

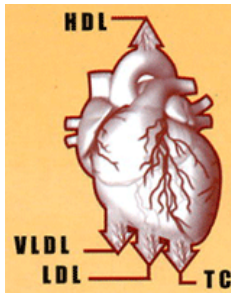
Pacific Pharmaceuticals Ltd.

Lahore, Pakistan



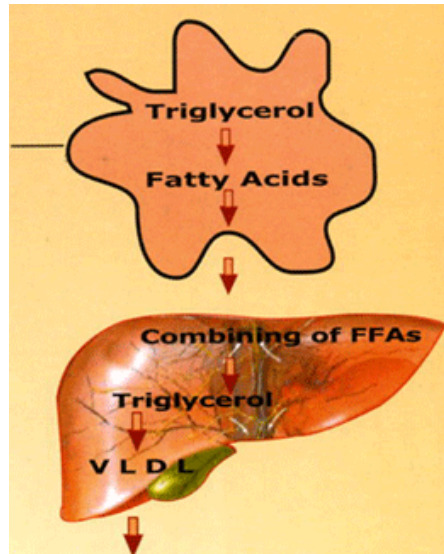
Olbetam® Capsules Acipimox / 250mg

A Paradigm Shift



**Olbetam® Capsules
Acipimox / 250mg**

Adipose tissue.



VLDL, LDL

- ❑ Olbetam® is the best drug available for increasing HDL-C i.e. 30% to 40%
- ❑ Olbetam® lower the Triglycerides by 35% to 40% equivalent to Fibrates and Statins¹.
- ❑ Olbetam® reduces the LDL-C significantly¹.
- ❑ Olbetam® is the only drug that reduces the Lp(a) levels significantly by 40%²
- ❑ Olbetam® induces remission in patients with newly diagnosed type 1 diabetes mellitus and may delay the onset of diabetes³.

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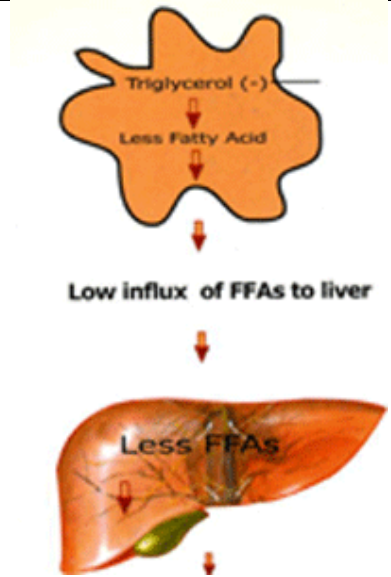
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Decrease in VLDL, LDL, TC.



Olbetam®

reduces lipolysis by hormone sensitive lipase

Increase in HDL.



Olbetam® Decreases removal of apolipoprotein A-1 without effecting the rate of protein synthesis.



Olbetam® Increases apoA-1 content of plasma, as a result of this augmentation of reverse cholesterol transport occurs

Olbetam® Inhibits the synthesis of Triglycerol by inhibition of esterification and synthesis of FFAs so increase in apo-B degradation occurs

- Dual mode of action
- Highest increase in HDL
- Reduction of Triglycerides
- Reduction in LDL-C
- Reduction in Lp (a) levels
- Significantly lowers the rate of atherosclerosis
- Improves Quality of Life

& Tailored to treat all lipid abnormalities in NIDDM patients

COMPOSITION: Each capsule contains acipimox 250 mg. **PHARMACOLOGICAL CLASSIFICATION:** Serum -cholesterol reducers. **PHARMACOLOGICAL ACTION:** Acipimox inhibits the release of fatty acids from adipose tissue and reduces the blood concentration of very low density lipoproteins (VLDL or pre-beta) with a subsequent overall reduction in triglyceride and cholesterol level. Acipimox is rapidly and completely absorbed orally, reaching peak plasma level within two hours. The half-life is about two hours. It is

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not significantly metabolized except in the elderly and is eliminated almost completely intact by the urinary route. **INDICATIONS:** **Olbetam®** is indicated for the treatment of lipid disorders characterized, by elevated plasma levels of triglycerides (type IV hyperlipoproteinaemia), or cholesterol (type IIA hyperlipoproteinaema) triglycerides and cholesterol (type IIB hyperlipoproteinaema)

CONTRA INDICATIONS: Hypersensitivity to the drug. Peptic ulcer. Pregnancy and while breastfeeding. Patients with renal failure. **WARNING:** Low cholesterol and low fat diets are the preferable therapeutic approach before starting treatment with acipimox. During prolonged treatment periodical checks should be made of blood lipids, lipoproteins, hepatic and renal function. Clinical trials have excluded patients with heart failure, hepatic and renal impairment, and gastric or duodenal ulceration. **DOSAGE AND DIRECTIONS FOR USE:** Daily dosage should be adjusted individually depending on plasma triglyceride and cholesterol levels. The dosage most frequently used is between 500-750 mg/day. In particular the lower dose is advised in type IV and the higher dose in types IIA and IIB hyperlipoproteinaemias. Daily dose should be divided and taken with main meals. Improvements in plasma lipid picture are usually seen within the first month of therapy. In the elderly it is advisable to reduce the dosage. **SIDE EFFECTS AND SPECIAL PRECAUTIONS:** Skin vasodilation with a sensation of heat, flushing or itching, especially at the beginning of therapy, rash and erythema. Gastric disturbances including heartburn, epigastric pain, nausea, diarrhoea, headache, asthenia, urticaria, angioedema, bronchospasm and anaphylactic reactions have been reported. The absorption of **OLBETAM®** is not affected by the concomitant administration of cholestyramine. **KNOWN SYMPTOMS OF OVERDOSAGE AND PARTICULARS OF ITS TREATMENT:** as under "SIDE EFFECTS". **Treatment:** withdraw the medicine. Treatment is symptomatic and supportive. **PRESENTATION:** Blister -packed capsules in cartons containing 4X8 capsules. **STORAGE INSTRUCTIONS:** Store below 25°C and protect from light and moisture. **KEEP OUT OF THE REACH OF CHILDREN.**