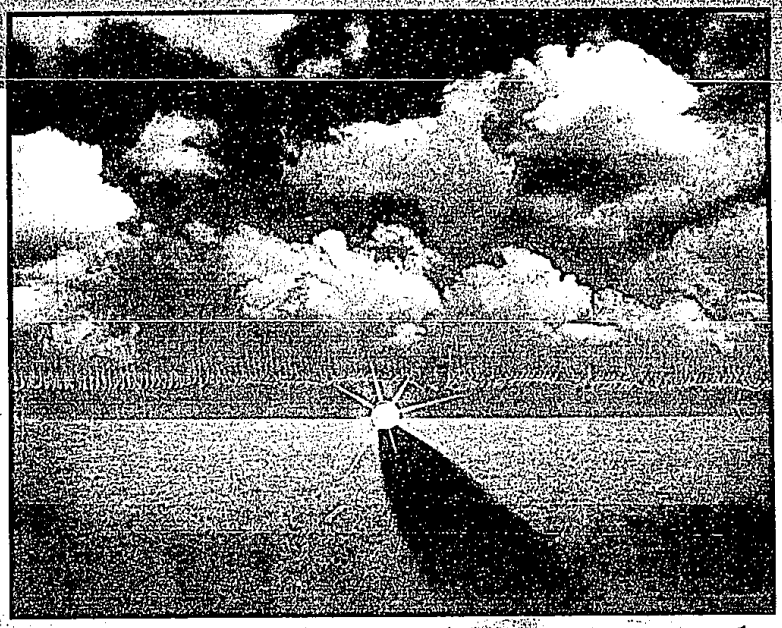
Introducing CLARITIN, the newest prescription discovery for seasonal nasal allergy sufferers



Clear benefits only your doctor can prescribe

- Fast, long-lasting relief of runny nose and itchy, watery eyes caused by seasonal nasal allergy. Relief began in as quickly as 30 minutes for 13% of treated patients (vs 4% of patients taking a placebo, or sugar pill). Some patients may require longer.
- Won't make you drowsy. In studies, the incidence of drowsiness was similar to placebo, or sugar pill, at the recommended dose. At higher doses, a dose-related increase in the incidence of drowsiness was observed.
- Low occurrence of side effects. Side effects occurred about as often as they did with placebo (sugar pills). Most common were headache, occurring with 12% of people; drowsiness, 8%; fatigue, 4%; and dry mouth, 3%.
- No reports to date of the serious heart rate irregularities reported with other nondrowsy antihistamines.
- Available by prescription only. Call 1-800-CLARITIN for important free information about seasonal nasal allergy relief.

Ask your doctor about

New Claritin®

10 mg TABLETS (loratadine)

Copyright ©1993, Schering Corporation, Kenilworth, NJ 07033. All rights reserved.

CR-657/17775103 7/93
Printed in U.S.A.

Notify your doctor of other medication(s) you are currently taking.

CLARITIN®
brand of loratadine
TABLETS
Long-Acting Antihistamine
BRIEF SUMMARY
(For full Prescribing Information, see package insert)

INDICATIONS AND USAGE
CLARITIN Tablets are indicated for the relief of nasal and non-nasal symptoms of seasonal allergic rhinitis.

CONTRAINDICATIONS
CLARITIN Tablets are contraindicated in patients who are hypersensitive to this medication or to any of its ingredients.

PRECAUTIONS
General: Patients with liver impairment should be given a lower initial dose (10 mg every other day) because they have reduced clearance of CLARITIN Tablets.
Drug Interactions: Drugs known to inhibit hepatic metabolism should be coadministered with caution until definitive interaction studies can be completed. The number of subjects who concomitantly received macrolide antibiotics, ketoconazole, cimetidine, nedocromil, or theophylline along with CLARITIN Tablets in controlled clinical trials is too small to rule out possible drug-drug interactions. There does not appear to be an increase in adverse events in subjects who received oral contraceptives and CLARITIN Tablets compared to placebo.
Carcinogenesis, Mutagenesis, and Impairment of Fertility: In an 18-month carcinogenicity study in mice and a 2-year study in rats, loratadine was administered in the diet at doses up to 40 mg/kg (mice) and 25 mg/kg (rats). In the carcinogenicity studies, pharmacokinetic assessments were carried out to determine animal exposure to the drug. AUC data demonstrated that the exposure of mice given 40 mg/kg of loratadine was 3.6 (loratadine) and 1.8 (active metabolite) times higher than a human given 10 mg/day. Exposure of rats given 25 mg/kg of loratadine was 28 (loratadine) and 67 (active metabolite) times higher than a human given 10 mg/day. Male mice given 40 mg/kg had a significantly higher incidence of hepatocellular tumors (combined adenomas and carcinomas) than concurrent controls. In rats, a significantly higher incidence of hepatocellular tumors (combined adenomas and carcinomas) was observed in males given 10 mg/kg and males and females given 25 mg/kg. The clinical significance of these findings during long-term use of CLARITIN Tablets is not known.
In mutagenicity studies, there was no evidence of mutagenic potential in reverse (AMES) or forward point mutation (CHO-HGPRT) assays, or in the assay for DNA damage (Rat Primary Hepatocyte Unscheduled DNA Assay) or in two assays for chromosomal aberrations (Human Peripheral Blood Lymphocyte Chromosome Assay and the Mouse Bone Marrow Erythrocyte Micronucleus Assay). In the Mouse Lymphoma Assay, a positive finding occurred in the non-activated but not the activated phase of the study.
Loratadine administration produced hepatic microsomal enzyme induction in the dosed at 40 mg/kg and not at 25 mg/kg, but not at lower doses.

Decreased fertility in male rats, shown by lower female conception rates, occurred at approximately 64 mg/kg and was reversible with cessation of dosing. Loratadine had no effect on male or female fertility or reproduction in the rat at doses of approximately 24 mg/kg.
Pregnancy Category B: There was no evidence of animal teratogenicity in studies performed in rats and rabbits. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, CLARITIN Tablets should be used during pregnancy only if clearly needed.
Nursing Mothers: Loratadine and its metabolite, desloratadine/loratadine, pass easily into breast milk and achieve concentrations that are equivalent to plasma levels with an AUC_{0-168} ratio of 1.17 and 0.65 for the parent and active metabolite, respectively. Following a single oral dose of 40 mg, a small amount of loratadine and metabolite was excreted into the breast milk (approximately 0.03% of 40 mg over 48 hours). A decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother. Caution should be exercised when CLARITIN Tablets are administered to a nursing woman.
Pediatric Use: Safety and effectiveness in children below the age of 12 years have not been established.

ADVERSE REACTIONS
Approximately 10,000 patients received CLARITIN Tablets 10 mg once daily in controlled and uncontrolled studies. Placebo-controlled clinical trials at the recommended dose of 10 mg once a day varied from 2 weeks' to 6 months' duration. The rate of premature withdrawal from these trials was approximately 2% in both the treated and placebo groups.

REPORTED ADVERSE EVENTS WITH AN INCIDENCE OF MORE THAN 2% IN PLACEBO-CONTROLLED ALLERGIC RHINITIS CLINICAL TRIALS

	PERCENT OF PATIENTS REPORTING			
	LORATADINE 10 mg QD n = 1926	PLACEBO n = 2545	CLEMASTINE 1 mg BID n = 336	TERFENADINE 60 mg BID n = 684
Headache	12	11	6	9
Somnolence	8	6	22	9
Fatigue	4	3	10	7
Dry Mouth	3	2	4	3

Adverse event rates did not appear to differ significantly based on age, sex, or race, although the number of non-white subjects was relatively small.
In addition to those adverse events reported above, the following adverse events have been reported in 2% or lower patients.
Autonomic Nervous System: Altered salivation, increased sweating, altered lactation, hypoesthesia, impotence, thirst, flushing.
Body As A Whole: Conjunctivitis, blurred vision, earache, eye pain, tinnitus, asthenia, weight gain, back pain, leg cramps, malaise, chest pain, rigors, fever, aggravated allergy, upper respiratory infection, angioneurotic edema.
Cardiovascular System: Hypotension, hypertension, palpitations, syncope, tachycardia.
Central and Peripheral Nervous System: Hyperkinesia, blepharospasm, paresthesia, dizziness, migraine, tremor, vertigo, dysphonia.
Gastrointestinal System: Abdominal discomfort, nausea, vomiting, flatulence, gastritis, constipation, diarrhea, altered taste, increased appetite, anorexia, dyspepsia, stomatitis, toothache.
Musculoskeletal System: Arthralgia, myalgia.
Psychiatric: Anxiety, depression, agitation, insomnia, paroniria, amnesia, impaired concentration, confusion, decreased libido, nervousness.
Reproductive System: Breast pain, menorrhagia, dysmenorrhea, vaginitis.
Respiratory System: Nasal dryness, epistaxis, pharyngitis, dyspnea, nasal congestion, coughing, rhinitis, hemoptysis, sinusitis, sneezing, bronchospasm, bronchitis, laryngitis.
Skin and Appendages: Dermatitis, dry hair, dry skin, urticaria, rash, pruritus, photosensitivity reaction, purpura.
Urinary System: Urinary discoloration, altered micturition.
In addition, the following spontaneous adverse events have been reported rarely during the marketing of loratadine: peripheral edema, abnormal hepatic function including jaundice, hepatitis, and hepatic necrosis; alopecia; seizures; breast enlargement; erythema multiforme.

OVERDOSAGE
Somnolence, tachycardia, and headache have been reported with overdoses greater than 10 mg (40 to 180 mg). In the event of overdosage, general symptomatic and supportive measures should be instituted promptly and maintained for as long as necessary.
Treatment of overdosage would reasonably consist of emesis (ipecac syrup), except in patients with impaired consciousness, followed by the administration of activated charcoal to absorb any remaining drug. If vomiting is unsuccessful, or contraindicated, gastric lavage should be performed with normal saline. Saline catharsics may also be of value for rapid dilution of bowel contents. Loratadine is not eliminated by hemodialysis. It is not known if loratadine is eliminated by peritoneal dialysis.
Oral LD_{50} values for loratadine were greater than 5000 mg/kg in rats and mice. Doses as high as 10 times the recommended clinical doses showed no effects in rats, mice, and monkeys.

Schering
Schering Corporation
Kenilworth, NJ 07033 USA

Copyright © 1992, 1993, Schering Corporation. All rights reserved. Rev. 4/93 14285756-385

TRADE MARK, CLAIM
NO. 1 PCS. © 1993