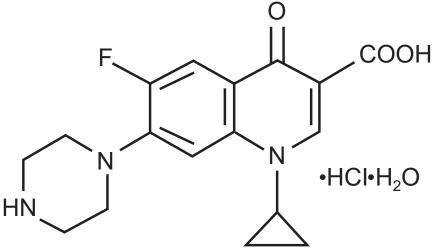


# **DESCRIPTION:**

Efecip is a fluoroquinolone antibacterial, active against gram positive and gram negative bacteria. It is available as monohydrate salt of 1-cyclopropyl-6-fluoro-1.4-dihydro-4-oxo-7- (1-piperazinyl)-3-quinoline-carboxylic acid.



WARNING: SERIOUS ADVERSE REACTIONS INCLUDING TENDINI-TIS, TENDON RUPTURE, PERIPHERAL NEUROPATHY, CENTRAL NERVOUS SYSTEM EFFECTS AND EXACERBATION OF MYASTHE-**NIA GRAVIS:** 

See full prescribing information for complete boxed warning.

 Fluoroquinolones, including Ciprofloxacin, have been associated with disabling and potentially irreversible serious adverse reactions that have occurred

together, including:

- Tendinitis and tendon rupture
- Peripheral neuropathy
- Central nervous system effects

Discontinue Ciprofloxacin immediately and avoid the use of fluoroquinolones, including Ciprofloxacin, in patients who experience any of these serious adverse reactions

• Fluoroquinolones, including Ciprofloxacin, may exacerbate muscle weakness in patients with myasthenia gravis. Avoid Ciprofloxacin in patients with known history of myasthenia gravis.

•Because fluoroquinolones, including Ciprofloxacin, have been associated with serious adverse reactions (5.1-5.15), reserve CIPRO for use in patients who have no alternative treatment options for the following indications:

- Acute exacerbation of chronic bronchitis
- Acute uncomplicated cystitis
- Acute sinusitis

# **COMPOSITION:**

Efecip® 250mg Tablets U.S.P.: Each film-coated tablet Contains: Ciprofloxacin HCI U.S.P. eq. to Ciprofloxacin...250mg Efecip<sup>®</sup> 500mg Tablets U.S.P.: Each film-coated tablet Contains: Ciprofloxacin HCI U.S.P. eq. to Ciprofloxacin...500mg Efecip® For Oral Suspension U.S.P. 125mg/5ml: Each 5mL of reconstituted suspension contains: Ciprofloxacin (as HCI) taste

| reconstituted sus | spension contains. Ci | pronoxacin ( | as nui) | ) |
|-------------------|-----------------------|--------------|---------|---|
|-------------------|-----------------------|--------------|---------|---|



Efecip<sup>®</sup> For Oral Suspension U.S.P. 250mg/5ml: Each 5mL of reconstituted suspension contains: Ciprofloxacin (as HCI) taste masked micro pellets equivalent to Ciprofloxacin ..... 250mg Efecip<sup>®</sup> Infusion 200mg/100ml, B.P.:

Each 100ml Contains:

Ciprofloxacin Lactate eq. to Ciprofloxacin ...200mg Each ml of solution for infusion contains: Ciprofloxacin Lactate eq. to Ciprofloxacin ...2mg

**MICROBIOLOGY:** Moraxella catarrhalis Gram-positive bacteria Co-Neisseria gonorrhoeae rynebacterium diphtheriae Neisseria meningitidis Corynebacterium spp. Proteus mirabilis Staphylococcus aureus Pseudomonas aeruginosa Streptococcus agalactiae Salmonella spp. **Bacillus** anthracis Salmonella typhi **Gram-positive aerobes** Shigella spp. Enterococci Vibrio spp. **Gram-negative aerobes** Enterococcus faecalis Staphylococcus epidermis Alcaligenes spp. Staphylococcus haemolyticus Listeria monocytogenes Streptococcus anginosus Listeria spp. **Anaerobes** Streptococcus milleri Streptococcus mitis Bacteroides ureolyticus Clostridium perfringens Streptococcus pneumoniae Streptococcus pyogenes Peptococcus spp. **Gram-negative bacteria** Veillonella parvula Gram-negative bacteria **Other Pathogens** Escherichia coli Chlamydia spp. Haemophilus influenzae Mycobacterium fortuitum Haemophilus parainfluenzae Mycobacterium tuberculosis

| Klebsiella spp. | Mycoplasma hominis |
|-----------------|--------------------|
| Legionella spp. |                    |

# **PHARMACODYNAMICS:**

Ciprofloxacin is a synthetic 4-quinolone derivative, with bactericidal activity. It acts via inhibition of bacterial DNA gyrase, ultimately resulting in interference with DNA function. Ciprofloxacin is highly active against a wide range of Gram-positive and Gram-negative organisms.

## **PHARMACOKINETICS:**

**Absorption:** Absorption of oral doses of ciprofloxacin tablet formulation occurs rapidly, mainly from the small intestine. Plasma levels are dose related and peak 0.5-2.0 hours after dosing. The AUC also increases dose proportionately after administration of both single and repeated oral (tablet) and intravenous doses. The absolute bioavailability is reported to be 52-83% and ciprofloxacin is subject to only slight first pass metabolism. The oral bioavailability is approximately 70-80%. The intake of food at the same time as administration of oral ciprofloxacin has a marginal but clinically not relevant effect on the pharmacokinetic parameters Cmax and AUC.

**Distribution:** Distribution of ciprofloxacin within tissues is wide and the volume of distribution high, though slightly lower in the elderly. Protein binding is low (between 19-40%).

**ELIMINATION:** Elimination of ciprofloxacin and its metabolites occurs rapidly, primarily by the kidney. After single oral and intravenous doses of ciprofloxacin, 55% and 75% respectively are eliminated by the kidney and 39% and 14% in the faeces within 5 days.

#### **THERAPEUTIC INDICATIONS:**

| <b>Respiratory Tract Infections:</b> Lobar and bronchopneumonia, acute e | Respirator | v Tract Infections: Lo | obar and bronc | nopneumonia | . acute ex- |
|--------------------------------------------------------------------------|------------|------------------------|----------------|-------------|-------------|
|--------------------------------------------------------------------------|------------|------------------------|----------------|-------------|-------------|

|               |                    |                 | -        |               |
|---------------|--------------------|-----------------|----------|---------------|
| acerbation of | f cystic fibrosis, | bronchiectasis, | empyema, | Gram-negative |

paneumonia. Ear, nose and throat infections: Mastoiditis, otitis media and sinusitis, especially if due to Gram-negative bacteria (including Pseudomonas spp.). Ciprofloxacin is not recommended for the treatment of acute tonsillitis. Urinary tract infections: Uncomplicated and complicated urethritis, cystitis, pyelonephritis, prostatitis, epididymitis. Skin and soft tissue infections: Infected ulcers, wound infections, abscesses, cellulitis, otitis externa, erysipelas, infected burns. Infections of the Bone and Joints: Osteomyelitis, septic arthritis. Intra-abdominal infections: Peritonitis, intra-abdominal abscesses. Infections of the biliary tract: Cholangitis, cholecystitis, empyema of the gall bladder. Gastro-intestinal infections: Enteric fever, infective diarrhoea. Pelvic infections: Salpingitis, endometritis, pelvic inflammatory disease. Severe systemic infections: Septicaemia, bacteraemia, peritonitis, infections in immuno-suppressed patients. Gonorrhoea: Urethral, rectal and pharyngeal gonorrhoea caused by B-lactamase producing organisms or organisms moderately sensitive to penicillin.

# **CONTRAINDICATIONS:**

Ciprofloxacin is contra-indicated in patients who have shown hypersensitivity to ciprofloxacin or other quinolone anti-infectives. Except in cases of exacerbations of cystic fibrosis associated with P. Aeruginosa (in patients aged 5-17 years) and inhalation anthrax, ciprofloxacin is contra-indicated in children and growing adolescents unless the benefits of treatment are considered to outweigh the risks.

### **DRUG INTERACTIONS:**

Antacids (containing Magnesium, Calcium, and Aluminium will prevent absorption), theophylline, clozapine, tacrine, ropinirol, tizanidine.

# **UNWANTED SIDE EFFECTS:**

CNS: restlessness, seizures GI: vomiting, dyspepsia, flatulence, abdominal pain, GU: crystalluria, Skin: itching

### **PREGNANCY AND LACTATION:**

Ciprofloxacin is not recommended during pregnancy & lactation.

## **DOSAGE & ADMINISTRATION:**

Dosage administration of ciprofloxacin depends upon the severity of infections. For mild to moderate case 250mg to 500mg are recommended and for severe infections 750mg is recommended.

| INDICATIONS   | SEVERITY           | DOSE (b.i.d) | DURATIONS    |
|---------------|--------------------|--------------|--------------|
| UTIs          | Mild/Moderate      | 250mg        | 7 to 14 Days |
|               | Severe/Complicated | 500mg        | 7 to 14 Days |
| Lower RTIs    | Mild/Moderate      | 500mg        | 7 to 14 Days |
|               | Severe/Complicated | 750mg        | 7 to 14 Days |
| SSTIs         | Mild/Moderate      | 500mg        | 40 Days      |
| Bone & Joint  | Mild/Moderate      | 500mg        | 7 to 14 Days |
| Infections    | Severe/Complicated | 750mg        | 7 to 14 Days |
| Typhoid Fever | Mild/Moderate      | 500 mg       | 10 Days      |
| Urethral      | Lincomplicated     | 250ma        | Single dese  |

#### **ADULT DOSAGE GUIDELINES**



#### CHILDREN AND ADOLESCENTS

| INDICATIONS                                  | DOSE                                         | DURATIONS                    |
|----------------------------------------------|----------------------------------------------|------------------------------|
| Cystic fibrosis                              | 20mg/kg per dose b.i.d<br>(max. of 750mg)    | 10-14 days                   |
| <i>Complicated UTIs &amp; pyelonephritis</i> | 10-20mg/kg per dose b.i.d<br>(max. of 750mg) | 10-21 days                   |
| Typhoid                                      | 15mg/kg per dose b.i.d                       | 5-7 days                     |
| Shgellosis                                   | 15mg/kg per dose b.i.d                       | 3 days                       |
| Other severe infections                      | 20mg/kg per dose b.i.d<br>(max. of 750mg)    | As per type<br>of infections |

#### **DOSAGE IN PATIENTS WITH IMPAIRED RENAL FUNCTION**

| CREATININE CLEARANCE (mL/min)                      | DOSE                                    |
|----------------------------------------------------|-----------------------------------------|
| > 50                                               | See Usual Dosage                        |
| 30 - 50                                            | 250 - 500 mg q 12 h                     |
| 5 - 29                                             | 250 - 500 mg q 18 h                     |
| Patients on hemodialysis or<br>Peritoneal dialysis | 250 - 500 mg q 24 h<br>(after dialysis) |

#### IV INFUSION DOSAGE

| Indications                      | Severity             | Dose         | Duration    |
|----------------------------------|----------------------|--------------|-------------|
| Uripony Troot                    | Mild/Moderate        | 200 mg (bid) | 7-14 Days   |
| Urinary Tract                    | Severe/Complicated   | 400mg (bid)  | 7-14 Days   |
| Lower Respiratory Tract          | Mild/Moderate        | 400 mg (bid) | 7-14 Days   |
| Lower Respiratory Tract          | Severe/Complicated   | 400mg (qid)  | 7-14 Days   |
| Nosocomial Pneumonia             | Mild/Moderate/Severe | 400mg (qid)  | 10-14 Days  |
| Skin and Skin Structure          | Mild/Moderate        | 400 mg (bid) | 7-14 Days   |
|                                  | Severe/Complicated   | 400 mg (bid) | 7-14 Days   |
| Bone and Joint                   | Mild/Moderate        | 400 mg (bid) | > 4-6 Weeks |
| Bone and Joint                   | Severe/Complicated   | 400mg (qid)  | > 4-6 Weeks |
| Intra-Abdominal                  | Complicated          | 400 mg (bid) | 7-14 Days   |
| Acute Sinusitis                  | Mild/Moderate        | 400 mg (bid) | 10 Days     |
| Chronic Bacterial<br>Prostatitis | Mild/Moderate        | 400 mg (bid) | 28 Days     |

Efecip I.V. should be administered to adults by intravenous infusion over a period of 60 minutes at dosages described in the Dosage Guidelines table. Slow infusion of a dilute solution into a larger vein will minimize patient discomfort and reduce the risk of venous irritation.

Oral suspension can be taken independent of mealtimes. If taken on an empty stomach, the active substance is absorbed more rapidly. Ciprofloxacin should not be taken with dairy products (e.g. milk, yoghurt) or mineral-fortified fruit juice (e.g. calcium-fortified orange juice).

# **DIRECTION FOR RECONSTITUTION:**

To make suspension add some cool boiled water, invert bottle and shake well until all granules are dispersed. Then slowly add more water up to the mark on the label. Reconstituted suspension should be store in cool place, avoid exposure to heat & freezing. Use within 14-days. Shake Well Before Use.

### **INSTRUCTIONS:**

Dosage as directed by the physician.

For Tablets and Oral Suspension: Store below 30°C. Protect from heat, light and moisture

| Efecip Infusion:  | Store below  | / 30°C. I | Protect  | from  | heat   | and  | light. | Do | not |
|-------------------|--------------|-----------|----------|-------|--------|------|--------|----|-----|
| refrigerate. Keep | all medicine | s out of  | the read | ch of | childr | ren. |        |    |     |

#### **PRESENTATION:**

- Efecip® (Ciprofloxacin) 250mg tablets, U.S.P. are available in Alu-Alu blister pack of 1x10's.
- Efecip® (Ciprofloxacin) 500mg tablets, U.S.P. are available in Alu-Alu blister pack of 1x10's.
- Efecip® (Ciprofloxacin) 125mg/5ml For Oral Suspension available in 60ml glass bottle.
- Efecip® (Ciprofloxacin) 250mg/5ml For Oral Suspension available in 60ml glass bottle.
- Efecip® (Ciprofloxacin) 200mg I.V.Infusion, B.P. available in 100ml glass vial with HDPE hanger.

مسينشن تياركرن كيليح أبلا ہوا ٹھنڈایانی بوتل میں شامل کریں اور بوتل کواچھی طرح ہلایں تا کہ تمام دواچھی طرح حل ہوجائے۔ پھر مزیدیانی لیبل بردیئے ہوئے نشان تک شامل کردیں اور بوتل کودوبارہ اچھی طرح ہلا لیں۔ استعال سے پہلے بوتل کواچھی طرح ہلائیں۔ برايات: خوراک ڈاکٹر کی ہدایت کے مطابق استعال کریں۔ ٹیپلٹس ؛اورل سینشن : 💵 ڈگری سینٹی گریڈ سے کم پر کھیں۔ گرمی،روشنی اورنمی سے حفوظ رکھیں ۔ انفیوزن: • ۲۰ ڈگری سینٹی گریڈ سے کم پر کھیں۔ گرمی اورروشنی سے حفوظ رکھیں منجمد ہونے سے بچائیں۔ تمام دوائیں بچوں کی پہنچ سے دوررکھیں ۔



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