

# RxFiles - Drug Comparison Charts - 6<sup>th</sup> Edition

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## Drugs in Pregnancy Risk Classification<sup>1,2,3,4</sup>

The following are the codes that appear on some of our charts. This table explains the rating system used.

RISK FACTOR	CLASSIFICATION	COMMENTS *
<b>A</b>	<b>SAFE</b>	<b>No risk.</b> Considered safe in all trimesters. No evidence of fetal risk in controlled studies in humans.
<b>B</b>	<b>LIKELY SAFE</b>	<b>Minimal risk.</b> Either no evidence of risk in animals or risk found in animal studies not reproduced in humans.
<b>B/D</b>		<b>With higher dose, longer duration of drug exposure or near term the risk becomes <b>D</b></b>
<b>C</b>	<b>CAUTION</b>	<b>Potential risk.</b> Risk evident from studies in animals and/ or no human studies available. Use only if benefit outweighs risk. May be more or less safe depending on trimester.
<b>C/D</b>		<b>With higher dose, longer duration of drug exposure or near term the risk becomes <b>D</b></b>
<b>D</b>	<b>EXTREME CAUTION</b>	<b>Positive evidence of risk.</b> Use only if benefit outweighs risk.
<b>X</b>	<b>CONTRAINDICATED</b>	<b>++ Positive evidence of risk.</b> Avoid in women who are or may become pregnant as risk of use outweighs any benefit.
<b>U</b>	<b>UNKNOWN</b>	<b>Risk unknown or untested.</b> Information unavailable / inadequate at this time.

\* Rating system has limitations eg. antidepressant frequently used like fluoxetine has a C rating; yet maprotiline (B rating) has less clinical experience

1. Drugs in Pregnancy and Lactation, 7<sup>th</sup> ed. Briggs GE, Freeman RK, Yaffe SJ, editors. Williams and Wilkins; Baltimore, MD: 2005.
2. Drug Information Handbook, 13<sup>th</sup> ed. Lacy CF, Armstrong LL, Goldman MP and Lance LL, editors. Lexi-Comp Inc; Hudson, Ohio: 2005-2006.
3. Individual Drug Product Monographs. 4. Micromedex 2006 {NOTE: for additional Canadian information on drugs in pregnancy & lactation see <http://www.motherisk.org/index.jsp> }

**Common RxFiles ABBREVIATIONS & SYMBOLS –most of our charts have footnotes to explain unique abbreviations.**

=Exception Drug Status (EDS) in Saskatchewan (1-800-667-2549)	=prior approval required by NIHB (Non-Insured Health Benefits) coverage for eligible <b>First Nations &amp; Inuit</b> 1-800-580-0950
<b>X</b> =non-formulary in Saskatchewan	=not covered by NIHB <a href="http://www.hc-sc.gc.ca/fnih-spni/pubs/nihb-ssna_e.html#drug-med_bull-lebull">http://www.hc-sc.gc.ca/fnih-spni/pubs/nihb-ssna_e.html#drug-med_bull-lebull</a>
<b>\$</b> Retail <i>Cost to Consumer</i> based on acquisition cost, markup & dispensing fee in Saskatchewan. Lowest generic price used where available	=covered by NIHB for the <b>OTC charts</b> p70-73 & identified <b>ONLY</b> for those drugs which have <b>Sask.</b> Formulary restrictions such as <b>EDS or non formulary status</b>
<b>BP</b> =blood pressure <b>Bz</b> =benzodiazepine <b>CI</b> =contraindication	<b>DI</b> =drug interaction <b>g</b> =generic avail. <b>M</b> =Monitoring     =a concern if given <b>Pre-Op</b> <b>SE</b> =side effects <b>Sz</b> =seizure
<b>♻</b> =indicates strength of tablet is scored     = tastes good	= CDN (We are <b>Canadian</b> )     =Avoid → soybean & peanut allergy <b>LFT</b> =Liver Function tests

=↓ dose required for **Renal** dysfunction <sup>1</sup> if 1) ≥ 75% renal excretion  
2) toxic if accumulates 3) an active metabolite requiring dose adjustment. [CrCl <60ml/min shows impaired renal function]  
**CrCl** ml/min **Male**={(140-age) x **ABW** weight in Kg} / {serum creatinine in umol/l x 0.814}

**Female**= 0.85 x CrCl male

Adjusted body weight in kg (**ABW**) = {Ideal body weight (**IBW**) + 0.4 (Actual body weight-**IBW**)}

**IBW** (Males)= 50kg + 0.906 (Height in cm - 152.4cm); **IBW** (Females)= 45kg + 0.906 (Height in cm - 152.4cm)

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### RxFiles Academic Detailing Program

Objective comparisons for optimal drug therapy. For more information check our website - [www.RxFiles.ca](http://www.RxFiles.ca) or, contact Loren Regier BSP, BA RxFiles, c/o , Saskatoon City Hospital  
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<sup>1</sup> Vidal L, Shavit M, Fraser A, et al.. Systematic comparison of four sources of drug information regarding adjustment of dose for renal function. *BMJ*. 2005 Jul 30;331(7511):263. Epub 2005 May 19.