Academy of Medicine of Cincinnati
Medical Protocol for Dispensing of Prophylactic Antibiotics to Emergency Responders & Family

All individuals presenting for prophylactic treatment will be screened for signs and symptoms of infectious disease before they are allowed into the Point of Dispensing (POD) area.

I _____ M.D/DO., order any staff employed by _____ (Fire/EMS agency) to directly, or by delegation and supervision, administer antibiotic medications herein prescribed by the Ohio Director of Health, to individuals and members of their households, in order to protect against infection by a known or potentially harmful biologic agent.

All medications are prescribed and must be dispensed in accordance with the national prophylactic treatment recommendations and within the stated restrictions and guidelines of the Center for Disease Control and Prevention Strategic National Stockpile (SNS) program, and according to the attached guidelines as approved by_____.

When, in response to a public health event involving anthrax, mass dispensing sites are activated and operational, one of the following post-exposure prophylaxes dispensing orders/algorithms must be followed:

Prescribed Post-exposure Prophylaxis for Inhalational Anthrax-Summary (Table 1)
Anthrax Prophylaxis Algorithm - Adult
Anthrax Prophylaxis Algorithm - Child
Anthrax Prophylaxis Algorithm – Pregnant or lactating female

In addition to the dispensing algorithms, the following Addendums are also included:

Addendum E.	Name, address, phone number and health history (NAPH) forms
Addendum F.	Notification of Primary Care Physician form
Addendum G.	Dosing Guidelines for Pediatric patients
Addendum H.	Drug Interaction Sheet
Addendum I.	Patient Information Sheets
Addendum J.	Medication “Common” Names

Review of this order, and agency policies and procedures related to carrying out this order, will occur at least once every year. This medical protocol will terminate one year from the date of signature.

_____ _____ MD/DO
Date

Prescribed Post-exposure Prophylaxis for Inhalational Anthrax-Summary

Table 1

	Adults	Pediatrics	Pregnancy
Ciprofloxacin[1, 3] (preferred)	500mg po BID x 60 days	10-15 mg/kg po q12h (max = 1 gram/day) x 60 days	500mg po BID x 60 days
Doxycycline[2, 3] (preferred)	100mg po BID x 60 days	>8 yeas and >45kg: 100mg po BID x 60 days All others: 2.2mg/kg po BID x 60 days	Not recommended, unless shortage of other agents
Amoxicillin[3]	500mg po TID x 60 days	≥20kg: 500mg po TID x 60 days <20kg: 40mg/kg po divided q8h (max = 1.5g/day) x 60 days	500mg po TID x 60 days

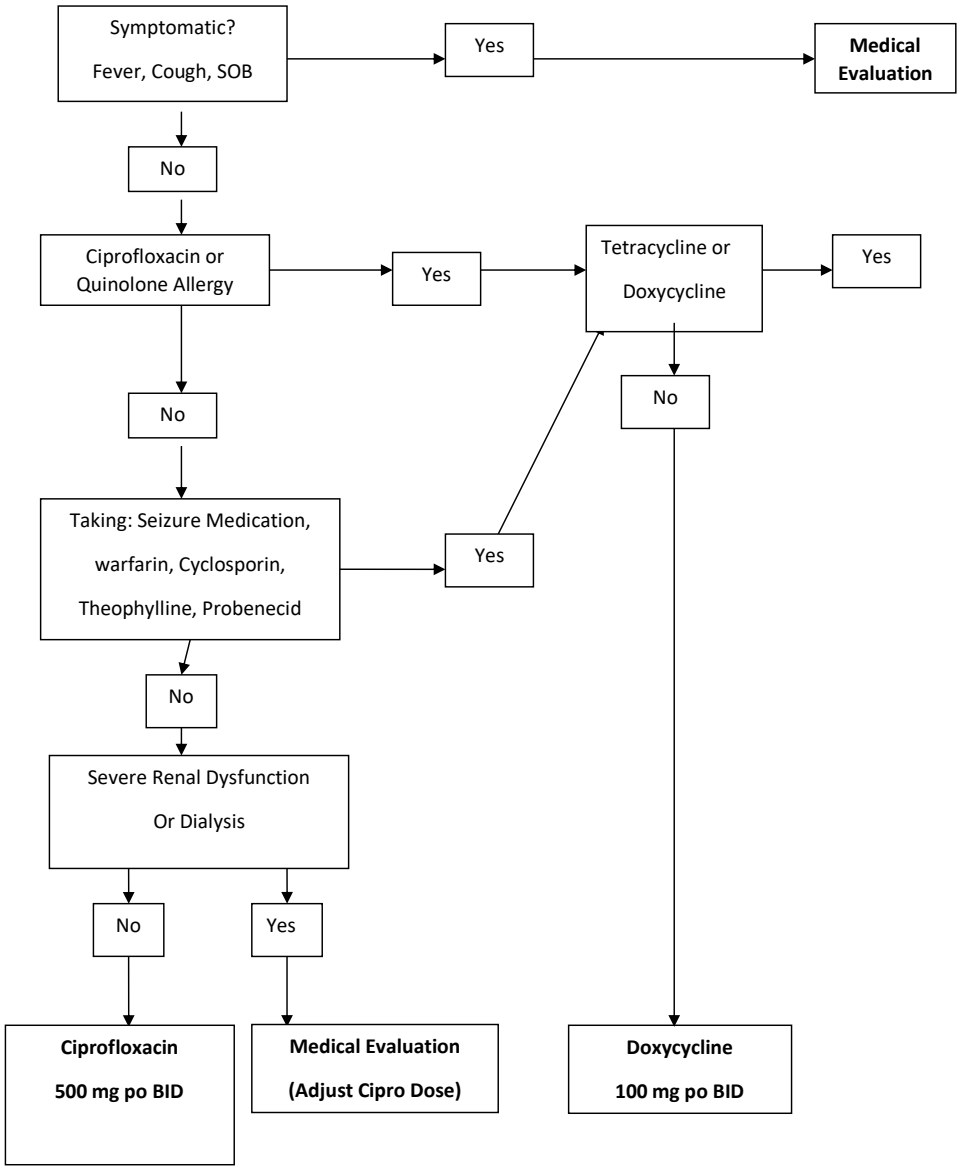
[1]Levofloxacin 500mg iv qday may be substituted for ciprofloxacin in adults

[2]Tetracycline 500mg po q6h may be substituted for doxycycline

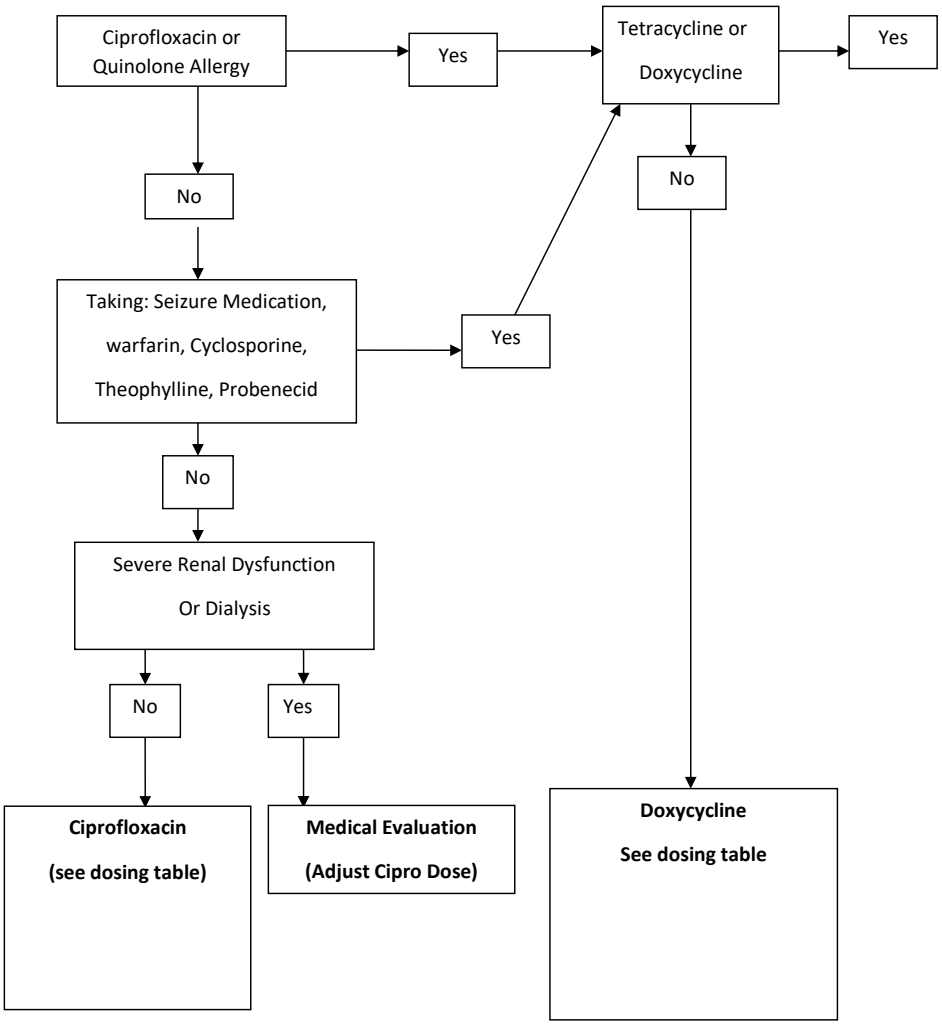
[3]Pediatric use of flurooquinolones and tetracyclines is associated with adverse effects that be weighed against the risk of developing a lethal disease. If *b. anthracis* exposure is confirmed, the organism must be tested for penicillin susceptibility. If susceptible, amoxicillin should be used.

If exposure is confirmed, prophylaxis should continue for 60 days. In addition to prophylaxis, post-exposure immunization with an inactivated, cell-free anthrax vaccine (not FDA approved) is also indicated following anthrax exposure. If available, post-exposure vaccination consists of three doses of vaccine at 0, 2 and 4 weeks following exposure. With vaccination, post-exposure antimicrobial therapy can be reduced to 4 weeks.

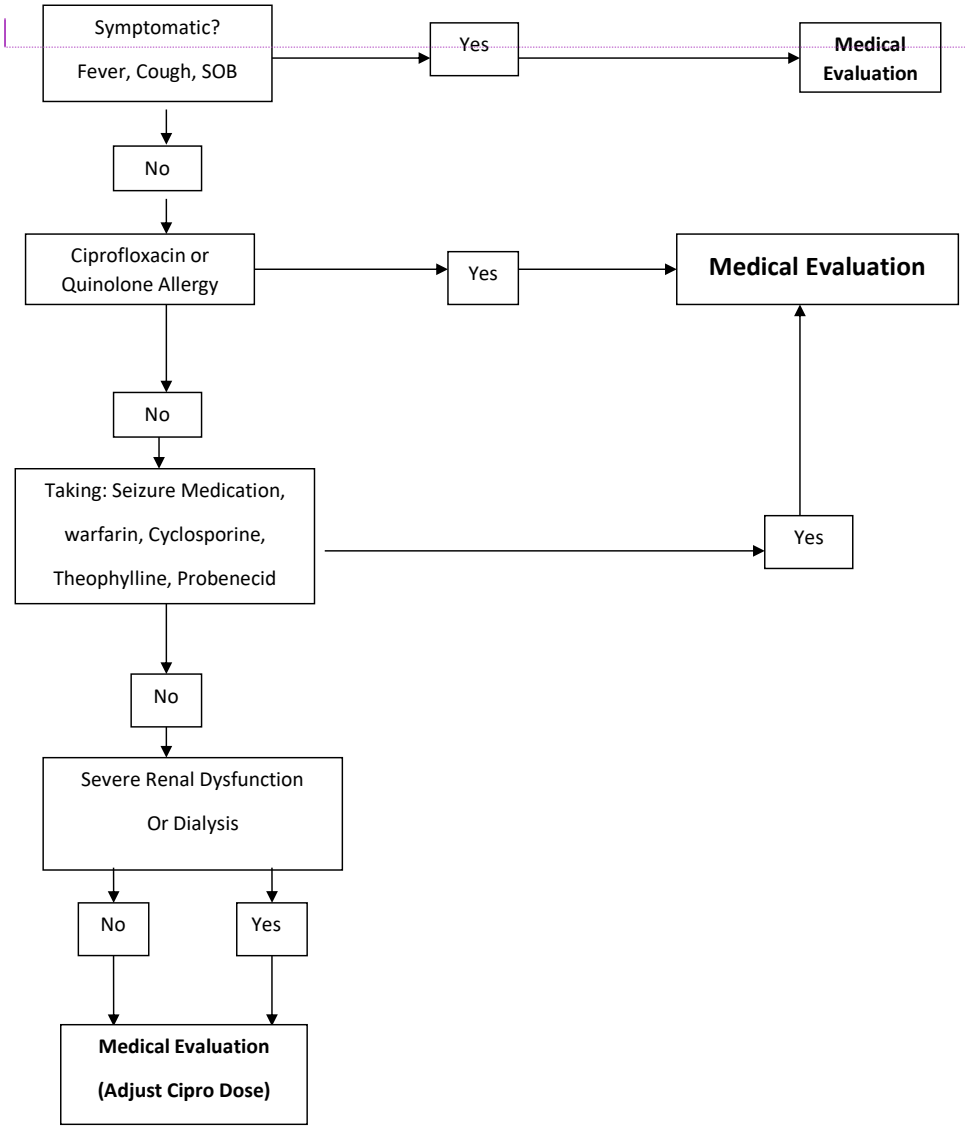
Post Exposure Prophylaxis Algorithm - Adult



Post Exposure Prophylaxis Algorithm – Child



Post Exposure Prophylaxis – Pregnant or Lactating Female



Commented [HDN1]: Do we need the renal dyfxn box if yes and no lead to the same spot?

NOTIFICATION TO PRIMARY CARE PROVIDER (PCP) OF MEDICATIONS DISPENSED IN PUBLIC HEALTH EMERGENCY

Dear Primary Care Provider,

RE: Your patient(name):_____ Date dispensed ____/____/____

After possible exposure to an infectious biological agent, your client was seen at a public health emergency site on the above date. Upon completion of a brief screen for exposure risk, health and mediation contradictions, the following antibiotic was indicated and dispensed from the local pharmaceutical stockpile.

□ Doxycycline 100 mg. tablet, BID X 10 days OR □ Ciprofloxacin 500 mg tablet, BID X 10 days.

To reduce the risk of dental staining and fluorosis, pregnant women will not receive Doxycycline. If it is determined that antibiotic use is required for longer than 10 days, staff will notify your client directly and provide a sufficient supply of medication for post-exposure protection, according to CDC recommendations and the ODH prophylaxis protocol.

Serum levels of certain maintenance medication may be altered by use of this antibiotic. If your client is taking drugs with known interactions, we suggest serum levels be checked within 3 to 5 days, with dose adjustment as needed. Known drug interactions and recommendations are listed below.

Interactions with both Doxycycline and Fluoroquinolones

- ❑ **Warfarin (Coumadin)** effect may be enhanced. Recommend checking INR/PT and decrease dose of Coumadin if needed.
- ❑ **Probenecid (Benemid)** will increase antibiotic serum levels; stop until antibiotic regimen is completed.
- ❑ **Digoxin** levels increase. Monitor levels and adjust digoxin dose accordingly.

Doxycycline Drug Interactions

- ❑ **Isotretinoin (Accutane)** slight risk of pseudotumor cerebi, stop if headaches, blurred vision develop.
- ❑ **Insulin** requirements are decreasing while taking Doxycycline. Monitor blood sugar frequently.
- ❑ **Lithium** levels may change (increase or decrease) check serum lithium levels if signs of toxicity.
- ❑ **Methotrexate** serum levels can quickly increase to toxic. MTX users who get Doxycycline at the emergency clinic are advised to be in contact with their primary care MD before taking MTX and Doxycycline together. MTX dose may require adjustment or need to be temporarily discontinued during antibiotic treatment.
- ❑ **Barbiturates, phenytoin, carbamazepine** all will reduce half-life of Doxycycline by 8-9 hours. Doxycycline dose or frequency was increased as tolerated.
- ❑ **Rifampin** lowers the serum levels of Doxycycline in certain persons. If Rifampin and Doxycycline are used together, the client must be carefully monitored for signs and symptoms of BT (anthrax, plague or tularemia) infection.

Fluoroquinolones (Ciprofloxacin) Drug Interactions

- ❑ **Theophylline** levels increase. Serious and fatal reactions have been reported with concomitant use.
- ❑ **Ropinirole** effects may be increasing, resulting in toxicity. Check level and adjust as needed.
- ❑ **Phenytoin (Dilantin)** levels may increase or decrease. Check level and adjust as needed.
- ❑ **Cyclosporine** may result in an increase in serum creatinine. Check renal function.
- ❑ **Glyburide** rarely results in severe hypoglycemia. Monitor blood sugar closely.

Commented [12]: Include drug interaction with antacids, PPI, pepto, cations, iron

Commented [HDN3]: Not familiar with ropinirole levels (?)

Fluoroquinolones Dose Adjustment with reduced Kidney Function

MEASURED CREATININE CLEARANCE	RECOMMENDED DOSE OF CIPROFLOXACIN
○ 50 mL/min or greater	500 mg PO q 12 hours
○ 30 to 50 mL/min	250 mg PO q 12 hours
○ 5 to 29 mL/min	250 mg PO q 18 hours
○ On hemodialysis	250 mg PO q 24 hours

SIMPLIFIED PEDIATRIC DOSING BY WEIGHT

Commented [HDN4]: Dosing listed in section above; is this needed? (if so, I will put in table/clean up)

Doxycycline

Doxycycline Pediatric Dosing

Weight	Total Daily Dose	Dose form supplied in SNS (100mg)	Daily Frequency
less than 12.5 lbs. or less than 6kg.	25 mg.	¼ tablet or 5 ml. susp.	Once daily
12.5-25 lbs. or 6-12 kg.	50 mg. oral	½ tablet or 10 ml. susp.	Once daily
25-50 lbs. or 12- 24 kg.	75 mg. oral	¾ tablet or 15 ml. susp.	Once daily
50-75 lbs. or 24-36 kg.	100 mg. oral	½ tablet or 10 ml. susp.	Twice daily
75-99 lbs. or 36-45 kg.	150 mg. oral	¾ tablet or 15 ml. susp.	Twice daily

Persons weighing more than 99 lbs. (45 kg) or 8 years of age, use standard adult dosing of 100 mg. twice a day.

Every attempt will be made to use suspension or other pediatric formulation; tablets will be used only when other is not available.

Contraindications to use of Doxycycline for prophylaxis are a previous allergic reaction to any tetracycline antibiotic. Use Doxycycline with precautions in women who are pregnant or currently breastfeeding, and in infants less than 6 months of age.

Instructions for Suspension Mixing:
Crush the appropriate amount of tablet using two spoons. Place the powder in orange juice, formula or water and mix thoroughly.

Ciprofloxacin

Simplified Pediatric Dosing by Weight

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Ciprofloxacin dosage should not exceed 1 g/day in children (newborn to 80 lbs.)

Weight	Dose (mg)	**250 mg/5ml suspension**	**500 mg tablet**
7-12 lbs./3-5 kg	50 mg PO BID	1 ml	Use suspension
13-22 lbs./6-10 kg	100 mg PO BID	2 ml	Use suspension
22-28 lbs./8-13 kg	125 mg PO BID	2.5 ml	¼ tablet
29-33 lbs./10-15 kg	150 mg PO BID	3 ml	¼ tablet
34-44 lbs./13-20 kg	200 mg PO BID	4 ml	½ tablet
45-56 lbs./16-25 kg	250 mg PO BID	5 ml	½ tablet
57-72 lbs./25-37 kg	375 mg PO BID	7.5 ml	¾ tablet
greater than or equal to73-80 lbs./greater	500 mg PO BID	10 ml	1 tablet

This chart purposefully reflects more than one dose for a particular weight to permit flexibility in dosing based on the products that are available at the time of dispensing.

These doses are within the recommended dosing range of Ciprofloxacin 10-15 mg/kg.

Contraindications to use of Ciprofloxacin for prophylaxis are a previous allergic reaction to any quinolone antibiotic. Use Ciprofloxacin with precautions in persons with chronic kidney disease (decreased renal clearance), a past history of seizures, or weighing less than 73 pounds.

See also the Ciprofloxacin Client Information Sheet concerning things to avoid, warnings, and side effects.

DRUG INTERACTION SHEET FOR ANTIBIOTICS COMMONLY USED FOR BIOTERRORISM PROPHYLAXIS

HISTORY/DRUG	INTERACTION	RECOMMENDATION
Pregnant or breastfeeding	Tetracyclines like Doxycycline permanently stain teeth if used in pregnancy	Administer Ciprofloxacin, advise pt. discuss Ciprofloxacin use with Primary Care Physician
Allergy to Doxycycline	Hypersensitivity reaction	Administer Ciprofloxacin
Allergy to Doxycycline and Ciprofloxacin	Possible anaphylaxis	Use alternative antibiotic
Phenytoin + Ciprofloxacin	May increase or less than phenytoin levels	Use Doxycycline
Barbiturates, phenytoin, carbamazepine + doxycycline	Half-life of antibiotic reduced from 16 to 7 hours	increase doxycycline dose (to 200 mg BID) OR frequency (to 100 mg TID) as tolerated.
Rifampin + Doxycycline	Decrease doxycycline serum level when used concomitantly	Use Ciprofloxacin. If doxycycline must be used, follow patientfor signs/symptoms of BT agent infection
History of renal insufficiency or currently on dialysis	increase serum levels of Ciprofloxacin	Reduce dose, refer to Primary Care Physician, adjust based primarily on creatinine clearance
History of diabetes	Doxycycline less than insulin requirements, possible hypoglycemia	Monitor blood sugar closely while taking doxycycline
Glyburide + Ciprofloxacin	Rarely results in severe hypoglycemia	Advise to monitor blood sugar closely
warfarin + Ciprofloxacin warfarin + Doxycycline	May increase effects of Coumadin, and increase bleeding	Refer to provider in 3-5 days for PT/INR and adjust dose as needed
Probenecid + Ciprofloxacin Probenecid + Doxycycline	Increase levels of antibiotics	Stop Probenecid (for gout) if taking antibiotics
Digoxin + Ciprofloxacin Digoxin + Doxycycline	Increase levels serum digoxin, possible digoxin toxicity	Monitor for signs of digoxin toxicity
Accutane + Doxycycline (isotretinoin)	Slight increased risk of pseudotumor cerebri	See Primary Care Physician if headaches, blurred vision develop
Methotrexate + Doxycycline	increase serum methotrexate to toxic	Contact Primary Care Physician prior to concomitant use, MTX dose may require adj. or temporary stop during Doxycycline treatment
Lithium + Doxycycline	Lithium levels may increase or less than	Caution to watch for lithium toxicity, see Primary Care Physician
Theophylline + Ciprofloxacin	Ciprofloxacin increase theophylline levels to toxic range	Reduce theophylline dose by ½. Refer to Primary Care Physician to check theophylline level in 3-5 days
Cyclosporine + Ciprofloxacin	May increase creatinine	Refer to Primary Care Physician in 3-5 days for serum creatinine and drug level
Ropinirole + Ciprofloxacin	Possible ropinirole toxicity	Refer to Primary Care Physician in 3-5 days to check toxicity/adjust dose

Primary Care Physician=Primary care doctor Note: Ciprofloxacin is the fluoroquinolone packaged in the SNS.

Commented [17]: Should brand/generic names be consistent

Commented [19]: Was "less than" changed to decrease

Commented [110]: Doxycycline decreases insulin requirements?

Commented [111]: decrease

PATIENT INFORMATION: CIPROFLOXACIN 500 MG TABLET

This drug belongs to a class of drugs called quinolone antibiotics. You have been given this drug for protection against possible exposure to infection-causing bacteria. This drug prevents: **Anthrax**

You have been provided a limited supply of medicine. Public health officials will inform you if you need more medicine after you finish this supply. If so, you will be told how to get more medicine. You will be told if no more medicine is needed. You may also be switched from this medicine to a different medicine based on laboratory tests. Since the disease associated with anthrax can develop quickly and be life threatening, it is very important that you complete the full course of therapy recommended by public health officials.

DOSING INSTRUCTIONS: **Take one tablet by mouth, two times a day unless otherwise prescribed.**

- You will be provided special dosing instructions for children.
- Keep taking your medicine, even if you feel okay, unless your doctor tells you to stop. If you stop taking this medicine too soon, you may become ill.
- You should take this medicine with a full glass of water. Drink several glasses of water each day while you are taking this medicine. It is best to take this medicine 2 hours after a meal. If it upsets your stomach, you may take it with food, but do not take it with dairy products such as milk, yogurt, or cheese.
- If you miss a dose, take the missed dose as soon as possible. If it is almost time for your next regular dose, wait until then to take your medicine, and skip the missed dose. Do not take two doses at the same time.
- This medication has been prescribed for your current condition only. Do not use it later for another infection or give it to someone else.
- Do not take with multivitamin, iron supplements or calcium supplements

WARNINGS:

- Do not take this medicine if you have had an allergic reaction to ciprofloxacin or other quinolone medicines such as levofloxacin (Levaquin®), norfloxacin (Noroxin®), moxifloxacin (Avelox) or ofloxacin (Floxin®) .
- If you have epilepsy or kidney disease, or if you are pregnant, become pregnant, or are breastfeeding, notify emergency healthcare workers before you start taking this medicine.
- Until information is obtained about which drug is most effective against anthrax, medical experts from the Centers for Disease Control and Prevention and the American College of Obstetricians and Gynecologists, recommend children and pregnant and breast-feeding women receive ciprofloxacin to prevent the life-threatening complications of anthrax. If you are currently breast-feeding and have concerns about exposing your baby to ciprofloxacin, you may consider discarding the breast milk until you have finished the medication.
- This medicine may make you dizzy or lightheaded. Avoid driving or using machinery until you know how it will affect you.
- This medicine increases the chance of sunburn; avoid prolonged exposure to sunlight or tanning equipment. If you have to be in the sun, make sure to use sunscreen (SPF 15 or greater) to protect your skin
- ADVERSE REACTIONS: Stop taking ciprofloxacin and call your doctor or seek medical attention right away by visiting an emergency department if you are having any of these side effects: rash or hives; swelling of face, throat, or lips; shortness of breath or trouble breathing; seizures; or severe diarrhea.
- SIDE EFFECTS: Rare side effects may occur that usually do not need medical attention. These side effects may go away while your body adjusts to the medicine. These side effects include nausea, mild diarrhea, stomach pain, dizziness, and headache. If you experience diarrhea, consider adding yogurt or lactobacillus to your diet. A re-hydration solution such as Pedialyte® is helpful if you have severe diarrhea. Talk with your doctor if any of these side effects become bothersome.
- FOOD INTERACTIONS: Avoid taking this medicine within 2 hours of dairy products containing large amounts of calcium such as milk, yogurt, or cheese. [1,2]

DRUG INTERACTIONS: Take the following drugs 2 hours after or 4 hours before ciprofloxacin:

Antacids (Maalox®, Mylanta®)[1,2]

Calcium supplements (Oscal®)[1]

Didanosine (Videx®)[1,2]

Iron supplements (Vitron-C®, Feosol®)[1,2]

Sucralfate (Carafate®)[1,2]

Vitamins with mineral supplements (Centrum®, Theragran-M®)

Zinc supplements[1,2]

Consult a health care professional within 3-5 days after starting ciprofloxacin for monitoring and possible dosage change if you are taking one of the following medications:

Cyclosporine (Neoral®)[2]

Probenecid (Benemid®)[1]

Warfarin (Coumadin®)[1,2]

Fosphenytoin (Cerebyx®)[1,2]

Phenytoin (Dilantin®)[1,2]

Theophylline (Theo-Dur®)[1,2]

Foscarnet (Foscavir®)[2]

Mexiletine (Mexitil®)[2]

You may experience more side effects from the following medications, when taken with ciprofloxacin. Please consult your health care professional.

Caffeine (Vivarin®)[1,2]

Diazepam (Valium®)[2]

Methadone (Dolophine®)[2]

Propranolol (Inderal®)[1]

Ropinirole (Requip®)[1]

Clozapine (Clozaril®)[2]

Glyburide (Diabeta®)[1]

Metoprolol (Lopressor®)[1,2]

Olanzapine (Zyprexa®)[1,2]

Oral corticosteroids such as cortisone, hydrocortisone, prednisolone, prednisone, methylprednisolone, triamcinolone, dexamethasone, betamethasone may increase your risk for tendon rupture. Use precaution when exercising and report any tendon pain or inflammation. [1]

Consult your doctor if you are taking any other antibiotic.

HERBAL INTERACTIONS: Do not take fennel or dandelion within 2 hours of taking ciprofloxacin. You may take them 2 hours after or 4 hours before ciprofloxacin.[1]

STORAGE:

- Keep this medicine out of the reach of children.
- Store away from heat and direct light.
- Ciprofloxacin oral suspension may be refrigerated (should not freeze).
- Do not store this medicine in the bathroom, near the kitchen sink, or in other damp places. Heat or moisture may cause this medicine to not work.

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Commented [HDN13]: IV only – don't think pts would be on at home

PATIENT INFORMATION: DOXYCYCLINE 100MG TABLET

This drug belongs to a class of drugs called tetracycline antibiotics. You have been given this drug for protection against possible exposure to infection-causing bacteria. This drug prevents: **Anthrax**

You have been provided a limited supply of medicine. Public health officials will inform you if you need more medicine after you finish this supply. If so, upon your follow-up visit, you will be told how to get more medicine. You will be told if no more medicine is needed. You may also be switched from this medicine to a different medicine based on laboratory tests. Since the disease associated with anthrax can develop quickly and be life threatening, it is very important that you complete the full course of therapy recommended by public health officials.

DOSING INSTRUCTIONS: **Take one tablet by mouth, two times a day unless otherwise prescribed.**

- Keep taking your medicine, even if you feel okay, unless your healthcare provider tells you to stop. If you stop taking this medicine too soon, you may become ill.
- You may take your medicine with or without food or milk, but food or milk may help you avoid stomach upset.
- If you miss a dose, take the missed dose as soon as possible. If it is almost time for your next regular dose, wait until then to take your medicine, and skip the missed dose. Do not take two doses at the same time.
- This medication has been prescribed for your current condition only. Do not use it later for another infection or give it to someone else.

WARNINGS:

- Do not take this medicine if you have had an allergic reaction to any tetracycline antibiotics such as demeclocycline, doxycycline, minocycline, or oxytetracycline.
- If you have liver disease, or if you are or might be pregnant, or if you are breastfeeding, tell emergency healthcare workers before you start taking this medicine.
- This medicine increases the chance of sunburn; avoid prolonged exposure to sunlight or tanning equipment. If you have to be in the sun, make sure to use sunscreen (SPF 15 or greater) to protect your skin.
- Women may have vaginal yeast infections from taking this medicine. An over-the-counter vaginal, antifungal product will help this problem.

ADVERSE REACTIONS: Stop taking doxycycline and call your doctor or seek medical attention right away by visiting an emergency department if you are having any of these side effects: skin rash, hives, or itching; wheezing or trouble breathing; swelling of the face, lips, or throat.

SIDE EFFECTS: Rare side effects may occur that usually do not need medical attention. These side effects may go away while your body adjusts to the medicine. These side effects include diarrhea, upset stomach, nausea, sore mouth or throat, sensitivity to sunlight, or itching of the mouth or vagina lasting more than 2 days. If you experience diarrhea, consider adding yogurt or lactobacillus to your diet. A re-hydration solution such as Pedialyte® is helpful if you have severe diarrhea. Talk with your doctor if any of these side effects become bothersome.

DRUG INTERACTIONS:

The following medications and over-the-counter products should be taken three hours before or two hours after taking doxycycline:

Antacids (Maalox®, Mylanta®)[1,2]

Bismuth subsalicylate (Pepto-Bismol®)[1,2]

Calcium supplements (Oscal®)[1]

Choline and magnesium salicyclates combination (Trilisate®)

Cholestyramine (Questran®)

Colestipol (Colestid®)[2]

Iron supplements (Vitron-C®, Feosol®)[1,2]

Potassium Citrate (Urocit-K®)[2]

Magnesium-containing products (Mag-Ox®, Milk of Magnesia)[1,2]

Sodium bicarbonate (baking soda)[2]

Vitamin preparations that contain minerals (Centrum®, Theragran-M®)

Doxycycline may affect the following medications. Consult your doctor within 3-5 days if you are currently taking any of the following medications:

Digoxin (Lanoxin®)[2]

Insulin (Humulin®, Novolin®)[2]
Isotretinoin (Accutane®)[1]
Methoxyflurane (Penthrane®)[2]
Methotrexate[1,2]
Theophylline (Theo-Dur®)[2]
Warfarin (Coumadin®)[1,2]

Oral contraceptives (birth control pills) containing estrogen may not work properly if you take them while you are taking this medicine. Unplanned pregnancies may occur. You should use a different or additional means of birth control while you are taking this medication. If you have questions about this, consult your doctor or pharmacist.[1,2]

The following medications may decrease the amount of doxycycline in your body. Consult your doctor whether you need to receive a higher dose of doxycycline:

Carbamazepine (Tegretol®)[1,2]
Fosphenytoin (Cerebyx®)[1]
Phenobarbital[1,2]
Phenytoin (Dilantin®)[1,2]
Rifabutin (Mycobutin®)[2]
Rifampin (Rifadin®)[1,]

Consult your doctor if you are taking any other antibiotic.

HERBAL INTERACTIONS: The herbal supplements, St John's wort and Dong quai, should be avoided when taking doxycycline.

STORAGE:

- Keep this medicine out of the reach of children.
- Store away from heat and direct light.
- Do not store this medicine in the bathroom, near the kitchen sink, or in other damp places.
- Heat or moisture may cause this medicine to not work.
- Keep this medicine from freezing.

Commented [HDN14]: Medical gas – pt would not be on at home

Commented [HDN15]: IV only – pt would not be on at home

"COMMON" TETRACYCLINE NAMES

Commented [HDN16]: Is this needed?

DOXYCYCLINE:
Adoxa
Ak-Ramycin
AK-Ratabs
Apo-Doxycycline
Bio-Tab
Doxycycline-Cap**
Monodox**
Periostat**
Vibramycin**
Vibratab**

DEMECLOCYCLINE:
Declomycin**
Ledermycin**

MINOCYCLINE:
Arestin
Dynacin**
Monocin**
Minotab**
Vectrin

OXYTETRACYCLINE:
Ep-Mycin
Oxy-Kesso-Tetra
Terak
Terra-Cortril
Terramycin**
Terrastatin
Uri-Tet
Urobiotic

TETRACYCLINE:
Achromycin**
Bristacycline
Centet-250
Cyclinex
Cyclopar
Lemtrex**
Martet
Nor-Tet
Panmycin
Retet
Rexamycin
Robitet
Sumycin
Teline
Tetrachel
Tetracyn
Tetralan
Tetram
Tetrex
Topicycline

****Trade names listed on the POD clinic registration form (NAPH) form.**

"Common" Quinolone Names

Commented [HDN17]: Is this needed?
If so, needs cleaned up

CIPROFLOXACIN:
Aeroseb-Dex
Ciloxan
Ciprofloxacin
Ciprofloxacin Cystitis Pack
Ciprofloxacin HC
Ciprofloxacin XR

LEVOFLOXACIN:
Levaquin

MOXIFLOXACIN:
Acuatim
Avelox
Vigamox

NORFLOXACIN:
Chibroxin**
Noroxin**

OFLOXACIN:
Floxin
Ocuflox