

**AMA
DRUG
EVALUATIONS**

FIFTH EDITION

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FIFTH EDITION



Prepared by the
AMA
DIVISION
OF DRUGS



In Cooperation with the
American Society for
Clinical Pharmacology
and Therapeutics

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Preface

AMA Drug Evaluations (AMA-DE) is now in its second decade of use, and its original goal is unaltered: To provide physicians and other health care professionals with up-to-date, unbiased information on the *clinical* use of drugs. AMA-DE is intended to serve as a reference source for practical, comparative, evaluative information on drug therapy. Basic pharmacologic information, principles of therapeutics, and pathogenesis of disease are presented only to the extent deemed necessary to facilitate the use of drugs in patients.

In addition to publishing this volume, the American Medical Association is exploring new methods of supplying drug information. To that end and as a complement to the more detailed and comparative evaluations contained in AMA-DE, the AMA Division of Drugs is developing an on-line drug data base for more rapid update and convenient access to drug information. Also, the AMA Patient Medication Instruction Program was instituted recently to assist practicing physicians in instructing their patients on the effective and safe use of prescribed medicines.

Evaluative Process for AMA-DE: The fifth edition of AMA-DE continues the successful cooperative effort of the AMA Division of Drugs and the American Society for Clinical Pharmacology and Therapeutics (ASCPT). The American Medical Association is grateful to the ASCPT for their assistance in the preparation of this book. As in previous editions, the initial drafts of the 84 chapters were written by the professional staff of the Division of Drugs. These drafts were re-

viewed by more than 500 distinguished consultants and the medical staffs of the appropriate pharmaceutical manufacturers. Following consensus revision, the chapters were finally reviewed by designees or members of the ASCPT. Thus, this publication is a joint scientific contribution to the field of applied therapeutics by the AMA, a large consultant body, and the ASCPT. The comparative and individual drug evaluations contained therein represent a distillation of the current scientific literature plus the combined wisdom of many experienced clinicians.

Drugs selected for individual evaluation are those most commonly prescribed or administered by physicians in the United States, both single-entity and mixtures, as well as other agents, including some investigational drugs, that are judged to be of particular importance to complete a discussion of a therapeutic category. Other nationally distributed preparations that are not evaluated individually are listed and indexed to give information about their therapeutic category, composition, and availability. Although most drugs described in this volume are dispensed exclusively or principally by prescription, many, of course, *can* be sold without prescription and these are so indicated.

Drug evaluations are based upon the most recent information available. Every effort has been made to include, as close as possible to the publication date, investigational drugs and those newly introduced to the market. In a project of this scope, however, the inadvertent omission of some products and the inclu-

sion of others no longer marketed, although regretted, are inevitable.

The inclusion of a particular drug in *AMA Drug Evaluations* does not imply endorsement by the American Medical Association, nor should it be a criterion for approving use of that drug in any institution or for any other purpose. The principal goal of this volume is to provide the medical profession with information on selected drugs and drug classes based on the available evidence. An *evaluation* may be favorable, unfavorable, or a combination of both and represents a statement of the general merits of the preparation, not its specific usefulness in a given patient. The physician should determine in each individual patient the relevance of the limitations of use, adverse reactions, contraindications, precautions, or dosage discussed in the text.

The evaluative or interpretive information in the book, particularly on controversial matters, may disagree with opinions from other sources. Statements are based on the convergent trend of information available from the scientific literature, unpublished data, the advice of consultants, and the opinions of reviewers from the ASCPT.

Scope and Organization of AMA-DE: As have previous editions of AMA-DE, the fifth edition has been organized into sections and chapters that are based, insofar as possible, on therapeutic classifications. The first three chapters differ from the others in that they contain *general information* on therapeutic principles or prescribing practices (ie, prescription practices and regulatory agencies, drug interactions and adverse drug reactions, drug response variation and dosing information).

In most of the remaining chapters, drugs within a therapeutic category are reviewed in the chapter introduction. When possible, drugs are compared and drugs of choice are recommended within a therapeutic or pharmacologic class. Discussions on the comparative merits of drugs have been expanded considerably for many of the chapters, and the number of tables has increased by 50%.

Information on investigational drugs and uses not approved by the Food and Drug Administration is included to alert physicians to the state of the art in a particular area of

therapeutics or to anticipated or ongoing investigational studies that could be of potential benefit to their patients. Such information usually appears in the introductory section of the chapter; however, if an investigational drug's approval is deemed likely in the near future, an evaluation of the agent may appear.

Seventy-eight investigational agents are included in AMA-DE 5; these drugs are listed alphabetically just prior to Chapter 1 and are so designated in the text.

The introductory section of each chapter is followed by evaluations of individual drugs. Evaluations of 69 new drugs marketed since the fourth edition of AMA-DE have been added, and these drugs are listed alphabetically following the Acknowledgement Section.

More headings have been used in AMA-DE 5 for easier accessibility to information. Generally, titled headings in the evaluations include *Actions and Uses*; *Pharmacokinetics*; *Adverse Reactions and Precautions*; and *Route(s)*, *Usual Dosage*, and *Preparations*.

Discussion of drug *action* is limited to the extent deemed necessary to facilitate drug use in patients.

FDA-approved labeling limits the *use* of a drug for purposes of marketing and advertising, but does not constrain a physician's use of the drug for individual patients; therefore, because indications approved for labeling by the FDA may lag behind both the world literature and good medical practice, AMA-DE describes scientific, recognized uses of drugs regardless of their status in approved labeling.

Pharmacokinetic information, especially that contained in individual drug evaluations, has been expanded considerably. Information on bioavailability, absorption, distribution (including protein binding and apparent volume of distribution), biotransformation (if any), and elimination has been included when available. Therapeutic drug blood concentrations are included when there is a documented correlation to the therapeutic effect.

Information on *adverse reactions* and *precautions* usually has been condensed and represents that considered most essential to

the physician's use of the drugs. Accordingly, rare, minor, or unconfirmed reactions or precautions that relate to obvious or remote situations are sometimes omitted. For other information, for basic data, and even for varying points of view, the physician is encouraged to consult and compare statements made in this text with those appearing in the many other sources of information on drugs.

The *usual dosage* information cited in AMA-DE falls within the ranges suggested by manufacturers and the FDA or those considered appropriate by other authorities. For many drugs, however, the correct dosage depends upon the size, age, and condition of the patient; response to treatment; sensitivity or tolerance; and the possible synergistic or antagonistic effect of concomitant medication. If the clinical situation permits, establishment of the dose should be cautious and exploratory unless a wide margin of safety prevails. However, if immediate disaster threatens because of therapeutic failure, treatment should be aggressive. In either situation, the physician should remember that improper dosage of the proper drug is probably as common a cause of inadequate response or therapeutic failure as the use of an improper drug. Accordingly, many doses are stated as ranges, but even the limits of these ranges are not inviolable. The upper limits given for most ranges, however, do suggest that larger amounts either may increase the risks of toxicity beyond what is ordinarily acceptable or may fail to provide a significant degree of additional therapeutic effect. Similarly, the lower limits often indicate that smaller doses could not be expected to provide full therapeutic effects for most

patients. In some evaluations, a collateral statement may make it clear that, on the basis of the evaluation, no dosage is suggested for that drug.

The *preparations* listed for each drug, including those available generically, appear at the end of each evaluation. However, published reports of clinical experience often are limited to the products of one or only a few manufacturers. Adequate clinical comparisons of all brands of the same drug are rarely available. For this reason, a valid comparison of brands has rarely been possible or attempted.

The number of *cited* and/or *selected* references at the end of each chapter has at least doubled in the fifth edition of AMA-DE. Most often, specific statements in the evaluations are cited; however, some general references also have been selected to provide sources of additional information that the reader may wish to consult or to provide initial access to a more extensive bibliography of that literature.

The single comprehensive index that includes drug names (both generic and trademark), indications, and adverse reactions has been expanded to improve access to the information in this text.

We hope that AMA-DE will continue to be a valuable reference source for the medical profession and for others who provide medical care. Suggestions for improving the usefulness of future editions are welcome.

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 Heinz J. Wittig, M.D.
 Martin S. Wolf, M.D.
 G. L. Wollam, M.D.
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 Charleston, South Carolina
 Ray W. Gifford, Jr., M.D.
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 Atlanta, Georgia
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 St. Louis, Missouri
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 Durham, North Carolina
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 Pullman, Washington
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 Palo Alto, California
 Leo E. Hollister, M.D.
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 Jean E. Holt, M.D.
 San Antonio, Texas
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 Charles Kilo, M.D.
 St. Louis, Missouri
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 Boston, Massachusetts
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 Harold C. Neu, M.D.
 New York, New York
 Jack H. Oppenheimer, M.D.
 Minneapolis, Minnesota
 Peter A. Patriarca, M.D.
 Atlanta, Georgia
 D. S. Pearlman, M.D.
 Aurora, Colorado
 Thomas L. Petty, M.D.
 Denver, Colorado
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JOHN C. BALLIN, Ph.D.
Director
Division of Drugs

New Drugs Evaluated for Fifth Edition

Drug

Acyclovir [Zovirax]
 Albuterol [Proventil, Ventolin]
 Alprazolam [Xanax]
 Alprostadil [Prostin VR Pediatric]
 Amcinonide Hydrochloride [Cyclocort]
 Amiloride [Midamor]
 Aminoglutethimide [Cytadren]
 Amoxapine [Asendin]
 Anti-Inhibitor Coagulant Complex
 [Autoplex]
 Atenolol [Tenormin]
 Azlocillin [Azlin]
 Bacampicillin Hydrochloride [Spectrobid]
 Calcifediol [Calderol]
 Captopril [Capoten]
 Cefoperazone Sodium [Cefobid]
 Cefotaxime Sodium [Claforan]
 Cephadrine Dihydrate [Velosef]
 Cinoxacin [Cinobac]
 Clidinium Bromide [Quarzan]
 Clotolone Pivalate [Cloderm]
 Cyclacillin [Cyclapen]
 Daunorubicin Hydrochloride [Cerubidine]
 Diflunisal [Dolobid]
 Diltiazem [Cardizem]
 Dipivefrin Hydrochloride [Propine]
 Erythromycin Ethylsuccinate and
 Sulfisoxazole Acetyl [Pediazole]
 Estramustine Phosphate Sodium [Emcyf]
 Flunisolide [Nasalide]
 Gemfibrozil [Lopid]
 Guanabenz Acetate [Wytensin]

Indication/Classification

Antiviral agent
 Bronchodilator
 Antianxiety agent
 Prostaglandin (maintain patency of ductus
 arteriosus in neonates)
 Corticosteroid, topical
 Diuretic/Antihypertensive
 Suppressant of adrenal function
 Antidepressant
 Hemorrhagic agent
 Antihypertensive agent
 Penicillin
 Penicillin
 Vitamin D metabolite
 Antihypertensive agent
 Cephalosporin
 Cephalosporin
 Cephalosporin
 Urinary tract antiseptic
 Anticholinergic antispasmodic
 Corticosteroid, topical
 Penicillin
 Antineoplastic agent
 Antiarthritic agent
 Antianginal agent
 Glaucoma
 Antibacterial preparation
 Antineoplastic agent
 Corticosteroid, nasal
 Hyperlipidemia
 Antihypertensive agent

Halazepam [Paxipam]
 Insulin Human [Humulin]
 Hepatitis B Vaccine [Heptavax-B]
 Human Diploid Cell Rabies Vaccine
 Immune Globulin Intravenous
 Isoflurane [Forane]
 Isotretinoin [Accutane]
 Ketoconazole [Nizoral]
 Lymphocyte immune globulin [Atgam]

Malathion [Prioderm]
 Maprotiline Hydrochloride [Ludiomil]
 Meclocycline Sulfosalicylate [Meclan]
 Meclofenamate Sodium Monohydrate
 [Meclomen]
 Metyrosine [Demser]
 Mezlocillin Sodium Monohydrate [Mezlin]
 Moxalactam Disodium [Moxam]
 Nadolol [Corgard]
 Niclosamide [Niclocide]
 Nifedipine [Procardia]
 Oxamniquine [Vansil]
 Pindolol [Visken]
 Piperacillin [Pipracil]
 Piroxicam [Feldene]
 Pyrimethamine and Sulfadoxine [Fansidar]
 Quinestrol [Estrovis]
 Ritodrine Hydrochloride [Yutopar]
 Saralasin [Sarenin]
 Sisomicin Sulfate [Siseptin]
 Streptozocin [Zanosar]
 Sucralfate [Carafate]
 Temazepam [Restoril]
 Trazodone Hydrochloride [Desyrel]
 Triazolam [Halcion]
 Trifluridine [Viroptic]
 Trimethoprim [Proloprim, Trimplex]
 Vaccinia Immune Globulin
 Verapamil Hydrochloride [Isoptin, Calan]
 Zomepirac Sodium [Zomax]

Antianxiety agent
 Insulin preparation
 Immunologic agent
 Immunologic agent
 Immunologic agent
 General anesthetic
 Acne preparation
 Antifungal agent
 Agent to prevent kidney transplant
 rejection
 Pediculicide
 Antidepressant
 Tetracycline (acne)
 Antiarthritic agent

Pheochromocytoma
 Penicillin
 Antibacterial agent
 Beta-blocker (cardiovascular)
 Anthelmintic
 Antianginal agent
 Schistosomiasis
 Beta-blocker (cardiovascular)
 Penicillin
 Antiarthritic agent
 Antimalarial preparation
 Estrogen
 Preterm labor
 Renovascular hypertension (diagnosis)
 Aminoglycoside
 Antineoplastic agent
 Ulcer therapy
 Hypnotic
 Antidepressant
 Hypnotic
 Antiviral agent (eye)
 Antimicrobial agent
 Immunologic agent
 Antiarrhythmic antianginal agent
 Analgesic/Antiarthritic

Investigational Drugs and Uses in Fifth Edition

Drug

Acecaïnide (NAPA)
 Amiodarone [Cordarone]
 Amrinone [Incor]
 Amsacrine [m-Amsa]
 Aprindine Acetate, Aprindine Hydrochloride [Fibocil]
 Atracurium
 Auranoſin [Ridaura]
 Azacitidine
 BCG Vaccine
 Bumetanide [Bumex]
 Buprenorphine Hydrochloride [Buprenex]
 Bupropion Hydrochloride [Wellbatrin]
 Chenodiol (Chenodeoxycholic Acid) [Chenix]
 Clofazimine [Lamprene]
 Corynebacterium Parvum (CP)
 Cromolyn (Ophthalmic)
 Cyclosporin A
 Delta-9-Tetrahydrocannabinol Hydrochloride (THC)
 Deprenyl
 Domperidone
 Encainide
 Etomidate [Amidate, Hypnomidate]
 Etoposide (VP-16, VP-16213)
 Flecainide Acetate [Tambacor]
 Flunitrazepam [Rohypnol]
 Glipizide [Glucotrol]
 Glyburide [Diabeta, Micronase]
 Guanadrel [HYLOREL]
 Guanfacine
 Haemophilus Influenzae Type B Vaccine
 Haloperidol Decanoate

Indication/Classification

Antiarrhythmic agent
 Antiarrhythmic agent
 Congestive heart failure
 Antineoplastic agent
 Antiarrhythmic agent
 Nondepolarizing muscle relaxant
 Antiarthritic agent
 Antineoplastic agent
 Immunomodulator
 Diuretic
 Analgesic
 Antidepressant
 Gallstone dissolution
 Leprosy
 Immunomodulator
 Atopic ophthalmic disorders
 Immunomodulator
 Antiemetic
 Antidepressant/Antiparkinsonism agent
 Antiemetic
 Antiarrhythmic agent
 Induction of general anesthesia
 Antineoplastic agent
 Antiarrhythmic agent
 Induction of general anesthesia
 Oral hypoglycemic agent
 Oral hypoglycemic agent
 Antihypertensive agent
 Antihypertensive agent
 Immunologic agent
 Antipsychotic agent