ENTITY **American Heart Association**	
MANUAL **Statements and Guidelines**	EFFECTIVE DATE 10/22/03
SUBJECT **Document Development Procedures** **Attachment D: Pharmacology Policy**[1]	REVISED Sept 2006

- 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.

APPROVALS:
AHA Staff: 9/24/03
SACC: 10/22/03

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