Use generic or chemical name not trade name
  • e.g., simvastatin, not Zocor

Use broadest and most generic name of class appropriate
  • e.g., e.g., sirolimus-eluting stent, not Cypher stent

List classes of drugs or drugs within classes according to evidence-based rationale and state rationale
  • e.g., first-line, second-line agent or side effects or cost-effectiveness
  • If no evidence-based rationale for listed order, list alphabetically

List all drugs (or none) within class
  • Indicate whether each is approved for the indication(s) under discussion
    • e.g., statins for primary prevention
  • Indicate whether each has evidence for the indication(s) under discussion
    • e.g., GP IIb/IIIa inhibitors

Discuss evidence for or against "class effect"
  • e.g., issue raised by ramipril in HOPE study

When so-called "alternative medicines" are known to be widely used, discuss the evidence about them and the issues raised by their use
  • e.g., possible interactions

Be careful with the use of symbols and abbreviations when discussing drug dosing and timing.
  • Symbols are preferred AMA style
  • The Institute for Safe Medication Practices has issued a drug error alert regarding some commonly used abbreviations (see http://www.ismp.org/, Error Prone Abbreviation List)

Whenever a guideline includes specific drug information, such sections of the guideline should be reviewed by a pharmacologist during peer review.

1 Adapted from the Pharmacology Policy from the Manual for ACC/AHA Guideline Writing Committees, accessible at http://circ.ahajournals.org/manual/