

# Dear Drake and Drake

## Q&A: Rx and OTC

by Randy Drake

**Q**I was looking up a medication in the *Saunders Pharmaceutical Word Book*, and found that you have it spelled Lanacane. Google has it spelled Lanacaine. Which is correct? —J.S.

**A**The short answer is that Lanacane is correct; Lanacaine is not. See: [www.lanacane.com](http://www.lanacane.com)

Please note that Google doesn't spell anything; Google is a search engine that indexes words found on Web pages. The main problem is that Google finds and indexes everything that appears everywhere on the Wild, Wild Web (what do you think "www" stands for?). And yes, there are 294 pages on the Web that have the product misspelled as Lanacaine, which Google indexes right along with the 10,400 pages that have it spelled correctly.

If you use the Web as a reference source, you can usually find multiple ways to spell just about anything. The problem is that you can't tell which is right and which is wrong. Misspellings of drug names abound. You can find "Levothyroid" all over the Web, for example, but "Levothyroid" does not exist—anywhere in the world, either now or in the past. The correct spelling is *Levothroid* (without a "y"), as you will find it listed in our book. There are Google hits on "zithromycin" and "zithromicin" and "azithromicin" also; they're all misspelled variants of "azithromycin"! The Internet can be a wonderful source of entertainment, but if you want to find the correct spelling of medical words, you should stick to high-quality medical reference books that have a reputation for accuracy.

**Q**I have come across a medication in transcription spelled by a physician as Zellnor 0.6 mg. I am aware of a medication called Zelnorm. I am not sure Zelnorm is what he wanted, however. Can you please advise regarding this unfamiliar medication? Thank you. —D. C.

**A**The good doc probably meant *Zelnorm*. Physician spellings are famously unreliable, so we'd take his spelling with a grain of salt. The best way to double-check it is by the dosage and indication. If he actually said "zero point six milligrams," that would give us pause, since Zelnorm comes in 6 mg strength, not 0.6 mg. If he said "point six" we'd wonder if he was making a mistake in the dosage also. That leaves the

indication. Zelnorm is specifically indicated for irritable bowel syndrome (IBS). If the "mystery medicine" is being prescribed for IBS, we'd feel pretty confident that it's Zelnorm. If you have access to the chart, you could verify the medication there; if not, we'd probably flag it with "D: Zellnor 0.6 mg. T: Zelnorm 6 mg. OK?" If it's not for IBS, we'd leave a blank before typing a drug we couldn't verify.

As a point of interest, the FDA would not allow a company to name a prescription drug "Zellnor" because the name is too close to Zelnorm. Several years ago they started disallowing soundalike and lookalike names to already-existing Rx drugs, to prevent mixups in the pharmacy when the script is being filled. The first name they disallowed was "Celebra" (too close to Celexa), which the manufacturer then changed to Celebrex. Years before that, the manufacturer changed the anticonvulsant Clonopin to Klonopin so that the bottle would not sit next to the antihypertensive clonidine on the pharmacist's shelf. All this is to say that it's very unlikely that there is a prescription drug named "Zellnor." Herbal and natural products are not subject to FDA review, however, so anything goes when naming them.

**Q**I have received conflicting feedback from QA and was told to take up this issue with you. According to the QLEDB, Pen-Vee K has been discontinued. In a recent report, I flagged the occurrence of this drug, indicated this fact, and asked the editor if I should type "pen VK" (which I understand is the generic name) instead. I was specifically told by the editor "Pen-Vee K should now be pen VK." However, on a subsequent report, the editor changed my notation of "pen VK" to "Pen-Vee K." Please let me know which one of these forms should be used. Thank you. —A.

**A**We should first address the misconception that "pen VK" is a generic name. It's not. The official generic name for this drug is penicillin V potassium. Any other form is either a brand name or slang.

Pen-Vee K is Wyeth-Ayerst's registered brand name for penicillin V potassium. In 2002 the company went through a major reorganization—some divisions spun off, others merged, etc.—and they became known as simply Wyeth. In the transition, several drugs were discontinued or sold to other manufacturers. Pen-Vee K bit the dust in the transition, probably

because most people now use the generic version instead of paying a premium for the brand.

There are a few brands of penicillin V potassium still around: Penicillin VK and Veetids in the U.S., others in Canada. Interestingly, a half dozen other brands were discontinued in 1997–98, probably because the other manufacturers (Lederle, Parke-Davis, etc.) couldn't compete with Pen-Vee K and the widely-available generics.

As far as “Pen VK” goes, we cannot find a manufacturer that makes this brand. Nu-Pharm (Canada) makes Nu-Pen-VK, Novopharm (Canada) makes Novo-Pen VK, Apotex (Canada) makes Apo-Pen VK, but nobody makes Pen VK, domestically or internationally. Pen VK can be found all over the Web, of course, along with misspellings of many other drugs. We suspect that this rendering is simply a phonetic spelling of Pen-Vee K, which was the most popular brand in the U.S. (Wyeth's Mexican brand was Pen-Vi K, but it, too, dropped during Wyeth's restructuring.)

Once doctors get a name in their head, they tend to use it forever. For example, doctors still dictate “AZT” (for azidothymidine), even though the generic name was changed to zidovudine (ZDV) many years ago. And many people still refer to RU-486, even though its official generic name, mifepristone, replaced that investigational code name over ten years ago.

So what to do? Our advice is this: If a doctor dictates “pen vee kay” in a historical sense, we'd type the brand name Pen-Vee K, since it was historically the most popular brand. If the doctor is prescribing “pen vee kay” today, we'd type the generic, penicillin V potassium, since he didn't specify a brand that's available today. It's highly likely that the good doctor will continue to dictate “pen vee kay” (and write scripts for Pen-Vee K) until he retires since it's an ingrained habit. It is up to the alert transcriptionist (and pharmacist) to recognize what he is saying (or writing) and transcribe (or fill the script with) the current form of the drug.

**Q** Why do you have Qvar in your book, when the manufacturer's Website clearly states it is QVAR? This makes Quality Assurance difficult when you have a transcriptionist doing it the correct way, and a QA editor “correcting” it to the incorrect version using your book as a reference. —B.H.

**A** You've made an assumption that the only “correct way” to render a drug name is to follow the manufacturer's capitalization scheme and, therefore, every other way to render the name is “incorrect.” That would be fine if you were typing the reports for yourself, and if there were no standardization authorities in existence.

The short answer on the drug in question is that either rendering is correct.

On page xiii in the front of our book, the first two paragraphs of “A Brief Note on the Transcription of Drugs” discusses capitalization schemes that may vary from institution to

institution. An institution's formatting preference supersedes all other formats, including the one found on the manufacturer's Website and the one found in our book. As a transcription service, you may be asked to render drug names different ways for different clients. Do you ask your clients for their preference on the transcription of drugs? Lacking specific instructions from the client, we suggest that the AMA and AAMT standards be followed.

Many manufacturers “shout” the name of their products, as if to make them more important, which they accomplish typographically by putting them in ALL CAPS. Before we published our first edition in 1993, we made an editorial decision not to follow the “all caps” scheme that manufacturers are so fond of. Therefore, any all-cap rendering by the manufacturer is changed to an initial cap in our book, as supported by the AMA and AAMT.

We try to follow a manufacturer's capitalization scheme unless it is rendered in all caps. A reader recently brought to our attention that Welchol should have a cap “C” in it. In going to the manufacturer's Website ([www.welchol.com](http://www.welchol.com)), we noted that it is displayed with a cap “C” throughout, including in the official prescribing information. We do follow a manufacturer's unusual capitalization scheme if it is consistent, so we changed “Welchol” to “WelChol” in the 2004 edition. It becomes a problem only when a manufacturer registers a drug name two different ways, such as as “femhrt” for the U.S. market and “FemHRT” for Europe; we use the U.S. rendering in our book.

**Q** When will the next edition of *Saunders Pharmaceutical Word Book* be available? Can you ship one and bill me, or should I send you a check?

**A** Each new edition begins shipping the first week of December. You can pre-order the 2005 edition now, but not from us. We are the authors; all book sales are made by the publisher.

The best way to order our books is directly from the publisher's representative in your area. To get the contact information for your local rep, go to our Web site, [spwb.saunders.net](http://spwb.saunders.net), and click on the “Order” tab. Follow the link to the Sales Rep Locator page, scroll down about half way to “Professional Sales Force” and enter your zip code.

Or you can use the publisher's toll-free order line (800-545-2522) to order from them directly. You don't need to pre-pay; they'll bill you.

Randy Drake has been involved in the medical transcription profession for 18 years. He is the coauthor (with Ellen Drake) of 16 books in the *Saunders Pharmaceutical Word Book* series. He has spoken at national pharmacists' meetings, AAMT Annual Conventions, state and local chapter meetings, as well as at several seminars for teachers. Contact him at [spwb@saunders.net](mailto:spwb@saunders.net).

