核准日期：2014年6月6日
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修改日期：2017年9月20日
修改日期：2020年4月23日

美沙拉秦缓释颗粒说明书

请仔细阅读说明书并在医师指导下使用

【药品名称】

通用名称：美沙拉秦缓释颗粒

英文名称：Mesalazine Sustained-release Granules

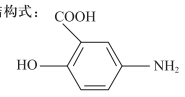
汉语拼音：Meishalaqin Huanshikeli

【成　　份】

本品主要成份：美沙拉秦

化学名称：5－氨基水杨酸（或 5-ASA）

化学结构式：



分子式：$C_7H_7NO_3$

分子量：153.1

【性　　状】本品为浅灰黄色至棕色颗粒。

【适 应 症】溃疡性结肠炎，用于溃疡性结肠炎的急性发作，防止复发。克罗恩病，用于频繁发病的克罗恩病病人，预防急性发作。

【规　　格】0.5g

【用法用量】口服。袋内药物应吞服，不要咀嚼。下述剂量每天分 3-4 次口服，可餐时服用，用一杯水漱服。

溃疡性结肠炎：急性期：每天 4g（相当于 8 袋 0.5 克美沙拉秦缓释颗粒）。缓解期：每天 1.5g（相当于 3 袋 0.5 克美沙拉秦缓释颗粒）

克罗恩病：缓解期：每天 2g（相当于 4 袋 0.5 克美沙拉秦缓释颗粒）。

【不良反应】

器官系统分类	罕见(≥0.01%、<0.1%)	非常罕见(<0.01%)
血液和淋巴系统		血细胞计数改变(再生障碍性贫血、粒细胞缺乏症、全血细胞减少、中性粒细胞减少、白细胞减少、血小板减少)
神经系统	头痛、头晕	外周神经病变
心脏	心肌炎、心包炎	
呼吸，胸和纵隔疾病		过敏和肺纤维化反应（包括呼吸困难、咳嗽、支气管痉挛、肺泡炎、肺嗜酸性粒细胞增多症、肺浸润、肺炎）
胃肠系统	腹痛、腹泻、胃肠胀气、恶心和呕吐	急性胰腺炎
泌尿系统		肾功能障碍，包括急慢性间质性肾炎和肾功能异常
皮肤及皮下组织		脱发
肌肉骨骼系统		肌痛、关节痛
免疫系统		过敏反应如：过敏性皮疹、药物热、红斑狼疮综合征和全结肠炎
肝胆系统		肝功能检测指标的改变(转氨酶和胆汁淤积参数升高)、肝炎、胆汁淤积性肝炎
男性生殖系统		可逆性的精子减少症

【禁　　忌】

下列患者禁用本品：1、对美沙拉秦、水杨酸及其衍生物或本品中任一辅料过敏者。2、肾功能损害者。3、严重的肝功能损害者。4、胃或十二指肠溃疡者。5、出血倾向增加者。

【注意事项】

1、根据医生判定，必要时在治疗前和治疗过程中检查血象（血细胞分类计数，肝功能参数如 ALT 或 AST，血肌酐）和尿液状况。建议开始治疗后 14 天检查这些项目，此后每隔 4 周进一步复查 2-3 次。如检查结果正常，每 3 个月例行检查一次。如发现其他症状，必须立即进行相关检查。

2、肝功能障碍者应慎用本品。

3、如使用本品期间出现肾功能恶化，应考虑到美沙拉秦引起的中毒性肾损伤。

4、肺功能障碍者，特别是哮喘患者，应在医生的严密监控下使用本品治疗。

5、对含柳氮磺吡啶的药物过敏的患者，应在严密的医学监控下使用本品。如出现急性不耐受反应（抽搐、急性腹痛、发热、严重头痛以及皮疹等症状），须立即停止治疗。

【孕妇及哺乳期妇女用药】

目前没有孕妇及哺乳期妇女使用本品的临床数据，尚无相关的流行病学数据，因此不能对其可能的有害作用进行评估。

妊娠：只有在预期的临床受益大于对胎儿的潜在风险时，孕妇才能使用本品。据报道，美沙拉秦可以通过胎盘屏障，在动物研究或一个有对照的人体研究中未发现致畸作用。曾有报道使用美沙拉秦治疗的孕妇的新生儿出现血液异常(白细胞减少、血小板减少、贫血)。曾有孕妇长期使用美沙拉秦(口服 2-4g）后，新生儿出现肾功能衰竭的 1 例报告。

哺乳：只有预期对哺乳妇女的益处大于可能对婴儿的风险时才应使用本品。少量美沙拉秦和 N- 乙酰 -5- 氨基水杨酸可以通过乳汁分泌。哺乳期妇女使用美沙拉秦的经验有限。不排除婴儿会出现腹泻等过敏反应。

【儿童用药】未进行该项试验且无可靠参考文献。

【老年用药】尚无老年人使用本品的资料。

【药物相互作用】本品未进行相互作用研究。

同品种信息：

1．与肾上腺皮质激素同时使用可能增加胃肠道出血的危险。

2．与抗凝药物同时使用会增加出血倾向。

3．与磺酰脲类口服降糖药同时使用可能增加其降糖作用。

4．与螺内酯和呋塞米同时使用可能降低其利尿作用。

5．与丙磺舒和苯磺唑酮同时使用可能降低其排尿酸作用。

6．与抗代谢药（如甲氨喋呤、巯基嘌呤和硫唑嘌呤）同时使用可能增加毒性。

7．与利福平同时使用可能降低其抗结核作用。

【药物过量】本品药物过量的经验有限，亦未见药物过量的病例报道，也无已知的特异性解毒剂。

【药理毒理】

本品美沙拉秦是柳氮磺胺吡啶的活性成份。口服本品后的治疗作用与直肠给药相似，均为局部作用，而不是全身作用。

美沙拉秦的作用机制尚不清楚。炎性肠病患者体内白细胞移行增加、异常细胞因子产生、花生四烯酸代谢物产生增加（特别是白三烯素 B4），炎症肠组织的自由基生成增加。本品在体内、体外均可抑制白细胞趋化、降低细胞因子及白三烯产生、清除自由基。

各种属动物试验均显示药物的肾毒性。一般来说，毒性剂量超过人体治疗剂量的 5—10 倍。但动物实验未见胃肠道、肝脏或造血系统有明显毒性。

体外试验系统和体内研究均没有证据显示本品会导致突变。大鼠研究没有证据显示该药物增加相关肿瘤发生率。

【药代动力学】

美沙拉秦口服后主要以乙酰化代谢产物形式排出；美沙拉秦的乙酰化主要发生在肝脏。

正常人每天分三次摄入美沙拉秦 1.5 克后，摄入剂量的 90% 被排出体外，平均 35%-50% 通过尿液排出，40%-50% 通过粪便排出，绝大部分是以乙酰化代谢产物的形式排出（尿液中 90%，粪便中 65%-70%）。

【贮　　藏】密封，在干燥处保存。

【包　　装】直接接触药品的包装材料：纸铝塑复合膜袋。包装规格：10 袋 / 盒。

【有 效 期】36 个月。

【执行标准】YBH02242014

【批准文号】国药准字 H20143164

【药品上市许可持有人】

名称：上海爱的发制药有限公司

注册地址：上海市青浦区徐泾318国道16号桥南首前云路278号地块

【生产企业】

名称：上海爱的发制药有限公司

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如需进一步信息，请联系博福－益普生（天津）制药有限公司。

客户热线：400-102-3399

传　　真：022-83710344

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Approved date: June 6th,2014
Modified date: October 30th, 2014
Modified date: September 20th,2017
Modified date: April 23rd, 2020

Mesalazine SR Granules Leaflet

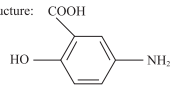
Please read the leaflet carefully and use under doctors' instruction.

[DRUG NAME]

INN: Mesalazine Sustained Release Granules
English name: Mesalazine Sustained Release Granules
Chinese Pinyin: Mei Sha La Qin Huanshi Keli

[COMPONENTS]

Active ingredient: Mesalazine
Chemical Name: 5-Amino Salicylic Acid (or 5-ASA)
Chemical Structure:



Molecular formula: $C_7H_7NO_3$
Molecular weight: 153.1

[CHARACTERISTICS] Grayish yellow to brown granules.

[INDICATIONS] - Ulcerative colitis: treatment of acute attacks, prevention of recurrence.
- Crohn's disease: prevention of acute attacks, for frequently recurring forms.

[STRENGTH] 0.5g

[DOSAGE AND ADMINISTRATION]

Oral administration, the content of the sachets should be swallowed, but not chewed. The daily dosage should be divided into 3 to 4 times. It can be taken with meal, and should be swallowed with a glass of water.

- Ulcerative colitis: Initial treatment: 4 g per day, corresponding to 8 sachets of Mesalazine SR Granules 0.5g.
  Maintenance treatment: 1.5 g per day, corresponding to 3 sachets of Mesalazine SR Granules 0.5g.
- Crohn's disease: Maintenance treatment: 2 g per day, corresponding to 4 sachets of Mesalazine SR Granules 0.5g.

[ADVERSE EFFECTS]

Organ System Class	Rare (≥ 0.01% ~ <0.1 %)	Very rare (< 0.01 %)
Blood and lymphatic system disorders		Changes in the blood counts (aplastic anaemia, agranulocytosis, pancytopenia,neutropenia, leukopenia, thrombocytopenia)
Nervous system disorders	Headache, dizziness	peripheral neuropathy
Cardiac disorders	Myocarditis, pericarditis	
Respiratory, thoracic and mediastinal disorders		Allergic and fibrotic lung reactions (including dyspnoea, cough, bronchospasm, alveolitis, pulmonary eosinophilia, pulmonary infiltrates, pneumonitis)
Gastrointestinal disorders	Abdominal pain, diarrhoea,flatulence, nausea, vomiting	Acute pancreatitis
Renal and urinary disorders		Impairment of renal function including acute and chronic interstitial nephritis and renal insufficiency
Skin and subcutaneous tissue disorders		Alopecia
Musculoskeletal tissue disorders		Myalgia, arthralgia
Immune system disorders		Hypersensitivity reactions such as allergic rash, drug fever, lupus erythematosus syndrome, pancolitis
Hepatobiliary disorders		Changes in liver function parameters (increase in transaminases and parameters of cholestasis), hepatitis, cholestatic hepatitis
Reproductive system disorders		Oligospermia (reversible)

[CONTRAINDICATIONS]

The following patients with disabling this product: 1.Hypersensitivity to mesalazine and salicylates, or any of the excipients. 2.Patients with renal dysfunction. 3.Patients with severe liver impairment. 4.Patients with gastric or duodenal ulcer. 5.patients with increased bleeding tendency

[PRECAUTIONS FOR USE]

1.Blood tests (differential blood count; liver function parameters such as ALT or AST; serum creatinine) and urinary status should be determined prior to and during treatment when necessary, at the discretion of the treating physician. As a guideline, follow up tests are recommended 14 days after commencement of treatment, then a further two to three tests at intervals of 4 weeks. If the findings are normal, follow up tests should be carried out every 3 months. If additional symptoms occur, the relevant tests should be performed immediately.

2.Caution is recommended in patients with impaired hepatic function.

3. Mesalazine-induced renal toxicity should be considered if renal function deteriorates during treatment.

4.Patients with pulmonary disease, in particular asthma, should be very carefully monitored during a course of treatment with mesalazine.

5.Patients with a history of adverse drug reactions to preparations containing sulphasalazine should be kept under close medical surveillance on a course of treatment with mesalazine. In case of mesalazine cause acute intolerance reactions such as convulsions, acute abdominal pain, fever, severe headache and rash, therapy should be discontinued immediately.

[DRUG FOR PREGNANCY AND LACTATION]

To date there are no clinical data on the use of mesalazine in pregnant and lactating women.There is no available relevant epidemiologic data and its possible harmful effects can not be assessed.

Pregnancy: Mesalazine should only be used during pregnancy if the expected clinical benefit outweighs the potential risk to the fetus.Mesalazine is known to cross the placental barrier and no teratogenic effects in animal studies or in a human-controlled study.Blood disorders (leucopenia, thrombocytopenia, anaemia) have been reported in new-borns of mothers being treated with mesalazine. In one single case after long-term use of a high dose of mesalazine (2-4g, orally) during pregnancy, renal failure in a neonate was reported.

Lactation: Mesalazine should only be used during lactation if the expected benefit outweighs the possible risk to the infant.N-acetyl-5-aminosalicylic acid and to a lesser degree mesalazine are excreted in breast milk. Only limited experience during lactation in women is available to date. Hypersensitivity reactions such as diarrhoea in the infant cannot be excluded.

[DRUG FOR CHILDREN] There is no study conducted, nor reliable references.

[DRUG FOR ELDER PEOPLE] There is no any data relative to the use into elder people.

[DRUG INTERACTIONS] Specific interaction studies have not been performed.

The following information from other mesalazine preparations can be referred:

1. mesalazine may increase the risk of gastrointestinal bleeding with adrenocortical hormones
2. mesalazine increased bleeding tendency of anticoagulant drugs
3. mesalazine may increase hypoglycemic effect of sulfonylurea oral hypoglycemic agents
4. mesalazine may reduce diuretic effect of spironolactone and furosemide
5. mesalazine may reduce uricosuric effect of probenecid and sulfinpyrazone
6. mesalazine may increase toxicity of antimetabolites (e.g., methotrexate, mercaptopurine and azathioprine)
7. mesalazine may reduce antituberculosis of rifampicin.

[OVERDOSE] Limited experience with overdose of mesalazine. It has no reported cases of drug overdose nor known specific antidotes.

[PHARMACOLOGY-TOXICOLOGY]

Mesalazine is the active component of sulfasalazine.Oral administration has the similar therapeutic effect to rectal administration, both local effects, rather than systemic effects.

The mechanism of action of mesalazine has not been determined. Increased leucocyte migration, abnormal cytokine production, increased production of arachidonic acid metabolites (particularly leucotriene B4), and increased free radical formation in the inflamed intestinal tissue are all present in patients with inflammatory bowel disease. Mesalazine has in-vitro and in-vivo pharmacological effects that inhibit leucocyte chemotaxis, decrease cytokine and leucotriene production and scavenge for free radicals.

Definitive toxic effect on the kidney was demonstrated in all specific tested. In general the toxic doses exceed the therapeutic doses used in human by a factor of 5-10.

No significant toxicity associated with the gastrointestinal tract, liver or hematopoietic system in animal studies.

In vitro test systems and in vivo studies showed no evidence of mutagenic effect. Studies on rats showed no evidence of a substance-related increase of incidences of tumors.

[PHARMACOKINETICS]

After oral administration of mesalazine, it is excreted mainly in the form of acetylated metabolites, the acetylation of Mesalazine takes place principally in the liver.

After administration at a dose of 1.5g per day in 3 divided doses, 90% of the ingested dose is excreted in normal subjects, with an average of 35%-50% through the urine, 40%-50% by feces, mostly excreted as acetylation metabolites (90% in urine, 65%-70% in feces).

[STORAGE] Preserve in tightly closed containers, store in a dry place.

[PACKAGE] Pack material in direct contact with drug: Paper/Aluminum/PE complex sachet, Pack size: 10 sachets per box

[SHELF LIFE] 36 months

[STANDARD SPECIFICATIONS] YBH02242014

[MANUFACTURING LICENSE NO.] 国药准字 H20143164

[MARKETING AUTHORIZATION HOLDER]

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[MANUFACTURER]

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