wf‡KvRj

fwi‡KvbvRj BDGmwc 200 wgMÖv

বর্ণনাঃ

fwi‡KvbvRj GKwU eªW †¯úKUªvg, UªvBGRj wm‡÷wgK A¨vw›Udv½vj G‡R›U|

ফার্মাকোলজিঃ

fwi‡KvbvRj GKwU UªvBGRj A¨vw›Udv½vj G‡R›U| Gi cÖv_wgK wµqvKjvcwU nj QÎv‡Ki mvB‡Uv‡µvg P450 w`‡q msNwUZ 14α-j¨v‡bv‡÷ij wWwg_vB‡jkb‡K evav cÖ`vb Kiv, hv Avi‡Mv‡÷ij ˆRe ms‡køl‡Yi GKwU cÖ‡qvRbxq avc| wewfbœ ¯Íb¨cvqx mvB‡Uv‡µvg P450 GbRvBg c×wZi wecix‡Z fwi‡KvbvRj Ab¨vb¨ K‡qKwU A¨v‡Rvj Ilya A‡c¶v QÎv‡Ki cÖwZ †ewk AvK…ó nq| ¯^vfvweK †÷ij¸wji n«vm QÎv‡Ki g‡a¨ 14α -wg_vBj †÷ij ms‡køl‡Yi mv‡_ m¤úwK©Z Ges Gi dvw½‡÷wUK / dvw½mvBWvj wµqvKjv‡ci Rb¨ `vqx n‡Z cv‡i|

নির্দেশনাঃ

fwi‡KvbvRj cÖvß eq¯‹ Ges wkï †ivMx‡`i (2 eQi ev Zvi †ewk eqmx) wbgœwjwLZ QÎv‡Ki msµg‡Yi wPwKrmvi Rb¨ wb‡`©wkZ:

- q Bbf¨vwmf A¨v¯úviwM‡jvwmm|
- q bb-wbD‡Uªv‡cwbK †ivMxi K¨vwÛ‡Wwgqv Ges Ab¨vb¨ Mfxi wUmy¨i K¨vwÛWv msµgY|
- q B‡mv‡dwRqvj K¨vwÛWwqvwmm|
- q d¬y‡KvbvRj-cÖwZ‡ivax ¸iæZi Bbf¨vwmf K¨vwÛWv msµg‡Yi wPwKrmv (wm. µz‡kB mn)|
- q Ab¨vb¨ †_ivwc Amwnòz ev `yiv‡ivM¨ †ivMx‡`i †¶‡Î *সেডোস্পোরিয়াম এপিওস্পার্মাম* Ges *ফিউসেরিয়াম সোলানি* mn *ফিউসেরিয়াম* cÖRvwZi Øviv m„ó gvivZ¥K QÎv‡Ki msµgY|

fwi‡KvbvRj cÖv_wgKfv‡e cÖMwZkxj, m¤¢eZ cÖvYNvZx msµgYhy³ †ivMx‡`i †`Iqv DwPZ| D”P SzuwKhy³ A¨v‡jv‡RwbK †ngv‡Uvc‡qwUK †÷g †mj UªvÝcø¨v›U (HSCT) cÖvcK‡`i AvµgYvZ¥K QÎv‡Ki msµg‡Yi cÖdvBj¨vw·m|

মাত্রা ও ব্যবহারবিধিঃ

প্রাপ্তবয়স্ক রোগীদের ক্ষেত্রেঃ

fwi‡KvbvRj U¨ve‡jU LveviLvIqvi Kgc‡¶ GK NÈv Av‡M ev GK NÈv c‡i †meb Kiv DwPZ|

mycvwikK…Z †Wv‡Ri Dci we¯ÍvwiZ Z_¨ wbgœwjwLZ mviYx‡Z †`qv nj:

	livj (U¨ve‡jU)	
	40 †KwR ev Zvil †ewk IR‡bi †ivMx‡`i †¶‡Î	40 †KwR ev Zvil Kg IR‡bi †ivMx‡`i †¶‡Î
†jvwWs †WvR (cÖ_g 24 NÈv)	cÖwZ 12 NÈv Aš—i 400 wgwjMÖvg	cÖwZ 12 NÈv Aš—i 200 wgwjMÖvg
†gBb‡U‡bÝ/avivevwnK †WvR (cÖ_g 24 NÈv c‡i)	cÖwZ 12 NÈv Aš—i 200 wgwjMÖvg	cÖwZ 12 NÈv Aš—i 100 wgwjMÖvg

শিশুদের ক্ষেত্রেঃ

2 eQ‡ii Kg eqmx wkï‡`i g‡a¨ fwi‡KvbvR‡ji myi¶v Ges Kvh©KvwiZv cÖwZwôZ nqwb|

বয়স্কদের ক্ষেত্রে ব্যবহারঃ

eq¯‹‡`i †¶‡Î gvÎv mgš^‡qi cÖ‡qvRb †bB|

মাত্রা সমন্বয়ঃ

cÖvßeq¯‹ †ivMxi †¶‡Î hw` wb‡`©wkZ †Wv‡R Kvw•LZ dj bv cvIqv hvq Zvn‡j livj avivevwnK †WvR 200 wgwjMÖvg †_‡K evwo‡q 300 wgwjMÖvg w`‡b `yBevi MÖnY Ki‡Z n‡e| 40 †KwR IR‡bi Kg cÖvßeq¯‹ †ivMx‡`i Rb¨, livj avivevwnK †WvR 100 wgwjMÖvg †_‡K evwo‡q 150 wgwjMÖvg w`‡b `yBevi MÖnY Ki‡Z n‡e| hw` †ivMx‡`i c‡¶ cÖwZ 12 NÈvq †gŠwLKfv‡e 300 wgwjMÖvg MÖnY Kiv Amnbxq n‡q hvq Zvn‡j avivevwnK †Wv‡Ri gvÎv 50 wgwjMÖvg nv‡i Kwg‡q Avb‡Z n‡e, †m‡¶‡Î me©wbgœ †WvR n‡e 200 wgwjMÖvg w`‡b `yBevi| (A_ev 40 †KwR IR‡bi Kg cÖvß eq¯‹ †ivMx‡`i 100 wgwjMÖvg w`‡b `yBevi)|

চিকিৎসার সময়কালঃ

wPwKrmvi mgqKvj †ivMx‡`i wK¬wbKvj Ges gvB‡KvjwRKvj cÖwZwµqvi Dci wbf©i K‡i| †ivMxi wK¬wbKvj Ges gvB‡KvjwRKvj cÖwZwµqvi Dci wbf©i K‡i wPwKrmvi mgqKvj hZUv m¤¢e msw¶ß nIqv DwPZ| 180 w`‡bi (6 gvm) Gi †ewk fwi‡KvbvR‡ji `xN©‡gqv`x G·‡cvRv‡ii Rb¨ DcKvi-SzuwK fvimvg¨ hZœ mnKv‡i g~j¨vqb Kiv cÖ‡qvRb|

প্রতিনির্দেশনাঃ

fwi‡KvbvRj A_ev Gi g‡a¨ Dcw¯’Z †Kvb Dcv`v‡bi mv‡_ cwiwPZ AwZms‡e`bkxj †ivMx‡`i †¶‡Î| fwi‡KvbvR‡ji mv‡_ CYP3A4 Gi DcRvZ, Uvi‡dbvwWb, A¨vRwUgvBRj, wmmvcÖvBW, wc‡gvRvBW A_ev KzBwbwWb, wm‡ivwjgvm, widvwg¤úb, Kve©vgv‡RcvBb Ges js-Gw±s evwe©Py‡iU, D”P-gvÎvi wiUbvwfi (400 wgwjMÖvg wKD 12GBP), widvweDwUb, AviMU A¨vjKvj‡qWm, †m›U Rb'm IqvU© Gi mv‡_ †meb cÖwZwb‡`©wkZ|

পার্শ্ব প্রতিক্রিয়াঃ

‡_ivwcDwUK Uªvqvj¸wji g‡a¨ me©vwaK wi‡cvU© cÖvß cvk¦© cÖwZwµqv¸wj nj `„wóRwbZ mgm¨v, R¡i, dzmKzwo, ewg, ewg ewg fve, Wvqwiqv, gv_v e¨_v, †mcwmm, †cwi‡divj GwWgv, †c‡U e¨_v Ges †imwc‡iUwi wWmWW©vi| wPwKrmv-m¤úwK©Z cvk¦© cÖwZwµqv¸wj hv cÖvqkB fwi‡KvbvRj †_ivwc eÜ K‡i †`q †m¸wj wQj wjfv‡ii Kvh©KvwiZv cix¶vi e„w×, dzmKzwo Ges `„wóRwbZ mgm¨v|

অন্যান্য ওষুধের সাথে মিথষ্ক্রিয়াঃ

fwi‡KvbvRj †ncvwUK mvB‡Uv‡µvg P450 GbRvBg CYP2C19, CYP2C9 Ges CYP3A4 Øviv †gUvewjRg nq| †`‡ni evB‡ii wecvK Aa¨q‡bi djvdj¸wj Bw½Z †`q †h fwi‡KvbvR‡ji AvKl©Y CYP2C19 Gi Rb¨ me©vwaK, Zvic‡i CYP2C9 cÖwZ Ges CYP3A Gi Rb¨ j¶Yxqfv‡e Kg| GB wZbwU GbRvB‡gi cÖwZ‡ivaK ev m~PK h_vµ‡g fwi‡KvbvR‡ji cøvRgv NbZ¡ evov‡Z ev n«vm Ki‡Z cv‡i| wdbvB‡Uv‡qb ev Bdvwfwi‡Äi mv‡_ cÖkvmb fwi‡KvbvR‡ji livj Ges B›Uªv‡fbvm avivevwnK †WvR‡K evovq|

গর্ভাবস্থা এবং স্তন্যদানকালের ক্ষেত্রে ব্যবহারঃ

fwi‡KvbvRj Mf©eZx gwnjv‡`i †¶‡Î åƒ‡Yi ¶wZ Ki‡Z cv‡i| fwi‡KvbvRj cix¶vMv‡ii cÖvYx‡`i `y‡a ev gvby‡li ¯Í‡bi `y‡a wbM©Z nq wKbv Zv Rvbv hvqwb| fwi‡KvbvRj ¯Íb¨vbKvix gv‡q‡`i e¨envi Kiv DwPZ bq hw` bv DcKvwiZv SzuwKi †P‡q AwaK nq|

সংরক্ষণঃ

Av‡jv †_‡K `~‡i, 30° †m. ZvcgvÎvi g‡a¨ msi¶Y Kiæb| wkï‡`i nv‡Zi bvMv‡ji evB‡i ivLyb|

সরবরাহঃ

wf‡KvRj 200 wgwjMÖvg U¨ve‡jU: cÖwZ c¨v‡K Av‡Q 4wU U¨ve‡jU (A¨vjy-A¨vjy weø÷vi)|

cÖ¯ZKviK:

কেমিষ্ট ল্যাবরেটরীজ লিমিটেড

কলেজ রো, বরিশাল, বাংলাদেশ।

VICOZOL

Voriconazole USP 200 mg

Description:

Voriconazole is a broad spectrum, triazole systemic antifungal agent.

Pharmacology:

Voriconazole is a triazole antifungal agent. Its primary mode of action is the inhibition of fungal cytochrome P450-mediated 14α-lanosterol demethylation, an essential step in ergosterol biosynthesis. Voriconazole is more selective than some other azole drugs for fungus as opposed to various mammalian cytochrome P450 enzyme systems. The subsequent loss of normal sterols correlates with the accumulation of 14 α-methyl sterols in fungi and may be responsible for its fungistatic/fungicidal activity.

Indications:

Voriconazole is indicated in adults and pediatric patients (2 years of age and older) for the treatment of the following fungal infections:

- q Invasive aspergillosis .
- q Candidemia in non-neutropenic and other deep tissue Candida infections.
- q Esophageal candidiasis.
- q Treatment of fluconazole-resistant serious invasive Candida infections (including *C. krusei*).
- q Treatment of serious fungal infections caused by *Scedosporium apiospermum* and *Fusarium* species including *Fusarium solani*, in patients intolerant of, or refractory to, other therapy.

Voriconazole should be administered primarily to patients with progressive, possibly life-threatening infections. Prophylaxis of invasive fungal infections in high risk allogeneic hematopoietic stem cell transplant (HSCT) recipients.

Dosage and Administration :

In Adults:

Voriconazole Tablet is to be taken at least one hour before or one hour following a meal.

Detailed information on dosage recommendations is provided in the following table:

	Oral (Tablet)	
	Patients 40 kg and above	Patients less than 40 kg
Loading dose (first 24 hours)	400 mg every 12 hours	200 mg every 12 hours
Maintenance dose (after first 24 hours)	200 mg every 12 hours	100 mg every 12 hours

Paediatric Population:

The safety and efficacy of Voriconazole in children below 2 years has not been established.

Geriatric Use:

No dose adjustment is necessary for geriatric patients.

Dosage Adjustment:

If patient (adult) response is inadequate, the oral maintenance dose may be increased from 200 mg to 300 mg every 12 hours. For adult patients weighing less than 40 kg, the oral maintenance dose may be increased from 100 mg to 150 mg every 12 hours. If patients are unable to tolerate 300 mg orally every 12 hours, reduce the oral maintenance dose by 50 mg steps to a minimum of 200 mg every 12 hours (or to 100 mg every 12 hours for adult patients weighing less than 40 kg).

Duration of Treatment:

Treatment duration depends upon patients' clinical and mycological response.

Treatment duration should be as short as possible depending on the patient's clinical and mycological response. Long term exposure to Voriconazole greater than 180 days (6 months) requires careful assessment of the benefit-risk balance.

Contraindications:

In patients with known hypersensitivity to Voriconazole or to any of the excipients. Coadministration of CYP3A4 substrates, Terfenadine, Astemizole, Cisapride, Pimozide or Quinidine, Sirolimus, Rifampin, Carbamazepine and long-acting Barbiturates, high-dose Ritonavir (400 mg Q12h), Rifabutin, Ergot alkaloids, St. John's Wort with Voriconazole is also contraindicated.

Side Effects:

The most frequently reported adverse events in the therapeutic trials were visual disturbances, fever, rash, nausea, vomiting, diarrhoea, headache, sepsis, peripheral edema, abdominal pain, and respiratory disorder. The treatment-related adverse events which most often led to discontinuation of Voriconazole therapy were elevated liver function tests, rash and visual disturbances.

Drug Interaction:

Voriconazole is metabolized by the human hepatic cytochrome P450 enzymes CYP2C19, CYP2C9 and CYP3A4. Results of in vitro metabolism studies indicate that the affinity of Voriconazole is highest for CYP2C19, followed by CYP2C9 and is appreciably lower for CYP3A4. Inhibitors or inducers of these three enzymes may increase or decrease the plasma concentration of Voriconazole respectively. Co-administration with Phenytoin or Efavirenz increase maintenance oral and intravenous dosage of Voriconazole.

Use in Pregnancy and Lactation:

Voriconazole can cause fetal harm when administered to a pregnant woman. It is not known whether Voriconazole is excreted in the milk of laboratory animals or in human breast milk. Voriconazole must not be used in nursing mothers unless the benefit clearly outweighs the risk.

Storage:

Store at temperature within 30°C, protect from light. Keep out of the reach of children.

Packaging:

Vicozol 200 mg Tablet : Each pack contains 4 Tablets (Alu-Alu Blister).

Manufactured by:

Chemist Laboratories Ltd.

College Row, Barishal, Bangladesh.