



HCHS/SOL Medication Use (MUE)

1/7/2020

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 and then moving on to Section B, Q4a (MEDICATION RECORD) to record those medications which were brought in. See Part B: Medication Record below for instructions on how to transcribe more than 20 medications.

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, etcetera.

If the participant agrees to follow-up, make arrangements for obtaining the information. Describe the method of follow-up in Q4. 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.



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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 Q4, proceed to update medication information and set **Q4-Field Status="Query verified"**.

Part B. Medication Record

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

Section B (MEDICATION RECORD) is designed to document information about each medication used by participants. This is done by recording the medication name in section (a), the medication name-uncoded (b), the strength in section (c), and the units in section (d) for each medication used within the four weeks prior to the interview (Questions 5-25).

For Visit 3, the “a” field on each question is a link to the Medi-Span medication dictionary. When a name is typed in this field, the dictionary will auto-suggest a medication name with strength and units for you to choose from. If for some reason the medication name is not found in the dictionary, move to the “b” field and either scan the UPC code on the participant’s medication label or transcribe the medication name, strength and units as described below in the Standard Format instructions.

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 Overview statement below.
2. In MUE4a, record the total number of medications taken by the participant. Include those medications recorded in the notelog.
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.

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



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supplements.

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, 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 (Table 1) or the units that measure strength (Table 2). Formatting and transcription standards are detailed below.

Table 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	ANTI HIST	Arthritic	ARTHR
Aspirin	ASA	Aspirin, phenacetin & caffeine	APC	Ammonium	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	Hydrochlorothiazide	HCTZ	Hydrocortisone	HC
Hydroxide	HYDROX				
I Inhalation	INHAL	Injection	INJ	Intravenous	IV
J Junior	JR	Liquid	LIQ	Long acting	LA
L Laxative	LAX	Maximum	MAX	Minerals	M
Lotion	LOT				
M Magnesium	MG				
Multivitamins	MULTIVIT				
N Nitroglycerin	NTGN				
O Ointment	OINT	Ophthalmic	OPHT		
P Penicillin	PCN	Pediatric	PED	Perphenazine	PERPHEN
Phenobarbital	PB	Phenylephrine	PE	Phenylpropanolamine	PPA
Potassium	K	Potassium Chloride	KCL	Potassium Iodide	KI
Powder	PWD	Pyrimidine	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				

Table 2. Standard abbreviations of metric units

Units	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



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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
Kallikrein 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.

Medication Name (Questions 5-25, a):

For Visit 3, the “a” field on each question is a link to the Medi-Span medication dictionary. 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 for some reason the medication name is not found in the dictionary, move to the “b” field and either scan the UPC code on the participant’s medication label or transcribe the medication name, strength and units as described below in the Standard Format instructions

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 e.g. 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 3. Standard abbreviations of medication names were provided in Table 1 (above).

Table 3. 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.



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Strength (Questions 5-25, b): 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, c): Transcribe the metric units that measure strength using one of the standard abbreviations in Table 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:

Feosol Iron Supplement Therapy 45 mg

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

Lipitor 10 mg

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

Regular Strength Tylenol 325 mg

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

Neosynephrine Regular Strength ½ percent

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

Metamucil 3.4 g per dose

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



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Robitussin 100 mg per teaspoon

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

Magnesium Citrate Solution 1.745 g per ounce

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

Prioritizing Transcription: Polypharmacy tends to increase with age, but even if a participant is using more than 20 medications, only 20 can be transcribed in Questions (5-25). Therefore, prioritize transcription if there are more than 20 medications using the following algorithm to guide prioritization: [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, medications in containers that are unmarked or not clearly labeled, or 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 (a), and the information in sections [b and c].

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 6).

Table 6. 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	--



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- 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
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



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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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List #1: Commonly Used Aspirin-Containing Medication

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

ASCRIPIN

ASP

ASPERGUM

ASPIR-81

ASPIRCAF

ASPIRIN

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

BUFPIN

BUTALBITAL / ASA / CAFFEINE

BUTALBITAL / ASPIRIN / CAFFEINE

BUTALBITAL COMPOUND

CETAZONE-T



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ASPIRIN GUM

ASPIRIN / DIPHENHYDRAMINE EFFERVESCENT

CHOLINE / MAGNESIUM SALICYLATES

CHOLINE MAGNESIUM TRISALICYLATE



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

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



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FRENADOL
GENACED

NINOPRIN
NOVASAL

SB PAIN RELIEF X-STR
SG EFFERVESCENT ANTACID/P

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

SG PAIN RELIEVER ADDED ST
SM HEADACHE ADDED STRENGT
SM HEADACHE PAIN RELIEVER
SOBA ANALGESIC
SOBA PAIN RELIEVER HEADAC
SODIUM SALICYLATE
ST JOSEPH ADULT
STANBACK

SUPAC
SUPER STRENGTH PAIN RELIE
SUREPRIN
TETRA-MAG
THERAPY BAYER
THIOCYL
TRICOSAL
TRILISATE

UNI-TREN
VANQUISH
V-R EFFERVESCENT PAIN REL
ZEE-ZELTZER
ZORPRIN



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

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