

ALLOPURINOL

Class: Antigout Agent/ Xanthine Oxidase Inhibitor

Indications: Management of primary or secondary gout, management of hyperuricemia associated with cancer treatment for leukemia, lymphoma, or solid tumor malignancies; management of recurrent calcium oxalate calculi.

Available dosage form in the hospital: Tab (100,300 mg)

Trade Names:

Dosage:

Gout (chronic): (Oral): Mild: 200-300 mg/day; Severe: 400-600 mg/day on divided doses; to reduce the possibility of acute gouty attacks, initiate dose at 100 mg/day and increase weekly to recommended dosage. Maximum daily dose: 800 mg/day.

Management of hyperuricemia associated with chemotherapy: (Oral): 600-800 mg/day in 2-3 divided doses.

Recurrent calcium oxalate stones: Oral: 200-300 mg/day in single or divided doses.

Renal Impairment Dosing:

Cl_{cr} 10-20 mL/minute: 200 mg/day

Cl_{cr} 3-10 mL/minute: \leq 100 mg/day

Cl_{cr} $<$ 3 mL/minute: 100 mg/dose at extended intervals

Management of hyperuricemia associated with chemotherapy: Dosage reduction of 50% is recommended in renal impairment.

Gout: Oral: Initiate therapy with 50-100 mg daily, and gradually increase to a maintenance dose to achieve a serum uric acid level of \leq 6 mg/dL (with close monitoring of serum uric acid levels and for hypersensitivity)

Hemodialysis: Initial: 100 mg alternate days given postdialysis, increase cautiously to 300 mg based on response. If dialysis is on a daily basis, an additional 50% of the dose may be required postdialysis.

Common side effect:

Dermatologic: Rash

Endocrine & metabolic: Gout (acute)

GIT: Diarrhea, nausea

Hepatic: Alkaline phosphatase increased, liver enzymes increased

Pregnancy Risk Factor: C