Some patients may experience a cutaneous syndrome which presents 2 to 3 hours after a daily or intermittent dose as facial flushing, itching, rash, or rarely eye irritation. A 12-hour flu-like syndrome of fever, chills, headache, dizziness, bone pain, shortness of breath, and malaise has been associated with interrnittent use. It usually occurs after 3 to 6 months of intermittent treatment and has a higher incidence with doses of 25mg/kg or more given once weekly than with currently recommended regimens. Anaphylaxis or shock has occurred rarely.
Gastrointestinal adverse effects include nausea, vomiting, anorexia, diarrhea and epigastric distress. Taking doses on an empty stomach is recommended for maximal absorption, but dosage after a meal will minimize gastrointestinal intolerance.
Pseudomembranous colitis has been reported. Rifampicin produces transient abnormalities in liver function. Hepatitis occur rarely. Fatalities due to hepatoxicity have been reported occasionally.
Rifampicin can cause thrombocytopenia and purpura, usually when given as an intermittent regiment, and if this occurs further use of rifampicin is contraindicated. Other haematological adverse effects include eosinophilia, leucopenia and haemolytic anaemia.
Alterations in kidney function and renal failure have occurred, particularly during intermittent therapy. Menstrual disturbances have been reported.
Oedema, myopathy and muscular weakness have been reported.
Rifampicin causes a harmless orange-red discoloration of the urine, feces, sweat, saliva, sputum, tears and other body fluids.

Isoniazid
Isoniazid is generally well-tolerated at currently recommended doses, However, patients who are slow acetylators of isoniazid appear to have a higher incidence of some adverse effects, Also patients whose nutrition is poor are at risk of peripheral neuritis which is one of the commonest adverse effects of isoniazid. Other neurological adverse effects include psychotic reactions and convulsions, Pyridoxine may be given to prevent or treat these adverse effects. Optic neuritis has also been reported.
Transient increase in liver enzymes occur in 10 to 20% of patients during the first few months of treatment and usually return to normal despite continued treatment. Elevated liver enzymes associated with clinical signs of hepatitis such as nausea and vomiting, or fatigue may indicate hepatic damage; in these circumstances, isoniazid should be stopped pending evaluation and should only be reintroduced cautiously once hepatic function has recovered. The incidence of liver damage increases with age, The influence 01 acetylator status is uncertain, Fatalities have occurred lollowing liver necrosis Haematological effects reported following use of isoniazid include various anaemias, agranulocytosis, thrombocytopenia, and eosinophilia. Hypersensitivity reactions occur infrequently and include skin eruptions (including erythema multílorme) fever, and vasculitis.
Other adverse effects include nausea, vomiting, dry mouth, constipation, pellarga, purpura, hyperglyacemia, lupus-like syndrome, vertigo, hyperreflexia, urinary retention and gynaecomastia.
Symptoms of overdosage include slurred speech, metabolic acidosis, hallucinations, hyperglycaemia, respiratory distress or tachypnoea, convulsions and coma; fatalities may occur.

"For suspected adverse drug reaction, report to the FDA: www.fda.gov.ph"

CAUTION:
Foods, Drugs, Devices and Cosmetics Act prohibits dispensing without prescription.

NATRICIN FORTE SUSPENSION DOES NOT CONTAIN SODIUM METABISULFITE

DOSAGE AND ADMINISTRATION:
Kidz Kit 3 Forte is indicated for the initial 8 – week (first 2 months) phase of short course (6 months) anti-tuberculosis treatment.

This medication is best taken on an empty stomach with a full glass of water (8 ounces or 240 milliliters) 1 hour before or 2 hours after meals; or take as directed by your doctor.

Usual dose for both children and adult:
Pyrazinamide (Zcure Forte) suspension:
35mg per kg bodyweight daily maximum daily dose is 3g or 50mg per kg bodyweight three times a week or 75mg per kg twice weekly.

Rifampicin (Natricin forte) suspension:
10mg per kg body weight with a daily maximum dose of 600mg or 15 mg per kg bodyweight (maximum of 900mg) 2 or 3 times weekly in combination with other antimycobacterial agents.

Isoniazid+ Pyridoxine hydrochloride (Curazid forte) syrup :
5mg per kg bodyweight with daily maximum dose of 300 mg or 10mg per kg bodyweight three times a week or 15mg per kg twice weekly.

OVERDOSAGE
Do not take more than prescribed dose. Taking more medication will not improve your symptoms; rather they may cause poisoning or serious side-effects. If you suspect that you or anyone else who may have overdosed of Kidz Kit 3 Forte Suspension, please go to the emergency department of the closest hospital or nursing home. Do not give your medicines to other people even if you know that they have the same condition or it seems that they may have similar conditions. Please consult your physician or pharmacist for more information.

AVAILABILITY
Each kit contains:
1-120ml bottle of Pyrazinamide 500mg/5ml (Zcure Forte) suspension
1-120ml bottle of Rifampicin 200mg/5ml (Natricin Forte) suspension
1-120ml bottle of Isoniazid + Pyridoxine 200mg/10mg/5ml (Curazid Forte) syrup

Registration Number: DR-XY36118
Date of First Authorization: July 2009
Revision Date: December 2018

STORE AT TEMPERATURES NOT EXCEEDING 30°C

Manufactured by
Lloyd Laboratories, Inc.
No. 10, Lloyd Ave.,
First Bulacan Industrial City,
City of Malolos, Bulacan

for Natrapharm, Inc.
The Patriot Building
Km 18, West Service Road
SLEX, Sucat, Parañaque City

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Natrapharm

Pyrazinamide	Rifampicin	Isoniazid + Pyridoxine HCl
Zcure® Forte	Natricin® Forte	Curazid® Forte
500mg/5mL suspension	200mg/5mL suspension	200mg/10mg per 5mL syrup

KIDZ KIT®3 FORTE
Antituberculosis

FORMULATION:
Each 5ml of Zcure Forte suspension contains:
Pyrazinamide 500mg

Each 5ml of Natricin Forte suspension contains:
Rifampicin 200mg

Each 5ml of Curazid Forte syrup contains:
Isoniazid 200mg
Pyridoxine hydrochloride (Vit. B6) 10mg

INDICATIONS:
For the treatment of pulmonary and extrapulmonary tuberculosis.

PHARMACODYNAMICS
Pyrazinamide
Pyrazinamide has a bactericidal effect on Mycobacterium tuberculosis but appears to have no activity against other mycobacteria or micro-organisms in vitro. It is almost completely inactive at a neutral pH, but is effective against persisting tubercle bacilli within the acidic intracellular environment of the macrophages. The initial inflammatory response to chemotherapy increases the number of organisms in the acidic environment. As inflammation subsides and pH increases, the sterilizing activity of pyrazinamide decreases. This pH -dependent activity explains the clinical effectiveness of pyrazinamide as part of the initial 8-week phase in short-course treatment regimens. Resistance to pyrazianmide rapidly develops when it is used alone.

Rifampicin
Rifampicin is bactericidal against a wide range of micro-organism and interferes with their synthesis of nucleic acids by inhibiting DNA-dependent RNA polymerase. It is active against mycobacteria, including *M. tuberculosis* and *M. leprae*, and having, high sterilizing activity against three organisms it possesses the ability to eliminate semi-dormant or persisting organisms. Rifampicin is active against Gram-positive bacteria, especially staphylococci, but less active against Gramnegative organisms. The most sensitve Gram-negative bacteria, include *Neisseria meningitides*, *N. gonorrhoeae*, *Haemophilus inffuenzae* and *Legiomella* spp. Rifampicin also has activity against *Chlamydia trachomatis* and some anaerobic bacteria.
At high concentrations, it is active against some viruses. Rifampicin has no effect on fungi but has been reported to enhance the antifungal activity of amphotericin B. Use with other antimicrobials may enhance or antagonize the bactericidal activity of rifampicin.

Strains of *M. tuberculosis*, *M. leprae* and other usually susceptible bacteria have demonstrated resistance, both initially and drug treatment. Thus in tuberculosis and leprosy regimens, rifampicin is used with other drugs to delay or prevent the development of rifampicin resistance. These does not appear to be cross-resistance apart from that between rifampicin and other rifampicins.
However, there have been isolated reports of the emergence of multidrug-resistant strains of *M. leprae*.

Isoniazid
Isoniazid is highly active against *M. tuberculosis* and may have activity some strains of other mycobacteria including *M. kansasii*.

Although it is rapidly bactericidal against actively dividing *M. tuberculosis*, it is considered to be only bacteriostatic against semi-dormant organisms and has less sterilizing activity than rifampicin or pyrazinamide.
Resistance of *M. tuberculosis* to isoniazid develops rapidly if it is used alone in the treatment of clinical infection, and may be due in some strains to loss of the gene for catalase production. Resistance is delayed or prevented by the combination of isoniazid with other antimycobacterials which appears to be highly effective in preventing emergence of resistance to other antitubercolous drugs. Resistance does not appear to be a problem when isoniazid is used alone in prophylaxis, probably because the bacillary load is low.

PHARMACOKINETICS:
Pyrazinamide
Pyrazinamide is readily absorbed from the gastrointestinal tract. Peak serum concentrations occur about 2 hours after a dose by mouth and have been reported to be about 33 micrograms/mL after 1.5g and 50micrograms/mL after 3g. Pyrazinamide is widely distributed in body fluids and tissues and diffuses into the CSF. The half-life has been reported to be about 9 to 10 hours. It is metabolized primarily in the liver by hydrolysis to the major active metabolite pyrazinoic acid, which is subsequently hydroxylated to the major excretory product 5-hydroxypyrazinoic acid. It is excreted via the kidneys mainly by glomerular filtration. About 70% of a dose appears in the urine within 24 hours mainly as metabolites and about 4% as unchanged drug.
Pyrazinamide is removed by dialysis. Pyrazinamide is distributed in the breast milk.

Rifampicin
Rifampicin is readily absorbed from the gastrointestinal tract and peak plasma concentrations of about 7 to 9 micrograms/mL have been reported 2 to 4 hours after a dose of 600mg, although there may be considerable inter-individual variation. Food may reduce and delay absorption. Rifampicin is about 80% bound to plasma proteins. It is widely distributed in body tissues and fluids and diffusion into the CSF is increased when the meninges are inflamed. Rifampicin is distributed into breast milk and crosses the