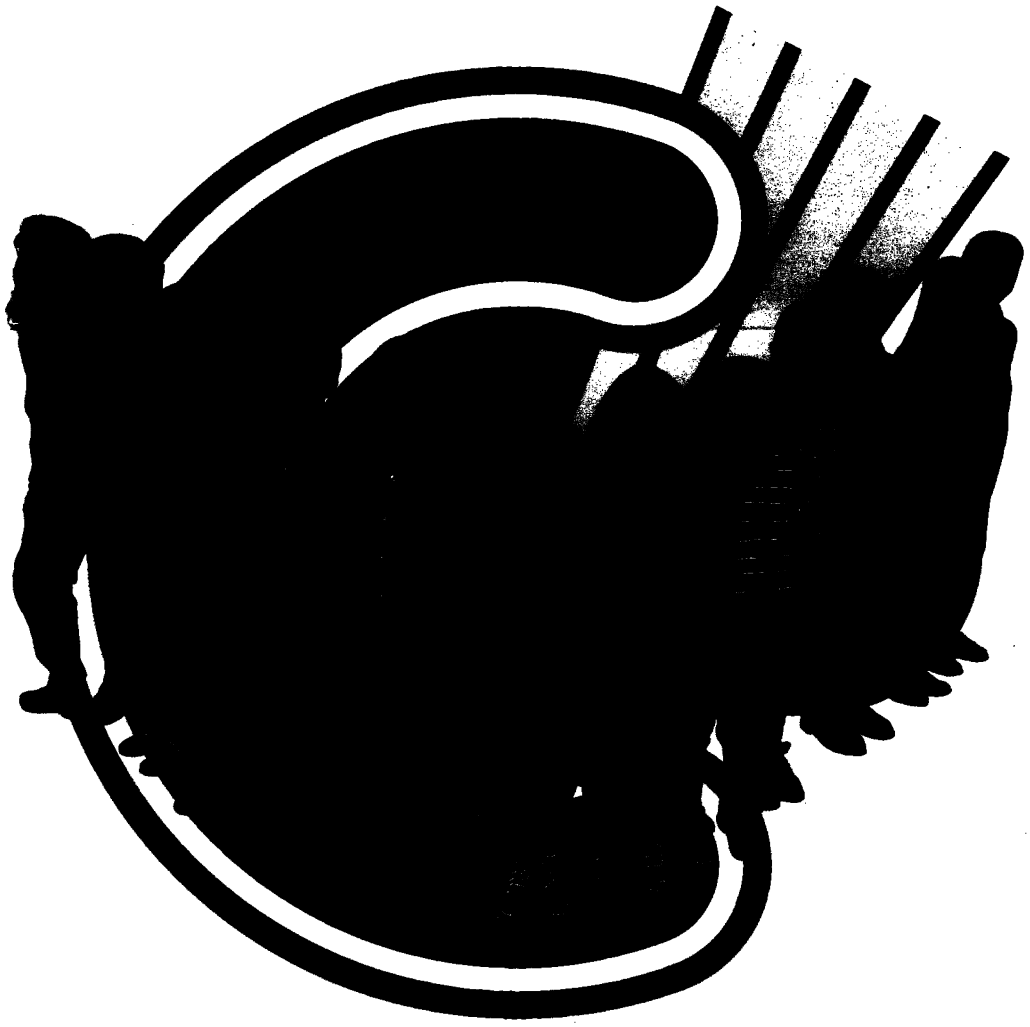
The CF World has been turning to Creon for years



creon®
pancreatin

Because CF patients need all the help they can get

PRESCRIBING INFORMATION

Presentation 1. Creon - brown/yellow capsules containing enteric coated granules of pancreatin, equivalent to: 8,000 PhEur units of lipase; 9,000 PhEur units of amylase and 450 PhEur units (total) of protease (210 BP units). Available in packs of 100. Basic NHS price of £13.33. PL 5727/0001. 2. Creon sachets - unit dose sachets containing enteric coated granules of pancreatin, equivalent to: 20,000 PhEur units of lipase, 22,500 PhEur units of amylase and 1,125 PhEur units (total) of protease. Available in packs of 40. Basic NHS price of £13.33. PL 5727/0007.

Indication Pancreatic exocrine insufficiency.

Dosage and Administration: Adults and children: 1. Creon - initially one or two capsules with meals, then adjust according to response. 2. Creon sachets - initially the contents of one sachet with meals, then adjust according to response. (Note that two sachets of Creon granules are equivalent to five capsules of Creon.) The contents of each sachet can be taken from a spoon or tipped directly onto the tongue, and then washed down with a drink of water or other fluid. The granules contained in Creon capsules or sachets can also be sprinkled on soft food, which should then be swallowed without chewing. If the granules are mixed with food, it is important that they are taken immediately, otherwise dissolution of the enteric coating may result.

Contra-indications, Warnings etc. Contra-indications: substitution with pancreatic enzymes is contra-indicated in the early states of acute pancreatitis. Use in pregnancy: there is inadequate evidence of safety in use during pregnancy. **Warnings:** The product is of porcine origin. Rarely cases of hyper-uricosuria and hyper-uricaemia have been reported with very high doses of pancreatin. Perianal irritation, and rarely, inflammation, could occur when large doses are used.

Legal Classification: P

Name and Address of Licence Holder: Kali Chemie Pharma GmbH, Postfach 220, D-30173, Hannover 1, Germany.

Further information available from: Duphar Laboratories Limited, Gaters Hill, West End, Southampton SO18 3JD. Tel: 0703 472281.

Date of preparation August 1994

® Registered Trade Mark CRE/CF/JA/8/94

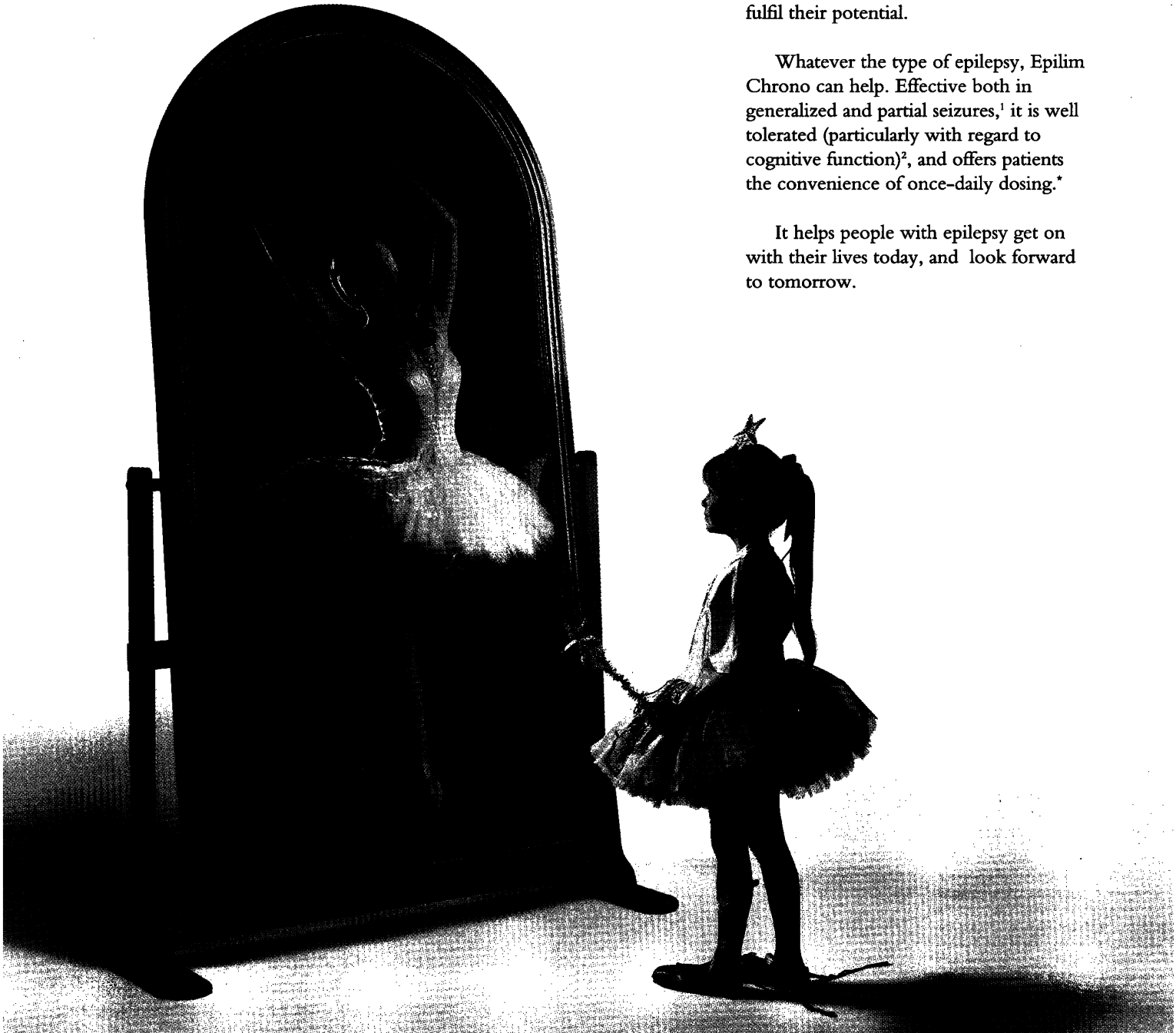
SOLVAY DUPHAR LABORATORIES

Give someone with epilepsy a future to look forward to

People with epilepsy have the same aspirations as anybody else. What they need is a treatment which allows them to fulfil their potential.

Whatever the type of epilepsy, Epilim Chrono can help. Effective both in generalized and partial seizures,[1] it is well tolerated (particularly with regard to cognitive function)[2], and offers patients the convenience of once-daily dosing.*

It helps people with epilepsy get on with their lives today, and look forward to tomorrow.



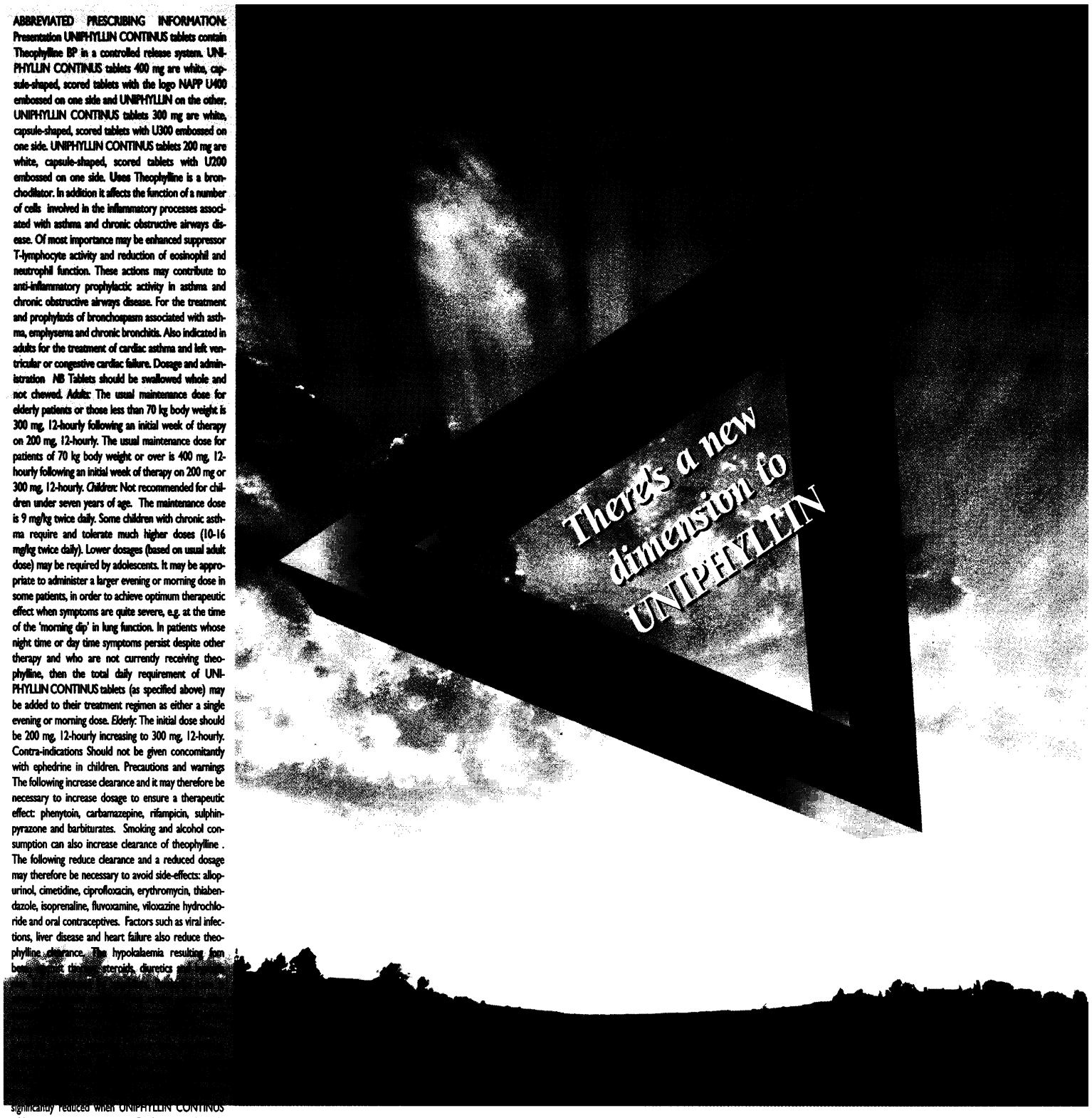
*500mg Tablets

Epilim® CHRONO® Controlled Release

Sodium Valproate Ph. Eur.
Valproic Acid Ft.P

Once-daily management for all forms of epilepsy

ABBREVIATED PRESCRIBING INFORMATION
Presentation UNIPHYLLIN CONTINUS tablets contain Theophylline BP in a controlled release system. UNIPHYLLIN CONTINUS tablets 400 mg are white, capsule-shaped, scored tablets with the logo NAPP U400 embossed on one side and UNIPHYLLIN on the other. UNIPHYLLIN CONTINUS tablets 300 mg are white, capsule-shaped, scored tablets with U300 embossed on one side. UNIPHYLLIN CONTINUS tablets 200 mg are white, capsule-shaped, scored tablets with U200 embossed on one side. **Uses** Theophylline is a bronchodilator. In addition it affects the function of a number of cells involved in the inflammatory processes associated with asthma and chronic obstructive airways disease. Of most importance may be enhanced suppressor T-lymphocyte activity and reduction of eosinophil and neutrophil function. These actions may contribute to anti-inflammatory prophylactic activity in asthma and chronic obstructive airways disease. For the treatment and prophylaxis of bronchospasm associated with asthma, emphysema and chronic bronchitis. Also indicated in adults for the treatment of cardiac asthma and left ventricular or congestive cardiac failure. **Dosage and administration** *NB* Tablets should be swallowed whole and not chewed. *Adults:* The usual maintenance dose for elderly patients or those less than 70 kg body weight is 300 mg, 12-hourly following an initial week of therapy on 200 mg, 12-hourly. The usual maintenance dose for patients of 70 kg body weight or over is 400 mg, 12-hourly following an initial week of therapy on 200 mg or 300 mg, 12-hourly. *Children:* Not recommended for children under seven years of age. The maintenance dose is 9 mg/kg twice daily. Some children with chronic asthma require and tolerate much higher doses (10-16 mg/kg twice daily). Lower dosages (based on usual adult dose) may be required by adolescents. It may be appropriate to administer a larger evening or morning dose in some patients, in order to achieve optimum therapeutic effect when symptoms are quite severe, e.g. at the time of the 'morning dip' in lung function. In patients whose night time or day time symptoms persist despite other therapy and who are not currently receiving theophylline, then the total daily requirement of UNIPHYLLIN CONTINUS tablets (as specified above) may be added to their treatment regimen as either a single evening or morning dose. *Elderly:* The initial dose should be 200 mg, 12-hourly increasing to 300 mg, 12-hourly. **Contra-indications** Should not be given concomitantly with ephedrine in children. **Precautions and warnings** The following increase clearance and it may therefore be necessary to increase dosage to ensure a therapeutic effect: phenytoin, carbamazepine, rifampicin, sulphinpyrazone and barbiturates. Smoking and alcohol consumption can also increase clearance of theophylline . The following reduce clearance and a reduced dosage may therefore be necessary to avoid side-effects: allopurinol, cimetidine, ciprofloxacin, erythromycin, thiabendazole, isoprenaline, fluvoxamine, viloxazine hydrochloride and oral contraceptives. Factors such as viral infections, liver disease and heart failure also reduce theophylline clearance. The hypokalaemia resulting from [illegible] steroids, diuretics [illegible]



significantly reduced when UNIPHYLLIN CONTINUS tablet preparations are given. Furthermore, the side effects can be minimised by dose titration downwards. **Transferability** It is not possible to ensure bioequivalence between different sustained release theophylline products. Therefore, it should be emphasised that patients, once titrated to an effective dose, should not be changed from UNIPHYLLIN CONTINUS tablet preparations to other slow or sustained release xanthine preparations without re-titration and clinical assessment. Legal category P. Package quantities and basic NHS price UNIPHYLLIN CONTINUS tablets 400 mg - 56's: £7.32; 250's: £32.36; 1,000's: £125.29. UNIPHYLLIN CONTINUS tablets 300 mg - 56's: £6.17; 250's: £27.89. UNIPHYLLIN CONTINUS tablets 200 mg - 56's: £4.05. Product licence numbers UNIPHYLLIN CONTINUS tablets 400 mg - PL 0337/0074. UNIPHYLLIN CONTINUS tablets 300 mg - PL 0337/0129. UNIPHYLLIN CONTINUS tablets 200 mg - PL 0337/0057. Product licence holder Napp Laboratories Limited, Cambridge Science Park, Milton Road, Cambridge CB4 4GW, UK. Tel: 01223 424444. Member of Napp Pharmaceutical Group. Further information is available from Napp Laboratories Limited. ® The NAPP device, UNIPHYLLIN and CONTINUS are Registered Trade Marks. © NAPP Laboratories Limited 1995.
Reference: 1. Kidney J, Dominguez M, Taylor PM, *et al.* (In press). Date of preparation: April 1995.

NAPP

For over 50 years, theophylline has been regarded as a bronchodilator. New evidence[1] demonstrates that this is only part of the story.

UNIPHYLLIN CONTINUS tablets are now believed to exert an anti-inflammatory action. They therefore present a convenient and acceptable choice for preventive therapy - and add a new dimension to asthma management.

DUAL ACTION

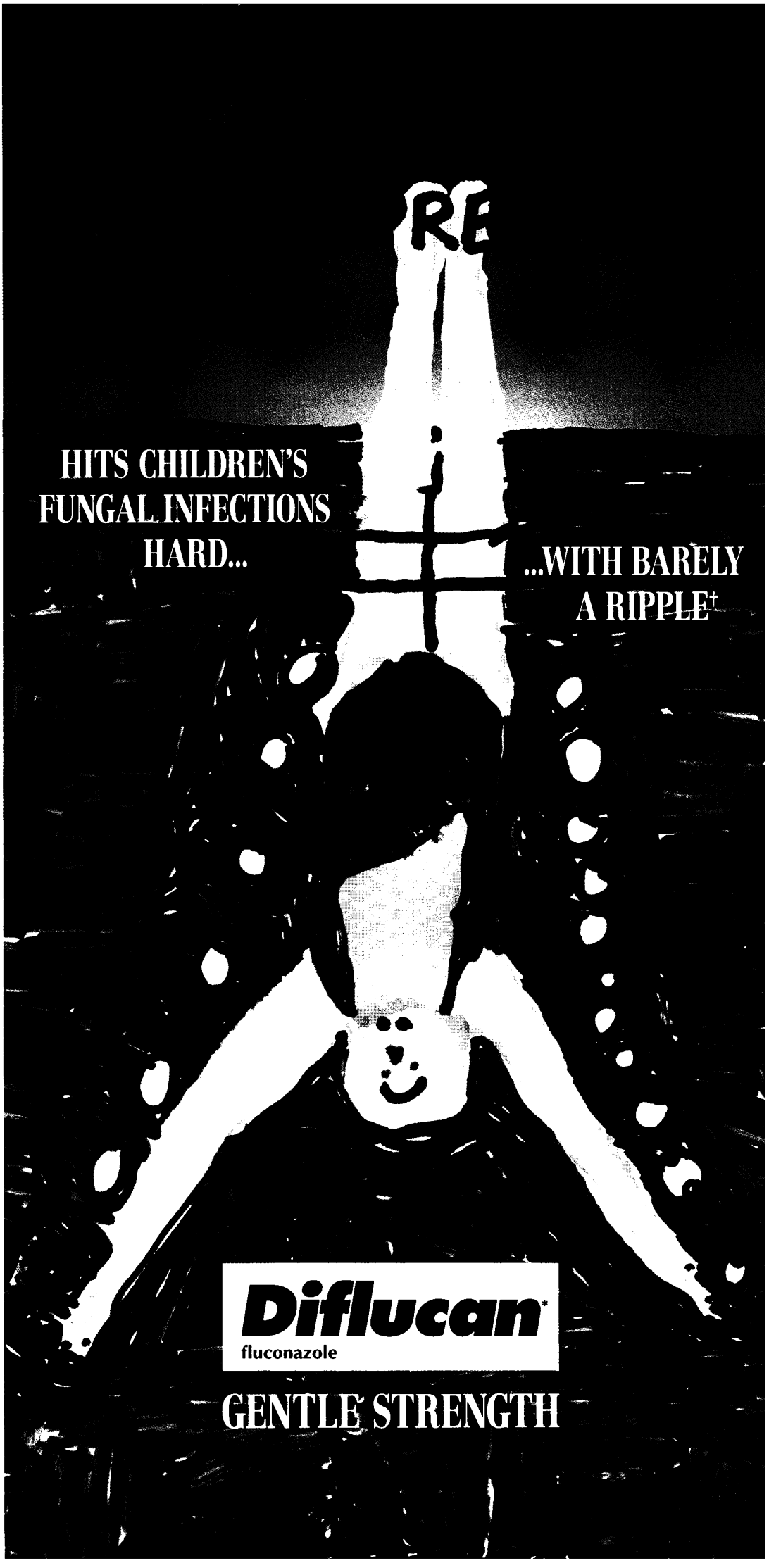
Uniphyllin®

CONTINUS® TABLETS THEOPHYLLINE BP

Breathing new life into asthma therapy

ABBREVIATED PRESCRIBING INFORMATION FOR DIFLUCAN* (fluconazole) (UK) **Presentation:** Capsules containing 50mg, 150mg or 200mg fluconazole; intravenous infusion containing fluconazole 2mg/ml in 0.9% sodium chloride solution; Powder for Oral Suspension available as two dosage strengths containing either fluconazole 50mg/5ml or 200mg/5ml on reconstitution with 24ml water. **Indications and dosage: Adults:** Systemic candidiasis: 400mg on the first day followed by 200-400mg once daily. Cryptococcosis, including meningitis: 400mg on the first day followed by 200-400mg once daily. Maintenance therapy to prevent relapse of cryptococcal meningitis in patients with AIDS: 100-200mg daily. Oropharyngeal candidiasis: 50-100mg once daily for 7-14 days or longer in immunocompromised patients. Other mucosal candidal infections: 50-100mg once daily for 14-30 days. Prevention of fungal infections in neutropenic patients following cytotoxic chemotherapy or radiotherapy: 50-400mg once daily based on patient's risk for developing fungal infection. For patients at high risk of systemic infection, eg patients who are anticipated to have profound or prolonged neutropenia such as during bone marrow transplantation, the recommended dose is 400mg daily. Start dosage several days before anticipated onset of neutropenia and continue for seven days after neutrophil count rises above 1000 cells per mm^3. Dermal fungal infections: 50mg once daily for up to 6 weeks (usually 2-4 weeks - see data sheet). Vaginal candidiasis: Single 150mg dose. Use in the elderly - as above except for those renally impaired - see data sheet. **Children: Over 4 weeks old:** Mucosal candidiasis: 3mg/kg daily. A loading dose of 6mg/kg may be used on the first day. Systemic candidiasis and cryptococcal infection: 6-12mg/kg daily depending on severity of disease. Prevention of fungal infections in neutropenic patients following cytotoxic chemotherapy or radiotherapy: 3-12mg/kg daily depending on the extent and duration of the neutropenia. **Children below 4 weeks of age:** First two weeks of life: The same mg/kg dosing as above but administered every 72 hours. During weeks 2-4 of life same mg/kg dose should be given every 48 hours. Doses of less than 10mg fluconazole should only be administered in hospital. A suitable measuring device should be used for administration of the suspension. **Administration:** DIFLUCAN may be administered either orally or by intravenous infusion at a rate of approximately 5-10ml/min. The dosages for the two routes are equivalent. **Contra-indications:** Hypersensitivity to fluconazole or related azoles, pregnancy and women of childbearing potential unless adequate contraception is employed. **Warnings:** Lactation: Not recommended. Renal impairment: Dosage reduction in both adults and children may be necessary, see data sheet. **Drug interactions:** Anticoagulants, cyclosporin, oral sulphonylureas, phenytoin, rifampicin and theophylline. **Side-effects:** Nausea, abdominal discomfort, diarrhoea, flatulence and rarely anaphylaxis. **Legal Category:** POM. **Basic NHS Cost and Package Quantities:** DIFLUCAN capsules in calendar packs containing 7x50mg (£16.61, PL 57/0289), 7x200mg (£66.42, PL 57/0317) or 1x150mg (£7.12, PL 57/0290); Powder for Oral Suspension, 35ml bottle of 50mg/5ml (£16.61, PL 57/0343), 35ml bottle of 200mg/5ml (£66.42, PL 57/0344); Intravenous Infusion: 25ml (50mg) bottle (£7.32, PL 57/0315); 100ml (200mg) bottle (£29.28, PL 57/0315). Hospital prices are available on request. † DIFLUCAN is well tolerated with few adverse effects: Marchisio P *et al.* (1994) Eur J Clin Microbiol Infect Dis **13:** 338-340. Fasano C *et al.* (1994) Eur J Clin Microbiol Infect Dis **13:** 344-347. Further information on request.

* Trade Mark. **Pfizer Limited,** Sandwich, Kent.
51336 March 1995.




ing
Lamictal

PRESCRIBING INFORMATION

Presentation: Pale yellow tablets containing 25 mg, 50 mg, 100 mg and 200 mg lamotrigine, and white dispersible/chewable tablets containing 5 mg, 25 mg and 100 mg lamotrigine.

Uses: In monotherapy trials, efficacy has been demonstrated in partial epilepsy with or without secondarily generalised tonic-clonic seizures and in primary generalised tonic-clonic seizures.

Dosage and administration: *Dosage in mono-therapy: Adults and Children over 12 years:* The initial Lamictal dose in monotherapy is 25 mg once a day for two weeks, followed by 50 mg once a day for two weeks. Thereafter, the usual maintenance dose to achieve optimal response is 100-200 mg/day given once a day or as two divided doses. Some patients have required 500 mg/day of Lamictal to achieve the desired response. The recommended initial dose should not be exceeded (see Data Sheet). *Children aged less than 12 years and the Elderly:* Insufficient information available in these patients and consequently not recommended.

Dosage as add-on therapy: Adults and children over 2 years: See Data Sheet.

Contra-indications: Hypersensitivity to lamotrigine. Significant hepatic impairment.

Precautions: Close monitoring of patients who acutely develop any combination of unexplained rash, fever, flu-like symptoms, drowsiness or worsening seizure control is recommended, especially within the first month of starting treatment. Pregnancy and lactation. Renal failure. Avoid abrupt withdrawal.

Interactions: Antiepileptic drugs which alter drug metabolising enzymes in the liver (e.g. phenytoin, carbamazepine, phenobarbitone, primidone, sodium valproate) alter the metabolism of Lamictal.

Side and adverse effects: During monotherapy trials: headache, tiredness, rash, nausea, dizziness, drowsiness, and insomnia. In use as add-on therapy, severe skin reactions including angioedema, Stevens-Johnson syndrome and toxic epidermal necrolysis have been reported. Rarely hepatic dysfunction, lymphadenopathy, leucopenia and thrombocytopenia have been reported in conjunction with skin rash and all patients who develop rash should be promptly evaluated. (See Data Sheet).

Legal category: POM.

Basic NHS costs: £14.97 for Starter Pack of 42 x 25 mg tablets (PL3/0272), £99.56 for Calendar Pack of 56 x 200 mg tablets (PL3/0297), £58.57 for pack of 56 x 100 mg tablets (PL3/0274).

Date of preparation: March 1995.

BQGT 91-13, 93-18, 94-09.

Lamictal is a Trade mark.

Further information is available on request.

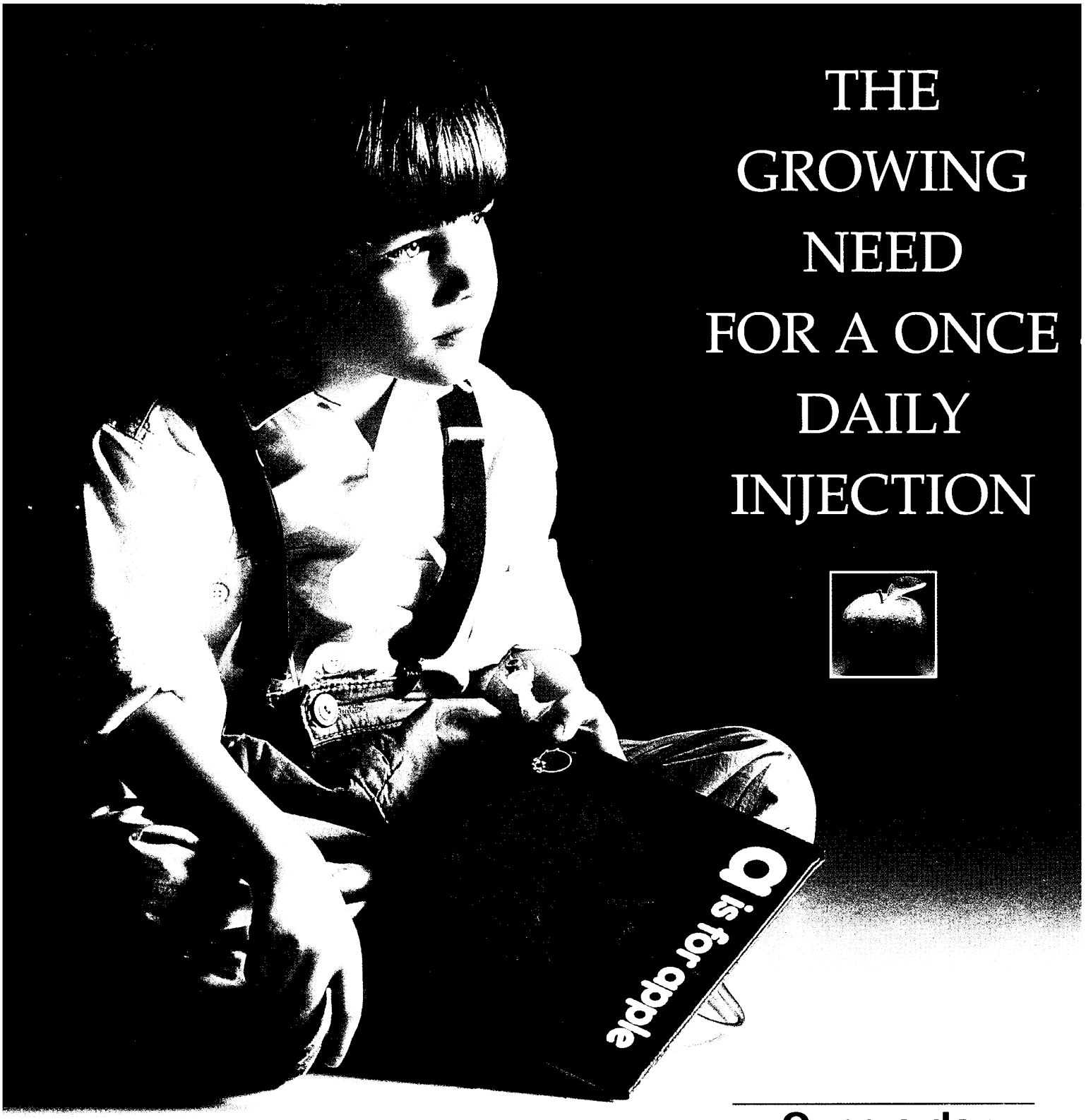
The Wellcome Foundation Ltd,
Styal, Manchester M22 5LQ.

Wellcome

Lamictal

MONOTHERAPY IN EPILEPSY

THE GROWING NEED FOR A ONCE DAILY INJECTION



In paediatric infections a once daily dose of ROCEPHIN avoids the distress of repeated and costly injections.

Available as IV or IM ROCEPHIN's proven efficacy and established safety profile[1] is an obvious choice for children, saving both time and money.

Once-a-day

▼Rocephin® IV•IM

ceftriaxone

THE WORLD'S BEST SELLING INJECTABLE ANTIBIOTIC[2]

References
1. Kissling, M., Ruch, W., Ferrex, M. Medipress (1988) 4(2), 1-7
2. Estimated current cash annual sales worldwide -
Data on File, Roche Products Ltd

Brief Prescribing Information

Indications: Pneumonia; septicaemia; meningitis; bone, skin and soft tissue infections; infections in neutropenic patients; gonorrhoea; peri-operative prophylaxis of infections associated with surgery. Treatment may be started before the results of susceptibility tests are known. **Dosage and Administration:** Rocephin should be administered by deep intramuscular injection, slow intravenous injection, or as a slow intravenous infusion after reconstitution of the solution. **Adults and children 12 years and over:** Standard dosage - 1g once daily. Severe infections - 2-4g normally once daily. Duration of therapy varies according to course of disease. Gonorrhoea - single dose of 250mg i.m. Peri-operative prophylaxis - usually single dose of 1g, colorectal surgery 2g in conjunction with a suitable agent against anaerobic bacteria. **Children under 12 years:** Standard dosage - 20-50mg/kg once daily. Severe infections - maximum 80mg/kg once daily. Doses of 50mg/kg or over should be given by slow intravenous infusion over at least 30 minutes. **Renal and hepatic impairment:** In the absence of hepatic impairment dose reduction is required only in severe renal failure (creatinine clearance < 10ml/min) when the daily dose should be 2g or less. No dose reduction is required in liver damage provided renal function is intact. In severe renal impairment accompanied by hepatic insufficiency the plasma concentration should be determined at regular intervals and dosage adjusted. Serum concentrations should be monitored in dialysis. **Contra-indications, Warnings etc.** Cephalosporin hypersensitivity. Premature infants. Full-term infants during first six weeks of life. Safety in pregnancy has not been established. **Precautions:** Stated dose should not be exceeded. Caution in patients with a history of hypersensitivity (especially anaphylactic reaction) to penicillins or other non-cephalosporin beta-lactam antibiotics. Anaphylactic shock requires immediate countermeasures. Severe renal impairment accompanied by hepatic insufficiency (see Dosage). **Side-effects and Adverse Reactions:** Gastro-intestinal side-effects including loose stools, diarrhoea, nausea, vomiting, stomatitis and glossitis. Cutaneous reactions including maculopapular rash, pruritus, urticaria, oedema and erythema multiforme. Haematological reactions including anaemia (all grades), leucopenia, neutropenia, thrombocytopenia, eosinophilia, agranulocytosis, positive Coombs' test and prolongation of prothrombin time. Regular blood counts should be carried out during treatment. Other reactions include headache, dizziness, drug fever and transient elevations in liver function tests. Rarely, glycosuria, oliguria, haematuria, anaphylaxis and bronchospasm. Very rarely, precipitation of ceftriaxone-calcium salt in urine in patients on higher than recommended dose. Reversible precipitates of calcium ceftriaxone have been detected by gallbladder sonograms. In symptomatic cases (which are rare) conservative non-surgical management is recommended. Superinfections with yeasts, fungi or other resistant organisms. Rare instances of pseudomembranous colitis. Injection site pain and local phlebitis. **Legal Category:** POM. **Presentations and Basic NHS Cost:** 250mg vials i.m. and i.v. (containing 250mg ceftriaxone) - £2.87; 1g vials i.m. and i.v. (containing 1g ceftriaxone) - £11.46; 2g vials for infusion (containing 2g ceftriaxone) - £22.92. **Product Licence Numbers:** PL 0031/0169 (250mg vials), PL 0031/0171 (1g vials), PL 0031/0172 (2g vials). **Product Licence Holder:** Roche Products Limited, PO Box 8, Welwyn Garden City, Hertfordshire, AL7 3AY. Full prescribing information is available on request.

Date of preparation February 1994

J. 738083

Roche