

LACHMAN CONSULTANT SERVICES, INC.
Westbury, NY 11590



ATTACHMENT 2

Typhoid Vaccine—Cont.

0.25 mL, administered subcutaneously, or 0.1 mL, intracutaneously (intradermally).

Under conditions of continued or repeated exposure, a booster dose should be given at least every three years. In instances where an interval of more than three years has elapsed since primary immunization or the last booster dose, a single booster dose is considered sufficient; it is not necessary to repeat the primary immunizing series.

ADMINISTRATION

Shake vial vigorously before withdrawing each dose.

Before injection, the rubber diaphragm of the vial and the skin over the site to be injected should be cleaned and prepared with a suitable germicide.

After insertion of the needle, aspirate to help avoid inadvertent injection into a blood vessel.

HOW SUPPLIED

Typhoid Vaccine, USP is supplied in vials of 5 mL and 10 mL, each containing 8 units per mL.

REFERENCES

1. Recommendations of the Public Health Service Advisory Committee on Immunization Practices—Typhoid Vaccine. Morbidity and Mortality Weekly Report 27 (No. 27): 231, 1978.
2. Report of the Committee on Infectious Diseases, American Academy of Pediatrics, 1982 (Red Book).
3. Recommendations of the Public Health Service Advisory Committee on Immunization Practices—General Recommendations on Immunization. Morbidity and Mortality Weekly Report 29 (No. 7): 76, 1980.

Manufactured by:

Wyeth Laboratories
A Wyeth-Ayerst Company
Marietta, PA 17547
U.S. Gov't License No. 3
CI 4229-1 Issued February 9, 1994

WYDASE®

[wi-dās]
(hyaluronidase)

DESCRIPTION

Wydase, a protein enzyme, is a preparation of highly purified bovine testicular hyaluronidase. The exact chemical structure of this enzyme is unknown. Wydase is available in two dosage forms:

Wydase Lyophilized

Hyaluronidase, dehydrated in the frozen state under high vacuum, with lactose and thimerosal (mercury derivative), is supplied as a sterile, white, odorless, amorphous solid and is to be reconstituted with Sodium Chloride Injection, USP, before use, usually in the proportion of one mL per 150 USP units of hyaluronidase (Wydase Lyophilized).

Each vial of 1,500 USP units contains 1.0 mg thimerosal (mercury derivative), added as a preservative, and 13.3 mg lactose. Each vial of 150 USP units contains 0.075 mg thimerosal (mercury derivative), added as a preservative, and 2.66 mg lactose.

Wydase Stabilized Solution

A hyaluronidase injection solution ready for use, colorless and odorless, containing 150 USP units of hyaluronidase per mL with 8.5 mg sodium chloride, 1 mg edetate disodium, 0.4 mg calcium chloride, monobasic sodium phosphate buffer, and not more than 0.1 mg thimerosal (mercury derivative).

The USP and the NF hyaluronidase units are the equivalent to the turbidity-reducing (TR) unit and to the International Unit.

HOW SUPPLIED

Wydase® Lyophilized is supplied as follows:

150 USP (TR) units of hyaluronidase.

NDC 0008-0121-01, 1 mL vial, as single vials.

Not Recommended for IV Use.

Store at controlled room temperature in a dry place. Store sterile reconstituted solution below 30°C (86°F). Use within 24 hours.

Following reconstitution, store vial in upright position.

1,500 USP (TR) units of hyaluronidase.

NDC 0008-0149-01, 10 mL vial, as single vials.

Not Recommended for IV Use.

Store at controlled room temperature in a dry place. Store sterile reconstituted solution below 30°C (86°F). Use within 14 days.

Following reconstitution, store vial in upright position.

Wydase® Stabilized Solution is supplied as follows:

150 USP (TR) units of hyaluronidase per mL

NDC 0008-0170-01, 1 mL vial, as single vials.

NDC 0008-0170-02, 10 mL vial, as single vials.

Not Recommended for IV Use.

Store in a refrigerator.

Do not use if solution is discolored or contains a precipitate.

Manufactured by:

Wyeth Laboratories
A Wyeth-Ayerst Company
Philadelphia, PA 19101
CI 4224-1 Issued February 8, 1994

For prescribing information write to Professional Service, Wyeth-Ayerst Pharmaceuticals, P.O. Box 8299, Philadelphia, PA 19101, or contact your local Wyeth-Ayerst representative.

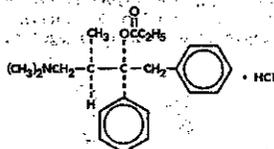
WYGESIC®

[wi-je 'zik]
(propoxyphene HCl and acetaminophen)
Tablets

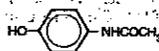
DESCRIPTION

Wygasic tablets contain 65 mg propoxyphene HCl and 650 mg acetaminophen. The inactive ingredients present are cellulose, D&C Yellow 10, FD&C Blue 1, FD&C Yellow 6, hydrogenated vegetable oil, hydroxypropyl methylcellulose, methylcellulose, polysaccharin potassium, polyethylene glycol, and titanium dioxide.

Propoxyphene hydrochloride is an odorless white crystalline powder with a bitter taste. It is freely soluble in water. Chemically, it is [S-(R*, S*)]-2-(dimethylamino)-1-methyl-ethyl- α -phenylbenzethanol, propanoate (ester), hydrochloride, which can be represented by the following structural formula:



Acetaminophen is a white, crystalline powder, possessing a slightly bitter taste. It is soluble in boiling water and freely soluble in alcohol. Chemically, it is N-Acetyl-p-aminophenol, which can be presented by the following structural formula:



CLINICAL PHARMACOLOGY

Propoxyphene is a centrally acting narcotic analgesic agent. Equimolar doses of propoxyphene hydrochloride provide similar plasma concentrations. Following administration of 65, 130, or 195 mg of propoxyphene hydrochloride, the bioavailability of propoxyphene is equivalent to that of 100, 200, or 300 mg respectively of propoxyphene napsylate. Peak plasma concentrations of propoxyphene are reached in 2 to 2½ hours. After a 65 mg oral dose of propoxyphene hydrochloride, peak plasma levels of 0.05 to 0.1 mcg/mL are achieved.

Repeated doses of propoxyphene at 6-hour intervals lead to increasing plasma concentrations, with a plateau after the ninth dose at 48 hours.

Propoxyphene is metabolized in the liver to yield norpropoxyphene. Propoxyphene has a half-life of 6 to 12 hours, whereas that of norpropoxyphene is 30 to 36 hours.

Norpropoxyphene has substantially less central nervous system depressant effect than propoxyphene, but a greater local anesthetic effect, which is similar to that of amitriptyline and antiarrhythmic agents, such as lidocaine and quinidine.

In animal studies in which propoxyphene and norpropoxyphene were continuously infused in large amounts, intracardiac conduction time (P-R and QRS intervals) was prolonged. Any intracardiac conduction delay attributable to high concentrations of norpropoxyphene may be of relatively long duration.

ACTIONS

Propoxyphene is a mild narcotic analgesic structurally related to methadone. The potency of propoxyphene hydrochloride is from two-thirds to equal that of codeine. Propoxyphene hydrochloride and acetaminophen provide the analgesic activity of propoxyphene napsylate and the antipyretic-analgesic activity of acetaminophen.

The combination of propoxyphene and acetaminophen produces greater analgesia than that produced by either propoxyphene or acetaminophen alone.

INDICATIONS

Wygasic is indicated for the relief of mild-to-moderate pain, either when pain is present alone or when it is accompanied by fever.

CONTRAINDICATIONS

Hypersensitivity to propoxyphene or to acetaminophen.

WARNINGS

Do not prescribe propoxyphene for patients who are suicidal or addiction-prone.

Prescribe propoxyphene with caution for patients taking tranquilizers or antidepressant drugs and patients who use alcohol in excess.

Tell your patients not to exceed the recommended dose and to limit their intake of alcohol.

Propoxyphene products in excessive doses, either alone or in combination with other CNS depressants, including alcohol, are a major cause of drug-related deaths.

Fatalities within the first hour of overdosage are not uncommon. In a survey of deaths due to overdosage conducted in 1975, in approximately 20% of the fatal cases, death occurred within the first hour (5% occurred within 15 minutes). Propoxyphene should not be taken in doses higher than those recommended by the physician. The judicious prescribing of propoxyphene is essential to the safe use of this drug. With patients who are depressed or suicidal, consideration should be given to the use of non-narcotic analgesics. Patients should be cautioned about the concomitant use of propoxyphene products and alcohol because of potentially serious CNS-additive effects of these agents. Because of its added depressant effects, propoxyphene should be prescribed with caution for those patients whose medical condition requires the concomitant administration of sedatives, tranquilizers, muscle relaxants, antidepressants, or other CNS-depressant drugs. Patients should be advised of the additive depressant effects of these combinations. Many of the propoxyphene-related deaths have occurred in patients with previous histories of emotional disturbances or suicidal ideation or attempts as well as histories of misuse of tranquilizers, alcohol, and other CNS-active drugs. Some deaths have occurred as a consequence of the accidental ingestion of excessive quantities of propoxyphene alone or in combination with other drugs. Patients taking propoxyphene should be warned not to exceed the dosage recommended by the physician.

DRUG DEPENDENCE:

Propoxyphene, when taken in higher-than-recommended doses over long periods of time, can produce drug dependence characterized by psychic dependence and, less frequently, physical dependence and tolerance. Propoxyphene will only partially suppress the withdrawal syndrome in individuals physically dependent on morphine or other narcotics. The abuse liability of propoxyphene is qualitatively similar to that of codeine although quantitatively less, and propoxyphene should be prescribed with the same degree of caution appropriate to the use of codeine.

USAGE IN AMBULATORY PATIENTS:

Propoxyphene may impair the mental and/or physical abilities required for the performance of potentially hazardous tasks, such as driving a car or operating machinery. The patient should be cautioned accordingly.

PRECAUTIONS

GENERAL:

Propoxyphene should be administered with caution to patients with hepatic or renal impairment since higher serum concentrations or delayed elimination may occur.

DRUG INTERACTIONS:

The CNS-depressant effect of propoxyphene is additive with that of other CNS depressants, including alcohol.

As is the case with many medicinal agents, propoxyphene may slow the metabolism of a concomitantly administered drug. Should this occur, the higher serum concentrations of that drug may result in increased pharmacologic or adverse effects of that drug. Such occurrences have been reported when propoxyphene was administered to patients on antidepressants, anticonvulsants, or warfarin-like drugs.

USAGE IN PREGNANCY:

Safe use in pregnancy has not been established relative to possible adverse effects on fetal development. Instances of withdrawal symptoms in the neonate have been reported following usage during pregnancy. Therefore, propoxyphene should not be used in pregnant women unless, in the judgment of the physician, the potential benefits outweigh the possible hazards.

USAGE IN NURSING MOTHERS:

Low levels of propoxyphene have been detected in human milk. In postpartum studies involving nursing mothers who were given propoxyphene, no adverse effects were noted in infants receiving mother's milk.

USAGE IN CHILDREN:

Propoxyphene is not recommended for use in children, because documented clinical experience has been insufficient to establish safety and a suitable dosage regimen in the pediatric age group.

A Patient Information Sheet is available for this product. See text following "How Supplied" section below.

ADVERSE REACTIONS:

In a survey conducted in hospitalized patients, less than 1% of patients taking propoxyphene hydrochloride at recommended doses experienced side effects. The most frequently reported have been dizziness, sedation, nausea, and vomiting. Some of these adverse reactions may be alleviated if the patient lies down.

Other adverse reactions include constipation, abdominal pain, skin rashes, light-headedness, headache, weakness, euphoria, dysphoria, and minor visual disturbances. Liver dysfunction has been reported in association with both active components of propoxyphene and acetaminophen tablets.

Propoxyphene therapy has been associated with abnormal liver-function tests and, more rarely, with instances of reversible jaundice.

Hepatic necrosis may result from acute overdoses of acetaminophen (see "Management of Overdosage"). In chronic ethanol abusers, this has been reported rarely with short-term use of acetaminophen doses of 2.5 to 10 g/day. Fatalities have occurred.

MANAGEMENT OF OVERDOSAGE

In all cases of suspected overdosage, call your regional Poison Control Center to obtain the most up-to-date information.

tion about the treatment of overdose. This recommendation is made because, in general, information regarding the treatment of overdose may change more rapidly than do package inserts.

Initial consideration should be given to the management of the CNS effects of propoxyphene overdose. Resuscitative measures should be initiated promptly.

SYMPTOMS OF PROPOXYPHENE OVERDOSAGE:

The manifestations of acute overdose with propoxyphene are those of narcotic overdose. The patient is usually somnolent, but may be stuporous or comatose and convulsing. Respiratory depression is characteristic. The ventilatory rate and/or tidal volume is decreased, which results in cyanosis and hypoxia. Pupils, initially pinpoint, may become dilated as hypoxia increases. Cheyne-Stokes respiration and apnea may occur. Blood pressure and heart rate are usually normal initially, but blood pressure falls and cardiac performance deteriorates, which ultimately results in pulmonary edema and circulatory collapse unless the respiratory depression is corrected and adequate ventilation is restored promptly. Cardiac arrhythmias and conduction delay may be present. A combined respiratory-metabolic acidosis occurs, owing to retained CO₂ (hypercapnea) and to lactic acid formed during anaerobic glycolysis. Acidosis may be severe if large amounts of salicylates have also been ingested. Death may occur.

TREATMENT OF PROPOXYPHENE OVERDOSAGE:

Attention should be directed first to establishing a patent airway and to restoring ventilation. Mechanically assisted ventilation, with or without oxygen, may be required, and positive-pressure respiration may be desirable if pulmonary edema is present.

The narcotic antagonist naloxone hydrochloride will markedly reduce the degree of respiratory depression, and 0.4 to 2 mg should be administered promptly, preferably intravenously. If the desired degree of counteraction with improvement in respiratory function is not obtained, naloxone should be repeated at 2- to 3-minute intervals. The duration of action of the antagonist may be brief. If no response is observed after 10 mg of naloxone have been administered, the diagnosis of propoxyphene toxicity should be questioned. Naloxone hydrochloride may also be administered by continuous intravenous infusion.

TREATMENT OF PROPOXYPHENE OVERDOSAGE IN CHILDREN:

The usual initial dose of naloxone in children is 0.01 mg/kg body weight given intravenously. If this dose does not result in the desired degree of clinical improvement, a subsequent increased dose of 0.1 mg/kg body weight may be administered. If an IV route of administration is not available, naloxone may be administered IM or subcutaneously in divided doses. If necessary, naloxone can be diluted with sterile water for injection.

Blood gases, pH, and electrolytes should be monitored in order that acidosis and any electrolyte disturbance present may be corrected promptly. Acidosis, hypoxia, and generalized CNS depression predispose to the development of cardiac arrhythmias. Ventricular fibrillation or cardiac arrest may occur and necessitate the full complement of cardiopulmonary resuscitation (CPR) measures. Respiratory acidosis rapidly subsides as ventilation is restored and hypercapnea eliminated, but lactic acidosis may require intravenous bicarbonate for prompt correction.

Electrocardiographic monitoring is essential. Prompt correction of hypoxia, acidosis, and electrolyte disturbance (when present) will help prevent these cardiac complications and will increase the effectiveness of agents administered to restore normal cardiac function.

In addition to the use of a narcotic antagonist, the patient may require careful titration with an anticonvulsant to control convulsions. Analeptic drugs (for example, caffeine or amphetamine) should not be used because of their tendency to precipitate convulsions.

General supportive measures, in addition to oxygen, include, when necessary, intravenous fluids, vasopressor-inotropic compounds, and, when infection is likely, anti-infective agents. Gastric lavage may be useful, and activated charcoal can adsorb a significant amount of ingested propoxyphene. Dialysis is of little value in poisoning due to propoxyphene. Efforts should be made to determine whether other agents, such as alcohol, barbiturates, tranquilizers, or other CNS depressants, were also ingested, since these increase CNS depression as well as cause specific toxic effects.

SYMPTOMS OF ACETAMINOPHEN OVERDOSAGE: Shortly after oral ingestion of an overdose of acetaminophen and for the next 24 hours, anorexia, nausea, vomiting, and abdominal pain have been noted. The patient may then present no symptoms, but evidence of liver dysfunction may be apparent during the next 24 to 48 hours, with elevated serum transaminase and lactic dehydrogenase levels, an increase in serum bilirubin concentrations, and a prolonged prothrombin time. Death from hepatic failure may result 3 to 7 days after overdose.

Acute renal failure may accompany the hepatic dysfunction and has been noted in patients who do not exhibit signs of fulminant hepatic failure. Typically, renal impairment is more apparent 6 to 9 days after ingestion of the overdose.

TREATMENT OF ACETAMINOPHEN OVERDOSAGE: Acetaminophen in massive overdose may cause hepatic toxicity in some patients. In all cases of suspected overdose, you may wish to call your regional poison center for assistance in diagnosis and for directions in the use of N-acetylcysteine as an antidote.

In adults, hepatic toxicity has rarely been reported with acute overdoses of less than 10 g and fatalities with less than 15 g. Importantly, young children seem to be more resistant than adults to the hepatotoxic effect of an acetaminophen overdose. Despite this, the measures outlined below should be initiated in any adult or child suspected of having ingested an acetaminophen overdose. Clinical and laboratory evidence of hepatic toxicity may not be apparent until 48 to 72 hours post-ingestion. Early symptoms following a potentially hepatotoxic overdose may include: nausea, vomiting, diaphoresis, and general malaise.

The stomach should be emptied promptly by lavage or by induction of emesis with syrup of ipecac. Patients' estimates of the quantity of a drug ingested are notoriously unreliable. Therefore, if an acetaminophen overdose is suspected, a serum acetaminophen assay should be obtained as early as possible, but no sooner than four hours following ingestion. Liver-function studies should be obtained initially and repeated at 24-hour intervals.

The antidote, N-acetylcysteine, should be administered as early as possible, preferably within 16 hours of the overdose ingestion for optimal results, but in any case, within 24 hours. Following recovery, there are no residual, structural or functional hepatic abnormalities.

ANIMAL TOXICOLOGY:

The acute lethal doses of the hydrochloride and napsylate salts of propoxyphene were determined in 4 species. The results shown in Figure 1 indicate that on a molar basis, the napsylate salt is less toxic than the hydrochloride. This may be due to the relative insolubility and retarded absorption of propoxyphene napsylate.

FIGURE 1
ACUTE ORAL TOXICITY OF PROPOXYPHENE

Species	LD ₅₀ (mg/kg) ± SE	
	Propoxyphene Hydrochloride	Propoxyphene Napsylate
Mouse	282 ± 39	915 ± 163
	0.75	1.62
Rat	230 ± 44	647 ± 95
	0.61	1.14
Rabbit	ca. 82	>183
	0.22	>0.32
Dog	ca. 100	>183
	0.27	>0.32

Some indication of the relative insolubility and retarded absorption of propoxyphene napsylate was obtained by measuring plasma propoxyphene levels in 2 groups of 4 dogs following oral administration of equimolar doses of the 2 salts. Although none of the animals in this experiment died, 3 of the 4 dogs given propoxyphene hydrochloride exhibited convulsive seizures during the time interval corresponding to the peak plasma levels. The 4 animals receiving the napsylate salt were ataxic but not acutely ill.

DOSE AND ADMINISTRATION

The product is given orally. The usual dose is 65 mg propoxyphene HCl and 650 mg acetaminophen every 4 hours as needed for pain. The maximum recommended dose of propoxyphene HCl is 390 mg per day. Consideration should be given to a reduced total daily dosage in patients with hepatic or renal impairment.

HOW SUPPLIED

Wyeth® (propoxyphene HCl and acetaminophen) Tablets, 65 mg propoxyphene and 650 mg acetaminophen, are available as follows:
NDC 0008-0085, green, capsule-shaped, scored, film-coated tablet marked "WYETH" and "85", in bottles of 100 and 500 tablets, and in REDIPAK® cartons of 100 tablets (10 blister strips of 10).

Keep tightly closed.

Protect from light.

Store at controlled room temperature, 20°-25°C (68°-77°F). Dispense in tight, light-resistant container as defined in the USP.

PATIENT INFORMATION

Summary

Products containing propoxyphene are used to relieve pain. **LIMIT YOUR INTAKE OF ALCOHOL WHILE TAKING THIS DRUG.** Make sure your doctor knows if you are taking tranquilizers, sleep aids, antidepressants, antihistamines, or any other drugs that make you sleepy. Combining propoxyphene with alcohol or these drugs in excessive doses is dangerous.

Use care while driving a car or using machines until you see how the drug affects you, because propoxyphene can make you sleepy. Do not take more of the drug than your doctor prescribed. Dependence has occurred when patients have taken propoxyphene for a long period of time at doses greater than recommended.

The rest of this leaflet gives you more information about propoxyphene. Please read it and keep it for further use.

Uses for Propoxyphene

Products containing propoxyphene are used for the relief of mild to moderate pain. Products which contain propoxyphene plus acetaminophen are prescribed for the relief of pain or pain associated with fever.

Before taking Propoxyphene

Make sure your doctor knows if you have ever had an allergic reaction to propoxyphene or acetaminophen.

The effect of propoxyphene in children under 12 has not been studied. Therefore, use of the drug in this age group is not recommended.

How to Take Propoxyphene

Follow your doctor's directions exactly. Do not increase the amount you take without your doctor's approval. If you miss a dose of the drug, do not take twice as much the next time.

Pregnancy

Do not take propoxyphene during pregnancy unless your doctor knows you are pregnant and specifically recommends its use. Cases of temporary dependence in the newborn have occurred when the mother has taken propoxyphene consistently in the weeks before delivery. As a general principle, no drug should be taken during pregnancy unless it is clearly necessary.

General Caution

Heavy use of alcohol with propoxyphene is hazardous and may lead to overdose symptoms (see "Overdose" below); **THEREFORE, LIMIT YOUR INTAKE OF ALCOHOL WHILE TAKING PROPOXYPHENE.**

Combinations of excessive doses of propoxyphene, alcohol, and tranquilizers are dangerous. Make sure your doctor knows if you are taking tranquilizers, sleep aids, antidepressant drugs, antihistamines, or any other drugs that make you sleepy. The use of these drugs with propoxyphene increases their sedative effects and may lead to overdose symptoms, including death (see "Overdose" below).

Propoxyphene may cause drowsiness or impair your mental and/or physical abilities; therefore, use caution when driving a vehicle or operating dangerous machinery. **DO NOT** perform any hazardous task until you have seen your response to this drug.

Propoxyphene may increase the concentration in the body of medications such as anticoagulants ("blood thinners"), antidepressants, or drugs used for epilepsy. The result may be excessive or adverse effects of these medications. Make sure your doctor knows if you are taking any of these medications.

Dependence

You can become dependent on propoxyphene if you take it in higher than recommended doses over a long period of time. Dependence is a feeling of need for the drug and a feeling that you cannot perform normally without it.

Overdose

An overdose of propoxyphene, alone or in combination with other drugs, including alcohol, may cause weakness, difficulty in breathing, confusion, anxiety, and more severe drowsiness and dizziness. Extreme overdose may lead to unconsciousness and death.

If the propoxyphene product contains acetaminophen, the overdose symptoms include nausea, vomiting, lack of appetite, and abdominal pain. Liver damage may occur.

In any suspected overdose situation, contact your doctor or nearest hospital emergency room. **GET EMERGENCY HELP IMMEDIATELY. KEEP THIS AND ALL DRUGS OUT OF THE REACH OF CHILDREN.**

Possible Side Effects

When propoxyphene is taken as directed, side effects are infrequent. Among those reported are drowsiness, dizziness, nausea, and vomiting. If these effects occur, it may help if you lie down and rest.

Less frequently reported side effects are constipation, abdominal pain, skin rashes, light-headedness, headache, weakness, minor visual disturbances, and feelings of elation or discomfort.

If side effects occur and concern you, contact your doctor.

Other Information

The safe and effective use of propoxyphene depends on your taking it exactly as directed. This drug has been prescribed specifically for you and your present condition. Do not give this drug to others who may have similar symptoms. Do not use it for any other reason.

If you would like more information about propoxyphene, ask your doctor or pharmacist. They have a more technical leaflet (professional labeling) you may read.

Manufactured by:

Wyeth Laboratories

A Wyeth-Ayerst Company

Philadelphia, PA 19101

CI 3965-4 Revised March 10, 1994

Shown in Product Identification Guide, page 342

WYTENSIN®

[wi-ten-'sin]
(guanabenz acetate)

DESCRIPTION

Wytensin (guanabenz acetate), an antihypertensive agent for oral administration, is an aminoguanidine derivative, 2,6-dichlorobenzylideneaminoguanidine acetate, and its structural formula is:

