



Clears constipation *quickly*

Gentle relief in as little as 24 hours, and for as long as needed

- * Works quickly, usually in 24 to 48 hours
- * Gentle, osmotic effect
- * Indicated for acute and chronic constipation and has no restrictions on length of use*
 - *MiraLax™† is indicated for occasional constipation and should be used for 2 weeks or less or as directed by a physician‡*
- * Taste-free, grit-free crystal formulation
- * Dissolves quickly in only 4 ounces of water
- * Available in convenient 10 g and 20 g single-dose packets
- * Rx only

Contraindicated in patients who require a low galactose diet. Initial dosing may produce flatulence and intestinal cramps, which are usually transient. Excessive dosage can lead to diarrhea with potential complications such as loss of fluids, hypokalemia, and hypernatremia. Nausea and vomiting have been reported. Use with caution in diabetics.

Please see brief summary of Prescribing Information.

*Elderly, debilitated patients who receive lactulose for more than 6 months should have serum electrolytes (potassium, chloride, carbon dioxide) measured periodically.

†MiraLax is a trademark of Braintree Laboratories, Inc.

Reference: 1. MiraLax [prescribing information]. Braintree Laboratories, Inc.; 2001.

Kristalose®
(lactulose) For Oral Solution
Rapid, gentle relief

For samples call 888-5-BERTEK

KRI-LIT-002T



A different kind of lactulose

- * No syrupy-sweet taste or stickiness

Brief Summary: Before prescribing, please see complete prescribing information. **INDICATIONS AND USAGE:** For the treatment of constipation. **CONTRAINDICATIONS:** Since KRISTALOSE® (LACTULOSE) For Oral Solution contains galactose (less than 0.3 g/10 g as a total sum with lactose), it is contraindicated in patients who require a low galactose diet. **WARNINGS:** A theoretical hazard may exist for patients being treated with lactulose who may be required to undergo electrocautery procedures during proctoscopy or colonoscopy. Accumulation of H₂ gas in significant concentration in the presence of an electrical spark may result in an explosive reaction. Although this complication has not been reported with lactulose, patients on lactulose therapy undergoing such procedures should have a thorough bowel cleansing with a non-fermentable solution. Insufflation of CO₂ as an additional safeguard may be pursued but is considered to be a redundant measure. **PRECAUTIONS: General:** Since KRISTALOSE® (LACTULOSE) For Oral Solution contains galactose and lactose (less than 0.3 g/10 g as a total sum), it should be used with caution in diabetics. **Information for Patients:** In the event that an unusual diarrheal condition occurs, contact your physician. **Laboratory Tests:** Elderly, debilitated patients who receive lactulose for more than six months should have serum electrolytes (potassium, chloride, carbon dioxide) measured periodically. **Drug Interactions:** Results of preliminary studies in humans and rats suggest that nonabsorbable antacids given concurrently with lactulose may inhibit the desired lactulose-induced drop in colonic pH. Therefore, a possible lack of desired effect of treatment should be taken into consideration before such drugs are given concomitantly with lactulose. **Carcinogenesis, Mutagenesis, Impairment of Fertility:** There are no known human data on long-term potential for carcinogenicity, mutagenicity, or impairment of fertility. There are no known animal data on long-term potential for mutagenicity. Administration of lactulose syrup in the diet of mice for 18 months in concentrations of 3 and 10 percent (w/v) did not produce any evidence of carcinogenicity. In studies in mice, rats, and rabbits, doses of lactulose syrup up to 6 or 12 mL/kg/day produced no deleterious effects in breeding, conception, or parturition. **Pregnancy: Teratogenic Effects: Pregnancy Category B:** Reproduction studies have been performed in mice, rats, and rabbits at doses up to 3 or 6 times the usual human oral dose and have revealed no evidence of impaired fertility or harm to the fetus due to lactulose. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed. **Nursing Mothers:** It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when lactulose is administered to a nursing woman. **Pediatric Use:** Safety and effectiveness in pediatric patients have not been established. **ADVERSE REACTIONS:** Precise frequency data are not available. Initial dosing may produce flatulence and intestinal cramps, which are usually transient. Excessive dosage can lead to diarrhea with potential complications such as loss of fluids, hypokalemia, and hypernatremia. Nausea and vomiting have been reported. **OVERDOSAGE: Signs and Symptoms:** There have been no reports of accidental overdosage. In the event of overdosage, it is expected that diarrhea and abdominal cramps would be the major symptoms. Medication should be terminated. **Oral LD₅₀:** The acute oral LD₅₀ of the drug is 48.8 mL/kg in mice and greater than 30 mL/kg in rats. **Dialysis:** Dialysis data are not available for lactulose. Its molecular similarity to sucrose, however, would suggest that it should be dialyzable. Rx only. **STORAGE:** Store at room temperature, 15°-30°C (59°-86°F).
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Hospitals' Medicaid Role Gets Scrutiny

BY MARY ELLEN SCHNEIDER
Senior Writer

WASHINGTON — Specialty hospitals admit fewer Medicaid patients than community hospitals, according to a preliminary analysis conducted by the Medicare Payment Advisory Commission.

Physician-owned heart hospitals, for example, accounted for about 4% of Medicaid discharges, compared with about 1% for orthopedic hospitals and about 15% for community hospitals, according to data from the commission (MedPAC).

On the other hand, heart hospitals account for about 62% of Medicare discharges, compared with half that amount for orthopedic hospitals and community hospitals.

The analysis is part of a MedPAC study on physician-owned heart, orthopedic, and surgical specialty hospitals, which was mandated by last year's Medicare Modernization Act. The report is due to Congress in March 2005.

The mix of payers may differ at physician-owned specialty hospitals for a number of reasons, said MedPAC analyst Jeffrey Stensland, Ph.D. For example, emergency room availability may mean that specialty hospitals see fewer indigent patients, or physicians may refer more profitable patients to their specialty hospitals.

In addition, the types of services offered or the location of the specialty hospital can influence the types of patients seen. And the mix of patients may also be affected if community hospitals freeze out specialty hospitals from private payer insurance contracts, Dr. Stensland said.

Physicians interviewed during MedPAC staff site visits said they set up specialty hospitals mainly because of dissatisfaction with hospital governance, said MedPAC analyst Carol Carter. "Many physicians said they tried to work with the community hospitals but that decision-making took too long and did not support their practices."

The site visits also raised the issue of whether specialty hospitals engaged in patient selection or made improper transfers. "Specialty hospitals uniformly denied selecting cases based on payer mix but the specialty hospitals we visited had much lower Medicaid shares and provided less uncompensated care," Ms. Carter said.

Officials working in community hospitals also complained about some transfer practices, she said. They said that in some cases patients are stabilized at their facilities and then transferred to specialty hospitals for procedures. In other cases, complex patients who are not doing well at specialty hospitals are transferred to community hospitals, they reported.

But MedPAC also heard reports that community hospitals have taken some retaliatory actions against specialty hospitals, Ms. Carter said. For example, one community hospital had barred their physicians from investing in specialty hospitals and some are including non-compete clauses in physician contracts. ■