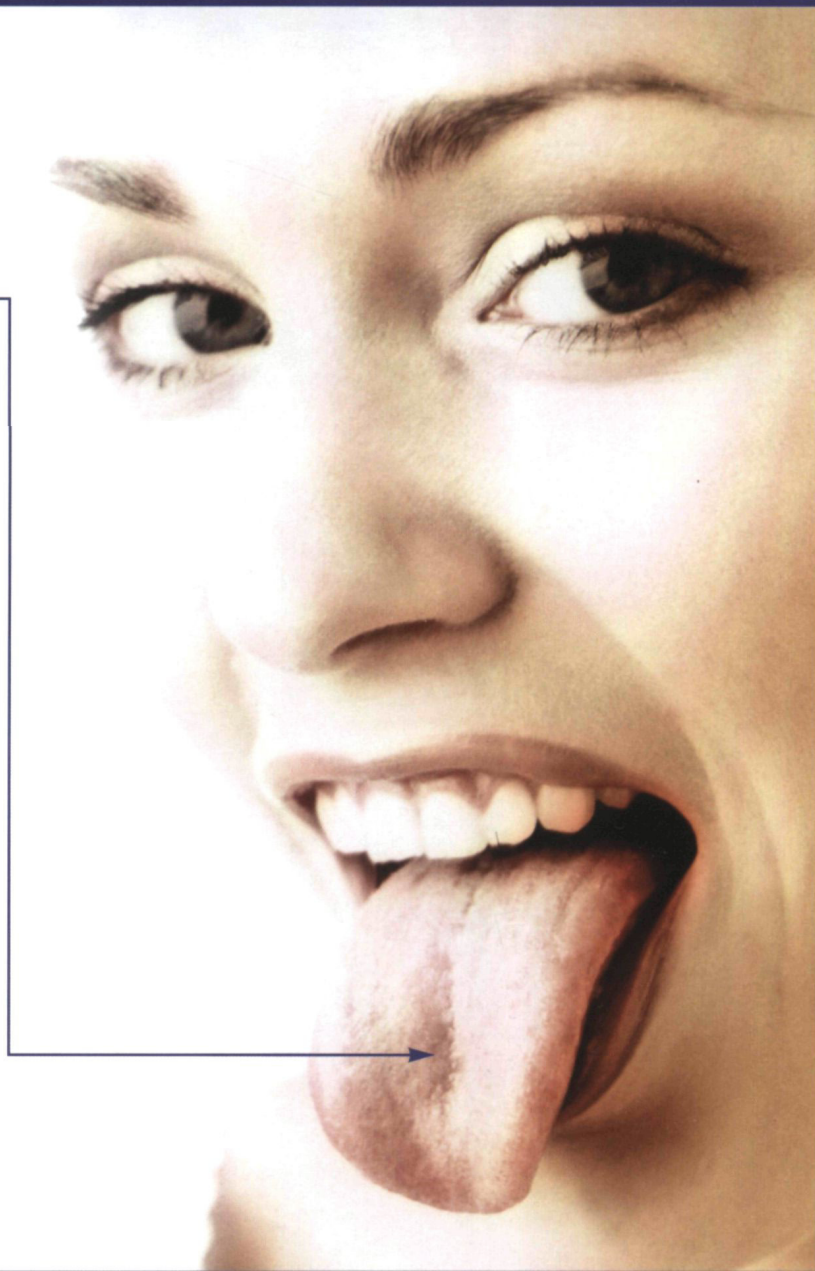


NEW DELIVERY, TRUSTED EFFICACY

ZISPIN[®] SolTab[™] mirtazapine orodispersible tablet

- Zispin SolTab is available in 15mg, 30mg and 45mg doses
- Zispin SolTab is bioequivalent to conventional Zispin tablets,¹ and can be taken with or without water
- Zispin SolTab is easier to use than conventional Zispin tablets and has a pleasant orange taste^{2*}



References 1. van den Heuvel MW, et al. Clin Drug Invest 2001; 21(6): 43-432. 2. Roose SP et al. Presented at 16th AAGP meeting, 1st – 4th March, Honolulu, Hawaii

*In a survey of patients over 50 years of age, the majority reported that Zispin SolTab was easier to use than conventional tablets

Zispin SolTab 15mg, 30mg, 45mg - Zispin 30 mg Tablets (See SPCs before Prescribing)

Presentation: Zispin SolTab 15mg, 30mg, 45mg. Peel-to-open strips of 6 orodispersible tablets each containing 15, 30 or 45mg of mirtazapine, available in packs of 30 tablets. Zispin tablets Blister strips of 7 tablets each containing 30mg of mirtazapine, available in packs of 28 tablets. **Uses:** Episode of major depression. **Administration:** Zispin SolTab should be taken out of the strip with dry hands and should be placed on the tongue. The SolTab will disintegrate and can be swallowed with or without water. Zispin tablets should be taken orally, if necessary with fluid, and swallowed without chewing. **Dosage:** Adults and elderly: The effective daily dose is usually between 15 and 45mg. Children: Not recommended. The clearance of mirtazapine may be decreased in patients with renal or hepatic insufficiency. Zispin is suitable for once-a-day administration, preferably as a single night-time dose. Treatment should be continued until the patient has been completely symptom-free for 4-6 months. **Contraindications:** Hypersensitivity to mirtazapine or any ingredients of Zispin. **Precautions and warnings:** Reversible bone marrow suppression presenting as agranulocytosis and granulocytopenia have been reported with most antidepressants. Reversible agranulocytosis has been reported as a rare occurrence with Zispin. The physician should be alert to symptoms such as fever, sore throat, stomatitis or other signs of infection; if these occur, treatment should be stopped and blood counts taken. Patients should also be advised of the importance of these symptoms. Careful dosing as well as regular and close monitoring is necessary in patients with: epilepsy and organic brain syndrome (See SPC); hepatic or renal insufficiency; cardiac diseases; low blood pressure, diabetes mellitus (Insulin and/or oral hypoglycaemic dosage may need to be adjusted.) As with other antidepressants care should be taken in patients with: micturition disturbances like prostate hypertrophy, acute narrow-angle glaucoma and increased intra-ocular pressure. Treatment should be discontinued if jaundice occurs. Moreover, as with other antidepressants, the following should be taken into account: worsening of psychotic symptoms can occur when antidepressants are administered to patients with schizophrenia or other psychotic disturbances; when the depressive phase of manic-depressive psychosis is being treated, it can transform into the manic phase. As for all therapies for depression, risk of suicide may increase in the first few weeks of treatment. Zispin has sedative properties and may impair concentration and alertness. **Interactions:** Alcohol, benzodiazepines and MAO inhibitors. **Pregnancy & Lactation:** Safety in human pregnancy has not been established. Use during pregnancy not recommended. Women of child bearing potential should employ an adequate method of contraception. Use in nursing mothers not recommended. **Adverse reactions:** The following adverse effects have been reported: Most common: Increase in appetite and weight gain. Oedema. Drowsiness/sedation, generally occurring during the first few weeks of treatment. (N.B. dose reduction generally does not lead to less sedation but can jeopardize antidepressant efficacy). Dizziness. Headache. Rare: (Orthostatic) hypotension. Exanthema. Mania, convulsions, tremor, myoclonus. Acute bone marrow depression (refer to SPC). Elevations in serum transaminase activities. Paraesthesia. Restless legs. **Overdosage:** Present experience with Zispin alone indicates that symptoms are usually mild. Depression of the CNS with disorientation and prolonged sedation together with tachycardia and mild hyper- or hypotension have been reported. Treat by gastric lavage with appropriate symptomatic and supportive therapy for vital functions. **Legal Category:** Prescription Medicine.

Product Authorisation Numbers:

Zispin SolTab 15mg orodispersible tablet: PA 61/26/5	Price: € 17.03
Zispin SolTab 30mg orodispersible tablet: PA 61/26/6	Price: € 34.05
Zispin SolTab 45mg orodispersible tablet: PA 61/26/7	Price: € 51.07
Zispin 30mg tablet: PA 261/43/2	Price: € 34.92

Product Authorisation holder:

Zispin SolTab 15mg, 30mg and 45mg orodispersible tablet:
Organon Ireland Limited, P.O. Box 2857, Drynam Road,
Swords, Co. Dublin, Ireland.



Zispin 30mg tablet:
Organon Laboratories Limited, Cambridge Science Park,
Milton Road, Cambridge, CB4 0FL. March 2004 ORG04472E

ZISPIN[®] SolTab[™]
mirtazapine orodispersible tablet

NEW DELIVERY, TRUSTED EFFICACY

ZYPREXA® (OLANZAPINE) PRESCRIBING INFORMATION REPUBLIC OF IRELAND Presentations Tablets, 2.5mg, 5mg, 7.5mg, 10mg, or 15mg of olanzapine. Also contain lactose. Velotab® 5mg, 10mg, or 15mg orodispersible tablets. Also contain gelatin, aspartame, mannitol, and parahydroxybenzoates. Powder for Solution for Injection, containing 10mg olanzapine. Uses **Tablets and Velotabs:** Schizophrenia, both as initial therapy and for maintenance. Moderate to severe manic episode and prevention of recurrence in bipolar disorder. **Injection:** Rapid control of agitation and disturbed behaviours in patients with schizophrenia or manic episode, when oral therapy is not appropriate. **Dosage and Administration Tablets and Velotabs:** Schizophrenia: 10mg/day orally. **Manic episode:** 15mg/day in monotherapy; 10mg/day in combination therapy. **Preventing recurrence in bipolar disorder:** 10mg/day or, for patients who have been receiving olanzapine for treatment of manic episode, continue therapy for preventing recurrence at the same dose. May subsequently be adjusted to 5-20mg daily. **Injection:** Intramuscular use only for up to a maximum of three consecutive days. Initial dose is 10mg. A second injection, 5-10 mg, may be administered 2 hours after. Maximum daily dose is 20mg, with not more than 3 injections in any 24-hour period. Treatment with Zyprexa Intramuscular Injection should be discontinued, and the use of oral Zyprexa should be initiated, as soon as clinically appropriate. Do not administer intravenously or subcutaneously. **Children:** Not recommended (under 18 years). **Elderly patients:** Oral therapy - a lower starting dose (5mg/day) is not routinely indicated but should be considered when clinical factors warrant. **Injection - recommended starting dose is 2.5-5mg. Renal and/or hepatic impairment:** 5mg starting dose in moderate hepatic insufficiency. When more than one factor which might cause slower metabolism (female gender, elderly age, non-smoking status), consider a decreased starting dose. **Contra-indications** Known hypersensitivity to any ingredient. Known risk of narrow-angle glaucoma. **Warnings and Special Precautions** Olanzapine is not approved for the treatment of dementia related psychosis and/or behavioural disturbances, and it is not recommended for use in this particular group of patients because of an increase in mortality and the risk of cardiovascular accident. **Injection:** Efficacy not established in patients with agitation and disturbed behaviours related to conditions other than schizophrenia or manic episode. Should not be administered to patients with unstable medical conditions (see Summary of Product Characteristics (SPC)). Safety and efficacy have not been evaluated in patients with alcohol or drug intoxication. Patients should be closely observed for hypotension, including postural hypotension, bradycardia, and/or hypoventilation (see SPC). Simultaneous injection with parenteral benzodiazepine is not recommended. Special caution in patients who receive other medicinal products having haemodynamic properties similar to those of Zyprexa Intramuscular Injection (see SPC). Clinical monitoring advisable in diabetic patients and those with risk factors for diabetes. Caution with prostatic hypertrophy, or paralytic ileus and related conditions. With oral Zyprexa, improvement in clinical condition may take several days to some weeks. **Phenylalanine:** Velotabs contain aspartame - a source of phenylalanine. **Sodium metil parahydroxybenzoate and sodium propyl parahydroxybenzoate:** Velotabs contain these preservatives, known to cause urticaria, contact dermatitis and, rarely, immediate reactions with bronchospasm. Caution in patients with elevated ALT and/or AST, hepatic impairment, limited hepatic functional reserve, and in patients being treated with hepatotoxic drugs. Where hepatitis has been diagnosed, discontinue Zyprexa. Caution in patients with low leucocytes and/or neutrophil counts, bone marrow depression, in patients receiving medicines known to cause neutropenia, and in patients with hypersensitivity conditions or with myeloproliferative diseases. Continue if signs and symptoms indicative of IMMS, or unexplained high fever. Caution in patients who have a history of seizures or are subject to factors which may lower the seizure threshold. If tardive dyskinesia appears, consider dose reduction or discontinuation. Caution when taken with other centrally acting drugs and alcohol. May antagonise effects of dopamine agonists. Blood pressure should be measured periodically in patients over 65 years. As with other antipsychotics, caution when prescribed with drugs known to increase QTc interval, especially in the elderly, in patients with congenital long QT syndrome, congestive heart failure, heart hypertrophy, hypokalaemia, or hypomagnesaemia. In clinical trials, Zyprexa was not associated with a persistent increase in absolute QT intervals. Gradual dose reduction should be considered when discontinuing olanzapine. Use of olanzapine to treat drug-induced psychosis in patients with Parkinson's disease is not recommended. **Interactions** Metabolism may be affected by substances that can specifically induce (eg, concomitant smoking or carbamazepine) or inhibit (eg, fluvoxamine) the isoenzyme P450-CYP1A2 which metabolises olanzapine. Activated charcoal reduces the bioavailability of oral olanzapine. Olanzapine may antagonise the effects of direct and indirect dopamine agonists. Olanzapine showed no interaction when co-administered with lithium or biperiden. Zyprexa Intramuscular Injection 5mg administered 1 hour before lorazepam 2mg, added to the somnolence observed with either drug alone. **Pregnancy and Lactation** There are very rare reports of tremor, hypertension, lethargy, and sleepiness in infants born to mothers who used olanzapine during the 3rd trimester. Should be used in pregnancy only if the potential benefit justifies the potential risk to the foetus. Patients should be advised not to breast-feed an infant if they are taking Zyprexa. **Driving, etc** May cause somnolence or dizziness. Patients should be cautioned about operating hazardous machinery, including motor vehicles. **Undesirable Effects** **Clinical trial adverse event reporting and investigations with oral Zyprexa** in placebo-controlled clinical trials of elderly patients with dementia-related psychosis and/or disturbed behaviours, there was a 2-fold increase in mortality in olanzapine-treated patients compared to placebo (3.5% vs 1.5%, respectively). In the same clinical trials, there was a 3-fold increase in cerebrovascular adverse events (CVAE, eg, stroke, transient ischaemic attack) in patients treated with olanzapine compared to placebo (1.3% vs 0.4%, respectively). Very common (>10%) undesirable effects in this patient group were abnormal gait and falls. Pneumonia and urinary incontinence were observed commonly (1-10%). **Blood and lymphatics** Common (1-10%): eosinophilia. Neutropenia was seen in a valproate combination therapy trial in bipolar mania patients; a potential contributing factor could be high plasma valproate levels. **Metabolic and nutritional** Very common (>10%): weight gain. Common (1-10%): increased appetite, elevated glucose levels (incidence ~10% for Zyprexa versus 9.9% for placebo for non-fasting levels >11mmol/l), elevated triacylglycerol levels. **Nervous** Very common (>10%): somnolence, abnormal gait in Alzheimer's disease patients. Worsening of Parkinsonian symptomatology and hallucinations were reported in patients with Parkinson's disease. Common (1-10%): dizziness, akathisia, parkinsonism, dyskinesia. (Zyprexa-treated patients had a lower incidence of parkinsonism, akathisia, and dystonia compared with titrated doses of haloperidol.) **Cardiac** Uncommon (0.1-1%): bradycardia, with or without hypotension or syncope. **Vascular** Common (1-10%): orthostatic hypotension. **Gastro-intestinal** Common (1-10%): mild, transient, anticholinergic effects, constipation and dry mouth. **Hepato-biliary** Common (1-10%): transient, asymptomatic elevations of ALT, AST, skin and subcutaneous tissue. Uncommon (0.1-1%): photosensitivity reaction. **General** Common (1-10%): asthenia, oedema. **Investigations** Very common (>10%): elevated plasma prolactin levels, but associated clinical manifestations (eg, gynecomastia, galactorrhoea, breast enlargement) were rare. Uncommon (0.1-1%): high creatine phosphokinase. **Post-marketing spontaneous reporting with oral Zyprexa:** **Blood and lymphatics:** Rare (0.01-0.1%): leucopenia. Very rare (<0.01%): thrombocytopenia, neutropenia. **Immune system disorder:** Very rare (<0.01%): allergic reaction. **Metabolism and nutrition:** Very rare (<0.01%): hyperglycaemia and/or development or exacerbation of diabetes, occasionally associated with ketoacidosis or coma, including some fatal cases. **Hypertriglyceridaemia.** **Nervous:** Rare (0.01-0.1%): seizures, mostly when there was a history of seizures or risk factors. Very rare (<0.01%): cases reported as IMMS. **Parkinsonism, dystonia and tardive dyskinesia.** Discontinuation reactions have been reported; gradual tapering of the dose should be considered. **Gastro-intestinal:** Very rare (<0.01%): pancreatitis. **Hepato-biliary:** Very rare (<0.01%): hepatitis. **Skin and subcutaneous tissue:** Rare (0.01-0.1%): rash. **Reproductive:** Very rare (<0.01%): priapism. **Renal and urinary disorders:** Very rare (<0.01%): urinary hesitation. **Additional clinical trial adverse event reporting and investigations with Zyprexa Intramuscular Injection:** **Cardiac:** Common (1-10%): bradycardia, with or without hypotension or syncope, tachycardia. Uncommon (0.1-1%): sinus pause. **Vascular:** Common (1-10%): postural hypotension, hypotension. **Respiratory:** Uncommon (0.1-1%): hypoventilation. **General:** Common (1-10%): injection site discomfort. For further information see SPCs. **Legal Category POM** **Marketing Authorisation Numbers and Holder** EU/1/96/022/009; EU/1/96/022/004; EU/1/96/022/006; EU/1/96/022/002; EU/1/96/022/010; EU/1/96/022/012; EU/1/99/125/001; EU/1/99/125/002; EU/1/99/125/003; EU/1/96/022/016; Eli Lilly, Nederland BV, Grootslag 1-5, 3991 RA Houten, The Netherlands. **Date of Preparation or Last Review** March 2004. **Full Prescribing Information is Available** From Eli Lilly and Company Limited, Lilly House, Priestley Road, Basingsstoke, Hampshire, RG24 9NL. Telephone: Basingsstoke (01256) 315 599 or Eli Lilly and Company (Ireland) Limited, Hyde House, 65 Adelaide Road, Dublin 2, Republic of Ireland. Telephone: Dublin (01) 661 4377. ZYPREXA (olanzapine) and VELOTAB are trademarks of Eli Lilly and Company. **Reference 1:** Kinon BJ, et al. Olanzapine orally disintegrating tablets in the treatment of acutely ill non-compliant patients with schizophrenia. *Int J Neuropsychopharmacol* 2003; 6: 97-102.



Start with
Zyprexa VeloTab™

Stay with
Zyprexa VeloTab™

Dependable symptom control
in a formulation that helps improve compliance¹

ZYPREXA® **VELOTAB™**

Orodispersible Tablets, Olanzapine

Zyprexa VeloTab™ is available in 5mg, 10mg and 15mg strengths

