

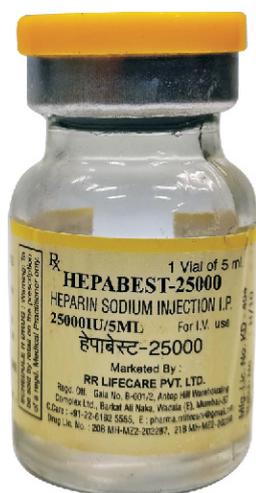
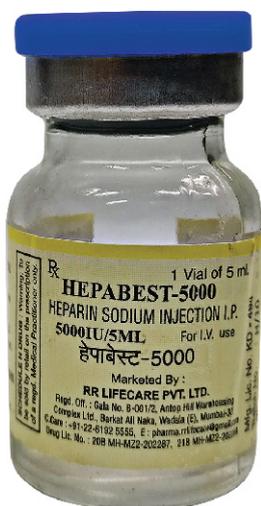
# HEPABEST<sup>®</sup>

## Heparin Injection

HEPARIN SODIUM INJECTION I.P .

RR Lifecare firmly believes in Quality & Reliability.

- Our Mission is to achieve better living.
- Our Vision to improve patient Health care.
- Our Culture uncompromising ethical business practice.



**Composition :**

Each vial contains heparin sodium IP 5000 IU and 25000 IU

**Indications & Doses****1. Acute myocardial infarction :**

The urgent use of prophylactic HEPABEST as an intravenous bolus (5000 units) followed by an infusion (1000units/hour) is logical during thrombolysis by tPA. HEPABEST is often used to initiate protection against venous thrombosis, possibly to help prevent further coronary artery thrombosis, and to prevent mural thrombosis and systemic embolism. HEPABEST continued for at least 48hours, is essential with tPA to prevent reocclusion. Intravenous heparin is required in a lower dose when thus used then in unstable angina for which thrombolysis is not recommended in uncomplicated infarcts, where HEPABEST is given chiefly against the development of deep vein thrombosis there is no need for repetitive checks of the APTT and a fixed dose regime could be considered. HEPABEST is usually given until the patient is mobile or until oral anticoagulants take effect. In uncomplicated AMI the present trend is to give only HEPABEST.

**2. HEPABEST in unstable angina :**

Dose adjusted HEPABEST is highly effective [and better than aspirin] in preventing myocardial infarction and decreasing anginal pain and electrocardiographic features of ischemia. An intravenous of 1000 units per hour and after 6 hours the dose is adjusted to an APTT of 1.5 to 2.5 time baseline. An average dose is 32,000 units per 24 hours. Fixed bolus injections of HEPABEST are ineffective. HEPABEST is continued for 5 to 6 days. Stopping HEPABEST without aspirin exposes the patient to risk of rebound of unstable angina. Logically because HEPABEST and aspirin have different and additive antithrombotic mechanisms, the combination should be better than either agent alone in unstable angina. This simple supposition has been difficult to prove and more trials are Needed.

**3. HEPABEST in coronary angioplasty :**

High doses of HEPABEST may prevent acute thrombotic closure; the combination with aspirin is often used.

**4. Proximal Venous thrombosis :**

High dose continuous intravenous HEPABEST, adjusted to the APTT is required for 5 to 6 days while oral warfarin is started Thrombolytic therapy is not needed.

**5. Treatment of venous thromboembolism :**

Three routines are possible: intravenous infusion, intermittent intravenous infusion and the subcutaneous route. These all seem comparable. Doses are, after an initial intravenous bolus of 5000 units (1) 32,000 units per 24 hours by continuous infusion or (2) 17,500 units subcutaneously every twelve hours, both adjusted by APTT.

**6. Prevention of venous thromboembolism :**

Subcutaneous HEPABEST is adequate.

**7. Pregnancy anticoagulation :**

HEPABEST is the anticoagulant of choice in pregnancy since it does not cross placental barrier. Yet if given in doses higher than 20000 units daily for more than five months, it can cause osteoporosis.

**Incompatibility :**

Incompatibility has been reported between HEPABEST and Alteplase, Amikacin Sulphate, Amiodarone hydrochloride, Ampicillin sodium, Aprotinin, Benzyl-penicillin potassium or sodium, Cephalothin sodium, Ciprofloxacin lactate, Cytarabine, Dacarbazine, Daunorubicin hydrochloride, Diazepam, Dobutamine Hcl, Doxorubicin Hcl, Droperidol, Erythromycin lactobionate, Gentamicin Sulphate, Haloperidol lactate, Hyaluronidase, Hydrocortisone sodium succinate, Kanamycin sulphate, Methicillin sodium, Netilmicin sulphate, some opioid analgesics, Oxytetracycline hydrochloride, some phenothiazines, Polymyxin B Sulphate, Streptomycin sulphate, Tetracycline Hydrochloride, Tobramycin sulphate, Vancomycin hydrochloride & vinblastine sulphate. Incompatibility has been reported between HEPABEST and fat emulsion. Gyceryl trinitrate has been reported to reduce the activity of HEPABEST when both the drugs are administrated simultaneously by the intravenous route. Propylene glycol present in the glycerol trinitrate formulation may contribute to the effect, or it may not. No interaction is reported when glyceryl trinitrate is administrated immediately after HEPABEST.

**Storage :** Store in a cool place.

Marketed by :



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