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®, Buff- erin®, Ecotrin®, Excedrin®
ASPIRIN REPLACE- MENT 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, cele- coxib, declofenac, diclofenac, etodolac, flurbiprofen, ibuprofen, indomethacin, ketopro- fen, ketorolac tromethamine, meclofenamate sodium, mefenamic acid, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, tol- metin sodium,	Actron®, Advil®, Aleve®, Feldene®, Indocin®, Midol®, Motrin®, Relafen®, Tylenol®
SEDATING HISTAMINE- 1 RECEPTOR ANTAGO- NISTS	Chronic use* of only those products contain- ing diphenhydramine, brompheniramine, or chlorpheniramine. Treatment of isolated incidences, a cold for instance, is acceptable. Topical products are also acceptable.	brompheniramine, diphenhydramine, chlorpheniramine	Dimetane®, Allerest®, Con- tact®, Sudafed®, Excedrin PM®, Benadryl®, Unisom®

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

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