SUMMARY OF PRODUCT CHARACTERISTICS

1. NAME OF THE MEDICINAL PRODUCT

ACTIDROX-500 (Cefadroxil Capsule USP 500 mg)

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each hard gelatin capsule contains: Cefadroxil Monohydrate USP Eq. to Anhydrous Cefadroxil.....500mg
Excipients.....Q.S.

Approved colour used in empty capsule shell. (For the full list of excipients, see section 6.1)

3. PHARMACEUTICAL FORM

Hard Gelatin Capsule E.H.G. Capsule Size "0" Sky Blue/White Cap/Body Containing White To Light Yellow Granulated Powder

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

ACTIDROX®-500 is indicated in the treatment of the following infections when due to susceptible micro-organisms: Respiratory tract infections, urinary tract infections and skin and soft tissue infections

4.2 Posology and method of administration

ACTIDROX®-500 administered orally is well absorbed. Administration of the antibiotic may be made without regard to food as meals have no significant effect on absorption. Administration with food may be helpful in diminishing gastrointestinal complaints occasionally associated with oral cephalosporin therapy.

Adults and children having a mass of more than 40 g

Urinary Tract Infections: For acute uncomplicated lower urinary tract infections (e.g. cystitis), the usua l daily dosage is 1 or 2 grams per day in a single dose. In complicated or chronic urinary tract infections, the usual dosage is 1 g every 12 hours for a minimum of 7-10 days.

Skin and Skin Structure Infections: For skin and skin structure infections the usual dosage is 1 gram per day in a single dose.

Upper Respiratory Tract Infections: In upper respiratory infections the usual dosage is 500 mg every 12 hours. For Group a 6-haemolytic streptococcal pharyngitis and tonsillitis, 1 g may be given as a single, daily dose. For any infections caused by Group a Bhaemolytic streptococcus, treatment should be administered for 10 days.

Lower Respiratory Tract Infections:

For lower respiratory tract infections, the recommended dosage is 500 mg to 1.0 g every 12 hours.

Children having a mass of less than 40 kg:

The following dosage chart is a useful guide* to ACTIDROX®-500 therapy in children: % of adult

Dose	**Age and Mass**	**Total daily dosage (Based on range of 1- 2 g for adults)**
75%	12years (40 kg)	750mg to 1.5 g
50 %	7years (23 kg)	500mg to 1.0 g
25%	1 year (10 kg)	250mg to 500 mg
12.5%	Full-term (3.2 kg) mg	125 to 250 mg

- using the Percentage Method based on formula:

Surface area of Child X100 = Percentage ofAdult dose Surface area ofAdult

Urinary Tract Infections:

In acute uncomplicated urinary tract infections (e.g. cystitis) the recommended daily dose for children is 12.5 mg to 25 mg/kg every 12 hours. In complicated or chronic urinary tract infections the recommended dose for children is 25 mg/kg every 12 hours administered for 7-10 days.

Skin and Skin Structure Infections:

For skin and skin structure infections the recommended dose for children is 25 mg/kg given once daily or 25 mg/kg every 12 hours depending on the sensitivity of the organism.

Upper and Lower Respiratory Tract Infections: In respiratory tract infections the recommended dose for children is 25 mg/kg every 12 hours. For Group A ß-haemolytic streptococcal pharyngitis and tonsillitis. ACTIDROX-500 may be given as a single daily dose at 30 mg/kg/day. In infections caused by the Group A ß-haemolytic streptococcus, treatment should be administered for 10 days.

Renal impairment:

A modified dosage schedule is unnecessary in patients with creatinine clearance rates of greater than 50 mL/min. In those patients with creatinine clearance rates of 50 mL/min or less, the following reduced schedule is recommended as a guideline, based creatinine clearance rate (mL/min/1 , 73 m2). Each patient should be considered individually. Patients with renal insufficiency may be treated with an initial dose equal to that chosen for a patient with normal renal function (see above). Subsequent doses may be administered according to the following table:

Creatinine clearance (ml/ min/ 1.73 m2)	**Dose**	**Dose interval**
0 - 10	500 mg	every 36 hours
10 - 25	500 mg	every 24 hours

25 - 50	500 mg	every 12 hours

Further modifications of the dosage schedule may be necessary in children.

Treatment should be continued for a minimum of 46 to 72 hours beyond the time that the patient becomes asymptomatic or evidence of bacterial eradication has been obtained. A MINIMUM OF 10 DAYS TREATMENT IS RECOMMENDED FOR ANY INFECTION CAUSED BY GROUP BETA-HAEMOLYTIC STREPTOCOCCI. Chronic urinary tract infections may require prolonged intensive therapy with continued bacteriologic and clinical follow-up.

Mode of administration

Bioavailability is not affected by food and cefadroxil may be taken with meals or on an empty stomach. In case of gastro-intestinal disturbances, it may be administered with food.

4.3 Contraindications

Hypersensitivity to cefadroxil, to any of the cephalosporins or to any of the excipients listed in section 6.1. History of severe reactions to penicillins or to any other beta-lactam drugs

4.4 Special warnings and precautions for use

In patients with a history of non-severe hypersensitivity to penicillins, or other non-cephalosporin beta – lactam drugs, cefadroxil should be used with special caution as cross allergies occur

Renal impairment:

Caution is necessary in patients with renal impairment; the dosage must be adjusted according to the grade of renal impairment

History of gastro-intestinal disturbances:

Cefadroxil should be used with caution in patients with a history of gastrointestinal disturbances, particularly colitis. The occurrence of diarrhea may impair the resorption of other medicaments and therefore lead to an impairment of their efficacy.

Allergic reactions

Treatment must be discontinued at once if allergic reactions occur (urticaria, exanthema, pruritus, fall of blood pressure and increased heart rate, respiratory disturbances, collapse, etc.) and suitable countermeasures should be taken (sympathomimetics, corticosteroids and/or antihistaminics). In case of severe and persistent diarrhea, an antibiotic-associated pseudomembranous colitis should be considered. In that case Cefadroxil must be discontinued immediately and a suitable therapy should be started (e.g. oral vancomycin, 250 mg q.i.d.). Antiperistaltics are contraindicated.

4.5 Interaction with other medicinal products and other forms of interaction

Contraindication of concomitant use

Cefadroxil should not be combined with bacteriostatic antibiotics (e.g. - tetracycline, erythromycin, sulfonamides, chloramphenicol) since an antagonistic effect is possible

Treatment with cefadroxil in combination with aminoglycoside antibiotics, - polymyxin B, colistin or high-dose loop diuretics should be avoided since such combinations can potentiate nephrotoxic effects.

Concomitant use not recommended

Frequent checks on coagulation parameters are necessary during - concomitant long-term use of anticoagulants or thrombocyte aggregation inhibitors to avoid hemorrhagic complications.

Precautions

Cefadroxil binds to cholestyramine which may lead to reduced bioavailability of cefadroxil. The concomitant administration of probenecid reduces the renal elimination - of cefadroxil; therefore, plasma concentrations of cefadroxil may be increased when given in combination with probenecid. Cefadroxil may attenuate the effect of oral contraceptives. -

4.6 Fertility, pregnancy and lactation

Pregnancy

Although animal studies and clinical experience have not shown any evidence of teratogenicity, the safe use during pregnancy has not been established

Breast-feeding

Cefadroxil is present in low concentrations in breast milk; sensitization, diarrhoea or colonization of the infants' mucosa with fungi are possible. The use of cefadroxil during pregnancy and in lactating mothers should therefore be handled very strictly.

4.7 Effects on ability to drive and use machines

Cefadroxil may cause headache, dizziness, nervousness, sleeplessness and fatigue, therefore the ability to drive and use machines may be influenced

4.8 Undesirable effects

The adverse events are ranked under headings of frequency, using the following convention: Very common (> 1/10): common (E 1/100 to < 1/10); uncommon {> 1/1 ,000 to <1/100); rare (E 1/10,000 to < 1/1 ,000); very rare {< 1/10,000), not known (cannot be estimated form the available data). Adverse drug reactions occur in about 6% to 7%* of treated patients

System Organ Class	Commo n >1 to 100 to	Uncommo n > 1/1,000 to	<1/100 Rate	Very rare

Infections and infestations		clinical picture due to a grow of opportunis tic organisms (fungi), such as vaginal mycoses. thrush.		
Blood and lymphatic system disorders			Eosinophilia, thrombotytope nia, leucopenia, neutropenia, agranulocytosi s: rare cases during prolonged used, which subside upon discontinuatio n of therapy.	Haemolytic anemia of immunologic origin.
Immune system disorders			Serum sickness-like reactions.	Immediate allergic reaction (anaphylatic shock)
Nervous system disorder				Headache, sleeplessness, dizziness, nervousness.
Gastrointensti nal disorders	Nausea, vomiting , diarrhoe a, abdomin			Pseudomembran ous colitis has been reported (may range in severity

	al pain, glossitis			**from mild to life threatening).**
Hepatobiliary disorder			Cholestase and idiosyncratic hepatic failure have been reported	
Musculoskelet al and connective tissue disorders			Minor elevation of serum transaminases (ASAT, ALAT) and alkaline phosphatases Arthralgia	
Renal and urinary disorder			Interstitial nephritis	

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. Healthcare professionals are asked to report any suspected adverse reactions via pharmacy and poisons board, Pharmacovigilance Electronic Reporting System (PvERS) https://pv.pharmacyboardkenya.org'.

4.9 Overdose

No clinical reports are as yet available on cefadroxil in this respect. However, in view of experience gained with other cephalosporins the following symptoms are possible: nausea, hallucinations, hyperreflexia, extrapyramidal symptoms, clouded consciousness, or even coma and renal functional impairment. First aid after intake of toxic doses: induce vomiting at once or gastric lavage, if necessary, hemodialysis. Monitor and if necessary, correct the water and electrolyte balance, monitor renal function

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Other beta-lactam antibacterials. First generation cephalosporins. ATC-Code: J01DB05

Mode of action

Cefadroxil is a cephalosporin for oral administration which inhibits bacterial wall synthesis of actively dividing cells by binding to one or more penicillinbinding proteins. The result is formation of a defective cell wall that is osmotically unstable, and bacterial cell lysis. Cefadroxil may be active against organisms producing some types of betalactamase, for example TEM-1, in low to moderate quantities

5.2 Pharmacokinetic properties

Absorption

After oral administration cefadroxil is practically completely absorbed. Simultaneous intake of food has practically no effect on absorption (AUC)

Distribution

After oral doses of 500 mg (1000 mg) peak plasma concentrations of about 16 (30) μ g/ml are obtained after 1-1,3 hours. Between 18 and 20% of cefadroxil is bound to plasma proteins. Cephalosporins do not penetrate in the CSF and should not be used for treatment of meningitis.

Biotransformation

Cefadroxil is not metabolised.

Elimination

Cefadroxil is eliminated far more slowly than comparable oral cephalosporins (half-life: about 1,4 h to 2,6 h) so that intervals between doses can be prolonged to 12-24 hours. Roughly 90% of the substance is eliminated in unchanged form through the kidneys within 24 hours. Cefadroxil may be eliminated from the organism through haemodialysis.

Characteristics in patients with reduced creatinine clearance, a sign for renal functional impairment

Elimination is retarded, so that interval between doses must be prolonged.

5.3 Preclinical safety data

Pre-clinical data reveal no special hazard for humans based on conventional studies of repeated dose toxicity, genotoxicity and toxicity to reproduction. 6.0 Pharmaceutical particulars

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Lactose

Magnesium Stearate

Talcum

Sodium lauryl sulphate

Colloidal Silicon Dioxide Light

E.H.G Capsules Size “0” sky blue/ white

6.2 Incompatibilities

Not applicable

6.3 Shelf life

36 months

6.4 Special precautions for storage

Store below 30°C. Protect from direct sunlight, heat and moisture

6.5 Nature and contents of container

2x7 capsules in an Alu-Alu blister pack

6.6 Special precautions for disposal and other handling

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

7. MARKETING AUTHORISATION HOLDER

KRISHNA CHEMISTS LTD

3rd Floor Metrix Hardware, Lusaka Road, Industrial Area.

8. MARKETING AUTHORISATION NUMBER(S)

CTD3411

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

25/11/2021

10. DATE OF REVISION OF THE TEXT

25/11/2021