

Appendix F:
Exclusionary and Restricted Medications

Product List	Restrictive Criteria	Generic Name	Selected Brand Names
CIMETIDINE	cannot use	cimetidine	Tagamet® (the only U.S. brand)
INTRAVESICAL HEP-ARIN	cannot use (Instilled into the urinary bladder)	not applicable	not applicable
ASPIRIN PRODUCTS	Chronic use* of greater than one gram of aspirin within a 24 hour period.	Acetylsalicylic acid	Anacin®, Bayer®, Bufferin®, Ecotrin®, Excedrin®
ASPIRIN REPLACEMENT PRODUCTS AND NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDs)	Chronic use* totaling more than the maximum single dose allowed by the PDR for prescription use within a 24 hour period.	acetaminophen, celecoxib, declofenac, diclofenac, etodolac, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac tromethamine, meclofenamate sodium, mefenamic acid, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, tolmetin sodium,	Actron®, Advil®, Aleve®, Feldene®, Indocin®, Midol®, Motrin®, Relafen®, Tylenol®
SEDATING HISTAMINE-1 RECEPTOR ANTAGONISTS	Chronic use* of only those products containing diphenhydramine, brompheniramine, or chlorpheniramine. Treatment of isolated incidences, a cold for instance, is acceptable. Topical products are also acceptable.	brompheniramine, diphenhydramine, chlorpheniramine	Dimetane®, Allerest®, Contact®, Sudafed®, Excedrin PM®, Benadryl®, Unisom®

* Chronic use: More than 3 days within a 7 day week.