

FOR THE PREVENTION OF CHEMOTHERAPY-INDUCED NAUSEA AND VOMITING (CINV)

POWER OVER EMESIS

BETTER IN ACUTE, BETTER IN DELAYED

- Superior CR[†] rates over ondansetron/dolasetron in both the acute phase and the delayed phase following moderately emetogenic chemotherapy (MEC).^{1,2}
- Identified by NCCN[®] as the **preferred** treatment for the prevention of CINV following MEC and as a recommended agent for the prevention of CINV following highly emetogenic chemotherapy.⁴
- The highest receptor binding affinity³ and longest half-life (~40 hrs) of the 5-HT₃ receptor antagonist class.^{3,10}

ALOXI[®] is the first and only 5-HT₃ receptor antagonist indicated for the prevention of acute and delayed CINV with a single IV dose.^{5,11}

NCCN[®] is a registered trademark of the National Comprehensive Cancer Network.

[†]Complete response defined as no emetic episode and no use of rescue medication. Pooled data from two identically designed Phase 3 clinical trials.

³*In vitro* data; clinical significance has not been established.

⁴In moderately emetogenic chemotherapy.

⁵ALOXI (palonosetron HCl) injection 0.25 mg is indicated for the prevention of acute and delayed nausea and vomiting associated with initial and repeat courses of moderately emetogenic chemotherapy, and acute nausea and vomiting associated with initial and repeat courses of highly emetogenic chemotherapy.

ALOXI is contraindicated in patients known to have hypersensitivity to the drug or any of its components. It should be administered with caution in patients who have or may develop prolongation of cardiac conduction intervals, particularly QTc. Most commonly reported adverse reactions include headache (9%) and constipation (5%).

Please see the following brief summary of prescribing information.

ALOXI ALLIANCE PROGRAM
Reimbursement hotline: 1-866-30-ALOXI

www.ALOXI.com

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ALOXI J-Code
J2469
0.25 mg dose = Ten 25 mcg billing units



Aloxi[®]
palonosetron HCl injection
**STARTS STRONG
LASTS LONG**