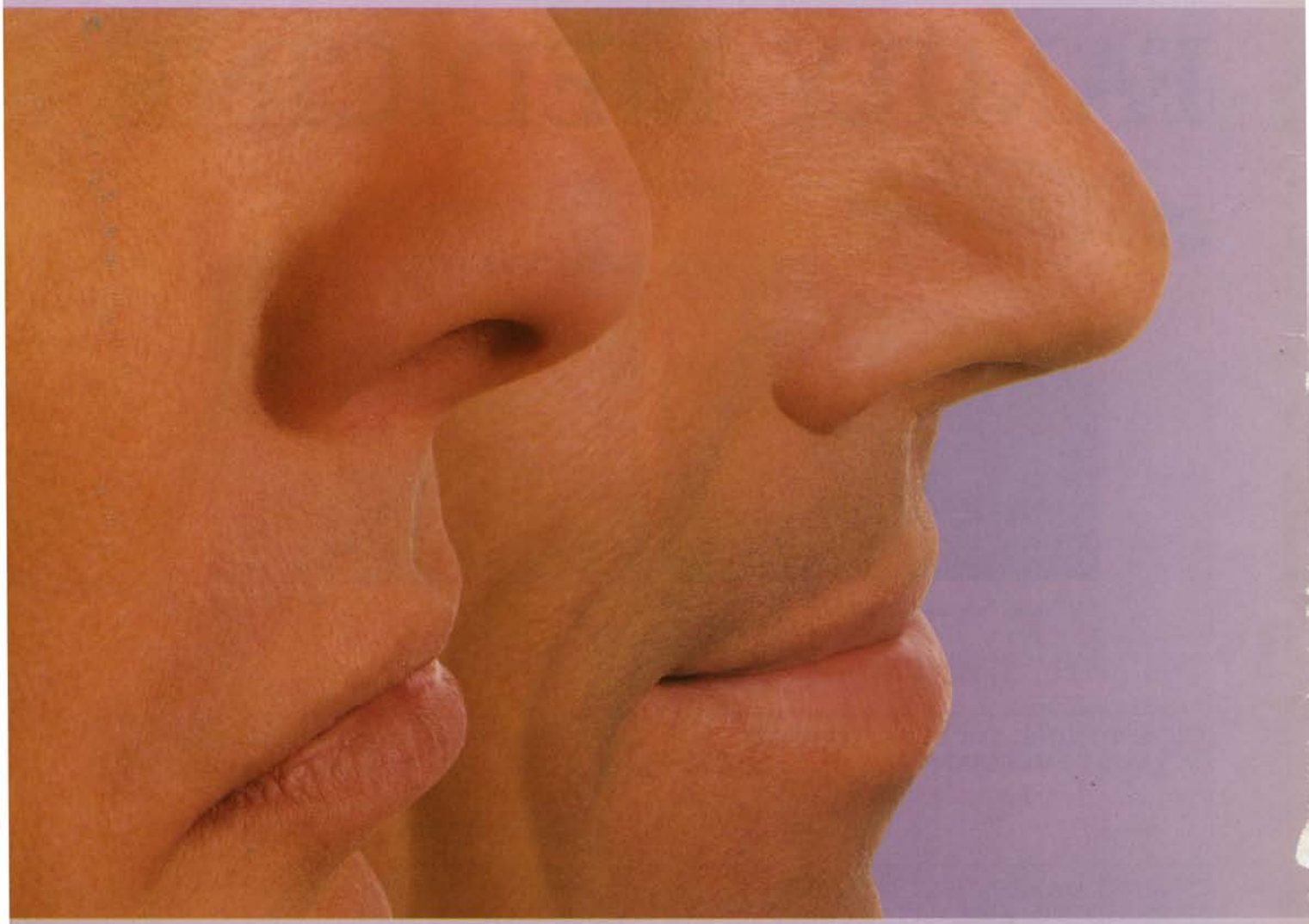
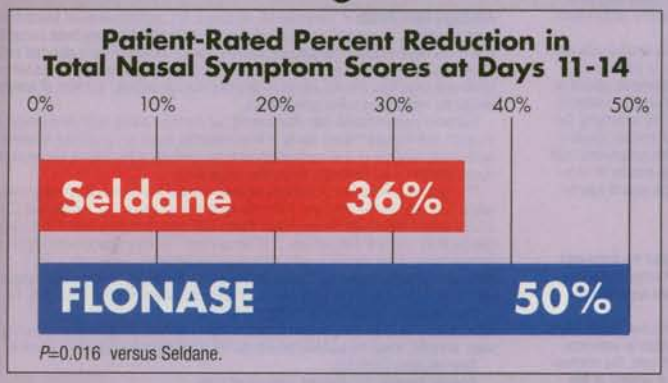
WINNER! by a nose...



FLONASE is indicated for management of seasonal and perennial allergic rhinitis in patients 12 years and older. It is not indicated for nonallergic rhinitis.

FLONASE–Greater overall nasal symptom relief than Seldane®*[1,2]

In seasonal allergic rhinitis



Nasal symptoms studied were nasal obstruction, rhinorrhea, sneezing, and nasal itching. Symptom scores were based on a visual analogue scale from 0="absent" to 100="severe" for each symptom.

In a second study comparing FLONASE 200 µg QD, Seldane 60 mg BID, and placebo, at days 11-14 FLONASE demonstrated a 50% reduction in total nasal symptom scores, Seldane demonstrated a 32% reduction (*P*<0.001).[1,3]

- Relief of nasal symptoms may begin within 12 hours.
- Effectiveness depends on regular use.
- Maximum benefit may take several days. Onset of action and degree of relief may vary in individual patients.

Works Topically, Not Systemically

- Absolute bioavailability averaging <2%
- No contraindications with antibiotics or antifungals
- No restrictions in patients with cardiovascular disease
- CNS effects such as nervousness and dizziness comparable to placebo
- Side effects occurring at >1% (causal relationship possible) included epistaxis and nasal burning (3% to 6%) and nasal irritation, headache, and pharyngitis (1% to 3%).

CAUTION: Adrenal insufficiency may occur when patients are transferred from systemic steroids. Please consult complete Prescribing Information, including Warnings.

Once-a-Day Dosing

Focused Relief for Allergic Rhinitis...

FLONASE® NASAL SPRAY, 0.05%

(fluticasone propionate) QD AQ

The Aqueous/Once-a-Day ANTI-RHINITIC™

*Seldane (terfenadine) is a registered trademark of Marion Merrell Dow Inc.

Please consult Brief Summary of Prescribing Information for FLONASE on adjacent page.

Flonase®
(fluticasone propionate) Nasal Spray, 0.05% w/w

BRIEF SUMMARY

SHAKE GENTLY BEFORE USE.

For Intranasal Use Only.

The following is a brief summary only. Before prescribing, see complete prescribing information in Flonase® Nasal Spray product labeling.

CONTRAINDICATIONS: Flonase® Nasal Spray is contraindicated in patients with a hypersensitivity to any of its ingredients.

WARNINGS: The replacement of a systemic glucocorticoid with a topical glucocorticoid can be accompanied by signs of adrenal insufficiency, and in addition some patients may experience symptoms of withdrawal, e.g., joint and/or muscular pain, lassitude, and depression. Patients previously treated for prolonged periods with systemic glucocorticoids and transferred to topical glucocorticoids should be carefully monitored for acute adrenal insufficiency in response to stress. In those patients who have asthma or other clinical conditions requiring long-term systemic glucocorticoid treatment, too rapid a decrease in systemic glucocorticoids may cause a severe exacerbation of their symptoms.

The use of Flonase® Nasal Spray with alternate-day systemic prednisone could increase the likelihood of hypothalamic-pituitary-adrenal (HPA) suppression compared with a therapeutic dose of either one alone. Therefore, Flonase Nasal Spray should be used with caution in patients already receiving alternate-day prednisone treatment for any disease. In addition, the concomitant use of Flonase Nasal Spray with other inhaled glucocorticoids could increase the risk of signs or symptoms of hypercorticism and/or suppression of the HPA axis.

Patients who are on immunosuppressant drugs are more susceptible to infections than healthy individuals. Chickenpox and measles, for example, can have a more serious or even fatal course in patients on immunosuppressant doses of corticosteroids. In such patients who have not had these diseases, particular care should be taken to avoid exposure. How the dose, route, and duration of corticosteroid administration affects the risk of developing a disseminated infection is not known. The contribution of the underlying disease and/or prior corticosteroid treatment to the risk is also not known. If exposed to chickenpox, prophylaxis with varicella zoster immune globulin (VZIG) may be indicated. If exposed to measles, prophylaxis with pooled intramuscular immunoglobulin (IG) may be indicated. (See the respective package inserts for complete VZIG and IG prescribing information). If chickenpox develops, treatment with antiviral agents may be considered.

PRECAUTIONS:

General: Rarely, immediate hypersensitivity reactions or contact dermatitis may occur after the intranasal administration of fluticasone propionate. Rare instances of wheezing, nasal septum perforation, cataracts, glaucoma, and increased intraocular pressure have been reported following the intranasal application of glucocorticoids.

Use of excessive doses of glucocorticoids may lead to signs or symptoms of hypercorticism, suppression of HPA function, and/or suppression of growth in children or teenagers. Knemometry studies in asthmatic children on orally inhaled glucocorticoids showed inhibitory effects on short-term growth rate. The relationship between short-term changes in lower leg growth and long-term effects on growth is unclear at this time. Physicians should closely follow the growth of adolescents taking glucocorticoids, by any route, and weigh the benefits of glucocorticoid therapy against the possibility of growth suppression if an adolescent's growth appears slowed.

Although systemic effects have been minimal with recommended doses of Flonase® Nasal Spray, potential risk increases with larger doses. Therefore, larger than recommended doses of Flonase Nasal Spray should be avoided.

When used at larger doses, systemic glucocorticoid effects such as hypercorticism and adrenal suppression may appear. If such changes occur, the dosage of Flonase Nasal Spray should be discontinued slowly consistent with accepted procedures for discontinuing oral glucocorticoid therapy.

In clinical studies with fluticasone propionate administered intranasally, the development of localized infections of the nose and pharynx with *Candida albicans* has occurred only rarely. When such an infection develops, it may require treatment with appropriate local therapy and discontinuation of treatment with Flonase Nasal Spray. Patients using Flonase Nasal Spray over several months or longer should be examined periodically for evidence of *Candida* infection or other signs of adverse effects on the nasal mucosa.

Flonase Nasal Spray should be used with caution, if at all, in patients with active or quiescent tuberculous infections; untreated fungal, bacterial, or systemic viral infections; or ocular herpes simplex.

Because of the inhibitory effect of glucocorticoids on wound healing, patients who have experienced recent nasal septal ulcers, nasal surgery, or nasal trauma should not use a nasal glucocorticoid until healing has occurred.

Information for Patients: Patients being treated with Flonase Nasal Spray should receive the following information and instructions. This information is intended to aid them in the safe and effective use of this medication. It is not a disclosure of all possible adverse or intended effects.

Patients should be warned to avoid exposure to chickenpox or measles and, if exposed, to consult their physician without delay.

Patients should use Flonase Nasal Spray at regular intervals as directed since its effectiveness depends on its regular use. A decrease in nasal symptoms may occur as soon as 12 hours after starting therapy with Flonase Nasal Spray. Results in several clinical trials indicate statistically significant improvement within the first day or two of treatment; however, the full benefit of Flonase Nasal Spray may not be achieved until treatment has been administered for several days. The patient should not increase the prescribed dosage but should contact the physician if symptoms do not improve or if the condition worsens. For the proper use of the nasal spray and to attain maximum improvement, the patient should read and follow carefully the patient's instructions accompanying the product.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Fluticasone propionate demonstrated no tumorigenic potential in studies of oral doses up to 1.0 mg/kg (3 mg/m^2 as calculated on a surface area basis) for 78 weeks in the mouse or inhalation of up to 57 mcg/kg (336 mcg/m^2) for 104 weeks in the rat.

Fluticasone propionate did not induce gene mutation in prokaryotic or eukaryotic cells *in vitro*. No significant clastogenic effect was seen in cultured human peripheral lymphocytes *in vitro* or in the mouse micronucleus test when administered at high doses by the oral or subcutaneous routes. Furthermore, the compound did not delay erythroblast division in bone marrow.

No evidence of impairment of fertility was observed in reproductive studies conducted in rats dosed subcutaneously with doses up to 50 mcg/kg (295 mcg/m^2) in males and females. However, prostate weight was significantly reduced in rats.

Pregnancy: ***Teratogenic Effects: Pregnancy Category C:*** Subcutaneous studies in the mouse and rat at 45 and 100 mcg/kg, respectively (135 and 590 mcg/m^2, respectively, as calculated on a surface area basis), revealed fetal toxicity characteristic of potent glucocorticoid compounds, including embryonic growth retardation, omphalocele, cleft palate, and retarded cranial ossification.

In the rabbit, fetal weight reduction and cleft palate were observed following subcutaneous doses of 4 mcg/kg (48 mcg/m^2).

However, following oral administration of up to 300 mcg/kg (3.6 mg/m^2) of fluticasone propionate to the rabbit, there were no maternal effects nor increased incidence of external, visceral, or skeletal fetal defects. No fluticasone propionate was detected in the plasma in this study, consistent with the established low bioavailability following oral administration (see CLINICAL PHARMACOLOGY section of the full prescribing information).

Less than 0.008% of the dose crosses the placenta following oral administration to rats (100 mcg/kg, 590 mcg/m^2) or rabbits (300 mcg/kg, 3.6 mg/m^2).

There are no adequate and well-controlled studies in pregnant women. Fluticasone propionate should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. Experience with oral glucocorticoids since their introduction in pharmacologic, as opposed to physiologic, doses suggests that rodents are more prone to teratogenic effects from glucocorticoids than humans. In addition, because there is a natural increase in glucocorticoid production during pregnancy, most women will require a lower exogenous glucocorticoid dose and many will not need glucocorticoid treatment during pregnancy.

Nursing Mothers: It is not known whether fluticasone propionate is excreted in human breast milk. Subcutaneous administration of tritiated drug to lactating rats (10 mcg/kg, 59 mcg/m^2) resulted in measurable radioactivity in both plasma and milk. Because other glucocorticoids are excreted in human milk, caution should be exercised when Flonase Nasal Spray is administered to a nursing woman.

Pediatric Use: The safety and effectiveness of Flonase Nasal Spray in children below 12 years of age have not been established. Oral glucocorticoids have been shown to cause growth suppression in children and teenagers with extended use. If a child or teenager on any glucocorticoid appears to have growth suppression, the possibility that they are particularly sensitive to this effect of glucocorticoids should be considered (see PRECAUTIONS).

Geriatric Use: A limited number of patients above 60 years of age (n=132) have been treated with Flonase Nasal Spray in US and non-US clinical trials. While the number of patients is too small to permit separate analysis of efficacy and safety, the adverse reactions reported in this population were similar to those reported by younger patients.

ADVERSE REACTIONS: In controlled US studies, 2,427 patients received treatment with intranasal fluticasone propionate. In general, adverse reactions in clinical studies have been primarily associated with irritation of the nasal mucous membranes, and the adverse reactions were reported with approximately the same frequency by patients treated with the vehicle itself. The complaints did not usually interfere with treatment. Less than 2% of patients in clinical trials discontinued because of adverse events; this rate was similar for vehicle and active comparators.

Systemic glucocorticoid side effects were not reported during controlled clinical studies up to 6 months duration with Flonase® Nasal Spray. If recommended doses are exceeded, however, or if individuals are particularly sensitive or if in conjunction with systemically administered glucocorticoids, symptoms of hypercorticism, e.g., Cushing's syndrome, could occur.

The following incidence of common adverse reactions is based upon seven controlled clinical trials in which 536 patients (57 girls and 108 boys aged 4 to 11 years, 137 female and 234 male adolescents and adults) were treated with Flonase Nasal Spray 200 mcg once daily over 2 to 4 weeks and two controlled clinical trials in which 246 patients (119 female and 127 male adolescents and adults) were treated with Flonase Nasal Spray 200 mcg once daily over 6 months.

Incidence Greater than 1% (Causal Relationship Possible): ***Respiratory:*** Epistaxis, nasal burning (incidence 3% to 6%); blood in nasal mucus, pharyngitis, nasal irritation (incidence 1% to 3%).

Neurological: Headache (incidence 1% to 3%).

Incidence Less than 1% (Causal Relationship Possible): ***Respiratory:*** Sneezing, runny nose, nasal dryness, sinusitis, nasal congestion, bronchitis, nasal ulcer, nasal septum excoriation.

Neurological: Dizziness.

Special Senses: Eye disorder, unpleasant taste.

Digestive: Nausea and vomiting, xerostomia.

Skin and Appendages: Urticaria.

OVERDOSAGE: There are no data available on the effects of acute or chronic overdosage with Flonase® Nasal Spray. Intranasal administration of 2 mg (10 times the recommended dose) of fluticasone propionate twice daily for 7 days to healthy human volunteers was well tolerated. Single oral doses up to 16 mg have been studied in human volunteers with no acute toxic effects reported. Repeat oral doses up to 80 mg daily for 10 days in volunteers and repeat oral doses up to 10 mg daily for 14 days in patients were well tolerated. Adverse reactions were of mild or moderate severity, and incidences were similar in active and placebo treatment groups. Acute overdosage with this dosage form is unlikely since one bottle of Flonase Nasal Spray contains approximately 8 mg of fluticasone propionate. Chronic overdosage may result in signs/symptoms of hypercorticism (see PRECAUTIONS).

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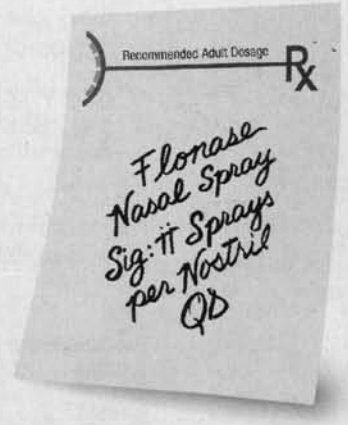

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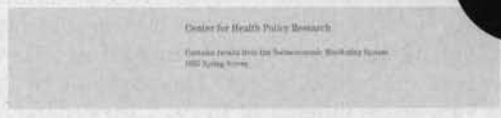

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than a separate respiratory disease.[15] Further research to define the role of acute bronchitis in causing chronic respiratory disease would be welcome. The appropriate answers to some of these questions will likely precipitate a more rapid change in physician prescribing behavior.

Harold A. Williamson, Jr, MD, MSPH
University of Missouri School of Medicine
Columbia

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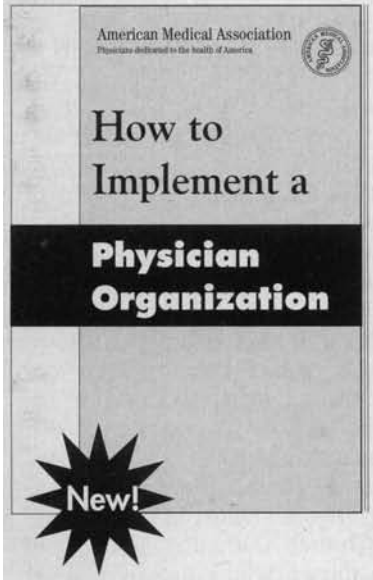

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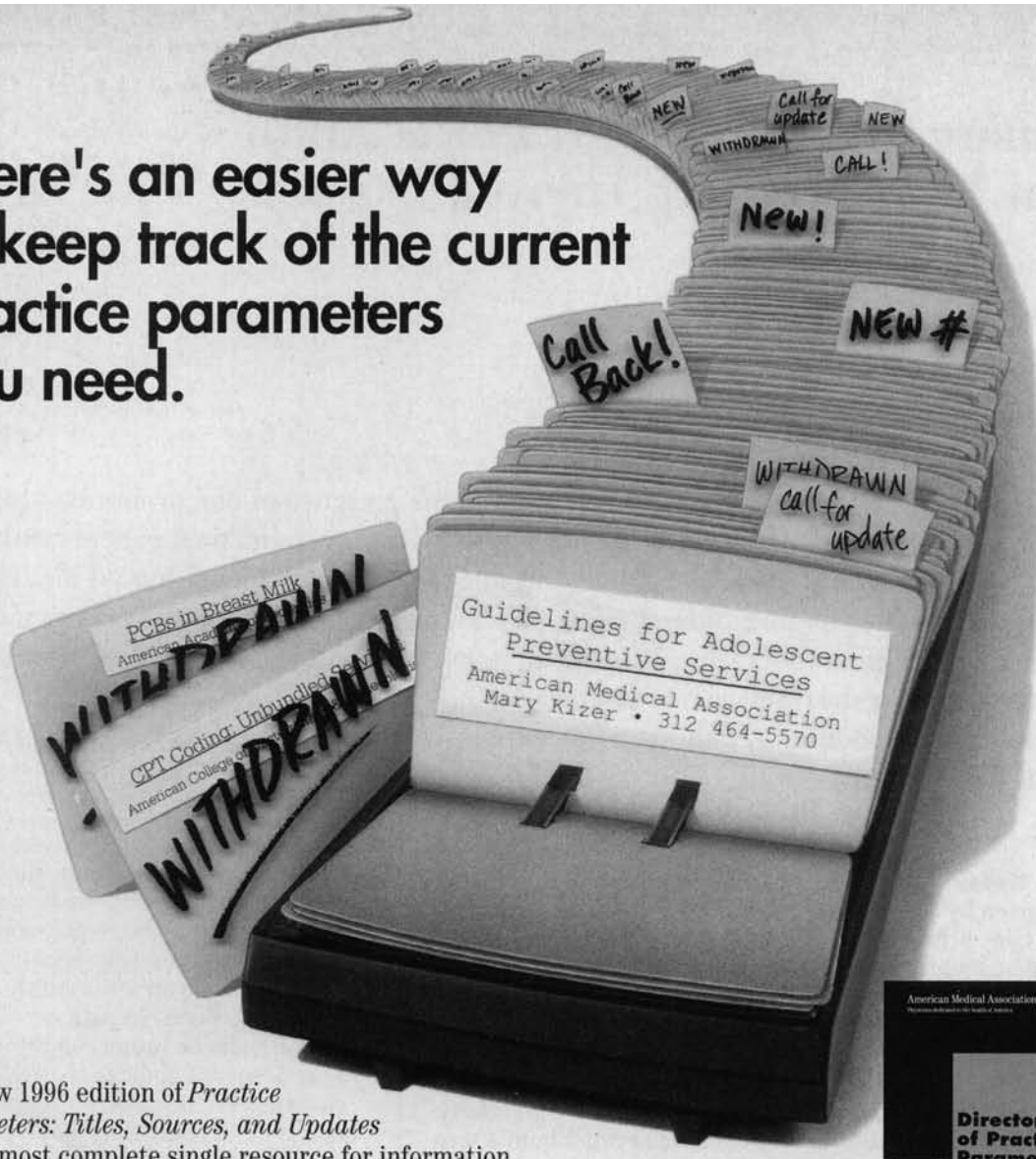

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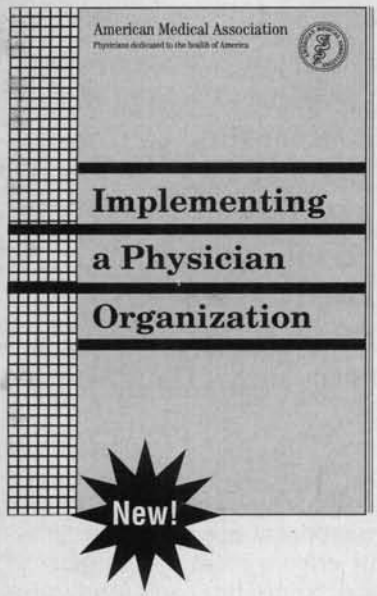

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CARDIZEM® CD

(diltiazem HCl) 120-, 180-, 240-, 300-mg Capsules

FOR HYPERTENSION OR ANGINA

℞ *Cardizem CD Start with one 180-mg capsule daily*

Brief Summary of
Prescribing Information as of January 1995

CARDIZEM® CD
(diltiazem HCl)
Capsules

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 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
1. **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 second- or third-degree AV block (13 of 3290 patients or 0.40%). Concomitant use of diltiazem with beta-blockers or digitalis 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.
2. **Congestive Heart Failure**. Although diltiazem has a negative inotropic effect in isolated animal tissue preparations, hemodynamic studies in humans with normal ventricular function have not shown a reduction in cardiac index nor consistent negative effects on contractility (dp/dt). An acute study of oral diltiazem in patients with impaired ventricular function (ejection fraction 24% ± 6%) showed improvement in indices of ventricular 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.
3. **Hypotension**. Decreases in blood pressure associated with CARDIZEM therapy may occasionally result in symptomatic hypotension.
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 diltiazem 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
General
CARDIZEM (diltiazem hydrochloride) is extensively metabolized 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 dog and rat studies designed to produce toxicity, high doses of diltiazem were associated with hepatic damage. In special subacute hepatic studies, oral doses of 125 mg/kg and higher in rats were associated with histological changes in the liver which were reversible when the drug was discontinued. In dogs, doses of 20 mg/kg were also associated with hepatic changes; however, these changes were reversible with continued dosing.
Dermatological events (see ADVERSE REACTIONS section) may be transient and may disappear despite continued use of CARDIZEM. However, skin eruptions progressing to erythema multiforme and/or exfoliative dermatitis have also been infrequently reported. Should a dermatologic reaction persist, the drug should be discontinued.

Drug Interactions
Due to the potential for additive effects, caution and careful titration are warranted in patients receiving CARDIZEM concomitantly 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 competitive 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 administered 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) concomitantly with propranolol in five normal volunteers resulted in increased propranolol levels in all subjects and bioavailability of propranolol was increased approximately 50%. In vitro, propranolol appears to be displaced from its binding sites by diltiazem. If combination therapy is initiated or withdrawn in conjunction with propranolol, an adjustment in the propranolol dose may be warranted. (See WARNINGS.)
Cimetidine. A study in six healthy volunteers has shown a significant increase in peak diltiazem plasma levels (58%) and area-under-the-curve (53%) after a 1-week course of cimetidine at 1200 mg per day and a single dose of diltiazem 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 diltiazem. Patients currently receiving diltiazem therapy should be carefully monitored for a change in pharmacological effect when initiating and discontinuing therapy with cimetidine. An adjustment in the diltiazem dose may be warranted.
Digitalis. Administration of CARDIZEM with digoxin in 24 healthy male subjects increased plasma digoxin concentrations 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 discontinuing CARDIZEM therapy to avoid possible over- or underdigitalization. (See WARNINGS.)
Anesthetics. The depression of cardiac contractility, conductivity, and automaticity as well as the vascular dilation associated with anesthetics may be potentiated by calcium channel blockers. When used concomitantly, anesthetics and calcium blockers should be titrated carefully.
Cyclosporine. A pharmacokinetic interaction between diltiazem 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 diltiazem. If these agents are to be administered concurrently, cyclosporine concentrations should be monitored, especially when diltiazem therapy is initiated, adjusted, or discontinued.
The effect of cyclosporine on diltiazem plasma concentrations 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 concurrently should be monitored for a potential drug interaction.

Carcinogenesis, Mutagenesis, Impairment of Fertility
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 times the human dose or greater.
There are no well-controlled studies in pregnant women; therefore, 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 usually been excluded from these studies.
The following table presents the most common adverse reactions reported in placebo-controlled angina and hypertension trials in patients receiving CARDIZEM CD up to 360 mg with rates in placebo patients shown for comparison.

CARDIZEM CD Capsule Placebo-Controlled Angina and Hypertension Trials Combined

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%), headache (4.6%), dizziness (3.5%), asthenia (2.6%), first-degree AV block (2.4%), bradycardia (1.7%), flushing (1.4%), nausea (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, hypotension, palpitations, syncope, tachycardia, ventricular extrasystoles
Nervous System: Abnormal dreams, amnesia, depression, gait abnormality, hallucinations, insomnia, nervousness, paresthesia, 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 irritation, hyperglycemia, hyperuricemia, impotence, muscle cramps, nasal congestion, nocturia, osteoarticular pain, polyuria, sexual difficulties
The following postmarketing events have been reported infrequently 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 natural history of the disease in these patients. A number of well-documented cases of generalized rash, characterized as 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 January 1995

Marion Merrell Dow Inc.
Kansas City, MO 64114

ccdb0195c

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 **3.** Data on file, Marion Merrell Dow Inc.

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A unique hemodynamic and safety profile for hypertension or angina[2,3]

- A side-effect discontinuation rate comparable to placebo in both hypertension and angina trials[3]
- 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%)[2]

Please see brief summary of prescribing information on adjacent page.

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