

**MICRO LABS LIMITED, INDIA**

**SUMMARY OF PRODUCT CHARACTERISTICS**

**PRODUCTNAME: CEFIXIME CAPSULES 200/400mg**



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**SUMMARY OF PRODUCT CHARACTERISTICS**

**1. NAME OF THE MEDICINAL PRODUCT**

**1.1 Product Name:**

Cefixime Capsules

**1.2 Strength:**

200/400mg

**2. QUALITATIVE AND QUANTITATIVE COMPOSITION**

Each Capsule Contains:

Cefixime USP as Trihydrate equivalent to anhydrous Cefixime..... 200 mg

Cefixime USP as Trihydrate equivalent to anhydrous Cefixime..... 400 mg

**3. PHARMACEUTICAL FORM**

Capsules

**4. CLINICAL PARTICULARS**

**4.1 Therapeutic indications**

Cefixime is an orally active cephalosporin antibiotic which has marked *in vitro* bactericidal activity against a wide variety of Gram-positive and Gram-negative organisms.

It is indicated for the treatment of the following acute infections when caused by susceptible micro-organisms:

*Upper Respiratory Tract Infections (URTI):* e.g. otitis media; and other URTI where the causative organism is known or suspected to be resistant to other commonly used antibiotics, or where treatment failure may carry significant risk.

*Lower Respiratory Tract Infection:* e.g. bronchitis.

*Urinary Tract Infections:* e.g. cystitis, cystourethritis, uncomplicated pyelonephritis.



Clinical efficacy has been demonstrated in infections caused by commonly occurring pathogens including *Streptococcus pneumoniae*, *Streptococcus pyogenes*, *Escherichia coli*, *Proteus mirabilis*, *Klebsiella* species, *Haemophilus influenzae* (beta-lactamase positive and negative), *Branhamella catarrhalis* (beta-lactamase positive and negative) and *Enterobacter* species. Cefixime is highly stable in the presence of beta-lactamase enzymes.

Most strains of enterococci (*Streptococcus faecalis*, group D Streptococci) and Staphylococci (including coagulase positive and negative strains and meticillin-resistant strains) are resistant to Cefixime. In addition, most strains of *Pseudomonas*, *Bacteriodes fragalis*, *Listeria monocytogenes* and *Clostridia* are resistant to Cefixime.

#### **4.2 Posology and method of administration**

Absorption of Cefixime is not significantly modified by the presence of food. The usual course of treatment is 7 days. This may be continued for up to 14 days if required.

*Adults and Children over 10 Years:* The recommended adult dosage is 100-200 mg daily according to the severity of infection, given either as a single dose or in two divided doses.

*The Elderly:* Elderly patients may be given the same dose as recommended for adults. Renal function should be assessed and dosage should be adjusted in severe renal impairment.

Children weighing more than 50 kg or older than 10 years should be treated with the recommended adult dose (100 – 200-400 mg daily depending on the severity of infection).

The safety and efficacy of Cefixime has not been established in children less than 6 months.

#### ***Method of administration***

Orally

#### **4.3 Contraindications**

Patients with known hypersensitivity to cephalosporin antibiotics or any of the other components of the product



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#### **4.4 Special warnings and precautions for use**

*Severe cutaneous adverse reactions:* Severe cutaneous adverse reactions such as toxic epidermal necrolysis, Stevens-Johnson syndrome and drug rash with eosinophilia and systemic symptoms (DRESS) have been reported in some patients on Cefixime. When severe cutaneous adverse reactions occur, Cefixime should be discontinued and appropriate therapy and/or measures should be taken.

Cefixime should be given with caution to patients who have shown hypersensitivity to other drugs.

##### *Hypersensitivity to penicillins*

As with other cephalosporins, Cefixime should be given with caution to patients with a history of hypersensitivity to penicillin, as there is some evidence of partial cross-allergenicity between the penicillins and cephalosporins.

Patients have had severe reactions (including anaphylaxis) to both classes of drugs. If an allergic effect occurs with Cefixime, the drug should be discontinued and the patient treated with appropriate agents if necessary.

##### *Renal failure acute*

As with other cephalosporins, Cefixime may cause acute renal failure including tubulointerstitial nephritis as an underlying pathological condition. When acute renal failure occurs, Cefixime should be discontinued and appropriate therapy and/or measures should be taken.

##### *Renal impairment*

Cefixime should be administered with caution in patients with markedly impaired renal function

##### *Pediatric use*

Safety of Cefixime in premature or newborn infant has not been established.

Treatment with broad spectrum antibiotics alters the normal flora of the colon and may permit overgrowth of clostridia. Studies indicate that a toxin produced by *Clostridium difficile* is a primary cause of antibiotic-associated Diarrhoea. Pseudo membranous colitis is associated with the use of broad-spectrum antibiotics (including macrolides, semi-synthetic penicillin's, lincosamides and cephalosporin's); it is therefore important to consider its diagnosis in patients



who develop Diarrhoea in association with the use of antibiotics. Symptoms of pseudo membranous colitis may occur during or after antibiotic treatment.

Management of pseudo membranous colitis should include sigmoidoscopy, appropriate bacteriologic studies, fluids, electrolytes and protein supplementation. If the colitis does not improve after the drug has been discontinued, or if the symptoms are severe, oral vancomycin is the drug of choice for antibiotic-associated pseudo membranous colitis produced by *C. difficile*. Other causes of colitis should be excluded.

#### **4.5 Interaction with other medicinal products and other forms of interaction**

##### *Anticoagulants*

In common with other cephalosporins, increases in prothrombin times have been noted in a few patients. Care should therefore be taken in patients receiving anticoagulation therapy.

Cefixime should be administered with caution to patients receiving coumarin-type anticoagulants, e.g. warfarin potassium. Since Cefixime may enhance effects of the *anticoagulants, prolonged prothrombin time with or without bleeding may occur.*

##### *Other forms of interaction*

A false positive reaction for glucose in the urine may occur with Benedict's or Fehling's solutions, but not with tests based on enzymatic glucose oxidase reactions. A false positive direct Coombs test has been reported during treatment with cephalosporin antibiotics, therefore it should be recognized that a positive Coombs test may be due to the drug.

#### **4.6 Pregnancy and lactation**

Reproduction studies have been performed in mice and rats at doses up to 400 times the human dose and have revealed no evidence of impaired fertility or harm to the foetus due to Cefixime. In the rabbit, at doses up to 4 times the human dose, there was no evidence of a teratogenic effect; there was a high incidence of abortion and maternal death which is an expected consequence of the known sensitivity of rabbits to antibiotic-induced changes in the population of the micro flora of the intestine. There are no adequate and well-controlled studies in pregnant



women. Cefixime should therefore not be used in pregnancy or in nursing mothers unless considered essential by the physician.

**4.7 Effects on ability to drive and use machines**

None

**4.8 Undesirable effects**

Cefixime is generally well tolerated. The majority of adverse reactions observed in clinical trials were mild and self-limiting in nature.

The following adverse reaction (Preferred term# or equivalent) will be considered listed:

<i>Blood and lymphatic system disorders:</i>	Eosinophilia Hypereosinophilia Agranulocytosis Leucopenia Neutropenia Granulocytopenia Haemolytic anemia Thrombocytopenia Thrombocytosis
<i>Gastrointestinal:</i>	Abdominal pain Diarrhoea Dyspepsia Nausea Vomiting Flatulence
<i>Hepatobiliary disorders:</i>	Jaundice
<i>Infections and infestations:</i>	Pseudomembranous colitis



<i>Investigations:</i>	<p>Aspartate aminotransferase increased</p> <p>Alanine aminotransferase increased</p> <p>Blood bilirubin increased</p> <p>Blood urea increased</p> <p>Blood creatinine increased</p>
<i>Nervous system disorders:</i>	<p>Dizziness</p> <p>Headache</p>
<i>Respiratory, thoracic and mediastinal disorders:</i>	<p>Dyspnea</p>
<i>Renal and urinary disorders:</i>	<p>Renal failure acute including tubulointerstitial nephritis as an underlying pathological condition</p>
<i>Immune System disorders, administrative site conditions, skin and subcutaneous tissue disorders:</i>	<p>Anaphylactic reaction</p> <p>Serum sickness-like reaction</p> <p>Drug rash with eosinophilia and systemic symptoms (DRESS)</p> <p>Pruritus</p> <p>Rash</p> <p>Drug Fever</p> <p>Arthralgia</p> <p>Erythema multiforme</p> <p>Stevens-Johnson syndrome</p> <p>Toxic epidermal necrolysis</p> <p>Angio-oedema</p> <p>Urticaria</p> <p>Pyrexia</p> <p>Face oedema</p> <p>Genital pruritus</p> <p>Vaginitis</p>



The above mentioned listed adverse reactions have been observed during clinical studies and/or during marketed use.

Diarrhoea has been more commonly associated with higher doses. Some cases of moderate to severe Diarrhoea have been reported; this has occasionally warranted cessation of therapy. Cefixime should be discontinued if marked Diarrhoea occurs

#### *Reporting of suspected adverse reactions*

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product.

### **4.9 Overdose**

There is no experience with overdoses with Cefixime.

Adverse reactions seen at dose levels up to 2 g Cefixime in normal subjects did not differ from the profile seen in patients treated at the recommended doses. Cefixime is not removed from the circulation in significant quantities by dialysis.

No specific antidote exists. General supportive measures are recommended.

## **5. PHARMACOLOGICAL PROPERTIES**

### **5.1 Pharmacodynamic properties**

Cefixime is an oral third generation cephalosporin which has marked *in vitro* bactericidal activity against a wide variety of Gram-positive and Gram-negative organisms.

Clinical efficacy has been demonstrated in infections caused by commonly occurring pathogens including *Streptococcus pneumoniae*, *Streptococcus pyogenes*, *Escherichia coli*, *Proteus mirabilis*, *Klebsiella* species, *Haemophilus influenzae* (beta-lactamase positive and negative), *Branhamella catarrhalis* (beta -lactamase positive and negative) and *Enterobacter* species. It is highly stable in the presence of beta-lactamase enzymes.

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## **5.2 Pharmacokinetic properties**

### ***Absorption***

The 100 mg capsule is bioequivalent to the 100 mg under fasting conditions. However, food reduces the absorption following administration of the capsule by approximately 15% based on AUC and 25% based on C<sub>max</sub>.

Peak serum concentrations occur between 2 and 6 hours following oral administration of a single 200 mg, a single 400 mg or 400 mg of Cefixime suspension. Peak serum concentrations occur between 2 and 5 hours following a single administration of 200 mg of suspension. Peak serum concentrations occur between 3 and 8 hours following oral administration of a single 400 mg capsule.

### ***Distribution***

Serum protein binding is concentration independent with a bound fraction of approximately 65%. In a multiple dose study conducted with a research formulation which is less bioavailable than the tablet or suspension, there was little accumulation of drug in serum or urine after dosing for 14 days. Adequate data on CSF levels of Cefixime are not available.

### ***Metabolism***

There is no evidence of metabolism of Cefixime in vivo.

### ***Elimination***

Approximately 50% of the absorbed dose is excreted unchanged in the urine in 24 hours. In animal studies, it was noted that Cefixime is also excreted in the bile in excess of 10% of the administered dose. The serum half-life of Cefixime in healthy subjects is independent of dosage form and averages 3 to 4 hours but may range up to 9 hours in some normal volunteers.

## **5.3 Preclinical safety data**

Lifetime studies in animals to evaluate carcinogenic potential have not been conducted. Cefixime did not cause point mutations in bacteria or mammalian cells, DNA damage, or chromosome



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damage in vitro and did not exhibit clastogenic potential in vivo in the mouse micronucleus test. In rats, fertility and reproductive performance were not affected by Cefixime at doses up to 25 times the adult therapeutic dose.

## **6. PHARMACEUTICAL PARTICULARS**

### **6.1 List of excipients**

Dibasic Calcium Phosphate (Anhydrous)USP  
Colloidal silicon Dioxide (Aerosil 200)USP  
Talc USP  
Sodium Lauryl Sulphate USP  
Magnesium Stearate USP  
HEG Cap 2 Light Green Dark Green Micro/Micro printed IH

### **6.2 Incompatibilities**

Not Applicable

### **6.3 Shelf life**

The Shelf life is 36 months from the date of manufacture

### **6.4 Special precautions for storage**

Keep in cool and dry place.

### **6.5 Nature and contents of container**

10 Capsules are packed in ALU/ ALU Blisters.  
Such 1 Blisters is then packed in a printed outer carton along with a pack insert

### **6.6 Special precautions for disposal and other handling**

No Special requirement

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**7. Marketing Authorization Holder**

**MICRO LABS LIMITED**

No.121-124, 4<sup>th</sup> Phase, K.I.A.D.B, Bommasandra Industrial Area,  
Bangalore, India

**8. Number from the register of medicinal product.**

Not applicable

**9. Date of authorization or of the last renewal of the authorization**

Not applicable

**10. Date of revision of the text**

April 2019