FirstmedPharma

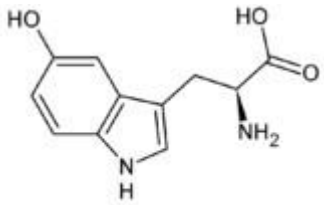
Bio-Slender
Define Your Beauty

CAPSULES

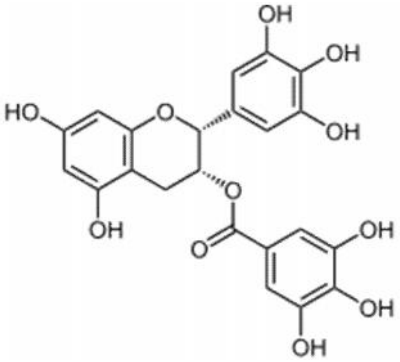
OTC – NATURAL SUPPLEMENT

DESCRIPTION

Bio-Slender is an orally administered agent for the treatment of obesity. Its composition is formulated from natural products Camellia sinensis, Taraxacum officinale, Garcinia cambogia, Griffonia simplicifolia Extract (20% 5-Hydroxytryptophan) , Guarana (*Paullinia cupana*.



5-hydroxytryptophan



Bio-Slender is beige to brownish powder (80 mesh) with a solubility of 2.5mg/ml in pH 5.2 water. Each Bio-Slender capsule contains 420mg of the formulated natural components. Each capsule shell contains gelatin, titanium dioxide and FD&C Blue No. 1.

CLINICAL PHARMACOLOGY

Mechanism of Action

Bio-Slender exerts its therapeutic effects on serotonin synthesis in central nervous system tissue. It is believed that an artificially high supply of 5-HTP causes the brain's serotonin-producing neurons to increase production. Increased serotonin production then leads to increased serotonin release by acting as a precursor to serotonin. It provides the natural state for the brain to produce more serotonin then inhibiting the reuptake such as SRI/MAOI products.

A principle constituent in Bio-slender is Garcinia which is hydroxycitric acid (HCA), or hydroxycitrate. This important component makes up 10 - 30% of the dried fruit rind. Garcinia is discussed essentially in terms of hydroxycitrate, with the majority of research focusing on this chemical compound. Garcinia also contains a significant amount of beneficial flavonoids.

The exact mechanisms of action for hydroxycitrate's effect on physiologic and metabolic processes are not fully known. Early studies showed that it inhibits the formation of fat in animals. HCA was shown to be a potent inhibitor of ATP citrate lyase, an enzyme that catalyzes the extramitochondrial cleavage of citrate to oxaloacetate and acetyl-CoA:

- citrate + ATP + CoA --> acetyl-CoA + ADP + P(i) + oxaloacetate -

The significance of this metabolic reaction is that inhibition limits the availability of acetyl-CoA units required for fatty acid synthesis and lipogenesis; especially when a diet high in carbohydrates is consumed. Furthermore, extensive animal studies indicated that (-)-HCA suppresses food intake and induce weight loss.

Hydroxycitrate also appears to exert effects on processes other than fuel metabolism. One study in rats showed that hydroxycitrate can inhibit [3H]-5-HT (hydroxy-tryptophan) uptake, while also increasing 5-HT availability in isolated brain cortical slices; similar to the way SSRIs (selective serotonin reuptake inhibitors) work. The authors conclude that these effects may be applicable in controlling appetite, and other serotonin-deficient conditions

Pharmacokinetics

Absorption

Bio-Slender is rapidly absorbed from the GI tract (Tmax of 1.1 hours) following oral administration and undergoes extensive first –pass metabolism in the liver. Following oral dosing with 300mg Bio-slender plasma radioactivity peaked at approximately 3-4 hours; plasma concentrations of intact Bio-Slender were near the limits of detection (<5ng/mL). On the basis of mass balance studies, on average at least 74% of a single dose of Bio-Slender is absorbed. Bio-Slender well absorbed from an oral dose, with about 70 percent ending up in the bloodstream. It easily crosses the blood-brain barrier and effectively increases central nervous system synthesis of serotonin.

The absolute bioavailability of Bio-Slender has not been determined.

Distribution

In vitro Bio-Slender was > 97% bound to human plasma proteins at plasma concentrations seen following therapeutic doses.

Metabolism

Bio-Slender metabolism occurs both in nervous tissue and in the liver principally by the cytochrome P450 ($3A_4$) isoenzyeme, to desmethyl metabolites, M_1 and M_2. These active metabolites are further metabolized by hydroxylation and conjugation to pharmacologically inactive metabolites M_5 and M_6. Following oral administration of radiolabeled Bio-Slender, essentially of the peak radiolabeled material in plasma was accounted for by unchanged Bio-Slender. (2.8%), M_1 (6%), M_2 (12.2) M_5 (54%) M_6 (25%).

The elimination half-live of Bio-Slender for a single dose of 300mg is 6-8 hours.

Elimination

Following a single dose of 300mg Bio-Slender in normal weight and obese subjects, fecal and urine excretion of the unabsorbed product was found to be the major route of elimination. Approximately 82% (range 68% - 95%) of the administered radiolabeled Bio-Slender was excreted in urine and feces over a 12 day collection period with the majority of the dose (72% excreted in the Urine. The primary route of excretion for M_1 and M_2 is hepatic metabolism and M_5 and M_6 is renal excretion.

Special Populations

Geriatrics: Plasma concentrations of M_1 and M_2 were similar between elderly (ages 61 to 75yr) and younger (ages 17-30) subjects following a single dose of 300mg oral Bio-Slender. Plasma concentrations of inactive metabolites M5 and M6 were higher in elderly; these differences are not likely to be of clinical significance. In general, dose selection for the elderly should be cautious, reflecting the greater frequency for decreased hepatic, renal, or other product therapy.

Pediatrics: Plasma concentrations of Bio-Slender M_1 and M_2 were similar between adolescents (ages 12 to 16yr) and adults (ages 17-30) subjects following a single dose of 300mg oral Bio-Slender. Plasma concentrations of inactive metabolites M5 and M6 were the same in adolescents.

The safety and effectiveness of Bio-Slender in patients under 12 years old was not established.

Drug-Drug Interactions

Drug-drug interaction studies indicate that Bio-Slender had no effect on pharmacokinetics and /or pharmacodynamics of alcohol, digoxin, gylburide, nifedipine, oral contraceptives, phenytoin, pravastatin. Alcohol did not affect the pharmacodynamics of Bio-Slender.

CLINICAL STUDIES

Observational epidemiologic studies have established a relationship between obesity and visceral fat and the risks for cardiovascular disease, type 2 diabetes, certain forms of cancer, gallstones, certain respiratory disorders, and an increase in overall mortality. These studies suggest that weight loss, if maintained, may produce health benefits for obese patients who are at risk of developing weight-related comorbidities. The long term effects of Bio-Slender on mortality with obesity have not been established.

The effects of Bio-Slender on weight loss, weight maintenance and weight regain and on a number of comorbidities (eg, type 2 diabetes, lipids, blood pressure) were assessed in a 4 year study B123260 study and five long term (1-2 year duration) multicenter double-blind, placebo controlled clinical trials. During the first year of therapy, the studies of 2 year duration assessed weight loss and weight maintenance. During the second year of therapy, some studies assessed continued weight loss and weight maintenance and other assessed the effect on Bio-Slender on weight regain. These studies included over 1800 treated with Bio-Slender and 1200 treated with placebo.

The majority of these patients had obesity-related risks factors and comorbidities. In the B123260 study, which included 3200 patients, the time to onset of type 2 diabetes was assessed in additional to weight management. In all these studies, treatment with Bio-Slender and placebo designates treatment with Bio-Slender plus diet and placebo plus diet, respectively.

During the weight loss and weight maintenance period, a well-balanced, reduced –calorie diet that was intended to result in an approximate 20% decrease in caloric intake and provide 30% of calories from fat was recommended to all patients. In addition, all patients were offered nutritional counseling.

One-year Results: Weight loss, Weight maintenance and Risk Factors.

Weight loss was observed within 2 weeks of initiation of therapy and continued for 6 to 12 months.

Pooled data from the five clinical trials indicated that the overall mean weight loss from randomization to the end of 6 months and 1 year of treatment on the intent –to-treat population were 26.4 lbs and 32.2 lbs in the patients treated with Bio-Slender and 6.2 lbs and 5.8 lbs in placebo-treated patients respectively. During the 4-week placebo lead-in period of the studies, an additional 5 to 6 lb weight loss was observed in the same patients. Of the patients who completed 1 year of treatment, 64.63% of the patients treated with Bio-Slender (300mg twice a day) and 22.6% of the placebo-treated patients lost at least 5% of their baseline weight.

The percentages of patients achieving ≥5% and ≥10% weight loss after 1 year in five large multicenter studies for the intent to treat populations re presented in Table 1.

Table 1

Percentage of patients losing ≥5% and ≥10% of body weight from randomization after 1-year treatment.

Intent to treat population								
	≥5% Weight loss				≥10% Weight loss			
Study No.	**Bio-Slender**	**n**	**Placebo**	**n**	**Bio-Slender**	**n**	**Placebo**	**n**
B3208	42.2%	120	21.8%	108	26.6%	120	6.2%	108
B3209	54.6%	342	28.1%	340	32.7%	342	8.6%	340
B3206	50.6%	236	24.8%	234	20.2%	236	11.3%	234
B3204	68.1%	280	26.0%	286	42.5%	280	7.3%	280
B3204B	56.8%	436	24.7%	402	39.4%	436	12.2%	402

Treatment designates Bio-Slender 300mg twice a day plus diet or placebo plus diet.

All studies were carried out at center specialized in treating obesity and complications with obesity. All studies were led by primary care physicians.

The relative changes in risk factors associated with obesity following 1 year of therapy with Bio-Slender and placebo are presented for the population as a whole and for the population with abnormal values at randomization.

Population as a Whole

The changes in metabolic, cardiovascular and anthropometric risk factors associated with obesity based on pooled data from five clinical studies, regardless of the patient´s risk factor status at randomization, are presented in table 2. One year therapy with Bio-Slender resulted in relative improvement in several risk factors.

Table 2

Mean Change in Risk Factors following 1 year treatment Population as a Whole

Risk Factor	Bio-Slender 300mg	Placebo
Metabolic		
LDL / Cholesterol	-4.2 %	+5.0%
HDL / Cholesterol	+8.7%	+12.3%
LDL/HDL	-0.37	-0.20
Total Cholesterol	-2.6%	+5.0%
Triglycerides	+1.34%	+2.9%
Fasting Glucose , mmol/L	-0.06	+0.0
Fasting Insulin, pmol/L	-6.8	+5.4
Cardiovascular		
Systolic Blood Pressure, mm Hg	-2.05	+0.68
Diastolic Blood Pressure, mm Hg	-1.22	+0.46
Anthropometric		
Waist Circumference, cm	-12.70	-5.20
Hip Circumference, cm	-5.30	-2.19

Treatment designates Bio-Slender 300mg twice a day plus diet or placebo plus diet.

All studies were carried out at center specialized in treating obesity and complications with obesity. All studies were led by primary care physicians.

Intent to treat population at 52 week observed data based on pooled data from five studies.

Two –year Results: Long-term Weight Control and Risk Factors

The treatment effects of Bio-Slender were examined for 2 years in three of the five 1 year weight management clinical studies previously discussed (see table 1). At the end of year 1, the patients were reviewed and changed where necessary. The diet prescribed in the second year was designed to maintain the patient's current weight. Bio-Slender was shown to be more effective then the placebo in long term weight control in three large multicenter, 2 year double-blind, placebo –controlled studies.

Pooled data from the clinical studies indicate that 64.63% of all patients treated with 300mg twice a day of Bio-Slender and 22.6% of patients treated with placebo who completed the 2 year of the same therapy had ≥5% loss of body weight from randomization. Pooled data from the three clinical studies indicate that the relative weight loss advantage between Bio-Slender and placebo treatment groups was the same after 2 years as for 1 year, indicating that the pharmacologic advantage of Bio-Slender was maintained over two years. In the same studies cited in the One

year Results , the percentages of patients achieving a ≥5% and ≥10% weight loss after 2 years are shown in table 3.

Table 3

Percentage of patients losing ≥5% and ≥10% of body weight from randomization after 2-year treatment.

Intent to treat population – After 2 year								
	≥5% Weight loss				≥10% Weight loss			
Study No.	**Bio-Slender**	**n**	**Placebo**	**n**	**Bio-Slender**	**n**	**Placebo**	**n**
B3208	72.0%	114	24.3%	97	55.8%	114	6.2%	114
B3209	68.1%	285	23.8%	310	42.7%	284	12.4%	285
B3204	53.8%	276	19.7%	243	48.6%	276	9.5%	276

Treatment designates Bio-Slender 300mg twice a day plus diet or placebo plus diet.

All studies were carried out at center specialized in treating obesity and complications with obesity. All studies were led by primary care physicians.

The relative changes in risk factors associated with obesity following 2 years of therapy were assessed in the population as a whole and the population with abnormal risk factors at randomization.

Population as a Whole

The relative differences between treatment with Bio-Slender and placebo were similar to the results of 1 year therapy for total cholesterol, LDL, LDL/HDL ratio, triglycerides, fasting glucose, fasting insulin, diastolic BP, waist circumference, and hip circumference. The relative differences between treatment groups for HDL cholesterol, and systolic BP were less than that observed in the year one results.

Population with Abnormal Risk Factors at Randomization

The relative differences between treatment with Bio-Slender and placebo were similar to the results of 1 year therapy for total cholesterol, LDL Cholesterol, HDL cholesterol, triglycerides, fasting glucose, fasting insulin, diastolic BP, waist circumference, and hip circumference. The relative differences between treatment groups for LDL/HDL ratio of cholesterol, and isolated systolic BP were less than that observed in the year one results.

Four year results: Long term Weight Control and Risk Factors

In the 4 year double blind, placebo controlled B123260 study; the effects of Bio-Slender in delaying the onset of type 2 diabetes and on body weight were compared to placebo in 3200 obese patients who had either normal o impaired glucose tolerance at baseline.

Table 4

Mean Change in Risk Factors following 4 year treatment Population as a Whole

Risk Factor	Bio-Slender 300mg	Placebo
Metabolic		
LDL / Cholesterol	-11.80 %	-3.85%
HDL / Cholesterol	+8.92%	+7.33%
LDL/HDL	-0.52	-0.33
Total Cholesterol	-7.02%	-2.03%
Triglycerides	+4.52%	+1.9%
Fasting Glucose , mmol/L	-0.16	+0.23
Fasting Insulin, pmol/L	-26.70	-15.71
Cardiovascular		
Systolic Blood Pressure, mm Hg	-2.05	+0.68
Diastolic Blood Pressure, mm Hg	-1.22	+0.46
Anthropometric		
Waist Circumference, cm	-14.57	-3.97

Treatment designates Bio-Slender 300mg twice a day plus diet or placebo plus diet.

All studies were carried out at center specialized in treating obesity and complications with obesity. All studies were led by primary care physicians.

Intent to treat population at 52 week observed data based on pooled data from five studies.

Table 5

Percentages of Patients with ≥5% and ≥10% Decrease in BMI after 1 year treatment.

Intent to treat population							
	≥5% Weight loss				≥10% Weight loss		
	Bio-Slender	n	Placebo	n	Bio-Slender	n	Placebo n
BMI	26.8%	342	12.8%	340	17.2%	342	3.6% 340

INDICATIONS AND USAGE

Bio-Slender is indicated for the management of obesity, including weight loss and maintenance of weight loss and should be used in conjunction with a reduced calorie diet. Bio-Slender is recommended for obese patients with an initial body mass index ≥30 kg/m² or ≥27 kg/m² in the presence of other risk factors (e.g., diabetes, dyslipidema, controlled hypertension).

Below is a chart of the body mass index (BMI) based on heights and weights.

BMI is calculated by taken the patients weight in kg and dividing by the patients height, in meters.

Table 6

BMI		25	26	27	28	29	30	31	32	33	34	35	40
							WEIGHT (lbs)						
	4'10"	119	124	129	134	138	143	149	153	158	163	167	191
	4'11"	124	128	133	138	143	148	154	158	164	169	173	198
	5'	128	133	138	143	148	153	159	164	169	175	179	204
	5'1"	132	137	143	148	153	158	165	169	175	180	185	211
	5'2"	136	142	147	153	158	164	170	175	181	186	191	218
H	5'3"	141	146	152	158	163	169	175	181	187	192	197	225
	5'4"	145	151	157	163	169	174	181	187	193	199	204	232
E	5'5"	150	156	162	168	174	180	187	193	199	205	210	240
	5'6"	155	161	167	173	179	186	192	199	205	211	216	247
I	5'7"	159	166	172	178	185	191	198	205	211	218	223	255
	5'8"	164	171	177	184	190	197	204	211	218	224	230	262
G	5'9"	169	176	182	189	196	203	210	217	224	231	236	270
	5'10"	174	181	188	195	202	207	216	223	230	237	243	278
H	5'11"	179	186	193	200	208	215	222	230	237	244	250	286
	6'	184	191	199	206	213	221	228	236	244	251	258	294
T	6'1"	189	197	204	212	219	227	236	243	251	258	265	302
	6'2"	194	202	210	218	225	233	241	250	258	265	272	311
	6'3"	200	208	216	224	232	240	248	256	264	272	279	319

Conversion factors:
Weight in LBS / 2.2 = weight in Kilograms (Kg)
Height in inches X 0.0254 = height in meters (m)
1 foot = 12 inches

CONTRAINDICATIONS

Hypersensitivity to active components. Shouldn't be taken if you are pregnant or nursing.

WARNINGS

No warnings are currently listed for Bio-Slender® due to the botanical nature of the principal ingredients used in the formulation. Organic causes of obesity such as hypothyroidism should be excluded before prescribing Bio-Slender.

PRECAUTIONS

Patients should be advised to adhere to dietary guidelines (see DOSAGE AND ADMINISTRATION)
Some patients may develop increased urinary flow due to that product diuretic components.
Patients may require replacement of lost water by drinking 4-6 glasses of water during the day.

Weight loss induction by Bio-Slender may be accompanied by improved metabolic control of diabetes, which might require a reduction in dose of oral hypoglycemic medication (eg, sulfonylureas, metformin) or insulin see **CLINICAL STUDIES**).

MISUSE POTENTIAL

As with any weight-loss agent, the potential exists for misuse of Bio-Slender in inappropriate patient populations (eg patients with anorexia nervosa, or bulimia). See INDICATIONS AND USAGE for recommended prescribing guideline.

DRUG INTERACTIONS

Selective Serotonin Reuptake Inhibitors (SSRIs) : **(**e.g. Fluoxetine, Fluvoxamine, Sertraline, Sibutramine)Selective serotonin reuptake inhibitors are used for depression, premenstrual dysphoric syndrome, bulimia nervosa, obsessive compulsive disorder, and weight loss. Bio-Slender contains 5-HTP which is converted to serotonin, so medications that increase serotonin may increase the risk of developing a rare but serious condition called serotonin syndrome-symptoms include confusion, muscle rigidity, hot flashes, changes in blood pressure and heart rate, and coma.

Triptans: (e.g. Sumatriptan, Zolmitriptan, Rizatriptan, Naratriptan, Almotriptan, Eletriptan, Frovatriptan) Triptan drugs are used to treat, but not prevent, migraines. These drug works by affecting serotonin receptors in the brain. If taken in combination with 5-HTP (a supplement that also affects serotonin levels), they may increase the risk of serotonin syndrome.

Oral contraceptives: In 60 normal weight female subjects, the treatment of Bio-Slender 300mg twice a day for 8 weeks resulted in no changes in the ovulation-suppressing action of oral contraceptives. No alternative contraceptive precautions are needed when patients are taken oral contraceptives and concurrently taken Bio-Slender.

MAO inhibitor drugs :(e.g. Phenelzine, Tranylcypromine) MAO inhibitors are used in the treatment of depression and panic disorder and in the prevention of headache. Although there have been no reported drug interactions with 5-HTP or with any other ingredient in Bio-Slender, MAO inhibitors may cause drowsiness, confusion, fever, agitation, seizures, elevated blood pressure, called serotonin syndrome. No historic or clinically significant interaction has been observed or reported when patients concurrently taken Bio-Slender and MAOs but Caution should be used when prescribing Bio-Slender to patients who use MAO inhibitors.

Pregnancy

Teratogenic Effects – Pregnancy Category Radiolabeled studies in animals indicated that tissue distribution was unaffected by pregnancy, with relatively low transfer to fetus. In rats, there was no evidence of teratogenicity at doses of 1,2, or 10 mg/kg/day generating combined plasma AUC´s of the two major active metabolites up to approximately 32 times those following the human dose of 300mg.

No adequate and well controlled studies with Bio-Slender have been conducted in pregnant women. Because animal reproductive studies are not always predicative of human response Bio-Slender during pregnancy is not recommended.

Nursing Mothers

It is not known if Bio-Slender is secretes in human milk. Therefore, Bio-Slender should not be taken by nursing women.

Pediatric Use

The safety and efficacy of Bio-Slender have been evaluated in obese adolescent patients aged 12-16 years. Use of Bio-Slender in this age group is supported by evidence from adequate and well-controlled studies of Bio-Slender in adults with additional data from 54 week efficacy and safety study and a 21 day mineral balance study in obese adolescent patients aged 12 to 16 years. Bio-Slender has not been studied in pediatric patients below the age of 12 years.

Geriatric Use

Clinical studies of Bio-Slender did not include significant number of patients aged 65 years and older to determine whether the respond differently from younger patients.

ADVERSE REACTIONS

Commonly Observed (based on 1 year and 2 year data – Bio-slender 300mg twice a day versus placebo. Dry Mouth is the most commonly observed treatment-emergent adverse event associated with the use of Bio-Slender in five double –blind, placebo-controlled clinical trials a manifestation of the mechanism of action. (Commonly observed is defined as an incidence of ≥ 5% and an incidence in the Bio-Slender 300mg group that is at least twice that of placebo.)

Table 7

Commonly Observed Adverse Event

	Year 1		Year 2	
Adverse Event	**Bio-Slender N = 1600 % of Patients**	**Placebo N = 1560 % of Patients**	**Bio-Slender N = 1200 % of Patients**	**Placebo N = 947 % of Patients**
Dry Mouth	16	4.8	3.8	0.8
Dizziness	3.4	0.8	1.2	0.4

Treatment designates Bio-Slender 300mg twice a day plus diet or placebo plus diet.

These and other commonly observed adverse reactions were generally mild and transient, and they decreased during the second year of treatment. In general, the first occurrence of these were within the 1st week of treatment. Overall 45% of all episodes of dry mouth lasted for less then 3 weeks and the majority lasted no more then 4.2 months.

Discontinuation of Treatment

In controlled clinical trials 3.8% of patients with Bio-Slender discontinued treatment due to adverse events compared with 2.7% of placebo patients. For Bio-Slender, the most common events resulting in discontinuation of treatment were Dry mouth.

Incidence in Controlled Trials

The following table lists other treatment-emergent adverse events from five multicenter, double-blind controlled clinical trials that occurred at a frequency of ≥ 2 among patients treated with Bio-Slender 300mg twice a day and with an incidence that was greater than placebo during year 1 and year 2 regardless of relationship to study medication.

Table 8

Other Treatment-Emergent Adverse Events from Five Placebo-Controlled Clinical Trails.

	Year 1		Year 2	
Adverse Event	**Bio-Slender N = 1600 % of Patients**	**Placebo N = 1560 % of Patients**	**Bio-Slender N = 1200 % of Patients**	**Placebo N = 947 % of Patients**
Headache	2.9	0.4	2.1	0.8
Dizziness	3.4	0.8	-	-
Rash	4.2	4.0	-	-
Nausea	2.6	1.4	-	-

Treatment designates Bio-Slender 300mg twice a day plus diet or placebo plus diet.

- Indicates None reported at a frequency ≥2% an greater than placebo

Other Clinical Studies or Postmarketing Surveillance

Rare cases of hypersensitivity have been reported with the use of Bio-Slender. Signs and symptoms have included pruritus, rash, and angioedema.

In clinical trials in obese diabetic patients, hypoglycemia and abdominal distension were also observed.

Pediatric Patients

In clinical trials with Bio-Slender in adolescent patients ages 12 to 16 years, the profile of adverse reactions was generally similar to that observed in adults.

OVERDOSAGE

Single doses of 1200mg and multiple doses of up to 900mg twice a day for 15 days have been studied in normal weight and obese subjects resulted in acute display of adverse effects like headaches, dizziness, nausea and insomnia. Treatment should consist of general measures employed in the management of overdosage: an airway should be established as needed, cardiac and visual sign monitoring is recommended

DOSAGE AND ADMINISTRATION

The recommended dose of Bio-Slender is one 300 mg capsule twice a day. The first capsule taken 20 minutes before breakfast and the second capsule 20 minutes before lunch or up to 1 hour after lunch.
The patient should be on a nutritionally balance, reduced calorie diet that contains 30% or less calories from fat. If a meal is occasionally missed the dose of Bio-Slender should still be taken as if the meal was not missed.

Doses above 300mg twice a day have not been shown to provide additional benefit. Based on Clinical Studies the effect of Bio-Slender is seen as soon as 2-3 days. If patients have not lost at least 4 pounds of their initial body weight in the first four weeks of treatment, the physician should consider reevaluation of therapy which may include increasing the frequency of Bio-Slender administration or discontinuation of Bio-Slender (See Organic causes of obesity such as hypothyroidism).

The safety and effectiveness of Bio-Slender beyond 4 years have not been determined at this time.

HOW SUPPLIED

Bio-Slender is a dark –blue hard-gelatin capsule containing powder.
Bio-slender 420mg capsules: Dark –blue two piece No. 0 opaque hard –gelatin capsule. – Bottle of 60 capsules.

Storage Conditions

Store at 25°C (77°F) excursions permitted to 15° to 30°C (59° to 86°F) Keep bottle tightly closed.

Bio-Slender should not be used after the given expiration date stamped on the top of the lid of each bottle.

Distributed by:

Firstmed Pharma, Inc
Division of Firstmed Holding Corporation
Dothan AL 36301

325368

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