SUMMARY OF PRODUCT CHARACTERISTICS

1. Name of the medicinal Product

1.1 Product name

Co-trimoxazole Tablets BP (800 mg + 160 mg)

1.2 Strength

800 mg + 160 mg

1.3 Pharmaceutical Form

Oral Tablet

2. Qualitative and Quantitative Composition

2.1 Qualitative declaration

Sulfamethoxazole BP
Trimethoprim BP

2.2 Quantitative declaration

Sr. No.	Ingredients Chemical Name	Specification	StandardQuantity/ Tablet (mg)	Reason forInclusion
01	Sulfamethoxazole	BP	800.00	SulfonamideAntibiotic
02	Trimethoprim	BP	160.00	SulfonamideAntibiotic
03	Maize Starch	BP	107.00	Diluent
04	Sodium Lauryl Sulfate	BP	5.000	Wetting Agent
05	Maize Starch *	BP	48.700	Binder
06	Sodium Methyl Hydroxybenzoate	BP	0.600	Antimicrobial Preservative
07	Sodium Propyl Hydroxybenzoate	BP	0.300	Antimicrobial Preservative
08	Purified Water	BP	Q.S.	Binding Solvent
09	Purified Talc	BP	23.000	Glidant
10	Sodium Starch Glycolate (Type-A)	BP	9.600	Disintegrant
11	Povidone (PVPK-30)	BP	10.000	Tablet Binder
12	Magnesium Stearate	BP	10.000	Lubricant

3. Pharmaceutical Form

Oral Tablet
White to off-white coloured, round shaped, flat, uncoated tablets, breakline on one side and plain on other side.

4. Clinical Particulars

4.1 Therapeutic Indications

Co-trimoxazolc tablets arc indicated for the treatment of the following infections
- Nocardiosis, acute uncomplicated urinary tract infection (UTI), acute otitis media and acute exacerbation of chronic bronchitis
- Treatment and prevention of Pneumocystis jiroveci pneumonitis and toxoplasmosis.

4.2 Posology and Method of Administration

Method of administration: Oral with some food or water.

Strength of Tablet	80 mg/400 mg	160 mg/800 mg
Standard Dose for Acute Infection & Prevention (See below)	2 tablets every 12 hours	1 tablet every 12 hours.

Standard dosage recommendations for acute infections ·
Adults and children over 12 years: 160mg trimethoprim/800mg sulfamethoxazole every 12 hourly. Continued treatment until patient has been symptom free for 2 days; majority require treatment for at least 5 days. If no improvement, reassess after 7 days' therapy.
1 to 3 days' short-term therapy was effective for acute uncomplicated lower UTI. The elderly: Sec Special Warnings and Precautions for use.
Impaired hepatic function: No data for dosage in patients with impaired hepatic function.
Impaired renal function:

Creatinine Clearance (ml/min)	Recommended Dose
> 30	Standard Dose
15 to 30	Half the Standard Dosage
< 15	Not recommended

Pneumocystis jiroveci (P. carinii) pneumonitis and Toxoplasmosis:
Treatment: 20mg trimethoprim and 100 mg sulfamethoxazole per kg of body weight per day in two or more divided doses for two weeks to obtain peak plasma or serum levels of trimethoprim of greater than or equal to 5 mg/ml.
Prevention: Adults: The following dose schedules may be used:
160 mg trimethoprim/800 mg sulfamethoxazole 7 days/week or 3 times/week on alternate days.
320 mg trimethoprim/1600 mg sulfamethoxazole per day in 2 divided doses 3 times/week on alternate days.
Children: The following dose schedules may be used for the duration of the period at risk:
Standard dosage taken in two divided doses, 7 days/week or3 times per week on alternate days.
Standard dosage taken in 2 divided doses or single dose, 3 times per week on consecutive days.
Daily dose on treatment day approximates to 150 mg trimethoprim/m2/day and 750 mg

sulfamethoxazole/m2/day. Not exceeding 320mg trimethoprim and 1600mg sulfamethoxazole. Nocardiosis: Adult doses of 6to 8 tablets daily for up to 3 months have been used. (one tablet contains 400 mg sulfamethoxazole and 80 mg trimethoprim).

4.3 Contraindications

In patient with a history of hypersensitivity to sulphonamides, trimethoprim, co-trimoxazolc or any excipients of co-trimoxazolc, marked liver parenchymal damage, severe renal insufficiency, premature babies nor to full-term infants during the first 6 weeks of life.

4.4 Special Warnings and Special Precautions for Use

Rare fatalities due to severe reactions including fulminant hepatic necrosis, agranulocytosis, aplastic anaemia, other blood dyscrasias and hypersensitivity of respiratory tract. Life-threatening cutaneous reactions Stevens-Johnson syndrome (SJS) and
toxic epidermal necrolysis (TEN) have been reported.

- Elderly patients group with impaired kidney and/or liver function and/or concomitant usc of other drugs, patients at risk of acute porphyria or serious haematological disorders or receiving cytotoxic therapy or at risk of hyperkalaemia.
- Raresulphonamidc crystals observedin treated patients, particularly in malnourished patients.
- Possible asymptomatic changes in haematological laboratory indices due to lack of available folatein folate deficient patients or to the elderly. Haemolysis in G-6-PD deficient patients.
- Should be given with caution to patients with severe allergy or bronchial asthma or in phenylketonuric patient sand in the treatment of streptococcal pharyngitis.

Pregnancy and Lactation: Not recommended in pregnant and breast-feeding women.

4.5 Interaction with other medicinal products and other forms of interaction

- Trimethoprim interfere in serum/plasma creatinine estimation when alkaline picrate is used.
- Co-trimoxazolc with zidovudine increase risk of haematological adverse reactions.
- Reversible deterioration in renal function in patients treated with co-trimoxazolc and cyclosporin following renal transplantation.
- Shortening of plasma half-life of trimethoprim with rifampicin after period of about one week.
- Simultaneous administered of trimethoprim with drugs such asdigoxin, procainamidc, amantadine may increase in plasma concentration of one or both drugs.
- In elderly patients concurrently receiving diuretics, increased risk of thrombocytopenia with or without purpura.
- Occasional reports suggest that patients receiving pyrimethamine at doses in excess of25 mg weekly may develop megaloblastic anaemia should co- trimoxazole be prescribed concurrently.
- Co-trimoxazolc potentiates anticoagulant activity of warfarin via inhibition of its metabolism.
- Co-trimoxazolc with phenytoin results in excessive phenytoin effect. Close monitoring of patient's condition and serum phenytoin levels arc advisable.
- Co-trimoxazole increases free plasma levels of methotrexate and 40% increase in lamivudine.
- Interaction with sulphonylurea hypoglycaemic agents and drugs that can cause

hyperkalacmia.

4.6 Fertility, Pregnancy and Lactation

Pregnancy and Lactation: Not recommended in pregnant and breast-feeding women.

4.7 Effects on ability To Drive and use Machines

None.

4.8 Undesirable Effects

Very common: Hyperkalacmia Common: Monilial overgrowth, Headache, Nausea, diarrhea, Skin rashes Uncommon: Vomiting.
Very rare: Leucopenia, neutropenia, thrombocytopenia, agranulocytosis, megaloblastic anaemia, aplastic anaemia, haemolytic anaemia, methaemoglobinaemia, eosinophilia, purpura, haemolysis in G-6-PD deficient patients, Serum sickness, anaphylaxis, allergic myocarditis, angioedema, drug fever, allergic vasculitis resembling Henoch- Schoenleinpurpura, periarteritisnodosa, systemic lupus erythematosus, Hypoglycacmia, hyponatracmia, anorexia, depression, hallucinations, cough, shortness of breath, pulmonary infiltrates, glossitis, stomatitis, pseudomembranous colitis, pancreatitis, uveitis, Elevation of serum transaminases, elevation of bilirubin levels, cholestatic jaundice, hepatic necrosis, photosensitivity, exfoliative dermatitis, fixed drug eruption, erythema multiforme, SCARs: SJS and TEN, Arthralgia, myalgia, Impaired renal function, interstitial nephritis, Severe hypersensitivity reactions, rash, fever, neutropenia, thrombocytopenia, raised liver enzymes, hyperkalacmia, hyponatraemia.

4.9 Overdose

Nausea, vomiting, dizziness and confusion arc likely signs/symptoms. Bone marrow depression with acute trimethoprim over dosage.
Induction of vomiting, gastric lavage and moderately dialysable by haemodialysis may be useful as rapid and complete absorption within approximately 2 hours from the GIT. Peritoneal dialysis is not effective.

5. Pharmacological Properties

5.1 Pharmacodynamics Properties

Trimethoprim blocks production of tetrahydrofolic acid from dihydrofolic acid by binding to and reversibly inhibiting dihydrofolatereductasc. Sulfamethoxazole inhibits bacterial synthesis of dihydrofolic acid by competing with para-aminobenzoic acid (PABA). Thus, combination blocks two consecutive steps in biosynthesis of nucleic acids and proteins essential to many bacteria.

5.2 Pharmacokinetic Properties

Rapidly absorbed orally and peak blood levels within lto4 hours. Distributed to sputum, vaginal fluid, and middle car fluid; bronchial secretions, and pass placental barrier and excreted in human milk. Approximately 44% of Trimethoprim and 70% of Sulfamethoxazole arc bound to plasma proteins. Metabolism of Sulfamethoxazole occurs predominately by N4-acctylation, although glucuronide conjugate has been identified. Principal metabolites of Trimethoprim arc

1- and 3-oxidcs and the 3'- and 4'-hydroxy derivatives. Excretion is primarily by kidneys. Average percentage of dose recovered in urine from 0 to 72 hours after single oral dose is 84.5% for total sulfonamide and 66.8% for free Trimethoprim. Mean serum half-lives of Sulfamethoxazole and Trimethoprim are 10 and 8 to 10 hours, respectively.

5.3 Preclinical Safety Data.

Not Applicable

6. Pharmaceutical Particulars

6.1 List of Excipients

Maize Starch BP
Sodium Lauryl Sulfate BP
Sodium Methyl Hydroxy benzoate BP
Sodium Propyl Hydroxy benzoate BP
Purified Water BP
Purified Talc BP
Sodium Starch Glycolate (Type-A) BP
Povidone (PVPK- 30) BP
Magnesium Stearate BP

6.2 Incompatibilities

Not applicable.

6.3 Shelf Life

36 months

6.4 Special Precautions for Storage

Store below 30°C. Protect from light.

6.5 Nature and Contents of Container

White to off – white coloured, round shaped, flat, uncoated tablet, breakline on one side and plain on other side. Such 10 Tablets are packed in Alu - PVC Blister Pack. Such 10 Alu - PVC Blisters are packed in a printed Carton with Packing Insert.

6.6 Special precaution for disposal and other handling

Any unused product or waste material should be disposed of in accordance with local requirements.

7. Marketing Authorization Holder and Manufacturing Site Addresses

Marketing Authorization Holder
Lincoln Pharmaceuticals Limited
Trimul Estate, Khatraj, Taluka: Kalol,
District: Gandhinagar Gujarat, India.
Phone: +91-79-49135000
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Email: info@lincolnpharma.com
Website: www.lincolnpharma.com

Manufacturing Site Address

Lincoln Pharmaceuticals Limited
Trimul Estate, Khatraj, Taluka: Kalol,
Gandhinagar Gujarat, India.
Email: info@lincolnpharma.com
Website: www.lincolnpharma.com

8. Marketing Authorization Number

To be included after obtaining first registration.

9. Date of first authorization / renewal of authorization

It will be applicable after registration of this product.

10. Date of revision of the text:
