

Kaylith

[Potassium Citrate]
Extended Release Tablet

10 mEq Tablets

COMPOSITION

Each Extended Release Tablet contains:
Potassium Citrate 10 mEq.
Product complies USP Specs.

CLINICAL PHARMACOLOGY

Pharmacodynamics:

Citrate and citric acid solutions are systematic and urinary alkalizers thereby providing symptomatic relief of dysuria.

Pharmacokinetics:

Potassium Citrate is absorbed and the citrate is metabolized to bicarbonate. Citric acid is metabolized to carbon dioxide and water. Oxidation is virtually complete with less than 5% of citrate being excreted unchanged in the urine.

Effects of this medicine:

For the symptomatic relief of dysuria associated with mild urinary tract infections, especially cystitis.

Indications stated on the label: For the relief of the symptoms of cystitis and other mild urinary tract infections.

Renal tubular acidosis (RTA) with calcium stones. Hypocitraturic calcium oxalate nephrolithiasis of any etiology. Uric acid lithiasis with or without calcium stones.

Dosing schedule (How to take this medicine).

In Mild to Moderate Hypocitraturia:

- Urinary citrate >150 mg/day
- Extended-release: 15 mEq 2 times daily or 10 mEq 3 times daily; not to exceed 100 mEq/day

In Severe Hypocitraturia:

- Urinary citrate <150 mg/day
- Extended-release: 30 mEq 2 times daily or 20 mEq 3 times daily; not to exceed 100 mEq/day

Maintenance Dose:

- Titrate dose to achieve urinary citrate 320-640 mg/day & urinary pH 6.0-7.0 (maximum dose 100 mEq/day)

Monitor serum electrolytes (sodium, potassium, chloride and carbon dioxide), serum creatinine and complete blood counts every four months and more frequently in patients with cardiac disease, renal disease or acidosis. Perform electrocardiograms periodically. Treatment should be discontinued if there is hyperkalemia, a significant rise in serum creatinine or a significant fall in blood hematocrit or hemoglobin.

Possible adverse reactions to this medicine.

Hyperkalemia:

In patients with impaired mechanisms for excreting potassium, Kaylith administration can produce hyperkalemia and cardiac arrest. Potentially fatal hyperkalemia can develop rapidly and be asymptomatic. The use of Kaylith in patients with chronic renal failure, or any other condition which impairs potassium excretion such as severe myocardial damage or heart failure, should be avoided.

Gastrointestinal lesions:

If there is severe vomiting, abdominal pain or gastrointestinal bleeding, Kaylith should be discontinued immediately and the possibility of bowel perforation or obstruction investigated. Some patients may develop minor gastrointestinal complaints such as abdominal discomfort,

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vomiting, diarrhea, loose bowel movements or nausea. These may be alleviated by taking the dose with meals or snacks or by reducing the dosage.

CONTRAINDICATIONS

Kaylith is contraindicated:

- In patients with hyperkalemia (or who have conditions pre-disposing them to hyperkalemia), as a further rise in serum potassium concentration may produce cardiac arrest.
- In patients in whom there is cause for arrest or delay in tablet passage through the gastrointestinal tract, such as those suffering from delayed gastric emptying, esophageal compression, intestinal obstruction or in patients with peptic ulcer disease because of its ulcerogenic potential.
- In patients with renal insufficiency (glomerular filtration rate less than 0.7 ml/kg/min), because of the danger of soft tissue calcification and increased risk for the development of hyperkalemia.

STORAGE CONDITIONS AND INSTRUCTIONS

- Store below 30°C in a dry place, protect from light.
- To be dispensed on the prescription of a registered medical practitioner only.
- Keep out of the reach of children.

PRESENTATION

Kaylith 10mEq tablet is available in blister packs of 10's & 30's.

ہدایات:

- **خوراک:** ڈاکٹر کی ہدایت کے مطابق استعمال کریں۔
- دوا کو ۳۰ ڈگری سینٹی گریڈ سے کم درجہ حرارت پر روشنی سے بچا کر خشک جگہ پر رکھیں۔
- صرف ریٹیزڈ ڈاکٹر کے نسخے پر ہی فروخت کریں۔
- بچوں کی پہنچ سے دور رکھیں۔

Manufactured by:

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