Chronic Kidney Disease

Sr. No.	Brand Name	Molecule	SKUs	INDICATION	DOSE*	PACKSHOT
1	**Darbecon**	Darbepeotin Alfa	• Darbepoetin Alfa Injection 25MCG • Darbepoetin Alfa Injection 40MCG • Darbepoetin Alfa Injection 60MCG	Anemia in CKD	• 0.45 mcg/kg intravenously or subcutaneously weekly, or • 0.75 mcg/kg intravenously or subcutaneously every 2 weeks • Intravenous route is recommended for patients on hemodialysis	
2	**Epocord**	Recombinant Human Erythropoietin Alfa Injection	• Erythropoietin Injection IP 4000 IU • Erythropoietin Injection IP 10000 IU	Anemia in CKD	Patients with CKD: Initial dose: 50 to 100 Units/kg 3 times weekly (adults) and 50 Units/kg 3 times weekly (pediatric patients). Individualize maintenance dose. Intravenous route recommended for patients on hemodialysis Patients with Cancer on Chemotherapy: 40,000 Units weekly or 150 Units/kg 3 times weekly (adults); 600 Units/kg intravenously weekly (pediatric patients ≥ 5 years)	
3	**Coniron**	Iron Sucrose	• Iron Sucrose 20 mg/ml	Anemia due to Iron deficiency	**Adult patients** Hemodialysis DependentChronic Kidney Disease(HDD-CKD) - 100 mg slow intravenous injection or infusion Non-Dialysis Dependent Chronic Kidney Disease(NDD-CKD) 200 mg slow intravenous injection or infusion Peritoneal Dialysis Dependent-Chronic Kidney Disease (PDD-CKD) 300 mg or 400 mg intravenous infusion Pediatric patients HDD-CKD, PDDCKD or NDD-CKD 0.5 mg/kg slow intravenous injection or infusion	

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4	**Sevecord**	Sevelamer Carbonate	• Sevelamer Carbonate Tablets 400mg • Sevelamer Carbonate Tablets 800mg	Sevelamer carbonate tablets are indicated for the control of serum phosphorus in adults with Chronic Kidney Disease (CKD) on dialysis	The recommended starting dose of SEVELAMER CARBONATE tablets is 0.8 gm to 1.6gm. taken orally with meals based in the serum phosphorus level.	
5	**Cinacet 30**	Cinacalcet	• Cinacalcet Tablets 30mg	Cinacalcet is indicated for the treatment of secondary hyperparathyroidism in patients with Chronic Kidney Disease on dialysis	The recommended starting oral Dose of Cinacalcet is 30 mg OD with food or shortly after a meal	
6	**Valolog Tablets/ Sachets**	Alfa Ketoanalogue	• Alpha Ketoanalogue Tablets • Alpha Ketoanalogue Sachet 3g	The use of Alpha ketoanalogue in association with a very low protein diet allows a reduced intake of nitrogen while avoiding the deleterious consequences of inadequate dietary protein intake and malnourishment	In general unless prescribed otherwise 4 to 8 tablets are swallowed whole/ 4 to 6 sachets 3 times daily during meals. This dosage applies to adults (70 kg body weight) (1 tablets/5kg body weight/day) (1 sachet/15kg body weight/day)	
7	**Valolog DS**	Alfa Ketoanalogue	• Alpha Ketoanalogue Double Strength Tablets	Faulty or deficient protein metabolism in CKD disease patients	1 tablet/10 kg body weight/day along with meal, divided in 3 equal dosage	

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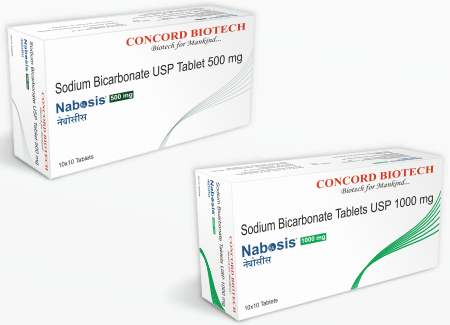
8	**Milipro 90**	Lactobacillus acidophilus 30 billion CFU + Bifidobacterium Longum 30 billion CFU + Streptococcus thermophilus 30 billion CFU + Fructo-oligosaccharide 200 mg	• Pre-Probiotics Capsules	Milipro 90 is a unique composition of probiotics, intended to reduce the load of nitrogenous toxins in the body	1 capsule of Milipro 90 Once(OD)/Twice (BiD) with meal or as suggested by the physician	
9	**Nabosis** **500 mg/1000 mg**	Sodium Bicarbonate USP	• Sodium Bicarbonate 500mg tablets • Sodium Bicarbonate 1000mg tablets	Treatment of Metabolic Acidosis	• The dose of Sodium Bicarbonate will be different for different patients. • Usual adult dose for moderate metabolic acidosis is 325 to 2000 mg orally 1 to 4 times a day. (Patients younger than 60 yr. of age, max dose 16 g/day; patients older than 60 yr. of age max dose 8 g/day). • One gram provides 11.9 mEq (mmol) each of sodium & bicarbonate.	

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Chronic Kidney Disease

Sr. No.	Brand Name	Molecule	SKUs	INDICATION	DOSE*	PACKSHOT
10	**Kalcord**	Calcitriol	• Calcitriol 0.25mcg	Treatment of Secondary Hyperparathyroidism (SHPT)	**Predialysis Patients:** • The recommended initial dosage of calcitriol is 0.25 mcg/day in adults and pediatric patients 3 years of age and older. This dosage may be increased if necessary to 0.5 mcg/day. • For pediatric patients less than 3 years of age, the recommended initial dosage of calcitriol is 10 to 15 ng/kg/day. **Dialysis patients:** • The recommended initial dose of calcitriol is 0.25 mcg/day. If a satisfactory response in the biochemical parameters and clinical manifestations of the disease state is not observed, dosage may be increased by 0.25 mcg/day at 4 to 8 week intervals. During this titration period, serum calcium levels should be obtained at least twice weekly, and if hypercalcemia is noted, the drug should be immediately discontinued until normocalcemia ensues.	

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Sr. No.	Brand Name	Molecule	SKUs	INDICATION	DOSE*	PACKSHOT
11	Picatol	Calcium Polysterene Sulphonate	• Calcium Polysterene Sulphonate Sachets 15mg	Treatment of Hyperkalemia	Calcium Polysterene is for oral or rectal administration only. The dosage recommendation should be determined on the basis of regular clinical and serum electrolyte monitoring. **Adults including elderly:** **Oral:** Usual dose of 15 g to be taken three or four times a day. The resin is given by mouth as a suspension in a small amount of water (3-4 mL per gram of resin), or it may be mixed with some sweetened vehicle (but not fruit juices, which contain potassium). **Rectal:** In cases where vomiting or upper gastrointestinal problems including paralytic ileus may make oral administration difficult, the resin may be given rectally in a suspension of 30 g resin in 150 mL water or 10% dextrose in water, as a daily retention enema. In the initial stages, administration by this route as well as orally may help to achieve a more rapid lowering of the serum potassium level. The enema should, if possible, be retained for at least nine hours, following which the colon should be irrigated to remove the resin. If both routes are used at first, it is probably unnecessary to continue rectal administration once the oral resin has reached the rectum. **Children:** **Oral:** Lower doses should be used, as a guide, 1 mmol potassium per gram of resin. The initial dose is 1 g/kg body weight daily in divided doses, in acute hyperkalemia. **Rectal:** When the resin cannot be given by mouth, it may be given rectally using a dose at least as great as that which would have been given orally, diluted in the same ratio as described for adults. Following retention of the enema, the colon should be irrigated to ensure adequate removal of the resin. **Neonates:** Calcium Polysterene should not be given by the oral route and only rectal administration should be considered. With rectal administration, the minimum effective dosage within the range 0.5 g/kg to 1 g/kg should be employed, diluted as for adults and with adequate irrigation to ensure recovery of the resin.	 

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Sr. No.	Brand Name	Molecule	SKUs	INDICATION	DOSE*	PACKSHOT
12	**Kanilev/ Kanilev-330**	Levocarnitine	• Levocarnitine Inj (200mg/ml) • L-Carnitine L-Tartrate tab (478.5mg)	Treatment of Carnitine Deficiency	**ESRD Patients on Hemodialysis:** • The recommended starting dose is 10-20 mg/kg dry body weight as a slow 2-3 minute bolus injection into the venous return line after each dialysis session. • Initiation of therapy may be prompted by trough (pre-dialysis) plasma levocarnitine concentrations that are below normal (40-50 micromol/L). • Dose adjustments should be guided by trough (pre-dialysis) levocarnitine concentrations, and downward dose adjustments (e.g. to 5 mg/kg after dialysis) may be made as early as the third or fourth week of therapy.	 
13	**Cacecon**	Calcium Acetate	• Calcium Acetate 667mg Tablet	Treatment of Hyperphosphatemia	Hyperphosphatemia in End Stage Renal Failure (On Dialysis) • Initial: 2 tablets (1334 mg) per oral (PO) with each meal • Increase dose to bring serum phosphate value <6 mg/dL as long as hypercalcemia does not develop • Usual Dose: 3-4 tablets (2001-2868 mg) PO with each meal	

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Sr. No.	Brand Name	Molecule	SKUs	INDICATION	DOSE*	PACKSHOT
14	**Unuric**	Febuxostat	• Febuxostat 40mg Tablets • Febuxostat 80mg Tablets	Treatment of Hyperurecemia	• For treatment of hyperuricemia in patients with gout, Febuxostat is recommended at 40 mg or 80 mg once daily. • The recommended starting dose of Febuxostat is 40 mg once daily. For patients who do not achieve a serum uric acid (sUA) less than 6 mg per dL after 2 weeks with 40 mg, Febuxostat 80 mg is recommended. Febuxostat can be taken without regard to food or antacid use.	
15	**Noxiteine**	N-Acetyl Cysteine + Taurine	• N-Acetyl Cysteine + Taurine tablet	Treatment of Oxidative Stress due to Free Radicals	• 2 tablets b.i.d with meal	
16	**Lavits-7**	Amino Acids Infusion with Malic Acid for Renal Insufficiency	• 7% w/v Infusion Vial 250 ml	Balanced supply of protein elements in acute and chronic renal insufficiency as well as during peritoneal and hemodialysis treatment	For intravenous infusion: if not otherwise prescribed, up to 0.5 g amino acids/kg BW and day (=500ml per day at 70 kg body weight in acute and chronic renal insufficiency without dialysis treatment. Up to 1.0 g amino acids/kg BW and day (=1000ml per day at 70kg body weight) in acute and chronic renal insufficiency under dialysis treatment. Maximum dosage: up to 1.5g amino acids/kg BW and day (=1500ml per day at 70 kg body weight). The drop rate should not exceed 20 drops/minute.	

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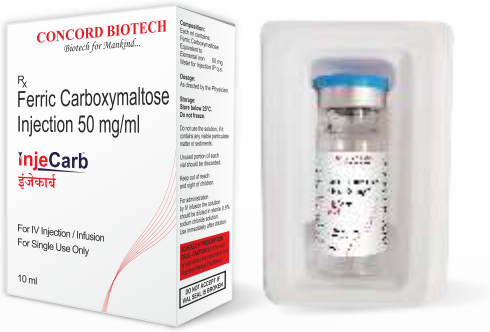
Sr. No.	Brand Name	Molecule	SKUs	INDICATION	DOSE*	PACKSHOT
17	Injecarb	Ferric Carboxy Maltose Inj.	• 50 mg/ml IV Injection 10 ml Vial	Iron Deficiency Anaemia(IDA)	For patients weighing 50 kg or more, the recommended dosage is 750 mg intravenously in two doses separated by at least 7 days for a total cumulative dose of 1,500 mg of iron per course. For patients weighing less than 50 kg, the recommended dosage is 15 mg/kg body weight Intravenously in two doses separated by at least 7 days per course.	

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