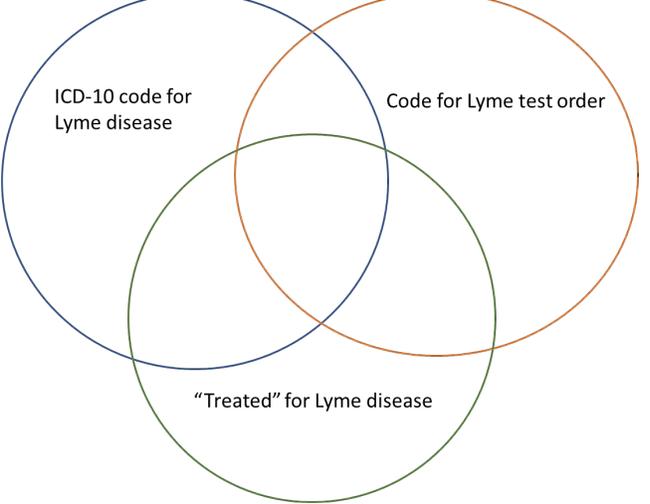


Project Name: Lyme Disease Surveillance Tracking ID: DG-56 LYME 2026	
Request Overview	
Item	Response
<p>Authorized Requester Authorized Requestor means designated staff of QEs, NYeC, or the Department and designated staff of such other entities as may be approved by the SDUC</p>	<p>Dierdre Depew, Director, Bureau of Data Programs and Policy Office of Health Services Quality and Analytics</p>
<p>Project Description Summary of the project including how this data will be used.</p>	<p>Lyme Disease is a reportable illness that providers and laboratories are required to report to New York State Department of Health (NYSDOH) under the New York State Sanitary Code (10 NYCRR 2.10, 2.14). Lyme disease can be diagnosed in two ways, via laboratory testing and/or through presentation of symptoms. However, since only positive laboratory tests are required to be reported to DOH, diagnoses through symptom presentation are not routinely reported to NYSDOH.</p> <p>This project aims to enhance Lyme Disease surveillance and reporting by facilitating the reporting of Lyme disease diagnosed through the presentation of symptoms. Symptoms may include a bullseye rash, fever, extreme fatigue and joint pain.</p> <p>This project will use the SHIN-NY to find patients with the following:</p> <ol style="list-style-type: none"> 1) Lyme diagnoses 2) Laboratory tests for Lyme; and 3) Treatment information for possible Lyme Disease patients

	 <p>The Venn diagram above represents the populations we hope to identify as “possible Lyme disease.” “Treated” for Lyme disease signifies appropriate treatment in accordance with the IDSA treatment guidelines, in addition to being further restricted by presence of non-Lyme ICD-10 codes potentially related to Lyme disease (e.g., codes for rash or insect bite).</p> <p>The use of SHIN-NY data under this request is limited to public health surveillance purposes.</p>
<p>Permitted Purpose Description</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Public Health Permitted Purpose <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Data Use Request <input type="checkbox"/> Narrow Data Use Request <input type="checkbox"/> Data Use Request for Urgent Public Health Surveillance <input type="checkbox"/> Medicaid Permitted Purpose <ul style="list-style-type: none"> <input type="checkbox"/> Data Use Request <input type="checkbox"/> Narrow Data Use Request <input type="checkbox"/> Other (brief description: _____)
<p>Description of Intended Use Describe the intended use of data, including any intended disclosure or re-disclosure, and the basis on which the intended use, disclosure or re-disclosure is for a Public Health Permitted Purpose or a Medicaid Permitted Purpose and otherwise in compliance with the SCPA, the DUCA, the SHIN-NY Regulations and SHIN-NY SOPs and/or applicable law.</p>	<p>The requested identified SHIN-NY data will be used by the Bureau of Communicable Disease Control solely for public health surveillance and related public-health follow-up activities related to Lyme disease, including identifying potential under-reported cases. Identified data will be accessed only by the BCDC personnel listed in this request and will not be disclosed or re-disclosed outside the New York State Department of Health.</p>

<p>Target Population Inclusion Specify the criteria used for the dataset. Typical inclusion criteria are: demographic, clinical, and geographic characteristics.</p>	<p>Patients with the following:</p> <ol style="list-style-type: none"> 1) Lyme diagnoses 2) Patients with laboratory tests for Lyme 3) and Treatment information for possible Lyme Disease patients. <p>See the supplemental file for inclusion code sets.</p> <div style="text-align: center;">  Lyme_Supplemental %20Excel.xlsx </div>
<p>Target Population Exclusion Specify the criteria that would exclude the case/data from being included in the dataset. For example, if you are looking at residents of certain counties or only looking for persons over the age of 65.</p>	<p>Exclude patients with a New York City zip code.</p> <p>See the supplemental file for exclusion zip codes.</p> <div style="text-align: center;">  Lyme_Supplemental %20Excel.xlsx </div>
<p>What law, regulation, rule or agreement grants the authority to obtain this information? Identify in detail the laws, regulations, contracts, SHIN-NY SOPs and other governing documents that allow access to the data requested.</p>	<p>To investigate suspected or confirmed cases of communicable disease (pursuant to PHL § 2[1][l] and 10 N.Y.C.R.R. Part 2) To ascertain sources of infection (pursuant to 10 N.Y.C.R.R. Part 2) To conduct investigations to assist in reducing morbidity and mortality (pursuant to 10 N.Y.C.R.R. Part 2)</p> <p>Reporting of suspected or confirmed communicable diseases is mandated under the New York State Sanitary Code (10 NYCRR 2.10, 2.14). The primary responsibility for reporting rests with the physician; moreover, laboratories (PHL 2102), school nurses (10 NYCRR 2.12), day care center directors, nursing homes/hospitals (10 NYCRR 405.3d) and state institutions (10 NYCRR 2.10a) or other locations providing health services (10 NYCRR 2.12) are also required to report Lyme Disease.</p> <p>*** *** 45 CFR §164.512(b)</p>
<p>Is this data currently being supplied to Requester from another source?* (yes/no)</p>	<p>No</p>
<p>*If Yes, explain where data is being supplied from and why SDI Data is being requested.</p>	<p>N/A</p>
<p>Frequency of Request (select from drop down)</p>	<p>Recurring frequency, cadence to be determined.</p> <p>Reporting envisioned over 6 months, with flexible cadence based on additional time required for abstraction, review,</p>

	and analysis, especially for unstructured clinical notes, based on data received and structure.
What is the expected start date of this project? The date when the project work is expected to begin (Mo/Day/Yr.).	2/1/2026
Is this request time-sensitive and/or critical?*(yes/no)	No
*If time-sensitive or critical, explain	N/A
When is this information needed? The date by which Requestor would need the report/data (Mo/Day/Yr.).	4/6/2026
What is the expected end date of this project? The date when the project is expected to end (Mo/Day/Yr.).	12/31/28

Technical Specifications Data Use Request

<p>What data elements are needed? Describe the data fields required for your project (example: Date of birth, diagnosis codes, etc.)</p>	<p>Data elements listed below, see supplemental file for code sets.</p> <p>Patient Demographics/Information</p> <ul style="list-style-type: none"> • MPI • Medical Record Number • Patient First Name • Patient Last Name • Patient Middle Initial • Date of Birth (MM/DD/YYYY) • Sex (Male, Female, Unknown) • Race* (CDC Race and Ethnicity Code Set) • Home Street Address 1 • Home Street Address 2 • Home City • Patient's Home County • Home State (2 letter abbreviation) • Home Zip Code (5 digits) <p>Facility Information</p> <ul style="list-style-type: none"> • QE Name • Facility Name • PFI • Diagnosis Facility 1 • Diagnosis Facility 2 • Diagnosis Facility 3 • Facility Name
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	<p>Encounter Information: Please include each diagnosis code from the encounter in separate columns.</p> <ul style="list-style-type: none"> • Date of Encounter (MM/DD/YYYY) • Encounter Type (Inpatient "IP", Outpatient "OP", Emergency "E") • Diagnosis Code 1 (ICD-10, SNOMED, Local Codes) • Diagnosis Code Description 1 • Diagnosis Code 2 (ICD-10, SNOMED, Local Codes) • Diagnosis Code Description 2 • Diagnosis Code 3 (ICD-10, SNOMED, Local Codes) • Diagnosis Code Description 3 • Date of Encounter (MM/DD/YYYY) • Encounter Diagnosis (ICD-10-CM, SNOMED CT) <p>Problems: Please include each diagnosis date from the encounter in separate columns</p> <ul style="list-style-type: none"> • Date of Diagnosis 1 (MM/DD/YYYY) • Date of Diagnosis 2 (MM/DD/YYYY) • Date of Diagnosis 3 (MM/DD/YYYY) <p>Laboratory: Please include each lab test from the encounter in separate columns:</p> <ul style="list-style-type: none"> • Lab Test Code 1 (CPT, LOINC, Local Codes) • Lab Test Order Name 1 • Lab Test Result 1 • Lab Result Date (MM/DD/YYYY) • Lab Test Code 1 (CPT, LOINC, Local Codes) • Lab Test Date 1 (MM/DD/YYYY) • Lab Test Code 2 (CPT, LOINC, Local Codes) • Lab Test Order Name 2 • Lab Test Result 2 • Lab Test Date 2 (MM/DD/YYYY) <p>Medications</p> <ul style="list-style-type: none"> • Medication Name (RxNorm, NDC) • Medication Order Date (MM/DD/YYYY) • Medication Dosage (Dose and Dose Unit of Measure) (UCUM) • Medication Duration Instructions • Medication Frequency Instructions • Medication Route of Administration (SNOMED CT) • Medication Notes <p>Vital Signs</p> <ul style="list-style-type: none"> • Patient Weight (UCUM, LOINC) - LOINC: 29463-7 (Body weight) or 3141-9 (Body weight Measured)
<p>Is the data being requested identified, limited or de-identified? (select from drop down)</p>	<p>Identified. This request does not seek approval for a separate use, disclosure, or sharing of de-identified SHIN-NY data. Any future proposed use of de-identified</p>

	data would be submitted under a separate Narrow Data Use Request, if applicable.
Proposed delivery method* (select from drop-down)	NYeC Secure File Transfer
*If selected "other" above for delivery method, please explain the proposed delivery method. Only methods with secure encryption mechanisms will be accepted.	
What is the requested format for the data? (examples include XLS, txt, CSV)	.XLSX
What safeguards will you put in place to protect the data?	Identified data will be accessible only to the BCDC team members explicitly listed in this request and will be stored and used in accordance with NYSDOH security, privacy, and records-retention requirements. <input type="checkbox"/>
How will files be handled/stored/deleted at the end of the project?	As the data being collected is for public health surveillance purposes, the data will be retained in accordance with NYSDOH records retention policies
Select "Yes" to indicate adherence to the standard of minimum necessary data requests. This field cannot be blank.	Yes
Program/Project Contact Information	
Program Lead Contact Information	
Name (First, Last):	[REDACTED]
Bureau/Unit:	Bureau of Communicable Disease Control, Vector-borne Disease Program
Email:	[REDACTED]
Phone Number:	[REDACTED]
Other Project Team Members (add more as needed)	
Team Member 1	
Name (First, Last):	[REDACTED]
Employer:	NYSDOH Bureau of Communicable Disease Control, Vector-borne Disease Program
Email:	[REDACTED]
Team Member 2	
Name (First, Last):	[REDACTED]
Employer:	NYSDOH Bureau of Communicable Disease Control, Vector-borne Disease Program
Email:	[REDACTED]
Team Member 3	

Name (First, Last):	
Employer:	
Email:	
Team Member 4	
Name (First, Last):	
Employer:	
Email:	
Team Member 5	
Name (First, Last):	
Employer:	
Email:	

Data Use Request Authorized Requester Attestation Form	
Name of Authorized Requester's Organization:	
Authorized Requester Information	
Name: Deirdre Depew	
Title: Bureau of Data Programs and Policy, Office of Health Services Quality and Analytics	
Email: [REDACTED]	
Phone: [REDACTED]	
Attestations:	
Authorized Requester atteststhat this Data Use Request meetsthefollowing criteria:	
Request is for aPublic Health Permitted Purpose.	<input checked="" type="checkbox"/>
OR	
Request is for a Medicaid Permitted Purpose.	<input type="checkbox"/>
Request is in compliance with theSCPA, DUCA, SHIN-NY Regulations andSHIN-NY SOPs.	<input checked="" type="checkbox"/>
Request is in compliance with applicable law.	<input checked="" type="checkbox"/>
Data elements requested meet the standard of minimum necessary.	<input checked="" type="checkbox"/>
Safeguards and Protections Attestation:	
Appropriate safeguards and internal controls will be used for data access and use, security and privacy.	<input checked="" type="checkbox"/>
Attestation(s) for Deidentified Data:	
Authorized requester will not, and will not permit any third parties to, use de-identified data for any purposesother than those permitted in an approved Data Use Request or otherwise required by law.	<input checked="" type="checkbox"/>
Authorized Requester will report to NYeC immediately if DOH has knowledge that de-identified data has been re-identified.	<input checked="" type="checkbox"/>
Authorized Requester Signature:	
	
Date of Signature: 2/23/26	

ICD-10 Code	Definiton
A69.2	Lyme disease
A69.20	Lyme disease unspecified
A69.21	meningitis due to Lyme disease
A69.22	other neurologic disorders in Lyme disease
A69.23	arthritis due to Lyme disease
A69.29	other conditions associated with Lyme disease

Laboratory Test Type (Western blot/PCR/ELISA)	Code	Type (CPT/Level/units/ml)	Note
Western blot for HIV-1 antibodies (antibody)	001	PT	Initial test
Western blot for HIV-2 antibodies (antibody)	002	PT	Initial test
PCR for HIV-1 RNA (viral load)	003	PT	Quantitative test
PCR for HIV-2 RNA (viral load)	004	PT	Quantitative test
ELISA for HIV-1 antibodies (antibody)	005	PT	Initial test
ELISA for HIV-2 antibodies (antibody)	006	PT	Initial test

ICD-10	ICD- 10 Description
A69.20	Lyme disease, unspecified
B94.8	Sequelae of other specified infectious and parasitic diseases
B94.9	Sequelae of unspecified infectious and parasitic disease
B99.9	Unspecified infectious disease
G00.8	Other bacterial meningitis
G00.9	Bacterial meningitis, unspecified
G01	Meningitis in bacterial diseases classified elsewhere
G02	Meningitis in other infectious and parasitic diseases classified elsewhere
G03.0	Nonpyogenic meningitis
G03.1	Chronic meningitis
G03.8	Meningitis due to other specified causes
G03.9	Meningitis, unspecified
G04.00	Acute disseminated encephalitis and encephalomyelitis, unspecified
G04.01	Postinfectious acute disseminated encephalitis and encephalomyelitis (postinfectious ADEM)
G04.2	Bacterial meningoencephalitis and meningomyelitis, not elsewhere classified
G04.81	Other encephalitis and encephalomyelitis
G04.89	Other myelitis
G04.90	Encephalitis and encephalomyelitis, unspecified
G04.91	Myelitis, unspecified
G05.3	Encephalitis and encephalomyelitis in diseases classified elsewhere
G05.4	Myelitis in diseases classified elsewhere
G51.0	Bell's palsy
G51.8	Other disorders of facial nerve
G51.9	Disorder of facial nerve, unspecified
G52.7	Disorders of multiple cranial nerves
G52.9	Cranial nerve disorder, unspecified
G58.9	Mononeuropathy, unspecified
G61.89	Other inflammatory polyneuropathies
G63	Polyneuropathy in diseases classified elsewhere
I44.0	Atrioventricular block, first degree
I44.1	Atrioventricular block, second degree
I44.2	Atrioventricular block, complete
I44.4	Left anterior fascicular block
I44.5	Left posterior fascicular block
I44.60	Unspecified fascicular block
I44.69	Other fascicular block
I44.7	Left bundle-branch block, unspecified
I45.10	Unspecified right bundle-branch block
I45.2	Bifascicular block
I45.3	Trifascicular block
I45.5	Other specified heart block
I45.89	Other specified conduction disorders
I45.9	Conduction disorder, unspecified
L08.89	Other specified local infections of the skin and subcutaneous tissue
L08.9	Local infection of the skin and subcutaneous tissue, unspecified
L53.8	Other specified erythematous conditions
L53.9	Erythematous condition, unspecified
L98.8	Other specified disorders of the skin and subcutaneous tissue
L98.9	Disorder of the skin and subcutaneous tissue, unspecified
M12.9	Arthropathy, unspecified
M25.40	Effusion, unspecified joint
M25.419	Effusion, unspecified shoulder
M25.429	Effusion, unspecified elbow
M25.439	Effusion, unspecified wrist
M25.459	Effusion, unspecified hip
M25.469	Effusion, unspecified knee
M25.473	Effusion, unspecified ankle
M25.48	Effusion, other site
M25.50	Pain in unspecified joint
M25.519	Pain in unspecified shoulder
M25.529	Pain in unspecified elbow
M25.539	Pain in unspecified wrist
M25.559	Pain in unspecified hip
M25.569	Pain in unspecified knee
R21	Rash and other nonspecific skin eruption
R23.8	Other skin changes
S00.06XA	Insect bite (nonvenomous) of scalp, initial encounter
S00.36XA	Insect bite (nonvenomous) of nose, initial encounter
S00.469A	Insect bite (nonvenomous) of unspecified ear, initial encounter
S00.561A	Insect bite (nonvenomous) of lip, initial encounter
S00.96XA	Insect bite (nonvenomous) of unspecified part of head, initial encounter
S10.16XA	Insect bite (nonvenomous) of throat, initial encounter
S10.96XA	Insect bite of unspecified part of neck, initial encounter
S20.169A	Insect bite (nonvenomous) of breast, unspecified breast, initial encounter
S20.96XA	Insect bite (nonvenomous) of unspecified parts of thorax, initial encounter
S30.860A	Insect bite (nonvenomous) of lower back and pelvis, initial encounter
S30.861A	Insect bite (nonvenomous) of abdominal wall, initial encounter
S30.865A	Insect bite (nonvenomous) of unspecified external genital organs, male, initial encounter
S30.866A	Insect bite (nonvenomous) of unspecified external genital organs, female, initial encounter
S30.867A	Insect bite (nonvenomous) of anus, initial encounter
S40.269A	Insect bite (nonvenomous) of unspecified shoulder, initial encounter
S40.869A	Insect bite (nonvenomous) of unspecified upper arm, initial encounter
S50.369A	Insect bite (nonvenomous) of unspecified elbow, initial encounter
S50.869A	Insect bite (nonvenomous) of unspecified forearm, initial encounter
S60.369A	Insect bite (nonvenomous) of unspecified thumb, initial encounter
S60.469A	Insect bite (nonvenomous) of unspecified finger, initial encounter
S60.569A	Insect bite (nonvenomous) of unspecified hand, initial encounter
S60.869A	Insect bite (nonvenomous) of unspecified wrist, initial encounter
S70.269A	Insect bite (nonvenomous), unspecified hip, initial encounter
S70.369A	Insect bite (nonvenomous), unspecified thigh, initial encounter
S80.269A	Insect bite (nonvenomous), unspecified knee, initial encounter
S80.869A	Insect bite (nonvenomous), unspecified lower leg, initial encounter
S90.463A	Insect bite (nonvenomous), unspecified great toe, initial encounter
S90.466A	Insect bite (nonvenomous), unspecified lesser toe(s), initial encounter
S90.569A	Insect bite (nonvenomous), unspecified ankle, initial encounter
S90.869A	Insect bite (nonvenomous), unspecified foot, initial encounter

DRUG_NAME	Drug_rename	RxCUI
AMOXICILLIN	Amoxicillin	723
AMOXICILLIN (CHEWABLE)	Amoxicillin	1295175
AMOXICILLIN (ORAL LIQUID)	Amoxicillin	1152899
AMOXICILLIN (ORAL PILL)	Amoxicillin	1152901
AMOXICILLIN SUSPENSION	Amoxicillin	1152900
AMOXIL	Amoxicillin	NA
AMOXICILLIN-CLAVULANATE	Augmentin	19711
AMOXICILLIN-POT CLAVULANATE	Augmentin	NA
AMOXICILLIN-POT CLAVULANATE (AUGMENTIN XR)	Non-LD Augmentin	861689
AMOXICILLIN-POT CLAVULANATE (AUGMENTIN)	Augmentin	NA
AMOXICILLIN/CLAVULANATE (CHEWABLE)	Augmentin	1295092
AMOXICILLIN/CLAVULANATE (ORAL LIQUID)	Augmentin	1152873
AMOXICILLIN/CLAVULANATE (ORAL PILL)	Augmentin	1152875
AMOXICILLIN/CLAVULANATE XR (ORAL PILL)	Non-LD Augmentin	617995
AUGMENTIN	Augmentin	151392
AUGMENTIN (ORAL LIQUID)	Augmentin	1152873
AUGMENTIN (ORAL PILL)	Augmentin	1152875
AUGMENTIN 500-125MG TABS	Augmentin	617296
AUGMENTIN 875-125MG TABS	Augmentin	562508
AZITHROMYCIN	Azithromycin	18631
AZITHROMYCIN (INJECTABLE)	Azithromycin	1155008
AZITHROMYCIN (ORAL LIQUID)	Azithromycin	1155010
AZITHROMYCIN (ORAL PILL)	Azithromycin	1155012
AZITHROMYCIN (ORAL SUSPENSION POWDER)	Azithromycin	1807493
AZITHROMYCIN (ZITHROMAX Z-PAK)	Azithromycin	750149
AZITHROMYCIN (ZITHROMAX)	Azithromycin	196474
AZITHROMYCIN 100MG/5ML SUSR	Azithromycin	308459
AZITHROMYCIN 250MG TABS	Azithromycin	308460
AZITHROMYCIN 500MG TABS	Azithromycin	248656
ZITHROMAX	Azithromycin	196474
ZITHROMAX (INJECTABLE)	Azithromycin	1187672
ZITHROMAX (ORAL LIQUID)	Azithromycin	1187673
ZITHROMAX (ORAL PILL)	Azithromycin	1187675
ZITHROMAX 250MG TABS	Azithromycin	308460
ZITHROMAX TRI-PAK 500MG TABS	Azithromycin	749780
ZITHROMAX Z-PAK 250MG TABS	Azithromycin	750149
CEFOTAXIME (INJECTABLE)	Cefotaxime	1152101
CEFOTAXIME SODIUM INJECTION	Cefotaxime	1170944
CEFTRIAZONE	Ceftriaxone	2193
CEFTRIAZONE (INJECTABLE)	Ceftriaxone	1152108
CEFTRIAZONE (ROCEPHIN) INJECTION	Ceftriaxone	NA
CEFTRIAZONE INJECTION	Ceftriaxone	NA
CEFTRIAZONE SODIUM 1GM SOLR	Ceftriaxone	1665020
ROCEPHIN	Ceftriaxone	NA
ROCEPHIN 2GM SOLR	Ceftriaxone	1665045
CEFTIN	Cefuroxime	215926
CEFTIN (ORAL LIQUID)	Cefuroxime	1166191
CEFTIN 250MG TABS	Cefuroxime	211974
CEFTIN 500MG TABS	Cefuroxime	211979
CEFUROXIME	Cefuroxime	2194
CEFUROXIME (INJECTABLE)	Cefuroxime	1152109
CEFUROXIME (ORAL LIQUID)	Cefuroxime	1152111
CEFUROXIME (ORAL PILL)	Cefuroxime	1152420
CEFUROXIME 10 MG/ML ORAL SYRUP (COMPOUND)	Cefuroxime	NA
CEFUROXIME AXETIL	Cefuroxime	20493
CEFUROXIME AXETIL (CEFTIN)	Cefuroxime	same as above
CEFUROXIME AXETIL 250MG TABS	Cefuroxime	309097
CEFUROXIME AXETIL 500MG TABS	Cefuroxime	309098
STERILE CEFUROXIME INJECTION	Cefuroxime	NA
BIAXIN 500MG TABS	Clarithromycin	205866
CLARITHROMYCIN	Clarithromycin	21212
CLARITHROMYCIN (BIAXIN XL)	Clarithromycin	205866
CLARITHROMYCIN (ORAL LIQUID)	Clarithromycin	1152761
CLARITHROMYCIN (ORAL PILL)	Clarithromycin	1152763
CLARITHROMYCIN ER	Clarithromycin	359385
CLARITHROMYCIN XR (ORAL PILL)	Clarithromycin	685543
DORYX	Doxycycline	216727
DORYX (ORAL PILL)	Doxycycline	1175894
DOXY-CAPS	Doxycycline	
DOXYCYCLINE	Doxycycline	3640
DOXYCYCLINE (INJECTABLE)	Doxycycline	1160776
DOXYCYCLINE (ORAL LIQUID)	Doxycycline	1160777
DOXYCYCLINE CALCIUM (VIBRAMYCIN CALCIUM)	Doxycycline	82012
DOXYCYCLINE HYCLATE	Doxycycline	23663
DOXYCYCLINE HYCLATE (DORYX)	Doxycycline	216727
DOXYCYCLINE HYCLATE 100MG SOLR	Doxycycline	only found as caps or tabs
DOXYCYCLINE MONOHYDRATE	Doxycycline	203122
DOXYCYCLINE MONOHYDRATE (MONODOX)	Doxycycline	218432
DOXYCYCLINE MONOHYDRATE (ORACEA)	Doxycycline	643822
DOXYCYCLINE MONOHYDRATE (VIBRAMYCIN)	Doxycycline	202975
DOXYCYCLINE MONOHYDRATE 100MG TABS	Doxycycline	1650142
MONODOX (ORAL PILL)	Doxycycline	1182223
ORACEA (ORAL PILL)	Doxycycline	1182897
VIBRAMYCIN (ORAL LIQUID)	Doxycycline	1186249
VIBRAMYCIN (ORAL PILL)	Doxycycline	1186251
E.E.S. (ORAL LIQUID)	Erythromycin ethylsuccinate	1171744
E.E.S. (ORAL PILL)	Erythromycin ethylsuccinate	1171746
ERY-TAB (ORAL PILL)	Erythromycin	1168951
ERYPED (ORAL LIQUID)	Erythromycin ethylsuccinate	1168952
ERYTHROCIN STEARATE (ORAL PILL)	Erythromycin stearate	1168971
ERYTHROMYCIN	Erythromycin	4053
ERYTHROMYCIN (ORAL PILL)	Erythromycin	1164505
ERYTHROMYCIN ETHYLSUCCINATE	Erythromycin ethylsuccinate	4056
ERYTHROMYCIN ETHYLSUCCINATE (ORAL LIQUID)	Erythromycin ethylsuccinate	1164503
ERYTHROMYCIN ETHYLSUCCINATE (ORAL PILL)	Erythromycin ethylsuccinate	1164505
PENICILLIN G POTASSIUM	Penicillin G	203133
PENICILLIN G POTASSIUM (INJECTABLE)	Penicillin G	1178225
PENICILLIN G POTASSIUM INJECTION	Penicillin G	NA
PENICILLIN G SODIUM (INJECTABLE)	Penicillin G	745302
PENICILLIN G SODIUM INJECTION	Penicillin G	NA
PFIZERPEN (INJECTABLE)	Penicillin G	same as above

