

**WOMEN'S INTERAGENCY HIV STUDY  
QUESTION-BY-QUESTION SPECIFICATIONS  
MALT STUDY: EXCLUSIONARY DRUGS/MEDICATIONS**

Clinicians and WIHS Staff should review this list for *Question B6 on Form MG01* or *Question C6 on Form MG03* to determine if any drugs or medications exclude a participant from enrolling in the MALT Substudy. If any response falls in a shaded area, participant is ineligible.

| <u>Medications</u>  | <u>Excludes Participation?</u> |
|---|--------------------------------|
| <b>Any female hormones containing estrogens or progestins:</b><br>Activella<br>Alora<br>Cenestin<br>Climara<br>Combipatch<br>Esclim<br>Estinyl<br>Estrace<br>Estraderm<br>Estratab, Estrostep<br>Estratest<br>Estring<br>Megace<br>Menest<br>Ogen<br>Premarin<br>Premphase<br>Prempro<br>Prometrium<br>Vagifem<br>Vivelle | Yes                            |
| <b>Any anti-estrogen drugs:</b><br>Tamoxifen (Nolvadex and other names)<br>Raloxifen (Evista)   | Yes                            |
| <b>Any testosterone products:</b><br>Androstenedione<br>Testosterone creams or gels<br>Injectable testosterone (Delatestryl)  | Yes                            |
| <b>DHEA (sold under a variety of trade names)</b>   | Yes                            |

| <b><u>Medications</u></b>   | <b><u>Excludes Participation?</u></b>           |
|---|---|
| <b>Any steroids:</b><br>Betamethasone<br>Cortisone<br>Dexamethasone (Decadron)<br>Hydrocortisone (SoluCortef and many other names)<br>Methylprednisolone (SoluMedrol and many other names)<br>Prednisolone and prednisone (Orasone, Deltasone)<br>Nandrolone (Deca-Durabolin)<br>Stanozol (Winstrol)<br>Human growth hormone (somatropin, Serostim)<br>Oxymetholone (Anadrol)<br>Oxandrolone (Oxandrin, Anavar) | Yes   |
| <b>Inhaled steroids for asthma:</b><br>Advair<br>Asmanex<br>Azmacort<br>Flovent<br>Pulmicort<br>Symbicort<br>Qvar   | No  |
| <b>Any birth control implants, patches, pills, shots or any vaginal rings with hormones (NuvaRing)</b>  | Yes   |
| <b>Emergency contraception (the “morning after pill”)</b>   | Only if taken within 1 month of Screening Visit |
| <b>Interferons used to treat Hepatitis C:</b><br>Rebetron<br>Pegasys<br>PegIntron   | Yes   |
| <b>Any medicines used to prevent rejection after an organ transplant</b>  | Yes   |
| <b>Any drugs for rheumatologic or autoimmune conditions, e.g., MS, lupus, rheumatoid arthritis, psoriasis, etc.:</b><br>Etanercept (Enbrel)<br>Infliximab (Remicaide)<br>adalimumab (Humira)<br>efalizumob (Raptiva)<br>Abatacept (Orencia)<br>Plaquenil<br>azothioprine<br>Betaseron<br>Avonex   | Yes   |