

Transplant & Immunology

Sr. No.	Brand Name	Molecule	SKUs	INDICATION	DOSE*	PACKSHOT
1	Tacrocord	Tacrolimus	- Tacrolimus 0.25mg caps - Tacrolimus 0.50mg caps - Tacrolimus 1mg caps - Tacrolimus 2mg caps	In maintenance therapy as Immunosuppressive agent	Adult kidney transplant patients in combination with Azathioprine. Recommended Initial Oral dose – 0.2 mg/kg/day Observed Whole Blood Trough Concentration – Month 1-3: 7-20 ng/ml Month 4-12: 5-15 ng/ml In combination with MMF/IL-2 receptor antagonist – 0.1 mg/kg/day	
2	Mofecon	Mycophenolate Mofetil	- Mycophenolate Mofetil 250mg tab - Mycophenolate Mofetil 500mg tab - Mycophenolate Mofetil 750mg tab	In maintenance therapy as Immunosuppressive agent	A dose of 1g administered orally or intravenously (over NO LESS THAN 2 HOURS) twice a day (daily dose of 2 g) is recommended for use in renal transplant patients	
3	Mofecon S	Mycophenolate Sodium	- Mycophenolic Acid delayed release tab 180mg - Mycophenolic Acid delayed release tab 360mg - Mycophenolic Acid delayed release tab 540mg	In maintenance therapy as Immunosuppressive agent	A dose of 1g administered orally or intravenously (over NOT LESS THAN 2 HOURS) twice a day (daily dose of 2 g) is recommended for use in renal transplant patients	
4	Mofecon OS	Mycophenolate Mofetil	Mycophenolate Mofetil Oral Suspension 1gm/5ml	In maintenance therapy as Immunosuppressive agent	Ideal dose of 600 mg/m ² b.i.d. is effective & safe - prevents acute rejection & provides predictable pharmacokinetics	

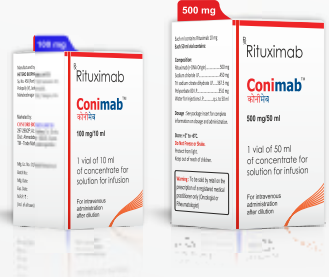
*Indication & Dose adapted from reference PI

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5	Mofecon OS mini	Mycophenolate Mofetil	Mycophenolate Mofetil Oral Suspension 1gm/5ml	In maintenance therapy as Immunosuppressive agent	Ideal dose of 600mg/m ² b.i.d. is effective & safe - prevents acute rejection & provides predictable pharmacokinetics	
6	Cyclograf ME Oral Solution	Cyclosporine	Cyclosporine Oral Solution	In maintenance therapy as Immunosuppressive agent	Newly transplanted patients: (Adult & Pediatric) Renal: 9mg/kg/day ($\pm$ 3g/kg/day) orally in 2 divided doses Liver: 8mg/kg/day ($\pm$ 4mg/kg/day) orally in 2 divided doses Heart: 7mg/kg/day ($\pm$ 3mg/kg/day) orally in 2 divided doses	
7	Conimune ME	Cyclosporine	- Cyclosporine Capsules 25mg - Cyclosporine Capsules 50mg - Cyclosporine Capsules 100mg	In maintenance therapy as Immunosuppressive agent	Adjunct therapy with corticosteroids is recommended - Initial dose should be given 4-12 hours prior to transplant or may be given postoperatively, adjust initial dose to achieve desired plasma concentration. ORAL: Dose is dependent upon type of transplant and formulation Renal: 9 ± 3 mg/kg/day, divided twice daily Liver: 8 ± 4 mg/kg/day, divided twice daily Heart: 7 ± 3 mg/kg/day, divided twice daily	

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Sr. No.	Brand Name	Molecule	SKUs	INDICATION	DOSE*	PACKSHOT
8	Evercon	Everolimus	- Everolimus Tablets 0.25mg - Everolimus Tablets 0.5mg	- Prophylaxis of Organ Rejection in Renal Transplantation - Prophylaxis of Organ Rejection in Liver Transplantation	Dosage in Adult Kidney Transplant Patients - An initial everolimus dose of 0.75 mg orally twice daily (1.5 mg per day) is recommended for adult kidney transplant patients in combination with reduced dose cyclosporine, administered as soon as possible after transplantation - Patients receiving Evercon may require dose adjustments based on everolimus blood concentrations achieved, tolerability, individual response, change in concomitant medications and the clinical situation. Optimally, dose adjustments should be based on trough concentrations obtained 4 or 5 days after a previous dosing change - Oral prednisone should be initiated once oral medication is tolerated. Steroid doses may be further tapered on an individualized basis depending on the clinical status of patient and function of graft	
9	Conimab	Rituximab	- Rituximab 100mg vial - Rituximab 500mg vial	For the treatment of Rheumatoid Arthritis, NHL, CLL	Administer Only as an Intravenous Infusion. Do not administer as an intravenous push or bolus. The dose for NHL is 375 mg/m² The dose for CLL is 375 mg/m² in the first cycle and 500 mg/m² in cycles, in combination with FC, administered every 28 days The dose for RA in combination with methotrexate is two-1000 mg intravenous infusions separated by 2 weeks (one course) every 24 weeks or based on clinical evaluation, but not sooner than every 16 weeks. Methylprednisolone 100 mg intravenous or equivalent glucocorticoid is recommended 30 minutes prior to each infusion. The dose for GPA and MPA in combination with glucocorticoids is 375 mg/m² once weekly for 4 weeks	

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Sr. No.	Brand Name	Molecule	SKUs	INDICATION	DOSE*	PACKSHOT
10	Valocon	Valganciclovir	Valganciclovir 450 mg Tabs	As prophylaxis treatment of Cytomegalovirus infection in renal transplant	Prevention of CMV disease in heart or kidney-pancreas transplantation transplant patients 900 mg (two 450 mg tablets) once a day within 10 days of transplantation until 100 days. Post Prevention of CMV disease in kidney transplant patients - 900 mg (two 450 mg tablets) once a day within 10 days of transplantation until 200 days post transplantation Pediatric Dosage Prevention of CMV disease in kidney or heart transplant patients 4 months to 16 years of age Dose once a day within 10 days of transplantation until 100 days post-transplantation according to dosage algorithm (note the calculation of creatinine clearance using a modified Schwartz formula in children 1 to < 2 years of age)	
11	Coni-Medrol	Methylprednisolone Sodium Succinate Inj.	40 mg/Vial 125 mg/Vial 500 mg/Vial	Organ Transplantation	Dosage: Methylprednisolone 250-500 mg is given immediately before or at the time of transplantation, In acute graft rejection 500 mg to 1 gm/day. Maintenance doses of 5-10 mg per day. *Actual dose to be decided by the transplant surgeon or physician.	

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