Old Drug, new strength
Tenectaplase (Metalyse)
Also available now as 8000 unit vial.

New drugs
Keppra 250mg and 500mg tablets (Levetiracetam)

Class
Anticonvulsant

FDA Labelled Indications
Myoclonic Seizure; Adjunct
Partial Seizure; Adjunct

Dosage, Adult usual
Myoclonic seizure; adjunct: initial 500mg orally twice daily; increase daily doses by 1000mg every 2 weeks to reach target dose of 3000mg/day
Partial seizure; adjunct: 500mg twice daily orally; may increase dosage by 1000mg/day every 2 weeks to a max recommended daily dose of 3000mg/day

Dosage, Paediatric usual
Tablets safety and efficacy not established in children less than 4 years.
Myoclonic seizure; Adjunct: 12y and older; initial 500mg twice daily; increase dosage by 1000mg every 2 weeks to reach target dose of 3000mg/day
Partial seizure; Adjunct: (4-15 years) 10mg/kg twice daily; may increase dosage by 20mg/kg/day in 2 divided doses every 2 weeks to a max of 60mg/kg/day (in 2 divided doses)
Partial seizure; Adjunct: (16 years and older) 500mg twice daily; may increase dosage by 1000mg/day every 2 weeks to a maximum daily dosage of 3000mg/day

Dosage Adjustments
Dosage adjustments required enquire with Pharmacy Medicine Information Centre

Administration
Oral: may be given with or without food

Monitoring
Seizure control

Contraindications
Hypersensitivity to levetiracetam or any component of the product

Precautions
Concomitant use of oral contraceptives, congestive heart failure or cardiac arrhythmias, hypotension or concurrent antihypertensive medications, liver disease, renal impairment
Drug News Cont...

Adverse effects

COMMON
Gastrointestinal: Loss of appetite, Vomiting
Immunologic: Infectious disease
Neurologic: Aesthesia, Dizziness, Headache, Somnolence
Psychiatric: Agitation, Depression, Hostile behaviour, Mood swings, Nervousness
Respiratory: Cough, Pharyngitis, Rhinitis
Other: Pain

SERIOUS
Psychiatric: Suicide

Drug Interactions
MODERATE
Carbamazepine

Pregnancy Category C

Breast Feeding
Infant risk cannot be ruled out

New Drugs: Tractocile Injection 7.5mg/ml (Atosiban)

Class
Myometrial relaxant

Licensed Indications
Inhibition of Uncomplicated premature labour between 24-33 weeks of gestation

Dosage, Adult usual
By Intravenous injection, initially 6.75mg over 1 minute, then by intravenous infusion 1.3mg/hour for 3 hours, then 6mg/hour for up to 48 hours; maximum duration of treatment 48 hours

Dosage Adjustments
No dosage available

Monitoring
Therapeutic

Physical Findings:
a. Cervical examination, uterine contractions
Consideration of drug discontinuation is warranted if cervical dilatation of 1 cm or more occurs during therapy or if contractions continue unabated for 6 hours

Toxic
Laboratory Parameters
Routine serum chemistry
Drug News Cont...

2. Physical Findings
   1. Maternal blood pressure/heart rate
   2. Fetal heart rate
   3. Urine output
   4. ECG monitoring

Contraindications
Prior hypersensitivity to Atosiban
Preeclampsia/eclampsia, suspected chorioamnionitis, abruptio placentae, undiagnosed vaginal bleeding, multiple gestation, intrauterine fetal distress or fetal death

Precautions
   - Cervical dilation of 3cm or greater
   - Cardiovascular disorders
   - Renal insufficiency/hepatic disease
   - Consideration of drug discontinuation is warranted if cervical dilation of 1cm or more occurs during therapy or if contractions continue unabated for 6 hours

Adverse effects
COMMON
Cardiovascular: Chest pain, Tachycardia
Gastrointestinal: Nausea
Neurological: Headache

Renal effects: No clinically significant antidiuretic effects have been reported

Drug Interactions
None documented

Pregnancy Category For use in premature labour
Breast Feeding Small amounts present in milk
Overlapping toxicity profiles of antiretroviral drugs with anti-tuberculosis therapy

Adverse reactions to drugs are common among patients with HIV-related tuberculosis especially if taking HAART concomitantly.

Rash, fever and hepatitis are common side effects of antituberculosis drugs especially rifampicin, isoniazid and pyrazinamide. The NNRTI and co-trimoxazole may also cause similar features.

Hepatotoxicity

Hepatotoxicity is a common and potentially serious adverse event. It is defined as:

1. A serum AST or ALT level of more than three times upper limit of normal in the presence of symptoms, or
2. A serum AST or ALT greater than five times the upper limit of normal in the absence of symptoms.

If hepatitis develops then all potentially hepatoxic drugs including isoniazid, rifampicin, pyrazinamide and other antivirals and co-trimoxazole, should be stopped immediately.

As resolution of the hepatitis may be prolonged and until the cause of the hepatitis is identified then, if necessary, it would be reasonable to treat with two or more antituberculosis medications without significant risk of hepatotoxicity, such as ethambutol, streptomycin, amikacin/kanamycin, capreomycin, or a fluoroquinolone.

Monitoring of serum AST (or ALT) and bilirubin and any symptoms should be performed frequently and once the AST level drops to less than two times the upper limit of normal and symptoms have significantly improved, then first line medications can be started using a reintroduction regimen.

If the drugs cannot be started or the initial reaction was life threatening then an alternative regimen can be used.

Guidelines for the reintroduction of anti-tuberculous chemotherapy following elevation of liver function tests or cutaneous reaction grade 1-3

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