VERELAN

AS EFFECTIVE AS PROCARDIA XL
IN REDUCING BP AT THE 24TH HOUR

Reduction in mean DBP measured 24 ± 2 hours after dosing

Results of a 12 week, randomized, double-blind, parallel-comparative study of patients with mild-to-moderate hypertension at study sites nationwide. Patients not controlled on VERELAN 240 mg/day were treated to 360 mg/day and, if needed, 480 mg/day; patients not controlled on Procarna XL 48 mg/day were titrated to 72 mg/day and, if needed, 90 mg/day.

No significant difference between groups in the number of titrations to goal DBP (< 90 mm Hg)

*Procarna XL is a registered trademark of Pfizer Inc.

Constipation, which can easily be managed in most patients, is the most frequently reported side effect of verapamil.

Please see brief summary of Prescribing Information including CONTRAINDICATIONS, WARNINGS, and PRECAUTIONS on last page.
VERELAN

EXCELLENT TOLERABILITY SIMILAR TO PLACEBO IN A DOUBLE-BLIND STUDY

Incidence of side effects commonly associated with calcium channel blockers.

Table: Side Effects

<table>
<thead>
<tr>
<th>Drug</th>
<th>Constipation</th>
<th>Headache</th>
<th>Dizziness</th>
<th>Edema</th>
</tr>
</thead>
<tbody>
<tr>
<td>VERELAN</td>
<td>1.2%</td>
<td>3.1%</td>
<td>3.8%</td>
<td></td>
</tr>
<tr>
<td>Placebo</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

No patients discontinued VERELAN therapy due to constipation, headache, dizziness, or edema.

ONCE-A-DAY

VERELAN
Verapamil HCl
PELLET-FILLED CAPSULES
**ONCE-A-DAY**

**VERELAN**

**Verapamil HCl**

**PELLET FILLED CAPSULES**

- BP control equal to Procardia XL at the 24th hour
- Excellent side-effect profile — negligible dropout rate
- The only verapamil with once-daily dosing up to 480 mg/day

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**Brief Summary**

**VERELAN®**

Verapamil HCl

**Sustained-Release Pellet-Filled Capsules**

For complete Prescribing Information, consult package insert.

**CLINICAL PHARMACOLOGY**

Food does not affect the extent or rate of the absorption of verapamil from the controlled release VERELAN capsule. Intravenous verapamil injection may be used as an alternative to oral therapy in patients requiring rapid correction of severe ventricular or atrial tachyarrhythmias. Intravenous verapamil injection is contraindicated in patients who are allergic to verapamil. Verapamil should be avoided in patients with severe LV dysfunction (e.g., ejection fraction <30%) or moderate-to-severe symptoms of cardiac failure and in patients with any degree of ventricular dysfunction if the arrhythmia is due to digitalis toxicity.

**INDICATIONS**

- Hypertension: A diuretic should be added to verapamil therapy.
- Prevention of angina pectoris in patients with stable effort angina who are inadequately controlled on prior therapy, including digitalis.
- Treatment of paroxysmal supraventricular tachycardia, especially that associated with atrial fibrillation or flutter.
- Control of the heart rate in patients with atrial fibrillation or flutter in atrial fibrillation or flutter.
- Treatment of atrial fibrillation or flutter in atrial flutter/atrial fibrillation with an accessory bypass tract (e.g., WPW or LGL syndromes), (see WARNINGS), for hemodynamically significant bradycardia.

**CONTRAINDICATIONS**

- Severe LV dysfunction (see WARNINGS), hypotension (systolic pressure <90 mmHg) or cardiogenic shock, sick sinus syndrome (if no pacemaker is present), second- or third-degree AV block (if no pacemaker is present), atrial flutter/fibrillation with an accessory bypass tract (e.g., WPW or LGL syndromes), (see WARNINGS), to verapamil.

**WARNINGS**

- Verapamil should be avoided in patients with severe LV dysfunction (e.g., ejection fraction <30%) or moderate-to-severe symptoms of cardiac failure and in patients with any degree of ventricular dysfunction if the arrhythmia is due to digitalis toxicity.

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The Journal of the American Board of Family Practice welcomes for editorial review manuscripts that contribute to family practice as a clinical scientific discipline. High priority is given to reports of clinically relevant studies that have practical implications for improved patient care. Manuscripts are considered in relation to the extent to which they represent original work, their significance to the advancement of family medicine, and their interest to the practicing family physician. Some papers that are accepted by the Journal will be selected for an accompanying guest editorial or concurrent commentary by other invited authors addressing issues raised by the papers. The Journal publishes the following features:

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The following guidelines are in accordance with the "Uniform Requirements for Manuscripts Submitted to Biomedical Journals." The current (fourth) edition was published in the February 7, 1991, issue of the New England Journal of Medicine.

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