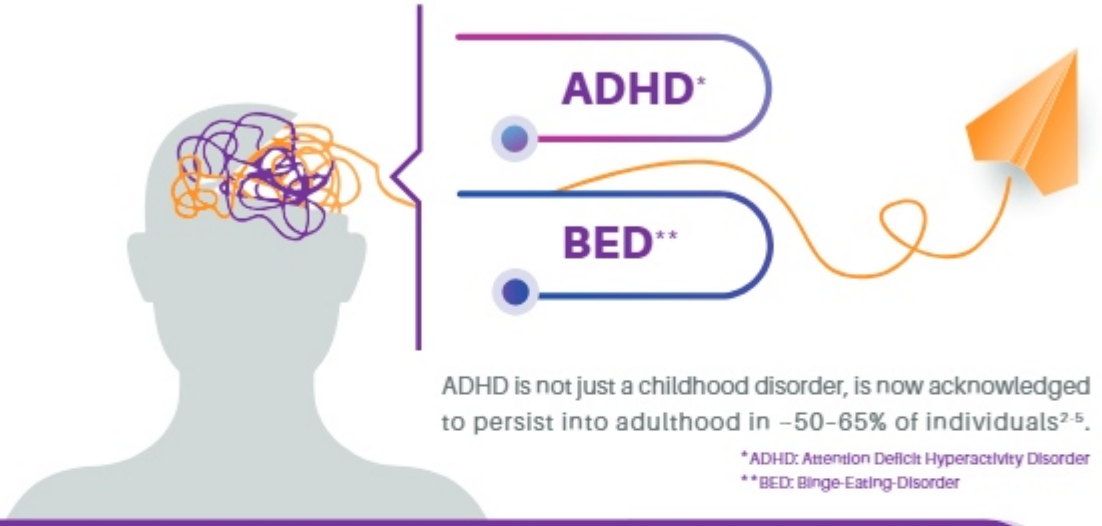
Attvanse

Lisdexamfetamine Mesilate 30, 50, 70mg

Keep Calm &
Control Your Mind

Attvanse Lisdexamfetamine mesilate (LDX) is a prodrug of dextroamphetamine. Amphetamines are non-catecholamine sympathomimetic amines with CNS stimulating properties. This agent works primarily by inducing the release of the neurotransmitter dopamine and norepinephrine from their storage areas in presynaptic nerve terminals. Both of these transmitters contribute to alertness, increased concentration, in addition to effort and motivation[1].

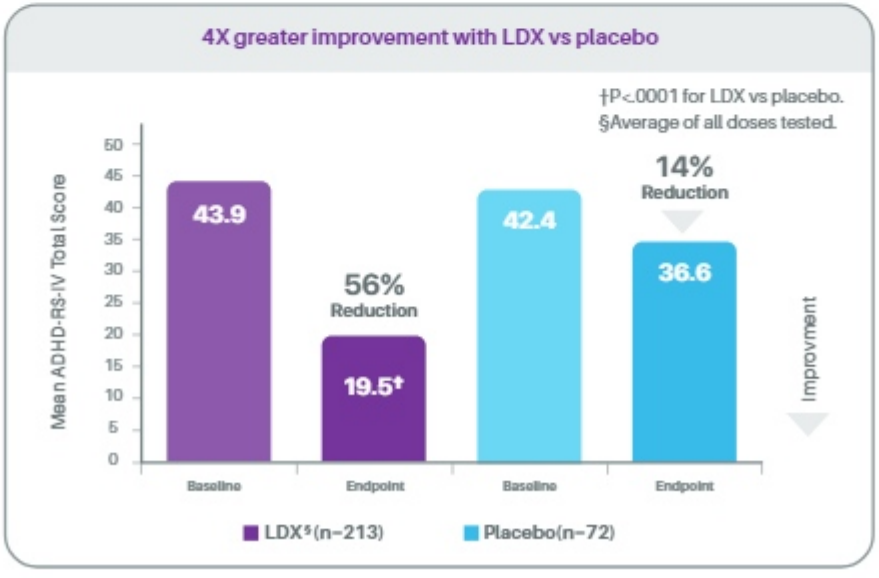


ADHD is not just a childhood disorder, is now acknowledged to persist into adulthood in ~50–65% of individuals[2-5].

*ADHD: Attention Deficit Hyperactivity Disorder
**BED: Binge-Eating-Disorder

Efficacy of LDX in patients aged 6-12 years using ADHD-RS-IV and CPRS ADHD Index

LDX demonstrated a significant reduction in ADHD-RS-IV total score[6,7].
LDX provided a 56% average reduction in ADHD-RS-IV total score (from 43.9 to 19.5) for all doses combined vs a 14% average reduction for placebo (from 42.4 to 36.6)[6-8]



LDX reduced the average number of binge days per week

In two 12-week studies of adults who were diagnosed with moderate to severe B.E.D., LDX (at 30, 50, or 70 mg/day) was proven to reduce the number of weekly binge days (a day with at least 1 binge episode). At the end of both Study 1 and Study 2, adults with moderate to severe B.E.D. who took LDX experienced, on average, significantly fewer binge days per week compared to those who took placebo[9].

Dosage and Administration:

Indication	Initial Dose	Titration Schedule	Recommended Dose	Maximum Dose
ADHD (Adult and Pediatric)	30mg every morning	10mg or 20mg weekly	30mg to 70mg per day	70mg per day
BED (≥18 years)	30mg every morning	20mg weekly	50mg to 70mg per day	70mg per day

Prior to treatment, assess for presence of cardiac disease.

Severe renal impairment: Maximum dose is 50 mg/day.

End stage renal disease (ESRD): Maximum dose is 30 mg/day.

- Administer in the morning without regard to meals.
- A single dose should not be divided.
- Swallow the whole capsule , do not chew.
- The Capsule may be opened and the entire contents mixed with water, yogurt, or orange juice; consume immediately; do not store mixture. The active ingredient dissolves completely once dispersed; however, a film containing the inactive ingredients may remain in the glass or container once the mixture is consumed.

Contraindications: Hypersensitivity to amphetamine products or any component of the formulation; concurrent use of MAO inhibitors, or within 14 days of the last MAO inhibitor dose.

Warnings and Precautions: •CNS effects: patients must be cautioned about performing tasks which require mental alertness (eg, operating machinery or driving). •Peripheral vasculopathy: generally, improve with dose reduction or discontinuation. monitor for digital changes during therapy and seek further evaluation. •Growth retardation: Monitor height and weight in pediatric patients during treatment. •Visual disturbance. •Cardiovascular disorders: Use with caution in patients with hypertension, ventricular arrhythmia, and other cardiovascular conditions that might be exacerbated by increases in BP or heart rate. •Bipolar disorder: May precipitate a mixed or manic episode in patients with bipolar illness. •Seizure disorder: Limited information exists regarding stimulant use in seizure disorder. Whereas patients with ADHD are at an increased risk for seizure activity compared to the general population. •Tourette syndrome/tics: Use with caution in patients with Tourette syndrome or other tic disorders. Stimulants may exacerbate tics (motor and phonic) and Tourette. •Older adult: Use with caution in this age group. •Abuse/misuse/diversion: Use with caution in patients with a history of ethanol or drug abuse. Prescriptions should be written for the smallest quantity consistent with good patient care. •Weight loss: Not indicated or recommended for weight loss; safety and efficacy not established for treatment of obesity. •Discontinuation of therapy: Abrupt discontinuation following high doses or for prolonged periods may result in symptoms for withdrawal (eg, depression, extreme fatigue). **Pregnancy and breastfeeding:** Pregnancy: May cause fetal harm. Breastfeeding: Breastfeeding not recommended. **Drug interactions:** Acidifying and Alkalinizing Agents: Agents that alter urinary pH can alter blood levels of amphetamine. Acidifying agents decrease amphetamine blood levels, while alkalinizing agents increase amphetamine blood levels.

Side effects: Cardiovascular events, Growth suppression, Psychiatric/behavioral effects, Serotonin syndrome, Decreased appetite, upper abdominal pain, xerostomia, Insomnia, Increased blood pressure.

Rx Code 30mg: 72268	Rx Code 50mg: 72243	Rx Code 70mg: 72242

References:

1- drugbank© lisdexamfetamine/2023 2- Hayyad J, Sampson NA, Hwang I, et al. The descriptive epidemiology of DSM-IV Adult ADHD in the World Health Organization World Mental Health Surveys. Atten Defic Hyperact Disord 2011; 3: 47-65. 3- Faraone SV, Biederman J, Mick E. The age-dependent decline of attention deficit hyperactivity disorder: a meta-analysis of follow-up studies. Psychol Med 2006; 36: 159-165. 4- Faraone SV, Biederman J, Mick E. The age-dependent decline of attention deficit hyperactivity disorder: a meta-analysis of follow-up studies. Psychol Med 2006; 36: 159-165. 5- Biederman J, Mick E, Faraone SV. Age-dependent decline of symptoms of attention deficit hyperactivity disorder: impact of remission definition and symptom type. Am J Psychiatry 2000; 157: 816-818. 6- Vyvanse (package insert). Lexington, MA: Takeda Pharmaceuticals U.S.A., Inc. 7- Biederman J, Krishnan S, Zhang Y, McGough JJ, Findling RL. Efficacy and tolerability of lisdexamfetamine dimesylate (NRP-104) in children with attention-deficit/hyperactivity disorder: a phase III, multicenter, randomized, double-blind, forced-dose, parallel-group study. Clin Ther. 2007;29(3):450-463. 8- Data on file; 1130000; Shire US Inc. 9- Michele Fornaro, Marco Solmi. Lisdexamfetamine in the treatment of moderate-to-severe binge eating disorder in adults: systematic review and exploratory meta-analysis of publicly available placebo-controlled, randomized clinical trials, Neuropsychiatric Disease and Treatment, Published 2016 Jul 25, doi: 10.2147/NDT.S108630.

Use in specific population[4]:

- **Renal Impairment:**
  Dosage adjustment may be necessary since mesalazine is renally eliminated. Use with caution.

- **Hepatic Impairment:**
  Evaluate risk versus benefit in patients with preexisting impairment.

- **Pregnancy & Breast-Feeding:**
  Mesalazine cross the placenta, when treatment for inflammatory bowel disease is needed in pregnant patients, mesalazine can be continued without interruption.
  Mesalazine is present in breast milk; the decision to breastfeed during therapy should consider the risks and benefits.

- **Elderly:** Use with caution in the elderly.

Contraindications[4]:

Hypersensitivity to mesalazine, Aminosalicylates, salicylates or any component of the formulation; Severe renal and hepatic impairment.

Precautions[4]:

Hypersensitivity reaction; Intolerance syndrome; Photosensitivity; Hepatic impairment; Renal impairment; Patients with pyloric stenosis or other organic or functional upper GI obstructive disorders: avoid use in patients at risk of upper GI obstruction; Oligospermia.

Drug Interactions[4]:

Antacids, Varicella Virus-Containing Vaccines, Cardiac Glycosides, Myelosuppressive Agents, NSAIDs, Thiopurine Analogs, Vitamin K Antagonists (eg, warfarin).

Side effects[4]:

(>10%) Abdominal pain, constipation, eructation, Headache, Nasopharyngitis.

Reference:

1. Maggie Ham and Alan C Moss; Mesalazine in the treatment and maintenance of remission of ulcerative colitis; Expert Rev Clin Pharmacol. 2012 Mar; 5(2): 113–123; doi: 10.1586/ecp.12.2
2.Singh S., Allegretti J.R., Siddique S.M. et al. AGA Technical review on the management of moderate to severe ulcerative colitis.Gastroenterology. 2019; 158: 1465-1496
3. Meysam Olfatifar, Mohammad Reza Zali; The emerging epidemic of inflammatory bowel disease in Asia and Iran by 2035: A modeling study; BMC Gastroenterology volume 21, Article number: 204 (2021).
4. Uptodate; mesalazine;2021

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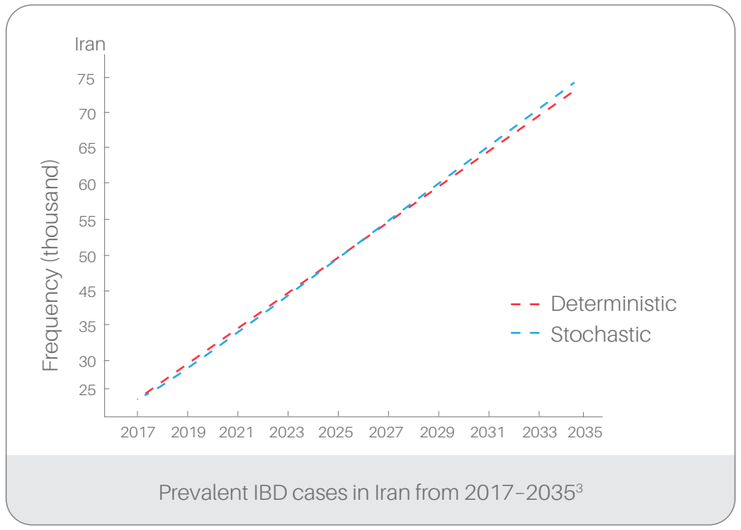
ASAPHA 500

Mesalazine E.C. Tablet 500mg

Enjoy Your Adventure

IBD is a global disease in the 21st century

Inflammatory Bowel Disease (IBD) is a lifelong and nonfatal disease, or rather a global public health problem, marked by continuous cycles of remission and recurrence.
Based on modeling study in 2021, We observed an increasing trend in the prevalence of IBD from 2017 to now and from 2020 to 2035 in Iran. Notably, it shifted from 23 thousand cases in 2017 to about 30 thousand cases in 2021 and it will be increased to about 69 thousand cases in 2035. We also estimated that the prevalence doubling time in Iran will be nearly 12 years, with 18,000 cases between 2020 and 2032. These ndings show an ongoing IBD epidemic in Iran.



Prevalent IBD cases in Iran from 2017–2035[3]

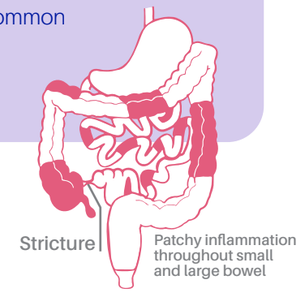
Crohn's Disease

Age of onset: 15-35 years and 55-75 years

Symptoms: Depends on location of disease. May include abdominal pain, diarrhea, weight loss and fatigue.

Bloody Stool: Variable

Malnutrition: Common



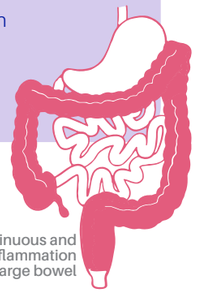
Ulcerative Colitis

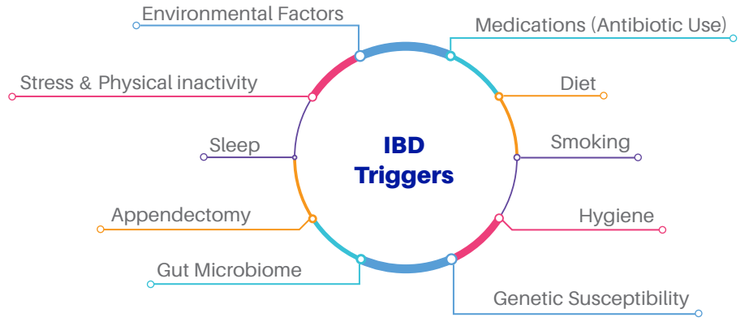
Age of onset: 15-35 years and 55-75 years

Symptoms: May include stool urgency, fatigue, increased bowel movements, mucous in stool, nocturnal bowel movements and abdominal pain.

Bloody Stool: Common

Malnutrition: **Less** Common





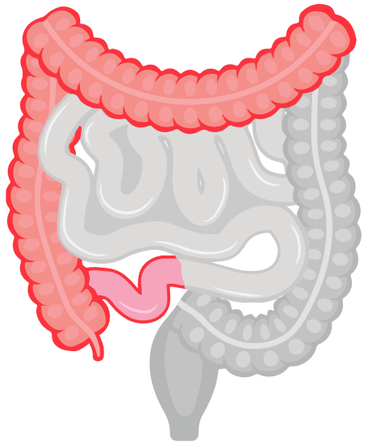
Asapha enteric-coated oral tablet contains 500mg of mesalazine, which is soluble at **pH=7.2 and above.** Mesalazine (5-aminosalicylic acid) is the active component of sulfasalazine; the speci c mechanism of action is unknown; however, it is thought that mesalazine modulates local chemical mediators of the inflammatory response, especially leukotrienes, and is also postulated to be a free radical scavenger or an inhibitor of tumor necrosis factor (TNF); action appears topical rather than systemic.

- Treatment and maintenance of remission of mild to moderate active ulcerative colitis in patients; 5 years of age, patients weighing 24 kg and adults.
- Treatment and maintenance of remission of mild to moderate Crohn's disease (Off-label).
- Preventing of relapse of Crohn's disease following bowel resection in adults (Off-label).

ASAPHA 500

Orally Given

local release of mesalamine



Dosing and Administration[4]:

Dosing	Adult	Pediatric
Crohn's disease (off-label) mild to moderate	1g 3 to 4 times daily.	Crohn's disease (off-label) mild to moderate
Induction of remission UC	1g 4 times daily	60 to 80mg/kg/day in 2 divided doses or once daily. **Maximum daily dose:** 4,800mg/day in patients with milder UC, doses as low as 30mg/kg/day may be effective.
Maintenance of remission UC	1.5 to 4g/day in 3 to 4 divided doses	

Buprenorphine Hydrochloride

Sublingual tablet: 0.4,2,8mg

Renovate Your Life

Buprenorphine Hydrochloride

Buprenorphine is a partial mu-opioid receptor agonist and κ-opioid receptor antagonist; it's used for the treatment of severe pain and also commonly used for the treatment of severe opioid addiction. Buprenorphine may also be a preferred agent over methadone (which is also commonly used to treat severe pain and opioid use disorder (OUD)), as it has less effect on QT interval prolongation, fewer drug interactions, reduced risk of sexual side effects and an improved safety profile with a lower risk of overdose and respiratory depression.

- Lower abuse potential
- Lower level of physical dependence
- Less withdrawal discomforts
- Greater safety in overdose

Opioid Replacement Therapy [ORT][1]

Buprenorphine is an evidence-based, safe, effective treatment option for OUD to help patients overcome opioid withdrawal symptoms.

Worldwide, about 0.5 million deaths are attributable to drug use.

More than 70% of these deaths are related to opioids.

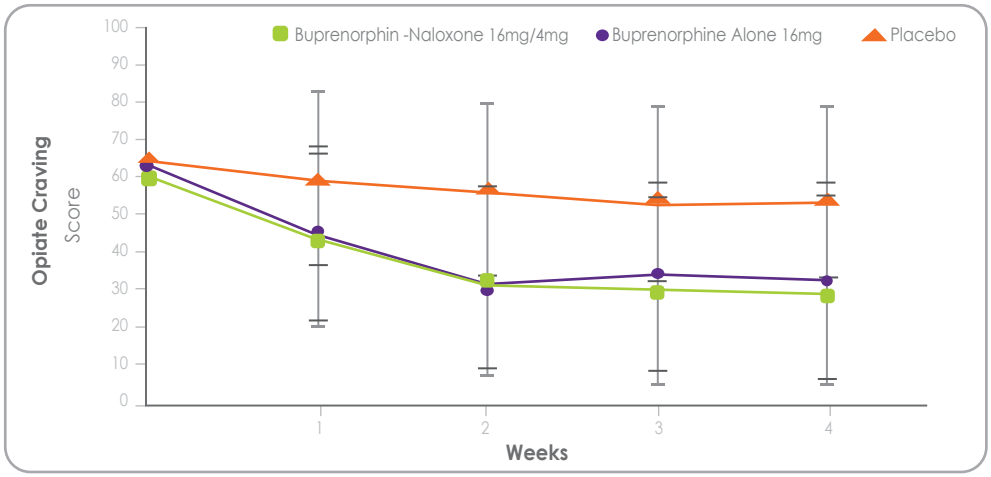
More than 30% of those deaths caused by opioids overdose.

Medication Assisted Treatment (MAT)[2]:

Medication assisted treatment (MAT) is the use of medications (e.g., methadone, buprenorphine, or naltrexone), in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders. Research shows that a combination of medication and therapy can successfully treat these disorders, and for some people struggling with addiction, MAT can help sustain recovery. MAT is also used to prevent or reduce opioid overdose. MAT treatment should be a safe, legal, affordable and oral route administered.

Craving as a Therapeutic Target in Opioid Use Disorder (OUD)[3]

Based on randomized controlled trial in patients with opiate dependence, Self-reported opiate craving was assessed as the peak craving during the prior 24 hours measured on a 0 to 100mm visual analogue scale. Statistically significant reductions in craving were reported for comparisons between BUP and BUP-naloxone groups versus placebo at all post-baseline time points.



Indications[4]:

- Maintenance treatment of moderate to severe opioid use disorder.
- Management of pain severe enough to require around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate.

Pharmacokinetics[4]:

Bioavailability	29%
Protein binding	96%
Metabolism	Hepatic CYP 3A4
Half-life	37 Hours
Excretion	Feces/Urine

Administration[4]:

Tablet should be placed under the tongue until dissolved (can take up to 10 minutes to fully dissolve); should not be cut, chewed, or swallowed.

Dosings[4]:

Based on clinical guidelines for the use of buprenorphine in the treatment of opioid addiction, titrate gradually due to patient response and adverse effects.

Contraindications[4]:

Hypersensitivity to buprenorphine or any component of the formulation; significant respiratory depression; acute or severe asthma in an unmonitored setting or in the absence of resuscitative equipment; GI obstruction including paralytic ileus (known or suspected).

Warnings and Precautions[4]:

Use with caution in patients with hypovolemia, cardiovascular disease, hypokalemia, hypomagnesemia, clinically unstable cardiac disease, moderate hepatic impairment, renal impairment, compromised respiratory function, adrenal insufficiency, biliary tract dysfunction, ileus or bowel obstruction, acute ulcerative colitis and active Crohn's disease, delirium tremens, head injury, intracranial lesions or elevated intracranial pressure (ICP), Obesity, prostatic hyperplasia, toxic psychosis, history of seizure disorders, sleep-disordered breathing, thyroid dysfunction, cachectic or debilitated patients.

Pregnancy and Breastfeeding[4]:

Buprenorphine crosses the placenta and is present in breast milk; the risk or benefit of treatment to the mother and infant should be considered.

Drug Interactions[4]:

Opioid agonist and antagonist, CYP3A4 inducers and inhibitors, CNS depressants.

Side Effects[4]:

>10%: Diaphoresis, Abdominal pain, Nausea, Infection, Headache, Insomnia

1% to 10%: Constipation, Vomiting

<1%: Opioid withdrawal syndrome, Respiratory depression

Reference:

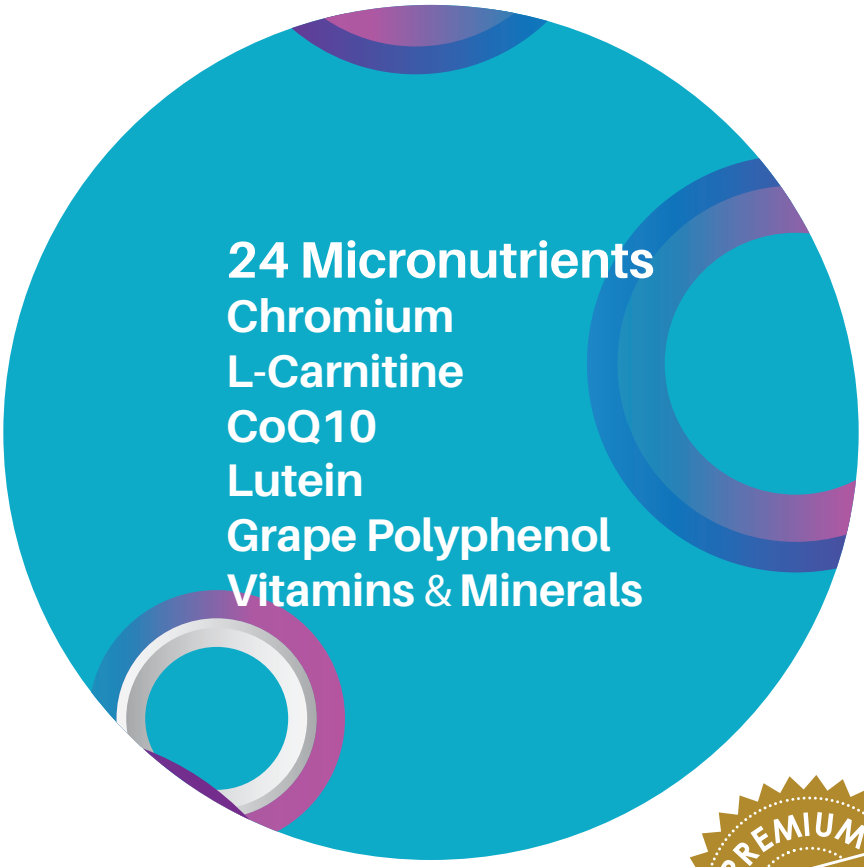
1-WHO/opioid-overdose/2022 2-Medication-Assisted Treatment for Opioid Use Disorder Study (MAT Study)/CDC/2019 3-Kakko, Johan et al. (2019). Craving in Opioid Use Disorder: From Neurobiology to Clinical Practice. Frontiers in Psychiatry. 10. 10.3389/fpsyt.2019.00592. 4-Buprenorphine monograph/Uptodate/2022

DuraLife

Diabetic Support Formula

Dietary Supplement

A First-of-Its-Kind Nutritional Formula



PREMIUM DuraLife QUALITY

Nutritional Support for People with Prediabetes and Diabetes

•Sugar Free •Gluten Free •Lactose Free •Yeast Free •Preservative Free

30 F.C. Tablets

Enhance Well-Being of Adults With Diabetes

- 24 micronutrients in one tablet
- Safeguards daily intake of key micronutrients
- A balanced formula, developed by experts based on published nutritional research

Supports Nerve Healthy Function

Helps Promote Normal blood Sugar Level

Boosts Immune System

Supports Normal Vision Health

Duralife Diabetic support formula is a general multivitamin and mineral food supplement specially formulated to be suitable to safeguard nutritional requirements of people with Diabetes & Pre-Diabetes. There is no need to take an additional multivitamin.

Supplement Facts

Serving Size: Tablet
Servings Per Container: 30

Ingredients	Amount Per Serving	%Daily Value*
Vitamin A	912 µg (3040IU)	100
Vitamin D	15 µg (600IU)	75
Vitamin E	20 mgTE (30IU)	133
Vitamin C	120 mg	133
Vitamin B1 (Thiamine)	30 mg	2500
Vitamin B2 (Riboflavin)	5 mg	385
Vitamin B3 (Niacin)	30 mg	188
Vitamin B5 (Pantothenic Acid)	10 mg	200
Vitamin B6 (Pyridoxine)	10 mg	588
Vitamin B7 (Biotin)	200 µg	667
Folate	1360 µg DFE (800 µg Folic Acid)	340
Vitamin B12 (Cyanocobalamin)	24 µg	1000
Magnesium	100 mg	24
Iron (as Ferrous Fumarate)	8 mg	44
Zinc (as Zinc Oxide)	15 mg	136
Copper	800 µg	89
Manganese	2 mg	87
Selenium	100 µg	182
Chromium	160 µg	457
Iodine	100 µg	67
L- Carnitine	50 mg	**
Lutein	2.5 mg	**
CoQ10	20 mg	**
Grape Polyphenol	20 mg	**

*Daily Value based on New Nutrition and Supplement Facts Labels (FDA 2020)
**Daily Value not established

Excipients: Microcrystalline Cellulose, Croscarmellose Sodium, Silicon Dioxide, Magnesium Stearate, Opadry

Specially Formulated Nutritional Support for People with Diabetes & Pre-Diabetes

Co-Q10
Improve blood pressure and long-term glycaemic control.

L- Carnitine
Beneficial effect on whole body glucose utilization.

Vitamin B12:
Low vitamin-B12 levels are associated with a high level of body fat.

Grape Polyphenol
Prevention and management of diabetes and related complications.

Lutein
Beneficial effects on the visual function.

Zinc
Restores immunological functions.

Iodine
Improves blood glucose levels.

Magnesium
Ameliorates insulin resistance.

Vitamin D
Play a role in insulin signaling.

Vitamin B6:
Improve glycogen metabolism.

Selenium
Amends oxidative stress.

Iron
Modulates glucose metabolism.

Chromium
Improves insulin sensitivity. Contributes to the maintenance of normal blood glucose levels.

A balanced diet is always at the base of good health, and DuraLife Diabetic support formula is one-a-day source of 24 essential nutrients including Chromium and B Vitamins. Designed to be comprehensive, its special formulation means there's no need to take another multivitamin. There is no maximum length of time over which it may be used.

DuraLife Diabetic support formula is a vitamin and mineral supplement and should never be used in place of prescribed diets or medication. It is important that blood sugar levels are regularly monitored.

Dosing and Administration

one tablet once daily with the main meal and a full glass of water.

Contraindications:

Epilepsy, Haemochromatosis or Hypersensitivity to any component of the formulation.

Pregnancy and breast-feeding:

The benefits and risks of use should be assessed on an individual basis. Vitamins and minerals are present in breast milk. For more information, refer to individual vitamins and minerals monographs for requirements during pregnancy and while breast feeding.

Warning and Precautions:

Avoid prescribing more than the recommended amount.
Food supplements must not replace a varied and balanced diet and a healthy lifestyle.

Storage:

Store at room temperature and keep away from light and moisture. Keep out of the reach and sight of children.

RX Code:

Reference:

1. Khodavirdipour A, Haddadi F, Keshavarzi S. Chromium supplementation; negotiation with diabetes mellitus, hyperlipidemia and depression. Journal of Diabetes & Metabolic Disorders. 2020 Jun;19(1):585-95./2. Dubey P, Thakur V, Chattopadhyay M. Role of minerals and trace elements in diabetes and insulin resistance. Nutrients. 2020 Jun;12(6):1864./3. Zhang PC, Wu CR, Wang ZL, Wang LY, Han Y, Sun SL, Li QS, Ma L. Effect of lutein supplementation on visual function in nonproliferative diabetic retinopathy. Asia Pacific journal of clinical nutrition. 2017 Jan;26(3):406-11. /4. Rodriguez-Morán M, Guerrero-Romero F. Oral magnesium supplementation improves insulin sensitivity and metabolic control in type 2 diabetic subjects: a randomized double-blind controlled trial. Diabetes care. 2003 Apr 1;26(4):1147-52./5. Hodgson JM, Watts GF, Playford DA, Burke V, Croft KD. Coenzyme Q 10 improves blood pressure and glycaemic control: a controlled trial in subjects with type 2 diabetes. European journal of clinical nutrition. 2002 Nov;56(11):1137-42./6. Balbi ME, Tonin FS, Mendes AM, Borba HH, Wiens A, Fernandez-Llimos F, Pontarolo R. Antioxidant effects of vitamins in type 2 diabetes: a meta-analysis of randomized controlled trials. Diabetology & metabolic syndrome. 2018 Dec;10(1):1-2./7. Rasines-Perea Z, Teissedre PL. Grape polyphenols' effects in human cardiovascular diseases and diabetes. Molecules. 2017 Jan;22(1):68./8. Bene J, Hadzsiev K, Melegh B. Role of carnitine and its derivatives in the development and management of type 2 diabetes. Nutrition & diabetes. 2018 Mar 7;8(1):1-0./9. Shen Q, Pierce JD. Supplementation of coenzyme Q10 among patients with type 2 diabetes mellitus. InHealthcare 2015 Jun (Vol. 3, No. 2, pp. 296-309). Multidisciplinary Digital Publishing Institute./10. Suksomboon N, Poolsup N, Yuwanakorn A. Systematic review and meta-analysis of the efficacy and safety of chromium supplementation in diabetes. Journal of clinical pharmacy and therapeutics. 2014 Jun;39(3):292-306.

Use in specific population[9]:

- **Renal Impairment:**
  eGFR 30 to 45mL/minute/1.73m^2: Consider benefits/risks of continuing therapy. If continuing therapy, a dosage reduction of 50% (maximum: 1g/day) and monitoring of renal function every 3 months is recommended.
- **Hepatic Impairment:**
  Use cautiously in patients at risk for lactic acidosis (e.g., renal impairment, alcohol use).
- **Geriatrics:**
  The initial and maintenance dosing should be conservative, due to the potential for decreased renal function (monitor).

Contraindications[9]:

Hypersensitivity to metformin or any component of the formulation; severe renal dysfunction (eGFR <30 mL/minute/1.73 m^2); acute or chronic metabolic acidosis with or without coma (including diabetic ketoacidosis); severe hepatic dysfunction.

Precautions[9]:

- **Lactic Acidosis:**
  Discontinue immediately if lactic acidosis is suspected.
- **Heart Failure:**
  Avoid use in unstable or hospitalized patients with heart failure.
- **Vitamin B12 Concentrations:**
  Monitor vitamin B12 serum concentrations periodically with long-term therapy.
- **Bariatric Surgery:**
  Metformin ER tablets may have a reduced effect after gastric bypass or sleeve gastrectomy.

Major Drug Interactions[9]:

Cimetidine, Dolutegravir, Iodinated Contrast Agents, Patiromer, Ranolazine, Tafenoquine; for other Interactions, See Uptodate, Metformin monograph.

Reference:

1. Blonde et al. Gastrointestinal tolerability of extended-release metformin tablets compared to immediate-release metformin tablets: Results of a retrospective cohort study. Current Medical Research and Opinion. 2004. 20: 5057-
2. Donnelly L.A., Morris A.D., Pearson E.R. Adherence in patients transferred from immediate release metformin to a sustained release formulation: A populationbased study Diabetes, Obesity and Metabolism 2009 11:4 (338342-).
3. Gao et al. The metabolic effects of once-daily extended release metformin in patients with type 2 diabetes: a multicentre study. International Journal of Clinical Practice. 2008. 62:5 (695700-).
4. Timmins P, Donahue S, Meeker J Steady-state pharmacokinetics of a novel extended-release metformin formulation. Clin Pharmacokinet 2005; 44(7):72129-. Eldorado Doc ID 0900000d1805ceese
5. Giuseppe Derosa, Angela D'Angelo, Effects of metformin extended release compared to immediate release formula on glycemic control and glycemic variability in patients with type 2 diabetes; Drug Des Devel Ther. 2017; 11: 1481-1488; doi 10.2147/DDDT.S131670.
6. Dailymed, drug information of metformin hydrochloride tablet, May 31, 2018
7. FDA, Prescribing Information, Metformin ER,2008
8. Naresh Aggarwal, Anuj Singla, Chantal Mathieu, Metformin extended-release versus immediate-release: An international, randomized, double-blind, head-to-head trial in pharmacotherapy-naïve patients with type 2 diabetes; Diabetes Obes Metab. 2018 Feb; 20(2):463467-. Dot: 10.1111/dom.13104. Epub 2017 Oct 2.
9. Uptodate, drug information, metformin XR, 2019

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Forbetmin

Metformin Hydrochloride Extended-Release Tablet 500mg

- Improved gastrointestinal tolerability compared to immediate release Metformin[1].
- Enhance patient adherence and subsequently improves glycemic control[2,3].
- Beneficial to patients with compensated heart failure.
- The overall absorption of Forbetmin ER and Metformin IR are the same, making them bioequivalent.

Keep Life Sweet

Forbetmin extended-release tablet, is designed to release metformin hydrochloride more slowly and gradually. This formulation is taken only once daily. Metformin ER formulation seems to be more effective than metformin IR in improving glyco-metabolic control, lipid profile, and levels of some adipocytokines in patients with type 2 diabetes mellitus[5].

Metformin causes side effects that affect the gastrointestinal (GI) system.

These side effects include diarrhea, nausea, vomiting, gas (flatulence), indigestion, and abdominal discomfort or stomach upset. Metformin IR also commonly causes fatigue or lack of energy (asthenia) as well as headaches. Metformin ER has fewer side effects compared to metformin IR[6].

	Metformin IR		Metformin ER	
Side Effect	**Applicable?**	**Frequency**	**Applicable?**	**Frequency**
Diarrhea	Yes	53%	Yes	10%
Nausea or vomiting	Yes	26%	Yes	7%
Flatulence	Yes	12%	Yes	1%-5%
Asthenia	Yes	9%	No	-
Indigestion	Yes	7%	Yes	1%-5%
Upset stomach	Yes	6%	Yes	1%-5%
Headache	Yes	6%	Yes	1%-5%
Constipation	No	-	Yes	1%-5%
Taste disturbance	Yes	1%-5%	Yes	1%-5%
Dizziness/lightheadedness	Yes	1%-5%	Yes	1%-5%

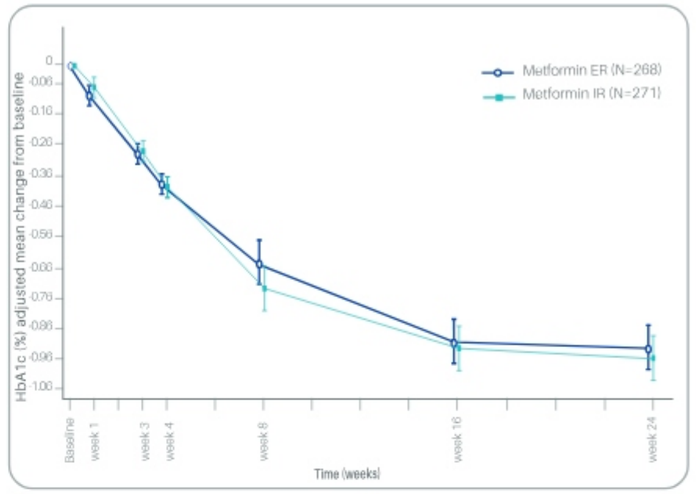
Dosing and Administration[7]

Dosage of Forbetmin must be individualized on the basis of both effectiveness and tolerance, while not exceeding the maximum recommended daily doses.

The maximum recommended daily dose of Forbetmin is 2g in adults.

The usual starting dose of Forbetmin in adults and children ≥10 years is 500 mg once daily with the evening meal. Dosage increases should be made in increments of 500 mg weekly.

☑ Metformin ER demonstrated efficacy and safety similar to that of metformin IR over 24 weeks, with the advantage of once-daily dosing[8].



Adjusted mean change in HbA1c (%) from baseline to week 24 for patients receiving twice-daily metformin IR or once-daily metformin ER (randomized data set), adjusted for baseline HbA1c, treatment group, time, baseline-by-time interaction and time-by-treatment group interaction and excluding data after rescue medication.

Conversion Recommendation[9]

Patients receiving metformin immediate-release may be switched to Forbetmin once daily at the same total daily dose, up to 2g once daily.

Pregnancy & Breast-Feeding[9]

- Metformin crosses the placenta; metformin may be used as an alternative agent in some patients requiring therapy for gestational diabetes mellitus or type 2 diabetes mellitus. Clearance of metformin may increase during pregnancy and dosing may need adjusted in some women when used during the third trimester.
- Metformin is present in breast milk. The decision to breastfeed during therapy should consider the risk of infant exposure, benefits of breastfeeding to the infant, and benefits of treatment to the mother. Metformin may be used in breastfeeding women.


Octa Herbal
Slippery Elm 400mg

Octa Herbal Slippery Elm 400mg

Slippery Elm (Ulmus fulva) has been used as an herbal remedy in North America for centuries and contains a large amount of mucilage that coats the surface of mucous membranes and sores by forming a gel-like layer. **The prebiotic potential of Slippery Elm** increases the abundance of many kinds of bacteria known to promote human health, such as Bifidobacterium, Lactobacillus, and Bacteroides. Octa Herbal Slippery Elm helps to decrease local irritation of the gastrointestinal tract, maintain healthy digestive function, relieve the symptoms of GI inflammation, neutralize stomach acidity as well as soothe the digestive tract[1-4].

Start Health Journey

- Maintains general GI health and wellbeing
- Improves bowel regularity and gut immune function
- Relieves GERD sympotms
- Managing sympotms of CD., UC. and IBS

4 /10

Adults in the worldwide suffer from functional GI disorders. [5]

Contraindications[6]:

- Hypersensitivity to slippery elm
- Not recommended during pregnancy and lactation

Warnings and Precautions[6]:

- If diarrhea persists for more than 24 hours in children aged 3-6 years or 48 hours in adults and children over 6 years, discontinue.
- Severe hepatic impairment (Gallstones and other biliary disorders).

Drug Interactions[6]:

Slippery Elm may interfere with drug absorption which can reduce the absorption of oral drugs and decrease their effectiveness. take slippery elm 2 hours before or after other herbs or medications may be taking.

Side Effects[6]:

Slippery Elm is possibly safe, but rarely and in high doses may occurs following side effects:

Gastrointestinal complications such as nausea, vomiting, abdominal pain.

Allergic reactions such as skin allergies (itching, swelling, redness), swelling of the face, lips, tongue, throat, and breathing problems.

Dosing and Administration[6]:

Adults and children over 12 years:	One capsule, three times a day
Children between 6 to 12 years:	One capsule, one time a day

* Prescribe this product before food with plenty of water.

Soothes the Digestive System

Rx Code:

Drug Facts

Serving Size: 1 Capsule
Serving Per Container: 60 Capsules

	Amount per serving	%DV
Slippery Elm Inner Stem bark powder	400 mg	**

** Daily value (DV) not established

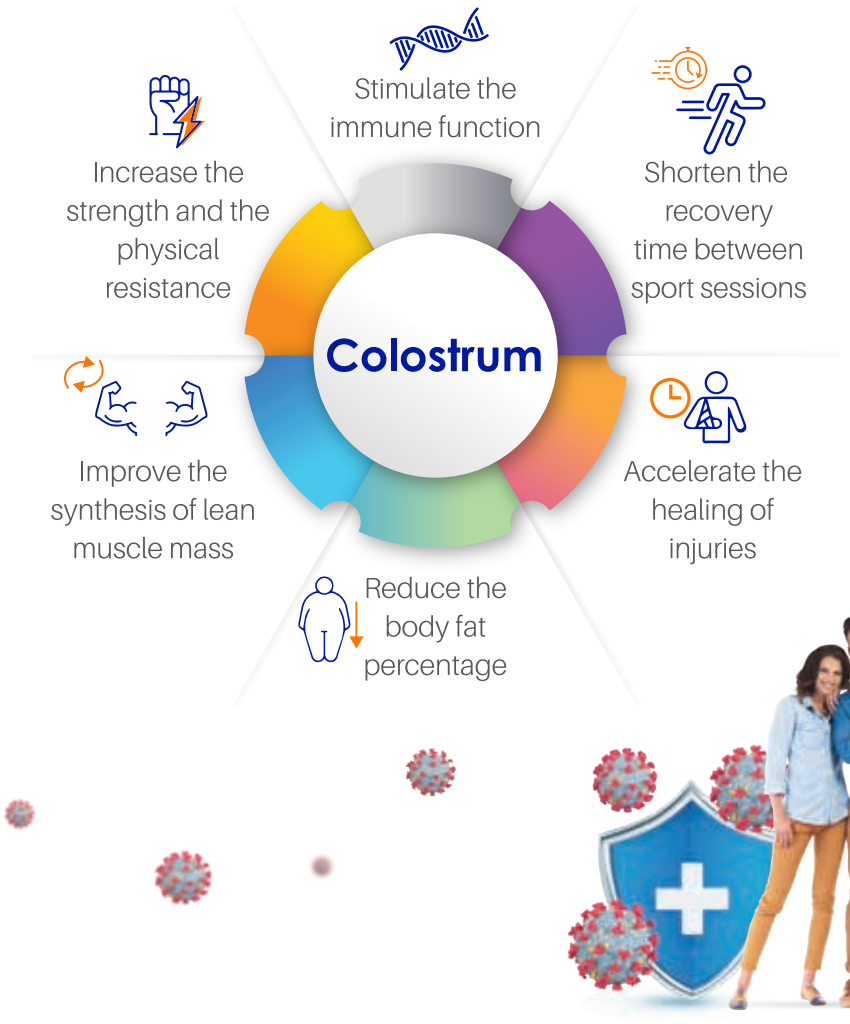
Other Ingredients: Microcrystalline Cellulose and Magnesium Stearate

Reference:

1. The Medicines (Retail Sale or Supply of Herbal Medicines) Order 1977, SI 2130.2 2. Tamayo C et al. The chemistry and biological activity of herbs used in Flor-Essence™ herbal tonic and Essiac™. Phytotherapy Res 2000; 14:1-14. 3. Peterson, Christine Tara et al. "Prebiotic Potential of Herbal Medicines Used in Digestive Health and Disease." Journal of alternative and complementary medicine (New York, N.Y.) vol. 24,7 (2018): 656-665. doi:10.1089/acm.2017.0422 4. American Herbal Pharmacopoeia/ Slippery Elm Inner Bark Ulmus rubra 5. Sperber, Ami D et al. "Worldwide Prevalence and Burden of Functional Gastrointestinal Disorders, Results of Rome Foundation Global Study." Gastroenterology vol. 160,1 (2021): 99-114.e3. doi: 10.1053/j.gastro.2020.04.014. 6. Slippery elm monograph/drugs.com/2022

Benefits of colostrum for athletes

OctaHeal Colostrum allows maximum training by increasing the efficiency of the digestive system to supply amino acids and other factors to vital organs. The combination of decreased illness and increased nutrient uptake results in reduced downtime for training.

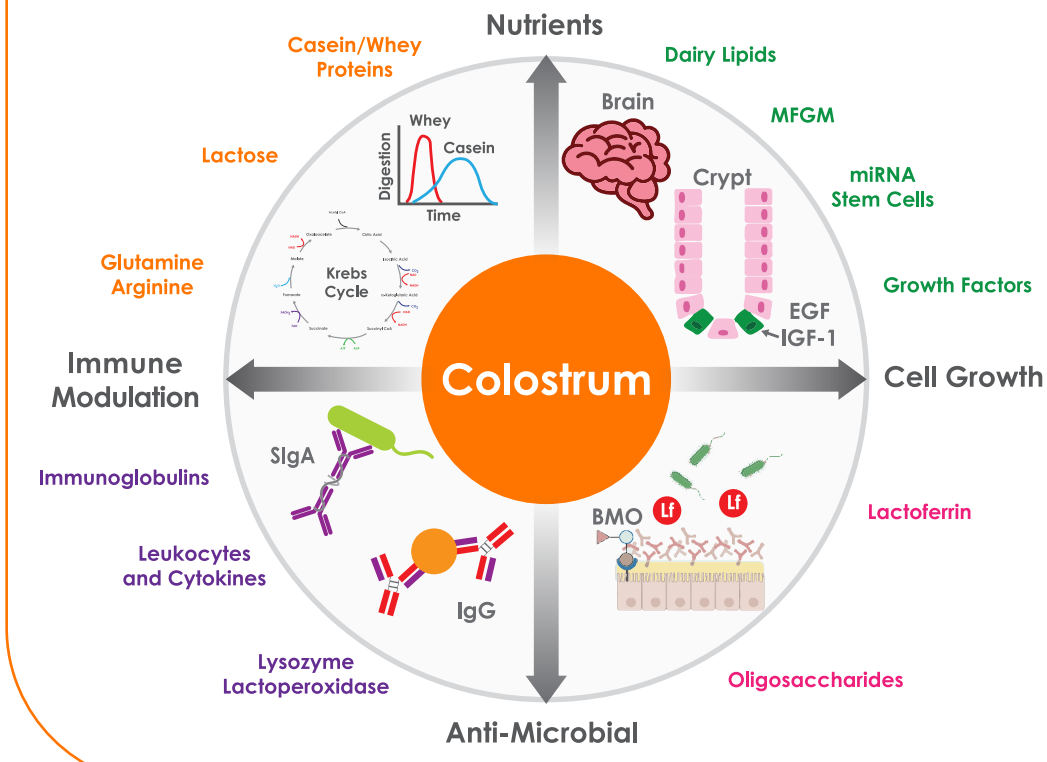


Solution for Healthy Life

OCTAHEAL Colostrum

Bovine colostrum (BC) is the initial mammary secretion after parturition, which is nature's bountiful source consisting of nutritional and bioactive components present in a highly concentrated low-volume format. Bovine colostrum has been used for human consumption due to the high concentrations of bioactive proteins, vitamins, minerals, growth factors, as well as free and conjugated oligosaccharides[1].

Nutritional and bioactive components present in bovine colostrum[3]

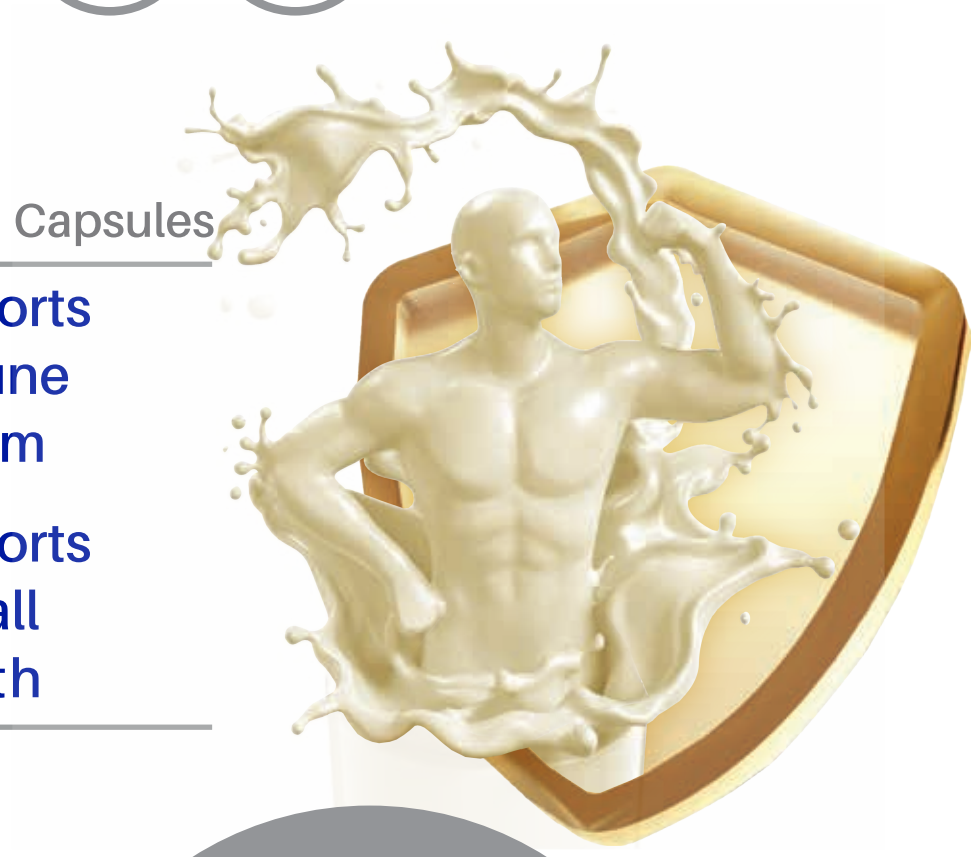


"Global Cow Colostrum Food Market Predicts 6.4% Annual Growth to 2030"[2].

OCTAHEAL

Colostrum 500mg

30% IgG



60 Capsules

- Supports Immune System
- Supports Overall Health

Dosing and Administration[4]:

One capsule daily before meal with a glass of water.

Indications:

- Supports Nutrition & Performance enhancement
- Supports healthy digestion & immune system function
- Assists uptake & metabolism of necessary nutrients
- Supports balanced gut bacteria

Contraindications[4]:

- Hypersensitivity to colostrum or any component of formulation.
- Individuals allergic to dairy product

Pregnancy & Breastfeeding[4]:

The risk or benefit to the mother and infant should be considered.

Warnings & Precautions[4]:

Use with caution in people with diabetes, immune system disorder (e.g., Crohn's disease, myasthenia gravis, multiple sclerosis, rheumatoid arthritis, systemic lupus erythematous, HIV/AIDS, etc.), cancer history.

Drug Interactions[4]:

Caution should be taken in concomitant use with anticoagulants, such as heparin or warfarin and antiplatelets, such as aspirin, clopidogrel or ticlopidine.

Side Effects[4]:

Colostrum is generally considered safe, though it may cause Allergy reactions, Pruritus, Nausea, Diarrhea in high doses.

Rx Code: 86432

Reference:

1.Kaplan M, Arslan A, Duman H, et al. Production of Bovine Colostrum for Human Consumption to Improve Health. Front Pharmacol. 2022; 12:796824. Published 2022 Jan 3. doi:10.3389/fphar.2021.796824 2.Poonia A, Shiva. "Bioactive compounds, nutritional profile and health benefits of colostrum: a review." Food Production, Processing and Nutrition vol. 4,1 (2022): 26. doi:10.1186/s43014-022-00104-1 3.Sangild PT, Vonderohe C, Melendez Hebib V, Burrin DG. Potential Benefits of Bovine Colostrum in Pediatric Nutrition and Health. Nutrients. 2021; 13(8):2551. https://doi.org/10.3390/nu13082551 4.colostrum monograph/Healthcanada/2023

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Pelaroka

Cough & Cold kids

Pelargonium, Elderberry, Zinc & Vitamin C Syrup

- **Relieves sore throat & cough**
- **Boosts the Immune System**
- **Shortens Colds & Reduces Severity**
- **Adjuvant therapy for bronchitis and sinusitis**

1-12 Years

From Nature to Fast Recovery

Pelaroka kids a blend of Elderberry, Pelargonium, Zinc, and Vitamin C; demonstrates a remarkable capacity to diminish the severity and duration of cold and flu, while alleviating associated symptoms. As healthcare partners, you can confidently enhance your treatment protocols with this natural and efficacious option, ensuring quicker recovery and sustained health for children. Embrace a holistic approach to pediatric care with our synergistic blend, paving the way for healthier tomorrows.

Pelargonium extract: 161mg

Vitamin C: 720mg

Zinc: 26mg

Elderberry extract: 600mg

Indications:

- Treatment of upper respiratory infections
- Reduce severity and duration of illness
- Boost the immune system

Dosing & administration:

- **Children aged 1-5 years:** 5ml 3 times daily.
- **Children aged 6-12 years:** 10ml 3 times daily.
  - ⁎Can be taken with or without food .
  - ⁎Shake well before use.
  - ⁎The optimal duration of treatment is 7 days.
  - ⁎Not formulated for children under 1 year of age.

Contraindications:

- Hypersensitivity to any component of formulation
- Diseases of the immune system (e.g., MS, SLE, RA)
- Renal and hepatic impairment
- Pediatrics under 1 year of age
- Bleeding disorders
- Pregnancy & breastfeeding

Precautions:

- Concomitant use with anticoagulant, antiplatelet and immunosuppressant medications is not recommended.
- Stop taking this at least two weeks before a scheduled surgery.

Drug Interactions:

Anticoagulant, Antiplatelet and Immunosuppressant medications.

Side effects:

Pelaroka kids is possibly safe, but rarely and in high doses may occurs following side effects: Nausea, Vomiting, Abdominal pain, Dizziness and Polyuria.

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Pelaroka

Cough & Cold

Pelargonium sidoides 319mg per 120ml

Unique Quadruple Action

Mucolytic Properties

Antiviral Properties

Boosts the Immune System

Antibacterial Properties

From Nature to Fast Recovery

Pelaroka contains an herbal extract, derived from the plant Pelargonium sidoides (P.s.). It has been evaluated for the management of upper respiratory tract symptoms[1]. This extract is used for the treatment of acute respiratory tract infections (ARIs) where antibiotic use is unnecessary. It's clinically proven to shorten the duration and reduce the severity of cough, congestion, sore throat, nasal and bronchial irritations[2] and it's also suitable for the whole family (over 6 years).

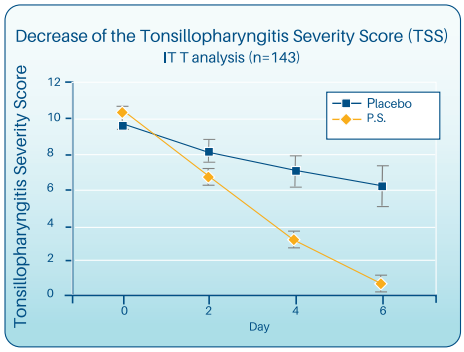
In-vitro studies have found that it exerts a cytoprotective effect against virus-induced cell destruction and also increases the release of antimicrobial peptides (also known as defensins) from neutrophilic granulocytes [3, 4]. Studies have also found that P.s. increases phagocytosis and acts as an immune stimulant. These actions are mediated mainly by the release of tumor necrosis factor (TNF-a) and nitric oxide, stimulation of interferon-β synthesis and increase of natural killer cell activity [5, 6].

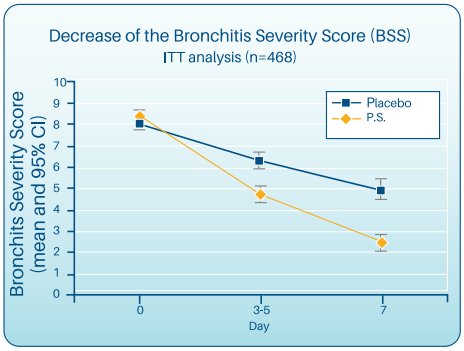
Dosing and Administration

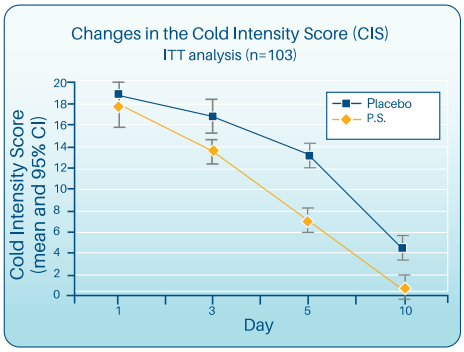
- **Adults and children over 12 years:**
7.5ml three times daily with or without food.
- **Children aged 6 -12 years:**
5ml three times daily with or without food.
Should be shaken well before use.

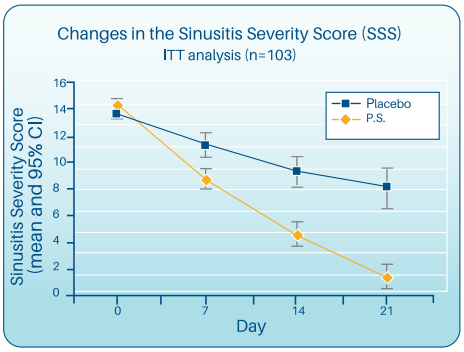
Clinical Research:

Pelargonium sidoides (P.s.) has been shown to reduce the duration and severity of acute upper respiratory tract infections, including bronchitis; tonsillopharyngitis, sinusitis and the common cold [7].









Gluten Free | Sugar Free | Lactose Free | No Additives | Vegetarian

Contraindications:

- Hypersensitivity to P.s. or any component of formulation.
- Pregnancy and Breastfeeding.
- Progressive diseases of the immune system (e.g. MS, SLE, RA).
- Serious bleeding disorders.
- Phenylketonuria.

Precautions:

- Use with caution in diabetic patients; concomitant use with antidiabetic agents may cause hypoglycemia.
- Use with caution in patients with bleeding disorders; concomitant use with anticoagulant medications and antiplatelet drugs may cause increase bleeding risk.
- Use with caution in patient with immune system diseases; concomitant use with immunosuppressant medications may reduce the therapeutic effect.

Drug Interactions:

- Some medications that suppress the immune system include azathioprine, basiliximab, cyclosporine, daclizumab, muromonab-CD3, mycophenolate, tacrolimus, sirolimus, prednisone, corticosteroids, and others.
- An interaction may be possible when patients receiving anticoagulant medications (e.g. warfarin) and antiplatelet drugs (e.g. aspirin).

Side-Effects:

(≤ 0.01%): P.s. is likely safe when taken for up to 2 weeks. Some people who take it can experience stomach upset, and some might have an allergic reaction.

RX Code: 93163

Reference:

1. The common cold in adults: Treatment and prevention. In: UpToDate, Daniel J Sexton. (Accessed on 2021)
2. Donald Brown. Pelargonium sidoides Extract, Alternative Treatment of Acute Upper Respiratory Tract Infections. Natural medicine journal, December 2009 Vol. 1 Issue 12.
3. Kolodziej H, Schulz V.EPs 7630: From traditional application to modern phytodrug. Deutsche Apotheker Zeitung. 2003; 143:55-64.
4. Koch E, Wohn C. Pelargonium sidoides root extract EPs 7630 stimulates release antimicrobial peptides from neutrophile granulocytes in human whole blood. Planta Medica. 2007; 73:846.
5. Kolodziej H, Kiderlen AF. In vitro evaluation of antibacterial and immunomodulatory activities of Pelargonium reniforme, Pelargonium sidoides and the related herbal drug preparation EPs® 7630. Phytomedicine. 2007; 14(suppl 1):18-26.
6. Conrad A, Hansmann C, Engels I, et al. Extract of Pelargonium sidoides (EPs® 7630) improves phagocytosis, oxidative burst, and intracellular killing of human peripheral blood phagocytes in vitro. Phytomedicine. 2007;14(suppl 1):46-51
7. Timmer A, Günther J, Rücker G, Motschall E, Antes G, Kern WV. Pelar-gonium sidoides extract for acute respiratory infections (Review). Cochrane Database Syst Rev. 2008; 3:CD006323.
8. www.webmd.com/vitamins/ai/ingredientmono-1135/umckaloabo

Rifaxilan

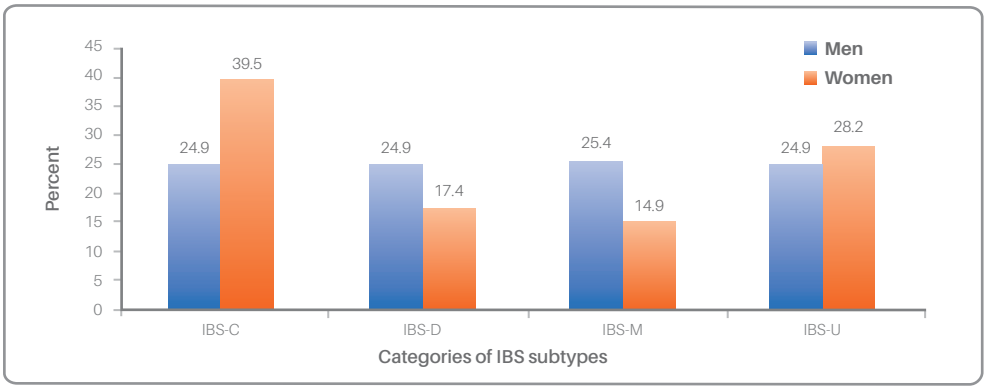
Rifaximin Tablet 200mg
Rifaximin Tablet 550mg

Rifaxilan is a derivative of the antibiotic rifamycin with minimal gastrointestinal absorption and broad-spectrum antibacterial activity covering both gram-positive and gram-negative organisms with limited cross-resistance. Beyond its antibacterial activity, such as alteration of virulence, prevention of gut mucosal adherence and bacterial translocation, rifaximin exerts some anti-inflammatory effects with only a minimal effect on the overall composition of the gut microbiota. All these properties make Rifaximin a good candidate to treat various gastrointestinal diseases[1].

Epidemiology[2]:

The global prevalence of IBS is estimated to be 11.2%, and it is **the most common functional gastrointestinal disease.**

The reported prevalence rate of IBS in Iran was different; 1.1% in Tehran province, 3.3% and 3.6% in migrating nomads and industrial laborers, 5.8% in Shahrekord city, 10.9% in Shiraz city, and even 21.5% in the general population of Isfahan province.



Short-Term Treatment, Long Term Relief[3-5]:

After just two weeks of treatment, relief lasted for up to 6 months

44% of patients had improvement in both abdominal pain and diarrhea (n=1074/2438)

36% of responders had no symptom recurrence at 6 months (n=382/1047)

2-week treatment

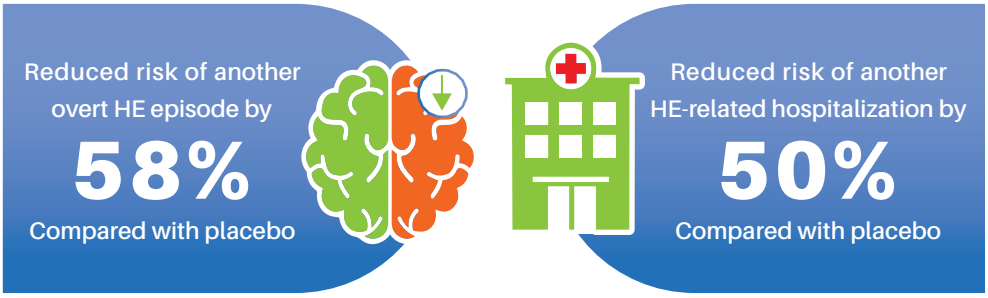
January | February | March | April | May | June

Up to 6 months of relief

38% of patients experienced significant improvement in abdominal pain and diarrhea after repeat treatment (n=125/328) vs. 31% for placebo (n=97/308).

Rifaximin cut the risk of OHE recurrence and HE-related hospitalizations in half in adults with OHE[3]:

In a clinical study of 299 adults with a history of overt HE, patients took either on **Rifaxilan 550mg** tablet 2 times a day (n=140) or placebo 2 times a day (n=159) for 6 months. 91% of patients took lactulose at the same time. The results were:



Dosing and Administration[6]:

Irritable bowel syndrome, without constipation:	
Adults	550mg TDS for 14 days.
Pediatrics	≥8 years and Adolescents: 10 to 30mg/kg/day in divided doses.
Hepatic encephalopathy, treatment or prevention	
Adults	550mg BD or 400mg TDS for at least 3 months.
Clostridioides difficile infection	
Adults	550mg BD or 400mg TDS.
Pediatrics	<12 years: 15 to 30 mg/kg/day in divided doses TDS for 20 days; usual adult dose: 400 mg/dose. ≥12 years and Adolescents: Oral: 400 mg TDS for 20 days.
Traveler's diarrhea (off-Lable)	
Adults	Prophylaxis: 200mg 1 to 3 times daily for the duration of travel. Treatment: 200mg TDS for 3 days.
Pediatrics	3 to 11 years: Limited data available: 100 mg 4 times daily for up to 5 days. ≥12 years and adolescents: 200mg TDS for 3 days.

*Administer with or without food.

Pregnancy and breastfeeding[6]:

- Due to the limited oral absorption of Rifaximin in patients, exposure to the fetus is expected to be low.
- It is not known if Rifaximin is excreted in human milk. The risks and benefits to infants and mothers should be considered.

Contraindications[6]:

Hypersensitivity to Rifaximin, other rifamycin antibiotics or any component of the formulation.

Warnings and precautions[6]:

- Prolonged use may result in fungal or bacterial superinfection, including Clostridioides difficile-associated diarrhea (CDAD) and pseudomembranous colitis.
- Avoid use in diarrhea with fever and/or blood in the stool and treat diarrhea due to pathogens other than Escherichia coli.
- Use caution in patients with severe hepatic impairment.

Drug Interactions[6]:

- Caution should be exercised when Concomitant use of Rifaxilan and an inhibitor of P-gp (cyclosporine), warfarin or CYP3A4 Substrates is needed.
- Typhoid Vaccine: Avoid use of live attenuated typhoid vaccine (Ty21a) in patients being treated with systemic antibacterial agents.

Side effects[6]:

>10%:
Peripheral edema (15%), Nausea (14%; IBS-D: 3%), Ascites (11%), Dizziness (13%), fatigue (12%)

Rx Code: Tab 200mg: 71245
Rx Code: Tab 550mg: 71244

References:

1. Calanni, Fiorella et al. "Rifaximin: beyond the traditional antibiotic activity." The Journal of antibiotics vol. 67, 9 (2014): 667-70. doi:10.1038/ja.2014.106
2. Keshteli AH, Dehestani B, Daghaghzadeh H, Adibi P. Epidemiological features of irritable bowel syndrome and its subtypes among Iranian adults. Ann Gastroenterol. 2015;28(2):253-258.
3. XIFAXAN. Prescribing information. Salix Pharmaceuticals; 2020. Accessed October 3, 2022. https://shared.salix.com/globalassets/pi/xifaxan550-pi.pdf
4. Pimentel M, Lembo A, Chey WD, et al. Rifaximin therapy for patients with irritable bowel syndrome without constipation. N Engl J Med. 2011;364(1):22-32.
5. Lembo A, Pimentel M, Rao SS, et al. Repeat treatment with rifaximin is safe and effective in patients with diarrhea-predominant irritable bowel syndrome. Gastroenterology. 2016;151(6):1113-1121.
6. https://www.uptodate.com/contents/rifaximin