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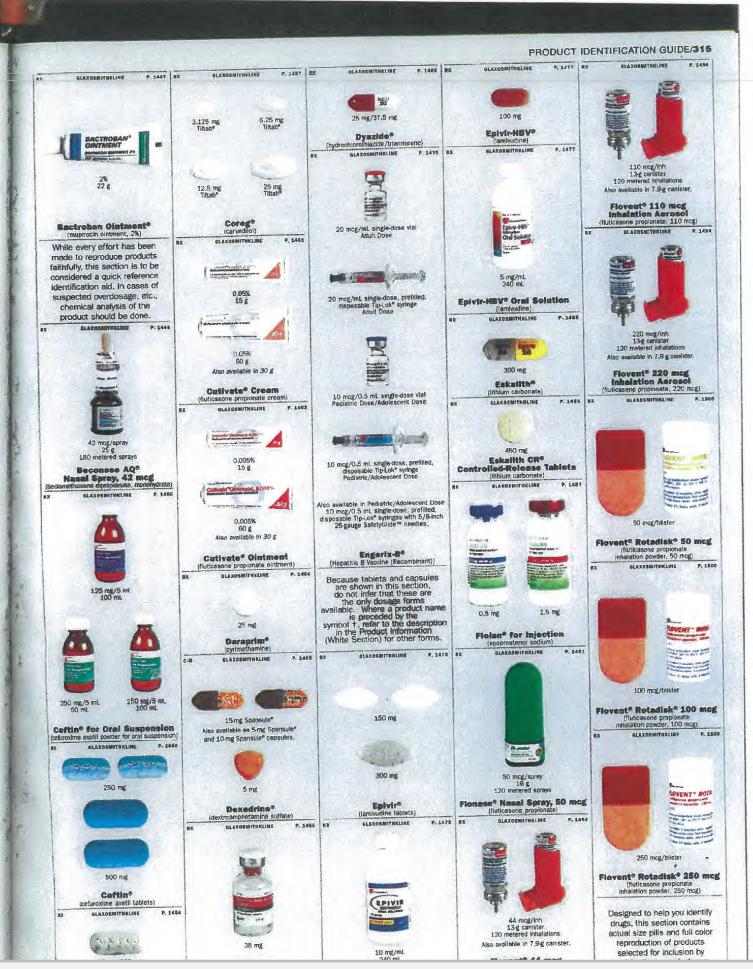
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E DARAPRIM is hold sis when used conjoints n exists with this one

DARAPRIM is also malaria. It should not a rast-acting schizonicare indicated and proto-laria. However, confer-nide (e.g., sulfadoxinicare) and suppression of st

iria: DARAPRIM is to of malaria due to surer, resistance to pyrim s not suitable as a pro-

straindicated in paties syrimethamine or to any e of the drug is also e umented megaloblastic

ne required for the tru imes the recommended s the toxic level. If sign ERSE REACTIONS), # rug according to the reaily (orally, IV, or IM)

that pyrimethamine may ting pyrimethamine for li-i-year-old patient who d er 14 months of pyrin

eported to produce a si ung tumors in mice w of 25 mg/kg.5

t out of the reach of to ely susceptible to some in pediatric patients land

led dosage for chemopa receded. A small "start mended in patients win sotential nervous system RIM should be used with enal or hepatic function deficiency, such as in ome, alcoholism, or pa-py, such as phenyien at py, such as phonytein

Patients should be with skin rash they should the lical attention imme red that the appears glossitis may be early a hich require treatment d and medical treatment

potential who are I to keep DARAPRIM in should be advised and med against b should be advised not be ats should be warned the they may be minimized to

of folinic acid is structure

ents receiving high monte, semiweekly blood should be performed. tethamine may be used white antimalarials, and with oncomitant use of ethers d with myelosuppressi thoprim-sulfametha idine, or cytostatic & patient is receiving sk of bone marrow suppo-evelop, pyrimethamine if (leucovorin) should be a protests is restored (est en reported in a and pyrimethamic

formation on carcinos mine has been shown in g in vitro assays; that say, and the E. coli Why Y/TK +/- mouse lymp metabolic activation d in vitro had structural by pyrimethamine.

chromosomes analyzed from the bone marrow of with pyrimethamine showed an increased num-ritational and numerical aberrations.

Testogenic Effects: Pregnancy Category C.

mine has been shown to be teratogenic in ra teratogenic in rats of toxoplasmosis. At these doses in rats, there Frant increase in abnormalities such as cleft pal-legasihis, oligodactyly, and microphthalmis. Pyrihas also been shown to produce terata such as is in hamsters and cleft palete in miniature pige in oral doses 170 and 5 times the human dose, to for chemoprophylaris of malaria or for treat-

no no adequate and well-controlled studies in prog-DARAPRIM should be used during pregnancy

when used for the treatment of toxoplasmosis dur-

Perimethamine is excreted in human e of the potential for serious adverse reactions infants from pyrimethamine and from concurthou with toxoplasmosis, a decision should be their to discontinue nursing or to discontinue the their not account the importance of the drug to the WARNINGS and PRECAUTIONS: Preguancy). Use: See DOSAGE AND ADMINISTRATION

tive: Clinical studies of DARAPRIM did not in-ficient numbers of subjects aged 65 and over to de-whether they respond differently from younger sub-ther reported clinical experience has not identified is responses between the elderly and younger in responses between the siderly patient in general, dose selection for an elderly patient is sufficient authors, usually starting at the low end of the resecting the greater frequency of decreased An iron therapy.

REACTIONS

stivity reactions, occasionally severe (such as en syndrome, toxic epiden informs, and anaphylazis), and hyperphenylals-an error perticularly when pyrimethamine is ad-depresentably with a sulfonamide. Consult the prescribing information for the relevant suifon-& selfonunide-associated adverse events. With mine used for the treatment of toxoplasprimothenine used for the treatment of toxoplas-mit and remiting may occur. Vomiting may be by giving the medication with meals; it usually promptly upon reduction of desage. Doses used handorytopenia, pancytopenia, atrophic glossitis, is, md disorders of cerdiac rhythm. Hematologic bower, may also occur at low doses in certain inhowever, may also occur at low doses in certain inreconophilia has been reported rarely.

the ingestion of 300 mg or more of pyrimethmiestinal and/or central nervous syst present, including convulsions. The initial symp-en usually gastrointestinal and may include abdomipenses, severe and repeated vomiting, possibly in-boutements. Central nervous system toxicity may thy initial excitability, generalized and pro-mulsions which may be followed by respiratory circulatory collapse, and death within a few Nemological symptoms appear rapidly (30 minutes has after drug ingestion), suggesting that in gross pyrimethamine has a direct toxic effect on the

ons system. is veriable, with the smallest reported fatal heing 375 mg. There are, however, reports of putents who have recovered after taking 375 to

specific antidote to acute pyrimethamine poisonresit of overdosage, symptomatic and supportive mount is effective if carried out very soon after drug furnitual diszepam may be used to control con-fact acid should also be administered within 2 the injection to be must effective in counteracting as the hematopoletic system (see WARNINGS). The high half-life of pyrimethamine, daily monitoring theod counts is recommended for up to several ate the overdose until normal hematologic values

AND ADMINISTRATION

The dosage of count of Toxoplesmosis. The dosage of the treatment of toxoplasmosis must be redusted so as to provide maximum therapeutic ofminimum of side effects. At the dosage required, to marked variation in the tolerance to the drug in may tolerate higher doses than older indi-Concurrent administration of folinic acid is memoraled in all patients.

righting dose is 50 to 75 mg of the drug daily, to-1 to 4 g daily of a sulfonamide of the sulfapyrieg, sulfadoxine. This dosage is ordinarily con-

tinued for 1 to 3 weeks, depending on the response of the patient and tolerance to therapy. The dosage may then be reduced to about one-half that previously given for each drug and continued for an additional 4 to 5 weeks.

The pedistric dosage of DARAPRIM is 1 mg/kg/day divided into 2 equal deily doses; after 2 to 4 days this dose may be reduced to one half and continued for approximately 1 month. The usual pediatric sulfonamide dosage is used in conjunction with DARAPRIM

For Treatment of Acute Malaria: DARAPRIM is NOT recnended alone in the treatment of acute malaria. Fastacting schizonticides, such as chloroquine or quinine, are inod for treatment of acute malaria. DARAPRIM at a dosage of 25 mg daily for 2 days with a suifonamide will initiate transmission control and suppression of non-falciparum malsria. DARAPRIM is only recommended for patients infected in areas where susceptible plasmodia exist. Should circumstances arise wherein DARAPRIM must be used alone in semi-immune persons, the adult dosage for acute melaria is 50 mg for 2 days; children 4 through 10 years old may be given 25 mg daily for 2 days. In any event, clinical cure should be followed by the cays. In any event, clinical cure should be followed by the once-weekly regimen described below for chemoprophylaxis. Regimens which include suppression should be extended through any characteristic periods of early recrudescence and late relapse, i.e., for at least 10 weeks in each case. For Chemoprophylaxis of Malaria: Adults and pediatric petients over 10 years — 25 mg (1 tablet) once weekly

let) once weekly

Children 4 through 10 years - 12.5 mg (1/2 tablet) once

Infants and children under 4 years - 6.25 mg (14 tablet) once weekly

HOW SUPPLIED

White, scored tablets containing 25 mg pyrimethamine, im-printed with "DARAPRIM" and "A3A" in bottles of 100 (NDC 0173-0201-55).

Store at 15° to 25°C (59° to 77°F) in a dry place and protect

REFERENCES

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March 2003/RL-1179 Shown in Product Identification Guide, page 315

DEXEDRINE® Idex 'a dren ternine sulfate)

SPANSULE® sustained release capsules and Tablets

AMPHETAMINES HAVE A HIGH POTENTIAL FOR ABUSE, ADMINISTRATION OF AMPHETAMINES FOR PROLONGED PERIODS OF TIME MAY LEAD TO DRUG DEPENDENCE AND MUST BE AVOIDED PARTICULAR ATTENTION SHOULD BE PAID TO THE POSSIBILITY OF SUBJECTS OBTAINING AM THE POSSIBILITY OF SUBJECTS OBTAINING AMPHETAMINES FOR NON-THERAPEUTIC USE OF DISTRIBUTION TO OTHERS, AND THE DRUGS SHOULD BE PRESCRIBED OR DISPENSED SPARINGLY.

DEXEDRINE (dextroamphetamine sulfate) is the dextro isomer of the compound d.l-amphetamine sulfate, a sym-pathomimetic amine of the amphetamine group. Chemi-cally, dextroamphetamine is d-alpha-methylphenethylamine, and is present in all forms of DEXEDRINE as the nentral aulfate

SPANSULE capsules: Each SPANSULE sustained-release capsule is so prepared that an initial dose is released promptly and the remaining medication is released gradu-

ally over a prolonged period.

Each capsule, with brown cap and clear body, contains dextroamphetamine sulfate. The 5-mg capsule is imprinted 5 mg and 3512 on the brown cap and is imprinted 5 mg and SB on the clear body. The 10-mg capsule is imprinted 10 mg

— 3513 — on the brown cap and is imprinted 10 mg — SB

— on the clear body. The 16-mg capsule is imprinted 15 mg and 3514 on the brown cap and is imprinted 15 mg and SB

on the clear body. A nerrow bar appears above and below 15 mg and 3514. Product reformulation in 1996 has caused a minor change in the color of the time-released pellets within each capsule. Inactive ingredients now consist of ce-tyl alcohol, D&C Yellow No. 10, dibutyl sebacate, ethylcelпул аколол, вест навое по. 10, mbutyl senacate, strylcal-lulose, FD&C Blus No. 1, FD&C Blus No. 1 aluminum lake, FD&C Red No. 40, FD&C Veilow No. 6, geistin, hypromei-lose, propylene glycol, povidone, silicon dioxide, sodium lauryl sulfate, augur spheres, and trace amounts of other

inactive ingredients.

Tablets: Each triangular, orange, scored tablet is debossed
SKF and E19 and contains dextroamphetamine sulfate,
5 mg. Inactive ingredients consist of calcium sulfate, FD&C
Life No. See Selectin Score Yellow No. 5 (tartrazine), FD&C Yellow No. 6, gelatin, lactose, mineral oil, starch, steeric acid, sucrose, talc, and trace amounts of other inactive ingredients

CLINICAL PHARMACOLOGY

Amphetamines are noncatecholamine, sympathomimetic amines with CNS stimulant activity. Peripheral actions include elevations of systolic and diastolic blood pressures and weak bronchodilator and respiratory stimulant action. There is neither specific evidence that clearly establishes the mechanism whereby amphetamines produce mental and behavioral effects in children, nor conclusive syndence than the specific partial to the specifical of the

regarding how these effects relate to the condition of the central pervous system

DEXEDRINE SPANSULE capsules are formulated to release the active drug substance in vivo in a more gradual fashion than the standard formulation, as demonstrated by blood levels. The formulation has not been shown superi in effectiveness over the same dosage of the standard, noncontrolled-release formulations given in divided doses.

Pharmacokinetics: The pharmacokinetics of the tablet and sustained-release capsule were compared in 12 healthy subjects. The extent of bioavailability of the sustained-release capsule was similar compared to the immediate-release tablet. Following administration of three 5-mg tablets, average maximal dextroamphetamine plasma concentrations (C_{max}of S6.6 ng/mL were achieved at approximately 3 hours. Following administration of one 15-mg sustained-release capswing sammal dextrosurphetamine plasma concentrations were obtained approximately 8 hours after dosing. The average C_{max} was 23.5 ng/mL. The average plasma T, was similar for both the tablet and sustained-release capsule

and was approximately 12 hours. In 12 healthy subjects, the rate and extent of dextroamphetamine absorption were similar following administration of the sustained release capsule formulation in the fed (58 to 75 gm fat) and fasted state.

INDICATIONS AND USAGE

DEXEDRINE is indicated:

2. in Attention Deficit Disorder with Hyperactivity, as an integral part of a total treatment program that typically in-cludes other remedial measures (psychological, educational social) for a stabilizing effect in pediatric patients (ages 3 years to 16 years) with a behavioral syndrome characterized by the following group of developmentally inappropriate symptoms: Moderate to sewere distractibility, short attenon span, hyperactivity, emotional lability, and impulsivity. The diagnosis of this syndrome should not be made nality when these symptoms are only of comparatively re-cent origin. Nonlocalizing (soft) neurological signs, learning disability, and abnormal EEG may or may not be present, and a diagnosis of central nervous system dysfunction may or may not be warranted.

CONTRAINDICATIONS

Advanced arteriosclerosis, symptometic cardiovascular disease, moderate to severe hypertension, hyperthyroidam, known hypersensitivity or idiospecasy to the sympathomi-metic amines, glaucoma.

Agitated state

Patients with a history of drug abuse.

During or within 14 days following the administration of monoamine oxidase inhibitors (hypertensive crises may

PRECAUTIONS

General: Caution is to be exercised in prescribing amphetamines for patients with even mild hypertension.

The least amount feasible should be prescribed or dis pensed at 1 time in order to minimize the possibility of overdosage.

The tablets contain FD&C Yellow No. 5 (tartrazine), which may cause allergic-type reactions (including bronchial asthma) in certain susceptible individuals. Although the overall incidence of FD&C Yellow No. 5 (tartrazine) sensitivity in the general population is low, it is frequently seen in patients who also have aspirin hypersensitivity.

In patients was also have sopius type-terminate.

Information for Patients: Amphetamines may impair the ability of the patient to engage in potentially hazardous activities such as operating machinery or vehicles; the patient should therefore be cautioned accordingly.

Continued on next page

Product information on these pages is effective as of August 2004. Further information is available at: GlaxoSmithKline, PO Box 13398, Research Triangle Park, NC 27709. 1-888-825-5249. Corporate Web Site: www.gsk.com

Consult 2005 PDR* supplements and future editions for revisions

Dexedrine -Cont

Drug interactions: Aciditying spents—Gastrointestinal saidifying agents iguamethidine, reserpiae, glutamic acid BCI, secorbic soid, fruit juices, etc.) lewer absorption of ampletamines. Urinary acidifying agents (summnium chloride, sodirum-soid phosphate, etc.) increase the concentration of the ionized species of the amphetamine molecule, thereby increasing urinary exception. Both groups of agents lower blood levels and offices; of amphetamines.

Advantage blockers—Adrenergic blockers are inhibited by amphetamines.

Alterination spents—Gastrointestinal attainings.

ampletammes.

Alkainking agents—Gastrointestinal alkainking agents
(sodium bicarbonate, etc.) increase absorption of amplotamines. Urinary alkainking agents (acetarolamide, some
thisrides) increase the concentration of the non-ionized agecies of the amphotamine molecule, thereby decreasing uri-

ther or the amparament morecuse, thorony occreening un-nary occretion. Both groups of agents increase blood levels and therefore potentiate the actions of amphetamines. Antidepressarits, tricyello—Amphetamines may enhance the activity of tricyello—amphetamines or agents; d-amphetamine with designamine or protriptyline and po-nibly other tricyelics couse striking and austained increases

mbly other tricyclics cause striking and austained increases in the concentration of d-amphetamine in the brain; cardio-vascular effects can be potentiated.

MAG Inthibitors—MAGI antidopressants, as well as a instability of furnzoidone, slow amphetamine metabolism. This slowing potentiates amphetamines, increasing their offset on the release of norepisephrine and other meannames from advenergic nerve endings; this can cause headaches and other signs of hypertensive crisis. A variety of neurological total effects and multimant hyperpursarie are accurated. ical toxic effects and malignant hyperpyrexia can occur,

sometimes with fabl results.

Antihistamines—Amphetamines may countered the sedative effect of antihistamines.

Antihypertensives-Amphetamines may antagonize the sive effects of antihypartensives.

Chlorpromazine Chlorpromazine blocks depenine and norepinephrine reuptake, thos inhibiting the central stimulant effects of amphietamines, and can be used to treat amphetamine poisoning.

Amphetamines may delay intestinal ab-Ethosuximide

cinosuximide—Amphetamines may delay intestinal ab-sorption of ethosuximide.

**Maloperidot-Haloperidot blocks dopamine and norepineph-rine reuptake, thus inhibiting the central stimulant effects of amphetamines. m carbonate. The stimulatory effects of ampheta-

mines may be inhibited by lithium carbonate. -Amphetamines potentiate the analgesic effect

of meperidine

of meperidine.

Methonomine therapy—Urinary excretion of ampheuamines is increased, and efficacy is reduced, by acidifying agents used in methonamine therapy.

Novspinephrine—Amphetamines enhance the advenurgic

effect of norpinephrine.

Therefore the Amphetamines may delay intestinal absorption of phenobarbital, co-administration of phenobarbital.

sorption at pursuascritar co-annunsus and a product a trial may produce a synergistic anticonvulsant action.

Phenyloid - Amphetamines may delay intestinal absorption of phenyloin; co-administration of phenyloin may produce a

symergistic anticonvulsant action.

Propoxyphone—In cases of propoxyphene overdosage, amphetamine CNS stimulation is potentiated and fatal convul-

tions can occur. Verstrum alkaloids Amphetamines inhibit the hypotenct of veratrum alkaloids.

Drug/Leboratory Test Interactions: Amphetamines can cause a significant elevation in plasma corticosteroid levels.

crease is greatest in the evening. damines may interfere with urinary steroid Amphetamines may interfere determinations

Carcinogenesis/Mutagenesis: Mutagenicity studies and long-term studies in animals to determine the carcinogenic potential of DEXEDRINE have not been performed.

potential of UKXEDRINE have not been performed. Pregnancy—Teratogenic Effects: Pregnancy Category C. DEXEDRINE has been shown to have embryotoxic and teratogenic effects when administered to A/Jax mice and C57BL mice in doses approximately 41 times the maximum human dose. Embryotoxic effects were not seen in New Zealand white rabbits given the drug in doses 7 times the human dose nor in rate given 12.5 times the maximum human dose While there are no edecated and all extrately man doss. While there are no adequate and well-controlled studies in pregnant women, there has been 1 report of severe congenital bony disformity, trutheoscophageal fistula, and anal stressis (VATER association) in a baby horn to a woman who took dextresmptietamine sulfate with lovestatin during the first trimester of pregnance. DEXEDRINE should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

benent justines are priential risk to les retus. Montrertaignel Effecte: Infants born te mothern dependent on amphetamines have an increased risk of premature delivery and low birth weight. Also, these infants may experience symptoms of withdrawal as demonstrated by dysphoria, including agitation, and significant lassitude.

Nursing Mothers: Amphetamines are excreted in human

milk. Mothers taking amphetamines should be advised to

refrain from nursing.

Pediatric Use: Long-term effects of amphetamines in pedi-

atric patients have not been well established.

Amphetamines are not recommended for use in pediatric patients under 3 years of age with Attention Deficit Disorer with Hyperactivity described under INDICATIONS Clinical experience suggests that in psychotic children, ad-ministration of amphetamines may exsecribate symptoms of behavior disturbance and thought disorder.

Amphetamines have been reported to ever phonic ties and Tourette's syndrome. Therefore, clinical on for tics and Tourette's syndrome in children and their families should precede use of stimulant medications. Data are inadequate to determine whether chronic administration of amphetamines may be associated with inhibition; therefore, growth should be monitored during

Drug treatment is not indicated in all cases of Attention Deficit Disorder with Hyperactivity and should be con-sidered only in light of the complete history and evaluation of the child. The decision to prescribe amphetamines abould depend on the physician's assessment of the chronicity and severity of the child's symptoms and their appropri-ateness for his or her age. Prescription should not depend solely on the presence of one or more of the behavioral characteristics

When these symptoms are associated with acute stress reactions, treatment with amphetamines is usually not

ADVERSE REACTIONS

ADVERSE REACTIONS

Cardiovascular: Palpitations, tachycardia, elevation of blood pressure. There have been isolated reports of cardio-myopathy associated with chronic amphetamine use.

Central Nervous System: Psychotic episodes at recommended does (rare), overstimulation, restlessness, dizziness, insomnia, euphoria, dyshinesia, dysphoria, tremor, headache, exucerbation of motor and phonic tics, and Toursties sudvome.

Gastrointestinal: Dryness of the mouth, unpleasant taste, diarrhea, constipation, other gastrointestinal disturbances. Amerena and weight loss may occur as undesirable effects. Allergic: Urticaria.

Endocrine: Impotence, changes in libido.

DRUG ABUSE AND DEPENDENCE

Dextrosmphetamine sulfate is a Schedule II controlled

Amphetamines have been extensively abused. Tolerance, extreme psychological dependence and severe social disability have occurred. There are reports of patients who have increased the desage to many times that recommended. Abrupt cessation following prolonged high desage administration results in extreme fatigue and mental depression; changes are also noted on the sleep EEG.

changes are also noted on the sigep LELU.

Manifestations of chronic intorication with amphetamines
include severe dormatoses, marked insomnia, irritability,
hyperactivity, and personality-changes. The most severe
smallestation of chronic intoxication is psychosis, often clinically indistinguishable from schizophrenia. This is rare
with eral amphetamines.

OVERDOSAGE

TREATMENT

Individual patient response to amphetamines varies widely. While twic symptoms accasionally occur as an idiosyncrasy at does as lew as 2 mg, they are rare with closes of less than 18 mg; 30 mg can produce severe reactions, yet doses of 400 to 500 mg are not necessarily fatal.

In rats, the oral LD₅₀ of dextroamphetamine sulfate is .8 mg/kg.

Manifestations of acute overdorage with amphetamines includo restisamens, tremor, hyperroficxia, rhabdomyolysis, rapid respiration, hyperpyrexis, confusion, assaultiveness, hallucinations, panie states.

Fatigue and depression usually follow the central

Cardiovascular effects include arrhythmias, hypertension or hypotension, and circulatory collapse. Gastrointestinal symptoms include nausea, vomiting, diarrhea, and abdominal cramps. Fatal poisoning is usually preceded by convulsions and coma:

ensult with a Certified Poison Control Center for up-to-Consult with a Certified Poison Centrel Center for up-to-date guidance and advice. Management of acute amphet-amine interiestion is largely symptomatic and includes gas-tric lavage, administration of activated charcoal, administration of a cethartic, and sendation. Experience with hemodialysis or peritoneal dialysis is inadequate to permit recommendation in this regard. Acidification of the urinx in-creases amphetamine excretion, but is believed to increase risk of acute renal failure if myoglobinum is present. If acute moves hypertession committees anythestanine overacute, severe hypertension complicates amplicamine over-dosepy, administration of intravenous phentolamine (Bedford Laboraturies) has been suggested. However, a gradual drop in blood pressure will usually result when afficient redation has been achieved.

Chlorpromazine antagonizes the central stimulant effects of amphetamines and can be used to treat amphetamine

Since much of the SPANSULS capsule medication is costed for gradual release, therapy directed at reversing the effects of the ingested drug and at supporting the patient should be continued for as long as overdeage symptoms remain. Suline catherics are useful for hastoning the execution of pellets that have not already released medication.

DOSAGE AND ADMINISTRATION

Amphetamines should be administered at the lowest effect tive dosage and dosage should be individually adjusted. Late evening doses—particularly with the Mi capsule form—should be avoided because of the

Narcolapsy: Usual dose leto to 60 mg perday a doses, depending on the individual patient re-Narcolepsy seldom occurs in children under H however, when it does, DEXEDRINE may be powerer, when it coes, DEALDHAINE may be used gested dutiled does for particula aged 8 to 11 a few daily done may be ruised in increments of 5 ng inhervals until an optimal response is obtained. In 12 years of age and older, start with 10 mg dept age may be raised in increments of 10 mg dept wals until an optimal response is obtained. It has a supplementations are supplementations are supplementations and the supplementations are supplementations. vals until an optimal response is obtained. The adverse reactions appear (e.g., insumile or sage should be reduced. SPANSULE capsules of fur once-a-day dosage wherever appropriate, fur give first dose on awakening, additional deserge intervals of 4 to 6 hours.

Attention Deficit Disorder with Hyperactivity: mended for pediatric patients under 3 years of at in pediatric patients under 3 years of at in pediatric perfects from 3 to 6 years of eqs. 2.5 mg daily, by tablet; daily decape near be remember of 2.5 mg at weekly intervals until applied is obtained

in pediatric patterns 6 years of age and olds, 5 mg once or twice duily; daily design may be a crements of 5 mg at weekly intervals until opins is obtained. Only in rare cases will it be n a total of 40 mg per day.

SPANSULE capsules may be used for oncewherever appropriate

With tablets, give first dose on awakening, addit (1 or 2) at intervals of 4 to 6 hours.

Where possible, drug administration should be a occasionally to determine if there is a recurrence ioral symptoms sufficient to require continued the

HOW SUPPLIED

HOW SUPPLIED
DEXEDRINE SPANSULE capaules: Each capa
brown cip and clear body, contains dastrounds
sulfate. The 5-mg capsule is imprinted 5 mg and it
brown cap and is imprinted 5 mg and SB on the c
The 16-mg capsule is imprinted 10 mg — 381—181brown cap and is imprinted 10 mg — 381—181brown cap and is imprinted 15 mg and SB on the
brown cap and is imprinted 15 mg and SB on the
A narrow- ber appears above and below 15 mg and
Available: 6 mg, 10 mg, and 15 mg in bettles of I
Store at controlled room temperature between 18* Store at controlled room temperature between 1873 (68° and 77°F) [see USP]

Dispense in a tight, light-resistant container. 5 mg 100s: NDC 0007-3512-20

10 mg 100s. NDC 0007-3513-20 15 mg 100s: NDC 0007-3514-20

DEXEDRINE SPANSULE capsules are maunificardinal Health, Winchester, KY 40391.
DEXCORNINE Testetis: Trimspular, orange, scored, SKF and E.19. Available: 5 mg in bettles of 100, tured by Abbott Laboratories, North Chicago, H.5. Store between 15° and 30°C (59° and 86°F). Dispensive March Laboratories, North Chicago, H.5. tight, light-resistant contain

5 mg 100s: NDC 0007-3519-20

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Shown in Product Identification Guide, page

DIGIBIND® |dij '> bind| DIGOXIN IMMUNE FAB (OVINE)

DIGIBIND, Digorio Immune Fab (Ovine), is a steri ilized powder of antigen binding fragments (Fabi from specific antidigada antibodies raised in shee), tion of antibodies specific for digada involves conjugdigorin as a hapten to human albumin. Sheep me nized with this material to produce antibodies are the antigenic determinants of the digorin molecularibody is then passin discuss the digorin molecularibody is then passin discuss the digorin molecularibody is then passin discuss the digorin molecularibody is the passin discussion. antibody is then papain digested and digoxin-specifragments of the antibody are isolated and purified in ity chromatography. These antibody fragme lecular weight of approximately 48,200.

Each vial, which will bind approximately 0.5 mg of (or digitoxin), contains 38 mg of digoxin-specific Pa ments derived from sheep plus 75 mg of sorbitel as lizer and 28 mg of sodium chloride. The vial contains

DIGIBIND is administered by intravenous injection reconstitution with Sterile Water for Injection (4 a

CLINICAL PHARMACOLOGY

After intravenous injection of Discoun Immune Fabrus 12 CAUTIONS
in the haboon, digordin-specific Fab fragments are an in the urine with a biological half-life of about \$1 hours. I humans with normal result function, the biggs and correction of factors that the bours. I humans with normal result function, the biggs are also be 15 to 20 hours. Experimental studies because that these antibody fragments have at the beautiful for the function of factors that the summer is a summer of the function of factors that the summer of the function of factors that th

of distribution in the extracellular space, unlika thody which distributes in a space only about OustND, improvement in signs and symptoms of intoxication begins within one-half hour or

of DIGIBIND for digazin is in the range of 10⁹
which is greater than the affinity of digazin for the state of DIGIBIND for digitazin is about

D binds molecules of disoxin, making them unfor binding at their site of action on cells in the no which it is excreted by the kidney. The net effect.
If the equilibrium away from binding of digorin to the body, thereby reversing its effects.

PHONE AND USAGE

Digerin Immune Fati (Ovine), is indicated for all potentially life-threatening digerin interies-libough designed specifically to treat life-threaten-no verdese, it has also been mad successfully to interestening digitarin overdose. Since human as is limited and the consequences of repeated coamited and the consequences of repeated or are unknown, DIGISIND is not indicated for milder digitalia toxicity.

ritalis toxicity. arrhythmias such as ventricular techycardia or dar fibrillation, or progressive bradyarrhythmias errere sinus bradycardia or second or third degree

block not responsive to atropine. adults or 4 mg of digoxin in previously healthy chilresults or 4 mg of digorn in previously healthy chi-en ingestion causing steady-state serum concentra-ing the state of the serum of the serum potas-induced progressive elevation of the serum potas-ticularism also suggests imminent cardiac arrest, potasium concentration exceeds 5 mBq/L in the setof severe digitalia intoxication, therapy with

Dis indicated MANDICATIONS

are no known contraindications to the use of

pestion often involves more than one drug; thus, m other drugs should not be overlooked.

the possibility of anaphylactic, hyperg, or febrile reactions. If an anaphylactoid the drug infusion should be discontinued and appro-therapy initiated using aminophylline, arguen, vol-umeion, diphenhydramine, corticasteraids, and air-argument as indicated. The need for spinephrine be balanced sgainst its potential risk in the setting toxicity.

the Fab fragment of the antibody lacks the antigenic limits of the Fc fragment, it should pose less of an angular threat to patients than does an intact immuhulin molecule. Patients with known allergies would ticularly at risk, as would individuals who have pre-V received antibodies or Fab fragments raised pain is used to cleave the whole antibody into Fab Pr fragments, and traces of papain or inactivated pa-residues may be present in DIGIBIND. Patients with 16 papain, chymopapain, or other papaya extracts my be particularly at risk.

may be particularly at next. lessing for allergy was performed during the clinical bustian of DIGIBIND. Only one patient developed erat the cite of skin testing, with no accompanying reaction; this individual had no adverse reaction to is treatment with DIGIBIND. Since allergy testing lay urgently needed therapy, it is not routinely re-lations treatment of life-threatening digitalis toxicity DIGIRIND

seting may be appropriate for high risk individuals, ally patients with known allergies or those previously with Disoxin Immune Fab (Ovine). The intradermal test can be performed by: duting 0.1 mL of reconstituted DIGIBIND (9.5 mg/mL)

in 9.9 mL sterile isotonic saline (1:100 dilution, 95 mcg/mL).

eting 0.1 mL of the 1:100 dilution (9.5 mcg) intradermally and observing for an urticarial wheal surrounded to zone of crythema. The test should be read at 20 min

arratch test procedure is performed by placing one drop 1,100 dilution of DIGIBIND on the skin and then mak-"Linch seratch through the drop with a sterile needle namich site is inspected at 20 minutes for an urticarial surrounded by crythema.

to testing causes a systemic reaction, a tourniquet Id be applied above the site of testing and measures to assaphylaxia should be instituted. Further administraof DIGIRIND should be avoided unless its use is absoessential, in which case the patient should be preitian should be prepared to treat anaphylaxis.

Information will be experseded by supplements and subsequent edition

