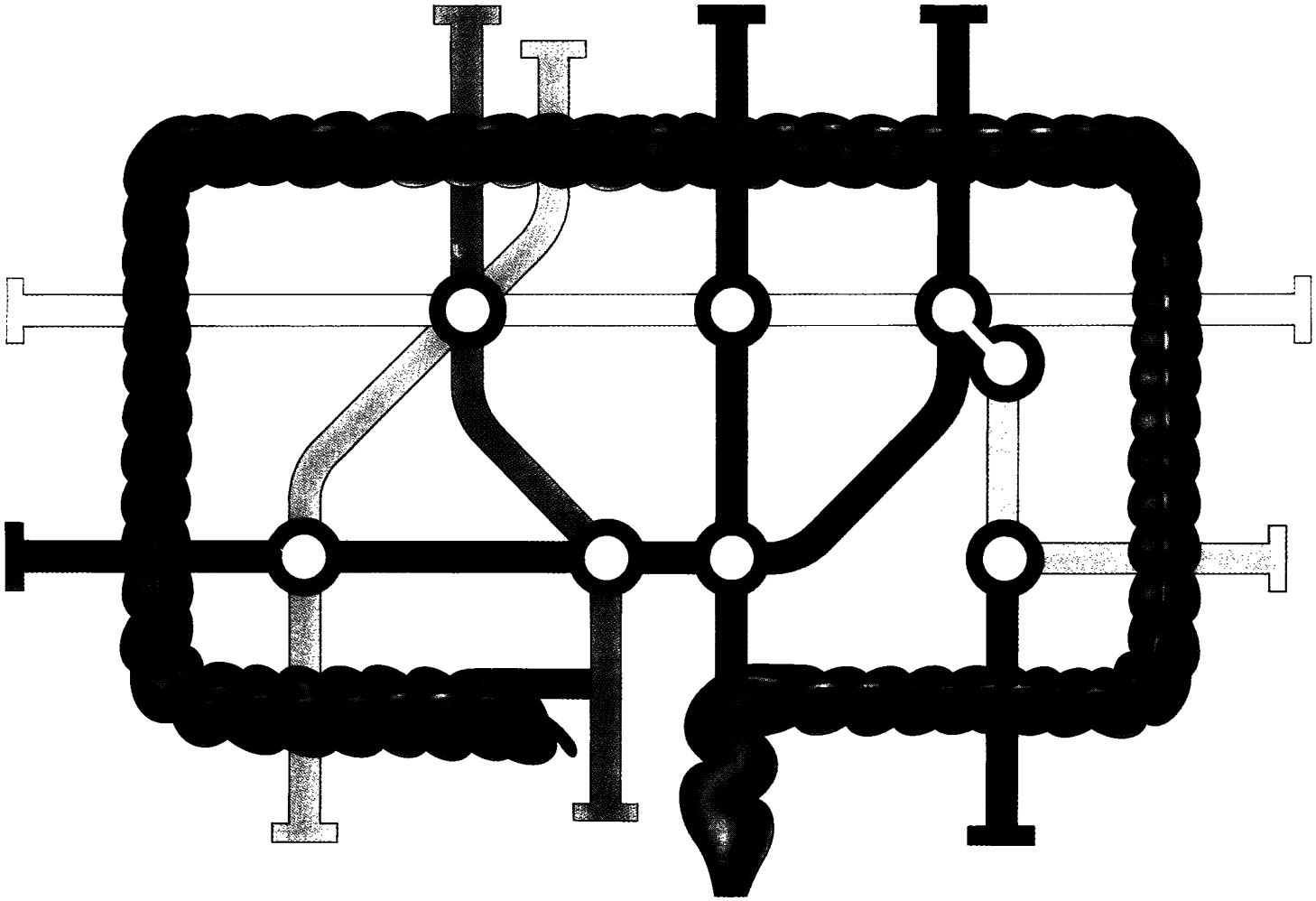

COLIFOAM

10% hydrocortisone acetate

FIRST CLASS TREATMENT WHICH TRAVELS TO WORK

- Colifoam is highly effective for distal ulcerative colitis.[1]
- The retrograde spread of Colifoam increases with the extent of disease.[2]
- Colifoam is easier to retain than liquid enemas and causes less interference with social, sexual and occupational activities.[1,3]

PRESCRIBED WITH CONFIDENCE FOR OVER 20 YEARS.

COLIFOAM

PRESCRIBING INFORMATION: Presentation: White odourless aerosol containing hydrocortisone acetate PhEur 10% w/w. **Uses:** Ulcerative colitis, proctosigmoiditis and granular proctitis. **Dosage and administration:** One applicatorful inserted into the rectum once or twice daily for two or three weeks and every second day thereafter. Shake can vigorously before use (illustrated instructions are enclosed with pack). **Contra-indications, warnings etc:** Local contra-indications to the use of intrarectal steroids include obstruction, abscess, perforation, peritonitis, fresh intestinal anastomoses and extensive fistulae. General precautions common to all corticosteroid therapy should be observed during treatment with Colifoam. Treatment should be administered with caution in patients with severe ulcerative disease because of their predisposition to perforation of the bowel wall. Safety during pregnancy has not been fully established. Although uncommon at this dosage, local irritation may occur. **Pharmaceutical precautions:** Pressurised container containing flammable propellant. Protect from sunlight and do not expose to temperatures above 50°C. Keep away from sources of ignition. Do not pierce or burn even after use. Do not refrigerate, store below 25°C. Keep out of reach of children. For external use only. **Legal category:** POM. **Package quantity & basic NHS cost:** 20.8g canister plus applicator, £7.07. Provides approximately 14 doses. **Product Licence no:** 0036/0021. **References:** 1. Somerville KW *et al.* BMJ 1985;291:866. 2. Farthing MJG *et al.* BMJ 1979;2:822-824. 3. Ruddell WSJ *et al.* Gut 1980;21:885-889. Further information is available on request from Stafford-Miller Ltd., Broadwater Road, Welwyn Garden City, Herts. AL7 3SP. **Code:** DO2665.

A Good Diagnosis Just Got

BETTER.

With the integration of Synectics Medical into Medtronic, comes new and exciting opportunities for innovation in diagnostic and therapeutic technologies. We call this union of the world's leaders in pacemaker technology and pH & motility, "Medtronic Synectics". Together, we are dedicated to providing customers with quality products and services to support their efforts in providing better patient care in the fields of gastroenterology, urology, and neurophysiology.

To learn more about Medtronic Synectics today, call us in the US at (800) 227-3191 or internationally at +46 8 462 6000. We look forward to showing you how the synergies between diagnostics and therapies can make you more successful.

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3850 Victoria Street North MS v215
Shoreview, MN 55126-2978 USA
Telephone: (612) 514-1700
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Facsimile: (612) 514-1710

Medtronic GastroIntestinal
Synectics Gastro AB
Renstiernas gata 12, 5tr
Stockholm S-116 28, Sweden
Telephone: +46 8 462 60 50
Facsimile: +46 8 462 60 80

Medtronic

A Good Diagnosis is Half the Cure

FOR TRIPLE THERAPY IN COMBINATION WITH ANTIBIOTICS†

ZOTON*

Lansoprazole

Up to 90% *H. pylori* eradication with one week b.d. dosing[1]

†refer to prescribing information for antibiotics

ZOTON* CAPSULES - Prescribing Information (UK)
Presentation: Two tone lilac/purple capsules containing lansoprazole 30 mg. Opaque yellow capsules containing lansoprazole 15 mg. **Indications:** Healing and maintenance of gastro-oesophageal reflux disease (GORD) or duodenal ulcer. Relief of reflux-like symptoms (e.g. heartburn) and/or ulcer-like symptoms (e.g. upper epigastric pain) associated with acid-related dyspepsia. Healing of benign gastric ulcer. Effective for benign peptic lesions including reflux oesophagitis unresponsive to H_2 receptor antagonists. Eradication of *Helicobacter pylori* (*H. pylori*) in patients with duodenal ulcer or gastritis. **Dosage and Administration:** *Duodenal ulcer:* 30 mg daily for 4 weeks, then 15 mg daily for maintenance dose. *GORD:* 30 mg daily for 4-8 weeks, then 15 mg or 30 mg for maintenance dose. *Acid-related dyspepsia:* 15 or 30 mg daily for 2-4 weeks. Investigate patients who do not respond after 4 weeks, or who relapse shortly afterwards. *Benign gastric ulcer:* 30 mg daily for 8 weeks. *H. pylori eradication:* 30 mg twice daily plus two of the following antibiotics for 7 days: clarithromycin 250 mg twice daily, amoxycillin 1 g twice daily or metronidazole 400 mg twice daily. Swallow capsules whole. No dosage adjustment is necessary in the elderly, or the renally or hepatically impaired. There is no experience with Zoton in children. **Contra-indications:** Hypersensitivity to Zoton ingredients. **Precautions:** Exclude the possibility of malignancy when gastric ulcer is suspected, and before treatment for dyspepsia (particularly in middle aged or older patients who have new or changed dyspeptic symptoms). When using in combination with antibiotics, refer to the prescribing information of the respective antibiotics. **Pregnancy and Lactation:** Avoid in pregnancy. Avoid during breast feeding unless essential. **Interactions:** Interactions with drugs metabolised by the liver are possible. Apply caution when used concomitantly with oral contraceptives, phenytoin, theophylline or warfarin. Antacids should not be taken within an hour of Zoton. **Side Effects:** Generally mild and transient, including gastro-intestinal disturbances, headache, dizziness, malaise, dry or sore mouth or throat, fatigue, and alterations in liver function test values. A few cases of arthralgia, myalgia, peripheral oedema, depression, haematological changes, bruising, purpura, petechiae, jaundice, hepatitis, paraesthesia or blurred vision have been reported. Rashes, urticaria, pruritus and other hypersensitivity-type reactions have occurred. **Legal Category:** POM. **Package Quantities:** *30 mg capsules:* Blister packs of 56, 28, 14 and 7 (hospital starter pack) capsules. *15 mg capsules:* Blister packs of 56 and 28 capsules. **Product Licence Number:** *30 mg capsules:* PL 0095/0264. *15 mg capsules:* PL 0095/0302. **Cost:** *30 mg capsules:* 7 £9.09 (hospital starter pack), 14 £16.68, 28 £33.36, 56 £66.72 *15 mg capsules:* 28 £18.95, 56 £37.90. Full prescribing information is available on request. **Name and Address of Licence Holder:** Cyanamid of Great Britain Ltd, Fareham Road, Gosport, Hampshire, PO13 0AS. **REFERENCE:** 1. Misiewicz, J.J. et al, *Gut*, 1996, **38** (Suppl 1), A1 W4 (106447). *Trademark of Takeda Chemical Industries Ltd. Updated 28 November 1996. Date of preparation: January 1997

Takeda Under Licence agreement with Takeda Chemical Industries Ltd, Japan.

Lederle Further information can be obtained from: Wyeth Laboratories, Huntercombe Lane South, Taplow, Maidenhead, Berks SL6 0PH

Wyeth

ZZOT629/0297

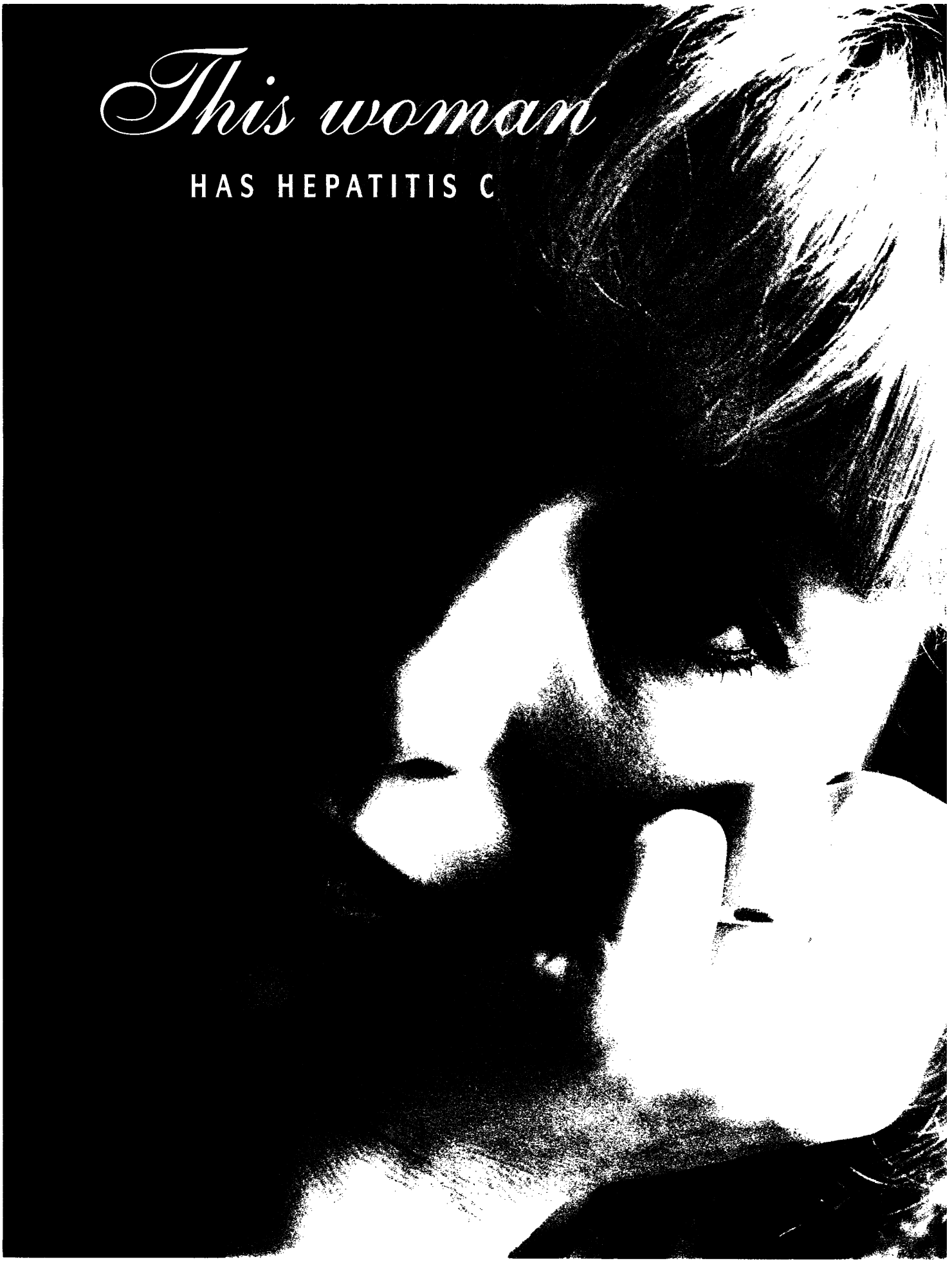
EVERYDAY PEOPLE TAKE LOSEC.

Losec offers efficacy, flexibility, practicality and good tolerability. And with over 190 million treatments in 96 countries, it also inspires a high level of confidence. No wonder Losec is taking care of more people. Every day.

LOSEC® CAPSULES (omeprazole) PRESCRIBING INFORMATION
(refer to full data sheet before prescribing)
PRESENTATION: Losec Capsules containing 10mg, 20mg or 40mg omeprazole **(O)** as enteric coated granules with an aqueous based coating. **USES:** Oesophageal reflux disease. Duodenal and benign gastric ulcers (including NSAID-induced). Prophylaxis of NSAID-associated ulcers in patients with a history of gastroduodenal lesions, including relief of dyspeptic symptoms. *Helicobacter pylori* eradication: Relief of associated dyspeptic symptoms in combination treatment with antibiotics. Prophylaxis of acid aspiration. Zollinger-Ellison syndrome. **DOSAGE & ADMINISTRATION: Adults (including the elderly):** The usual dose in oesophageal reflux disease and peptic ulcer is 20mg once daily, increasing to 40mg once daily in severe or refractory cases, if required. **Oesophageal reflux disease:** Healing: 20mg daily for 4 weeks. Continue for further 4-8 weeks if required. **Maintenance in acid reflux disease:** Losec 10mg daily. Increase to 20mg daily if symptoms return. **Duodenal ulcer (DU):** Healing: 20mg daily for 4 weeks. **DU maintenance:** Losec 10mg daily increasing to 20mg daily if symptoms return. **Benign Gastric Ulcer:** 20mg daily for 8 weeks. **Prophylaxis of NSAID-associated DU & GU:** Losec 20mg once daily. ***Helicobacter pylori* eradication: DU disease: Triple therapies:** Losec 40mg daily with amoxycillin **(A)** 500mg and metronidazole **(M)** 400mg, both three times a day for 1 week. Or clarithromycin **(C)** 250mg and metronidazole 400mg (or tinidazole 500mg) both bd for 1 week. Or amoxycillin 1g and clarithromycin 500mg both bd for 1 week. **Dual therapies:** Losec 40mg daily with amoxycillin 750mg to 1g bd or clarithromycin 500mg tid, both for 2 weeks. **GU disease:** Losec 40mg daily with amoxycillin 750mg to 1g bd for 2 weeks. **Prophylaxis of acid aspiration:** Losec 40mg on the evening before surgery followed by Losec 40mg on the morning of surgery. **Zollinger-Ellison Syndrome:** 60mg daily as long as clinically indicated. Individually adjust within range 20-120mg daily. If in excess of 80mg daily give in 2 equal divided doses. **Renal impairment:** No dose adjustment needed. **Hepatic impairment:** Adjust dose (maximum daily dose 20mg). **Children:** No experience of use. **CONTRA-INDICATIONS, WARNINGS,** etc: Known hypersensitivity to omeprazole. In gastric ulcer, exclude malignancy before starting therapy. Avoid in pregnancy unless no safer alternative. Discontinue breast feeding if Losec is considered essential. **Side effects:** Losec is well tolerated. Adverse reactions are generally mild and reversible (relationship to Losec not established in many cases). They include diarrhoea, headaches, skin disorders and in isolated cases, angioedema, musculoskeletal disorders, fatigue, insomnia, dizziness, blurred vision, dry mouth, vertigo, paraesthesia, anaphylaxis, liver enzyme and haematological changes. **Interactions:** The absorption of ketoconazole may be reduced. Losec can delay the elimination of diazepam, phenytoin and warfarin. Plasma concentrations of omeprazole and clarithromycin are increased when used concomitantly. Simultaneous treatment with omeprazole and digoxin may increase the bioavailability of digoxin. **PHARMACEUTICAL PRECAUTIONS:** Store below 30°C. Bottles: Use within three months of opening. Replace cap firmly after use. Dispense in original container. **LEGAL CATEGORY:** POM. **FURTHER INFORMATION:** ***Helicobacter pylori*** *(Hp)* is associated with acid peptic and ulcer disease, contributing to gastritis and ulcer recurrence. Eradication of *Hp* with omeprazole and antibiotics gives rapid symptom relief, high healing rates and long-term remission of ulcer disease.
Quality of life. In recent clinical data, in patients with acute peptic ulcer disease, omeprazole *Hp* eradication therapy improved patients' quality of life. **PACKAGE QUANTITIES:** 10mg: bottles of 7* capsules £4.99, bottles of 28 capsules £19.95. 20mg: bottles of 7* capsules £8.86, bottles of 28 capsules £35.45. 40mg: bottles of 7* capsules £17.72, blisters of 7 capsules £17.72. (*Hospital pack only). **MARKETING AUTHORIZATION NO:** PL 0017/0337 – Losec Capsules 10mg. PL 0017/0238 – Losec Capsules 20mg. PL 0017/0320 – Losec Capsules 40mg.

ASTRA
Astra Pharmaceuticals

For further information contact the **MARKETING AUTHORIZATION HOLDER:** Astra Pharmaceuticals Ltd, Home Park, Kings Langley, Herts WD4 8DH. Tel: (01923) 266191.
LOSEC is a registered trademark of Astra Pharmaceuticals Ltd.
Date of preparation: November 1996 LOS/ADV 1552


This woman
HAS HEPATITIS C

Do you tell her

IT COULD BE FATAL?

85,000 people in the UK
have chronic HCV*

▼

50,000 of them will
develop cirrhosis*

▼

10,000 will develop
liver cancer*

▼

Many will die
prematurely

▼

She could be one of them

▼

Viraferon is not a vaccine,
nor a miracle cure.
But should this patient
develop chronic HCV
it could save her life.

VIRAFERON
INTERFERON ALFA-2B (rbe)

Today, for the future

* Estimates based on current incidence and epidemiology of hepatitis C

ABBREVIATED PRESCRIBING INFORMATION

Before prescribing Viraferon please refer to full Data sheet. **Presentation**: 10 million or 25 million IU/vial of Interferon Alfa-2b (rbe) in solution. **Uses**: Treatment of Chronic Active Hepatitis B; reduction of disease activity in Chronic Hepatitis C/ Non-A, Non-B. **Dosage and Administration**: *Chronic Active Hepatitis B*: The recommended dosage is usually in the range of 2.5 million IU to 5.0 million IU/m² of body surface area administered subcutaneously three times per week for a period of four to six months. *Chronic Hepatitis C/ Non-A, Non-B*: The recommended dose is 3 million IU administered three times a week. Most patients who respond demonstrate improvement in ALT levels within 12-16 weeks. In those patients, therapy should be continued with 3 million IU three times a week for up to 18 months. **Contraindications, Warnings, Precautions, etc.: Contraindications**: A history of hypersensitivity to recombinant Interferon Alfa-2b (rbe) or components of VIRAFERON Injection contraindicates its use; severe pre-existing cardiac disease, severe renal or hepatic dysfunction; epilepsy and/or compromised central nervous system function; chronic hepatitis with advanced decompensated cirrhosis of the liver; chronic hepatitis patients who are being or have been recently treated with immunosuppressive agents excluding short-term corticosteroid withdrawal. Autoimmune hepatitis or history of autoimmune disease, pre-existing thyroid disease not controlled by conventional therapy. **Warnings and Precautions**: Use with caution in patients with a history of pulmonary disease, diabetes mellitus, coagulation disorders or severe myelosuppression. Moderate to severe adverse experiences may require reduction of dosage or termination of VIRAFERON therapy. Patients with chronic Hepatitis B with evidence of decreasing hepatic synthetic function may be at increased risk of clinical decompensation if a flare of aminotransferases occurs during treatment. Patients with a recent history of cardiovascular events should be closely monitored as adverse cardiovascular events including hypotension and cardiac arrhythmias have been observed. Adequate hydration of patients should be maintained during treatment. Pulmonary infiltrates, pneumonitis and pneumonia, including fatality, have been observed rarely. Reversible CNS effects commonly manifested by confusion have been seen, usually at high doses. Infrequently, patients treated for chronic Hepatitis C/Non-A, Non-B developed thyroid abnormalities, either hypothyroid or hyperthyroid. VIRAFERON may exacerbate pre-existing psoriatic disease. Ocular adverse events have been reported. Concomitant narcotics or sedatives should be administered with caution. Patients taking xanthine derivatives should be monitored and dosage adjusted as necessary. No information is available on the use of interferon in human pregnancy or its effect on human lactation. VIRAFERON should only be given if the benefits clearly outweigh the potential hazard to the foetus or nursing infant. **Side Effects**: Elevated liver function tests, reduction in white blood cell, granulocyte and platelet counts have been observed especially at higher doses. Retinal haemorrhages, cotton wool spots and retinal artery or vein obstruction have been observed rarely. The most common adverse effects are 'flu like' symptoms, leucopenia, thrombocytopenia and CNS effects, which are generally dose-related and reversible and can be ameliorated by dose adjustment. 'Flu like' symptoms can be alleviated by the use of paracetamol. **Package Quantities**: 10 million IU (2ml) and 25 million IU (5ml) per vial. **Trade Price**: *Starter Packs* - 10 Million IU (2ml) pack containing 1 x 10M IU vial £56.52 - 25 Million IU (5ml) pack containing 1 x 25M IU vial £141.30. *Multi-vial Packs* - 10 Million IU (2ml) pack containing 3 x 10M IU vials £169.56 - 25 Million IU (5ml) pack containing 2 x 25M IU vials £282.60. **Legal Category**: POM. **Product Licence Numbers**: PL 0201/0203-0204. **Further** information is available from the **Product Licence** Holder: Schering-Plough Ltd, Shire Park, Welwyn Garden City, Hertfordshire AL7 1TW. **References**: 1. Lau J.Y.N., Williams R. The GP-Specialist Forum, Medical Dialogue 1991; 334: 1-4.
2. Hepatitis Information for General Practitioners British Liver Trust.

Dosage in hepatitis C:
3M IU
three times a week
for up to 18 months

Date of Preparation: January, 1996

Schering-Plough

PRESCRIBING ADVANCE

Prescribe it by name:
Gaviscon Advance 5-10ml qds

GAVISCON ADVANCE

The most advanced way to prescribe Gaviscon

Gaviscon Advance Prescribing Information. ***Gaviscon Advance.*** **Active ingredients:** Sodium alginate BP 1000mg and potassium bicarbonate USP 200mg per 10ml dose. **Indications:** Gastric reflux, reflux oesophagitis, heartburn, hiatus hernia, flatulence associated with gastric reflux, heartburn of pregnancy, all cases of epigastric and retrosternal distress where the underlying cause is gastric reflux. **Dosage and Administration:** Adults and children over 12: 5-10ml liquid, after meals and at bedtime. Children under 12: Only on medical advice. **Contra-indication:** Hypersensitivity to any of the ingredients. **Precautions and warnings:** 10ml liquid contains 4.6mmol (106mg) sodium and 2.0mmol (78mg) potassium. **Side-effects:** Very rare hypersensitivity reactions. **Basic NHS Cost:** 500ml liquid £5.40. **Marketing Authorisation:** 0063/0097. **Supply Classification:** Pharmacy Medicinal Product. **Holder of Marketing Authorisation:** Reckitt & Colman Products Limited, Dansom Lane, Hull, HU8 7DS Gaviscon Advance and the sword and circle symbol are trademarks. **Date o preparation:** March 1997.

References: 1,2. Data on file, Reckitt & Colman Products Limited. 3. Liquid Gaviscon 500ml (25-50 doses at 10-20ml qds) basic NHS price £2.70; Gaviscon Advance 500ml (50-100 doses at 5-10ml qds) basic NHS price £5.40. 4. Data on file, Reckitt & Colman Products Limited.

Reckitt & Colman Products Limited

BRIEF PRESCRIBING INFORMATION.

INDICATIONS: Hairy cell leukaemia; AIDS-related Kaposi's sarcoma without prior opportunistic infection (as single agent); chronic active hepatitis B; Ph' positive chronic myelogenous leukaemia (adults >18 years); recurrent or metastatic renal cell carcinoma; refractory, progressive, cutaneous T-cell lymphoma; chronic hepatitis C; Follicular non-Hodgkin's lymphoma. **DOSAGE:** Modify dose according to toxicity or pre-existing reduced bone marrow function. *Adults: Hairy cell leukaemia* – Induction with 3 million IU daily IM or SC for 16-24 weeks; maintenance with 3 million IU three times per week. *AIDS-related Kaposi's sarcoma* – Escalation from 3 million IU daily, SC or IM, to 18-36 million IU daily over 12 weeks, then maintenance with maximum tolerated dose (to maximum of 36 million IU) three times per week. Recurrence of Kaposi's sarcoma lesions possible on stopping treatment. *Chronic active hepatitis B* – Usually 2.5-5.0 million IU/m² SC for 4-6 months; escalation permitted in absence of response. Efficacy not shown in hepatitis B with HIV co-infection. *Chronic myelogenous leukaemia* – Escalation from 3 million IU daily to 9 million IU daily, SC or IM, over 12 weeks. Continue to complete haematological response, or maximum 18 months treatment, in responders. Complete haematological responders should continue with 9 million IU, daily (if tolerated) or three times per week, to achieve cytogenic response. *Recurrent or metastatic renal cell carcinoma* – Escalation from 3 up to maximum 36 million IU daily, IM, over 10 to 12 weeks (SC administration permitted for doses up to 18 million IU). Maintenance with 18-36 million IU three times per week. *Refractory, progressive, cutaneous T-cell lymphoma* – Escalation from 3 million IU to 18 million IU daily IM or SC for total 12 weeks, then maintenance with maximum tolerated dose (up to 18 MIU) three times per week for at least 8 weeks to determine response, and at least 12 months in responders. *Chronic hepatitis C* – Induction with 6 million IU three times weekly IM or SC for 3 months followed by maintenance with 3 million IU three times weekly for 3 months in responders (normalised ALT). *Advance follicular non-Hodgkin's lymphoma* – With conventional 'CHOP-like' chemotherapy; e.g. 6 MIU/m² days 22-26 per 28-day cycle. **ADMINISTRATION:** *Vials* – For subcutaneous or deep intramuscular injection. *Prefilled Syringes* – For subcutaneous injection. Vary site for repeat injections. **CONTRA-INDICATIONS:** Hypersensitivity to interferons or ROFERON-A excipients; severe cardiac, renal, hepatic or myeloid disease; epilepsy and/or compromised CNS function. Chronic hepatitis with advanced, decompensated, liver cirrhosis; recent immunosuppressive therapy (excluding short term "steroid withdrawal"); CML immediate candidates for allogeneic bone marrow transplantation. Neonates. **PRECAUTIONS:** Use under specialist supervision. Monitor renal, hepatic and myeloid function closely if pre-existing mild to moderate impairment. Neuropsychiatric monitoring; suicidal behaviour has been rarely observed (discontinuation recommended). Extreme caution in severe myelosuppression (monitor complete blood count), and transplant patients on immunosuppressants. Possible exacerbation or provocation of psoriasis. Possible impairment of driving, machine operation etc. Safety and efficacy in children has not been established. Auto-antibodies have been reported and autoimmune phenomena such as vasculitis, arthritis, haemolytic anaemia, thyroid dysfunction and lupus erythematosus have been rarely observed. **SPECIAL PRECAUTIONS FOR THE 18MIU/3ML MULTI-DOSE VIAL:** Each vial to be used by a single patient, using aseptic technique. A new needle and plastic syringe should be used for each dose, the top of the vial sterilised before each withdrawal. After opening, the contents are stable for 28 days at 5°C, vials should be dated after withdrawal of the first dose. Single dose vials NOT to be used for multiple dosing. **DRUG INTERACTIONS:** CNS active drugs and those metabolised by oxidative enzymes. Additive toxicity with neurotoxic, haematotoxic, or cardiotoxic agents. May reduce clearance of theophylline. **PREGNANCY:** Avoid (Use only where potential benefit outweighs risk in females). Contraception to be used in fertile males and females. Avoid in breast feeding. Known abortifacient in primates. **SIDE-EFFECTS AND ADVERSE REACTIONS:** *General symptoms:* Influenza-like symptoms (respond to paracetamol). *GI tract:* anorexia and nausea. GI upset and rarely GI bleeds or reactivation of peptic ulcer. *Liver function:* Altered liver function tests; rare reports of hepatitis and liver failure. *CNS symptoms:* Uncommonly, dizziness, vertigo, visual disturbance, forgetfulness, depression, drowsiness, confusion, nervousness and sleep disturbances; rare reports of suicidal behaviour, ischaemic retinopathy, convulsions, severe somnolence and coma. *Peripheral nervous system:* Occasionally sensory and motor neuropathies. *Cardiovascular & pulmonary:* Transient BP fluctuations, oedema, cyanosis, arrhythmias, palpitations and chest pain. Rarely, myocardial infarction, congestive cardiac failure, pulmonary oedema, pneumonia and cardiorespiratory arrest. Rarely coughing, mild dyspnoea. *Skin, mucous membranes etc.:* Rarely herpes labialis exacerbation, rash, pruritus, dryness, rhinorrhoea and epistaxis; reversible alopecia. *Renal:* Rarely renal impairment, electrolyte disturbances, proteinuria, intensified nephritic syndrome, elevations in BUN, serum creatinine and uric acid. *Haematological:* Transient leukopenia, thrombocytopenia, rarely decreased haemoglobin and haematocrit. Severe changes normalise by 7-10 days post treatment. *Other:* Increased parathyroid hormone; hyperglycaemia; injection site reaction; autoimmune phenomena. In patients, development of neutralising antibodies. In patients with hepatitis C a trend for loss of response in responding patients who develop such antibodies has been seen, no other clinical sequelae clearly demonstrated.

LEGAL CATEGORY: POM.

PRESENTATIONS AND BASIC NHS COST:

Prefilled syringes:
3 million IU Interferon alfa-2a (rbe) in 0.5ml £16.86
4.5 million IU Interferon alfa-2a (rbe) in 0.5ml £25.44
6 million IU Interferon alfa-2a (rbe) in 0.5ml £33.92
9 million IU Interferon alfa-2a (rbe) in 0.5ml £50.88

Single dose vials:
3 million IU Interferon alfa-2a (rbe) in 1ml £16.86
4.5 million IU Interferon alfa-2a (rbe) in 1ml £25.44
6 million IU Interferon alfa-2a (rbe) in 1ml £33.92
9 million IU Interferon alfa-2a (rbe) in 1ml £50.88

Each presentation includes a disposable syringe for IM or SC injections.

Multi-dose vial:
18 million IU Interferon alfa-2a (rbe) in 3 ml in packs of 3 vials £305.31

PRODUCT LICENCE NUMBERS:

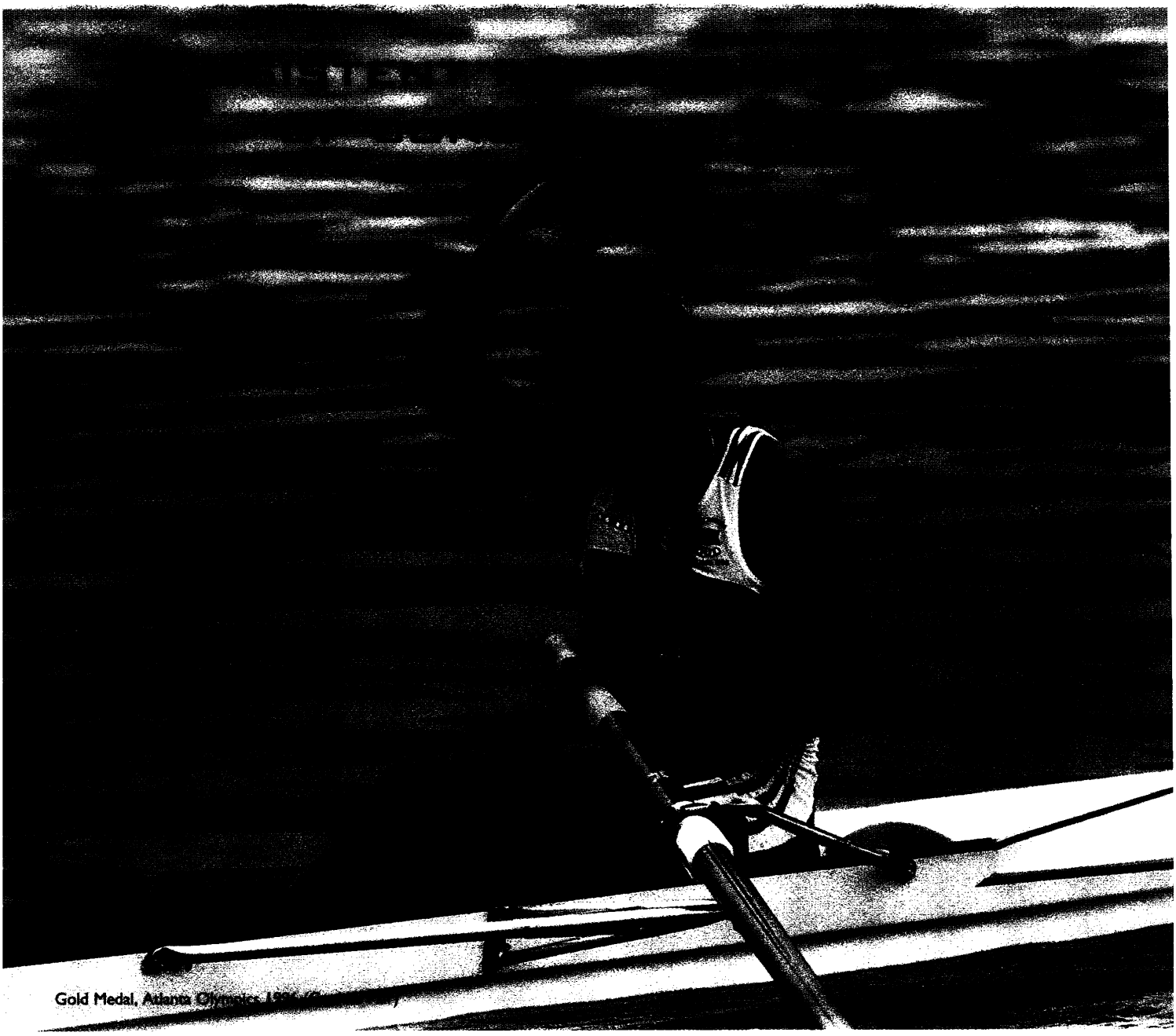
Prefilled Syringes:
PL 0031/0405 (3MIU/0.5ml); PL 0031/0406 (4.5MIU/0.5ml);
PL 0031/0407 (6MIU/0.5ml); PL 0031/0408 (9MIU/0.5ml)

Vials:
PL 0031/0400 (3 MIU/1ml); PL 0031/0401 (4.5 MIU/1ml);
PL 0031/0402 (6 MIU/1ml); PL 0031/0403 (9 MIU/1ml).
PL 0031/0404 (18 MIU/3ml multi-dose vial)

PRODUCT LICENCE HOLDER:
Roche Products Limited, PO Box 8, Welwyn Garden City, Herts., AL7 3AY.
Full prescribing information available on request.
ROFERON is a registered trademark.
DATE OF PREPARATION: January 1997

Roche

JT8947



OVER 90% H. PYLORI ERADICATION[1]
OVER 90% PATIENT COMPLIANCE[1]

℞ KLARICID 500MG B.D.

OMEPRAZOLE 20MG O.D.

AMOXYCILLIN 1G B.D. *for 10 days*

NEW TRIPLE THERAPY

KLARICID® 500

Clarithromycin

Prescribing information PI/1/4/002 **Klaricid 500 Presentation:** Yellow ovaloid film coated tablets containing 500mg of clarithromycin. Each tablet is engraved with ⓐ on one side. **Indications:** Klaricid in the presence of acid suppression effected by omeprazole is indicated for the eradication of H. pylori in patients with duodenal ulcers. **Dosage and Administration:** Adults: Dual therapy: clarithromycin 500mg t.d.s. for 14 days plus oral omeprazole 40mg o.d. The pivotal study was carried out with omeprazole 40mg o.d. for 28 days, whilst supportive studies were carried out with omeprazole 40mg o.d. for 14 days. Triple therapy: Klaricid (500mg) b.d. should be given with amoxycillin 1000mg twice daily and omeprazole 20mg daily for 10 days. See omeprazole and amoxycillin data sheet for further information on omeprazole dosing. **Contraindications, Warnings etc:** *Contraindications:* known hypersensitivity to macrolide drugs. Do not administer with any of the following: cisapride, pimozide, terfenadine, ergot derivatives. *Precautions:* Caution in adults with impaired hepatic and renal function. Prolonged or repeated use of clarithromycin may result in an overgrowth of non-susceptible bacteria or fungi. If superinfection occurs, clarithromycin should be discontinued and appropriate therapy instituted. Caution in patients taking drugs metabolised by the cytochrome P450 system as there may be elevations in their serum levels. H. pylori organisms may develop resistance to clarithromycin in a small number of patients. *Interactions:* Potentiation of astemizole, theophylline, digoxin, warfarin and carbamazepine. Interaction of Klaricid tablets with simultaneously administered zidovudine in adults. No interaction with oral contraceptives. *Side-effects:* Klaricid is generally well tolerated. Side-effects include nausea, dyspepsia, vomiting, diarrhoea and rarely pseudomembranous colitis, abdominal pain, headache, taste perversion, reversible tongue discolouration, glossitis, stomatitis and oral monilia. Allergic reactions including anaphylaxis and Stevens-Johnson syndrome, and transient central nervous system side-effects have been reported. Hepatic dysfunction has also been reported. There have been reports of hearing loss which is usually reversible on withdrawal of therapy. **Use in Pregnancy and Lactation:** The safety of Klaricid during pregnancy and breast feeding has not been established, and therefore if a patient becomes pregnant Klaricid should only be used if the benefits outweigh risks. Clarithromycin has been found in the milk of lactating animals and humans. **Overdose:** Should be treated with gastric lavage and supportive measures. **Legal Category:** POM. **Marketing Authorisation Number:** PL 0037/0254: 20 or 42 tablet calendar blister pack. **Basic NHS Price:** 500mg b.d. £3.21 per day; 500mg t.d.s. £4.82 per day.

Further information is available on request from Abbott Laboratories Ltd., Norden Road, Maidenhead, Berkshire SL6 4XE. Date of Preparation September 1996.

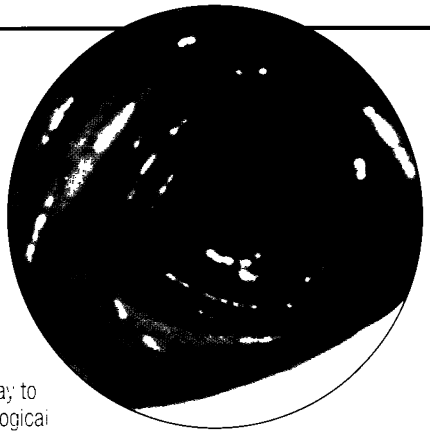
Reference: 1. Data on file, Abbott Laboratories.

PXKHP96227

ABBOTT ANTIBIOTICS

FOR EFFECTIVE BOWEL CLEANSING

Trials show nothing comes cleaner[1,2] than Phospho-soda



Fleet Phospho-soda gives you a thoroughly effective way to clean the colon before colonoscopy examination, radiological procedures or surgery.

Fleet Phospho-soda is an oral saline laxative, increasing fluid accumulation in the lumen by osmosis to give bowel movements in 1-2-6 hours.

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Package Quantities: Two single dose bottles each containing 45ml of solution in a single carton.
Basic NHS Price: £4.79.
Product Licence Number: 0083/0044.
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Date of Preparation: January 1997.

References: 1. Data on file. E.C. De Witt & Co. Ltd. 1995. **2.** Cohen S.M. *et al.*, Prospective, Randomised, Endoscopic-blinded Trial comparing Precolonoscopy Bowel Cleansing Methods. Dis. Colon Rectum. July 1994. 37. No.7. 689-696.

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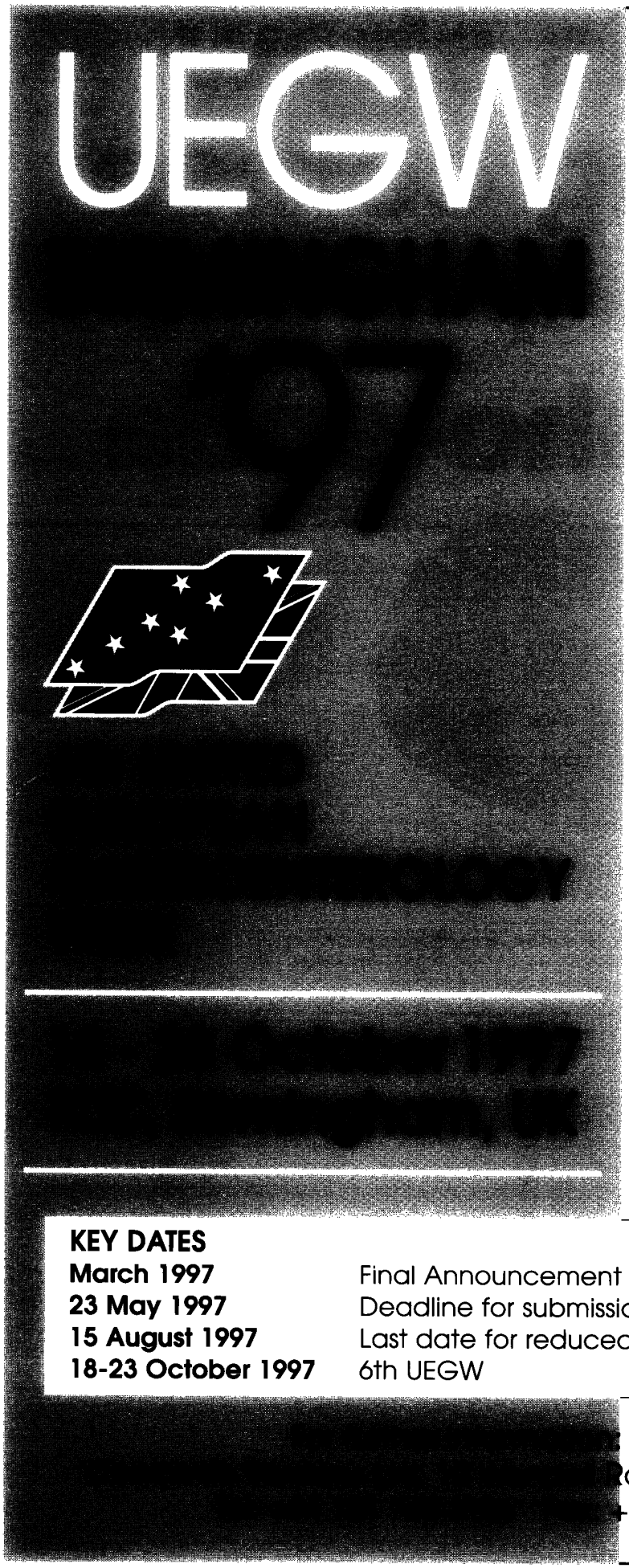

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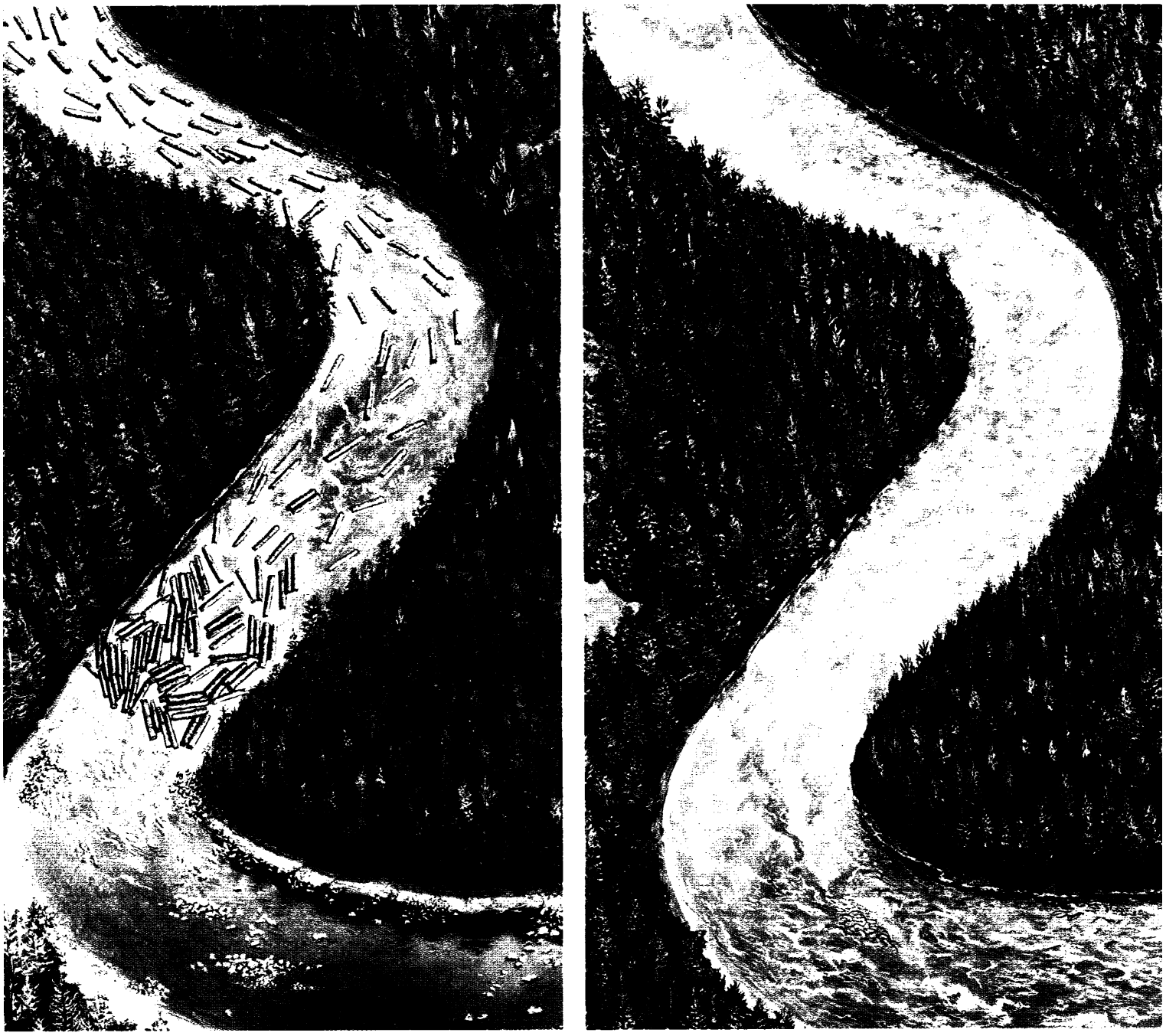

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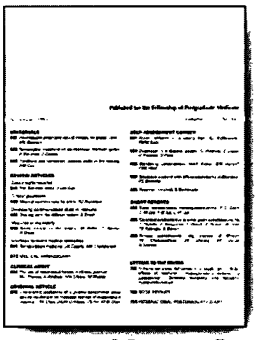

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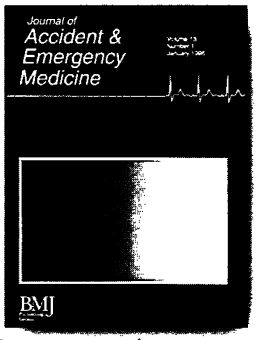

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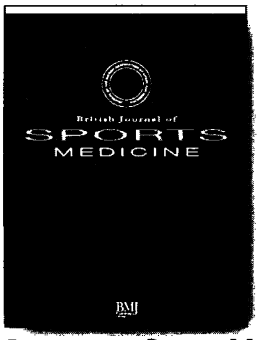

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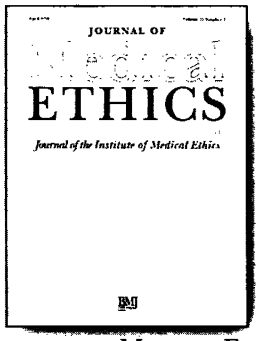

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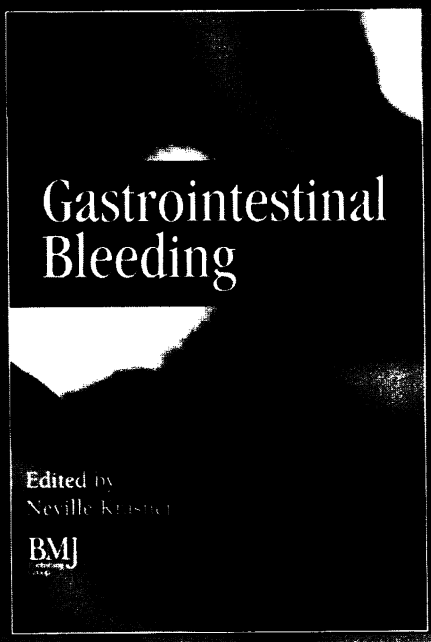

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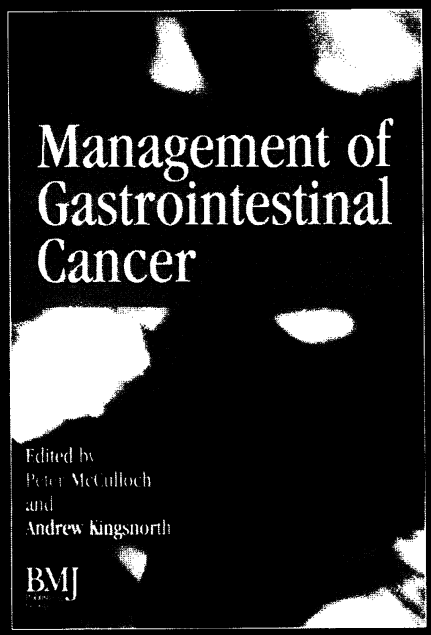

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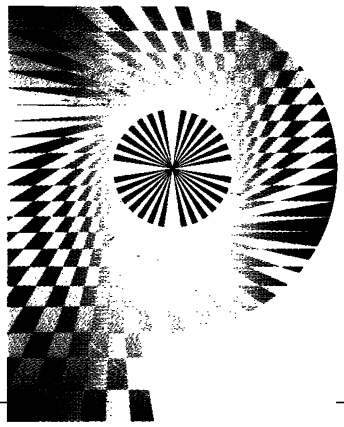

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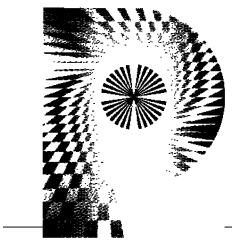

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