Second Nature

sek´ənd nā´chər. *An acquired habit so deeply ingrained as to be automatic and part of a person's nature.*

Second nature comes from ease of use.

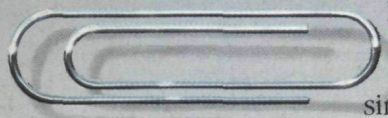
To become a second-nature tool, an object must possess certain qualities.

Simplicity. Functionality. Portability.

They are part and parcel of many tools that make our life easier and better.

Tools such as the GLUCOSCAN™ 3000 Personal Blood Glucose Meter.

Simple



Everything can be learned, but simple things are learned more easily. Almost everyone knows how to use a paper clip.

The GLUCOSCAN 3000 Meter has precisely the kind of simplicity that invites easy learning.

Like the simple procedure. The simple two-touch operation. Or the permanent factory calibration that does away with both unnecessary steps and operator errors.

The faster the learning, the easier your training job. And the greater the likelihood of continued use.

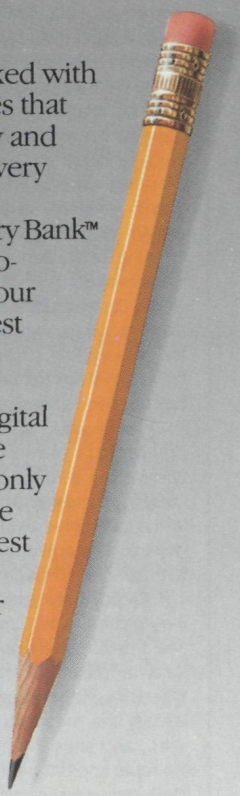
The GLUCOSCAN one-minute test and dry-blot procedure make compliance sure and simple.

And when your patients comply, you can feel confident with their treatment program.

Functional

Functional tools work small miracles every day. Using a pencil has become second nature to the degree that its brilliant, functional design is taken for granted.

The GLUCOSCAN 3000 Meter can become just such a tool for your patients. It is packed with functional features that make testing easy and appropriate for every lifestyle.



Like the Memory Bank™ Data Log that automatically stores your patient's last 29 test readings.

Or the largest, easiest-to-read digital display in glucose monitoring. The only adjustable volume control. The longest battery life. And the longest meter warranty—three full years—included free of extra charge.

Portable

Cumbersome objects stay home. Compact ones go places. When we wear a wristwatch, we always know the time no matter where we are.

Equally, with the GLUCOSCAN 3000 Meter, your patients can test their blood sugars virtually anywhere, because the GLUCOSCAN 3000 Meter is the smallest one available.

But of what use is a small meter if all the other testing supplies are not readily at hand? The unique, truly pocket-portable GLUCOSCAN case holds everything required for on-the-go monitoring: Individually foil-wrapped GLUCOSCAN Test Strips, PENLET™ Automatic Blood Sampling Pen, GLUCOSCAN Lancets, and, of course, the GLUCOSCAN Meter itself.

GLUCOSCAN 3000

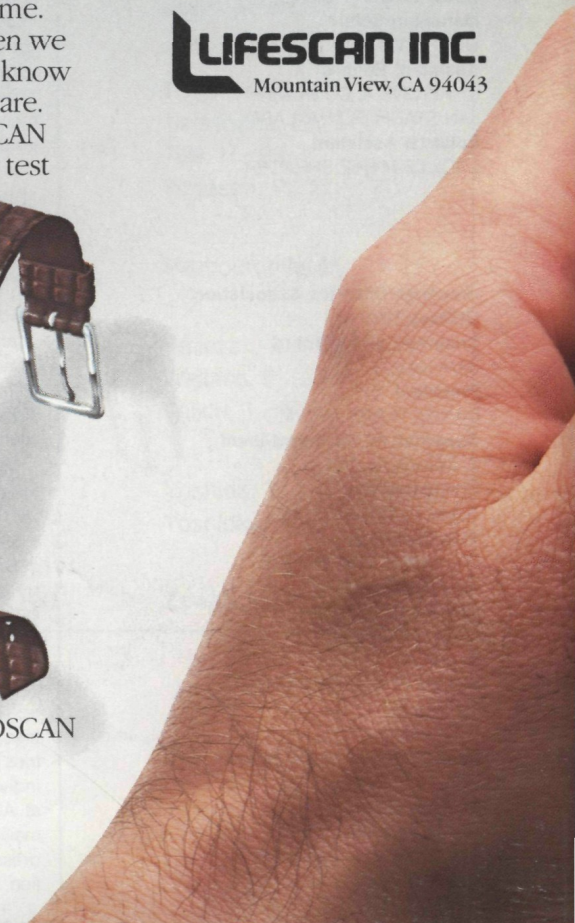
GLUCOSCAN 3000 is more than just another meter. It's an important part of life for many people.

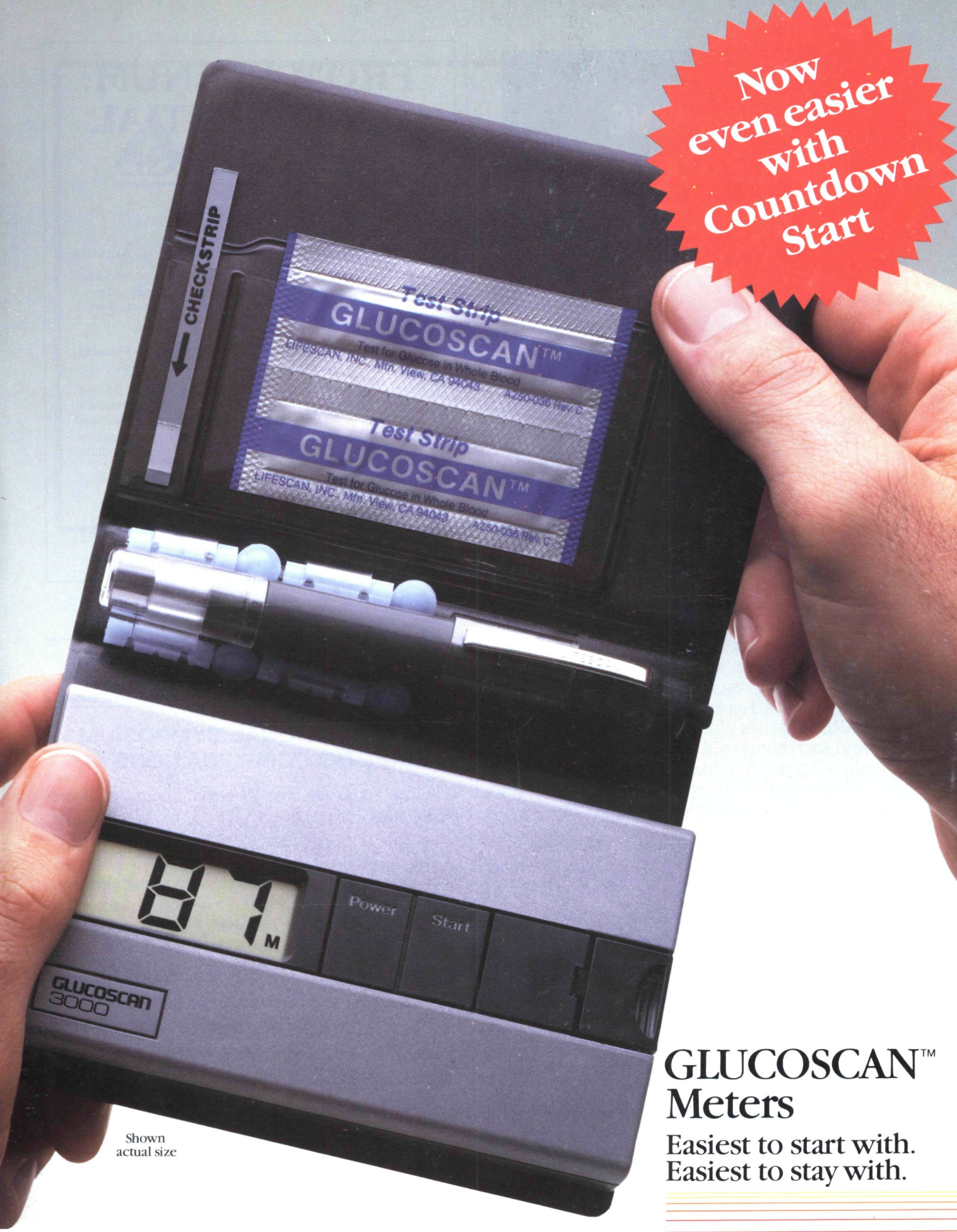
Some say it's second nature.

Discover how blood glucose testing can become second nature with the GLUCOSCAN 3000 Personal Blood Glucose Meter. Call us toll-free for the name of your nearest Authorized LifeScan Distributor: Nationwide (800) 227-8862; in California (800) 982-6132.

Also available in the economical GLUCOSCAN 2000 model (Memory Bank not included).

LIFESCAN INC.
Mountain View, CA 94043

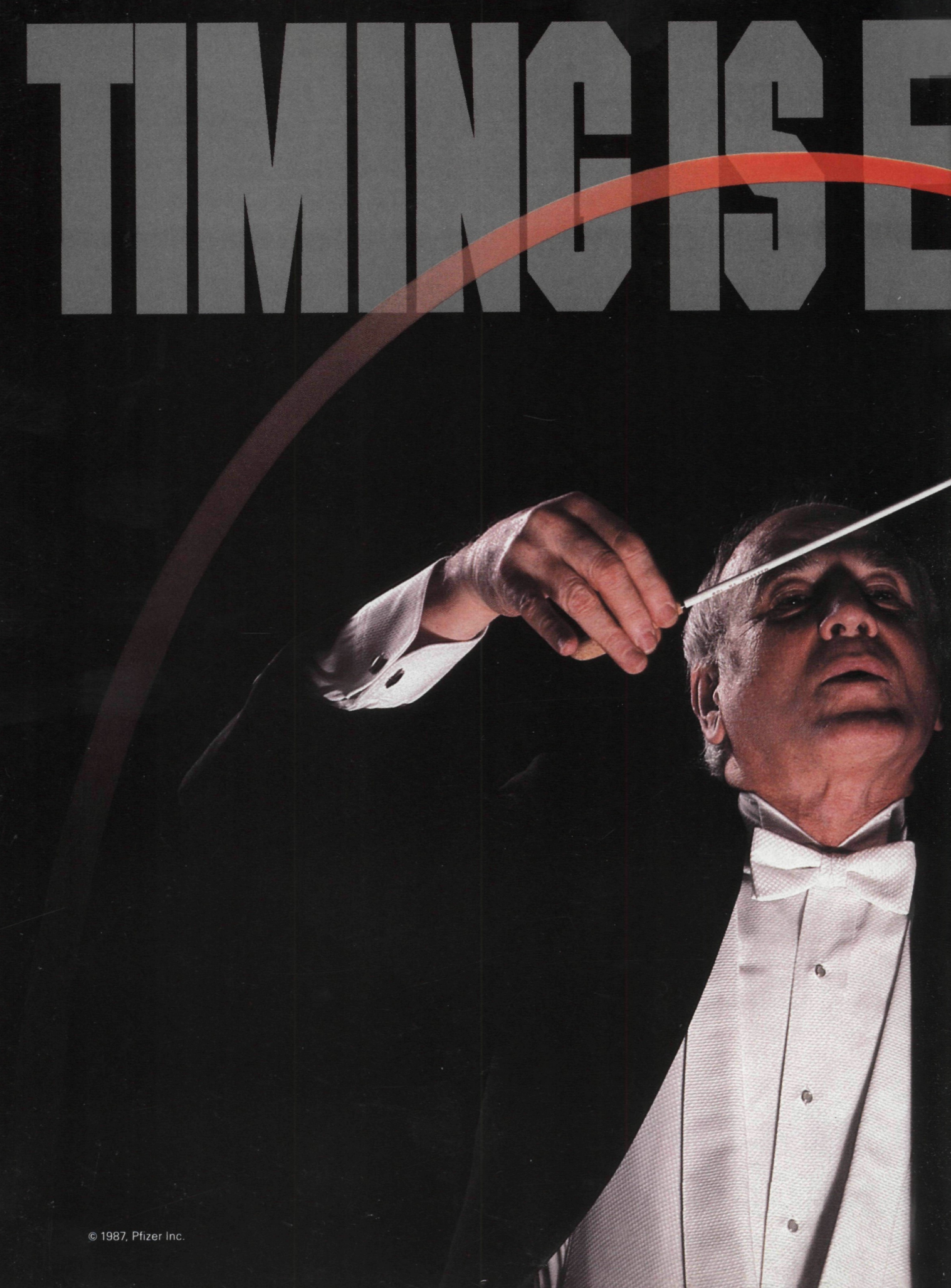




Shown actual size

GLUCOSCAN™ Meters

Easiest to start with. Easiest to stay with.



VERYTHING

Effective control time and time again[1]

Effective control of fasting and postprandial glucose—patient after patient, meal after meal, year after year.

Insulin when it's needed

Insulin levels are rapidly elevated in response to a meal, then return promptly to basal levels after the meal challenge subsides.

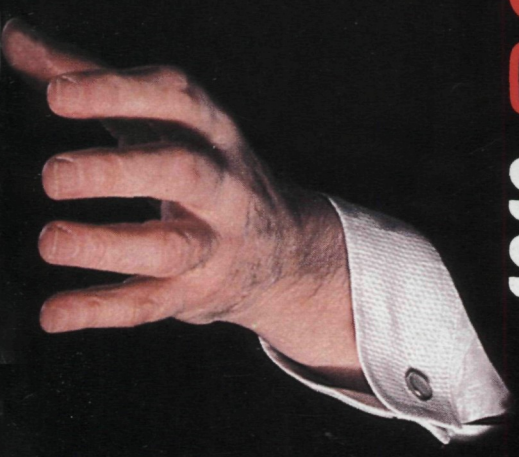
Timed to minimize risks

Rapidly metabolized and excreted, with an excellent safety profile.[1] As with all sulfonylureas, hypoglycemia may occur.

In concert with diet in non-insulin-dependent diabetes mellitus

Glucotrol®

(glipizide) 5-mg and 10-mg Scored Tablets



SYNCHRONIZED SULFONYLUREA THERAPY

Please see brief summary of Glucotrol® (glipizide) prescribing information on next page.

ROERIG Pfizer
A division of Pfizer Pharmaceuticals
New York, New York 10017

Reference:
1. Sachs R, Frank M: Fishman SK: Overview of clinical experience with glipizide, in *Glipizide: A Worldwide Review*. Princeton, NJ, Excerpta Medica, 1984, pp 163-172.

GLUCOTROL® (glipizide) Tablets
Brief Summary of Prescribing Information

INDICATIONS AND USAGE: GLUCOTROL is indicated as an adjunct to diet for the control of hyperglycemia in patients with non-insulin-dependent diabetes mellitus (NIDDM, type II) after an adequate trial of dietary therapy has proved unsatisfactory.

CONTRAINDICATIONS: GLUCOTROL is contraindicated in patients with known hypersensitivity to the drug or with diabetic ketoacidosis, with or without coma, which should be treated with insulin.

SPECIAL WARNING ON INCREASED RISK OF CARDIOVASCULAR MORTALITY: The administration of oral hypoglycemic drugs has been reported to be associated with increased cardiovascular mortality as compared to treatment with diet alone or diet plus insulin. This warning is based on the study conducted by the University Group Diabetes Program (UGDP), a long-term prospective clinical trial designed to evaluate the effectiveness of glucose-lowering drugs in preventing or delaying vascular complications in patients with non-insulin-dependent diabetes. The study involved 823 patients who were randomly assigned to one of four treatment groups (*Diabetes* 19, supp. 2:747-830, 1970).

UGDP reported that patients treated for 5 to 8 years with diet plus a fixed dose of tolbutamide (1.5 grams per day) had a rate of cardiovascular mortality approximately 2-1/2 times that of patients treated with diet alone. A significant increase in total mortality was not observed, but the use of tolbutamide was discontinued based on the increase in cardiovascular mortality, thus limiting the opportunity for the study to show an increase in overall mortality. Despite controversy regarding the interpretation of these results, the findings of the UGDP study provide an adequate basis for this warning. The patient should be informed of the potential risks and advantages of GLUCOTROL and of alternative modes of therapy.

Although only one drug in the sulfonylurea class (tolbutamide) was included in this study, it is prudent from a safety standpoint to consider that this warning may also apply to other oral hypoglycemic drugs in this class, in view of their close similarities in mode of action and chemical structure.

PRECAUTIONS: Renal and Hepatic Disease: The metabolism and excretion of GLUCOTROL may be slowed in patients with impaired renal and/or hepatic function. Hypoglycemia may be prolonged in such patients should it occur.

Hypoglycemia: All sulfonylureas are capable of producing severe hypoglycemia. Proper patient selection, dosage and instructions are important to avoid hypoglycemia. Renal or hepatic insufficiency may increase the risk of hypoglycemic reactions. Elderly, debilitated, or malnourished patients and those with adrenal or pituitary insufficiency are particularly susceptible to the hypoglycemic action of glucose-lowering drugs. Hypoglycemia may be difficult to recognize in the elderly or people taking beta-adrenergic blocking drugs. Hypoglycemia is more likely to occur when caloric intake is deficient, after severe or prolonged exercise, when alcohol is ingested, or when more than one glucose-lowering drug is used.

Loss of Control of Blood Glucose: A loss of control may occur in diabetic patients exposed to stress such as fever, trauma, infection or surgery. It may then be necessary to discontinue GLUCOTROL and administer insulin.

Laboratory Tests: Blood and urine glucose should be monitored periodically. Measurement of glycosylated hemoglobin may be useful.

Information for Patients: Patients should be informed of the potential risks and advantages of GLUCOTROL, of alternative modes of therapy, as well as the importance of adhering to dietary instructions, of a regular exercise program, and of regular testing of urine and/or blood glucose. The risks of hypoglycemia, its symptoms and treatment, and conditions that predispose to its development should be explained to patients and responsible family members. Primary and secondary failure should also be explained.

Drug Interactions: The hypoglycemic action of sulfonylureas may be potentiated by certain drugs including nonsteroidal anti-inflammatory agents and other drugs that are highly protein bound, salicylates, sulfonamides, chloramphenicol, probenecid, coumarins, monoamine oxidase inhibitors, and beta adrenergic blocking agents. *In vitro* studies indicate that GLUCOTROL binds differently than tolbutamide and does not interact with salicylate or dicumarol. However, caution must be exercised in extrapolating these findings to a clinical situation. Certain drugs tend to produce hyperglycemia and may lead to loss of control, including the thiazides and other diuretics, corticosteroids, phenothiazines, thyroid products, estrogens, oral contraceptives, phenytoin, nicotinic acid, sympathomimetics, calcium channel blocking drugs, and isoniazid. A potential interaction between oral miconazole and oral hypoglycemic agents leading to severe hypoglycemia has been reported. Whether this interaction also occurs with the intravenous, topical, or vaginal preparations of miconazole is not known.

Carcinogenesis, Mutagenesis, Impairment of Fertility: A 20-month study in rats and an 18-month study in mice at doses up to 75 times the maximum human dose revealed no evidence of drug-related carcinogenicity. Bacterial and *in vivo* mutagenicity tests were uniformly negative. Studies in rats of both sexes at doses up to 75 times the human dose showed no effects on fertility.

Pregnancy: Pregnancy Category C. GLUCOTROL (glipizide) was found to be mildly fetotoxic in rat reproductive studies at all dose levels (5-50 mg/kg). This fetotoxicity has been similarly noted with other sulfonylureas, such as tolbutamide and tolazamide. The effect is perinatal and believed to be directly related to the pharmacologic (hypoglycemic) action of GLUCOTROL. In studies in rats and rabbits no teratogenic effects were found. There are no adequate and well-controlled studies in pregnant women. GLUCOTROL should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Because recent information suggests that abnormal blood glucose levels during pregnancy are associated with a higher incidence of congenital abnormalities, many experts recommend that insulin be used during pregnancy to maintain blood glucose levels as close to normal as possible.

Nonteratogenic Effects: Prolonged severe hypoglycemia has been reported in neonates born to mothers who were receiving a sulfonylurea drug at the time of delivery. This has been reported more frequently with the use of agents with prolonged half-lives. GLUCOTROL should be discontinued at least one month before the expected delivery date.

Nursing Mothers: Since some sulfonylurea drugs are known to be excreted in human milk, insulin therapy should be considered if nursing is to be continued.

Pediatric Use: Safety and effectiveness in children have not been established.

ADVERSE REACTIONS: In controlled studies, the frequency of serious adverse reactions reported was very low. Of 702 patients, 11.8% reported adverse reactions and in only 1.5% was GLUCOTROL discontinued.

Hypoglycemia: See PRECAUTIONS and OVERDOSAGE sections.

Gastrointestinal: Gastrointestinal disturbances, the most common, were reported with the following approximate incidence: nausea and diarrhea, one in 70; constipation and gastralgia, one in 100. They appear to be dose-related and may disappear on division or reduction of dosage. Cholestatic jaundice may occur rarely with sulfonylureas; GLUCOTROL should be discontinued if this occurs.

Dermatologic: Allergic skin reactions including erythema, morbilliform or maculopapular eruptions, urticaria, pruritus, and eczema have been reported in about one in 70 patients. These may be transient and may disappear despite continued use of GLUCOTROL; if skin reactions persist, the drug should be discontinued. Porphyria cutanea tarda and photosensitivity reactions have been reported with sulfonylureas.

Hematologic: Leukopenia, agranulocytosis, thrombocytopenia, hemolytic anemia, aplastic anemia, and pancytopenia have been reported with sulfonylureas.

Metabolic: Hepatic porphyria and disulfiram-like alcohol reactions have been reported with sulfonylureas. Clinical experience to date has shown that GLUCOTROL has an extremely low incidence of disulfiram-like reactions.

Endocrine Reactions: Cases of hyponatremia and the syndrome of inappropriate antidiuretic hormone (SIADH) secretion have been reported with this and other sulfonylureas.

Miscellaneous: Dizziness, drowsiness, and headache have each been reported in about one in fifty patients treated with GLUCOTROL. They are usually transient and seldom require discontinuance of therapy.

OVERDOSAGE: Overdosage of sulfonylureas including GLUCOTROL can produce hypoglycemia. If hypoglycemic coma is diagnosed or suspected, the patient should be given a rapid intravenous injection of concentrated (50%) glucose solution. This should be followed by a continuous infusion of a more dilute (10%) glucose solution at a rate that will maintain the blood glucose at a level above 100 mg/dL. Patients should be closely monitored for a minimum of 24 to 48 hours since hypoglycemia may recur after apparent clinical recovery. Clearance of GLUCOTROL from plasma would be prolonged in persons with liver disease. Because of the extensive protein binding of GLUCOTROL (glipizide), dialysis is unlikely to be of benefit.

DOSAGE AND ADMINISTRATION: There is no fixed dosage regimen for the management of diabetes mellitus with GLUCOTROL; in general, it should be given approximately 30 minutes before a meal to achieve the greatest reduction in postprandial hyperglycemia.

Initial Dose: The recommended starting dose is 5 mg before breakfast. Geriatric patients or those with liver disease may be started on 2.5 mg. Dosage adjustments should ordinarily be in increments of 2.5-5 mg, as determined by blood glucose response. At least several days should elapse between titration steps.

Maximum Dose: The maximum recommended total daily dose is 40 mg.

Maintenance: Some patients may be effectively controlled on a once-a-day regimen, while others show better response with divided dosing. Total daily doses above 15 mg should ordinarily be divided.

HOW SUPPLIED: GLUCOTROL is available as white, dye-free, scored diamond-shaped tablets imprinted as follows: 5 mg tablet—Pfizer 411 (NDC 5 mg 0049-4110-66) Bottles of 100; 10 mg tablet—Pfizer 412 (NDC 10 mg 0049-4120-66) Bottles of 100.

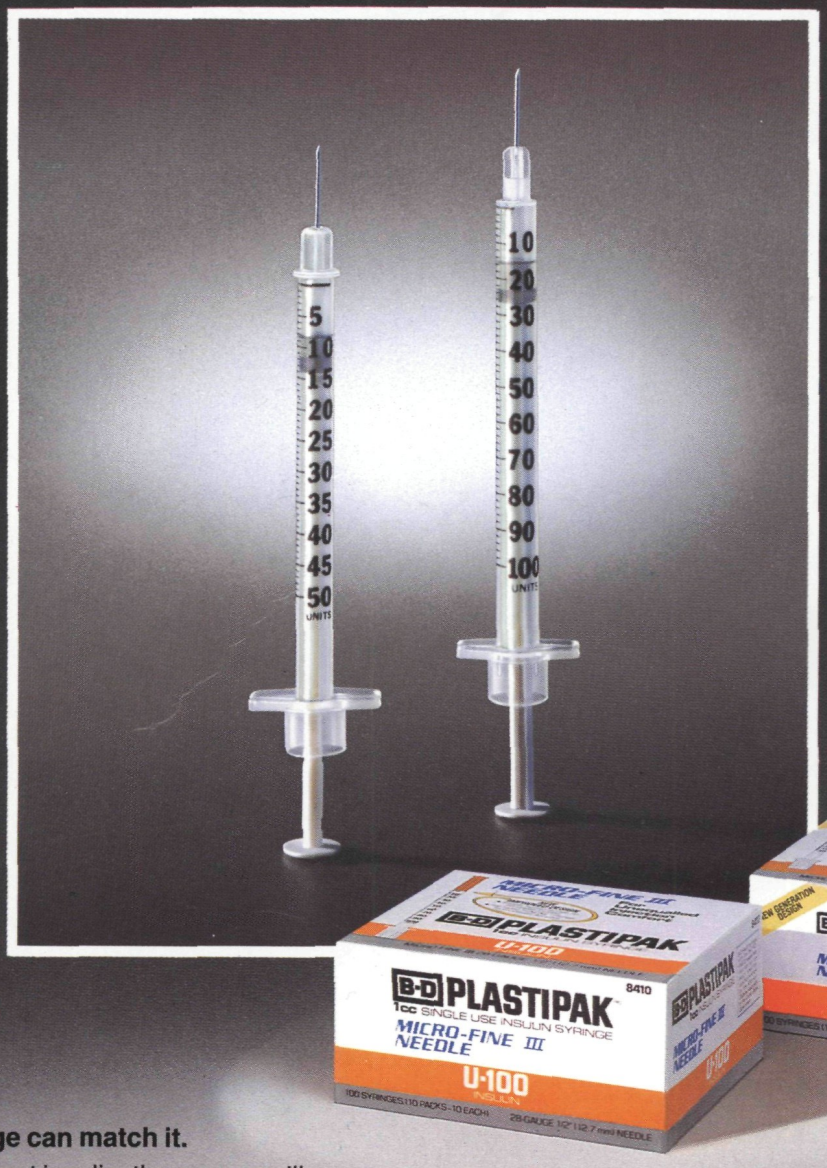
CAUTION: Federal law prohibits dispensing without prescription.

More detailed professional information available on request.

ROERIG Pfizer A division of Pfizer Pharmaceuticals New York, New York 10017

B-D MICRO-FINE® III
Unequalled Injection Comfort.

The thinnest, finest, sharpest needle ever made!



No other Insulin Syringe can match it.

The more often you inject insulin, the more you'll appreciate the remarkable B-D MICRO- FINE III needle.

MICRO-FINE III doesn't mistreat your skin. Its finely-polished and lubricated point injects so gently you hardly feel it—if you feel it at all.

Perhaps that's why doctors, nurses and hospitals *use*—and pharmacists *recommend*—B-D insulin syringes over all other brands combined. No other syringe can match the overwhelming professional endorsement of B-D quality and reliability. B-D is in a class by itself.

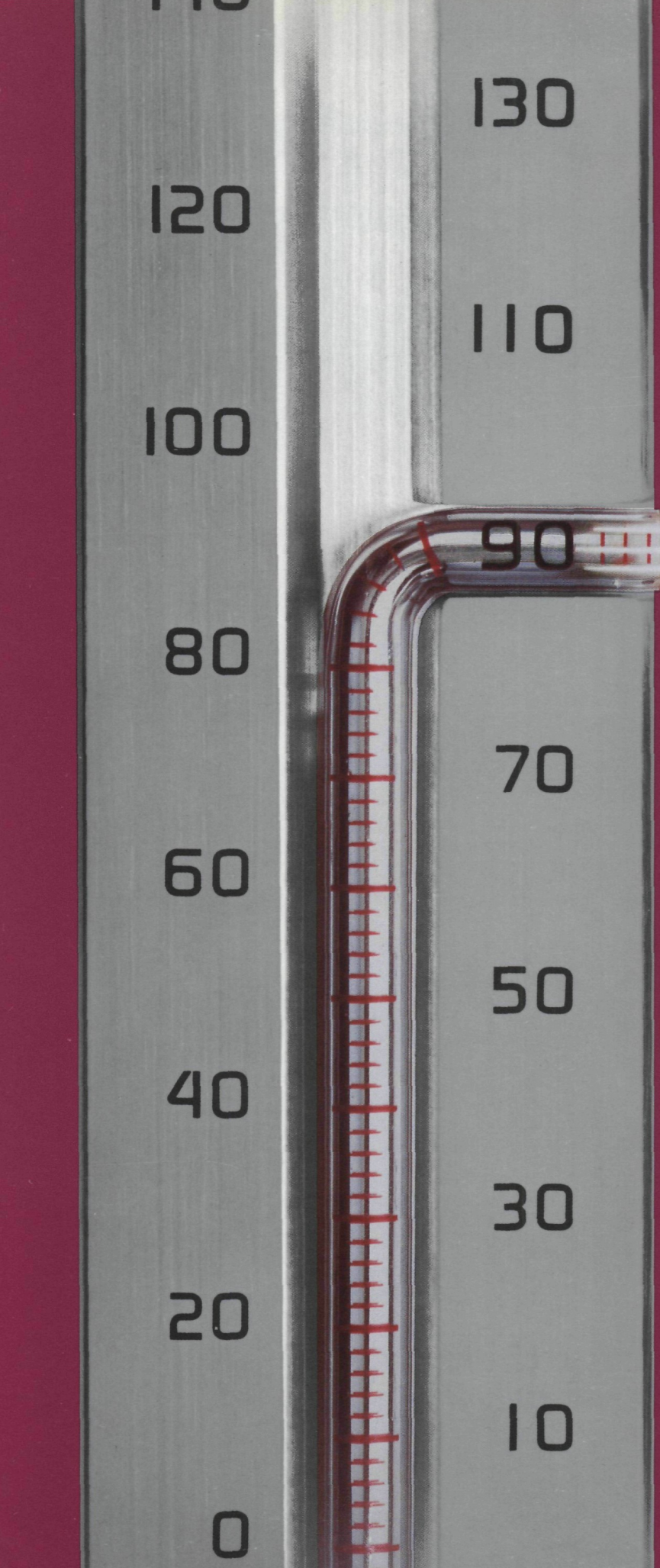
New B-D LO-DOSE® 1/2cc Syringe Design

A new needle shield and plunger cap guarantee sterility. Syringes can now be packed in convenient packs of ten, without the need for bulky outer packaging.

Toll-Free Information Number

You can talk with a B-D Professional about the use or performance of any B-D product. Just call toll-free 1-800-237-4554...9 a.m. to 5 p.m. (Eastern). Not for emergency or medical information.

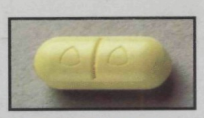
BETTER B-D DIABETES CARE



In mild to moderate hypertension

THE FIRST ONCE DAILY CALCIUM CHANNEL BLOCKER...

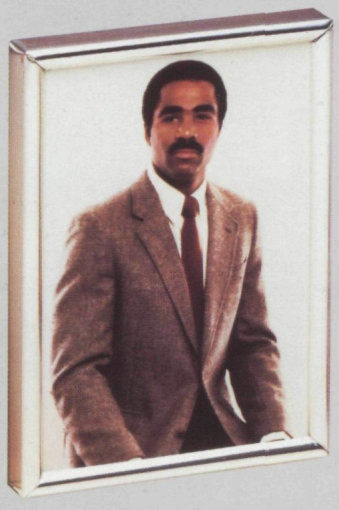
NEW
ONCE DAILY



ISOPTIN® SR*

(verapamil HCl/Knoll)

240 mg scored, sustained-release tablets



JAMES B.
38, black male, heavy smoker. Prescribed a diuretic by another physician last year for hypertension.

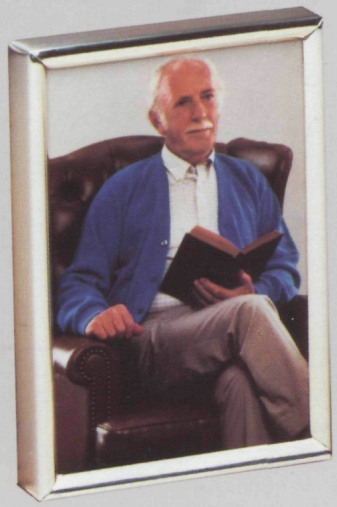
YOUR CONCERNS
Presents with "smoker's cough." Workup reveals a BP of 150/107.

A LOGICAL CHOICE FOR CONTROL OF HIS BP
ISOPTIN® (verapamil HCl/Knoll) because...
— Black hypertensives often have low plasma renin activity and generally do not respond favorably to beta blockers.
— Beta blockers may increase the likelihood of bronchospasm.

ALICE W.
65, diabetic, overweight. Her BP has elevated to 190/98.

YOUR CONCERNS
She's on daily insulin.

A LOGICAL CHOICE FOR CONTROL OF HER BP
ISOPTIN® (verapamil HCl/Knoll) because...
— Unlike most beta blockers and diuretics, ISOPTIN has no adverse effects on serum glucose levels.
— Unlike most beta blockers, ISOPTIN does not mask the symptoms of hypoglycemia.



THOMAS G.
70, asthmatic. In the past, BP adequately controlled with 25 mg hydrochlorothiazide daily.

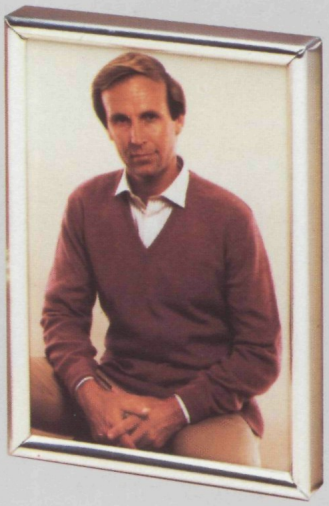
YOUR CONCERNS
Today patient presents with symptoms of gout. Workup reveals high uric acid level, low serum potassium, and BP elevated to 180/98.

A LOGICAL CHOICE FOR CONTROL OF HIS BP
ISOPTIN® (verapamil HCl/Knoll) because...
— Unlike diuretics, ISOPTIN will not decrease serum potassium levels or elevate uric acid levels.
— Unlike beta blockers, ISOPTIN can be used safely in asthma and COPD patients.

JOHN K.
42, Annual physical uncovered diastolic BP of 102... confirmed on three successive office visits. Unresponsive to nonpharmacologic intervention.

YOUR CONCERNS
Salesman, spends many hours of his working day in car... total cholesterol level 300, HDL 35.

A LOGICAL CHOICE FOR CONTROL OF HIS BP
ISOPTIN® (verapamil HCl/Knoll) because...
— Unlike diuretics, ISOPTIN does not cause urinary urgency.
— Unlike either beta blockers or diuretics, ISOPTIN will not adversely affect his already seriously compromised lipid profile.
— Unlike with propranolol, fatigue and impotence are rarely reported.



Antihypertensive therapy you and your patients can live with

*A product of Knoll research.

2538/2-87

Knoll Pharmaceuticals
A Unit of BASF K&F Corporation
Whippany, New Jersey 07981

BASF Group

knoll®

Printed in U.S.A.

Please see adjacent page for brief summary.

UNMISTAKABLY AHEAD OF THE REST

- Extremely accurate and reliable
- Most widely used system in hospitals[1]
- Portable and easy to use
- Most often recommended by diabetologists and endocrinologists[1*]

Accu-Chek® II
Blood Glucose Monitor

THE LINE OF CONFIDENCE℠ IN DIABETES CONTROL

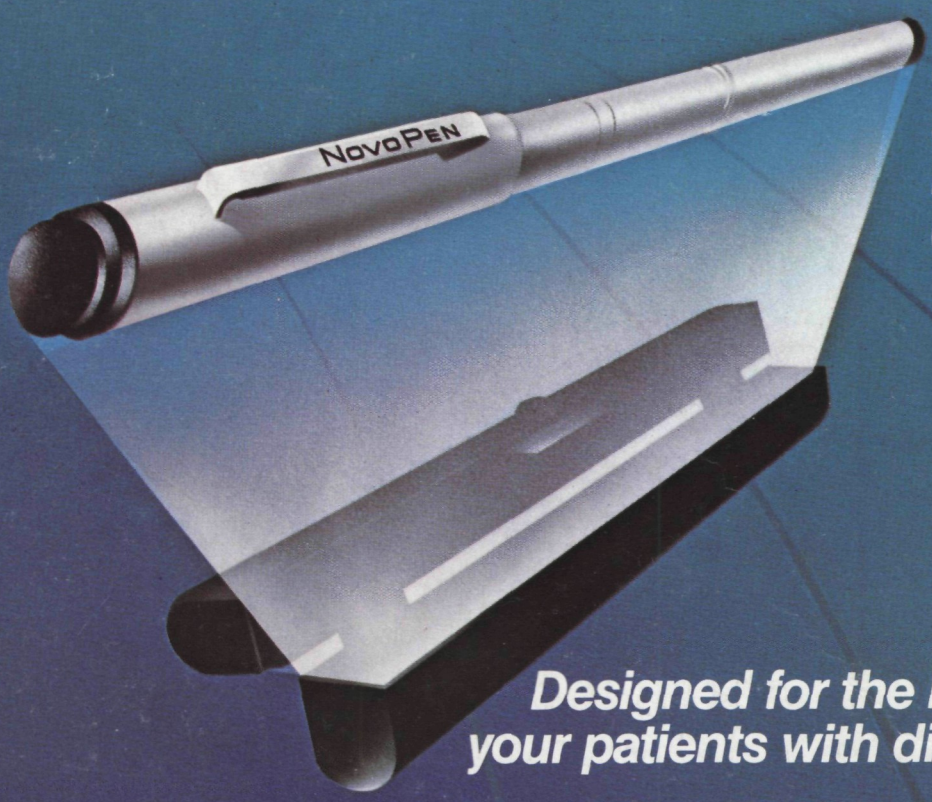
For more information, please call toll-free 1-800-858-8072. Available at most retail pharmacies.

*From a group of physicians surveyed. Reference: 1. Data on file, Boehringer Mannheim Diagnostics.

BOEHRINGER MANNHEIM DIAGNOSTICS

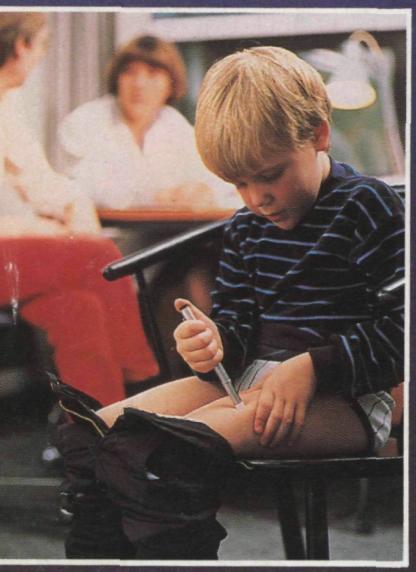
From Squibb-Novo **NovoPen**® Insulin Delivery System

The Future of Human Insulin Delivery Is Here



The first comprehensive, streamlined human insulin delivery system

Designed for the lifestyle of your patients with diabetes



Convenient:

- Sleek fountain-pen design makes it lightweight and portable.
- Eliminates the need for conventional syringes and vials for Novolin® R Human Insulin (semi-synthetic).

Discreet:

- Unobtrusive carrying and handling of NovoPen® may encourage adherence to multiple daily injection regimens.
- Easy to administer insulin away from home.

Accurate:

- Push-button measurement designed for accurate delivery of two or more units of Novolin® R Insulin.
- Eliminates dosing errors that may result from visually estimating dose.

For further information about NovoPen®, call 1-800-334-3678. In New Jersey, call 1-800-367-0249.

NovoPen® *bringing new simplicity and convenience to life with diabetes.*

SQUIBB® NOVO™ *The diabetes care specialists*