Presentation: A white to off-white lyophilised powder, containing alprostadil 20 micrograms. The powder also contains lactose and sodium citrate. The diluent solution is 1 ml bacteriostatic water for injections (benzyl alcohol 0.9% w/w).

Uses: Treatment of erectile dysfunction. An adjunct to other diagnostic tests in the diagnosis of erectile dysfunction.

Dosage and Administration: The initial dose of alprostadil is 2.5 micrograms and can be increased in increments of 2.5 micrograms to a maximum of 60 micrograms. The usual dose is 10-20 micrograms. The recommended frequency of injection is no more than once daily and no more than three times weekly.

The first injection of alprostadil must be done by medically trained personnel. After proper training and instruction, alprostadil may be self-injected. The dose should provide the patient with an erection that is satisfactory for sexual intercourse. It is recommended that the dose administered produces a duration of the erection not exceeding one hour.

Contra-indications, warnings, etc: Contra-indications: Known hypersensitivity to alprostadil, benzyl alcohol, or any of the other constituents. Patients with sickle cell anaemia, multiple myeloma, or leukaemia (risk of priapism).

Warnings: Prolonged erection and/or priapism. Patients with an erection lasting 4 hours or more should report to a physician for consideration of detumescent therapy.

Penile erection is more likely to occur in patients with anatomical deformations of the penis. Patients on anticoagulants such as warfarin or heparin may have increased propensity for bleeding after the intracavernous injection. Use of intracavernous alprostadil offers no protection from the transmission of sexually transmitted diseases. Individuals should be counselled about the spread of sexually transmitted diseases, including HIV.

Pregnancy and lactation: Not applicable. High doses of alprostadil (0.5 to 2.0 mg/kg subcutaneously) had an adverse effect on the reproductive potential of male rats, although this was not seen with lower doses (0.05 to 0.2 mg/kg). Alprostadil did not affect rat spermatozoa at doses 200 times greater than the proposed human intracavernous dose.

Side-effects: Pain in the penis during erection (11.6%). Haematoma at the site of injection (11.5%). Other rarely reported adverse reactions are: fibrosis, erythema, testicular or perineal pain, penile deviations, haemorrhage deposits in the penis, injection into the urethra as a result of faulty injection technique, and systemic medical events. The systemic medical events that have been reported are: changes in blood pressure, postural hypotension, cardiac arrhythmias, dizziness, headaches, vagal shock, and collapse (these may be related to the procedure rather than alprostadil).

Interactions: None known. Not intended for co-administration with any other agent for the treatment of erectile dysfunction.

Incompatibilities: None known. Only the supplied diluent should be used to prepare solutions.

Pharmaceutical precautions: Cavject must be stored in a refrigerator until dispensed. It may then be stored below 25°C for up to 3 months. Reconstituted solutions should be used immediately and not stored. Do not store the unused pack or reconstituted solution in a freezer.

Legal category: POM

Package quantities: Single packs containing a vial of Cavject powder and a vial of diluent.


Holder of product licences: Upjohn Limited, Fleming Way, Crawley, West Sussex, RH10 9LZ.

Date of preparation or last review: July 1994

Pricing information: £9.95 per pack

Trademark: Cavject

As a result of customer feedback, we have changed the storage requirement of Cavject to allow patients to keep Cavject where it is most easily accessible for them.

The new recommendations are 2-8 months refrigerated below 8°C. For those 8-30 months at room temperature below 25°C following dispensing. Please remember to write the 'Use-by' date on the space provided on the carton for the patient and case note. Cavject should not be dispensed within 3 months of its expiry date.

The only licensed product for intracavernous treatment of erectile dysfunction in the UK

Effective in up to 100% of neurogenic and psychogenic cases and over 70% of other cases

Well tolerated and rated highly in terms of therapeutic satisfaction for both patient and partner

Clinically and scientifically documented
Fifth Meeting of the European Neurological Society

June 17–21, 1995 · Munich / Germany
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Teaching courses: Saturday, June 17 to Sunday, June 18, 1995

Vertigo and Vestibular Disorders
Th. Brandt, M. Gresty

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Movement Disorders
E. Tolosa, A. Berardelli

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D. Bates, W. Pfister

Epilepsy
H. Wieser, P. Jallón

Peripheral Neuropathy
G. Said, F. G. A. van der Meché

Muscle Disorders
L. Angelini, H. Kwieciński

Headache
H. C. Diener, K. J. Jönsen

Multiple Sclerosis
W. I. McDonald, Ch. Confavreux

Symposia: Monday, June 19 to Wednesday, June 21, 1995

Motor Neuron Diseases
Chairman: G. Scarlato, Milano

Unstable Mutations in Neurological Disease
Chairpersons: A. E. Harding, London
and M. MacDonald, Boston

Pain Mechanisms and Management

Animal Models of Neurological Disease
Chairmen: W. Oertel, Munich and A. Aguzzi, Zurich

Amyloid and the Nervous System
Chairmen: P. Coutinho, Porto
and M. N. Rossor, London