

(Fosfomycin Calcium)

### DESCRIPTION:

Fosfomycin is a synthetic, broad spectrum, bactericidal antibiotic. Fosfomycin, a phosphonic acid derivative, is available in calcium salt form. Its molecular formula is  $C_3H_5CaO_4PH_2O$  and its molecular weight is 194.1

### COMPOSITION:

## Cynfo® 250mg/5ml Suspension

Each 5ml of reconstituted suspension contains: Fosfomycin Calcium Ph.Eur. equivalent to Fosfomycin ............250mg

### Cynfo® 500mg Capsules

Each capsule contains:
Fosfomycin Calcium Ph.Eur.
equivalent to Fosfomycin......500mg

### CLINICAL PHARMACOLOGY:

#### Mode of action

The bactericidal action of fosfomycin is due to its inactivation of the enzyme enolpyruvyl transferase, thereby irreversibly blocking the condensation of uridine diphosphate-Nacetylglucosamine with p-enolpyruvate, one of the first steps in bacterial cell wall synthesis. It also reduces adherence of bacteria to uroepithelial cells

### **Pharmacokinetics**

Peak plasma concentrations 4 hours after a 1g dose of fosfomycin calcium are about 7 micrograms/mL, and bioavailability has been calculated at about 30 to 40%

The plasma half-life is about 2 hours. Fosfomycin does not appear to be bound to plasma proteins. It crosses the placenta and is widely distributed in body fluids including the CSF; small amounts have been found in breast milk and bile. The majority of a parenteral dose is excreted unchanged in the urine, by glomerular filtration, within 24 hours

Fosfomycin is excreted unchanged in both urine and faeces

## Microbiology

Fosfomycin is a bactericidal antibiotic. It is active *in vitro* against a range of grampositive and gram-negative bacteria including *Staphylococcus aureus*, some Streptococci, ESBL positive Escherichia coli, most Enterobacteriaceae, *Haemophilus influenzae*, *Neisseria* spp., and some strains of *Pseudomonas aeruginosa* although some are resistant. *Bacteroides* spp. are not sensitive

Fosfomycin has been reported to show antimicrobial synergy with a wide range of antibacterial agents against organisms such as Entercococi, methicillin-resistant *Staph.* aureus, and the Enterobacteria. Such synergistic effects have been reported particularly with the beta-lactams, but also with aminoglycosides, macrolides, tetracyclines, chloramphenicol, rifamycin and lincomycin

Antimicrobial antagonism with a beta-lactam has also been reported. There is some suggestion that use of fosfomycin with an aminoglycoside may also reduce the nephrotoxicity of the latter *in vivo* 

## INDICATIONS:

Urinary tract infections (± catheter) caused by multiple resistant *E. coli* & *Klebsiella* organisms with proven resistance to all other antibiotics where no other appropriate agent is available. Other conditions as advised by Microbiology or ID consultant (Ref. NHS: ADTC Approved Sept.2011)

## CONTRAINDICATIONS:

Fosfomycin is contraindicated in patients with known hypersensitivity to the drug

## DOSAGE & ADMINISTRATION:

# Susceptible infections

The usual oral dose is 0.5 to 1g every 6 to 8 hours

# Acute uncomplicated urinary tract infections

3g as a single dose

Should be taken on an empty stomach (1 hour before or 2 hours after meals)

## OR

As directed by the physician

## PRECAUTIONS:

# Pregnancy

Pregnancy category B

Animal reproduction studies have failed to demonstrate a risk to the fetus and there are no adequate and well-controlled studies in pregnant women

#### Nursing mothers

It is not known whether fosfomycin is excreted in human milk. Because many drugs are excreted in human milk, a decision should be made whether to discontinue nursing or to not administer the drug, taking into account the importance of the drug to the mother

### DIRECTION FOR RECONSTITUTION OF SUSPENSION:

Shake bottle to loosen the mass. Add one time completely filled provided cup (50ml) with freshly boiled cool water into bottle. Shake well to form uniform suspension

### STABILITY:

See expiry on the pack

## PRESENTATIONS:

Cynfo® 250mg/5ml suspension in pack of 60ml Cynfo® 500mg capsules in pack of 10's

### INSTRUCTIONS:

Keep out of reach of children Avoid exposure to heat, light and humidity Store between 15 to 30°C Improper storage may deteriorate the medicine

The reconstituted suspension should be kept in a cool place, so the potency remain stable and be used within 7 days

ب المسلوم الم

خوراک: ڈاکٹر کی ہدایت کے مطابق استعمال کریں ہدایات: بچول کی پینچ سے دورزشیں دواکودھوپ، گرمی اورنمی سے محفوظ ۱۵ سے ۳۰ ڈ گری سینٹی گریڈ کے درمیان میں رکھیں ورنہ دواخراب ہوجا ئیگی تئارشدہ سسپینشن کوششنڈی جگہ پر رکھیں تاکہ دواکی تاثیر برقرار رہے اورسات ایم کے اندراستعمال کرلیں



P001231/S R.N-04/HA/06/15