SUMMARY PRODUCT CHARACTERISTICS

1. Name of the Medicinal Product:

CORDOXYL TABLETS (Cefadroxil Tablets USP 500 mg)

2. Qualitative and Quantitative Composition:

Each film coated tablet contains
Cefadroxil Hemihydrate USP
Eq.to Cefadroxil ..... 500 mg

Colour: Titanium Dioxide BP
For full list of excipients see section 6.

3. Pharmaceutical Form:

Off white, oval shaped, biconvex film coated tablet.

4. Clinical Particulars

4.1 Therapeutic indications:

Cefadroxil is indicated for the treatment of patients with infection caused by susceptible strains of the designated organisms in the following diseases: Urinary tract infections caused by *E. coli, P. mirabilis, and Klebsiella species.* Skin and skin structure infections caused by *staphylococci and/or streptococci.* Pharyngitis and/or tonsillitis caused by *Streptococcus pyogenes* (Group A β-hemolytic *streptococci).*

Cefadroxil is generally effective in the eradication of streptococci from the oropharynx. However, data establishing the efficacy of cefadroxil for the prophylaxis of subsequent rheumatic fever are not available.

To reduce the development of drug-resistant bacteria and maintain the effectiveness of cefadroxil and other antibacterial drugs, cefadroxil should be used only to treat or prevent infections that are proven or strongly suspected to be caused by susceptible bacteria. When culture and susceptibility information are available, they should be considered in selecting or modifying antibacterial therapy. In the absence of such data, local epidemiology and susceptibility pattems may contribute to the empiric selection of therapy.

4.2 Posology and method of administration:

Cefadroxil is acid-stable and may be administered orally without regard to meals. Administration with food may be helpful in diminishing potential gastrointestinal complaints occasionally associated with oral cephalosporin therapy.

Adults

Urinary Tract infections:

For uncomplicated lower urinary tract infections (i.e., cystitis) the usual dosage is 1 or 2 g per day in a single (q.d.) or divided doses (b.i.d.).

For all other urinary tract infections the usual dosage is 2 g per day in divided doses (b.i.d.). Skin and Skin Structure Infections: For skin and skin structure infections the usual dosage is 1 g per day in single (q.d.) or divided doses (b.i.d.).

Pharyngitis and Tonsillitis: Treatment of group A P-haemolytic streptococcal pharyngitis and tonsillitis J g per day in single (q.d.) or divided doses (b,i,d.) for 10 days.

Children:

For urinary tract infections, the recommended daily dosage for children is 30 mg/kg/day in divided doses every 12 hours.

For pharyngitis, tonsillitis, and impetigo, the recommended daily dosage for children is 30 mg/kg/day in a single dose or in equally divided doses every 12 hours.

For other skin and skin structure infections, the recommended daily dosage is 30 mg/kg/day in equally divided doses every 12 hours.

ln the treatment of i-hemolytic streptococcal infections, a therapeutic dosage of Cefadroxil should be administered for at least 10 days.

Renal Impairment:

In patients with renal impairment, the dosage of cefadroxil monohydrate should be adjusted according to creatinine clearance rates to prevent drug accumulation. The following schedule is suggested. In adults, the initial dose is 1000 mg of Cefadroxil and the maintenance dose (based on the creatinine clearance rate [mL/min/1.73 m2]) is 500 mg at the time intervals listed below.

Creatinine Clearances	Dosage Interval
0-10 mL/min	36 hours
10-25 mL/min	24 hours
25-50 mL/min	12 hours

Patients with creatinine clearance rates over 50 mL/min may be treated as if they were patients having normal renal function or as directed by the physician.

4.3 Contraindications

Cefadroxil is contraindicated in patients with known allergy to the cephalosporin group of antibiotics.

4.4 Special warning and precautions for use:

WARNING

- Before therapy with cefadroxil is instituted, careful inquiry should be made to determine whether the patient has had previous hypersensitivity reactions to cefadroxil, cephalosporins, penicillins, or other drugs. If this product is to be given to penicillinsensitive patients, caution should be exercised because cross-sensitivity among 8-lactam antibiotics has been clearly documented and may occur in up to 10% of patients with a history of penicillin allergy.
- If an allergic reaction to cefadroxil occurs, discontinue the drug. Serious Acute hypersensitivity reactions may require treatment with epinephrine and Other Emergency Measures, Including Oxygen, Intravenous Fluids, Intravenous Antihistamines, Co11icosteroids, Pressor Amines, And Airway Management, As Clinically Indicated.
- Pseudomembranous colitis has been repo1ied with nearly all antibacterial agents, including cefadroxil, and may range from mild to lifethreatening. Therefore, it is important to consider this diagnosis in patients who present with diarrhea subsequent to the administration of antibacterial agents.
- Treatment with anlibacterial agents alters the normal flora of the colon and may permit overgrowth of clostridia. Studies indicated that a toxin produced by Clostridium difficile is a primary cause of "antibioticassociated colitis". After the diagnosis of pseudomembranous colitis has been established, therapeutic measures should be initiated. Mild cases of pseudomembranous colitis usually respond to discontinuation of the drug alone. In moderate to severe cases, consideration should be given to management with fluids and electrolytes, protein supplementation and treatment with an antibacterial drug effective against Clostridium difficile.

PRECAUTIONS

- **General**

Prescribing cefadroxil in the absence of a proven or strongly suspected bacterial infection or a prophylactic indication is unlikely to provide benefit to the patient and increases the risk of the development of drug-resistant bacteria. Cefadroxil should be used with caution in the presence of markedly impaired renal function (creatinine clearance rate of less than 50 mL/min/1.73 m2).

In patients with known or suspected renal impairment, careful clinical observation and appropriate laboratory studies should be made prior to and during therapy.

- Prolonged use of Cefadroxil may result in the overgrowth of nonsusceptible organisms. Careful observation of the patient is essential. If superinfection occurs during therapy, appropriate measures should be taken.

• Cefadroxil should be prescribed with caution in individuals with history of gastrointestinal disease particularly colitis.

Informatiou for Patients

• Patients should be counseled that antibacterial drugs including cefadroxil should only be used to treat bacterial infections. They do not treat viral infections (e.g., the common cold). When cefadroxil is prescribed to treat a bacterial infection, patients should be told that although it is common to feel better early in the course of therapy, the medication should be taken exactly as directed. Skipping doses or not completing the full course of therapy may (l) decrease the effectiveness of the immediate treatment and (2) increase the likelihood that bacteria will develop resistance and will not be treatable by cefadroxil or other antibacterial drugs in future.

Drug/Laboratory Test Interactions

• Positive direct Coombs' tests have been reported during treatment with the cephalosporin antibiotics. In hematologic studies or in transfusion crossmatching 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 drug.

4.5 Interaction with other medicinal products and other forms of Interactions

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 haemorrhagic complications.

Precautions

-The concomitant administration of probenicide can produce higher and sustained concentrations of cefadroxil in the serum and in the bile.
- Cefadroxil may attenuate the effect of oral contraceptives.
- Cefadroxil binds to cholestyrarnine which may lead to reduced bioavailability of cefadroxil.

4.6 Fertility, Pregnancy and Lactation:

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

Gastrointestinal

Onset of pseudomembranous colitis symptoms may occur during or after antibiotic treatment.

Dyspepsia, nausea and vomiting have been reported rarely. Diarrhea has also occurred.

Hypersensitivity

Allergies (in the form of rash, urticaria, angioedema, and pruritus) have been observed. These reactions usually subsided upon discontinuation of the drug. Anaphylaxis has also been repeated.

Other

Other reactions have included hepatic dysfunction including cholestasis and elevations in serum transaminase, genital pruritus, genital moniliasis, vaginitis, moderate transient neutropenia, fever. Agranulocytosis, thrombocytopenia, idiosyncratic hepatic failure. erythema multiforme, Stevens-Johnson syndrome, serum sickness, and ruthralgia have been rarely reported.

In addition to the adverse reactions listed above which have been observed in patients treated with cefadroxil, the following adverse reactions and altered laboratory tests have been reported for cephalosporin-class antibiotics.

Toxic epidermal necrolysis, abdominal pain, superinfection, renal dysfunction, toxic nephropathy, aplastic anemia, hemolytic anemia, hemorrhage, prolonged prothrombin time, positive Coombs' test, increased BUN, increased creatinine, elevated alkaline phosphatase, elevated asprutate aminotransferase (AST), elevated alanine aminotransferase (ALT), elevated bilirubin, elevated LDH, eosinophilia, pancytopenia, neutropenia.

Several cephalosporins have been implicated in triggering seizures, particularly in
patients with renal impairment, when the dosage was not reduced .associated with drug therapy occur, the drug should be discontinued. Anticonvulsant therapy can be given if clinically indicated.

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorization of the medicine is important. It allows continued monitoring of the benefit/risk balance of the medicine. Healthcare professionals are requested to report any suspected adverse reactions via pharmacy and poisons board, Pharmacovigilance Electronic Reporting System (PvERS) https://pv.pharmacyboardkenya.org'

4.9 OVERDOSAGE

A study of children under six years of age suggested that ingestion of less than 250 mg/kg of cephalosporins is not associated with significant outcomes. No action is required other than general support and observation. For amounts greater than 250 mg/kg, induce gastric emptying.
In five anuric patients, it was demonstrated that an average of 63% of a 1 g oral dose is extracted from the body during a 6 to 8 hour hemodialysis session.

5. Pharmacological Properties:

5.1 Pharmacodynamic Properties:

ATC classification
ATC-Code: J0IDB05

Pharmacotherapeutic group: Other beta-lactam antibacterials. First generation Cephalosporins.

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 penicillin-binding proteins. The result is formation of a defective cell wall that is osmotically unstable, and bacterial cell lysis.

5.2 Pharmacokinetic interactions

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) µg/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

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Metabolism

Cefadrox.il 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

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. Pharmaceutical Particulars:

6.1 List of excipients:

Sr. No.	Ingredients	Specification
1.	Lactose	BP
2.	Maize Starch	BP
3.	Colloidal Anhydrous Silica	BP
4.	Polyvinyl Pyridone K 30	BP
5.	Isopropyl Alcohol	BP
6.	Dichloromethane	BP
7.	Magnesium Stearate	BP
8.	Purified Talc	BP
9.	Sodium Starch Glycolate	BP
10.	Spraycel -SC-MB-3185	IH
11	Titanium Dioxide	BP
12	Polypropylene glycol 6000	BP

6.2 Incompatibilities: Not known

6.3 Shelf life: 24 Months

6.4 Special precautions for storage:

Store below 30°C in dry place. Protect from light.

Keep medicine out of reach of children.

6.5 Nature and contents of container:

10 tablets to be packed in alu-alu blister. such 1 blisters to be packed in printed carton along with pack insert.

6.6 Special Precaution for Disposal and other handling:

None

7. Marketing Authorization Holder

#3B, Patanwala Compound, Opp. Shreyas Cinema, L.B.S. Marg, Ghatkopar (West), Mumbai – 400 086, INDIA

Manufacturing Site

(Company) Name: CORAL LABORATORIES LIMITED

Address : Plot No. 27/28, Pharmacity,
Selaqui, Dehradun – 248 011, Uttarakhand.
Email : exports@corallab.com
Website : www.corallab.com

8. Marketing Authorization Numbers

H2022/CTD9116/20245

9. Date of first Registration /renewal of the Registration: --

Date of first authorization: 31 OCTOBER 2022

10. Date of revision of the text: Not Applicable