For Sinusitis and URI

Deconamine® SR Agrees: You Should Be Able To Prescribe Any Antibiotic You Want.

# Deconamine<sup>®</sup> SR has no known contraindications with any antibiotic...

Surprisingly, this is not true of all antihistamine/decongestants.



### **Clears Nasal Congestion • Promotes Sinus Drainage**

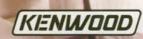
Deconamine<sup>®</sup> SR offers onset of action within 1 hour. *Surprisingly*, even some of the newer antihistamine/decongestants do not deliver this rapid onset of action. *Balanced antihistamine/decongestant therapy for effective, long-acting relief of sinusitis symptoms.* 

- Mild CNS effect
- Low sedation<sup>1</sup>
- Lowest reported cardiotoxicity profile<sup>2</sup>

Chlorpheniramine has been rated as having a low drowsiness factor. However, all cold/flu/allergy medications may cause drowsiness in certain individuals. So, it is advisable to avoid driving a motor vehicle, operating machinery, or drinking alcoholic beverages while taking this or any similar product.

Your Prescription Makes A World Of Difference

Please see accompanying brief summary of Product Information. ©1995 BRADLEY PHARMACEUTICALS, INC.



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#### References:

May RJ. Allergic rhinits. *Pharmacotherapy:* A Pathophysiologic Approach. 1989;945-947. White WB. Drugs for cough and cold symptoms in hypertensive patients. *AFP*. 1985:183-187. 2

Brief Summary of Product Information

DECONAMINE® (brand of chlorpheniramine maleate and d-pseudoephedrine HCI) SR CAPSULES, TABLETS, SYRUP Consult package insert for full Prescribing Information.

DESCRIPTION: SR CAPSULES Each sustained-release blue and yellow capsule contains: chlorpheniramine maleate. d-pseudoephedrine hydrochloride. ... 8 mg 120 mg The capsules are designed to provide prolonged release of medication.

TABLETS Each scored, white tablet contains:

chlorpheniramine maleate. d-pseudoephedrine hydrochloride. 60 mg

SYRUP – No alcohol, no dye. Each 5 mL (teaspoonful) clear, colorless to slightly yellow liquid contains: chlorpheniramine maleate.

Echlorphenitamine maleate 2 mg drseudeephedrine hydrochloride 30 mg in a grape-lavored, aromatic vehicle. 100 INDICATIONS: DECONAMINE is indicated for the temporary relief of symptoms such as thinorrhea, sneezing and nasal congestion due to upper respiratory infections (the common cold), sinusitis or allergic rhinitis; also to help clear nasal passages and shrink swollen membranes, decongest sinus openings and passages, promote sinus drainage and/or relieve sinus pressure. openings and passages, promote smiss drainage and/or relieve smiss pressure. CONTRAINDICATIONS: Patients with severe hypertension, severe coronary artery disease and patients on MAO inhibitor therapy. DECONAMINE medications are also contraindicated in patients sensitive to antihistamines or sympathomimetic agents. WARNINGS: Chlorpheniramine maleate should be used with extreme

caution in patients with narrow angle glaucoma; stenosing peptic ulcer; pyloroduodenal obstruction; symptomatic prostatic hypertrophy, or bladder neck obstruction. Due to its mild atropine-like action, chlorpheniramine maleate should be used cautiously in patients with bronchial asthma, emphysema, or chronic pulmonary disease. May cause excitability especially in children.

Sympathomimetic amines should be used with caution in patients with hypertension, ischemich eart disease, diabetes melifius, increased intraocular pressure, hyperthyroidism and prostatic hypertrophy. Sympathomimetics may produce central nervous system stimulation with convulsions or cardiovascular collapse with accompanying hypotension.

Cardovascual concepts with accompanying inportension. Nervousness, disziness or sleeplessness may occur at higher doses. PRECAUTIONS: Information for patients: Antihistamines may impair mental and physical abilities required for the performance of potentially hazardous tasks, such as driving a vehicle or operating machinery. Patients should also be warned about possible additive effects with alcohol and other

should also be warned about possible additive effects with alcohol and other central nervous system depressants (hynorics, sectaives, tranquitzers). **Drug interactions:** Pseudoephedrine containing drugs should not be given to patient streated with monoamine oxidase (MAQ) inhibitors because of the possibility of precipitating a hypertensive crisis. MAQ inhibitors because prolong and intensity the anticholinergic effects of antihistamines. Sympatho-minetics may reduce the antihypertensive effect of methyldopa, reserpine, veratrum alkaloids and mecamylamine.

Alcohol and other sedative drugs will potentiate the sedative effects of chlorpheniramine.

Care should be taken in administering DECONAMINE<sup>®</sup> medications

Care should be taken in administering DECUMANING medications concomitantly with other sympathomimetic amines, since their combined effects on the cardiovascular system may be harmful to the patient. **Pregnancy:** Pregnancy Category C. Animal reproduction studies have not been conducted with DECOMAMINE; medications. It is also not known whether DECONAMINE; medications can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. DECONAMINE medications should be given to a pregnant woman only if clearly needed.

Invising Mothers: Due to the possible passage of pseudoephedrine and chorpheniramine into breast milk, and because of the higher than usual risk for infants from sympathomimetic amines and antihistamines, the benefit to the mother vs. the potential risk should be considered and a decision should be made whether to discontinue nursing or to discontinue the drug.

Pediatric Use: DECONAMINE? Capsules or Tablets should not be given to

Penalitic Use: DECUMMINE: Capsules of rabitis should not be given to children under 12 years of age. ADVERSE REACTIONS: Chlorpheniramine maleate: Slight to moderate drowsiness may occur and is the most frequent side effect. Other possible side effects of antihistamines in general include: General-urticaria, drug rash, anaphylactic shock, photosensitivity, excessive unicaria, drug rasn, anaphylactic shock, photosensitivity, excessive perspiration, chills, dryness of mouth, nose and throat; *Cardiovascular*: hypotension, headache, palpitation, tachycardia, extrasystoles; *Hematological*: hemolytic anemia, thrombocytopenia, agranulocytosis; *CNS*: sedation, dizziness, disturbed coordination, tatigue, confusion, restlessness, excitation, nervousness, tremor, irritability, insomnia, euphoria, paresthesia, blurred vision, diplopia, voltion, timitic, butching, enautilic, econuclion; *Cardiotaplesion*] Innability, insomina, eupricia, parestriesia, buirde vision, olipopa, verigo, tinnitus, hysteria, neuritis, convulsion, Gastionitesinai, epigastric distress, anorexia, nausea, vomiting, diarrhea, constipation, Genidourinary, unnary frequency, difficult urination, urinary retention, early menses; Respiratory: thickening of bronchial secretions, tightness of chest, wheezing and nasal stuffiness.

secretions, tighiness of chest, wheezing and nasal stuffness. Pseudoephedrine hydrochloride: Pseudoephedrine may cause mild central nervous system stimulation, especially in fhose patients who are hypersensitive to sympathomimetic drugs. Nervousness, excitability, resiliessness, dizziness, weakness and insomnia may also occur. Headcahe and drowsiness have also been reported. Large doses may cause lightheadedness, nausea and/ or vomiting. Sympathomimetic drugs have also been associated with certain untoward reactions including fear, anxiety, tensness, restlessness, tream, weakness, pallor, respiratory difficulty, dysuria, insomnia, hallucination, convulsion. CNS depression, arrhythmias and cardiovascular collapse with hvotension.

OVERDOSAGE: Acute overdosage may produce clinical signs of CNS simulation and variable cardiovascular effects. Pressor amines should be used with great caution in the presence of pseudoephedrine. Patients with signs of slimulation should be treated conservatively. DOSAGE AND ADMINISTRATION:

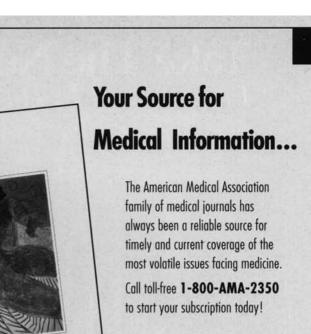
BOSNOE AND DURING INTON SR Capsules: Adults and children over 12 years, 1 capsule every 12 hours. Children under 12 years, DECONAMINE<sup>®</sup> Syrup is recommended. Tablets: Adults and children over 12 years, 1 tablet three or four times daily. Children under 12 years, DECONAMINE<sup>®</sup> Syrup is recommended.

Supp: Children 2 (6 years, 12 Easponhuk (2 5 mL) three or four lines daily, not to exceed 2 teaspoonfuls in 24 hours. Children 6 to 12 years, 1/2 to 1 teaspoonful (25 to 5 mL) three or four lines daily, not to exceed 4 teaspoonfuls in 24 hours. Adults and children over 12 years, 1 to 2 teaspoonfuls (5 to 10 mL) three or four times daily. Children under 2 years, as directed by physician. Caution: Federal law prohibits dispensing without prescription

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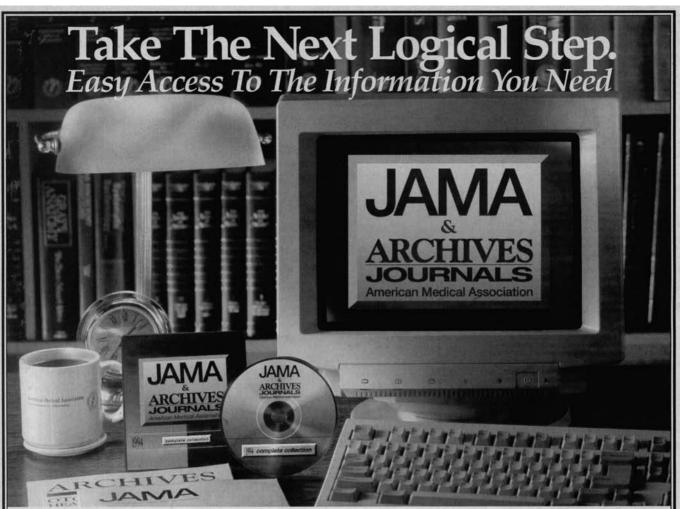
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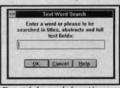


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### **BRIEF SUMMARY**

### INDICATIONS AND USAGE

Ambien (zolpidem tartrate) is indicated for the short-term treatment of insomnia. Hypotics should generally be limited to 7 to 10 days of use, and reevaluation of the patient is recommended if they are to be taken for more than 2 to 3 weeks. Ambien should not be prescribed in quantities exceeding a 1-month supply (see Warnings).

CONTRAINDICATIONS None known.

#### WARNINGS

None known: WARNINGS Since sleep disturbances may be the presenting manifestation of a hysical and/or psychiatric disorder, symptomatic treatment of in-sommia should be initiated only after a careful evaluation of the patient. The failure of insommia to termin after 7 to 10 days of treatment may indicate the presence of a primary psychiatric and/or medical liness which should be evaluated. Worsening of insommia or the emergence of new thinking or behavior abnormalities may be the consequence of an unrecognized psychiatric or physical disorder. Such findings have emerged during the course of treatment with important adverse effects of Ambien appear to be dose related (see Precautions and Dosege and Administration), it is important to use the smallest possible effective dose, especially in the eldetly. A varety of abnormal thinking and behavior changes have been reported to occur in association with the use of sedative/hypotocid-use, and behavior changes have been reported to occur association with the use of sedative/hypotocid-tion, haliccinations, and depersonalization. Amores and otheracter), observed behavioral changes have included barrere behavior, orgitation, haliccinations, and depersonalization. Amores and otheracter), the neuropsychiatric symptoms may occur unpredictably. In primarily depressed patients, worsening of depression, including suicidal think-ng, has been reported in association with the use of sedative/ merconsections.

neuropsychiatric symptoms may occur unpredictably. In primarity depressed patients, worsening of depression, including suicidal think-typertox. The analysis of the abnormal behaviors listed above are drug induced, spontaneous in origin, or a result of an underlying psychiatric of the abnormal behaviors listed above are drug induced, spontaneous in origin, or a result of an underlying psychiatric of the abnormal behaviors listed above are drug induced, spontaneous in origin, or a result of an underlying psychiatric of the abnormal behaviors listed above are drug induced, spontaneous in origin, or a result of an underlying psychiatric of the abnormal behaviors listed above are drug induced, spontaneous in origin, or a result of an underlying psychiatric of the abnormal drug and the spontaneous and the spontaneous into drugs the rapid dose decrease or abrupt discontinuation of sedative/hyponotics, there have been reports of signs and symptoms similar to those associated with withdrawal from other CNS-depressant drugs to the rapid onset of action. Ambien should only be spationed against engaging in hazardous occupations requiring com-plextential impairment of the performance of such activities that may occur the day following in gestion of Ambien. Ambien showed additive spontal effects, build also be cautioned about possible combined offices with other CNS-depressant drugs. Dosse adjustments may or the potentially additive effects. **Denvent** 

#### PRECAUTIONS General

Ceneral PRECAUTIONS Use in the elderly and/or debilitated patients: Impaired motor and/or cognitive performance after repeated exposure or unusual sensitivity to sedative/hypnotic drugs is a concern in the treatment of elderly and/or debilitated patients. Therefore, the recommended Ambien dosage is 5 mg in such patients (see *Dosage and Adminis-tration*) to decrease the possibility of side effects. These patients should be closely monitored. *Use in patients with concomitant liness*: Clinical experience with Ambien in patients with concomitant systemic illness is limited. Caution is advisable in using Ambien in patients with diseases or conditions that could affect metabolism or hemodynamic responses. Affhough preliminary studied Anohori nearem respiratory depressand the observed if Ambien is prescribed to patients with compromised be observed if Ambien is prescribed to patients with compromised patients repeatedly treated with Ambien did not demonstrate drug accumulation or alterations in pharmacokinetic parameters. No dosage adjustment in renally impaired patients is required, however, these patients should be closely monitored (see *Pharmacokinetics*). As study n subjects with hepatic compromise, and the yshould be closely monitored.

monitored. Use in depression: As with other sedative/hypnotic drugs, Ambien should be administered with caution to patients exhibiting signs or symptoms of depression. Suicidal tendencies may be present in such patients and protective measures may be required. Intentional over-dosage is more common in this group of patients; therefore, the least amount of drug that is feasible should be prescribed for the patient at any one time.

Information for patients: Patient information is printed in the com-plete prescribing information and is available in pads for distribution par

oratory tests: There are no specific laboratory tests recommended.

plete prescribing information and is available in pads for distribution to patients. Laboratory tests: There are no specific laboratory tests recommended. Drug interactions CMS-active drugs: Ambien was evaluated in healthy volunteers in single-dose interaction studies for several CNS drugs. A study in volving haloperiod and zolpidem revealed no effect of haloperiod in the pharmacokinetics or pharmacodynamics of zolpidem. Imigramine, but pharmacokinetics or pharmacodynamics of zolpidem. Imigramine, but pharmacokinetics or pharmacodynamics of zolpidem. Imigramine, but there was an additive effect of decreased alertness. Similard, choice alertness and psychomotor performance. The lack of a drug inter-action to the there was an additive effect of decreased alertness and psychomotor performance. The lack of a drug inter-action to following single-dose administration does not predict a lack following chonic administration. An additive effect on psychomotor performance between alcohod and zolpidem was demonstrated. Since the systematic evaluations of Ambien in combination with objective advised by the bear initied, careful consideration should be given to the pharmacology of any CNS-active drug to bu-toriar drugs: A study (No-dyng elimetidine/zolpidem and ranidime/ volpidem ombinations or pharmacodynamics of zolpidem. Zolpidem had on effect on digoxin kinetics and dig not affect prothormbin time when given with warfarin in normal subjects. Zolpidem: Solpidem Norder CNS-active drugs of theractions: Zolpidem in to in-terfer with commonly employed clinical laboratory tests. Carcinogenesis. mutagenesis, impairment of fertility. Carcinogenesis. mutagenesis, impairment of serility. Carcinogenesis. mutagenesis, impairment of activity. In mice, these doses are 26 to 520 times or 2 to 35 times in anxinger / No widence of sear on a mar/Kg or mg/m basis, respectively. In mice, these doses are 31 to 876 times or 6 to 115 times the maximum 10-mg uman dose on a mar/Kg or mg/m basis, respectively.

kg/day dose. Incidence rates of lipoma and liposarcoma for zolpidem were comparable to those seen in historical controls and the tumor findings are thought to be a spontaneous occurrence. **Mutagenessi:** Zolpidem did not have mutagenic activity in several tests including the Ames test, genotoxicity in mouse lymphoma cells in vitro, chromosomal aberrations in cultured human lymphocytes, unscheduled DNA synthesis in rat hepatocytes in vitro, chromosomal aberrations in cultured human lymphocytes, unscheduled DNA synthesis in rat neproduction study, the high dose (100 mg base/kg) of zolpidem resulted in irregular estrus cycles and prolonged precotal intervals, but there was no effect on male or temate fertility after daily oral doses of 4 to 100 mg base/kg or 5 to 130 times the recommended human dose in mg/m². No effects on any other fertility parmeters were noted. **Pregnancy** Studies to assess the effects of zolpidem on human reproduction and development have not been conducted. Teratology studies were conducted in trats and rabbits. On the dose-related trend to incomplete ossification of feat skull bones.

bones. In rabbits, dose-related maternal sedation and decreased weight gain occurred at all doses tested. At the high dose, 16 mg base/kg, there was an increase in postimplantation fetal loss and underossi-fication of sternebrae in vable fetuses. This drug should be used during pregnancy only if clearly needed.

This drug should be used during pregnancy only if clearly needed. Nontreatogenic effects: Studies to assess the effects on children whose mothers took zolpidem during pregnancy have not been conducted. However, children born of mothers taking sedative/hyp-notic drugs may be at some risk for withdrawal symptoms from the drug during the postnatal period. In addition, neonatel flaccidity has been reported in infants born of mothers who received sedative/ hyponotic drugs during pregnancy. Labor and delivery: Ambien has no established use in labor and delivery.

delivery. Nursing mothers: Studies in lactating mothers indicate that between 0.004 and 0.019% of the total administered dose is excreted into mik, but the effect of zolpidem on the infant is unknown. The use of Ambien in nursing mothers is not recommended. Safety and effectiveness in children below the age of 18 have not

heen established

#### ADVERSE REACTIONS

(0.5%). Approximately 6% of 1,320 patients who received zolpidem at all doses (5 to 50 mg) in similar foreign trials discontinued treatment because of an adverse event. Events most commonly associated with discontinuation from these trials were daytime drowsiness (1.6%), amnesia (0.6%), dizziness (0.6%), headache (0.6%), and naussa (0.6%).

hauses (0.6%). Incidence in controlled clinical trials Most commonly observed adverse events in controlled trials: Most commonly observed adverse events associ-ated with the use of zolpidem and seen at statistically significant differences from placebo-treated patients were drowsiness (reported by 2% of zolpidem patients), dizziness (1%), and diarrhea (1%). During longer-term treatment (28 to 35 nights) with zolpidem at associated with the use of zolpidem and seen at statistically signifi-cant differences from placebo-treated patients were drowsiness (reported doese up to 10 mg, the most commonly observed adverse events associated with the use of zolpidem and seen at statistically signifi-cant differences from placebo-treated patients were dizziness (5%) and drugged feelings (3%).

### Incidence of Treatment-Emergent Adverse Experiences in Short-term Placebo-Controlled Clinical Trials (Percentage of patients reporting)

Body System/ Adverse Event*	Zolpidem (≤ 10 mg) (N=685)	Placebo (N=473)
Central and Peripheral Nervous System Headache Drowsiness	7	6
Dizziness Gastrointestinal System	1	-
Nausea Diarrhea Musculoskeletal System	1	-
Myalgia	1	2

\*Events reported by at least 1% of Ambien patients are included

#### Incidence of Treatment-Emergent Adverse Experiences in Long-term Placebo-Controlled Clinical Trials (Percentage of patients reporting)

Body System/ Adverse Event*	Zolpidem (≤10 mg) (N=152)	Placebo (N=161)
Autonomic Nervous System Dry mouth	3	1
Body as a Whole		
Allergy Back pain	4 3 2 1	2
Influenza-like symptoms	3	2
Chest pain	1	-
Fatigue	i	2
Cardiovascular System		-
Palpitation	2	-
Central and Peripheral Nervous System	-	
Headache	19	22
Drowsiness	Ř	5
Dizziness	8 5 3 2 2 1	5 1 1
Lethargy	3	1
Drugged feeling	3	-
Lightheadedness	2	1
Depression	2	1
Abnormal dreams	1	
Amnesia	!	- 1 3
Anxiety	1	1
Nervousness	1	3
Sleep disorder		-
Gastrointestinal System	<u>^</u>	
Nausea	p	2
Oyspepsia Diarrhea	6 5 3 2 2 1	6 2 2 1 1
Abdominal pain	3	5
Constipation	2	1
Anorexia	ĩ	i
Vomiting	i	i
Immunologic System	•	
Infection	1	1
Musculoskeletal System		•
Myalgia	7	7
Arthralgia	4	4

Incidence of Treatment-Emergent Adverse Experiences in Long-term Placebo-Controlled Clinical Trials (Cont'd) (Percentage of patients reporting)

Body System/ Adverse Event*	Zolpidem (≤10 mg) (N≕152)	Placebo (N=161)
Respiratory System Upper respiratory infection Sinusitis Pharyngitis Rhinitis	5 4 3	6 2 1 3
Skin and Appendages Rash Urogenital System Urinary tract infection	2	1

\*Events reported by at least 1% of patients treated with Ambien.

There is evidence from dose comparison trials suggesting a dose relationship for many of the adverse events associated with zolpidem use, particularly for certain CNS and gastrointestinal adverse events. Adverse events are further classified and enumerated in order of decreasing frequency using the following definitions: frequent adverse events are defined as those occurring in greater than 1/100 subjects: infrequent adverse events are those occurring in 1/100 to 1/1,000 patients; rare events are those occurring in less than 1/1,000 patients; rare events are those occurring in less than 1/1,000

patients; rare events are those occurring in less than 1/1,000 patients; Frequent: abdominal pain, amnesia, ataxia, confusion, depression, diarrhea, dipopia, dizziness, dreaming abnormal, drowsiness, drugged feeling, dry mouth, dyspepsia, euphoria, fatigue, headache, insomnia, lethargy, lightheadedness, myalaja, nausea, upper respiratory infec-tion, vertigo, vision abnormal, vomiting. Infrequent: agitation, allergy, anorexia, anxiety, arthralgia, arthritis, asthenia, back pain, bronchitis, cerebrovascular disorder, chest pain, constipation, coughing, cystilis, decreased cognition, detached, dif-ficulty concentrating, dysarthria, dysphagia, dyspnea, edems, emo-tional lability, eye inritation, falling, fever, flatulence, gastroenteritis, hallucination, hiccup, hyperglycemia, hypertension, hypoesethesia, infection, nilluneza-like symptoms, maleise, menstrual disorder, mi-graine, nervousness, pallor, palpitation, paresthesia, pharyngits, pos-sweating increased, tachycardat, tatse perversion, tunnitus, tooth disorder, trauma, tremor, urinary incontinence, urinary tract infection, vaginitis.

sweating increased, tachycarole, taste perversion, unnus, uoum disorder, trauma, tremor, unnary incontinence, unnary tract infection, vaginitis. Rare: abdominal body sensation, abscess, acne, acute renal failure, aggressive reaction, allergic reaction, allergy aggravated, anaphylactic shock, anemia, appetite increased, arrhythmia, arteritis, arthosis, bende, mine, bespaser, bullocross, thoma BUN increane, the automatic strategies and the sense of the sense of the sense failure, comeal uceration, delusion, dementia, depersonalization, der-matris, dysphasia, dysuria, edema periorbital, enteritis, eriptays, eructation, esophagospasm, ESR increased, extrasystoles, eye pain, face edema, feeling strange, flushing, furunculosis, gastritis, glau-coma, gout, hemorthoids, hepatic function abnormal, herpes simplex, herpes zoster, hot fashes, hypercholesteremia, hyperhemoglobine-mia, hyperhighdemia, hypertension aggravated, hyperhension, hypoton intestinal obstruction, intoxicated feeling, lacrimation abnormal, lar-nyngtis, leg cramps, leukopenia, libido decreased, lymphadenopathy, macrocytic aremia, manic reaction, micturition freguency, muscle weakness, myocardial infarction, neuraiga, neuritis, neuropathy, neu-rosis, ottis externs, ottis, henorrhage, renal pain cratices legs, rigors, saliva altered, sciatica, SGOT increased, somarmbulism, suicide at-tempt, syncope, tendinitis, tenesmus, tetany, thinking abnormal, thirst, tolerance increased, tooth caries, unnary retention, purcu-saliva altered, sciatica, SGOT increased, somarmbulism, suicide at-tempt, syncope, tendinitis, tenesmus, weight decrease, synning. Deug ABUSE AND DEPENDENCE

thirst, tolerance increased, tooth caries, urinary retention, urticaria, varicose veins, ventricular tachycardia, weight decrease, yawning. DRUG ABUSE AND DEPENDENCE Controlled substance: Studies of abuse potential in former drug abuse and dependence: Studies of abuse potential in former drug abuse and dependence: Studies of abuse potential in former drug abuse similar, but not identical, to diazeparn 20 mg, while zero and the similar, but too too abuse potential in former drug abuse and dependence: Studies of abuse potential in former drug abuse in the similar, but not identical, to diazeparn 20 mg, while zero and the similar of the similar similar and provide a similar solidowing abuse band in a similar and similar and similar and solidowing abuse aboardinal and muscle cramps, womiting, sweating, tremores, and convulsions. The U.S. clinical trial experience from Nevertheless, the following adverse events included in DSM-IIIR variant and uncomplicated sedative/hypotic windrawal syndrome. Nevertheless, the following adverse following placebo or substitution occurring within 48 hours following last zolpidem treat-ment: fatigue, nauses, flushing, lightheadedness, uncontrolled cring, mesis, stomach cramps, panic attack, nervousness, and abdominal discomfort. Individuals with a history of addiction to, or abuse of, drugs or slochol are at risk of habituation and dependence; they should be under careful surveilance when receiving any hypotic. <u>OVENDOSAGE</u>

### OVERDOSAGE

OVERDOSAGE
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# Give allergic noses relief for itchy eyes due to seasonal allergic conjunctivitis.

When seasonal allergies strike, it's not just the nose they ambush. The eyes are fair game, too. In fact, 8 out of 10 patients with allergic noses also suffer from itchy eyes<sup>1</sup> due to seasonal allergic conjunctivitis. Stop the itch with ACULAR<sup>®</sup> Solution.

In a recent survey (n=272), the vast majority of responding patients confirmed that ACULAR<sup>®</sup> stopped their ocular itching quickly and effectively.<sup>2</sup> Plus, ACULAR<sup>®</sup> has a favorable safety profile. There are no steroid-like side effects that can alter intraocular pressure, and no decongestant-like side effects, i.e., no risk to patients with narrow chamber angles.

So help rescue eyes from itching with ACULAR<sup>®</sup>, the #1 prescribed ophthalmic preparation<sup>3</sup> for the #1 patient complaint of seasonal allergic conjunctivitis — ocular itch. Because annoying antigens prey on more than just the nose.

The most frequently reported adverse events have been transient stinging and burning on instillation (approximately 40%). Not for use while wearing soft contact lenses.



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Please see adjacent page for prescribing information.

### **ACULAR®** (ketorolac tromethamine) 0.5% **Sterile Ophthalmic Solution**

### INDICATIONS AND USAGE

ACULAR® ophthalmic solution is indicated for the relief of ocular itching due to seasonal allergic conjunctivitis.

### CONTRAINDICATIONS

ACULAR® ophthalmic solution is contraindicated in patients while wearing soft contact lenses and in patients with previously demonstrated hypersensitivity to any of the ingredients in the formulation.

### WARNINGS

There is the potential for cross-sensitivity to acetylsalicylic acid, phenylacetic acid derivatives, and other nonsteroidal anti-inflammatory agents. Therefore, caution should be used when treating individuals who have previously exhibited sensitivities to these drugs.

With some nonsteroidal anti-inflammatory drugs, there exists the potential for increased bleeding time due to interference with thrombocyte aggregation. There have been reports that ocularly applied nonsteroidal anti-inflammatory drugs may cause increased bleeding of ocular tissues (including hyphemas) in conjunction with ocular surgery.

### PRECAUTIONS

General: It is recommended that ACULAR® ophthalmic solution be used with caution in patients with known bleeding tendencies or who are receiving other medications which may prolong bleeding time.

Carcinogenesis, Mutagenesis, and Impairment of Fertility: An 18month study in mice at oral doses of ketorolac tromethamine equal to the parenteral MRHD (Maximum Recommended Human Dose) and a 24-month study in rats at oral doses 2.5 times the parenteral MRHD, showed no evidence of tumorigenicity. Ketorolac tromethamine was not mutagenic in Ames test. unscheduled DNA synthesis and repair, and in forward mutation assays. Ketorolac did not cause chromosome breakage in the in vivo mouse micronucleus assay. At 1590 ug/mL (approximately 1000 times the average human plasma levels) and at higher concentrations ketorolac tromethamine increased the incidence of chromosomal aberrations in Chinese hamster ovarian cells. Impairment of fertility did not occurin male or female rats at oral doses of 9 mg/kg (53.1 mg/m<sup>2</sup>) and 16 mg/kg (94.4 mg/m<sup>2</sup>) respectively.

Pregnancy: Pregnancy Category C. Reproduction studies have been performed in rabbits, using daily oral doses at 3.6 mg/kg (42.35 mg/m<sup>2</sup>) and in rats at 10 mg/kg (59 mg/m<sup>2</sup>) during organogenesis. Results of these studies did not reveal evidence of teratogenicity to the fetus. Oral doses of ketorolac tromethamine at 1.5 mg/kg (8.8 mg/m<sup>2</sup>), which was half of the human oral exposure, administered after gestation day 17 caused dystocia and higher pup mortality in rats. There are no adequate and well-controlled studies in pregnant women. Ketorolac tromethamine should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers: Caution should be exercised when ACULAR® is administered to a nursing woman.

Pediatric Use: Safety and efficacy in children have not been established. **ADVERSE REACTIONS** 

In patients with allergic conjunctivitis, the most frequent adverse events reported with the use of ACULAR® ophthalmic solution have been transient stinging and burning on instillation. These events were reported by approximately 40% of patients treated with ACULAR® ophthalmic solution. In all development studies conducted, other adverse events reported during treatment with ACULAR® include ocular irritation (3%), allergic reactions (3%), superficial ocular infections (0.5%) and superficial keratitis (1%).

ACULAR®, a registered trademark of Syntex (U.S.A.) Inc, is manufactured and distributed by Allergan, Inc. under license from its developer, Syntex (U.S.A.) Inc., Palo Alto, California, U.S.A.

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This year, over 46,000 women will die from breast cancer.

### If she doesn't make a mammogram appointment, you can't help save her life.

For her, it's just as simple as brushing her teeth or taking a vitamin. But if you don't remind her, she may forget about one of the simplest yet most valuable steps in taking care of herself a mammogram.

October is National Breast Cancer Awareness Month (NBCAM). Don't let her forget. Make sure she schedules a mammogram, because early detection can find what she may not be able to feel. So you can help save her life.

NBCAM supports the Clinton Administration's Medicare Mammography Awareness Campaign which encourages Medicareeligible women to take advantage of Medicare coverage for screening and diagnostic mammograms.

October 19 is National Mammography Day — A good day for a mammogram.



To locate a mammography facility in your area, call any of the following numbers:

American Cancer Society 1-800-ACS-2345

The Susan G. Komen Breast Cancer Foundation 1-800-I'M AWARE

National Alliance of Breast Cancer Organizations (NABCO) 1-800-719-9154

Y-ME National Breast Cancer Organization 1-800-221-2141

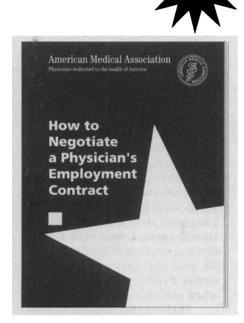
NATIONAL BREAST CANCER AWARENESS MONTH

A message from the Board of Sponsors of National Breast Cancer Awareness Month, made possible by an educational grant from the Zeneca HealthCare Foundation.

# What will you do when sued for breach of contract?

What you should know before you sign a physician employment contract.

lew!



Most suits brought by medical entities for breach of contract allege violation of covenants not to compete, also known as restrictive covenants. Physicians entering their first employment following residency training too often anticipate a permanent career relationship and sign contracts containing restrictive covenants. These may result in a severe economic hardship for the physician if the physician is forced to relocate after a brief period of employment.

*How to Negotiate a Physician's Employment Contract*, just published by the American Medical Association (AMA), provides an extensive review of cases involving judicial treatment of restrictive covenants and numerous other issues physicians and employers need to know before signing an employment contract. These include compensation, essential information about the Americans with Disabilities Act, impact of income taxes on various forms of compensation and an overview of the Stark II self-referral legislation.

A basic specimen form of a physician's employment agreement, a checklist for preparing an employment contract and an array of optional and alternative clauses are also included.

<u>Written for both employers and physicians</u>, this new publication offers a road map for exploring every critical aspect of a contract and for paving the way to a satisfactory relationship between employer and employee. Published June, 1995. 43 pages.

### How to Negotiate a Physician's Employment Contract

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The Charter Issue in January told subscribers what they needed to know about health information systems and described how physician members of one community have decided to take a firm hand in shaping their own destinies through incorporation of a community physician organization. Issue Two discussed 11 potential danger areas in a capitation contract such as why you should request a list of included services by CPT code and why the contract should specify exact day of payment. Readers also learned the rules of appropriate business behavior such as why it is important to wear proper business attire to business meetings. Issue Three discussed the importance of low utilization patients to a practice operating in a capitated environment and strategies that may be helpful in capturing the loyalty of the low-use patient.

*Medical Practices & Managed Care* will continue to keep you informed and up to date on the most critical issues and challenges. Upcoming issues will target contracting and negotiations, quality and outcomes measurement, forming physician organizations, improving your negotiating skill and selecting computer resources.

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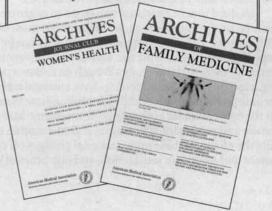
# Look to Archives of Family Medicine for the information you need.

Archives Journal Club/Women's Health will be a special part of Archives of Family Medicine for the second half of 1995. Designed to keep primary care physicians up-to-date with the important issues and advances in women's health, this section provides the information you need to make the right decisions for your female patients in this new practice environment.

Archives of Family Medicine is meeting the challenge of healthcare in the 90's. For summaries of the latest news in all fields affecting medical care for women, you will find it this year in Archives Journal Club/Women's Health — only in Archives of Family Medicine.

For subscriber information call 1-800-AMA-2350 FAX: 312-464-5831 As a family physician you are responsible for providing full-service, primary care to your female patients more than ever before. And with so many advances in clinical medicine, you're constantly seeking the information you need to provide quality care for your female patients — and establish a sound patient base.

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The personally found Dr Grant's program to be very open-minded and supportive in a time when no one else was I believe it is of value to all physicians to be evaluated objectively periodically. This is especially frue if a physician is having problems. It is sometimes easier for an objective observer to think of solutions for problems when a person cannot do this himself or herself. I would urge anyone having problems to visit a program like Dr Grant's before a problem becomes a medicolegal issue.

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### Practice Commentary

s Drs Crump and Pfeil have noted, more than 60% of specialty evaluations can be done over distance, and multiple studies have shown that 90% of patients are satisfied when seeing a specialist using interactive video technology. To date I know of no published studies reporting health outcome results over time or cost-effectiveness. Thus, we have a mature piece of communications technology looking for its place in our health care system. In my opinion, consultations over distance will be used selectively until the incentives for the patient, the primary care physician, the specialty physician, and the health plan are all aligned. Currently, this would occur only when both physicians are compensated by capitation payments and the health plan is responsible for patient transportation. Today these criteria are fulfilled only in some military situations and prison health care systems using managed care concepts. I anticipate that these incentives will be aligned in some of the larger integrated health plans that are currently evolving, and the plans will find telemedicitie to be an effective tool. n Freeder Bert all Taris Ind Taris Inden Sat Schuler Mercel A CLASSIC MARINE PROVIDENCE

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phenomenon, and there could have been more of an emphasis, whether via the type size and color or via bold typeface, on the acute therapies for arrhythmias. The chapter on tracheostomy (percutaneous and surgical) was an excellent one, written by Franklin and Friedman from Cook County Hospital, Chicago, Ill. The chapter on severity of illness scoring systems was rather short, only 15 pages, but I like the way it delineated the scoring systems into disease-specific and general severity scoring systems. Unfortunately, there are sections on APACHE (Acute Physiology and Chronic Health Evaluation) I and II, but APACHE III is only mentioned. There is a similar problem with the discussion of the simplified acute physiology score (SAPS), in that SAPS is mentioned but not SAPS II. This is in contradistinction to the 33-page chapter in The High Risk Patient: Management of the Critically Ill, by Ed Sivak, MD (Baltimore, Md, Williams & Wilkins, 1995), also just published, in which

SAPS II is covered in its own separate section. Sivak's book is slightly longer at 1753 pages, and the text is set in smaller print. The chapters are similar, but there is a larger section on managerial and quality assurance issues. There are no separate sections on procedures; however, there is a chapter on procedure standards, indications, and quality.

Comparing this book with the second edition of Intensive Care Medicine by James M. Rippe, MD (Boston, Mass, Little Brown & Co, 1991), which is its nearest competition, there are 214 pages of procedures in Rippe's book (section 1) and 287 in that of Parillo and Bone. The outlines of both books are almost exactly the same. except that there is a section on overdoses and poisonings and surgical problems in the intensive care unit. as well as a section on transplantation, in Rippe's book. Rippe's text is slightly harder to read because of the smaller print, but at 2071 pages there is more to it.

For the family physician, there

is no mention of family physicians and their interaction with the intensivist or the stabilization of critically ill patients and their transfer out of the smaller hospitals that are incapable of caring for the critically ill patient. Very little biopsychosocial model information is provided.

Is this a good text for family physicians? It is hard to say. It depends on whether they are aggressive family physicians working in a situation in which they provide critical care or critical care stabilization. Fully 10% of Health Care Financing Administration's current procedural terminology intensive care unit code 99291 (intensive care unit care) is provided by family physicians and general practitioners for those physicians, this would be a nice resource, except for the deficiencies listed above.

> Len Scarpinato, DO, FCCP Medical College of Wisconsin Milwaukee



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FOR HYPERTENSION OR ANGINA

Brief Summary of Prescribing Information as of January 1995 **CARDIZEM® CD** (diltiazem HCI) Cansules

#### CONTRAINDICATIONS

CARDIZEM is contraindicated in (1) patients with sick sinus syndrome except in the presence of a functioning ventricular pacemaker, (2) patients with second- or third-degree AV block pacemaker, (2) patients with second- or intra-degree AV block except in the presence of a functioning ventricular pacemaker, (3) patients with hypotension (less than 90 mm Hg systolic), (4) patients who have demonstrated hypersensitivity to the drug, and (5) patients with acute myocardial infarction and pulmonary congestion documented by x-ray on admission.

#### WARNINGS

- . Cardiac Conduction. CARDIZEM prolongs AV node refractory periods without significantly prolonging sinus node recovery time, except in patients with sick sinus syndrome. This effect may rarely result in abnormally slow heart rates (particularly in patients with sick sinus syndrome) or secondor third-degree AV block (13 of 3290 patients or 0.40%). Concomitant use of diltiazem with beta-blockers or digitalis
- Concomitant use of olitilazem with beta-blockers of oligitalis may result in additive effects on cardiac conduction. A patient with Prinzmetal's angina developed periods of asystole (2 to 5 seconds) after a single dose of 60 mg of diltiazem.
   Congestive Heart Failure. Although diltiazem has a negative inotropic effect in isolated animal tissue preparations, hemodynamic studies in humans with normal ventricular trottion bous act beaus a conducting indexident. function have not shown a reduction in cardiac index nor consistent negative effects on contractility (dp/dt). An acute study of oral dilitizem in patients with impaired ventricular function (ejection fraction  $24\% \pm 6\%$ ) showed improvement in indices of ventricular function without significant decrease in indices of vehicular function without significant decrease in contractile function (dp/dt). Worsening of congestive heart failure has been reported in patients with preexisting impairment of ventricular function. Experience with the use of CARDIZEM (diltiazem hydrochloride) in combination with beta-blockers in patients with impaired ventricular function is limited. Caution should be exercised
- when using this combination. Hypotension. Decreases in blood pressure associated with CARDIZEM therapy may occasionally result in symptomatic
- 4. Acute Hepatic Injury. Mild elevations of transaminases with and without concomitant elevation in alkaline phosphatase and bilirubin have been observed in clinical studies. Such elevations were usually transient and frequently resolved even with continued ditizzem treatment. In rare instances, significant elevations in enzymes such as alkaline phosphatase, LDH, SGOT, SGPT, and other phenomena consistent with acute hepatic injury have been noted. These reactions tended to occur early after therapy initiation (1 to 8 weeks) and have been reversible upon discontinuation of drug therapy. The relationship to CARDIZEM is uncertain in some cases, but probable in some. (See PRECAUTIONS.)

### PRECAUTIONS

Precoulding General CARDIZEM (diltiazem hydrochloride) is extensively metabo-lized by the liver and excreted by the kidneys and in bile. As with any drug given over prolonged periods, laboratory parameters of renal and hepatic function should be monitored at regular intervals. The drug should be used with caution in patients with impaired renal or hepatic function. In subacute and chronic floo and rat studies designed to produce toxicity. and chronic dog and rai studies designed to produce toxicity, high doses of diltazem were associated with hepatic damage. In special subacute hepatic studies, oral doses of 125 mg/kg and inginer in rats were associated with histological changes in the liver which were reversible when the drug was discon-tinued. In dogs, doses of 20 mg/kg were also associated with hepatic changes; however, these changes were reversible with continued dosing.

continued dosing. Dermatological events (see ADVERSE REACTIONS section) Dermatological events (see ADVENSE HEADTIONS section) may be transient and may disappear despite continued use of CARDIZEM. However, skin eruptions progressing to erythema multiforme and/or extoliative dermatilis have also been infre-quently reported. Should a dermatologic reaction persist, the drug should be discontinued.

#### **Drug Interactions**

Due to the potential for additive effects, caution and careful titra-tion are warranted in patients receiving CARDIZEM concomi-

tantly with other agents known to affect cardiac contractility and/or conduction. (See WARNINGS.) Pharmacologic studies indicate that there may be additive effects in prolonging AV conduction when using beta-blockers or digitalis concomitantly with CARDIZEM. (See WARNINGS.) As with all drugs, care should be exercised when treating patients with multiple medications. CARDIZEM undergoes biotransformation by cytochrome P-450 mixed function oxidase. Coadministration of CARDIZEM with other agents which follow the same route of biotransformation may result in the competi-tive inhibition of metabolism. Especially in patients with renal and/or hepatic impairment, dosages of similarly metabolized drugs, particularly those of low therapeutic ratio, may require adjustment when starting or stopping concomitantly adminisdrugs, particularly those of low Therapeutic ratio, may require adjustment when starting or stopping concomitantly adminis-tered diltiazem to maintain optimum therapeutic blood levels. Beta-blockers. Controlled and uncontrolled domestic studies suggest that concomitant use of CARDIZEM and beta-blockers is usually well tolerated, but available data are not sufficient to

predict the effects of concomitant treatment in patients with left ventricular dysfunction or cardiac conduction abnormalities. Administration of CARDIZEM (diltiazem hydrochloride) concomi-

tantly with propranolol in five normal volunteers resulted in increased propranolol levels in all subjects and bioavailability of propranolol was increased approximately 50%. In vitro, propra-

propranolol was increased approximately 50%. In vitro, propra-nolol appears to be displaced from its binding sites by diffazem. If combination therapy is initiated or withdrawn in conjunction with propranolol, an adjustment in the propranolol dose may be warranted. (See WARNINGS.) **Cimetidime**. A study in six healthy volunteers has shown a significant increase in peak diffazem plasma levels (58%) and area-under-the-curve (53%) after a 1-week cource of cimeti-dine at 1200 mg per day and a single dose of diffazem 60 mg. Ranitidine produced smaller, nonsignificant increases. The effect may be mediated by cimetidine's known inhibition of hepatic cytochrome P-450, the enzyme system responsible for the first-pass metabolism of diffuzem. Patients currently receiving diltiazem therapy should be carefully monitored for a change in pharmacological effect when initiating and discon-tinuing therapy with cimetidine. An adjustment in the diffazem tinuing therapy with cimetidine. An adjustment in the diltiazem dose may be warranted. Digitalis. Administration of CARDIZEM with digoxin in 24

Digitalis: Administration of CARDIZEM with digoxin in 24 healthy male subjects increased plasma digoxin concentra-tions approximately 20%. Another investigator found no increase in digoxin levels in 12 patients with coronary artery disease. Since there have been conflicting results regarding the effect of digoxin levels, it is recommended that digoxin levels be monitored when initiating, adjusting, and discontin-uing CARDIZEM therapy to avoid possible over- or under-digitalization. (See WARNINGS.) Anesthetics. The depression of cardiac contractility, conduc-tivity, and automaticity as well as the vascular dilation associ-ated with anesthetics may be potentiated by calcium channel blockers. When used concominantly, anesthetics and calcium blockers should be titrated carefully. Cyclosporine. A pharmacokinetic interaction between dilti-azem and cyclosporine has been observed during studies

Cyclosporine. A pharmacokinetic interaction between dilti-azem and cyclosporine has been observed during studies involving renal and cardiac transplant patients. In renal and cardiac transplant recipients, a reduction of cyclosporine dose ranging from 15% to 48% was necessary to maintain cyclosporine trough concentrations similar to those seen prior to the addition of diltizarem. If these agents are to be adminis-tered concurrently, cyclosporine concentrations should be monitored, especially when diltizarem therapy is initiated, adjusted, or discontinued.

The effect of cyclosporine on diltiazem plasma concentrations has not been evaluated.

has not been evaluated. Carbamazepine. Concomitant administration of diltiazem with carbamazepine has been reported to result in elevated serum levels of carbamazepine (40% to 72% increase), resulting in toxicity in some cases. Patients receiving these drugs concur-rently should be monitored for a potential drug interaction.

Carcinogenesis. <u>Mutagenesis. Impairment of Fertility</u> A 24-month study in rats at oral dosage levels of up to 100 mg/kg/day and a 21-month study in mice at oral dosage levels of up to 30 mg/kg/day showed no evidence of carcinogenicity. There was also no mutagenic response in vitro or in vivo in mammalian cell assays or in vitro in bacteria. No evidence of impaired fertility was observed in a study performed in male and female rats at oral dosages of up to 100 mg/kg/day.

Pregnancy Category C. Reproduction studies have been conducted in mice, rats, and rabbits. Administration of doses ranging from five to ten times greater (on a mg/kg basis) than the daily recommended therapeutic dose has resulted in embryo and fetal lethality. These doses, in some studies, have been reported to cause skeletal abnormalities. In the perinatal/postnatal studies, there was an increased incidence of stillbirths at doses of 20

these was an indicated indicated of stimuling at coses of 20 times the human dose or greater. There are no well-controlled studies in pregnant women; there-fore, use CARDIZEM in pregnant women only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers Diltiazem is excreted in human milk. One report suggests that concentrations in breast milk may approximate serum levels. If use of CARDIZEM is deemed essential, an alternative method of infant feeding should be instituted.

Pediatric Use Safety and effectiveness in pediatric patients have not been established.

### ADVERSE REACTIONS

Serious adverse reactions have been rare in studies carried out to date, but it should be recognized that patients with impaired ventricular function and cardiac conduction abnormalities have

ventricular function and cardiac conduction abnormalities have usually been excluded from these studies. The following table presents the most common adverse reactions reported in placebo-controlled angina and hyperten-sion trials in patients receiving CARDIZEM CD up to 360 mg with rates in placebo patients shown for comparison.

### CARDIZEM CD Capsule Placebo-Controlled

Anyma and hypertension mais comunicu		
Adverse Reactions	Cardizem CD (n=607)	Placebo (n=301)
Headache	5.4%	5.0%
Dizziness	3.0%	3.0%
Bradycardia	3.3%	1.3%
AV Block First Degree	3.3%	0.0%
Edema	2.6%	1.3%
ECG Abnormality	1.6%	2.3%
Asthenia	1.8%	1.7%

In clinical trials of CARDIZEM CD capsules, CARDIZEM tablets, and CARDIZEM SR capsules involving over 3200 patients, the most common events (ie, greater than 1%) were edema (4.6%), headcache (4.6%), disziness (3.5%), asthenia (2.6%), first-degree AV block (2.4%), bradycardia (1.7%), flushing (1.4%), nuasea (1.4%), and rash (1.2%). In addition, the following events were reported infrequently (less than 1%) in angina or hypertension trials: Cardiovascular: Angina, arrhythmia, AV block (second- or third-degree), bundle branch block, congestive heart failure, ECG abnormalities, hypochension, and itations, swoce, tachy

ECG abnormalities, hypotension, palpitations, syncope, tachy-cardia, ventricular extrasystoles Nervous System: Abnormal dreams, amnesia, depression, gait

Nervoiis System: Abnormal dreams, amnesia, depression, gait abnormality. hallucinations, insomnia, nervousness, pares-thesia, personality change, somnolence, tinnitus, tremor Gastrointestinal: Anorexia, constipation, diarrhea, dry mouth, dysgeusia, dyspepsia, mild elevations of SGOT, SGPT, LDH, and alkaline phosphatase (see hepatic warnings), thirst, vomiting, weight increase Dermatological: Petechiae, photosensitivity, pruritus, urticaria Other: Amblyopia, CPK increase, dyspnea, epistaxis, eye irrita-tion, hyperglycemia, hyperuricemia, impotence, muscle cramps, nasal congestion, nocturia, osteoarticular pain, polyuria, sexual difficulties sexual difficulties

sexual difficulties The following postmarketing events have been reported infre-quently in patients receiving CARDIZEM: alopecia, erythema multiforme, exfoliative dermatitis, extrapyramidal symptoms, gingival hyperplasia, hemolytic anemia, increased bleeding time, leukopenia, purpura, retinopathy, and thrombocytopenia. In addition, events such as myocardial infarction have been observed which are not readily distinguishable from the leukocytoclastic vasculitis, have been reported. However, a definitive cause and effect relationship between these events and CARDIZEM therapy is yet to be established. Prescribing Information as of languar, 1995.

Prescribing Information as of January 1995

Marion Merrell Dow Inc Kansas City, MO 64114

ccdh0195c

References: 1. Food and Drug Administration. Approved Drug Products With Therapeutic Equivalence Evaluations (Orange Book), US Dept of Health and Human Services. 14th ed. Washington, DC; 1994. 2. Cardizem CD prescribing information Data on file. Marion Merrell Dow Inc.



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 Most commonly reported side effects are headache (5.4%), bradycardia (3.3%), first-degree AV block (3.3%), dizziness (3.0%), edema (2.6%), ECG abnormality (1.6%), and asthenia (1.8%)<sup>2</sup>

Please see brief summary of prescribing information on adjacent page. ©1995, Marion Merrell Dow Inc.

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