DRUG RECLIN_DATA,C,73
1001 2 Topical form limited to use in primary infections. Effective in accel-
1001 2 erating healing and reducing duration of viral shedding. IV form useful
1001 2 in severe localized, mucocutaneous simplex or zoster herpetic lesions.
1002 2 Active against nearly all gram-negative bacilli, including many
1002 2 strains resistant to gentamicin or tobramycin. For UTI and septicemia.
1003 2 More reliable absorption than oral ampicillin. Useful in UTI.
1004 2 Useful in treatment of mucocutaneous candidiasis. Parenteral product
1004 2 is used in treating disseminated forms of fungal infections.
1005 2 Effective against most Gram-positive organisms with the exception of
1005 2 penicillinase-producing staphylococci and pp Neisseria gonorrhea.
1005 2 Useful for treating STD caused by gonorrhea.
1006 2 May be used in combination with an aminoglycoside or cephalosporin as
1006 2 initial therapy. Used in life-threatening Pseudomonas infections.
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1009 2 More active than other penicillins against gram-negative bacilli.
1009 2 Klebsiella species are usually resistant. Oral form does not provide
1009 2 adequate serum levels and should be used for treatment of UTI only.
1010 2 Useful in susceptible gram-negative infections when the potential
1010 2 toxicity of aminoglycosides may be avoided. More active against certain
1010 2 gram-negative bacilli and is less active against gram-positive cocci
1010 2 than either cephalothin or cefazole. Resistance occurs frequently.
1011 2 Bactericidal for most gram-positive and certain gram-negative organ-
1011 2 isms. With the exception of Klebsiella species and UTI that are resistant
1011 2 to penicillin or sulfanomides, cephalosporins are not agents of choice.
1011 2 Widely used in perioperative prophylaxis. Should not be administered
1011 2 to patients who have had immediate or accelerated reactions to penicillin
1012 2 Active against gram-positive and gram-negative bacteria.
1012 2 In combination, it is synergistic against Pseudomonas with cephalosporins
1012 1 and broad spectrum penicillins. High degree of protein binding produces
1012 2 very high serum levels to make the drug adequate to treat most infections
1012 2 even though it is less active than other third-generation cephalosporins
1012 2 against many bacteria.
1013 2 As with other third-generation cephalosporins, the true clinical role
1013 2 of cefotaxime remains to be defined. Useful in treatment of STD caused by
1013 2 gonorrhea and other serious infections due to susceptible gram-negatives.
1014 2 Useful when mixed aerobic-anaerobic infection is suspected, such as
1014 2 the empiric therapy of peritonitis or pelvic infection. Should not be
1014 2 used alone when resistant gram-negative bacilli, such as Pseudomonas, may
1014 2 be the etiologic agent. Effective for perioperative prophylaxis.
1014 2 Useful in treating STD in disseminated gonorrhea infection.
1014 2 Painful on IM injection. Give with a local anesthetic like lidocaine.
1015 2 Third-generation cephalosporin. Greater activity against Enterobacteria
1015 2 than moxalactam or cefotaxime.
1016 2 Less active than any of the other cephalosporins against both
1016 2 gram-negative and gram-positive organisms. Use should be limited to UTI

1016 2 caused by organisms resistant to penicillins or sulfanomides, or to minor
1016 2 infections due to Staphylococcus aureus in patients with a history of
1016 2 delayed hypersensitivity to penicillin. Similar to cephradine.
1017 2 Clinical use similar to cefazolin, but considered less desirable
1017 2 because of lower serum levels after comparable doses, more pain on injec-
1017 2 tion, and the additive nephrotoxicity noted when cephalothin is given
1017 2 with gentamicin or tobramycin. Similar to cephapirin.
1018 2 Primarily useful in treatment of anaerobic infections, including those
1018 2 caused by Bacteroides fragilis. Intrabdominal infections due to anaerobes
1018 2 and aerobic gram-negative bacilli may be treated with clindamycin in
1018 2 combination with an aminoglycoside.
1018 2 Useful in prophylaxis for hysterectomy or cesarean section.
1019 2 Unique among tetracyclines in not accumulating in renal insufficiency.
1019 2 Useful in treating an extraurinary infection in a patient with renal
1019 2 insufficiency. Effective against Chlamydia.
1020 2 Useful in Chlamydia and as an alternative to penicillin in the treat-
1020 2 ment of listerosis and STD due to syphilis and gonorrhea in pregnancy.
1021 2 Useful in treatment of cutaneous and mucocutaneous infections, UTI,
1021 2 and, in combination with amphotricin B, Cryptococcal meningitis.
1022 2 Useful in treatment of serious gram-negative infections in all sites.
1022 2 In combination with cephalosporins or broad-spectrum penicillins it is
1022 2 frequently synergistic against various gram-negative bacilli.
1022 2 Also used in combination with penicillin G, ampicillin, and vancomycin
1022 2 for treatment of serious Enterococcal infections.
1022 2 Used in combination with penicillinase-resistant penicillins to treat
1022 2 serious Staphylococcus infection.
1023 2 Effective in treatment of dermatophytic infections, especially in the
1023 2 scalp, hands, feet, and the nails which are resistant to topical therapy.
1023 2 Not effective against Candida or tinea versicolor.
1024 2 Bactericidal for most gram-negative bacilli. Has a spectrum similar to
1024 2 amikacin or gentamicin with the exception of Serratia marascens and
1024 2 Pseudomonas aeruginosa. Oral preparation is used for bowel sterilization.
1025 2 Given with large doses of urine-acidifying agents such as ascorbic
1025 2 acid. Primarily used for suppression of chronic UTI.
1026 2 Limited to the treatment of Staphylococcus infection. Resistant strain
1026 2 have emerged and are responsible for as much as 25-30% of nosocomial
1026 2 isolates. Many strains of Staphylococcus epidermidis are resistant.
1027 2 Agent is trichomonicidal, amebicidal, and bactericidal against most
1027 2 anareobic bacteria, including Bacteroides fragilis.
1027 1 Useful in treatment of amebic dysentery, liver abscess, giardiasis,
1027 1 amebiasis, trichomoniasis, and non-specific vaginitis.
1028 2 Useful in treatment of cutaneous and mucocutaneous candidal infection.
1028 2 The IV form is used in treating Coccidiodiomycosis, Cryptococcosis,
1028 2 and Candidiasis. Therapy of choice for these infections is amphotericin B
1028 2 Miconazole is used only if amphotericin B fails or is contraindicated.
1029 2 Useful in empiric or specific therapy of nosocomial infections, either
1029 2 alone or in combination with an aminoglycoside or a penicillin.
1029 2 Significantly less active against Staphylococcus than cephalosporins
1029 2 or cefotaxime. Group A and B Streptococcus are susceptible, but as with

1029 2 all cephalosporins, Enterococcus is resistant.
1030 2 Like methicillin, this drug is used to treat Staphylococcal infection
1030 2 only. It also appears to be less nephrotoxic than methicillin. It is not
1030 2 hepatotoxic, as is oxacillin, and therefore, this drug is the parenteral
1030 2 antistaphylococcal agent of choice. Oral forms of nafcillin are poorly
1030 2 absorbed: cloxacillin or dicloxacillin are recommended instead.
1031 2 Classified as a urinary antiseptic that is useful in the treatment of
1031 2 UTI only. Active against most gram-negative bacilli, with the exception
1031 2 of Pseudomonas aeruginosa. All gram-positive organisms are resistant.
1031 2 Rapid emregence of resistance may be a hinderance to its usefulness.
1032 2 Active against most aerobic gram-negative bacilli, including some
1032 2 Enterobacter that are resistant to gentamicin or tobramycin.
1032 2 Should be used in serious infections. No more or less effective than
1032 2 other aminoglycosides, but may be less toxic to kidney or eight nerve.
1033 2 Bacteriostatic for most gram-positive and gram-negative bacteria,
1033 2 except Serratia marcescens and Pseudomonas aeruginosa.
1033 2 Serum levels are inadequate to treat systemic infections, and because
1033 2 therapeutic concentrations are acheived only in the renal medulla and in
1033 2 the urine, the drug should be used to treat UTI exclusively.
1033 2 An IV formulation is available, but is not recommended.
1034 2 Primarily useful in treatment of Staphylococcus infection. Oral form
1034 2 is not as well absorbed as cloxacillin or dicloxacillin.
1035 2 Antibiotic of choice for all organisms sensitive to it. High renal
1035 2 clearance provides urinary levels adequate to treat UTI due to many
1035 2 gram-negative bacilli. Oral forms poorly absorbed and are useful only in
1035 2 the treatment of infections due to highly susceptible organisms.
1035 2 Drug of choice in procaine form for STD caused by gonorrhea and in
1035 2 benzathine or aqueous form for treatment of syphilis.
1036 2 Agent of choice when an oral preparation is to be used. Greater acid
1036 2 stability makes it better absorbed than penicillin G.
1037 2 Licensed for treatment of STD due to gonorrhea only. Single IM injection.
1038 2 Agent of choice for UTI due to susceptible gram-negative bacilli. May
1038 2 be useful in treatment of Chlamydial infection, but tetracyclines are the
1038 2 drugs of choice. Useful in treating chancroid.
1039 2 Agent of choice for UTI due to susceptible gram-negative bacilli. May
1039 2 be useful in treatment of Chlamydial infection, but tetracyclines are the
1039 2 drugs of choice. Useful in treating chancroid, lymphogranuloma venereum.
1040 2 Useful in STD caused by gonorrhea and syphilis in penicillin-allergic
1040 2 patients, and in treating UTI or lymphogranuloma venereum.
1040 2 Agent of choice in treating Chlamydia.
1040 2 Many strains of Klebsiella, Enterobacter, Serratia and Pseudomonas are
1040 2 inhibited by concentrations that are achievable in urine.
1041 2 Activity similar to carbenicillin, but requires lower concentrations.
1042 2 Nearly identical to gentamicin in spectrum and clinical use.
1042 2 Less active against Serratia, more active against Pseudomonas.
1042 1 Useful in treatment of serious gram-negative bacillary infection.
1042 2 Useful in prophylaxis for hysterectomy or cesarean section.
1043 2 Agent of choice for treatment and prophylaxis of chronic UTI. The
1043 2 combination with sulfonamides is active against many organisms that have

1043 2 developed resitance to other antibiotics.
1043 1 Some teratogenic effects due to interference of folic acid metabolism
1043 1 resulting in cleft palate have been observed in rats.
1044 2 Primary use in treatment of severe Streptococcus and staphylococcus
1044 2 infections in patients allergic to penicillins.
1044 2 Drug of choice in methicillin-resistant Staphylococcus infections.
1044 2 Enhanced activity in combination with an aminoglycoside or rifampin.
1011 3 The first-generation cephalosporin of choice for IV use. Also the most
1011 3 cost-effective for IV administration.
1046 3 The first-generation cephalosporin of choice for oral use. Also the
1046 3 most cost-effective for oral administration.
1014 3 The second-generation cephalosporin of choice for IV administration
1014 3 when Bacteroides is suspected.
1045 3 The oral second-generation cephalosporin of choice for cost-effectiveness
1047 1 Not effective against methicillin-resistant strains. Should not be
1047 1 used for organisms other than penicillin G resistant Staphylococcus
1047 1 that is susceptible to dicloxacillin.
1027 4 The combination of metronizadole with an amimoglycoside is effective
1027 4 empiric treatment for polymicrobial pelvic infections. Addition of a
1027 4 broad-spectrum penicillin or a cephalosporin is equally effective.
1027 5 The literature suggests an absence of any teratogenic action in humans
1027 5 or other harmful effects when metronidazole is given orally during
1027 5 pregnancy. Nevertheless, it is not recommended in the first trimester.
1048 1 Broad spectrum anti-fungal agent that inhibits the growth of
1048 1 pathogenic dermatophytes, yeasts, and isolates of Trichophyton.
1048 5 Has been shown to be effective against Trichomonas vaginalis.
1001 6 Oral acyclovir can shorten duration of initial infections, but is only
1001 6 marginally effective for recurrent episodes. Continuous treatment should
1001 6 be limited to patients with frequent severe recurrences.
1001 6 The drug is teratogenic in vitro and is not recommended for pregnant
1001 6 or nursing women.
1014 7 One of the drugs recommended by the CDC for treatment of acute PID
1014 7 and salpingitis on either outpatient or inpatient basis.
1035 7 One of the drugs recommended by the CDC for outpatient treatment of
1035 7 acute PID and salpingitis.
1005 7 One of the drugs recommended by the CDC for outpatient treatment of
1005 7 acute PID and salpingitis.
1040 7 One of the drugs recommended by the CDC for outpatient treatment of
1040 7 acute PID and salpingitis.
1019 7 One of the drugs recommended by the CDC for the treatment of acute PID
1019 7 and salpingitis on either outpatient or inpatient basis.
1018 7 One of the drugs recommended by the CDC for the treatment of acute PID
1018 7 and salpingitis.
1042 7 One of the drugs recommended by the CDC for the treatment of acute PID
1042 7 and salpingitis.
1022 7 One of the drugs recommended by the CDC for the treatment of acute PID
1022 7 and salpingitis.
1027 7 One of the drugs recommended by the CDC for the treatment of acute PID
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