# Mylostat

Hydroxyurea USP 500mg Capsule

**Composition :** Each Capsule Contains Hydroxyurea USP 500mg.

**Indications :** Significant tumour response to Hydroxyurea has been demonstrated in melanoma, resistant chronic myeloid leukaemia and recurrent metastatic or inoperable carcinoma of the ovary. Hydroxyurea used concomitantly with irradiation therapy is intended for use in the local control of primary squamous cell (epidermoid) carcinomas of the head and neck, excluding the lip and carcinoma of the cervix. Hydroxyurea used in the management of β thalassemia, essential thrombocythemia and polycythemia vera. Hydroxyurea is indicated to reduce the frequency of painful crises and to reduce the need for blood transfusions in adult patients with sickle cell anemia with recurrent moderate to severe painful crises.

**Dosage and administration :** To minimize the risk of dermal exposure, always wear impervious gloves when handling Hydroxyurea capsules. Hydroxyurea capsules should not be opened. Personnel should avoid exposure to crushed or opened capsules. If contact with crushed or opened capsules occurs, wash immediately and thoroughly. More information is available in the references listed below. Because of the rarity of melanoma, resistant chronic myelocytic leukemia, carcinoma of the ovary and carcinomas of the head and neck in pediatric patients, dosage regimens have not been established. All dosage should be based on the patient's actual or ideal weight, whichever is less. Concurrent use of Hydroxyurea with other myelosuppressive agents may require adjustment of dosages. Since Hydroxyurea may raise the serum uric acid level, dosage adjustment of uricosuric medication may be necessary.

**Solid Tumors :** Intermittent Therapy : 80 mg/kg administered orally as a single dose every third day.

**Continuous Therapy :** 20 to 30 mg/kg administered orally as a single dose daily.

**Concomitant Therapy with Irradiation :** Carcinoma of the head and neck-80 mg/kg administered orally as a single dose every third day. Administration of Hydroxyurea should begin at least seven days before initiation of irradiation and continued during radiotherapy as well as indefinitely afterwards provided that the patient may be kept under adequate observation and evidences no unusual or severe reactions. Irradiation should be given at the maximum dose considered appropriate for the particular therapeutic situation; adjustment of irradiation dosage is not usually necessary when Hydroxyurea is used concomitantly.

**Resistant Chronic Myelocytic Leukemia :** Until the intermittent therapy regimen has been evaluated, Continuous Therapy 20-30 mg/kg administered orally as a single dose daily is recommended.

**Polycythemia Vera :** Dosage regimens for the treatment of p. vera may be initiated at 30mg/kg for one week, followed by 15-20mg/kg daily.

**Essential Thrombocythemia :** Initial dose of hydroxyurea is about 15mg/kg per day. Doses are subsequently adjusted according to platelet counts.

**Sickle-cell disease :** The initial dose of Hydroxyurea is 15 mg/kg/day as a single dose. The patient's blood count must be monitored every two weeks. If blood counts are in an acceptable range*, the dose may be increased by 5 mg/kg/day every 12 weeks until a maximum tolerated dose (the highest dose that does not produce toxic** blood counts over 24 consecutive weeks), or 35 mg/kg/day, is reached. If blood counts are between the acceptable range* and toxic**, the dose is not increased. If blood counts are considered toxic**, Hydroxyurea should be discontinued until hematologic recovery. Treatment may then be resumed after reducing the dose by 2.5 mg/kg/day from the dose associated with hematologic toxicity. Hydroxyurea may then be titrated up or down, every 12 weeks in 2.5 mg/kg/day increments, until the patient is at a stable dose that does not result in hematologic toxicity for 24 weeks. Any dosage on which a patient develops hematologic toxicity twice should not be tried again.

*acceptable range =
neutrophils≥2500 cells/$mm^3$,
platelets≥95,000/$mm^3$,
hemoglobin >5.3 g/dL and
reticulocytes≥95,000/$mm^3$ if the hemoglobin concentration <9 g/dL.

**toxic =
neutrophils <2000 cells/$mm^3$,
platelets <80,000/$mm^3$,
hemoglobin <4.5 g/dL and
reticulocytes <80,000/$mm^3$ if the hemoglobin concentration <9 g/dL.

**β-thalassemia patients :** 15-30 mg/kg administered orally as a single dose daily

**Renal Dose Adjustments :** Renal Dose Adjustments for Adults:

***Sickle cell anemia:*** CrCl 60 mL/minute or Greater: Initial dose: 15 mg/kg/day

CrCl Less than 60 mL/minute: Reduce initial dose to 7.5 mg/kg/day

***Other indications:*** CrCl 10 to 50 mL/minute: 50% of normal dose

CrCl Less than 10 mL/minute: 20% of normal dose

**Hepatic Dose Adjustment :** There are no data that support specific guidance for dosage adjustment in patients with hepatic impairment. Close monitoring of hematologic parameters is advised in these patients.

Or, as directed by the registered physicians.

**Side effects :** The most common side effects are headache, myelosuppression, skin diseases, fever, chills.

**Contraindication :** It is contraindicated in patients with known hypersensitivity to hydroxyurea or any other components of this formulation.

**Drug interactions :** Increased toxicity such as pancreatitis, hepatotoxicity, peripheral neuropathy with concomitant use of antiretroviral drugs. There is an analytical interference of hydroxyurea with the enzymes (urease, uricase and lactate dehydrogenase) used in the determination of urea, uric acid and lactic acid.

**Precautions :** Hydroxyurea causes severe myelosuppression. Treatment with hydroxyurea should not be initiated if bone marrow function is markedly depressed. Renal and hepatic function should be monitored before and during treatment. Full blood count is needed before treatment and repeatedly throughout use. Patients receiving long-term therapy for malignant disease should be monitored for secondary malignancies.

**Use in pregnancy and lactation :** Pregnancy category D. There are no adequate and well-controlled studies in pregnant women. There are potential risk to fetus and women should avoid becoming pregnant while being treated with hydroxyurea. It is excreted in human milk. Because of the potential for serious adverse reactions in a breastfed infant from hydroxyurea, including carcinogenicity, patients should be discontinue breastfeeding during treatment with hydroxyurea.

**Overdose :** Acute mucocutaneous toxicity has been reported in patients receiving hydroxyurea at dosages several times the therapeutic dose. Soreness, violet erythema, edema on palms and soles followed by scaling of hands and feet, severe generalized hyperpigmentation of the skin, and stomatitis have also been observed.

**Storage :** Store at 25°C in a dry place.

**Packing :** Each box contains 4x7's capsules in blister pack.

**DRUG INTERNATIONAL LTD.**
**UNIT-2**
TONGI, GAZIPUR