Use in Pregnancy: Category A. There is no evidence of safety of the drug in human pregnancy but it has been in wide use for many years without apparent ill consequence -animal studies having shown no hazard.

Drug Interactions: Reported to interfere with absorption of some drugs including tetracyclines, penicillin, sulphonamides, iron, digoxin, indomethacin, naproxen, phenylbutazone and vitamins.

Aluminium hydroxide and such drugs should be administered 2 hours

ADVERSE REACTIONS

May cause constipation. If so, medication should be discontin

and a physician consulted.

DOSAGE AND ADMINISTRATION

One to two tablets four times daily or as directed by a physician. When used for patients with renal dysfunction the specially formulated film coating allows the whole tablet to be swallowed with a minimum of water,

OVERDOSAGE

Excessive dosage may cause phosphate depletion, manifested in muscle weakness, anorexia and malaise. If left unchecked this condition may give rise to osteomalacia, osteoporosis and urinary calculi.
Treatment should include monitori
of serum calcium and phosphate

PRESENTATION

Tablets, 600 mg (green, film coated, scored: 100's).

SPONSOR

iNova Pharmaceuticals (Aust) Pty Ltd 9-15 Chilvers Road, Thornleigh, NSW 2120 AUSTRALIA

Revised Ian 2012

KEEP OUT OF REACH OF CHILDREN JAUHKAN DARIPADA KANAK-KANAK

Each tablet contains: Aluminium Hydroxide Gel Dried BP 600 mg (Equiv 50% Aluminium Oxide

100 Tablets

ANTACID PHOSPHATE BINDER

HK-19122

MAI XXXXXXX SIN02930P

KR-Drugs/KTK/25/409/98

Manufactured in India by: Adcock in gram Limited No. 49 (C&D), Bommasand Anekal Taluk, Bangalore - 5

Peel here to

75

208 mm

ALU-TAB

PRODUCT INFORMATION

COMPOSITION

Alluminium hydroxide dried gel, sodium content 0.03 mEq.

ACTIONS

Antacid actions include neutralisation of gastric hyperacidity and mild astringent and absorbent properties. Aluminium hydroxide dried gel increases phosphate excretion in the bowel by the formation of nonabsorbable

INDICATIONS

Symptomatic relief of uncomplicated peptic ulcer and gastric hyperacidity. Phosphate binding in renal dysfunction.

CONTRAINDICATIONS

PRECAUTIONS

Phosphate Depletion: Aluminium salts may cause phosphate depletion, which is generally negligible. On prolonged treatment or large doses hypophosphataemia may occur, especially in patients with restricted phosphate intake. This syndrome is characterised by anorexia, malaise and muscle weakness. If left unchecked this condition may give rise to osteomalacia, osteoporosis and urinary calculi. Serum phosphate levels should be monitored regularly (bi-monthly) in patients on maintenance haemodialysis who are

receiving chronic aluminium hydroxide

Renal Failure: In patients with chronic renal failure, hyperaluminaemia may occur. Aluminium accumulates in bone, lungs and nerve tissue. Aluminium accumulation in the CNS may be the cause of dialysis dementia which sometimes occurs in chronic renal failure patients receiving long term aluminium therapy for hyperphosphataemia.

Constipation: Aluminium hydroxide gel is astringent and may cause constipation. Decreased bowel motility, dehydration or fluid restriction may pre-dispose patients to intestinal obstruction. Haemorrhoids and

fissures, or faecal impaction may occur.

Effect on Drug Absorption: Aluminium hydroxide reduces the absorption of tetracyclines and vitamins and may delay the absorption of quinidine (see interactions). Aluminium hydroxide and such drugs should be administered 2 hours apart.

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