

TRIAD
Follow-Up
Medical Chart Review Instrument

VERSION F6.4

Please refer to the TRIAD Follow-Up Medical Chart Abstraction Instructions for detailed information regarding use of this instrument.

Study Subject ID Number: _____

Follow-Up Chart Review Period End Date: _____ / _____ / _____

DAY OF THE SECOND CATI INTERVIEW
OR WRITTEN SURVEY

(month) (day) (4 digit year)

Follow-Up Chart Review Period Start Date: _____ / _____ / _____

DAY IMMEDIATELY FOLLOWING THE FIRST CATI
INTERVIEW OR WRITTEN SURVEY

(month) (day) (4 digit year)

Date Medical Chart Abstraction Completed: _____ / _____ / _____

(month) (day) (year)

Abstractor's ID: _____

PATIENT DEMOGRAPHICS

1. Patient's Date of Birth: _____ / _____ / _____

(month) (day) (4 digit year)

2. Patient's Gender:

Male 1

Female 2

PATIENT MEDICAL HISTORY

For the Patient Medical History Section (items 3-11), abstractors should check 'Yes' or 'No' to indicate if, based on the medical documents reviewed, the patient has a record of EVER having the listed condition, treatment, or risk factor.

3. History of Cardiovascular Risk Factor or Vascular Disease: *(answer all items)*

- | | | |
|---------------------------------------------------------------------------|-------------------------------|--------------------------------|
| a. Hypertension (HTN) | <input type="checkbox"/> 1 No | <input type="checkbox"/> 2 Yes |
| b. Hyperlipidemia/Hypercholesterolemia | <input type="checkbox"/> 1 No | <input type="checkbox"/> 2 Yes |
| c. Cigarette Smoking | <input type="checkbox"/> 1 No | <input type="checkbox"/> 2 Yes |
| d. Transient ischemic attack (TIA) | <input type="checkbox"/> 1 No | <input type="checkbox"/> 2 Yes |
| e. Cerebral vascular accident (CVA) | <input type="checkbox"/> 1 No | <input type="checkbox"/> 2 Yes |
| f. Hemiplegia | <input type="checkbox"/> 1 No | <input type="checkbox"/> 2 Yes |
| g. Angina | <input type="checkbox"/> 1 No | <input type="checkbox"/> 2 Yes |
| h. Myocardial Infarction (MI) | <input type="checkbox"/> 1 No | <input type="checkbox"/> 2 Yes |
| i. Congestive heart failure | <input type="checkbox"/> 1 No | <input type="checkbox"/> 2 Yes |
| j. Other coronary heart disease (CHD) or
Coronary Artery Disease (CAD) | <input type="checkbox"/> 1 No | <input type="checkbox"/> 2 Yes |
| k. Peripheral Vascular Disease (PVD) /
PVOD / Claudication | <input type="checkbox"/> 1 No | <input type="checkbox"/> 2 Yes |

4. History of Vascular Treatment: *(answer all items)*

- | | | |
|----------------------------------------------|-------------------------------|--------------------------------|
| a. Carotid endarterectomy | <input type="checkbox"/> 1 No | <input type="checkbox"/> 2 Yes |
| b. Coronary angioplasty | <input type="checkbox"/> 1 No | <input type="checkbox"/> 2 Yes |
| c. Coronary bypass (CABG) | <input type="checkbox"/> 1 No | <input type="checkbox"/> 2 Yes |
| d. Peripheral vascular angioplasty or bypass | <input type="checkbox"/> 1 No | <input type="checkbox"/> 2 Yes |

5. History of End-Stage Renal Disease (ESRD):

- | | | |
|---------------------------------|-------------------------------|--------------------------------|
| | <input type="checkbox"/> 1 No | <input type="checkbox"/> 2 Yes |
| <i>If No, go to Q.6</i> | | |
| a. History of Dialysis | <input type="checkbox"/> 1 No | <input type="checkbox"/> 2 Yes |
| b. History of Kidney Transplant | <input type="checkbox"/> 1 No | <input type="checkbox"/> 2 Yes |

6. History of Microalbuminuria:

1 No 2 Yes

7. History of Diabetic Nephropathy:

1 No 2 Yes

8. History of Diabetic Peripheral Neuropathy:

1 No 2 Yes

9. History of complete Amputation of both Feet:

1 No 2 Yes

10. History of Retinal Laser Treatment:

1 No 2 Yes

11. History of Diabetic Retinopathy:

1 No 2 Yes

MEDICAL DATA DURING FOLLOW-UP REVIEW PERIOD

For Items 12-44, all tests and events considered must have occurred during the follow-up review period. Refer to page 1 of this form for start and end dates of the follow-up review period.

12. Did the patient have Outpatient Visits to a PCP, Nurse Practitioner, Endocrinologist, or Diabetologist during the review period?
(Exclude telephone encounters and visits to other specialists, ER visits, urgent care visits, and visits for lab tests, infusions, flu or allergy injections.)

1 No 2 Yes
If No, go to Q.15

a. Total number of outpatient visits to PCP, NP, Endocrinologist and/or Diabetologist:

Note: if more than fifteen visits, record "16" visits. _____

13. Was Weight recorded at a visit included in #12a?

1 No 2 Yes
If No, go to Q.14

a. Last recorded Weight

_____ • _____ kg or lbs.
(IMPORTANT: circle unit of measure)

14. Was a blood pressure reading taken at any visit included in item #12a?

1 No 2 Yes
If No, go to Q.15

a. Value of last systolic pressure:

b. Value of last diastolic pressure:

Date: ____/____/____

15. Did the patient have any visits to or telephone consultations with a (non-PCP) clinical care manager during the review period?

1 No 2 Yes

Includes (non-PCP) case management cluster visits.

If No, go to Q.16

See the Chart Abstraction Instructions for definition of clinical care manager.

a. Number of (non-PCP) clinical care manager visits:

b. Number of (non-PCP) clinical care manager telephone consultations:

16. Was a glycosylated hemoglobin, HbA1c, or Fructosamine test performed during the review period?

1 No 2 Yes

If No, go to Q.17

a. Total number of glycohemoglobin, HbA1c, and Fructosamine tests:

b. Value of last glycohemoglobin or HbA1c test*:

_____ . _____%

c. Upper limit of normal range for the last glycohemoglobin or HbA1c test*:

_____ . _____%

* *Note: exclude Fructosamine tests.*

Date: ____/____/____

MEDICAL DATA DURING FOLLOW-UP REVIEW PERIOD continued

17. Was Total Cholesterol measured during the review period? 1 No 2 Yes

If No, go to Q.18

a. Value of last Total Cholesterol:

Date: ___/___/___

18. Were Triglycerides measured during the review period? 1 No 2 Yes

If No, go to Q.19

a. Value of last Triglycerides:

Date: ___/___/___

19. Was high-density lipid (HDL) measured during the review period? 1 No 2 Yes

If No, go to Q.20

a. Value of last HDL:

Date: ___/___/___

20. Was low-density lipid (LDL) measured during the review period? 1 No 2 Yes

If No, go to Q.21

a. Value of last LDL:

Date: ___/___/___

21. Was Serum Creatinine measured during the review period? 1 No 2 Yes

If No, go to Q.22

a. Value of last Serum Creatinine:

_____ . _____

Date: ___/___/___

22. Was a dipstick Urinalysis performed during the review period? 1 No 2 Yes

If No, go to Q.23

a. Value of last Urine Protein:

1 0 mg/dl or Negative

2 15 mg/dl or Trace

3 30 mg/dl or "1+"

4 100 mg/dl or "2+"

5 500 mg/dl or "3+"

Date: ___/___/___

MEDICAL DATA DURING FOLLOW-UP REVIEW PERIOD continued

23. Were any of the following Microalbuminuria or quantitative urine protein tests performed during the review period? ₁ No ₂ Yes

If No, go to Q.24

- Urine Microalbumin/Creatinine ratio
- Urine Protein/Creatinine ratio
- Urine Microalbumin (*without Creatinine*)
- Quantitative Urine Protein (*without Creatinine*)

a. *If Yes, Which tests listed above were performed during the review period? (answer all items)*

- a₁. Urine Microalbumin/Creatinine ratio ₁ No ₂ Yes
- a₂. Urine Protein/Creatinine ratio ₁ No ₂ Yes
- a₃. Urine Microalbumin ₁ No ₂ Yes
- a₄. Quantitative Urine Protein ₁ No ₂ Yes

b. For the test checked YES appearing first in the list above, indicate the value of the last test, unit of measure, and date:

For example: if a₁ and a₃ are checked Yes, record value, unit, and date of the last Urine Microalbumin/Creatinine ratio test.

Value: _____ . _____

Unit of Measure Numerator and Denominator (*check one box in each column*):

NUMERATOR

- ₁ grams (g)
- ₂ milligrams (mg)
- ₃ micrograms (ug or mcg)
- ₄ "NO UNIT"

DENOMINATOR

- ₁ grams or grams creatinine(g)
- ₂ milligrams or milligrams creatinine (mg)
- ₃ micrograms or micrograms creatinine (ug or mcg)
- ₄ "NO UNIT"
- ₅ milliliters (ml)
- ₆ deciliters (dl)
- ₇ liters (l)
- ₈ TV or TUV
- ₉ 24° (i.e., "24 hr.")

Date: ___/___/___

MEDICAL DATA DURING FOLLOW-UP REVIEW PERIOD *continued*

24. Was an EKG performed during the review period?

₁ No ₂ Yes
If No, go to Q.25

a. Date of the last EKG:

Date: __ __ / __ __ / __ __

25. Was a cardiac stress test performed during the review period?

₁ No ₂ Yes
If No, go to Q.26

Includes exercise or pharmacologic stress and EKG, nuclear medicine, and echocardiographic tests. See the abstraction instructions for acronyms and terminology relating to cardiac stress tests.

a. Date of the last cardiac stress test:

Date: __ __ / __ __ / __ __

b. Stress (*check one*):

- ₁ exercise
- ₂ pharmacologic (Persantine/dipyridamole, adenosine, or dobutamine)
- ₉ UTD

c. Test (*check one*):

- ₁ EKG only
- ₂ EKG and radioisotope imaging
- ₃ EKG and echo

MEDICAL DATA DURING FOLLOW-UP REVIEW PERIOD **continued**

26. Was a Foot Exam performed during the review period? ₁ No ₂ Yes
Include foot exams by any provider in any setting. If No, go to Q.27

a. Date of last Foot Exam: Date: ___/___/___

b. Total number of Foot Exams performed: ₁ One
₂ Two
₃ Three
₄ Four
₅ Five
₆ Six or more

c. Specify the foot exam components performed during the review period:
Check Yes or No for each type of exam. If No, do not record an exam result for that type of exam.

c1. Visual inspection of the feet ₁ No ₂ Yes
(lesions, dry skin, callus, deformity, infection, nail changes, ulcers and/or amputation)

c1a. Result of last visual inspection ₁ Normal ₂ Abnormal ₉ UTD

c2. 10 gram Monofilament test ₁ No ₂ Yes

c2a. Result of last monofilament test ₁ Normal ₂ Abnormal ₉ UTD

Date of last foot exam that included a 10 gram monofilament test: ___/___/___

c3. Sensory examination other than monofilament ₁ No ₂ Yes
(temperature, pin, vibration, and/or soft touch)

c3a. Result of last sensory examination other than monofilament ₁ Normal ₂ Abnormal ₉ UTD

c4. Vascular examination (pedal pulses) ₁ No ₂ Yes

c4a. Result of last vascular exam ₁ Normal ₂ Abnormal ₉ UTD

c5. Unable to Determine type of examination ₁ No ₂ Yes

c5a. Result of last exam ₁ Normal ₂ Abnormal ₉ UTD

MEDICAL DATA DURING FOLLOW-UP REVIEW PERIOD continued

27. Were one or more diabetic foot ulcers present during the review period? ₁ No ₂ Yes
If No, go to Q.28

a. Were one or more new diabetic foot ulcers diagnosed during the review period? ₁ No ₂ Yes ₉ UTD

28. Any lower extremity amputations during the review period? ₁ No ₂ Yes
If No, go to Q.29

Record the month and year of the first lower extremity amputation during the review period.

Amputation Date (month / year): ____ ____ / ____ ____

*Check Yes for each specific procedure occurring during the review period.
Answer Yes or No for each item.*

a. Right toe or toes ₁ No ₂ Yes

b. Right forefoot ₁ No ₂ Yes

c. Right leg below knee (BKA) ₁ No ₂ Yes

d. Right leg above knee (AKA) ₁ No ₂ Yes

e. Left toe or toes ₁ No ₂ Yes

f. Left forefoot ₁ No ₂ Yes

g. Left leg below knee (BKA) ₁ No ₂ Yes

h. Left leg above knee (AKA) ₁ No ₂ Yes

MEDICAL DATA DURING FOLLOW-UP REVIEW PERIOD continued

29. Was a Dilated Eye Exam performed during the review period? ₁ No ₂ Yes
If No, go to Q.30

a. Date of last dilated eye exam: Date: ___/___/___

b. Total number of dilated eye exams performed: _____

c. Who performed the dilated eye exam(s) during the review period?
(check all that apply)

c1. Ophthalmologist ₁ No ₂ Yes

c2. Optometrist ₁ No ₂ Yes

c3. PCP ₁ No ₂ Yes

c4. UTD ₁ No ₂ Yes

30. Were retinal photos submitted to an eye care professional during the review period? ₁ No ₂ Yes
If No, go to Q.31

Last Photo Date: ___/___/___

31. What is the Retinopathy status:
Indicate the highest level noted; check only one.

a. No retinopathy ₁

b. Diabetic Retinopathy noted, level not specified ₂

c. Non-proliferative Diabetic Retinopathy (NPDR) or Background Diabetic Retinopathy (BDR) ₃

d. Macular Edema (ME or CSME) ₄

e. Proliferative Diabetic Retinopathy (PDR or PDR with HRC) ₅

f. UTD- no record of retinopathy status ₉

32. Was retinal laser treatment performed during the review period? ₁ No ₂ Yes

MEDICAL DATA DURING FOLLOW-UP REVIEW PERIOD continued

33. Transient ischemic attack (TIA) during the review period? 1 No 2 Yes
If No, go to Q.34

a. Total number of TIAs during the review period: _____

Date of 1st Event: ___/___/___

Date of 2nd Event: ___/___/___

Date of 3rd Event: ___/___/___

Date of 4th Event: ___/___/___

34. Cerebral vascular event (CVA) during the review period? 1 No 2 Yes
If No, go to Q.35

a. Total number of CVAs during the review period: _____

Date of 1st Event: ___/___/___

Date of 2nd Event: ___/___/___

Date of 3rd Event: ___/___/___

Date of 4th Event: ___/___/___

35. Myocardial infarction (MI) during the review period? 1 No 2 Yes
If No, go to Q.36

a. Total number of MIs during the review period: _____

Date of 1st Event*: ___/___/___

Date of 2nd Event*: ___/___/___

Date of 3rd Event*: ___/___/___

Date of 4th Event*: ___/___/___

** Note: if an MI event date is not documented, record the corresponding diagnosis date (if known).*

36. Catastrophic hypoglycemia during the review period? 1 No 2 Yes
If No, go to Q.37

Check Yes if the records reviewed document a hypoglycemic event in conjunction with one or more of the following: death, neurological insult requiring hospitalization, myocardial infarction, or any injury requiring hospitalization of the patient or another person. Otherwise, check No. See the abstraction instructions for information regarding acceptable hypoglycemia documentation.

a. Number of events: _____

Month and Year of 1st Event: ___/___

37. Carotid endarterectomy during the review period? 1 No 2 Yes
If No, go to Q.38

a. Number of occasions procedure performed: _____

Month and Year of 1st Procedure: ___/___

MEDICAL DATA DURING FOLLOW-UP REVIEW PERIOD continued

38. Coronary angioplasty during the review period? ₁ No ₂ Yes
If No, go to Q.39

a. Number of occasions procedure performed: _____
Month and Year of 1st Procedure: ____ / ____

39. Coronary bypass (CABG) during the review period? ₁ No ₂ Yes
If No, go to Q.40

a. Number of occasions procedure performed: _____
Month and Year of 1st Procedure: ____ / ____

40. Peripheral vascular angioplasty or bypass during review period? ₁ No ₂ Yes
If No, go to Q.41

a. Number of occasions a procedure performed: _____
Month and Year of 1st Procedure: ____ / ____

41. Initiation of dialysis during the review period? ₁ No ₂ Yes
If No, go to Q.42

Month and Year of 1st Initiation: ____ / ____

42. Kidney transplant during the review period? ₁ No ₂ Yes
If No, go to Q.43

a. Number of kidney transplants performed: _____
Month and Year of 1st Transplant: ____ / ____

CURRENT MEDICATIONS

43. Were any of the medications listed on pages 13-16 prescribed or taken during the review period with no indication that they were stopped or discontinued prior to the end of the review period?

₁ No ₂ Yes

Note: Do not record aspirin as a current medication if prescribed or taken fewer than three times per week.

If Yes, indicate these current medications by recording the number of each in the spaces provided below.

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Medications on pp. 13-16 are listed alphabetically. Trade names are capitalized and generics are in lower case. Generic equivalents to trade name medications are shown within brackets. Please refer to the abstraction instructions for detailed information and listings of these medications by drug category.

1	acarbose	40	Capoten [captopril]
2	Accupril [quinapril]	41	Capozide [captopril/HCTZ]
291	Accuretic	42	captopril
3	acebutolol	43	Cardene [nicardipine]
4	Aceon [perindopril]	44	Cardene SR [nicardipine]
5	acetoexamide	45	Cardizem [diltiazem]
6	Actos [pioglitazone]	46	Cardizem CD [diltiazem]
7	Adalat [nifedipine]	47	Cardizem SR [diltiazem]
8	Adalat CC [nifedipine]	48	Cardura [doxazosin]
9	Aldactazide [HCTZ/spironolactone]	49	carteolol
10	Aldactone [spironolactone]	50	Cartia XT [diltiazem]
11	Aldoclor [chlorothiazide/methyldopa]	51	Cartrol [carteolol]
12	Aldomet [methyldopa]	52	carvedilol
13	Aldoril [HCTZ/methyldopa]	53	Catapres [clonidine]
14	Altace [ramipril]	54	Catapres-TTS [clonidine]
15	Amaryl [glimeperide]	55	Celexa [citalopram]
16	amiloride	56	cerivastatin (WITHDRAWN FROM MARKET)
17	amlodipine	57	chlorothiazide
292	Apresazide [hydralazine/HCTZ]	58	chlorpropamide
293	Aquatensen [methyclothiazide]	59	chlorthalidone
18	Aquazide H [HCTZ]	60	cholestyramine
19	Aspirin	61	Cholestyramine Light [cholestyramine]
20	Atacand [candesartan]	62	citalopram
294	Atacand HCT [candesartan/HCTZ]	63	clofibrate
21	atenolol	64	clonidine
22	atorvastatin	65	Clorpres [chlorthalidone/clonidine]
23	Atromid-S [clofibrate]	299	Clozapine [clozaril]
24	Avalide [irbesartan/HCTZ]	300	clozaril
25	Avandia [rosiglitazone]	301	colesevelam
26	Avapro [irbesartan]	66	Colestid [colestipol]
295	B-3 [niacin]	67	colestipol
27	Baycol [cerivastatin] (WITHDRAWN FR. MARKET)	68	Combipres [chlorthalidone/clonidine]
28	benazepril	69	Coreg [carvedilol]
29	bendroflumethiazide	302	Corgard [nadolol]
30	bepidil	70	Corzide 40/5 [bendroflumethiazide/nadolol]
31	Betapace [sotalol]	71	Corzide 80/5 [bendroflumethiazide/nadolol]
296	Betapace AF [sotalol]	72	Covera-HS [verapamil]
32	betaxolol	73	Cozaar [losartan]
33	bisoprolol	74	Demadex [torsemide]
34	Blocardren [timolol]	303	Demi-Regroton [reserpine/chlorthalidone]
35	Brevibloc [esmolol]	75	DiaBeta [glyburide]
297	bumetanide	76	Diabinese [chlorpropamide]
298	Bumex (bumetanide)	77	Dibenzylamine [phenoxybenzamine]
36	bupropion	78	Dilacor XR [diltiazem]
37	Calan [verapamil]	79	Diltia XT [diltiazem]
38	Calan SR [verapamil]	80	diltiazem
39	candesartan	304	Diltiazem CD [diltiazem]

305	Diltiazem SR [diltiazem]	313	guanabenz
81	Diovan [valsartan]	120	guanadrel
306	Diovan HCT [valsartan/HCTZ]	121	guanfacine
82	Diurcardin [hydroflumethiazide]	122	HCTZ generic, same as hydrochlorothiazide
307	Diupres [reserpine/chlorothiazide]	123	Humalog [insulin]
83	Diuril [chlorothiazide]	314	Humalog 25/75
84	Diuril Oral Suspension [chlorothiazide]	315	Humalog 75/25
308	Diutensen-R [reserpine/methyclothiazide]	124	Humulin 50/50 [insulin]
85	doxazosin	125	Humulin 70/30 [insulin]
86	Dyazide [triamterene/HCTZ]	126	Humulin L [insulin]
87	Dymelor [acetohexamide]	127	Humulin N [insulin]
88	Dynacirc [isradipine]	128	Humulin NPH [insulin]
89	Dynacirc CR [isradipine]	129	Humulin R [insulin]
90	Dyrenium [triamterene]	130	Humulin U [insulin]
91	Edecrin [ethacrynic acid]	316	Hydra-zide [hydralazine/HCTZ]
92	Effexor [venlafaxine]	317	Hydro-chlor [HCTZ]
93	Effexor XR [venlafaxine]	131	hydrochlorothiazide, same as HCTZ
94	enalapril	132	Hydrocot [HCTZ]
309	Endur-Acin [niacin]	318	Hydro-D [HCTZ]
95	Enduron [methyclothiazide]	133	Hydrodiuril [HCTZ]
310	eprosartan	134	hydroflumethiazide
96	Esidrix [HCTZ]	319	Hydromox [quinethazone]
97	esmolol	320	Hygroton [chlorthalidone]
98	ethacrynic acid	135	Hylorel [guanadrel]
99	Ezide [HCTZ]	136	Hytrin [terazosin]
100	felodipine	137	Hyzaar 100 [losartan/HCTZ]
101	fenofibrate	138	Hyzaar 50 [losartan/HCTZ]
102	fluoxetine	139	Iletin II Regular [insulin]
103	fluvastatin	140	Iletin II, L (Lente) [insulin]
104	fosinopril	141	Iletin II, NPH [insulin]
105	Furocot [furosemide]	142	indapamide
106	Furomide MD [furosemide]	143	Inderal [propranolol]
107	furosemide	144	Inderal LA [propranolol]
108	gemfibrozil	145	Inderide [propranolol/HCTZ]
311	Geodon [ziprasidone]	321	Inderide LA [propranolol/HCTZ]
109	glargine, same as insulin glargine	146	insulin
110	glimeperide	322	insulin aspart
111	glipizide	147	insulin glargine
112	Glucophage [metformin]	323	insulin lispro
312	Glucophage XR [metformin]	148	irbesartan
113	Glucotrol [glipizide]	324	Isoptin [verapamil]
114	Glucotrol XL [glipizide]	149	Isoptin SR [verapamil]
115	Glucovance [metformin/glyburide]	150	isradipine
116	glyburide	151	Kerlone [betaxolol]
117	Glycron [glyburide]	152	labetalol
118	Glynase [glyburide]	153	Lantus [insulin]
119	Glyset [miglitol]	154	Lasix [furosemide]

155	Lescol [fluvastatin]	192	nateglinide
325	Lescol XL [fluvastatin]	335	Naturetin [bendroflumethiazide]
156	Levatol [penbutolol]	193	nefazodone
157	Lexxel [felodipine/enalapril]	336	neteglinide
158	Lipitor [atorvastatin]	337	Nia-bid [niacin]
159	lisinopril	338	Niac [niacin]
326	lispro, same as insulin lispro	339	Niacels [niacin]
327	Lo-Aqua [furosemide]	194	niacin
160	Locholest [cholestyramine]	340	Niacin SR [niacin]
161	Locholest Light [cholestyramine]	195	Niacor [niacin]
328	Locholest Light [cholestyramine]	196	Niaspan [niacin]
162	Lopid [gemfibrozil]	341	Niaspan ER [niacin]
163	Lopressor [metoprolol]	197	nicardipine
164	Lopressor HCT [metoprolol/HCTZ]	342	Nico-400 [niacin]
165	losartan	343	Nicobid [niacin]
166	Lotensin [benazepril]	344	Nicolar [niacin]
167	Lotensin HTC [benazepril/HCTZ]	345	Nicotinex [niacin]
168	Lotrel [amlodipine/benazepril]	346	nicotinic acid
169	lovastatin	198	nifedipine
329	Lozol [indapamide]	347	Nifedipine CC [nifedipine]
170	Mavik [trandolapril]	348	Nifedipine XL [nifedipine]
171	Maxzide [triamterene/HCTZ]	199	nimodipine
330	Maxzide 25 [triamterine/HCTZ]	200	Nimotop [nimodipine]
331	Metahydrin [trichlormethiazide]	201	nisoldipine
172	metformin	202	Normodyne [labetalol]
173	methyclothiazide	203	Norvasc [amlodipine]
174	methyl dopa	204	Novolin 70/30 [insulin]
175	metolazone	205	Novolin L [insulin]
176	metoprolol	206	Novolin N [insulin]
177	Mevacor [lovastatin]	207	Novolin R [insulin]
178	Micardis [telmisartan]	349	Novolog
332	Micardis HTC [telmisartan/HCTZ]	350	olanzapine
179	Micronase [glyburide]	208	Oretic [HCTZ]
180	Microzide [HCTZ]	209	Orinase [tolbutamide]
181	Midamor [amiloride]	210	paroxetine
182	miglitol	211	Paxil [paroxetine]
183	Minipress [prazosin]	212	penbutolol
184	Minizide [polythiazide/prazosin]	213	perindopril
185	mirtazapine	214	phenoxybenzamine
186	Moderil [rescinnamine]	351	pindolol
187	Moduretic [amiloride/HCTZ]	215	pioglitazone
188	moexipril	216	Plendil [felodipine]
189	Monopril [fosinopril]	217	polythiazide
333	Monopril HCT [fosinopril/HCTZ]	218	Prandin [repaglinide]
190	Mykrox [metolazone]	219	Pravachol [pravastatin]
191	nadolol	220	pravastatin
334	Naqua [trichlormethiazide]	221	prazosin

222	Precose [acarbose]	364	Teveten [eprosartan]
223	Prevalite [cholestyramine]	257	Thalitone [chlorthalidone]
224	Prinivil [lisinopril]	365	Tiamate (diltiazem)
225	Prinzide [lisinopril/HCTZ]	258	Tiazac [diltiazem]
226	Procardia [nifedipine]	259	Timolide [HCTZ/timolol]
227	Procardia XL [nifedipine]	260	timolol
228	propranolol	261	tolazamide
229	Prozac [fluoxetine]	262	tolbutamide
230	Purified Pork Lente [insulin]	263	Tolinase [tolazamide]
231	Purified Pork NPH Isophane [insulin]	264	Toprol-XL [metoprolol]
232	Purified Pork R [insulin]	265	torsemide
233	Questran [cholestyramine]	266	Trandate [labetalol]
234	Questran Light [cholestyramine]	267	trandolapril
352	quetiapine	268	triamterene
235	quinapril	366	Trichlorex [trichlormethiazide]
353	quinethazone	367	trichlormethiazide
236	ramipril	269	Tricor [fenofibrate]
237	Remeron [mirtazapine]	270	troglitazone (WITHDRAWN FROM MARKET)
238	Renese [polythiazide]	271	Uniretic [moexipril/HCTZ]
239	repaglinide	272	Univasc [moexipril]
240	rescinnamine	273	valsartan
354	reserpine	274	Vascor [bepridil]
241	Rezulin [troglitazone](WITHDRAWN FR. MARKET)	275	Vaseretic [enalapril/HCTZ]
355	Risperdal [risperidone]	276	Vasotec [enalapril]
356	risperidone	277	Velosulin BR [insulin]
242	rosiglitazone	278	venlafaxine
357	Saluron [hydroflumethiazide]	279	verapamil
243	Sectral [acebutolol]	368	Verapamil SR [verapamil]
358	Seroquel [quetiapine]	280	Verelan [verapamil]
359	Serpalan [reserpine]	281	Verelan PM [verapamil]
244	sertraline	369	Visken (pindolol)
245	Serzone [nefazodone]	370	Vitamin B-3 [niacin]
246	simvastatin	371	Welchol [colesevelam]
360	Slo-niacin [niacin]	282	Wellbutrin [bupropion]
247	sotalol	283	Wellbutrin SR [bupropion]
361	Spirochol [spironolactone]	372	Wytensin (guanabenz)
248	spironolactone	284	Zaroxolyn [metolazone]
362	Spirocholactone Plus [spironolactone/HCTZ]	285	Zebeta [bisoprolol]
249	Starlix [nateglinide]	286	Zestoretic [lisinopril/HCTZ]
250	Sular [nisoldipine]	287	Zestril [lisinopril]
251	Tarka [verapamil/trandolapril]	288	Ziac [bisoprolol/HCTZ]
363	Teczem (enalapril and diltiazem)	373	ziprasidone
252	telmisartan	289	Zocor [simvastatin]
253	Tenex [guanfacine]	290	Zoloft [sertraline]
254	Tenoretic [atenolol/chlorthalidone]	374	Zyprexa [olanzapine]
255	Tenormin [atenolol]	375	Zyprexa ZYDIS [olanzapine]
256	terazosin		

