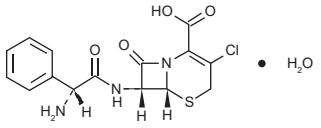
Cefaloget™

(C e f a c l o r)

سیفیلوگیٹ

Capsules 250mg & 500mg
Powder for Oral Suspension 125mg/5mL & 250mg/5mL
Drops 50mg/mL

DESCRIPTION
Cefaloget (Cefaclor) is a semisynthetic, second generation cephalosporin antibiotic for oral administration. It is chemically designated as 3-chloro-7-D-(2-phenylglycinamido) -3-cephem-4-carboxylic acid monohydrate. Its molecular formula is $C_{15}H_{14}ClN_3O_4S \cdot H_2O$ and the structural formula is:



Cefaclor monohydrate

QUALITATIVE AND QUANTITATIVE COMPOSITION
Cefaloget (Cefaclor) is available for oral administration as:

Cefaloget Capsule 250mg
Each capsule contains:
Cefaclor monohydrate equivalent to Cefaclor USP… 250mg

Cefaloget Capsule 500mg
Each capsule contains:
Cefaclor monohydrate equivalent to Cefaclor USP… 500mg

Cefaloget Powder for Oral Suspension 125mg/5mL
Each reconstituted 5mL contains:
Cefaclor monohydrate equivalent to Cefaclor USP… 125mg

Cefaloget Powder for Oral Suspension 250mg/5mL
Each reconstituted 5mL contains:
Cefaclor monohydrate equivalent to Cefaclor USP… 250mg

Cefaloget Drops 50mg/mL
Each reconstituted mL contains:
Cefaclor monohydrate equivalent to Cefaclor USP … 50mg

CLINICAL PHARMACOLOGY
Mechanism of Action
In vitro tests demonstrate that the bactericidal action of cephalosporins results from inhibition of cell-wall synthesis. Cefaclor is stable in the presence of bacterial ß-lactamases; consequently, ß-lactamase-producing organisms resistant to penicillins and some cephalosporins may be susceptible to Cefaclor.

Microbiology
Cefaclor has been shown to be active against most strains of the following organisms both *in vitro* and in clinical infections:

Aerobes, Gram-positive:
Staphylococci, including coagulase-positive, coagulase-negative and penicillinase-producing strains; *Streptococcus pyogenes (Group A beta-haemolytic streptococci); Streptococcus pneumonia.*

Aerobes, Gram-negative:
Moraxella (Branhamella) catarrhalis; Haemophilus influenzae, including *beta-lactamase-producing ampicillin-resistant strains; Escherichia coli; Proteus mirabilis; Klebsiella spp.; Citrobacter diversus; Neisseria gonorrhoeae.*

Anaerobes, Gram-positive:
Propionibacteria acnes; *Bacteroides spp. (excluding Bacteroides fragilis); Peptococcus.; Peptostreptococcus.*

Pharmacokinetics
Cefaclor is well absorbed after oral administration to fasting subjects. Total absorption is the same whether the drug is given with or without food; however, when it is taken with food, the peak concentration achieved is 50% to 75% of that observed when the drug is administered to fasting subjects and generally appears from three fourths to 01 hour later. Following administration of 250mg, 500mg, and 1g doses to fasting subjects, average peak serum levels of approximately 7, 13, and 23µg/mL respectively were obtained within 30 to 60 minutes.
Approximately 60% to 85% of the drug is excreted unchanged in the urine within 8 hours, the greater portion being excreted within the first 2 hours. During this 8-hour period, peak urine concentrations following the 250mg, 500mg, and 1g doses were approximately 600, 900, and 1900µg/mL, respectively. The serum half-life in normal subjects is 0.6 to 0.9 hour.

Special population
Patients with renal insufficiency
In patients with reduced renal function, the serum half-life of Cefaclor is slightly prolonged. In those with complete absence of renal function, the plasma half-life of the intact molecule is 2.3 to 2.8 hours.

Patients undergoing hemodialysis
Hemodialysis shortens serum half-life by 25-30%.

THERAPEUTIC INDICATIONS
Cefaloget (Cefaclor) is indicated for the treatment of the following infections due to susceptible microorganisms:
- Respiratory tract infections, including pneumonia, bronchitis, exacerbations of chronic bronchitis, pharyngitis and tonsillitis.
- Sinusitis.
- Otitis media.
- Skin and soft tissue infections.
- Urinary tract infections, including pyelonephritis and cystitis.
- Gonococcal urethritis.

DOSAGE AND ADMINISTRATION
Cefaloget (Cefaclor) is administered orally.

Adults
The usual adult dosage is 250mg every 8 to 12 hours. For bronchitis and pneumonia, the dosage is 250mg administered 3 times daily. A dosage of 250mg administered 3 times daily for 10 days is recommended for sinusitis. For more severe infections, such as pneumonia, or those caused by less susceptible organisms doses may be doubled. For mild to moderate infections of the urinary tract, skin and soft tissues, and upper respiratory tract, a dosage of 250mg administered 2 times daily may be sufficient. Doses of 4g/day have been administered safely to normal subjects for 28 days, but the total daily dosage should not exceed this amount.
For the treatment of acute gonococcal urethritis in males and females, a single dose of 3g combined with probenecid 1g, is given.

Pediatrics
The usual recommended daily dosage for children with mild to moderate infections is 20mg/kg/day in divided doses every 8 to 12 hours. For bronchitis and pneumonia, the dosage is 20mg/kg/day in divided doses administered 3 times daily. In more serious infections, otitis media and infections caused by less susceptible organisms, the recommended dosage is 40mg/kg/day in divided doses every 8 to 12 hours, with a maximum dosage of 1g/day.

Twice daily treatment option:
For the treatment of otitis media and pharyngitis, the total daily dosage may be divided and administered every 12 hours.

Cefaloget Suspension		
20mg/kg/day		
Weight	125mg/5mL	250mg/5mL
9kg	2.5mL t.i.d.	-
18kg	5mL t.i.d.	2.5mL t.i.d.
40mg/kg/day		
9kg	5mL t.i.d.	2.5mL t.i.d.
18kg	-	5mL t.i.d.

In the treatment of beta-hemolytic streptococcal infections, a therapeutic dosage of Cefaloget (Cefaclor) should be administered for at least 10 days.

Infants:
The safety and efficacy of Cefaloget (Cefaclor) have not been established for use in infants less than one month old.

Patients with renal insufficiency:
Dosage adjustments for patients with moderate or severe renal impairment are usually not required.

Patients undergoing hemodialysis:
In patients undergoing regular hemodialysis, a loading dose of 250mg-1g administered prior to dialysis and a therapeutic dose of 250mg-500mg every six to eight hours maintained during interdialytic periods is recommended.

Direction for Preparation of Oral Suspension
Fill previously boiled and cooled water up to the mark on the bottle and shake well. After reconstitution, the suspension should be stored in a refrigerator (2°C-8°C) and can be used within 14 days. Shake well before use.

CONTRAINDICATIONS
Cefaclor is contraindicated in patients with known hypersensitivity to Cefaclor, cephalosporin group of antibiotics or to any excipient of the product.

ADVERSE REACTIONS
Gastrointestinal
Cholestatic jaundice, diarrhea, transient hepatitis, nausea, pseudomembranous colitis and vomiting.

Hematologic
Agranulocytosis, eosinophilia, lymphocytosis, leukopenia, thrombocytosis, hemolytic anemia, aplastic anemia, neutropenia and thrombocytopenia.

Kidney
Reversible interstitial nephritis.

Superinfection
Genital pruritis, moniliasis or vaginitis.

Central Nervous System
Reversible hyperactivity, nervousness, insomnia, confusion, hypertonia, dizziness, hallucinations, headache or somnolence.

Skin and Appendages
Erythema multiforme, hypersensitivity reaction, pruritus, rash, serum sickness-like reactions, steven johnson syndrome, toxic epidermal necrolysis, drug reaction with eosinophilia and systemic symptoms (DRESS), acute, generalized exanthematous pustulosis (AGEP), morbilliform eruptions and urticaria.

Others
Positive Coombs' test, increased prothrombin time, elevations in AST, ALT, or alkaline phosphatase values, hematuria, pyuria, angioedema and fever.

"To report SUSPECTED ADVERSE REACTIONS to Getz Pharma's pharmacovigilance Section, please contact at dsafety@getzpharma.com or +92-21-38636363"

PRECAUTIONS
- Before initiating therapy with Cefaclor, careful inquiry should be made to determine whether the patient has had previous hypersensitivity reactions to Cefaclor, cephalosporins, penicillins, or other medicines. Cefaclor should not ordinarily be given to those allergic to cephalosporins or to penicillins, especially where an allergic or urticarial reaction has occurred. If an allergic reaction to Cefaclor occurs, the medicine should be discontinued and, if necessary, the patient should be treated with appropriate agents, e.g. pressor amines, antihistamines, or corticosteroids.
- Antibiotics, including Cefaclor, should be administered cautiously to any patient who has demonstrated some form of allergy, particularly to medicines.
- Antibiotic associated pseudomembranous colitis has been reported with many antibiotics including Cefaclor. The severity of the colitis may range from mild to life-threatening. It is important to consider this diagnosis in patients who develop diarrhea or colitis in association with antibiotic use (this may occur up to several weeks after cessation of antibiotic therapy). Mild cases usually respond to drug discontinuation alone. However, in moderate to severe cases appropriate therapy with a suitable oral antibacterial agent effective against Cl. difficile should be considered. Fluids, electrolytes and protein replacement should be provided when indicated. Drugs that delay peristalsis, e.g. opiates and diphenoxylate with atropine, may prolong and/or worsen the condition and should not be used.
- Prolonged use of Cefaclor may result in the overgrowth of non-susceptible organisms. Careful observation of the patient is essential. If superinfection occurs during therapy, appropriate measures should be taken.
- Severe Cutaneous Adverse Reactions (SCAR) such as Stevens-Johnson Syndrome (SJS), toxic epidermal necrolysis (TEN), during reaction with eosinophilia and Systemic symptoms (DRESS) and acute generalized exanthematous pustulosis (AGEP) have been reported in patients taking beta-lactam antibiotics. When SCAR is suspected, Cefaclor should be discontinued immediately and an alternative treatment should be considered.
- Positive direct Coombs' tests have been reported during treatment with the cephalosporin antibiotics. In hematologic studies or in transfusion cross-matching procedures when antiglobulin tests are performed on the minor side, or in Coombs' testing of newborns whose mothers have received cephalosporin antibiotics before parturition, it should be recognized that a positive Coombs' test may be due to the medicine.
- Cefaclor should be administered with caution in the presence of markedly impaired renal function. Since the half-life of Cefaclor in anuria is 2.3 to 2.8 hours. Clinical experience with Cefaclor under such conditions is limited; therefore, careful clinical observation and laboratory studies should be made.
- Cefaclor should be used with caution in patients with hepatic disease, as documented clinical experience in this group of patients is lacking.
- Antibiotics, including cephalosporins, should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly colitis.
- There have been reports of neurotoxicity associated with cephalosporin treatment. Withdrawal of the medicine should be considered if there are signs of neurotoxicity.
- A false-positive reaction for glucose in the urine may occur with Benedict's or Fehling's solutions or with copper sulphate test tablets.
- There have been reports of increased anticoagulant effect when Cefaclor and anticoagulants were administered concomitantly.

Pregnancy
There are no adequate and well-controlled studies in pregnant women. Therefore, caution should be exercised when prescribing for the pregnant women.

Nursing Mothers
Cefaclor crosses the placenta and low concentrations are excreted in breast milk. Therefore, caution should be exercised when Cefaclor is administered to nursing mothers.

DRUG INTERACTIONS
- Concomitant administration of Cefaclor with warfarin increases prothrombin time, with or without clinical bleeding.
- Concomitant administration with probenecid inhibits renal excretion of Cefaclor.

OVERDOSAGE
Symptoms
Symptoms of nausea, vomiting, epigastric distress and diarrhea would be anticipated.

Treatment
Unless 5 times the normal total daily dose has been ingested, gastrointestinal decontamination will not be necessary.

Protect the patient's airway and support ventilation and perfusion. Meticulously monitor and maintain, within acceptable limits, the patient's vital signs, blood gases, serum electrolytes, etc.
Absorption of drugs from the gastrointestinal tract may be decreased by giving activated charcoal, which, in many cases, is more effective than emesis or lavage; consider charcoal instead of or in addition to gastric emptying. Repeated doses of charcoal over time may hasten elimination of some drugs that have been absorbed. Safeguard the patient's airway when employing gastric emptying or charcoal.

STORAGE
Do not store above 30°C.
Protect from light and moisture.
The expiration date refers to the product correctly stored at the required conditions.

HOW SUPPLIED
Cefaloget (Cefaclor) Capsules 250mg are available in pack of 12's.
Cefaloget (Cefaclor) Capsules 500mg are available in pack of 12's.
Cefaloget (Cefaclor) Powder for Oral Suspension 125mg/5mL is available in 60mL bottle.
Cefaloget (Cefaclor) Powder for Oral Suspension 250mg/5mL is available in 60mL bottle.
Cefaloget (Cefaclor) Drops 50mg/mL is available in 15mL bottle.

Keep out of reach of children.

To be sold on prescription of a registered medical practitioner only.

Please read the contents carefully before use.
This package insert is continually updated from time to time.

Manufactured by:
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