HCHS/SOL Medication Use (MUE)

11/10/2021

General Instructions

The purpose of the Medication Use Questionnaire is to assess medication usage in the four weeks preceding the examination date. Information on both prescription and over-the-counter medications is ascertained. To obtain this information, the participant is asked prior to the clinic visit to bring to the field center all prescription and over-the-counter medications taken in the four-week period preceding the visit, or their containers. This request is mailed to the participant with the written instructions for the exam visit and is re-stated during the appointment reminder call.

Paper data entry and subsequent keying will only be used in the event of CDART inaccessibility. Header and administrative information are generated by the system.

Question by Question Instructions

Part A. Reception

As the participant delivers the medications, tag the medications bag with the participant's name and SOL ID, and ask whether any of the medications should be kept refrigerated. Indicate to the participant where the medications will be securely stored (or refrigerated), who will have access to them, and how they will be returned before he/she leaves. Mention that medication names will be copied from the labels, and that if required, medications will be taken out of their container only in the presence of, or with approval of the participant. Finally, indicate that a trained interviewer will later ask a few questions about medications use. Do not open the medications bag or transcribe medications until the participant has signed the informed consent.

Q1 Read as written. If the response is "Yes, all of them," go to Section B, Q4a (MEDICATION RECORD) to note the number of medications and begin the transcription. This can take place at the reception station or while the participant proceeds with the clinic visit. If the response is "Some of them," go to Question 3 to make arrangements for following up with the participant for those medications which were not brought. Then move on to Section B, Q4a (MEDICATION RECORD) to record those medications which were brought in.

If the response is "No, none of them," proceed to Question 2.

Q2 Read it as written. If the response is "Took no medications" in the past four weeks, the Medication Use interview ends here. Thank to participant and close the form.

If the response is "Forgot or was unable to bring medications," reassure the respondent and proceed to Question 3.

Q3-Q4 Read Question 3 as written. Ideally, follow-up involves the participant returning to the field center with the medications for transcription, but reasonable alternatives include a telephone interview, et cetera.

If the participant agrees to follow-up, make arrangements for obtaining the information. Describe the method of follow-up in Q3a. If the participant brought some medications, complete as much of Section B (MEDICATION RECORD) as possible before going on to Q26.

In case of deliberate omission to bring medications to the field center, attempt participant conversion. If participant conversion is to be attempted after reception, write a note to that effect on the tracking

form. Leave Section B (MEDICATION RECORD) blank if no medications were brought in. Even if the participant declines to bring in (or provide medication names by telephone), attempt to complete as much of Section C (MEDICATION USE INTERVIEW) as possible. If the participant has not brought his / her medications, but remembers the medication name, strength, and units of all medications taken during the previous four weeks with confidence, the interviewer should record this information, but arrange a follow-up to confirm its accuracy.

Follow-up on Medication Record:
When participant is contacted at a later time using the method described on MUE Q3a, proceed to update medication information in Section B (MEDICATION RECORD) per the format discussed in that section and set **Q3a-Field_Status="Query verified"** when all medications from the follow up have been recorded.

Part B. Medication Record

Section B (MEDICATION RECORD) is designed to document information about each medication used by participants.

Q4a Record the number of medications the participant brought in or the number the participant can confirm orally.

Q5a-25a. Record the medication name, strength, and units for each medication used by the participant, following the instructions below.

Overview:

Open the participant's medications bag and remove all medication containers, setting them out in front of you. Separate what appear to be [**1**] prescription medications, [**2**] over-the-counter preparations, and [**3**] vitamins and dietary supplements. Then systematically record each medication name, the strength, and the units as detailed below, starting with prescription medications, and following with over-the-counter preparations. Do not record vitamins or dietary supplements. Enter each medication in a new row in CDART.

Medications with a UPC-labeled container can be scanned, or UPC number entered manually. Those without a UPC label can be transcribed using the Medi-Span medication dictionary link found in the (a') fields (5a-25a) in the CDART form, or medication name, strength, and units can be transcribed by hand into the CDART form.

Recording Medications by Scanning the UPC:
Separate the medications that have UPC labels and attempt to scan the UPC-labeled containers into the (a) field. Rescan it as needed. Judge success of the scan by verifying that the medication name in the suggestion list matches the same information on the medication container. If the UPC code is scanned successfully, there is no need to fill out fields (b), (c), and (d) for that medication. Set aside containers that are scanned *successfully*.

A UPC bar code symbol is a pattern of black bars and white spaces, below (or above) which are twelve numbers. In example [1], the first six numbers (614141) comprise the globally unique company prefix assigned by the Uniform Code Council. The next five (54321) comprise the item reference. The last (2) is a computer-generated check digit used to verify accuracy. The symbol encodes all twelve numbers (collectively referred to as the Global Trade Item Number [GTIN]). In this context, we informally refer to the GTIN as a Universal

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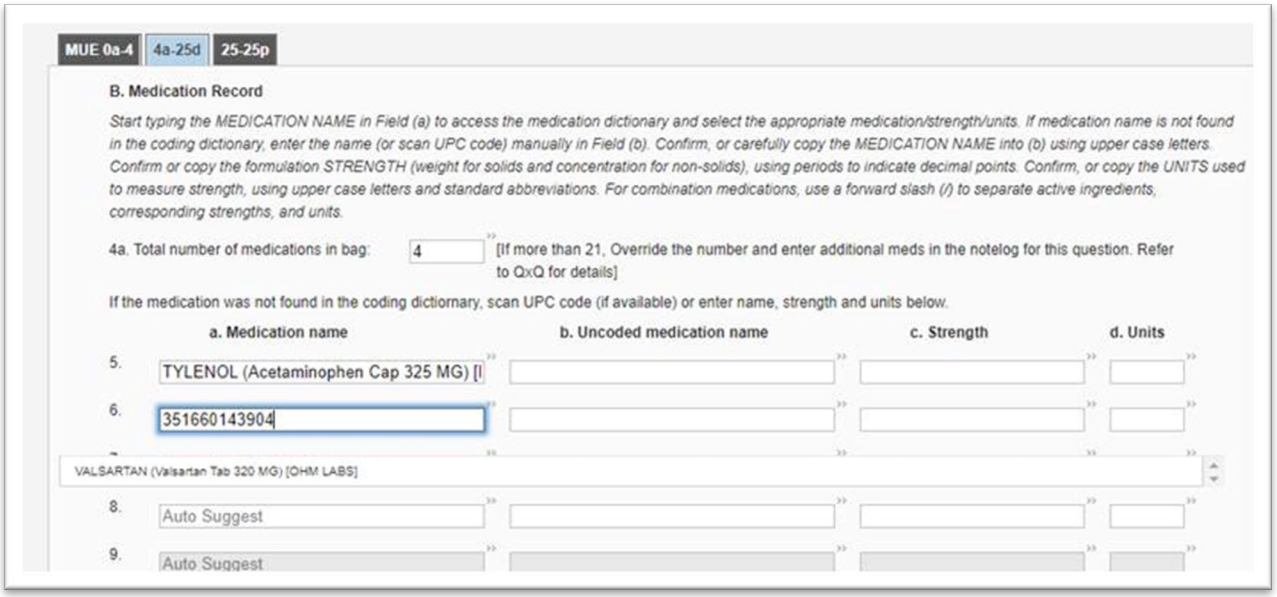
Product Code (UPC). A ten- or eleven-digit National Drug Code (NDC), which by federal law is assigned to all pharmaceuticals sold in the U.S., is often represented within the UPC and recorded elsewhere on medication packaging. Several variations in UPC / NDC spacing, and hyphenation are illustrated in examples [2-3].

UPC / NDC:	306030048167	311017110010
Name:	Azo-Septic	Dr. Scholl's Clear Away Plantar
Strength:	95	40
Units:	MG	%

UPC Code Manual Entry:

If scanning doesn't work as expected but the medication **does** have a UPC code on it, the numbers can be entered into the (a) field and should bring up the medication name for you to select. If the UPC code successfully brings up the correct medication name, strength, and units, there is no need to fill out fields (b), (c), and (d) for that medication.



Medication Lookup Using Medi-Span Dictionary:

If neither of these attempts using a UPC code work, enter the medication name in the (a) field to see if the Medi-Span dictionary will bring up a match you can select. When a name is typed in this field, wait a moment and the dictionary will auto-suggest a medication name with strength and units for you to choose from.

If a medication name is not found in the dictionary, follow the instructions for Manual Transcription, below.

Please DO NOT scan or data enter a UPC code into the 'b' field.

If multiple possible options are found in the Medi Span dictionary but the participant's medicine container does not specify a manufacturer or other data that makes it possible to identify a perfect match from the displayed options, follow the instructions for Manual Transcription, below.

Manual Transcription:

Finally, if none of the above efforts work, enter the medication name, strength, and units by hand, using the Standard Format below, starting in the (b) field for each line.

Standard Format: Transcribe all parts of each medication name as written on the container. If using the paper form, carefully transcribe medication name and units in UPPER CASE CHARACTERS (CAPITAL LETTERS). When necessary, use a period (.) to indicate the location of a decimal point in strength and a forward slash (/) to separate active ingredients of generic products and their respective strengths and units. In every case, transcribe in standard format even when the same information or a portion of the information appears in the previous Question. Do not use ditto marks (") to indicate a repeat of the previous Question.

Standard Abbreviations: Medication labels may contain standard abbreviations of medication names (Appendix 1) or the units that measure strength (Appendix 2). Formatting and transcription standards are detailed below.

Medication Name (Questions 5-25, b): If transcribing the medication name by hand (not coded by the Medi-Span medication dictionary), transcribe using a forward slash (/) to separate active ingredients of generic medications. **EXTREMELY IMPORTANT: do not transcribe manufacturer name, flavor, whether medications are sugar-free, or low-sodium.**

Since a few companies have trademarked their formulation (dosage form), the complete medication name may include it. Although we do not transcribe the number of pills dispensed, the prescribed dose, actual dose, or frequency of medications taken, medication names also may include numbers or characters that can be mistaken for number dispensed, dose, or frequency. If in doubt, it is preferable to include questionable information in the medication name to facilitate identification, coding, and classification. Therefore, transcribe all formulations, numbers, and characters that may be part of the medication name. Examples are provided in Table 1. Standard abbreviations of medication names are provided in Appendix 1.

Table 1. Examples of medication names that include special formulations, numbers or characters

Medication Name	
DILANTIN KAPSEALS*	ORTHO-NOVUM 10/11-28
ASA ENSEALS†	STUARTNATAL 1 + 1
ANACIN-3	NPH ILETIN I
ACEROLA-C	SK-AMPICILLIN
TRIAMINIC-12	CALTRATE 600 PLUS VITAMIN D
OVRAL-28	HCTZ/TRIAMTERENE‡

*Kapseals = capsules. †Enseals = enteric-coated capsules. ‡The "/" separates HCTZ (hydrochlorothiazide) and triamterene, two active ingredients.

Strength (Questions 5-25, c): The strength of most solid medications is given in number of milligrams. Transcribe the numeric strength (weight for solids and concentration for non-solids) using a period (.) to

indicate the location of a decimal point and a forward slash (/) to separate the strength of active ingredients of generic products (e.g., medication name = HCTZ/TRIAMTERENE, strength = 25/37.5).

Units (Questions 5-25, d): Transcribe the metric units that measure strength using one of the standard abbreviations in Appendix 2 (continuing the above example, units = MG/MG). Prior metric conversion of non-standard units (e.g., for liquids: 1 fluid ounce = 30 ML; 1 tablespoon = 15 ML; 1 teaspoon = 5 ML; and for solids: 1 grain = 65 MG; 1 ounce = 31 GM) may be necessary in unusual cases. Note that for insulin, strength is often given in number of units per milliliter (e.g., 100U/ML, 100/ML and U100). All three of these non-standard abbreviations are equivalent to the preferred format (strength = 100; units = UNIT/ML).

Combination Medications: Combination medications contain multiple active ingredients (two or more medications in a single formulation). For example, consider a brand name combination of HCTZ 25 MG and TRIAMTERENE 37.5 MG called DYAZIDE. In the U.S., it is sold only in this fixed combination. Because fixed combination medications do not generally list a strength (c) or units (d), these fields may be left blank when transcribing them (i.e., medication name = DYAZIDE; strength = _[blank]_ ; units = __[blank]__). Other combination medications are sold in more than one fixed combination. For example, consider a brand name combination of HCTZ and PROPRANOLOL called INDERIDE (LA). In the U.S., it is sold in many different combinations (HCTZ 25 or 50 MG and PROPRANOLOL 40, 80, 120 or 160 MG). Because variable combination medications generally list the strength and units, complete these fields when transcribing them (i.e., medication name = INDERIDE; strength =25/40 or 25/80; units = MG/MG; or medication name = INDERIDE LA; strength = 50/80, 50/120 or 50/160; units = MG/MG).

Examples of Transcribed Medications:

Feosol Iron Supplement Therapy 45 mg

#5.	Medication name (b)	(c) Strength	(d) Units
	FEOSOL IRON SUPPLEMENT THERAPY	45	MG

Lipitor 10 mg

#6.	Medication name (b)	(c) Strength	(d) Units
	LIPITOR	10	MG

Regular Strength Tylenol 325 mg

#7.	Medication name (a)	(c) Strength	(d) Units
	REGULAR STRENGTH TYLENOL	325	MG

Neosynephrine Regular Strength ½ percent

#8.	Medication name (b)	(c) Strength	(d) Units
	NEOSYNEPHRINE REGULAR STRENGTH	0.5	%

Metamucil 3.4 g per dose

#9.	Medication name (b)	(c) Strength	(d) Units
	METAMUCIL	3.4	G/DOSE

Robitussin 100 mg per teaspoon

#10.	Medication name (b)	(c) Strength	(d) Units
	ROBITUSSIN	100/5	MG/ML

Magnesium Citrate Solution 1.745 g per ounce

#11.	Medication name (b)	(c) Strength	(d) Units
	MAGNESIUM CITRATE SOLUTION	1.745/30	G/ML

Discerning if a preparation is a dietary vitamin/supplement or an OTC medication is not always straightforward. The FDA notes:

> "Dietary supplements include such ingredients as vitamins, minerals, herbs, amino acids, and enzymes."
>
> and
>
> "Unlike drugs, ***supplements are not permitted to be marketed for the purpose of treating, diagnosing, preventing, or curing diseases***. That means supplements should not make disease claims, such as "lowers high cholesterol" or "treats heart disease." Claims like these cannot be legitimately made for dietary supplements." https://www.fda.gov/food/buy-store-serve-safe-food/what-you-need-know-about-dietary-supplements

In general, OTC medications are FDA-reviewed treatments. In the examples of transcribed medications above, only one is a prescription medication (Lipitor); the others would fall into the OTC category as intended for treatment of some physical condition (low iron, nasal congestion, constipation, etc.).

The most common supplements are vitamins, minerals and botanicals. Examples of supplements are glucosamine, coenzyme Q10, omega-3 and omega-6 fatty acids, chamomile, enzymes, probiotics, amino acids, and protein supplements.

Site staff are not expected to go to extra effort to discern if a preparation is OTC or a dietary supplement. This may be obvious, depending on the substance and the packaging, but **if it is unclear** if a preparation is a supplement/vitamin or if it is an OTC medication, record the item, using scanning or hand transcription, if there are empty rows on the form. At no time are obvious dietary supplements or vitamins to be recorded, even if there are empty rows on the form.

Recording 21+ prescription medications:

The CDART medication record section is designed to document information for 20 medications. Do the following when the participant has a larger number of medications to be reported:

1. Follow recording order as listed in the *Prioritization* statement below.
2. In MUE4a, record the **total number** of medications taken by the participant.
3. In MUE4a, enter a notelog indicating that additional medication information is noted in MUE5a Notelog.
4. In MUE5a enter a notelog listing the additional medications. Record medication information using the Standard Format explained below.

Prioritization: Therefore, prioritize transcription if there are more than 20 medications using the following algorithm: [1] prescription medications and then [2] over-the-counter preparations. Do not record or transcribe vitamins or dietary supplements. If it is necessary to defer prioritization or difficult to prioritize, transcribe the name (a), strength (b), and units (c) of medications in excess of 20 on the back of the last page of the form for later data entry in the Q5a Notelog.

Identifying Unknown Medications:

Determine whether there are any medications in the bag that were not transcribed, including loose pills or medications in containers that are unmarked or not clearly labeled, or that hold more than one medication.

During Visit 3, the HCHS/SOL does not use pill identifier software or services (for example, the *Ident-A-Drug,Reference was used in Visit 1).* If the medication cannot be identified, record UNKNOWN under medication name and leave sections (b) and (c) blank.
Ask the participant about any other medications that may have been taken in the previous four weeks. For additional medications recalled by the participant, record with as much detail as possible the medication name (b), strength (c), and units (d).

Finalizing Medication Record
Once all medications that can be successfully verified or transcribed have been processed, count the total number of different medications (including those that cannot be successfully transcribed). Update the number recorded in Q4a if needed.

Part C. Medication Use Interview

Q26 Following the transition statement provided, ask if medications were taken in the past four weeks for the sixteen listed reasons. Synonyms that may be used in response to participant questions are listed below (Table 2).

Table 2. Synonyms that may be used in response to participant questions about Questions 26a-p

Question text	Synonyms
a. Asthma	--
b. Chronic bronchitis or emphysema	Chronic obstructive pulmonary disease or COPD
c. High blood sugar	Diabetes
d. High blood pressure	Hypertension
e. High blood cholesterol	Hypercholesterolemia
f. Chest pain	Angina
g. Abnormal heart rhythm	Arrhythmia
h. Heart failure	Congestive heart failure or CHF
i. Blood thinning	Anticoagulation
j. Stroke	Cerebrovascular accident or CVA
k. Mini-stroke	Transient ischemic attack or TIA
l. Leg pain while walking	Claudication or peripheral arterial disease or PAD
m. Depression	--
n. Anxiety	--
o. Glaucoma	--
p. A disease of the thyroid	--

For example, if the participant had taken medication for asthma and claudication and no other listed conditions, code Questions 26 as follows:	Yes	No	Unknown
a. Asthma	Ⓨ	N	U
b. Chronic bronchitis or emphysema (chronic obstructive pulmonary disease [COPD])	Y	Ⓝ	U
c. High blood sugar (diabetes)	Y	Ⓝ	U
d. High blood pressure (hypertension)	Y	Ⓝ	U
e. High blood cholesterol (hypercholesterolemia)	Y	Ⓝ	U

For example, if the participant had taken medication for asthma and claudication and no other listed conditions, code Questions 26 as follows:	Yes	No	Unknown
f. Chest pain (angina)	Y	Ⓝ	U
g. Abnormal heart rhythm (arrhythmia)	Y	Ⓝ	U
h. Heart failure (congestive heart failure [CHF])	Y	Ⓝ	U
i. Blood thinning (anticoagulation)	Y	Ⓝ	U
j. Stroke (cerebrovascular accident [CVA])	Y	Ⓝ	U
k. Mini-stroke (transient ischemic accident [TIA])	Y	Ⓝ	U
l. Leg pain while walking (claudication or peripheral arterial disease [PAD])	Ⓨ	N	U
m. Depression	Y	Ⓝ	U
n. Anxiety	Y	Ⓝ	U
o. Glaucoma	Y	Ⓝ	U
p. A disease of the thyroid	Y	Ⓝ	U

DO NOT ask the participant to identify which medication was used to treat any of the conditions mentioned. For example, if the participant reported taking a medication to lower blood pressure during the last month yet no recognized antihypertensive medications were recorded in Section B, do not probe to determine if the names of all medications taken during the last two weeks were recorded. If the participant indicates that the names of all his / her medications have been transcribed, do not probe further to determine which medication was used to treat the high blood pressure. Regardless of whether the participant reported taking any medications during the past four weeks or whether they brought any medication to the field center, proceed with the next Question.

Thank the participant and take the medication bag to the pre-arranged secure storage or the refrigerator, if pertinent. *AT NO TIME SHOULD MEDICATIONS BE LEFT UNATTENDED IN THE RECEPTION AREA OR MEDICATION CONTAINERS BE OPENED WITHOUT AUTHORIZATION FROM THE PARTICIPANT.*

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Appendix 1. Standard abbreviations of medication names

Medication Name	Abbreviation	Medication Name	Abbreviation	Medication Name	Abbreviation
A Acetaminophen	APAP	Aluminum	AL	Amitriptyline	AMITRIP
Antibiotic	ANTIBIO	Antihistamine	ANTIHIST	Arthritic	ARTHR
Aspirin	ASA	Aspirin, phenacetin & caffeine	APC	Ammononium	AMMON
B Balanced Salt Solution	BSS	Buffered	BUF		
C Caffeine	CAFF	Calcium	CA	Capsules	CAP
Carbonate	CARBON	Chewable	CHEW	Chlordiazepoxide	CHLORDIAZ
Chloride	CL	Chlorpheniramine	CHLORPHEN	Codeine	COD
Compound	CPD or CMP or CMPD	Concentrate	CON		
D Decongestant	DECONG	Dextromethorphan	DM	Dioctylsodium sulfosuccinate	DSS
E Expectorant	EXP	Extra	EX		
F Ferrous	FE	Fluoride	FL	Formula	FORM
G Gluconate	GLUCON	Glyceryl Guacolate	GG	Guaifenesin	GG
H Hydrochloride	HCL	Hydrochlorthiazide	HCTZ	Hydrocortisone	HC
Hydroxide	HYDROX				
I Inhalation	INHAL	Injection	INJ	Intravenous	IV
J Junior	JR				
L Laxative	LAX	Liquid	LIQ	Long acting	LA
Lotion	LOT				
M Magnesium	MG	Maximum	MAX	Minerals	M
Multivitamins	MULTIVIT				
N Nitroglycerin	NTGN				
O Ointment	OINT	Ophthalmic	OPTH		
P Penicillin	PCN	Pediatric	PED	Perphenazine	PERPHEN
Phenobarbitol	PB	Phenylephrine	PE	Phenylpropanolamine	PPA
Potassium	K	Potassium Chloride	KCL	Potassium Iodide	KI
Powder	PWD	Pyrilamine	PYRIL		
R Reliever	REL				
S Simethicone	SIMETH	Sodium	SOD	Solution	SOLN
Strength	STR	Suppository	SUPP	Suspension	SUSP
Sustained action	SA	Sustained release	SR	Syrup	SYR
T Tablets	TAB	Theophyllin	THEOPH	Therapeutic	T
Time disintegration	TD				
V Vaccine	VAC	Vitamin	VIT		
W With	W				

Appendix 2. Standard abbreviations of metric unitsUnits	Standard Abbreviation	Units	Standard Abbreviation
Anti-Clotting Factor Xa International Units/Milliliter	A-XA IU/ML	Milligram/Drop	MG/DROP
Billion Cells of Lactobacilli	B CELL	Milligram/Gram	MG/GM
Bioequivalent Allergy Units/Milliliter	BAU/ML	Milligram/Inhalation‡	MG/INH
Actuation*	ACT	Milligram/Hour	MG/HR
Enzyme-Linked Immunosorbent Assay Units/Milliliter	ELU/ML	Milligram/Milligram	MG/MG
Gram†	GM	Milligram/Milliliter	MG/ML
Gram/Dose	GM/DOSE	Milligram/Spray	MG/SPRAY
Gram/Gram	GM/GM	Milligram/Teaspoon§	MG/TSP
Gram/Milliliter	GM/ML	Milliliter	ML
Kallikrien Inactivator Units/Milliliter	KIU/ML	Milliliter/Milliliter	ML/ML
Flocculation Units	LFU	Millimole	MMOLE
Megabecquerels/Milliliter	MBQ/ML	Millimole/Milliliter	MMOLE/ML
Microgram†	MCG	Million International Units	MIU
Microgram/Actuation	MCG/ACT	Million International Units/Milliliter	MIU/ML
Microgram/Hour	MCG/HR	Million Units	MU
Microgram/Inhalation‡	MCG/INH	Million Units/Gram	MU/GM
Microgram/Milliliter	MCG/ML	Million Units/Milliliter	MU/ML
Microgram/Spray	MCG/SPRAY	Minim	MINIM
Microgram/Square Centimeter	MCG/SQCM	Minim/Milliliter	MINIM/ML
Millicuries/Milliliter	MCI/ML	Percent	%
Milliequivalent	MEQ	Plaque Forming Units/Milliliter	PFU/ML
Milliequivalent/Gram	MEQ/GM	Protein Nitrogen Units/Milliliter¶	PNU/ML
Milliequivalent/Liter	MEQ/L	Unit	UNIT
Milliequivalent/Milligram	MEQ/MG	Unit/Actuation	UNIT/ACT
Milliequivalent/Milliliter	MEQ/ML	Unit/Gram	UNIT/GM
Milligram†	MG	Unit/Milligram	UNIT/MG
Milligram/Actuation	MG/ACT	Unit/Milliliter	UNIT/ML

*Actuation = activation of a dispensing device. †1 GM = 1000 MG; 1 MG = 1000 MCG. ‡Of aerosolized powder. §Of e.g. powdered or granulated oral medications. ¶Of allergenic extracts.

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List #1: Commonly Used Aspirin-Containing Medication (3-page list, page 1)

1/2HALFPRIN
ACETAMINOPHEN / MAGNESIUM SALICYLATE / CAFFEINE
ACETAMINOPHEN / SALICYLAMIDE
ACETAMINOPHEN / SALICYLAMIDE / CAFFEINE
ACETAMINOPHEN / SALICYLAMIDE / PHENYLTOLOXAMINE
ACETYL SALICYLIC ACID
ADDED STRENGTH HEADACHE R
ADDED STRENGTH PAIN RELIE
ADPRIN B
ADULT STRENGTH ANALGESIC
ADULT STRENGTH PAIN RELIE
AF-MIGRAINE
ALBERTSON'S EFFERVESCENT
ALBERTSON'S ENTERIC COATE
ALBERTSON'S HEADACHE FORM
ALKA-SELTZER
AMIGESIC
ANABAR
ANACIN
ANALGESIC
ACETAMINOPHEN / SALICYLAMIDE / PHENYLTOLOXAMINE / CAFFEINE
ARTHRITIS PAIN FORMULA
ARTHRITIS STRENGTH BC
ARTHROPAN
ASA
ASCRIPTIN
ASP
ASPERGUM
ASPIR-81
ASPIRCAF
ASPIRIN
ASPIRIN GUM
ASPIRIN / ANTACID
ASPIRIN / CAFFEINE
ASPIRIN / ACETAMINOPHEN / CAFFEINE
ASPIRIN / ALUMINUM HYDROXIDE / MAGNESIUM HYDROXIDE / CALCIUM CARBONATE
ASPIRIN / ALUMINUM HYDROXIDE / MAGNESIUM HYDROXIDE
ASPIRIN / ACETAMINOPHEN / CAFFEINE / CALCIUM GLUCONATE
ASPIRIN / ACETAMINOPHEN / SALICYLAMIDE / CAFFEINE
ASPIRIN / CAFFEINE
ASPIRIN / CAFFEINE / BUTALBITAL
ASPIRIN / CA CARBONATE
ASPIRIN / CINNAMEDRINE / CAFFEINE
ASPIRIN / SALICYLAMIDE / CAFFEINE
ASPIR-LOW
ASPIR-MOX
ASPIRTAB
ASPIR-TRIN
ASPRIDROX
BACK PAIN-OFF
BACKACHE MAXIMUM STRENGTH
BACKACHE RELIEF EXTRA STR
BAYER LOW STRENGTH
BAYER PLUS EXTRA STRENGTH
BC
BL MIGRAINE FORMULA
BUFFASAL
BUFFERIN
BUFPIRIN
BUTALBITAL / ASA / CAFFEINE
BUTALBITAL / ASPIRIN / CAFFEINE
BUTALBITAL COMPOUND
CETAZONE-T
CHOLINE / MAGNESIUM SALICYLATES

List #1: Commonly Used Aspirin-Containing Medications (3-page list, page 2)

CHOLINE SALICYLATE
CMT
COPE
CVS BACKACHE RELIEF
CVS EFFERVESCENT ANTACID
CVS HEADACHE RELIEF
CVS MIGRAINE RELIEF
DEWITT'S PILLS
DIFLUNISAL
DISALCID
DOAN'S
DOLOBID
DOLOREX
DURABAC
DURAXIN
EASPRIN
ECASA
ECK MIGRAINE RELIEF
ECOTRIN
ECPIRIN
ED-FLEX
EFFERVESCENT ANTACID / PAIN
EFFERVESCENT PAIN RELIEF
EFFERVESCENT PAIN RELIEVE
EQUAGESIC
EXCEDRIN
EX-PAIN
EXTRA STRENGTH BAYER
EXTRAPRIN
FARBITAL
FIORINAL
GENACOTE
GOODY'S
HALFPRIN
HCA PAIN RELIEVER
HEADACHE FORMULA ADDED ST
HEADACHE RELIEF
HEADRIN EX STRENGTH PAIN
HM ADULT ANALGESIC
LEVACET
LOBAC
MAGAN
MAGNAPRIN
MAGNESIUM SALICYLATE
MAGNESIUM SALICYLATE / ACETAMINOPHEN
MAGNESIUM SALICYLATE / DIPHENHYDRAMINE
MAG-PHEN
MAGSAL
MEDI-SELTZER
MEPROBAMATE / ASPIRIN
MIDOL MAXIMUM STRENGTH
MIGRAINE FORMULA
MIGRAINE RELIEF
MINITABS
MOBIDIN
MOBIGESIC
MOMENTUM MUSCULAR BACKACH
MONO-GESIC
MP ENCOPRIN
MP REGRIPRIN
MST 600
MYOGESIC
OSCO ADDED STRENGTH PAIN
OSCO ANALGESIC ADULT STRE
OSCO EFFERVESCENT ANTACID
OSCO LOW STRENGTH ENTERIC
P-A-C
PAIN RELIEF
PAIN RELIEF EXTRA STRENGT
PAIN RELIEF EXTRA STRENGT
PAIN RELIEVER ADDED STREN
PAIN RELIEVER PLUS
PAINAID
PAIN-OFF
PANRITIS FORTE
PHENYLTOLOXAMINE / MAGNESIUM SALICYLATE
PIROSAL
QC PAIN RELIEVER PLUS
RA ANTACID PAIN RELIEF
RA MIGRAINE RELIEF
RID-A-PAIN COMPOUND
SALETO
SALICYLAMIDE / CAFFEINE
SALFLEX
SALSALATE
SAV-ON ADDED STRENGTH PAI
SAV-ON ANALGESIC ADULT ST
SAV-ON BACKACHE RELIEF EX
SAV-ON EFFERVESCENT ANTAC
SB BACKACHE EXTRA STRENGT
SB EFFRSCENT ANTACID/PAIN
SB LOW DOSE ASA EC
SB MENSTRUAL

FORTABS	NEUTRALIN	SB PAIN RELIEF F/ACT
FRENADOL	NINOPRIN	SB PAIN RELIEF X-STR
GENACED	NOVASAL	SG EFFERVESCENT ANTACID/P

List #1: Commonly Used Aspirin-Containing Medications (3 page list, page 3)

SG PAIN RELIEVER ADDED ST	SUPAC	UNI-TREN
SM HEADACHE ADDED STRENGT	SUPER STRENGTH PAIN RELIEF	VANQUISH
SM HEADACHE PAIN RELIEVER	SUREPRIN	V-R EFFERVESCENT PAIN REL
SOBA ANALGESIC	TETRA-MAG	ZEE-ZELTZER
SOBA PAIN RELIEVER HEADAC	THERAPY BAYER	ZORPRIN
SODIUM SALICYLATE	THIOCYL	
ST JOSEPH ADULT	TRICOSAL	
STANBACK	TRILISATE	

HCHS/SOL Medication Use (MUE)

11/10/2021

List #2: Commonly Used Non-Steroidal Anti-Inflammatory Drugs (NSAIDS)

ACTRON
ADDAPRIN
ADVANCED PAIN RELIEF
ADVIL
ALEVE
ALL DAY RELIEF
ANAPROX
ANSAID
ARTHROTEC
BEXTRA
CATAFLAM
CELEBREX
CELECOXIB
CLINORIL
CVS INFANTS' CONCENTRATED
DAYPRO
DICLOFENAC
DICLOFENAC / MISOPROSTOL
DYSPEL
ELIXSURE
ETODOLAC
FELDENE
FENOPROFEN
FLURBIPROFEN
GENPRIL
HALTRAN
IBU
IBU-DROPS
IBUPROFEN
IBUTAB
INDOCIN
INDOMETHACIN
I-PRIN
TAB-PROFEN
TOLECTIN
TOLMETIN
TORADOL
KETOPROFEN
KETOROLAC
LANSOPRAZOLE / NAPROXEN
LODINE
MECLOFENAMATE
MEDI-PROFEN
MEDIPROXEN
MEFENAMIC ACID
MELOXICAM
MENADOL
MIDOL
MOBIC
MOTRIN
NABUMETONE
NALFON
NAPRELAN
NAPROSYN
NAPROXEN
NUPRIN
ORUDIS
ORUVAIL
OXAPROZIN
PHENYLBUTAZONE
PIROXICAM
PONSTEL
PREVACID / NAPRAPAC
PROFEN
PROVIL
Q-PROFEN
RELAFEN
ROFECOXIB
RUFEN
SULINDAC
VALDECOXIB
VIOXX
VOLTAREN