Look at the labeling
LOPID® (gemfibrozil)—the only lipid medication specifically indicated to reduce the risk of CHD

\[
\frac{240}{\text{TOTAL}} < \frac{35}{\text{HDL}}
\]

Low HDL with elevated LDL and triglycerides:
A common denominator of many heart attack victims
LOPID is indicated for reducing the risk of coronary heart disease in type IIb patients with low HDL, in addition to elevated LDL and triglycerides, and who have had an inadequate response to weight loss, diet, exercise, and other pharmacologic agents such as bile acid sequestrants and nicotinic acid. LOPID is not indicated for the treatment of patients with low HDL cholesterol as their only lipid abnormality.

Reduced heart attack incidence up to 62%*
—in Helsinki Heart Study patients whose baseline HDL was < 35 mg/dL and median baseline LDL was 186 mg/dL. Incidence of serious coronary events was similar for LOPID and placebo subgroups with baseline HDL above the median (46.4 mg/dL).

Raised low HDL 25%—in these Helsinki Heart Study patients.

RAISES HDL, LOWERS LDL AND TRIGLYCERIDES DRAMATICALLY REDUCES HEART ATTACK
Contraindicated in patients with hepatic or severe renal dysfunction, including primary biliary cirrhosis, preexisting gallbladder disease, or hypersensitivity to gemfibrozil. LOPID may increase cholesterol secretion into the bile, leading to cholelithiasis. Caution should be exercised when anticoagulants are given in conjunction with LOPID.

*Defined as a combination of definite coronary death and/or definite myocardial infarction.

P = .013; 95% CI 13.3 to 111.5.


Please see last page of this advertisement for warnings, contraindications, and brief summary of prescribing information.
Lopid® (Gemfibrozil Capsules and Tablets)

Before prescribing, please see full prescribing information.

A Brief Summary follows:

CONTRAINDICATIONS. 1. Hepatic or severe renal dysfunction, including primary biliary cirrhosis.

2. Preexisting gallbladder disease (See WARNINGS).

3. Bilirubin levels exceeding 1.5 mg/dL (26.6 micromol/L) in the presence of hepatic cirrhosis (See WARNINGS).

WARNINGS. 1. Because of chemical, pharmacological, and clinical similarities between gemfibrozil and clofibrate, the adverse findings with clofibrate in two large clinical studies of middle-aged men and in several smaller studies may apply to gemfibrozil.

2. Project, 1000 subjects with previous myocardial infarction were treated for five years with clofibrate. There was no difference in mortality between the clofibrate-treated subjects and the placebo group. Subsequently, a similar developmental cholestasis and cholestatics requiring surgery, in the other study, conducted by the World Health Organization (WHO), 5000 subjects without known coronary heart disease were given clofibrate or placebo for two years. No significant difference in mortality was found between the clofibrate and placebo arms beyond five years. There was a statistically significant, 29%, higher mortality in the clofibrate-treated group than in the placebo group, and a 52.7% incidence in the placebo group. Mortality from any cause during the double-blind portion of the study was 44 deaths in the Lopid group and 43 in the placebo group. Because of the more limited size of the Helsinki Heart Study, this result is not statistically significant and cannot be compared with the 29% excess mortality in the clofibrate-treated group in the clofibrate study.

During the Helsinki Heart Study and in the 1½ year follow-up period since the trial was terminated, 882 deaths occurred, 206 in the Lopid group and 274 in the placebo group. Of these deaths, 78 occurred in the placebo group and 80 in the Lopid group in the 3½ years after the study was terminated. All deaths were attributed to coronary heart disease.

During the Helsinki Heart Study, the incidence of malignancies discovered during the trial and in the 1½ years since the trial was completed was 39 in the Lopid group and 29 in the placebo group (p = 0.056; historical data predicted an expected 4.7 cases in the placebo group). GI malignancies and deaths from malignancies were slightly more common in the Lopid group.

2. A 55% excess for the gemfibrozil 

3. Hypersensitivity to 

4. The lipid levels are consistently abnormal. Before instituting Lopid therapy, the drug should be administrated only to those patients described in the INDICATIONS AND USAGE section. If a significant serum lipid response is not obtained, Lopid should be discontinued.

3. Since a reduction of mortality from coronary artery disease has not been demonstrated and because liver and intestinal cell tumors were increased in rats, Lopid therapy should be continued only to patients who have proven or suspected hypercholesterolemia or combined hyperlipidemia.

4. Adverse events reported by more than 1% of subjects, but without a significant difference between Lopid and placebo subgroups. Follow-up of the Helsinki Heart Study patients will provide further information on cause-specific mortality and cancer morbidity.

5. Concomitant therapy with Lopid and gemfibrozil has been associated with rhabdomyolysis, myoglobinuria, and rhabdomyolysis and acute renal failure (See Drug Interactions). The use of fibrates, along with Lopid, may occasionally be associated with rhabdomyolysis and acute renal failure. (See Drug Interactions). The use of fibrates, along with Lopid, may occasionally be associated with rhabdomyolysis and acute renal failure.

6. Adverse effects reported by more than 1% of subjects, but without a significant difference between groups (placebo incidence in parentheses) were: diarrhea, 7.2% (6.5%); nausea, 2.2% (2.1%); vomiting, 1.5% (1.4%); headache, 1.5% (1.7%); rash, 1.7% (1.9%); pruritus, 1.5% (1.4%); alopecia, 1.5% (1.6%); and other skin reactions, 1.0% (1.1%).

7. Dose-related incidence of cholelithiasis was increased in patients treated with gemfibrozil and lovastatin therapy. An increased incidence of cholelithiasis has also been reported in patients treated with gemfibrozil and simvastatin therapy.

8. Adverse effects reported by more than 1% of subjects, but without a significant difference between gemfibrozil and placebo groups during placebo-controlled trials of the Helsinki Heart Study, 2046 patients received Lopid for up to 5 years. In these studies, the adverse reactions were statistically more frequent in the Lopid group (placebo incidence in parentheses) were: abdominal pain, 15.4% (15.3%); headache, 15.4% (15.3%); fatigue, 14.1% (14.0%); upper respiratory tract infection, 14.0% (14.0%); and nasopharyngitis, 13.0% (13.0%).

9. Use in Children - Safety and efficacy in children have not been established.

ADVERSE REACTIONS. The adverse drug reactions that occur most frequently are listed below.

1. Hepatic or severe renal dysfunction, including primary biliary cirrhosis (p.o. 0.125 mg or 0.25 mg twice daily given with food).

2. A 55% excess for the gemfibrozil - Drug Interactions under Fibrates.

3. Hypersensitivity to - Drug Interactions under Fibrates.

4. The lipid levels are consistently abnormal. Before instituting Lopid therapy, the drug should be administrated only to those patients described in the INDICATIONS AND USAGE section. If a significant serum lipid response is not obtained, Lopid should be discontinued.

3. Since a reduction of mortality from coronary artery disease has not been demonstrated and because liver and intestinal cell tumors were increased in rats, Lopid therapy should be continued only to patients who have proven or suspected hypercholesterolemia or combined hyperlipidemia.

4. Adverse events reported by more than 1% of subjects, but without a significant difference between groups (placebo incidence in parentheses) were: diarrhea, 7.2% (6.5%); nausea, 2.2% (2.1%); vomiting, 1.5% (1.4%); headache, 1.5% (1.7%); rash, 1.7% (1.9%); pruritus, 1.5% (1.4%); alopecia, 1.5% (1.6%); and other skin reactions, 1.0% (1.1%).

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