PRODUCT INFORMATION

SPAN-K® Slow Release Tablets

GENERAL NAME

Potassium Chloride

COMPOSITION

Potassium chloride 600 mg (= potassium 8 mmol, chloride 8 mmol).

ACTIONS

Sustained release potassium chloride supplement. The tablets consist of potassium chloride crystals partially coated with an inert, insoluble wax, then pressed into a wax matrix. The whole is then sugar coated (not enteric). The tablet does not disintegrate. The potassium chloride gradually leaches through the wax. The sustained release of the therapeutically correct formula, with no enteric association, provides conditions of maximum gastric tolerance and effective absorption for the treatment of all types of potassium deficiency, whether hypochloraemic or hypokalaemic alkalosis. Span-K does not alter normal kidney function; can be used in all age groups; replaces the essential chloride anion and potassium, and so prevents hypochloraemic alkalosis.

INDICATIONS

Treatment of all types of potassium deficiencies, particularly hypochloraemic or hypokalaemic alkalosis, associated with prolonged or intensive diuretic therapy, e.g. in hypertension, cardiac failure or massive oedema (potassium replacement is particularly important to patients receiving digitalis, as the clinical response to this drug is seriously affected by hypokalaemia), in renal disease associated with increased potassium excretion, e.g. nephrotic syndrome; vomiting and diarrhoea, ulcerative colitis, steatorrhoea, diabetes insipidus, and uncontrolled diabetes mellitus; ileostomy or colostomy patients, cirrhosis; Cushing's syndrome and dietary insufficiency; during prolonged or intensive treatment with corticosteroids, ACTH or carbenoxolone; hyperaldosteronism in megaloblastic anaemia, during the early stages of treatment. Here Span-K is indicated if a diet rich in potassium cannot be guaranteed.

CONTRAINDICATIONS

- Severe tissue destruction including burns;
- Advanced renal failure, untreated Addison's disease, acute dehydration, hyperkalaemia;
- In the presence of obstruction in the digestive tract (e.g. resulting from compression of the oesophagus due to dilatation of the left atrium or from stenosis of the gut);
- History of allergic reaction to Span-K or any of the ingredients in the tablets.

**WARNINGS**

If the patient develops severe vomiting, severe abdominal pains, flatulence, or gastrointestinal haemorrhage, the preparation must be withdrawn at once. To prevent the risk of hyperkalaemia, potassium supplements should not be administered with potassium sparing diuretic agents such as spironolactone, triamterene or amiloride. In cases of metabolic acidosis, hypokalaemia should not be treated with potassium chloride, but with a potassium salt containing an alkalinising anion (e.g. potassium bicarbonate). Span-K should not be used in patients with hyperchloraemia.

**PRECAUTIONS**

Excessive use of Span-K may lead to accumulation of potassium especially in patients with renal insufficiency. Caution is required in cases of chronic renal disease, adrenocortical insufficiency or hepatic cirrhosis because of the risk of hyperkalaemia. Considerable care is required in patients with cardiac disease. Regular monitoring of clinical status, serum electrolytes and ECG is advisable in patients receiving potassium therapy, particularly with large doses given for protracted periods and in those with cardiac or renal impairment.

Care is required if Span-K is given to patients in whom passage through the gastrointestinal tract may be delayed or when given to patients with a history of peptic ulcer.

**Use in Pregnancy**

Span-K should be given to pregnant women only if clearly needed because the gastrointestinal hypomotility associated with pregnancy increases the possibility of adverse effects. Close monitoring of serum potassium concentrations is recommended if Span-K is given during pregnancy.

**Use in Lactation**

Potassium is distributed into breast milk. Caution is recommended if Span-K is given to breastfeeding women due to the risk of adverse reactions in the infant.

**Interactions with other Medicines**

Span-K should be used with caution, if at all, in patients receiving drugs that increase serum-potassium concentrations. These include potassium-sparing diuretics (see Warnings), ACE inhibitors, cyclosporin, and drugs that contain potassium such as the potassium salts of penicillin. The concomitant use of potassium-containing salt
substitutes for flavouring food should be avoided. Antimuscarinics delay gastric emptying and may increase the risk of gastrointestinal adverse effects in patients taking Span-K.

ADVERSE REACTIONS

Oral potassium preparations can provoke gastrointestinal disturbances (e.g. nausea, vomiting, abdominal pain, diarrhoea). Span-K may also cause these side effects particularly when not taken with food or if passage through the gastrointestinal tract is delayed. Should this occur, reduction in dosage or withdrawal of the drug may be necessary. Though rare, gastrointestinal ulceration has occurred after the use of sustained-release oral potassium supplements. Span-K should be discontinued immediately if the patient reports severe vomiting, severe abdominal pain, flatulence, or gastrointestinal haemorrhage (see Warnings).

Hyperkalaemia adverse effects are rare with oral dosage forms of potassium, such as Span-K, in patients with normal renal function. When present, severe muscle weakness and a slow irregular heart beat are the most common symptoms.

DOSAGE AND ADMINISTRATION

An average dose is 1 or 2 tablets two or three times daily, each tablet swallowed whole with a little water, preferably during meals. Where Span-K is given routinely with an average daily maintenance dose of an oral diuretic, 1 or 2 tablets daily may be sufficient.

PRESENTATION

Tablets, 600 mg slow release (white): 100's, 200's.

POISON SCHEDULES

Prescription Only Medicine (S4)

SPONSOR

Aspen Pharmacare Australia Pty Ltd
3/34-36 Chandos St
St Leonards NSW 2065
AUSTRALIA

Grandfathered: 14 May 1991
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