorite solution.</i>	0.5% solution. Topical. 5% solution. Environmental.	For wounds. Germicidal in action and dissolves clots.		Too strong to use on skin undiluted.	Hygeol is twice the strength of Dakin's solution. Some household bleaches are 5% solution of sodium hypochlorite and must be diluted prior to use. Follow label instructions.
Succinchlorimide.	12 mg to 1 L. Environmental.	As above.	Same as halazone.		
OXYCHLOROSENE. <i>Synthetic.</i> Derived from hypochlorous acid. Oxychlorosene (Clorpactin XCB).	0.5% solution. Topical, with contact time of at least 5 min.	Used to kill cancer cells in operative field.	Thought to act by oxychlorination of free cells.	None unless ingested.	
Oxychlorosene sodium (Clorpactin WCS-90).	0.4% solution. Topical. 0.1–0.2% solution in ophthalmology.	Used as antiseptic in urology, ophthalmology.	Contains 3–4% active chlorine.	Contraindicated when site of infection not exposed to direct contact with solution.	
IODINE. <i>Kelp.</i> Iodine solution, USP. Iodoform.	2% solution. Topical. Powder. Topical.	Antiseptic for skin, wounds. Used for infected wounds and on gauze packings.	Elemental iodine makes compounds effective. Believed to act by iodinating and oxidizing effects on microbial protoplasm.	Topical preparations toxic if taken internally. Irritating in strong solutions or on wet skin.	

Name, Source, Synonyms, Preparations	Dosage and Administration	Uses	Action and Fate	Side Effects and Contraindications	Nursing Implications and Remarks
HALOGENS (Continued)					
Poloxamer-iodine (Prepodyne).	1% solution. Topical.	Longer antiseptic action than most iodine solutions; do not sting. Solutions used for scrubbing, mouthwashes, douches. Ointment used for burns.			Complexes with povidone or poloxamer can be bandaged or taped following use.
Povidone-iodine, USP (Betadine, Iodine) (Bridine, Provodine, PVP-I [C]).	1% ointment, solution, gel. Topical, vaginal, surgical scrub, aerosols, foams, gauze.				
Strong tincture of iodine.	7% alcoholic solution. Topical.				
Thymol iodide.	Powder. Topical.	For skin; do not use in deep wounds.			May cause skin irritation if bandaged over.
Tincture of iodine, USP.	2% alcoholic solution. Topical.	For skin, wounds; contains iodine and thymol from thyme.			Tincture of iodine irritating to wounds, probably because of 44–50% alcohol content.
Undecoylum chloride-iodine (Virac).	0.2–3.2% solution. Topical.	Similar to povidone-iodine.			
HEAVY METALS					
MERCURY. Mineral.					
Acetomerocetol (Merbak).	0.1% tincture. Topical.	For skin, mucous membranes, utensils.	Mercuric ion precipitates plasma protein, but antibacterial action probably results from ability to inhibit sulfhydryl enzymes.	Local irritation not uncommon; severe dermatitis may occur. Stop drug, treat symptoms.	
Ammoniated mercury ointment, USP (white precipitate).	5% ointment. Topical.	For skin disorders.			
Merbromin (Fluorochrome K) (Mercurochrome) (Mercurescein [C]).	3% ointment. Topical.	For ophthalmic use.			
	1–5% aqueous solution. Topical.	For skin, mucous membranes.			
	1–2% acetone-alcohol solution. Topical.	For skin only.			
Mercury bichloride (Mercuric chloride, corrosive sublimate).	1:20,000–1:1000 aqueous solution. Environmental.	Occasionally used as skin wash. Do not use on metals.			
Mercury cyanide.	1:4000 solution. Environmental.	As above; does not corrode metals.			
Mercury oxycyanide.	1:500 solution. Environmental.	As above; does not corrode metals.			
	1:500 solution.	Tonometer antiseptics.			
Nitromersol, USP (Metaphen).	1:1000 aqueous solution.	Environmental.			
	1:2500–1:500 aqueous solution. Topical.	For skin, mucous membranes.			
	1:5000–1:200 tincture. Topical.				
Mercurial ointment, mild.	1% ointment. Topical.	For skin.			
Thimerosal, USP (Merthiolate) (Thiomersal [C]).	1:1000 aqueous solution. Environmental.	Mainly for parasites. For mucous membranes.			
	1:1000 alcoholic tincture. Topical.	For skin.			

Phenylmercuric acetate (Nylmerate).	0.2% topical (vaginally). 0.02% gel.				
Phenylmercuric nitrate (Merphenyl nitrate, Phe-Mer-Nite).	1:1500 ointment or solution. Topical. 1:3000 ophthalmic ointment.	For skin. For eyes.			
Yellow oxide of mercury ointment.	1% ointment. Topical.	For eye infections.			
SILVER. Mineral.		For skin, mucous membranes, especially in gonococcal infections.	Silver ion is protein precipitant; concentrations exhibiting bacteriostatic action indicate an effect on some enzyme systems.	Strong solutions caustic. Normal saline antidote. If used repeatedly, watch for symptoms of argyria (silver poisoning): pain in throat, abdomen; vomiting, purging, graying of lips. Stop drug. Treat symptoms.	
Toughened silver nitrate, USP (lunar, caustic, molded silver nitrate).	Pencils or applicators. Topical.	As styptic and caustic.			
Silver nitrate solution.	0.5–2% solution. Topical. 1:10,000–1:2000 solution. 1% solution. Eyes.	For skin, mucous membranes. 0.5% solution for burns. Instilled into conjunctival sac of newborns to prevent ophthalmia neonatorum.			Stains skin brown. When used for extensive burns, hypochloremia, hyponatremia may occur.
Silver picrate.	1–2% solution. Topical.	As above.	Watch also for picric acid poisoning (kidney or liver).	Picric acid stains skin yellow.	
COLLOIDAL SILVER. <i>Mineral and protein.</i>		As above.	As above.	As above.	
Silver protein, mild (Argyrol, Solargentum).	5–25% solution. Topical.	For skin, mucous membranes.			Mild silver protein contains more silver than strong silver protein, but is less astringent because of difference in ionization of solution. Trade names listed (and others) are similar to, but not always identical with NF formula.
Silver protein, strong (Protargol).	0.25–1% solution. Topical. 1:200–1:1000 solution. Topical.	For skin, mucous membranes.			
Silver iodide (Neo Silvol).	5% solution. Topical.	For skin, mucous membranes.			
OXIDIZING AGENTS <i>Synthetic.</i>					
Act by liberating nascent oxygen.			Nascent oxygen liberated capable of oxidizing susceptible components in cellular protoplasm—affording bactericidal effect.		
Benzoyl peroxide, USP (Benoxyl, Persa-gel).	5–10% topical ointment, gel.	Treatment of acne.			
Hydrogen peroxide, USP.	2.5–3.5% solution. Topical.	Antiseptic for skin, mucous membranes. Especially valuable for anaerobic organisms.		Toxic reactions rare. Never instill in closed body cavities or abscesses from which gas has no free egress.	Deteriorates on standing

ANTISEPTICS AND DISINFECTANTS

Name, Source, Synonyms, Preparations	Dosage and Administration	Uses	Action and Fate	Side Effects and Contraindications	Nursing Implications and Remarks
OXIDIZING AGENTS (Continued)					
Potassium permanganate, USP.	1:5000 solution. Topical.	For gastric lavage in certain cases of poisoning (alkaloid).		Toxic if taken internally, causing GI disturbances. Evacuants, demulcent drinks, treat symptoms.	Dyes linens.
	1:2000-1:1000 solution. Topical.	For skin; dyes skin brown.			
	1:10,000-1:5000 solution. Topical.	For mucous membranes.			
Sodium perborate.	2% saturated solution.	Antiseptic for mouth.		Toxic reactions rare; can cause chronic glossitis from prolonged use.	Constituent of many dentifrices; use only on advice of doctor or dentist.
Zinc peroxide, medicinal.	10-20% powder in dentifrices. Topical.			Toxic reactions rare.	Insoluble in water; gradually decomposed by water to release oxygen.
	5-25% ointment.	Antiseptic for skin.			
	40% aqueous suspension, dusting powder. Topical.				
PHENOL GROUP (CARBOLIC ACID)					
<i>Coal tar and crude petroleum.</i>					
Cresol (methylphenol).	1-5% solution. Environmental.	Disinfectant in strong solutions. Antiseptic in weak solutions. Largely replaced by saponified form.	Effect thought to result from ability to denature protein. Some substituted phenols more effective, depending on position and substituent. Bacteriostatic in concentrations of 1:800 to 1:5000; bactericidal in concentrations of 1:400 to 1:50. Not effective against spores.	Caustic if too strong. Wash with alcohol.	
Saponated solution of cresol, (Creolin, Cresol compound, Cresylene, Hydrasol, Phenolor).	2-5% solution. Environmental.	For utensils, skin, mucous membranes. Disinfectant in strong solutions.			Cresol, vegetable oil, soap.
	0.25-5% solution. Topical.				Cresol content 50% Phenol coefficient 3.
Liquefied phenol.	85% solution. Topical.	As caustic.			
Phenol.	0.5-1% solution. Topical.	As antiseptic, antipruritic.			
	2-5% solution. Environmental.	Soak 1/2 h or more.			
PREPARATIONS MADE SYNTHETICALLY FROM PHENOL					
Arylphenolic compounds (Amphyl, O-Syl, Staphene).	Varied. Topical, environmental.	For utensils, environmentally, in weak solutions for skin disinfection.		Some skin irritation in strong solutions.	
Metacresylacetate.	0.5% strength is usual. Varied. Topical.	Antiseptic, analgesic for ear, nose, throat.			
Betanaphthol.	0.5% strength usual. 5-10% ointment. Topical.	Antiseptic for skin, especially fungal infections.			

Hexachlorophene, USP (G-11) (Gamophen, pHisoHex, SurgiCen, Surofene) (Hexachlorophene, Dermohex, HexSurg, Ibaderm, Promani, Tersaseptic [C]).	0.5–3% soaps. Topical.	Mainly for skin antiseptics, also for surgical scrubs.	Active primarily against gram-positive, not gram-negative, organisms.	WARNING —total body bathing can result in absorption of toxic concentrations of hexachlorophene, especially in premature infants and those with dermatoses. Adverse reactions: dermatitis, photosensitivity. Toxic reactions rare in therapeutic strengths.	Discontinue at once if signs of cerebral irritability occurs.
Pyrogallol.	5–10% ointment.	For skin disorders.			
Triacetylpyrogallol (Lenigallol).	6% powder or ointment. Topical.	Keratolytic, keratoplastic, antifungal.			
RESORCINOL GROUP					
Resorcinol, USP (Resorcin). Resorcinol monoacetate, USP (Euresol).	1–10% solution. Topical. 5–20% ointment and lotion. Topical.	As above. As above.			
QUATERNARY AMMONIUM COMPOUNDS (Detergents). <i>Synthetic.</i> Soaplike substances.					
Benzalkonium chloride, NF (Benasept, Germicin, Hyamine-3500, Phencen, Roccal, Zephiran Chloride) (Benzalchlor-50, Benzalide, Benzalkone, Drapolex, Ionex, Sabol [C]).	1:5000–1:500 aqueous. Environmental. 1:40,000–1:500 aqueous. Topical. 1:1000 tincture. Topical.	For skin, mucous membranes, utensils. Especially useful for pre-, postoperative skin disinfection, obstetrical procedures. Rinse utensils, skin completely after application. As above.	Exact mode of action not known at present; they reduce surface tension and are thought to denature lipoprotein complexes. Effective against gram-positive, gram-negative organisms; some strains of gram-negatives require longer exposure time. Not tuberculocidal. Effect thought to be due to enzyme inactivation.	Toxic reactions rare. Serum and protein material decrease activity of benzalkonium chloride. Substances that are incompatible with benzalkonium: iodine, silver nitrate, fluorescein, nitrates, peroxide, KMnO_4 , aluminum ion, kaolin, pine oil, zinc oxide, yellow oxide of mercury, soap.	Inactivated by soap. Rinse thoroughly before using after green soap use. Not recommended for venipuncture site preparation.
Benzethonium chloride, USP (Hyamine-1622, Phemerol Chloride, Phemithyn).	1:5000–1:1000 aqueous. Environmental or topical.	As above.			Use full- or 1/4-strength as needed.
Cetylpyridinium chloride, USP (Ceepryn chloride) (Cepacol, Oracain [C]).	As above.	For skin; not reliable against spores.			Also available as soothing mouthwash, lozenges.
Hexetidine (Sterisol [C]).	0.1% gel. Topical.	Local antiseptic for bacteria, fungi, protozoa. Treatment of vaginitis main use. Especially for infants' diapers		Toxic reactions rare in topical application.	
Methylbenzethonium chloride (Diaparene Chloride) (Amosept [C]).	1:25,000 solution. Environmental. 0.1% ointment, lotion, or cream. Topical.	For skin antiseptics, "diaper rash."			

Name, Source, Synonyms, Preparations	Dosage and Administration	Uses	Action and Fate	Side Effects and Contraindications	Nursing Implications and Remarks
BISDIGUANIDE ANTISEPTICS					
<i>Synthetic.</i>					
Chlorhexidine gluconate (Hibiclens) (Hibitane [C]).	4% solution.	For surgical scrub, skin wound cleanser, handwashing by health care personnel.	Antimicrobial, effective against gram-negative, gram-positive bacteria. Less active against some strains of <i>Serratia</i> and <i>Pseudomonas</i> . Not active against <i>Aspergillus</i> . Antimicrobial effect persists over 6 h on gloved hands. Not appreciably absorbed from skin.	Generally not irritating.	
TAR GROUP					
COAL AND OTHER TARS					
Coal tar ointment, NF.	1% coal tar in zinc oxide paste. Topical.	For skin antiseptics. Keratoplastic, antipruritic.	Only slight antiseptic action; exact mode of action not known; tars are used empirically.	Toxic reactions rare.	May cause photosensitivity; protect treated areas from sunlight.
Coal tar solution, NF (Liquor carbonis detergens, Wright's solution).	20% diluted as required. Topical.				
Ichthammol ointment, USP (Ichthymall, Ichthyl).	10% ammonium ichthyo-sulfonate in petrolatum and wool fat. Topical.	Antiseptic, astringent, antipruritic.		Toxic reactions rare.	
Juniper tar ointment (Cade oil).	15% cade oil in oily base. Topical.	For skin.		Toxic reactions rare.	
Pine tar ointment.	5% pine tar in yellow wax and petrolatum. Topical.	For skin.		Toxic reactions rare.	
VARIOUS DYES					
<i>Crude petroleum or synthetic.</i>					
Acriflavine.	1:8000–1:1000 solution. Topical.	For mucous membranes.	Bacteriostatic, bactericidal.	Harmful to body cells in strong solution but not in therapeutic strengths.	Watch for staining as with any dye.
Methyrosaniline chloride (gentian, methyl, crystal violet).	1% solution. Topical. 0.4% vaginal inserts. 1.35% vaginal cream. 3–60 mg. Oral enteric-coated tablets are used, often for relief of pinworms (see page 44).	For pyogenic, fungal skin infections, as anthelmintic, for vaginal candidiasis.	Effective against gram-positive but not gram-negative organisms or acid-fast bacteria. Bactericidal effect thought to result from chemical combination of dye with vital constituents in bacterial protoplasm.		
Scarlet red ointment.	4–8% ointment. Topical.	For skin—burns, ulcers, similar conditions.	Bacteriostatic; thought to aid healing and stimulate cell growth.		As above.

MISCELLANEOUS

All of these preparations are synthetic unless otherwise noted.

Acrisorcin , USP (Akrinol).	2% cream. Topical. Apply bid for at least 6 wk.	To treat mycotic infections caused by tinea versicolor.	Said to have action of both 9-aminoacridine and hexylresorcinol.	Do not use around eyes. If irritation or sensitization develops, discontinue treatment.	Remove all soap from area, dry well before application of ointment.
Alcohol , USP (Ethanol).	70% solution. Topical.	For skin, utensils.	Acts by coagulating protein; bactericidal but not sporicidal.	Toxic reactions rare in topical application.	Wood alcohol (methyl alcohol) not used except on utensils.
Alcohol, rubbing , USP (Alcolo, Lavacol, Nor-Co-Hol, Spiritex).	70% solution. Topical.	For skin disinfection, as rubefacient.	As above.	As above. Toxic when taken internally.	
Aluminum acetate solution , USP (Buro-Sol, Burow's solution) (Acid mantle [C]). Chemical.	2.5-10% solution. Topical.	For treatment of various skin conditions.	Astringent, antiseptic.	None unless ingested.	Use alone and in various combinations either in solutions or ointments. Do not use around eyes.
Aluminum chloride , USP (hexahydrate).	2% solution.	Wet dressing therapy.	Astringent soothing, cooling effect.		Discard dressing material and solution daily. Do not reuse.
Benzyl benzoate lotion , USP (Scabanca, Scabiol, Scabicide, Scabide [C]).	25-30% solution. Ointment. Topical.	For skin, especially for scabies, pediculi.	Exact mode of action not known.	Toxic reactions rare in topical application.	
Boric acid , NF (boracic acid) Mineral.	2.5% solution and ointment. Topical.	For skin, mucous membranes.	Very weak germicide but can be used because it is nonirritating. Can be used on cornea without ill effects.	Toxic reactions rare in topical application. Toxic internally ; use evacuants.	Do not use on denuded areas. Some authorities question use because of doubtful therapeutic value, fatalities after accidental ingestion.
Chlordantoin (Sporostacin).	1% cream.	Vaginal candidal infections.	In vitro chlordantoin inhibits <i>Candida albicans</i> by unknown mechanism.	Minor burning, sensitization have occurred.	
Chlorquinaldol (Sterosan [C])	3% ointment or cream. Topical.	Topical treatment of superficial pyogenic, mycotic infections.	Mode of action not well understood.	Toxicity low; skin sensitivity has occurred.	Also available in combinations with 1% hydrocortisone.
Clotrimazole , USP (Lotrimin, Gyne-Lotrimin, Mycelex).	1% cream. Apply bid. 1% lotion. Apply bid. Vaginal tablet. Every d for 7 consecutive d.	Topical. For following dermal infections: tinea pedis, tinea cruris, tinea corporis due to <i>Tricophyton rubrum</i> . <i>T. mentagrophytes</i> , <i>Epidermophyton floccosum</i> , <i>Microsporum canis</i> . For candidiasis due to <i>Candida albicans</i> ; for tinea versicolor due to <i>Malassezia furfur</i> .	Broad-spectrum antifungal agent. Inhibits growth of dermatophytes, yeasts, <i>Malassezia furfur</i> . Only small amounts absorbed following topical application.	Adverse reactions include erythema, stinging, blistering, peeling, edema, pruritus, urticaria, general irritation of skin.	Has not been studied in 1st trimester; has not been associated with ill effects in 2nd and 3rd trimesters of pregnancy.
Coparaffinate (Iso-Par).	17% ointment. Topical.	For mycotic infections of skin, genital or anal mucous membranes.	Same as above.	Toxicity low when used as directed.	Objectionable odor. Do not bandage part.
Crotamiton , USP (Eurax).	10% cream. Topical.	To treat scabies, for symptomatic treatment of pruritus.	Scabidicid, antipruritic action. Both mechanisms unknown.	Toxicity low, but hypersensitivity has occurred. Avoid contact with eyes, mouth, urethral meatus.	Irritating if applied to denuded areas.
Diamthazole dihydrochloride .	5% ointment, alcoholic solution, or powder. Topical.	For skin, especially fungal infections.	For fungal infections. Also keratolytic.	Toxic reactions rare in topical application.	