Mercaprine 50mg

(Mercaptopurine Monohydrate) B.P. Tablets

Each tablet contains:
Mercaptopurine Monohydrate B.P. 50mg
(Product complies B.P. Specs.)

MECHANISM:

- Cytostatic
- Analogue of the nucleic acid constituent adenine and the purine base hypoxanthine. The drug is shown to be antagonist of hypoxanthine and adenine.
- Studies show that the drug gets incorporated in the blood cells, remaining there for about two weeks. Thereby suggesting that the drug enters the leukaemic blood cell and interferes with its function.

INDICATIONS:

- Leukaemia.
- Has been found to be effective in some children whose disease was resistant to folic acid antagonists.
- Few patients with chronic myelogenous leukaemia in both early and late stages of the disease have obtained both clinical and haematological remissions with mercaptopurine (Mercaprine).
- NOT INDICATED for chronic lymphatic leukaemia, Hodgkins disease and solid tumours.

CONTRA-INDICATIONS:

- No Information on contra-indications is available.

DOSAGE:

Induction Therapy:

Mercaprine (mercaptopurine) is administered orally. The dosage which will be tolerated and be effective varies from patient to patient, and therefore careful titration is necessary to obtain the optimum therapeutic effect without incurring excessive, unintended toxicity. The usual initial dosage for children and adults is 2.5 mg/kg of body weight per day (100 to 200 mg in the average adult and 50mg in an average 5-year old child). Children with acute leukemia have tolerated this dose without difficulty in most cases; it may be continued daily for several weeks or more in some patients. If, after four weeks at this dosage, there is no clinical improvement and no definite evidence of leukocyte or platelet depression, the dosage may be increased upto 5mg/kg daily. A dosage of 2.5 mg/kg per day may result in a rapid fall in leukocyte count within 1 to 2 weeks in some adults with acute lymphatic leukemia and high total leukocyte counts.

The total daily dosage may be given at one time. It is calculated to the nearest multiple of 25 mg. The dosage of mercaptopurine should be reduced to one-third to one-quarter of the usual dose if allopurinol is given concurrently. Because the drug may have a delayed action, it should be discontinued at the first sign of an abnormally large or rapid fall in the leukocyte or platelet count. If subsequently the leukocyte count or platelet count remains constant for three days, or rises, treatment may be resumed.

Maintenance Therapy:

Once a complete hematologic remission is obtained, maintenance therapy is considered essential. Maintenance doses will vary from patient to patient. A usual daily maintenance dose of mercaptopurine is 1.5 to 2.5 mg/kg/day as a single dose. It is to be emphasized that in children with acute lymphatic leukemia in remission, superior results have been obtained when mercaptopurine has been combined with other agents (most frequently with methotrexate) for remission maintenance. Mercaptopurine should rarely be relied upon as a single agent for the maintenance of remissions induced in acute leukemia.

Management of overdose:

- Symptoms: Thrombocytopenia, leukopenia, hepatic necrosis, GIT ulceration, nausea, vomiting, anorexia.
- Symptomatic and supportive. Blood transfusion and antibiotics as indicated to combat infection.

SIDE-EFFECTS:

- At dose levels of 25mg/kg body mass : Anorexia, weight loss, diarrhoea, leucopenia. Histological lesions including hypoplasia of bone marrow and degenerative changes in the interstitial epithelium and the liver. The effects have a delayed onset even after lethal doses.
- Main toxic effects are leucopenia, thrombocytopenia and a tendency to haemmorhage. These effects may be delayed. The qualitative changes in erythroid cells seen after treatment with folic acid antagonists does not occur with mercaptopurine.
- Mild diarrhoea and sprue-like symptoms (malabsorbtion-like symptoms) have occasionally been noted.
- Rarely oral lesions resembling thrush.
- Jaundice suggesting possible liver damage.

PRECAUTIONS:

- Monitor liver function and blood count.
- A decrease in leucocyte count is a definite indication for interuption of medication. However in the presence of thrombocytopenia in acute leukaemia, it may be given, in some cases platelets have increased and bleeding stopped when treatment was continued.

PREGNANCY:

- Contra-indicated in pregnancy and lactation.
- Danger of blood dyscrasias in the infant.
- Consider risk benefit ratio and delay treatment for as long as possible and certainly until after the other first 3 months of pregnancy.
- Azathioprine has been implicated in congenital abnormalities when given to males or females who procreate.

HOW TO USE:

This is a potent medication. Take it exactly as prescribed. unless your doctor instructs you otherwise, drink plenty of fluids while taking this medication. This helps your kidneys to remove the drug from your body and avoid some of the side effects. Contact your doctor if you vomit shortly after taking your dose.

INSTRUCTIONS:

- Store between 15 - 25°C.
- Protect from heat, light & moisture.
- Keep all medicines out of the reach of children.
- To be sold on prescription only.

HOW SUPPLIED:

- Pack of 30 tablets in blisters.

مرکیپرین 50 ملی گرام ٹیبلٹس

(مرکپٹوپیورین مونوہائیڈریٹ) بی پی

خوراک: ڈاکٹر کی ہدایت کے مطابق استعمال کریں۔

ہدایات: 15 سے 25 ڈگری سینٹی گریڈ پر رکھیں۔

گرمی، روشنی اور نمی سے بچائیں۔

تمام دوائیں بچوں کی پہنچ سے دور رکھیں۔

صرف مستند ڈاکٹر کے نسخہ پر فروخت کریں۔

Manufactured by:

Pharmedic Laboratories (Pvt) Limited.

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