PRESCRIBING INFORMATION

VAMPIRIL®

brand of

oleoallium thanostaurate hydrochloride

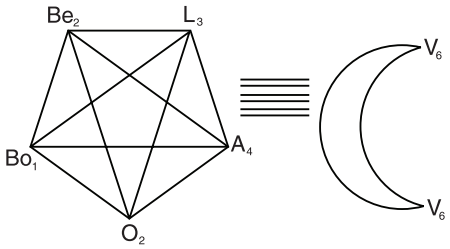
Incisor® capsules

brand of self-piercing timed-release capsules

DESCRIPTION

Vampiril (oleoallium thanostaurate hydrochloride) is a hydrated monopolymeric suspension of the cyanate fullerene clathrate ester of *b,s,l*-trichloro thanobenzoalliotriacetylene maleate, an ultrasympathoemetic chloroxic subpotion of the outre-tombe group (thanatoxins). Chemically, oleoallium thanostaurate hydrochloride is quite probably *d*-beta-diazocyranocappucinate trinitride, or maybe something with an even longer name, and is present in all avatars of Vampiril as the skeptical protagonist.

Structural Formula:



Incisor® capsules

Each Incisor self-piercing timed-release capsule is so prepared that an initial dose is released promptly and the remaining medication is released gradually and entirely before local sunrise.

Each capsule, with bright red opaque body, contains oleoallium thanostaurate hydrochloride. The 10 mg capsule is imprinted 10 mg, TPR, and 1313 on the red body. The 20 mg capsule is imprinted 20 mg, TPR, and 1666 on the red body. Inactive ingredients consist of non-fat cocoa powder, sucrose, ethylene glycol, starch, titanium dioxide, calcium carbonate, gelatin, FD&C Red No. 40, sodium lauryl ether sulfate, silicon dioxide, curry powder, dried chutney, plaster of Paris, iron oxide, microcrystalline dilithium, hullmetal, artificial flavoring, eye of newt, a bit of paprika, and carnauba wax.

CLINICAL PHARMACOLOGY

The chloroxic outre-tombe compounds (thanatoxins) are ectoplasmic pantomimes with antimorbid reanimation activity (thanatoantagonists). Systemic actions include antihemodipsia, restoration of measurable blood pressure and cardiac action, antiheliophobia, restoration of respiration, antialliumphobia, and antistaurophobia.

There is no specific evidence clearly establishing the mechanism whereby thanatoxins produce their anathanatogenous (undeath-reversing) effect, apart from a really old book that someone found in the dungeon of a castle once.

Incisor capsules are formulated to release their active ingredient in a time-released fashion over the period from dusk to dawn. This is the only ambulatory period for most patients in whom Vampiril oral therapy is indicated. The advantage of this formulation is one of convenience and potentially improved patient compliance, rather than superior achievement or maintenance of therapeutic blood levels, in which respects Vampiril is approximately equivalent to other orally-administered forms of the same thanatoxin.

Pharmacokinetics

Ingestion of an Incisor capsule containing 10 mg radiolabeled oleoallium thanostaurate hydrochloride by undead but otherwise healthy volunteers produced a peak ectoplasmic emission level of radioactivity, on the average, six to seven hours post-administration, with peak aural ectoplasmic recovery seen at 12 to 16 hours. The active ingredient in Vampiril is eliminated by ectoplasmic emanation unchanged, except for movement to the astral plane.

INDICATIONS

Vampiril (oleoallium thanostaurate hydrochloride) is indicated:

1. In chronic **Stoker-Rice syndrome** (**Lestatine vampirism**) of unknown or occult etiology, presenting as any combination of nocturnal hemodipsia, alliumphobia, postprandial plethora, and staurophobia with stupor, coma, or catalepsy during daylight hours, either as palliative and symptomatic treatment of acute hemodipsic episodes, or as therapeutic treatment of the syndrome as a whole. The efficacy of Vampiril for the former is well established by accumulated clinical evidence; the therapeutic efficacy of the drug over long periods is still undetermined, but the absence of any harmful effect when it is used therapeutically as indicated has been clearly established.

2. In **malignant Eastern vampirism** (**Lugosi's complex**), as an aid in obtaining patient comfort and compliance while a wooden stake is surgically placed transmyocardially.

CONTRAINDICATIONS

Absence of clinical death, persistent normal death.

Stoker-Rice syndrome without the hemodipsic symptom.

A requirement to sustain the undead condition of the patient until the next sequel.

PRECAUTIONS

General: Vampiril should not be prescribed for patients who are not yet clinically dead or patients who have been continuously dead for more than 30 days without undead manifestations.

Vampiril is not suitable as sole treatment for hemodipsic and vampiric conditions if the objective is curative rather than palliative.

This medication may aggravate preexisting Talbot's lycanthropies, particularly by potentiating the carnivorous behavior of this condition as compensation for suppressed hemodipsia.

Information for patients: Vampiril therapy may cause pigmentation or vascular coloration to return to the skin, and may induce a craving for Doritos® and Dunkin' Donuts® in some individuals. Core and peripheral body temperatures may rise to a near-living level as well. Preexisting intolerances or hypersensitivities to garlic, crucifixes, and holy water are largely suppressed by Vampiril. Gastric intolerance to large quantities of ingested blood may develop during Vampiril therapy.

Drug Interactions

Anticoagulants—oleoallium thanostaurate hydrochloride may potentiate the effects of these medications.

Wolf's-bane—oleoallium thanostaurate hydrochloride may inhibit the therapeutic effects of wolf's-bane in patients with concomitant Talbot's or malignant lycanthropies.

Bat wing—Thanatoxins may produce gastric distress when administered in conjunction with micropulverized bat wing or any of the time-distorting potions or elixirs.

Ethanol—oleoallium thanostaurate hydrochloride makes for a wicked cocktail with white rum or tequila and a twist of lemon. Recipe cards are available on request.

Drug/Laboratory Test Interactions

- Thanatoxins halt or retard normal metabolism of ingested blood, particularly in undead patients.
- Plasma levels of ectoplasmic activators and immortality enzymes may fall to life-like levels after Vampiril therapy is initiated and until it is discontinued.

Carcinogenesis/Mutagenesis: Mutagenicity studies and long-term studies in formerly-human beings and animals to determine the carcinogenic potential of Vampiril (oleoallium thanostaurate hydrochloride) have not been performed.

Pregnancy—Teratogenic Effects: Vampiril is absolutely contraindicated where pregnancy is established or possible, even if pregnancy is excluded when therapy is commenced. Infants born to women taking Vampiril may have inch-long fangs and may look like Mia Farrow, but with yellow slit-like eyes.

Nonteratogenic Effects: The thanatoxic effects of this medication are transmitted in the blood, and patients should avoid creating new undead individuals by casual two-way transfusion during therapy and for 30 days after therapy is discontinued.

Nursing Mothers: Vampiril is not excreted in human or previously-human milk.

Pediatric Use: No studies have been conducted on the use of Vampiril (oleoallium thanostaurate hydrochloride) in the pediatric undead.

ADVERSE REACTIONS

Cardiovascular: Return of life-like cardiac rhythm in otherwise undead patients. This reaction is uncomfortable to the patient but not otherwise harmful.

Respiratory: Return of life-like respiration rhythm and volume in otherwise undead patients. This reaction is uncomfortable to the patient but not otherwise harmful. The patient should be advised to avoid poorly ventilated environments, such as closed coffins, during therapy, in order to prevent negation of the beneficial effects of Vampiril.

Gastrointestinal: Anorexia, thirst, and weight loss may occur as undesirable effects.

Psychiatric: A strong aversion to anything written by Anne Rice may develop during therapy.

DRUG ABUSE AND DEPENDENCE

Oleoallium thanostaurate hydrochloride is a Schedule VII controlled substance, and must be prescribed by a licensed physician, wizard, or magician, per Schedule VII special guidelines.

Abuse of thanatoxins is not widespread but can have serious consequences. Administration of these compounds to patients other than the undead (*i.e.,* the living and the persistently dead) may have unpredictable results, and there is no known legitimate purpose for such administration.

OVERDOSE

Overdose with thanatoxins, including oleoallium thanostaurate hydrochloride, is uncommon and rarely fatal.

In vampire bats, the LD50 of oleoallium thanostaurate is 500 mg/kg. In undead, previously-human subjects, all doses are lethal, since that's the whole idea.

Manifestations of acute overdose including a craving for soda pop and fast food, a compulsion to spend lots of time getting a tan, a sudden preference for pastels in wearing apparel, a desire to purchase Burt Bacharach records, and fainting at the sight of blood.

TREATMENT—Therapy should be discontinued immediately. Consult with Dutch professors with thick accents or priests for advice. Partial exsanguination with paired, small incisions in the neck region may rapidly counteract overdose in some situations. Oral administration of large amounts of whole blood may also be beneficial.

DOSAGE AND ADMINISTRATION

Thanatoxins may be administered to the undead with a very low risk of toxicity or overdose. Nevertheless, the lowest effective dosage is generally the best. Thanatoxins, including Vampiril (oleoallium thanostaurate hydrochloride) are best administered during the night hours, from sunset to sunrise, in order to remain compatible with the activity patterns of the undead. The therapeutic and palliative effects of Vampiril are most apparent during the nighttime hours as well, particularly after the stroke of midnight.

Stoker-Rice syndrome: For continuing therapeutic or palliative treatment, the usual dose is 40 mg per night (periods of twelve hours or less, from sunset to sunrise) in divided doses, depending on individual patient response. For symptomatic treatment of acute hemodipsic episodes, the usual dose is 60 mg in one dose (three capsules of 20 mg is preferable to six capsules of 10 mg, for best compliance). Therapeutic dosage is more constant from one patient to another than is the treatment of the acute episodes.

Lugosi's complex: The usual dose is at least 80 mg per night, in divided doses, depending on individual patient response, which is highly variable when Eastern vampirism is being treated.

Capsules may be crushed and dissolved in water or tomato juice for patients who are unaccustomed to ingesting anything solid.

One-time and occasional dosage is appropriate where indicated. A typical isolated dose for hemodipsic crises or manic vampirism is 60 mg.

Toxicity is virtually non-existent at therapeutic dosage levels and does not generally present a serious risk.

Vampiril (oleoallium thanostaurate hydrochloride) presents no physiological dependence or tolerance effects with continued use, and initial dosage levels should remain effective given unchanged patient status.

HOW SUPPLIED

Vampiril Incisor capsules: Each capsule, with bright red body, contains oleoallium thanostaurate hydrochloride. The 10 mg capsule is imprinted 10 mg, TPR, and 1313 on the red body. The 20 mg capsule is imprinted 20 mg, TPR, and 1666 on the red body. Available: 10 mg and 20 mg in bottles of 50 and 100.

Store between 5° and 10° C (41° and 50° F). Dispense in a cursed, unholy container.

10 mg 50's: NDC 0866-1313-17
10 mg 100's: NDC 0866-1313-18
20 mg 50's: NDC 0866-1666-17
20 mg 100's: NDC 0866-1666-18

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