Esloric®

Allopurinol

Anti-Gout

COMPOSITION

Esloric® tablet : Each tablet contains Allopurinol BP 100 mg.

PHARMACOLOGY

Esloric® (allopurinol) is a xanthine oxidase inhibitor which is administered orally. It acts on purine catabolism without disrupting the biosynthesis of purines. It reduces the production of uric acid by inhibiting the biochemical reactions immediately preceding its formation. Esloric® is a structural analogue of the natural purine base, hypoxanthine. It is an inhibitor of xanthine oxidase, the enzyme responsible for the conversion of hypoxanthine to xanthine and xanthine to uric acid, the end product of purine metabolism. Esloric® is approximately 90% absorbed from the GI tract. Peak plasma levels generally occur at 1.5 hours to 4.5 hours. It has a plasma half life of about 1 to 2 hours. Approximately 20% of the ingested Esloric® is excreted in the faeces.

INDICATION

Esloric® is indicated in the management of patients with signs and symptoms of primary and secondary gout, leukaemia, lymphoma, malignancies who are receiving cancer therapy which causes elevations of serum and urinary uric acid levels, recurrent calcium oxalate calculi whose daily uric acid excretion exceeds 800 mg/day in male and 750 mg/day in female patients.

DOSAGE AND ADMINISTRATION

Adults:

Mild gout: 200 to 300 mg/day.

Moderately severe tophaceous gout: 400 to 600 mg/day.

The minimal effective dosage is 100 to 200 mg daily and the maximal recommended dosage is 800 mg daily. To reduce the possibility of flare-up of acute gouty attacks, it is recommended that the patient start with a low dose of Esloric® (100 mg daily) and increase at weekly intervals by 100 mg until a serum uric acid level of 6 mg/day or less is attained but without exceeding the maximal recommended dosage.

Recurrent calcium oxalate stones: 200 to 300 mg/day.

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Children:

Age 6-10 years: In secondary hyperuricemia associated with malignancies may be given 300 mg Esloric® daily.

Age under 6 years: generally given 150 mg daily.

CONTRAINDICATION AND PRECAUTION

Patients who have developed a severe reaction to allopurinol should not be restarted the drug.

Allopurinol should be withdrawn immediately when a skin rash or other evidence or sensitivity occurs. Dosage reduction should be considered in the presence of severe hepatic or renal disorder.

SIDE EFFECT

The most frequent adverse reaction to allopurinol is skin rash such as, pruritic maculopapular skin eruptions, sometimes scaly or exfoliative. Some patients with the most severe reaction, also had fever, chill, arthralgias, cholestatic jaundice, eosinophilia and mild leukocytosis or leukopenia.

DRUG INTERACTION

Anticoagulant - Allopurinol prolongs the half life of the anticoagulant, dicumarol. *Diuretic* - Concomitant use of Allopurinol and thiazide diuretics may contribute to the enhancement of Allopurinol toxicity. *Cytotoxic agent* - Enhanced bone marrow suppression by cyclophosphamide and other cytotoxic agent has been reported among patients with neoplastic disease.

USE IN PREGNANCY AND LACTATION

There are, however, no adequate or well controlled studies in pregnant women. This drug should be used during pregnancy only if clearly indicated. Allopurinol has been found in breast milk, caution should be exercised when Allopurinol is administered to a lactating mother.

STORAGE CONDITION

Store in a place which protects from heat & light.

HOW SUPPLIED

Esloric® tablet : Box containing 10 x 10 tablets in blister pack.