

Meet our top consultants



Our revolutionary cartridge pen for the injection of **Genotropin®** growth hormone is so simple and easy to use that it's become part of the lives of thousands of children. With success of that kind, how do you top it? Well, we've done it by finding out from patients themselves how we can make an even better pen.

And the result is the new **Genotropin®** Pen - we've made it easier to use, even for small children, and that makes it easier for them to keep to their treatment.

New **Genotropin®** Pen

somatropin (rbe)

Designed by kids. Made real by Pharmacia.

Genotropin® (somatropin, rbe) Abbreviated Prescribing Information. Genotropin 36 IU, Genotropin 16 IU, Genotropin 4 IU KabiVial Multidose, Genotropin 2, 3, and 4 IU KabiQuick. **Presentation:** Genotropin 36 IU Two compartment cartridge for use in either the Genotropin Pen 36 or KabiMixer devices. One compartment contains 36 IU somatropin (rbe) in the form of a sterile lyophilised powder. The second compartment contains 0.3% m-cresol in 1ml Water for Injections. **Genotropin 16 IU** Two compartment cartridge for use in either the Genotropin Pen 16 or KabiMixer devices. One compartment contains 16 IU somatropin (rbe) in the form of a sterile lyophilised powder. The second compartment contains 0.3% m-cresol in 1ml Water for Injections. **Genotropin 4 IU KabiVial Multidose** Two compartment cartridge in a reconstitution device. The first compartment contains 4 IU somatropin (rbe) in the form of a sterile lyophilised powder. The second compartment contains 0.3% m-cresol in 1ml Water for Injections. **Genotropin 2, 3 and 4 IU KabiQuick** Two compartment cartridge in single dose syringe for reconstitution and injection. The first compartment contains 2, 3 or 4 IU somatropin (rbe) in the form of a sterile lyophilised powder. The second compartment contains 0.5ml, 0.75ml or 1ml Water for Injections respectively. **Uses:** Treatment of growth disturbance due to insufficient secretion of growth hormone or associated with gonadal dysgenesis (Turner Syndrome). Treatment of growth disturbance in prepubertal children with chronic renal insufficiency (CRI). **Dosage and Administration: Route of Administration:** Subcutaneous injection. Dosage is individual. **Insufficient secretion of growth hormone:** generally a dose of 0.5 - 0.7 IU/kg body weight per week (14 - 20 IU/m² body surface area per week) is recommended. Higher doses have been used. **Gonadal dysgenesis (Turner Syndrome):** a dose of 1 IU/kg body weight per week (28 IU/m² body surface area per week) is recommended. **CRI:** a dose of 30 IU/m² body

surface area per week (approximately 1 IU/kg body weight per week) is recommended. Higher doses may be needed if growth velocity is too low. Dose correction may be required after six months treatment. The weekly dose should be divided into 6-7 subcutaneous injections. The injection site should be varied to prevent lipatrophy. **Preparation of Solution:** Somatropin (rbe) is reconstituted using the KabiMixer, KabiVial, KabiQuick or Genotropin Pen devices. Instructions on how to effect reconstitution are supplied separately at the specialist growth clinic, as are the Genotropin Pen and KabiMixer devices, and necessary needles. **Contra-indications, Warnings etc.:** Genotropin should not be used when there is any evidence of tumour activity. Intracranial lesions must be inactive and any antitumour therapy completed prior to starting therapy. Genotropin should not be used for growth promotion in patients with closed epiphyses. **Precautions:** Therapy with Genotropin should be initiated by suitably qualified physicians. In diabetes mellitus, insulin dosage may need adjustment. Thyroid function may be affected and should be monitored periodically. In patients with endocrine disorders, slipped epiphyses of the hip may occur. Some rare cases of benign intracranial hypertension have been reported. In chronic renal insufficiency, renal function should have decreased to below 50 per cent of normal and disturbed growth followed for a year preceding institution of therapy. Conservative treatment for renal insufficiency should have been established and should be maintained during treatment. Treatment should be discontinued after renal transplantation. **Pregnancy and Lactation:** Clinical experience of use in pregnancy is limited. Treatment should be interrupted if pregnancy occurs. **Overdosage:** Acute overdosage is unlikely, though may lead initially to hypoglycaemia and subsequently to hyperglycaemia. Long-term overdosage could result in symptoms consistent with the known effects of growth hormone excess. **Side Effects:** Common effects are related to transient local skin reactions.

Pharmaceutical Precautions: Store at 2 - 8°C. Protect from light. Once reconstituted Genotropin should be stored in the refrigerator and protected from light. Genotropin 36 IU, Genotropin 16 IU and Genotropin 4 IU KabiVial Multidose in use may be stored for up to 14 days under these conditions. Once reconstituted Genotropin 2, 3 and 4 IU KabiQuick should be used immediately, or within 24 hours if kept in the refrigerator. **Legal Category:** POM. **Package Quantities:** Genotropin 36 IU Pack containing one cartridge for use in the Genotropin Pen 36/KabiMixer devices. Genotropin 16 IU Pack containing one cartridge for use in the Genotropin Pen 16/KabiMixer devices. Genotropin 4 IU KabiVial Multidose Two compartment cartridge in a reconstitution device. Pack containing one Genotropin 4 IU KabiVial Multidose. Genotropin 2,3 and 4 IU KabiQuick Two compartment cartridge in a reconstitution and injection device. Pack containing ten Genotropin 2 IU KabiQuicks. Pack containing ten Genotropin 3 IU KabiQuicks. Pack containing ten Genotropin 4 IU KabiQuicks. **Product Licence Numbers and Basic NHS Prices:** 36 IU - 0022/0098, 1 x 36 IU - £274.50. 16 IU - 0022/0085, 1 x 16 IU - £122.00. 4 IU KabiVial Multidose - 0022/0088, 1 x 4 IU - £30.50. 2 IU KabiQuick - 0022/0089, 10 x 2 IU - £160.00. 3 IU KabiQuick - 0022/0090, 10 x 3 IU - £240.00. 4 IU KabiQuick - 0022/0091, 10 x 4 IU - £320.00. **Product Licence/Product Authorisation Holder:** Pharmacia Ltd., Davy Avenue, Milton Keynes, MK5 8PH. Distributed in Ireland by Cahill May Roberts Ltd. for Pharmacia Ireland Ltd., Pharmapark, Chapelizod, Dublin 20. Further information is available on request from the Product Licence holder. Genotropin, KabiMixer, KabiVial and KabiQuick are registered trademarks. **Date of preparation:** November 1995. P2346/9/95


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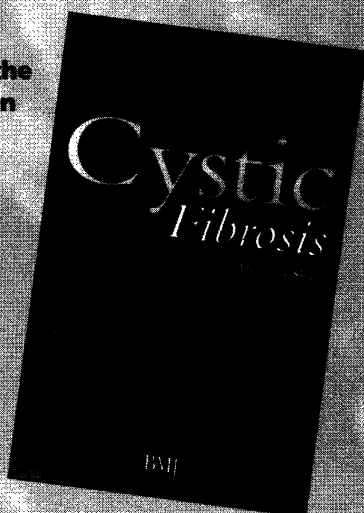
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Edited by Dennis J Shale

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Epilim Oral Prescribing Information

Presentation Epilim 200 Enteric Coated and Epilim 500 Enteric Coated: Enteric coated tablets containing 200mg, and 500mg Sodium Valproate Ph.Eur. respectively. Epilim Crushable Tablets containing 100mg Sodium Valproate Ph.Eur. Epilim Syrup and Epilim Liquid (sugar free) both containing 200mg Sodium Valproate Ph.Eur. per 5ml. Epilim Chrono 200, Epilim Chrono 300, and Epilim Chrono 500: Controlled release tablets containing a mixture of Sodium Valproate Ph.Eur. and Valproic Acid Fr.P. equivalent to 200mg, 300mg, and 500mg Sodium Valproate respectively.

Indications Oral formulations of Epilim are indicated for all types of epilepsy. In women of child bearing age Epilim should be used only in severe cases or in those resistant to other treatment.

Dosage and administration *Adults*; the dose should be titrated at three day intervals until seizure control is achieved. Initially 600mg a day increasing in steps of 200mg to a maximum dose of 2500mg per day. *Children over 20kg*; initially 400mg a day increasing in steps to a maximum dose of 35mg/kg/day. *Children under 20kg*; initially 20mg/kg/day - the dose may be increased in steps to a maximum of 40mg/kg/day provided that plasma levels are monitored. Epilim Chrono may be given once or twice daily. All other formulations should be given twice daily. **Combination therapy**; levels of Epilim and co-administered anticonvulsants may be affected and optimum dosage is determined by seizure control.

Contraindications, Warnings, etc. **Contraindications** Active liver disease, family history of severe liver disease, hypersensitivity to valproate. **Side effects** Impaired hepatic function, particularly in children, occasionally leading to hepatic failure - treatment should be withdrawn in patients who suddenly develop symptoms compatible with hepatic disease such as nausea, anorexia, jaundice or malaise. Hyperammonaemia with or without hepatic dysfunction. Blood dyscrasia - impaired platelet function, thrombocytopenia, occasional leucopenia and red cell hypoplasia. Occasionally increased appetite, weight gain, transient hair loss, behavioural disturbances, alterations to the menstrual cycle and pancreatitis. Symptoms of intoxication include ataxia, tremor, and stupor. **Drug interactions** Epilim has significant interactions with phenytoin, lamotrigine and other anticonvulsants. Epilim may potentiate the effects of neuroleptics, MAOIs and other antidepressants, anticoagulants and salicylates. Cimetidine may inhibit the metabolism of Epilim. Epilim has no effect on the efficacy of oral contraceptives. **Pregnancy** An increased incidence of congenital abnormalities has been demonstrated in offspring born to mothers with epilepsy both untreated and treated, including those treated with sodium valproate. Neural tube defects have been reported in about 1% of offspring of women who have received valproate during the first trimester of pregnancy. Pregnancies should be screened for neural tube defects by estimation of alpha-fetoprotein and ultrasound. Folate supplementation has been shown to reduce the incidence of neural tube defects in the offspring of high risk women. **Legal category** P.O.M. **Further information**

Epilim is hygroscopic - tablets should not be removed from their foil until they are used. Epilim Chrono is recommended in cases where plasma valproate levels are being measured on account of its pharmacokinetics. The effective therapeutic range for valproate is 40-100mg/l (278-694 micromol/l). **Product Licence Numbers** Epilim 200 Enteric Coated 11723/0018, Epilim 500 Enteric Coated 11723/0020, Epilim 100mg Crushable Tablets 11723/0017, Epilim Syrup 11723/0025, Epilim Liquid 11723/0024, Epilim Chrono 200 11723/0078, Epilim Chrono 300 11723/0021, Epilim Chrono 500 11723/0079. **NHS Cost** Epilim 200 Enteric Coated 100 tablets £6.42, Epilim 500 Enteric Coated 100 tablets £16.04, Epilim 100mg Crushable Tablets 100 tablets £3.89, Epilim Syrup 300ml £5.89, Epilim Liquid 300ml £5.89, Epilim Chrono 200 100 tablets £7.70, Epilim Chrono 300 100 tablets £11.55, Epilim Chrono 500 100 tablets £19.25. **Address:** Sanofi Winthrop Ltd., One Onslow Street, Guildford, Surrey GU1 4YS. **Telephone:** (01483) 505515 **Fax:** (01483) 35432. Epilim, Epilim Chrono and the Chrono device are registered trade marks. **Date of preparation** August 1995.

References:

1. Chadwick D., J. Neurol. Neurosurg. Psychiatry 1994; 57: 264-277.
2. Gilham R.A., Epilepsy Res., 1990; 7: 219-225.

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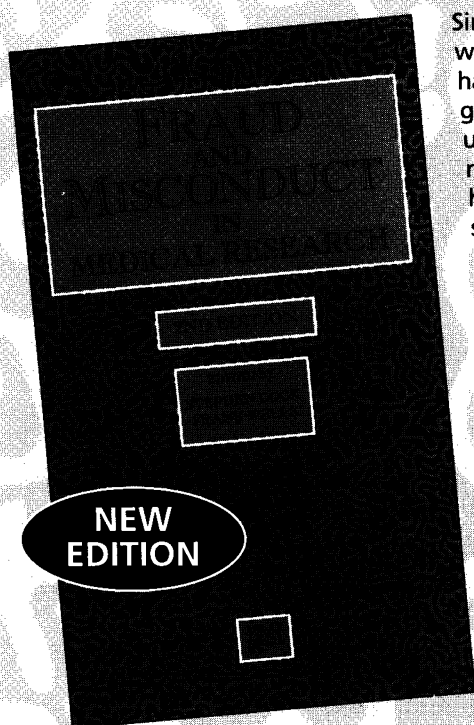
azithromycin

Once daily for just 3 days

ZITHROMAX^{*} Abbreviated Prescribing Information: **Presentation:** Capsules containing 250mg azithromycin. Powder for oral suspension containing 200mg/5ml azithromycin after reconstitution. **Indications and dosage:** Upper and lower respiratory tract infections, skin and soft tissue infections and otitis media: 500mg once daily for 3 days. Uncomplicated sexually transmitted diseases caused by *Chlamydia trachomatis*: Single 1g dose. **Use in the elderly:** Normal adult dosage is recommended. **Use in children:** Once daily for 3 days. Less than 3 years (up to 15kg), 10mg (0.25ml) per kg per day; 3-7 years, 5ml per day; 8-11 years, 7.5ml per day; 12-14 years, 10ml per day. There is no information on children under six months of age. See data sheet for further information on dosage recommendations according to age and weight range. **Administration:** ZITHROMAX should be administered as a single daily dose at least 1 hour before or 2 hours after food. ZITHROMAX oral suspension should be administered to children using the spoon provided in the packs, or the oral dosing syringe provided in the 15ml pack only. Refer to data sheet for appropriate pack size and dispensing instructions. **Contra-indications:** Hypersensitivity to azithromycin or other macrolide antibiotics. Patients receiving ergot derivatives. **Warnings and Precautions:** Moderate or severe renal impairment (creatinine clearance <40ml/min), liver impairment. Pregnancy and lactation: Not recommended. **Drug Interactions:** Antacids, ergot derivatives. Monitor patients on concurrent warfarin, digoxin or cyclosporin. **Side-Effects:** Nausea, abdominal discomfort, vomiting, flatulence, diarrhoea and loose stools. Allergic reactions of rash and rare reports of angioneurotic oedema and anaphylaxis; elevation in liver transaminases and reduction in neutrophil counts. **Legal Category:** POM. **Package quantities and Basic NHS Cost:** 250mg capsule: pack of 6, £13.43; pack of 4, £8.95 (PL 0057/0335); powder for oral suspension: 15ml bottle (600mg), £5.08; 22.5ml bottle (900mg), £7.62; 30ml bottle (1200mg), £13.80 (PL 0057/0336). Hospital prices are available on request. **References:** 1. Mohs E et al. (1993) *J Antimicrob Chemother*; 31 (Suppl E): 73-79. 2. Hamill J. (1993) *J Antimicrob Chemother*; 31 (Suppl E): 89-94. 3. Hopkins S. (1993) *J Antimicrob Chemother*; 31 (Suppl E): 111-117. Further information is available on request from Richborough Pharmaceuticals, A Division of Pfizer Ltd, Sandwich, Kent CT13 9NJ. ^{*}Trademark


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fraud (frɔ:d) *n.* 1. deliberate deception, trickery, or cheating intended to gain an advantage. 2. an act or instance of such deception. 3. something false or spurious



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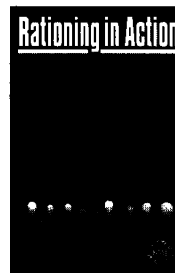
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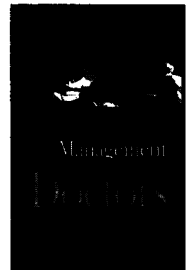
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Adults: Systemic candidiasis: 400mg on the first day followed by 200-400mg once daily. Cryptococcosis, including meningitis: 400mg on the first day followed by 200-400mg once daily. Maintenance therapy to prevent relapse of cryptococcal meningitis 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 mm³. 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. Pfizer Limited, Sandwich, Kent.

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