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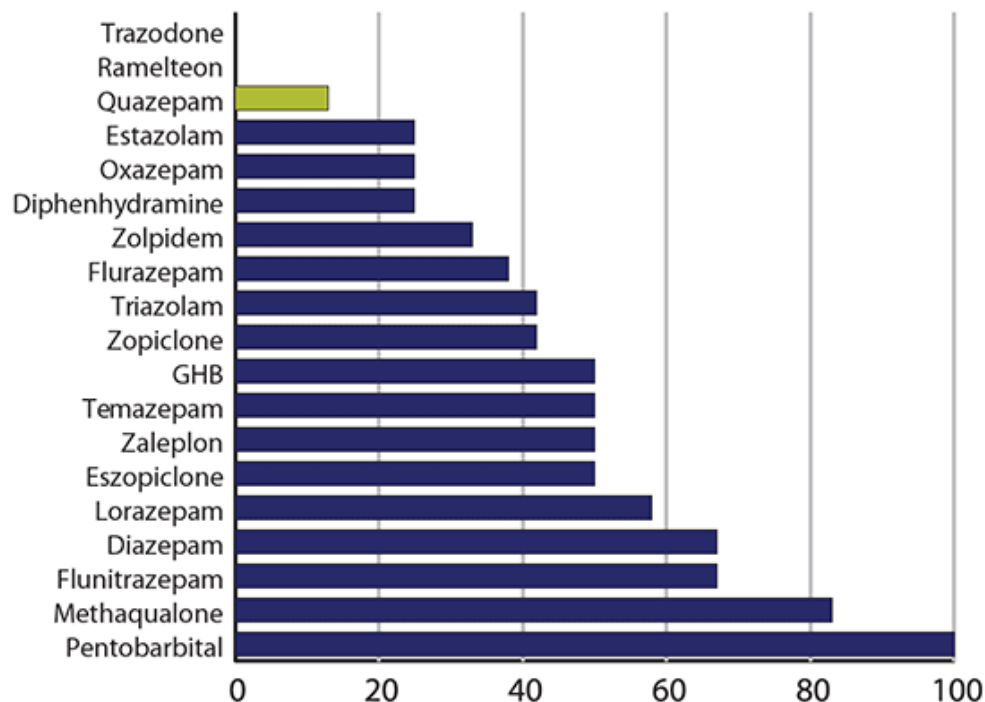
For your patients with Insomnia,
Prescribe **Doral** (Quazepam)
for a complete night's sleep

Concerned about Abuse potential of sleep medications?

Researchers at the John Hopkins University used over 100 studies to evaluate the abuse potential for various sleep-aids and found¹ :

- Doral's relative likelihood of abuse is considerably lower than some of the widely used sleep aids (i.e. Zolpidem & Temazepam)*
- Doral was ranked even lower than OTC product Diphenhydramine for relative abuse potential*

Relative Likelihood of Abuse



*Please see complete prescribing information for detailed information on each product. The above chart is not intended for efficacy comparison. The authors

algorithm, while comprehensive, does lack prospective abuse data in human subjects and had not been validated in subsequent research.

Doral's abuse potential is $1/2$ of Zolpidem and $1/3$ of Temazepam



Doral is the only marketed medication for Insomnia that helps with all three important components of sleep:

- Difficulty falling asleep
 - Difficulty staying asleep
 - Early morning awakening

Doral 15mg starts working with first dose of administration. Recommended initial dose is 7.5mg. Split the 15 mg tablet along the score line to achieve 7.5 mg dose.²

Most common adverse events seen with Doral during clinical trials are daytime drowsiness, headache, fatigue, dizziness, dry mouth, and dyspepsia. Adverse events are dose related and can have additive effects when used with other CNS depressants, including alcohol. Complex sleep-related behaviors (e.g. sleep-driving with accompanying amnesia) have been reported with the use of sedative-hypnotics. These behaviors can occur with initial treatment or in patients tolerant of Doral or other sedative-hypnotics. Elderly and debilitated patients may be more sensitive to benzodiazepines, so caution is advised in their use.

Most patients may pay **\$0***
for their **Doral** prescriptions.



Click here
to get the coupon

Visit www.DoralRx.com for more details and full prescribing information.

Indication:

Doral (Quazepam) is indicated for the treatment of insomnia characterized by difficulty falling asleep, frequent nocturnal awakenings, and/or early morning awakenings.

Important Safety Information (ISI):

WARNING: RISKS FROM CONCOMITANT USE WITH OPIOIDS

Concomitant use of benzodiazepines and opioids may result in profound sedation, respiratory depression, coma, and death [see Warnings and Precautions (5.1), Drug Interactions (7)]. Reserve concomitant prescribing of these drugs for use in patients for whom alternative treatment options are inadequate. Limit dosages and durations to the minimum required. Follow patients for signs and symptoms of respiratory depression and sedation.

Doral can produce daytime impairment, and this risk increases with dose and concomitant use of other CNS depressants. If insomnia worsens or fails to remit after 7 to 10 days of treatment, this might be indication of an underlying illness. Doral is contraindicated in patients with a known hypersensitivity to quazepam or other benzodiazepines, established or suspected sleep apnea, or chronic pulmonary insufficiency. Rare cases of severe anaphylactic reactions including angioedema and dyspnea have been reported. Complex behaviors, such as sleep driving or sleep eating, have been reported with the use of sedative-hypnotics. Immediately evaluate the onset of any new behavioral changes. Benzodiazepines may worsen depression, and appropriate precautions should be considered in at risk patients. For a full list of warnings and precautions, please refer to the full prescribing information.

Reference:

1. Griffiths RR, Johnson MW. Relative abuse liability of hypnotic drugs: a conceptual framework and algorithm for differentiating among compounds. J Clin Psychiatry. 2005;66 Suppl 9:31-41.
2. Doral [package insert]. Atlanta, GA: Galt Pharmaceuticals; 2017.

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