Pegaferon
Cornerstone Of Chronic Hepatitis C Therapy

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Domperidone

- A unique gastrokinetic and antiemetic drug¹
- A great choice in add-on therapy for GERD management²
- Very rare extrapyramidal side effects¹

References:
has it all...

LANZO®
Lansoprazole
Abidi

✓ Highest number of FDA approved indications  
1

✓ High efficacy and rapid acid-related symptoms relief  
2

✓ Rapid onset of action  
2

✓ As safe as placebo  
3

✓ Very low drug interactions  
3

✓ No interaction with Clopidogrel based on FDA label 2012  
4

✓ Class B in pregnancy  
1

ABBREVIATED PRESCRIBING INFORMATION
NEXIUM® 20 mg and 40 mg tablets. See local Prescribing Information for full details, as Prescribing Information may vary from country to country. Pharmacodynamic Properties: NEXIUM® reduces gastric acid secretion through a highly targeted mechanism of action by being a specific inhibitor of the acid pump in the parietal cell. Indications: Treatment of erosive reflux esophagitis, long-term management of patients with healed erosive esophagitis to prevent relapse, symptomatic treatment of gastroesophageal reflux disease (GERD). Treatment of upper gastrointestinal symptoms associated with non-steroidal anti-inflammatory drugs (NSAID) therapy, healing of gastric ulcers associated with non-steroidal anti-inflammatory drug (NSAID) therapy, including COX-2 selective NSAIDs, in patients at risk. In combination with an appropriate antibacterial therapeutic regimen for the eradication of Helicobacter pylori. Healing of Helicobacter pylori-associated duodenal ulcer and prevention of relapse of peptic ulcers in patients with Helicobacter pylori associated ulcers. Prolonged treatment after IV induced prevention of bleeding of peptic ulcer. Treatment of Zollinger-Ellison Syndrome. Dosage: Adults and adolescents from the age of 12 years: Treatment of erosive reflux oesophagitis: NEXIUM® 40 mg once daily for 4-8 weeks. Long-term management of patients with healed erosive esophagitis to prevent relapse: NEXIUM® 20 mg once daily. Symptomatic treatment of gastro-oesophageal reflux disease: NEXIUM® 20 mg once daily in patients without erosive changes. Treatment of upper gastrointestinal symptoms associated with NSAID therapy: 20 mg once daily in patients requiring NSAID therapy. Healing of gastric ulcers associated with NSAID therapy: 20 mg in 40 mg once daily for up to 8 weeks. Prevention of gastric and duodenal ulcers associated with NSAID therapy in patients at risk: 20 mg once daily. Helicobacter Pylori-associated peptic ulcer disease: Healing of Helicobacter pylori associated duodenal ulcers and prevention of relapse of peptic ulcers in patients with Helicobacter pylori associated ulcers: NEXIUM® 20 mg, amoxicillin 5g and clarithromycin 500mg, 1 b.d. for one week. Prolonged treatment after IV induced prevention of bleeding of peptic ulcers: 40 mg once daily for 4 weeks after IV induced prevention of bleeding of peptic ulcers. Treatment of Zollinger-Ellison Syndrome: the recommended initial dosage is NEXIUM® 40 mg twice daily. The dosage should then be individually adjusted and treatment continues as clinically indicated. Based on the clinical data available, the majority of patients can be controlled on doses between 20 and 160 mg esomeprazole daily. With doses above 80 mg daily, the dose should be divided and given twice-daily. Contraindications: Known hypersensitivity to esomeprazole, substituted benzimidazoles or any other constituents of the formulation. Warnings and Precautions: In the presence of any alarm symptoms (e.g. significant unintentional weight loss, recurrent vomiting, dysphagia, haematemesis or melena) and when gastric ulcer is suspected or present, the possibility of gastric malignancy should be excluded before treatment is initiated. Patients on long-term treatment should be kept under regular surveillance. The risk of drug interaction should be considered especially when prescribing esomeprazole in combination with antibiotics for eradication of H. pylori or as an on-demand therapy. Interaction: Due to the decreased gastrinogenic activity, the absorption of levoceprozole and iraconazole can increase during esomeprazole treatment. Concomitant administration of esomeprazole resulted in a 45% decrease in clearance of digoxin. Concomitant administration of esomeprazole resulted in a 13% increase in trough plasma levels of phenytoin in epileptic patients; but dose adjustments were not required in this study. In healthy volunteers, combined therapy with esomeprazole and cyclosporine resulted in a 32% increase in AUC and a 33% prolongation of elimination half-life but no significant increase in peak plasma levels of cyclosporine. Concomitant administration of 40 mg esomeprazole to warfarin treated patients showed that despite a small elevation in the trough plasma concentration of the less potent R-isomer of warfarin, the coagulation times were within the accepted range. However, from post-marketed use cases of elevated INR of clinical significance have been reported during concomitant treatment with warfarin. Close monitoring is recommended when initiating and ending treatment with warfarin or other coumarin derivatives. Concomitant administration of esomeprazole may reduce the plasma levels of zolmitriptan. Concomitant administration of esomeprazole and a combined inhibitor of CYP2C9 and CYP3A4, such as voriconazole, may result in more than doubling of the esomeprazole exposure. Pregnancy and lactation: caution should be exercised when prescribing NEXIUM® to pregnant women. NEXIUM® should not be used during breast feeding. Further information is available on request from your local AstraZeneca company.
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