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Millions of adults in the United States now use the Internet for various health-related needs.

Online pharmacies began as an experiment in customer convenience as drug providers looked to afford consumers less cumbersome means for filling prescriptions and accessing medical advice, McNulty maintained. But, he added, as Internet commerce in the health care industry became more widespread, “more and more pharmacies began to open their proverbial doors on the World Wide Web targeting America’s baby-boom generation with such midlife crisis drugs” as Pfizer’s erectile dysfunction product Viagra, Merck’s hair-loss treatment Propecia, and Abbott’s weight-loss drug Meridia.

“Online pharmacies have built a strong business niche by capitalizing on shifting demographics and a growing American dependence on prescription drugs,” McNulty declared. “Pharmacies operating on the Internet are able to generate millions of dollars in revenue each year, and there will certainly be more to follow. With 35% of the population over...

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New drugs and dosage forms

**Clofetsal** shampoo (Clofox, Galderma): A 0.05% shampoo formulation was added to the product line. The shampoo is indicated for the topical treatment of moderate to severe forms of scalp psoriasis in persons age 18 years or older. The recommended dosage is daily application of a thin film of the shampoo to the affected areas of the scalp for no more than four weeks; the shampoo should be applied to a dry scalp and left on for 15 minutes before lathering and rinsing. No more than 50 mL of the product, equivalent to 50 g of the corticosteroid, should be used per week.

**Clozapine** orally disintegrating tablets (FazaClo ODT, Alamo): The aspartame-sweetened, mint-flavored formulation is indicated for the management of severely ill schizophrenia patients in whom standard drug treatment has not produced an adequate response.

Use of the product is contraindicated in patients with a myeloproliferative disorder, uncontrolled epilepsy, severe central-nervous-system depression, a history of clozapine-induced agranulocytosis or severe granulocytopenia, or a hypersensitivity to an ingredient in the tablets or who are in a coma. The drug should not be administered to patients also receiving a medication with a well-known potential to cause agranulocytosis or suppress bone marrow function.

The recommended starting dosage is one half of a 25-mg tablet placed on the tongue once or twice daily; the remaining half of the tablet should be destroyed. This dosage should be increased daily by 25–50 mg, if the patient tolerates it well, to achieve a regimen of 300–450 mg/day by the end of week 2; subsequent adjustments of 100 mg or less may be made up to twice weekly but should not result in a dosage greater than 900 mg/day. Planned termination of therapy should involve gradual decreases in dosage over one to two weeks. FazaClo ODT is available in 25- and 100-mg tablets sealed in blisters, six tablets to a card. Tablets should not be removed from the blister until needed. To remove a tablet from the blister, peel the foil; do not push the tablet through the foil. The company has established the FazaClo Patient Registry for prescribing physicians, dispensing pharmacists, and patients.

**Duloxetine hydrochloride** capsules (Cymbalta, Lilly): The selective serotonin-and-norepinephrine-reuptake inhibitor is indicated for the treatment of major depressive disorder. Use of the product is contraindicated in patients with uncontrolled narrow-angle glaucoma or a hypersensitivity to the capsule and in those taking a monoamine oxidase inhibitor (MAOI).

The recommended starting dosage is 20 mg twice daily, 30 mg twice daily, or 60 mg daily with or without meals; the maximum dosage is 60 mg/day. Patients with end-stage renal disease or any level of hepatic insufficiency should not receive the drug. In pregnant women, clinicians may want to gradually discontinue therapy to prevent exposing the neonate to duloxetine late in the third trimester. Patients changing to duloxetine therapy from an MAOI should wait at least 14 days from the last dose, and patients moving from duloxetine therapy to an MAOI should let at least five days lapse before starting the new treatment. Cymbalta is available in 20-, 30-, and 60-mg capsules containing enteric-coated pellets of drug.

**Human secretin** for injection (Chirho-Clin): The hormone is indicated to help in the diagnosis of pancreatic exocrine dysfunction (by stimulating pancreatic secretions) or gastri-noma (by stimulating gastrin secretion) or to facilitate the identification of the hepatopancreatic ampulla and accessory papilla during retrograde cholangiopancreatography (by stimulating pancreatic secretions).

Use of the product is contraindicated in patients having an acute episode of acute pancreatitis.

The recommended dosage is a 0.2-µg test dose by i.v. injection and, if no untoward reaction occurs, 0.2 µg per kilogram of body weight by i.v. injection over one minute to stimulate pancreatic secretions or 0.4 µg per kilogram over one minute to stimulate gastric secretion. Human secretin for injection is available in vials containing 16 µg of lyophilized sterile powder that must be stored at –20 °C and protected from light; reconstitution of the powder with 6 mL of 0.9% sodium chloride injection yields a 2-µg/mL solution.

**Technetium Tc 99m fanolesomab** kit for preparation of i.v. injection (NeutroSpec, Palatin): The radiopharmaceutical, containing a murine immunoglobulin M monoclonal antibody, is indicated for the imaging of patients age 5 years or older with equivocal signs and symptoms of appendicitis.

Use of the product is contraindicated in patients with a hypersensitivity to murine proteins or another component of the radiopharmaceutical.

The recommended dosage in adults is a single i.v. injection of fanolesomab 75–125 µg tagged with 10–20 mCi (370–740 MBq) of technetium 99m; in children, the recommended dose is 0.21 mCi/kg up to a maximum of 20 mCi. Each NeutroSpec kit has five individual packages containing a 3-mL single-dose vial of fanolesomab 0.25 mg, a 2-mL ampule of ascorbic acid injection 500 mg/mL, and other components; the dosage is 0.25–1.25 mg/mL (for use after the addition of sodium pertechnetate Tc 99m injection to the fanolesomab vial), a package insert, and a “string tag label” for the reconstituted product. The kits must be stored at 2–8 °C after preparation, the radiopharmaceutical should be stored at 15–25 °C and used within six hours.