

Grasil® Injection

(Amikacin Sulphate)

COMPOSITION:

Grasil® 25mg Injection

Each ml contains:
Amikacin Sulphate USP
equivalent to Amikacin.....25mg

Grasil® 50mg Injection

Each ml contains:
Amikacin Sulphate USP
equivalent to Amikacin.....50mg

Grasil® 100mg Injection

Each 2ml contains:
Amikacin Sulphate USP
equivalent to Amikacin.....100mg

Grasil® 250mg Injection

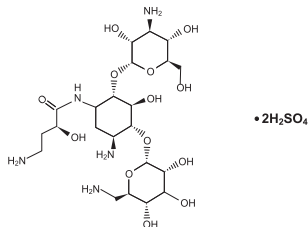
Each 2ml contains:
Amikacin Sulphate USP
equivalent to Amikacin.....250mg

Grasil® 500mg Injection

Each 2ml contains:
Amikacin Sulphate USP
equivalent to Amikacin.....500mg

DESCRIPTION:

Amikacin sulphate is a semi-synthetic aminoglycoside antibiotic derived from kanamycin has following structural formula, D-streptamine, O-3-amino-3-deoxy-a-b-glucopyranosyl(1>6)-O-[6-amino-6-deoxy-a-D-glucopyranosyl(1>4)]-N1-(4-amino-2-hydroxy-1-oxobutyl)-2-deoxy-(S)-, sulphate (1:2)(Salt) It has the following molecular formula $C_{22}H_{42}N_6O_{13} \cdot 2H_2SO_4$ with a molecular weight of 781.75



PROPERTIES:

Amikacin is a semi-synthetic derivative of kanamycin. It belongs to aminoglycoside antibiotic and amikacin (sulphate) is less toxic than parent drug, kanamycin. The aminoglycosides are the compound containing characteristic amino sugars joined to a hexose nucleus in glycoside linkage and their polarity accounts for their pharmacokinetic properties. Antibiotics require constant drug level in body for therapeutic effect. This is achieved by taking the medication at regular interval of time throughout the day and night as prescribed. Amikacin (sulphate) is important to take the drug for the full time period as prescribed. If you discontinue the therapy, it may result in ineffective treatment

PHARMACOKINETICS:

Oral absorption of amikacin (sulphate) is found to be 0.5% \pm 0.5. Volume of distribution is found to be 0.2-0.25 l/kg and plasma protein binding is < 10%. Renal excretion accounts for 100-800 mg/l and plasma half life is 2.2 - 2.5 hours

CLINICAL PHARMACOLOGY:

Intramuscular Administration

Amikacin is rapidly absorbed after intramuscular administration. In normal adult volunteers, average peak serum concentrations of about 12,16, and 21 mg/ml are obtained 1 hour after intramuscular administration of 250mg (3.7mg/kg), 375mg (5mg/kg), 500 mg (7.5mg/kg), single doses, respectively. At 10 hours, serum levels are about 0.3 μ g/ml, 1.2 μ g/ml, and 2.1 μ g/ml, respectively

Intravenous Administration

Single doses of 500 mg (7.5mg/kg) administered to normal adults as an infusion over a period of 30 minutes produced a mean peak serum concentration of 38 μ g/ml at the end of the infusion, and levels of 24 μ g/ml, 18 μ g/ml, and 0.75 μ g/ml at 30 minutes, 1 hour, and 10 hours post-infusion, respectively. 84% of the administered dose was excreted in the urine in 9 hours and about 94% within 24 hours

MICROBIOLOGY:

Gram-negative

Amikacin is active in vitro against *Pseudomonas* species, *Escherichia coli*, *Proteus* species (Indole-positive and indole-negative), *Providencia* species, *Klebsiella-Enterobacter-Serratia* species, *Acinetobacter* species and *Citrobacter freundii*

Gram-positive

Amikacin is active in vitro against penicillinase and non penicillinase producing *Staphylococcus* species, including methicillin-resistant strains

INDICATIONS AND USAGE:

Amikacin sulphate injection is indicated in the short-term treatment of serious infections due to susceptible strains of Gram-negative bacteria, including *Pseudomonas* species, *Escherichia coli*, species of indole-positive and indole-negative *Proteus*, *Providencia* species, *Klebsiella-Enterobacter-Serratia* species, and *Mima-Herellea* species

Clinical studies have shown amikacin sulphate injection to be effective in bacterial septicemia (including neonatal sepsis); in serious infections of the respiratory tract, bones and joints, central nervous system (including meningitis) and skin and soft tissue; intra-abdominal infections (including peritonitis); and in burns and post-operative infections (including post vascular surgery). Clinical studies have shown amikacin also to be effective in serious complicated and recurrent urinary tract infections due to these organisms. Aminoglycosides including amikacin sulphate injection, are not indicated in uncomplicated initial episodes of urinary tract infections unless the causative organisms are not susceptible to antibiotics having less potential toxicity

CONTRA-INDICATIONS:

Hypersensitivity to amikacin and aminoglycosides

WARNINGS AND PRECAUTIONS:

Amikacin should be used with caution in patients with history of kidney diseases, vertigo, hearing loss, myasthenia gravis, parkinsonisms. Use with caution in patients who are sensitive to aminoglycosides. Perform monthly blood counts test for at least 4 months. Keep patients well hydrated to prevent chemical irritation or nephrotoxic reactions. Take appropriate measures in case of secondary infections

Pregnancy

Category D

Nursing Mothers

It is not known whether this drug is excreted in human milk. As a general rule, nursing should not be undertaken while a patient is on a drug since many drugs are excreted in human milk

Paediatric Use

Aminoglycosides should be used with caution in premature and neonatal infants because of the renal immaturity of these patients and the resulting prolongation of serum half-life of these drugs

Patients treated with aminoglycosides should be under close clinical observation because of the potential ototoxicity and nephrotoxicity associated with their use. Safety for treatment periods which are longer than 14 days has not been established

SIDE EFFECTS:

The severe or irreversible adverse effects of amikacin (sulphate), which give rise to further complications, include nephrotoxicity, neuromuscular blockage, renal tubular acidosis

Drug Interactions

Use of other nephrotoxic drugs (including other aminoglycosides, vancomycin, some cephalosporins, ciclosporin, cisplatin and fludarabine), or of potentially ototoxic drugs such as ethacrynic acid and perhaps furosemide, may increase the risk of aminoglycoside toxicity. It has been suggested that use of an antiemetic such as dimenhydrinate may mask the early symptoms of vestibular ototoxicity. Care is also required if other drugs with a neuromuscular-blocking action are used. The neuromuscular blocking properties of aminoglycosides may be sufficient to provoke severe respiratory depression in patients given general anaesthetics or opioids

DOSAGE:

The recommended dose for adults, children, and older infants with normal renal function is: 15mg/kg/day in 2 or 3 equal doses administered at equally divided intervals; i.e. 7.5mg/kg every 12 hours or 5mg/kg every 8 hours. Treatment of patients with large body mass should not exceed 1.5g/day When amikacin is indicated in newborns, it is recommended that a loading dose of 10 mg/kg be administered initially to be followed with 7.5mg/kg every 12 hours

Duration of Treatment

Duration of treatment depends on severity of the illness and on the clinical and biological course. The usual duration of treatment is 7 to 10 days, it is desirable to limit the duration of treatment to short-term when ever feasible. The total daily dose by all routes of administration should not exceed 15 mg/kg/day

STABILITY:

See expiry on the pack

PRESENTATION:

Grasil® 25mg/ml injection in 1ml ampoule
Grasil® 50mg/ml injection in 1ml ampoule
Grasil® 100mg/2ml injection in 2ml vial
Grasil® 250mg/2ml injection in 2ml vial
Grasil® 500mg/2ml injection in 2ml vial

INSTRUCTION:

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

Caution: Injection should not be used if container is leaking, solution is cloudy or it contains un-dissolved particles

گراسیل انجکشن (امیکاسین سلفیٹ)

خوراک: ڈاکٹر کی ہدایت کے مطابق استعمال کریں

ہدایت: بچوں کی پہنچ سے دور رکھیں

دوا کو دھوپ، گرمی اور ٹھنڈ ہونے سے محفوظ رکھیں۔ 30 سے زائد گرمی سینٹی گریڈ

کے درمیان میں رکھیں اور زرد و آجراب ہو جائے

تنبیہ: انجکشن کے ایک ہونے، ڈھنڈلا ہونے یا اس میں کوئی غیر حل

پزیر شے نظر آنے کی صورت میں ہرگز استعمال نہ کریں

Manufactured by:
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