

Front

90X140 MM

Rx

For the use of a Registered Medical Practitioner or a Hospital or a Laboratory only.

Minocycline For Injection USP 100 mg

MinoQuick®
100 mg

Lyophilized Powder
For IV Infusion Only
Single Dose Vial

मिनोक्विक
100 मि.ग

Composition:

Each vial contains:

Minocycline Hydrochloride (Sterile) USP

Eq. to Minocycline 100 mg

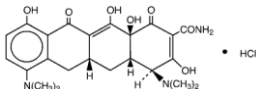
(A Sterile Lyophilized Powder)

To reduce the development of drug-resistant bacteria and maintain the effectiveness of MinoQuick Injection and other antibacterial drugs, MinoQuick injection should be used only to treat or prevent infections that are proven or strongly suspected to be caused by bacteria.

DESCRIPTION

Minocycline for injection, a sterile formulation of a semisynthetic derivative of tetracycline, is 4,7-Bis(dimethylamino)-1,4,4a,5,5a,6,11,12a-octahydro-3,10,12,12a-tetrahydroxy-1,11-dioxo-2-naphthacene-carboxamide monohydrochloride.

Its structural formula is:



Each vial, dried by cryodesiccation, contains minocycline HCl equivalent to 100 mg minocycline. When reconstituted with 5 mL of Sterile Water for Injection USP the pH ranges from 2.0 to 2.8.

INDICATIONS

Minocycline for Injection is indicated in the treatment of the following infections due to susceptible isolates of the designated bacteria:

Rocky Mountain spotted fever, typhus fever and the typhus group, Q fever, rickettsialpox and tick fevers caused by rickettsiae.

Respiratory tract infections caused by *Mycoplasma pneumoniae*.

Lymphogranuloma venereum caused by *Chlamydia trachomatis*.

Psittacosis (Ornithosis) due to *Chlamydophilapsittaci*.

Trachoma caused by *Chlamydia trachomatis*, although the infectious agent is not always eliminated, as judged by immunofluorescence.

Inclusion conjunctivitis caused by *Chlamydia trachomatis*,

Nongonococcal urethritis, endocervical, or rectal infections in adults caused by *Ureaplasma urealyticum* or *Chlamydia trachomatis*.

Relapsing fever due to *Borrelia recurrentis*.

Plague due to *Yersinia pestis*.

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Minocycline is indicated for the treatment of infections caused by the following Gram-negative bacteria when bacteriologic testing indicates appropriate susceptibility to the drug:

DOSAGE AND ADMINISTRATION

The usual dosage and frequency of administration of minocycline differs from that of the other tetracyclines. Exceeding the recommended dosage may result in an increased incidence of side effects.

Note: Rapid administration is to be avoided. Parenteral therapy is indicated only when oral therapy is not adequate or tolerated. Oral therapy should be instituted as soon as possible. If intravenous therapy is given over prolonged periods of time, thrombophlebitis may result.

For Pediatric Patients Above 8 Years Of Age

Usual pediatric dose: Initial dose of 4 mg/kg, then 2 mg/kg every 12 hours, not to exceed the usual adult dose

Adults

Usual adult dose: Initial dose of 200 mg, then 100 mg every 12 hours and should not exceed 400 mg in 24 hours. The cryodesiccated powder should be reconstituted with 5 mL Sterile Water for Injection USP and immediately further diluted to 500 mL to 1,000 mL with Sodium Chloride Injection USP, Dextrose Injection USP, Dextrose and Sodium Chloride Injection USP, Ringer's Injection USP, or Lactated Ringer's Injection USP, but not with other solutions containing calcium because a precipitate may form especially in neutral and alkaline solutions. When further diluted in 500 mL to 1,000 mL of compatible solutions (except Lactated Ringer's), the pH usually ranges from 2.5 to 4.0. The pH of MinoQuick 100 mg in Lactated Ringer's 500 mL to 1,000 mL usually ranges from 4.5 to 6.0.

Final dilutions (500 mL to 1,000 mL) should be administered immediately but product and diluents are compatible at room temperature for 24 hours without a significant loss of potency. Any unused portions must be discarded after that period.

Storage : Store below 25° C. Protect from light.

Keep the medicine out of reach of children.

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Aequitas Healthcare Pvt. Ltd.
(ISO 9001:2015 Certified)

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Drug Reaction email us on care@ahcpl.in