United Pharmaceuticals

AZICURE®

Azithromycin Dihydrate

Description:
AZICURE© (Azithromycin) is an azalide antibiotic, derived from Erythromycin (macrolide antibiotic). It exerts its antibacterial action by binding to the 50's ribosomal subunit of susceptible bacteria and preventing the translocation of peptides, thus suppression of protein synthesis occurs.
Properties:
Azithromycin is rapidly absorbed from the gastrointestinal tract after oral administration and widely distributed throughout the body with bio-availability of about 37%. Azithromycin provides tissue concentrations that are higher than that of the plasma or serum levels. Increased Azithromycin levels have been found in tonsil, lung tissue and prostate. Biliary excretion of Azithromycin, predominantly as unchanged drug, is a major route of elimination.
Antimicrobial action:
• Azithromycin is active against gram-negative aerobic bacteria including *Haemophilus influenzae* and *Moraxella catarrhalis*.
• Azithromycin is active against gram-positive aerobic bacteria including *Staphylococcus aureus*, *Streptococcus agalactiae*, *Streptococcus pneumoniae* and *Streptococcus pyogenes*.
• Azithromycin is also active against *Chlamydia trachomatis*, *Mycobacterium avium* and *Mycobacterium intracellulare*.
Indications:
AZICURE© is indicated in the treatment of the following cases:
• Upper respiratory tract infections (e.g. sinusitis, pharyngitis and tonsillitis).
• Otitis media.
• Lower respiratory tract infections (e.g. pneumonia, bronchitis).
• Uncomplicated skin and soft tissue infections.
• Uncomplicated genital infections caused by *Chlamydia trachomatis* or *Neisseria gonorrhoea*.
• Prophylaxis and treatment of Disseminated Mycobacterium avium complex Disease.
Dosage and administration:
AZICURE© should be taken at least 1 hour before or 2 hours after food.
• Respiratory tract/skin and soft tissue infections:
Adult including elderly & children over 12 years: The total dose is 1.5 gm, to be given as 250 mg twice daily for 3 days.
Children over 6 months & under 12 years: **AZICURE©** Suspension should be used for children under 45 kg. The usual dose is 10 mg/Kg of body weight, given as a single daily dose for 3 days.
Reconstitution:
Invert the bottle and shake the powder loose. Add the amount of water described below to the powder in two portions.
- **For 15 ml (600 mg) bottle:** Add 9 ml water.
- **For 22.5 ml (900 mg) bottle:** Add 12 ml water.
- **For 30 ml (1200 mg) bottle:** Add 18 ml water.

Shake well after each addition until a homogenous suspension is achieved.
For administration the syringe adapter should be placed in the neck of the bottle and the stopper should be opened. When first reconstituted, allow to stand for five minutes to ensure full dispersion.
• Sexually transmitted diseases (Adults and elderly): The dose is 1 gm to be given as a single dose.
• Prophylaxis of Disseminated Mycobacterium avium complex Disease: The usual dose of **AZICURE©** is 1200 mg to be taken once weekly. This dose may be combined with the approved dosage regimen of Rifabutin.
• Treatment of Disseminated Mycobacterium avium complex Disease: AZICURE© should be taken at a daily dose of 600 mg, in combination with Ethambutol at the recommended daily dose of 15 mg/kg.
Contraindications:
• Hypersensitivity to macrolide antibiotic drugs.
• Patients with severe liver diseases.
• Concomitant use with ergot derivatives.
Precautions:
• Patients should be counseled that antibacterial drugs including Azithromycin should only be used to treat bacterial infections. They do not treat viral infections (e.g. the common cold) and 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.
• Azithromycin is principally excreted by the liver, so caution should be exercised when Azithromycin is administered to patients with impaired hepatic function. There are no data regarding Azithromycin usage in patients with renal impairment; thus, caution should be exercised when prescribing Azithromycin in these patients.
• Prolonged or repeated use of Azithromycin, as with other macrolide antibiotic, may result in an overgrowth of non-susceptible organisms. If

super-infection occurs, Azithromycin should be discontinued and appropriate therapy instituted.
• Ventricular arrhythmias have been reported with macrolide antibiotics in individuals with prolonged QT intervals, so caution should be considered.

Use during pregnancy and lactation:

Pregnancy category **B**

Reproduction studies have been performed in rats and mice at doses moderately toxic to the mother, no evidence of impaired fertility or harm to the fetus due to Azithromycin was found. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, Azithromycin should be used during pregnancy only if clearly needed.

It is not known whether Azithromycin is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when Azithromycin is administered to a nursing woman.

Drug interactions:

• Azithromycin / Antacids or gastric acid secretion inhibitors: Mineral antacids should not be taken concomitantly with Azithromycin, a time interval of 2 – 3 hours should be observed. Cimetidine had no influence on the speed and extent of absorption of Azithromycin. Therefore, it can be coadministered with Azithromycin.

• Azithromycin / Ergot alkaloids: Although no experience is available so far, vasoconstricting effects with circulatory disorders in particular of fingers and toes cannot be excluded if Azithromycin and dihydroergotamine or non-hydrated ergot alkaloids are administered concomitantly. Therefore, concomitant administration should be avoided for safety reasons.

• Azithromycin / Theophylline: Neither pharmacokinectic nor clinical studies have revealed any evidence of interactions with Theophylline. Since interactions between Theophylline and some macrolides have been described, patients should be monitored regarding typical reactions of increased Theophylline levels when Azithromycin and Theophylline are coadministered.

• Azithromycin / Miscellaneous other drugs: Marolides antibiotics are known to interact with Triazolam, Ciclosporin and Digoxin. For Azithromycin, sufficient data is not available but the possibility of interactions should be borne in mind.

In studies with healthy subjects, coadministration of Azithromycin did not affect Carbamazepine serum levels significantly and its active metabolite was not also influenced. Likewise, there was no significant mutual influence for Methyl-prednisolone.

• Azithromycin / Other antibiotics: The potential of parallel resistance between Azithromycin and macrolide antibiotics (e.g. Erythromycin) as well as Lincomycin and Clindamycin should be borne in mind. Therefore. Coadministration of several drugs of this class is not recommended.

Side effects:

• Most of the reported side effects were mild to moderate in severity and were reversible upon discontinuation of the therapy.

• The most common side effects in adult patients receiving multiple dose regimen of Azithromycin are related to the gastrointestinal system with diarrhea/loose stools, nausea and abdominal pain being the most frequently reported.

• Side effects that occur with a frequency of 1% or less include the following:

- Cardiovascular: Palpitations, chest pain.
- Gastrointestinal: Dyspepsia, flatulence, vomiting, melena and cholestatic jaundice.
- Genitourinary: Monilia, vaginitis and nephritis.
- Nervous System: Dizziness, headache, vertigo and somnolence.
- General: Fatigue.
- Allergic: Rash, photosensitivity and angioedema.

Overdosage:

Side effects experienced in higher than recommended doses were similar to those seen at normal doses.

In the event of overdosage, general symptomatic and supportive measures are indicated as required.

Storage conditions:

AZICURE® Capsules: Store between 15 - 30ºC.

AZICURE® Dry suspension: Store the unreconstituted suspension at room temperature (15 - 30ºC). Reconstituted suspension should be used within 7 days if stored at room temperature or within 14 days if refrigerated.

Presentation:

AZICURE® 250 Capsules: Each capsule contains Azithromycin Dihydrate equivalent to 250 mg Azithromycin in packs of 6 capsules.

Hospital packs are also available.

AZICURE® 200 mg/5 ml Dry suspension: Each 5 ml of the reconstituted suspension contains Azithromycin Dihydrate equivalent to 200 mg Azithromycin in bottles of 15 ml (after reconstitution).

AZICURE® 300 mg/7.5 ml Dry suspension: Each 7.5 ml of the reconstituted suspension contains Azithromycin Dihydrate equivalent to 300 mg Azithromycin in bottles of 22.5 ml (after reconstitution).

AZICURE® 200 mg/5 ml Dry suspension: Each 5 ml of the reconstituted suspension contains Azithromycin Dihydrate equivalent to 200 mg Azithromycin in bottles of 30 ml (after reconstitution).

This is a medicament

· Medicament is a product which affects your health, and its consumption contrary to instructions is dangerous for you.
· Follow strictly the doctor's prescription, the method of use and the instructions of the pharmacist who sold the medicament.
· The doctor and the pharmacist are experts in medicine, its benefits and risks.
· Do not by yourself interrupt the period of treatment prescribed for you.
· Do not repeat the same prescription without consulting your doctor.
· Keep medicament out of the reach of children.

COUNCIL OF ARAB HEALTH MINISTERS
UNION OF ARAB PHARMACISTS

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