

#### 1. Generic Name

α-ketoanalogue

## 2. Qualitative and Quantitative Composition

Each film coated tablet contains:

Calcium-3-methyl-2-oxo-valerate 134 mg

( $\alpha$ -ketoanalogue to isoleucine, calcium salt)

Calcium-4-methyl-2-oxo-valerate 202 mg

( $\alpha$ -ketoanalogue to leucine, calcium salt)

Calcium-2-oxo-3-phenylpropionate 136 mg

( $\alpha$ -ketoanalogue to phenylalanine, calcium salt)

Calcium-3-methyl-2-oxo-butyrate 172 mg

( $\alpha$ -ketoanalogue to valine, calcium salt)

Calcium-dl-2-hydroxy-4(methylthio) butyrate 118 mg

( $\alpha$ -hydroxyanalogue to methionine, calcium salt)

Lysine acetate u.s.p. 210 mg

(eq to lysine 150 mg.)

L-threonine u.s.p. 106 mg

L-tryptophan u.s.p. 46 mg

Histidine Hydrochloride Monohydrate BP 76 mg

equivalent to Histidine

L-tyrosine u.s.p. 60 mg

Total nitrogen content per tablet 72 mg

Calcium content per tablet 2.50 mmol=0.10 g

#### 3. Dosage form and strength



Nefrogard DS is available as film coated tablet.

### 4. Clinical particulars

## 4.1 Therapeutic indication

Prevention & treatment of damages due to faulty or deficient protein metabolism in chronic kidney disease in connection with a limited dietary protein intake of 40g/day or less (adult).

# 4.2 Posology and method of administration

As directed by physician.

#### 4.3 Contraindication

Hypersensitivity to the active substances or to any of the excipients

- Hypercalcaemia
- Disturbed amino acid metabolism

#### 4.4 Special warnings and precautions for use

The serum calcium level should be monitored regularly. Ensure sufficient calorie intake. No experience has been gained so far with the administration in paediatric patients. In the presence of hereditary phenylketonuria, attention should be given to the fact that Nefrogard DS contains phenylalanine. Monitoring of the serum phosphate levels is needed in case of concomitant administration of aluminium hydroxide.

## 4.5 Drug interactions

Concomitant administration of calcium-containing drugs may cause or aggravate elevated serum calcium levels. Drugs that form soluble compounds with calcium (e.g. tetracyclines, quinolines such as ciprofloxacin and norfloxacin as well as drugs containing iron, fluoride or estramustine) should not be taken at the same time with Nefrogard DS to avoid disturbed absorption of the active substances. An interval of at least two hours should elapse between the ingestion of Nefrogard DS and these drugs.

## 4.6 Use in special population



- Paediatric: Safety and effectiveness of Nefrogard DS in paediatric patients have not been established.
- Geriatric: Safety and effectiveness of Nefrogard DS in geriatric patients have not been established.
- Liver impairment: There is limited information available on the use of Nefrogard DS Tablet in patients with liver disease. Please consult your doctor.
- Renal failure: Nefrogard DS Tablet is safe to use in patients with kidney disease.
  Limited data available suggests that dose adjustment of Nefrogard DS Tablet may not be needed in these patients. Please consult doctor.
- Pregnancy and lactation: Human and animal studies are not available for safety and efficacy in pregnancy and breast feeding. Please consult doctor before use.

## 4.7 Effects on ability to drive and use machine

Patients should be cautioned against engaging in activities requiring complete mental alertness, and motor coordination such as operating machinery until their response to Nefrogard DS is known.

### 4.8 Undesirable effects

If hypercalcaemia occurs, the intake of vitamin D should be reduced. In case of persisting hypercalcaemia, the dose of Nefrogard DS as well as the intake of any other calcium sources has to be reduced.

#### 4.9 Overdose

There is limited experience of overdose with Nefrogard DS Tablets. Initiate general symptomatic and supportive measures in all cases of overdosages where necessary.

#### 5. Pharmacological properties

#### 5.1 Mechanism of action

Prevention and treatment of damages due to faulty or deficient protein metabolism in chronic kidney disease in connection with a limited dietary protein intake of 40 g/day or less (adult). Usually this applies to patients whose glomerular filtration rate (GFR) is less than 25 mL/min.



- Nitrogen free analogues of essential amino acids
- Administered for nutrition therapy in chronic kidney disease.
- Relieves uremic states, improve nutritional states, slow down illness progression and protect kidney functions
- With low protein diets can delay or prevent dialysis by relieving metabolic complications

## **5.2 Pharmacodynamic properties**

Nefrogard DS allows the intake of essential amino acids while minimising the amino-nitrogen intake. Following absorption, the keto- and hydroxy-analogues are transaminated to the corresponding essential amino acids by taking nitrogen from non-essential amino acids, thereby decreasing the formation of urea by re-using the amino group. Hence, the accumulation of uraemic toxins is reduced. Keto and hydroxy acids do not induce hyperfiltration of the residual nephrons. Ketoacid containing supplements exert a positive effect on renal hyperphosphataemia and secondary hyperparathyroidism. Moreover, renal osteodystrophy may be improved. The use of Nefrogard DS® in combination with a very low protein diet allows reducing nitrogen intake while preventing the deleterious consequences of inadequate dietary protein intake and malnutrition.

### **5.3 Pharmacokinetic properties**

The plasma kinetics of amino acids and their integration in the metabolic pathways are well established. It should nevertheless be noted that in uraemic patients, the cause of the changed plasma levels, which occur frequently in these patients, does not seem to be the absorption of the supplied amino acids, i. e. the absorption itself is not disturbed. The changed plasma levels seem to be due to impaired post-absorptive kinetics, which can be detected in a very early stage of the disease. In healthy individuals, the plasma levels of ketoacids increase within 10 min after oral administration. Increases of up to the 5-fold the baseline levels are achieved. Peak levels occur within 20-60 min, and after 90 min levels stabilise in the range of the base levels. Gastrointestinal absorption is thus very rapid. The simultaneous increases in the levels of the ketoacids and the corresponding amino acids show that the ketoacids are



transaminated very rapidly. Due to the physiological utilisation pathways of ketoacids in the body it is likely that exogenously supplied ketoacids are very rapidly integrated into the metabolic cycles. Ketoacids follow the same catabolic pathways as classical amino acids. No specific study on ketoacid excretion has been performed to date.

### 6. Nonclinical properties

## **6.1 Animal Toxicology or Pharmacology**

NA.

#### 7. Description

Alpha Ketoanalogue belongs to a class of drugs called nutritional supplements. It follows same catabolic pathways as amino acids and works by improving the metabolism of protein in the body, thereby improving the renal function. It prevents the unnecessary increase in urea levels in the blood due to the intake of non-essential amino acids in patients of kidney failure.

Alpha Ketoanalogue is a combination of various essential amino acids.

#### 8. Pharmaceutical particulars

#### 8.1 Incompatibilities

There are no known incompatibilities.

#### 8.2 Shelf-life

18 months.

#### 8.3 Packaging Information

Nefrogard DS is available in the pack of 10 tablets.

# 8.4 Storage and handling instructions

Store at temperature not exceeding 30°C. Protect from light and moisture. Keep the medicine out of reach of children.

# 9. Patient Counselling Information

#### 9.1 Adverse Reactions



Refer part 4.8

9.2 Drug Interactions

Refer part 4.5

9.3 Dosage

Refer part 4.2

9.4 Storage

Refer part 8.4

9.5 Risk Factors

Refer part 4.4

9.6 Self-monitoring information

NA

9.7 Information on when to contact a health care provider or seek emergency help

Patients are advised to be alert for the emergence or worsening of the adverse reactions and contact the prescribing physician.

9.8 Contraindications

Refer part 4.3

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