15-02-2023
1st Copy

"Unfold Leaflet"
Revised due to change in size (100mm x 160mm)

160mm

100mm

Slate® Capsules/Suspension/Drops

(Cefaclor)

QUALITATIVE AND QUANTITATIVE COMPOSITION

Slate® 250mg Capsules
Each capsule contains:
Cefaclor Monohydrate USP
equivalent to Cefaclor..... 250mg

Slate® 500mg Capsules
Each capsule contains:
Cefaclor Monohydrate USP
equivalent to Cefaclor..... 500mg

Slate® 125mg/5ml Suspension
After reconstitution each 5ml suspension contains:
Cefaclor Monohydrate USP
equivalent to Cefaclor 125mg

Slate® 187mg/5ml Suspension
Each 5ml of reconstituted suspension contains:
Cefaclor Monohydrate USP
equivalent to Cefaclor 187mg

Slate® 250mg/5ml Suspension
After reconstitution each 5ml suspension contains:
Cefaclor Monohydrate USP
equivalent to Cefaclor 250mg

Slate® 50mg/ml Drops (FOR PAEDIATRIC DROPS)
Each ml of reconstituted suspension contains:
Cefaclor Monohydrate USP
equivalent to Cefaclor.....50mg

PHARMACEUTICAL FORM

Capsule/Granular powder for oral suspension.

CLINICAL PARTICULARS

THERAPEUTIC INDICATIONS:

Slate® indicated for the treatment of the following infections due to susceptible micro-organisms:

- Respiratory tract infections, including pneumonia, bronchitis, exacerbations of chronic bronchitis, pharyngitis and tonsillitis, and as part of the management of sinusitis. ● Otitis media. ● Skin and soft tissue infections. ● Urinary tract infections, including pyelonephritis and cystitis. Cefaclor has been found to be effective in both acute and chronic urinary tract infections.

Cefaclor is generally effective in the eradication of streptococci from the nasopharynx, however, data establishing efficacy in the subsequentprevention of either rheumatic fever or bacterial endocarditis are not available.

POSOLOGY AND METHOD OF ADMINISTRATION:

Posology: Oral Drops: ***Children:*** *Over 1 month of age:* 20mg/kg body weight daily in three divided doses, increased if necessary to 40mg daily, but not exceeding a total daily dose 1g or as prescribed by the physician.

Suspension: ***Paediatric population:*** The usual recommended daily dosage for children is 20mg/kg/day in divided doses every eight hours, as indicated. For bronchitis and pneumonia, the dosage is 20mg/kg/day in divided doses administered 3 times daily. For otitis media and pharyngitis, the total daily dosage may be divided and administered every 12 hours. Safety and efficacy have not been established for use in infants aged less than one month.

	125mg/5ml	187mg/5ml	250mg/5ml
<1 year (9kg)	2.5ml tid	2.5ml bid	-
1-5 years (9-18kg)	5.0ml tid	5.0ml bid	
Over 5 years	-	-	5.0ml tid

In more serious infections, otitis media, sinusitis and infections caused by less susceptible organisms, 40mg/kg/day in divided doses is recommended, up to a daily maximum of 1g. In the treatment of beta-haemolytic streptococcal infections, therapy should be continued for at least 10 days. Slate® 187mg/ml suspension is indicated in pharyngitis (20mg/kg/day in divided doses every 12 hours) & otitis media (40mg/kg/day in divided doses every 12 hours).

Capsules: ***Adults:*** The usual adult dosage is 250mg every eight hours. For more severe infections or those caused by less susceptible organisms, doses may be doubled. Doses of 4g per day have been administered safely to normal subjects for 28 days, but the total daily dosage should not exceed this amount. Cefaclor may be administered in the presence of impaired renal function. Under such conditions dosage is usually unchanged.

Patients undergoing haemodialysis: Haemodialysis shortens serum half-life by 25-30%. In patients undergoing regular haemodialysis, a loading dose of 250mg-1g administered prior to dialysis and a therapeutic dose of 250-500mg every six to eight hours maintained during interdialytic periods is recommended.

The elderly: As for adults.

Method of administration: Administered orally.

CONTRAINDICATIONS:

Hypersensitivity to the active substance.

SPECIAL WARNINGS AND PRECAUTIONS FOR USE:

Warnings: ● Before instituting therapy with cefaclor, every effort should be made to determine whether the patient has had previous hypersensitivity reactions to cefaclor, cephalosporins, penicillins or other drugs. Cefaclor should be given cautiously to penicillin-sensitive patients, because cross-hypersensitivity, including anaphylaxis, among beta-lactam antibiotics has been clearly documented. ● Patients with rare hereditary problems of fructose intolerance, glucose-galactose malabsorption or sucrose-isomaltase insufficiency should not take this medicine. ● If an allergic reaction to cefaclor occurs, the drug should be discontinued and the patient treated with the appropriate agents. ● Pseudomembranous colitis has been reported with virtually all broad-spectrum antibiotics, including macrolides, semi-synthetic penicillins and cephalosporins. It is important, therefore, to consider its diagnosis in patients who develop diarrhoea in association with the use of antibiotics. In moderate to severe cases, appropriate measures should be taken.

Precautions: ● Cefaclor should be administered with caution in the presence of markedly impaired renal function. Since the half-life of cefaclor in anuric patients is 2.3 to 2.8 hours (compared to 0.6-0.9 hours in normal subjects), dosage adjustments for patients with moderate or severe renal impairment are not usually required. Careful clinical observation and laboratory studies should be made. ● Broad-spec rum antibiotics should be prescribed with caution in individuals with a history of gastro- intestinal disease, particularly colitis. ● Prolonged use of cefaclor may result in the overgrowth of non-susceptible organisms. If superinfection occurs during therapy, appropriate measures should be taken. ● Positive direct Coombs' tests have been reported during treatment with the cephalosporin antibiotics. It should be recognized that a positive Coombs' test may be due to the drug. ● A false positive reaction for glucose in the urine may occur with Benedict's or Fehling's solutions or with copper sulphate test tablets.

This medicinal product contains less than 1 mmol sodium (23mg) per 5ml, that is to say essentially 'sodium-free'.

INTERACTION WITH OTHER MEDICINAL PRODUCTS AND OTHER FORMS OF INTERACTION:

There have been rare reports of increased prothrombin time, with or without clinical bleeding, in patients receiving cefaclor and warfarin concomitantly. It is recommended that in such patients, regular monitoring of prothrombin time should be considered, with adjustment of dosage if necessary. The renal excretion of cefaclor is inhibited by probenecid.

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PREGNANCY AND LACTATION:
Pregnancy: Since there are no adequate or well-controlled studies in pregnant women, caution should be exercised when prescribing for the pregnant patient. **Lactation:** Small amounts of cefaclor have been detected in breast milk following administration of single 500mg doses. Average levels of about 0.2 mcg/ml or less were detected up to 5 hours later. Trace amounts were detected at one hour. As the effect on nursing infants is not known, caution should be exercised when cefaclor is administered to a nursing woman.

UNDESIRABLE EFFECTS:
Gastro-intestinal: The most frequent side-effect has been diarrhoea. It is rarely severe enough to warrant cessation of therapy. Colitis, including rare instances of pseudomembranous colitis, has been reported. Nausea and vomiting have also occurred. **Hypersensitivity:** Allergic reactions such as morbilliform eruptions, pruritus and urticaria are known to be observed. These reactions usually subside upon discontinuation of therapy. Serum sickness-like reactions (erythema multiforme minor, rashes or other skin manifestations accompanied by arthritis/arthralgia, with or without fever) have been reported. Lymphadenopathy and proteinuria are known to be infrequent, there are no circulating immune complexes and no evidence of sequelae. Occasionally, solitary symptoms may occur, but do not represent a serum sickness-like reaction. Serum sickness-like reactions are apparently due to hypersensitivity and have usually occurred during or following a second (or subsequent) course of therapy with cefaclor. Such reactions have known to be reported more frequently in children than in adults. Signs and symptoms usually occur a few days after initiation of therapy and usually subside within a few days of cessation of therapy. Antihistamines and corticosteroids appear to enhance resolution of the syndrome. No serious sequelae have known to be reported. There are rare reports of erythema multiforme major (Stevens-Johnson syndrome), toxic epidermal necrolysis, and anaphylaxis. Anaphylaxis may be more common in patients with a history of penicillin allergy. Anaphylactoid events may present as solitary symptoms, including angioedema, asthenia, oedema (including face and limbs), dyspnoea, paraesthesias, syncope, or vasodilatation. Rarely, hypersensitivity symptoms may persist for several months. **Haematological:** Eosinophilia, positive Coombs' tests and, rarely, thrombocytopenia are known to occur. Transient lymphocytosis, leucopenia and, rarely, haemolytic anaemia, aplastic anemia, agranulocytosis and reversible neutropenia of possible clinical significance. **Hepatic:** Transient hepatitis and cholestatic jaundice have been reported rarely, slight elevations in AST, ALT or alkaline phosphatase values. **Renal:** Reversible interstitial nephritis is known to occur rarely, also slight elevations in blood urea or serum creatinine or abnormal urinalysis. **Central Nervous System:** Reversible hyperactivity, agitation, nervousness, insomnia, confusion, hypertonia, dizziness, hallucinations and somnolence have known to be reported rarely. **Miscellaneous:** Genital pruritus, vaginitis and vaginal moniliasis.

OVERDOSE:
Symptoms of nausea, vomiting, epigastric distress and diarrhoea would be anticipated. General management may consist of supportive therapy.

PHARMACOLOGICAL PROPERTIES
PHARMACODYNAMIC PROPERTIES:
Pharmacotherapeutic group: Second generation cephalosporin antibiotics. **ATC code:** J01DC04. **Cefaclor is active against the following organisms in vitro:** Alpha and beta-haemolytic Streptococci, Staphylococci, including coagulase-positive, coagulase-negative and penicillinase-producing strains, Streptococcus pneumoniae, Streptococcus pyogenes (group A beta-haemolytic Streptococci), Branhamella catarrhalis, Escherichia coli, Proteus mirabilis, Klebsiella species, Haemophilus influenzae, including ampicillin-resistant strains. Cefaclor has no activity against Pseudomonas species or Acinetobacter species. Methicillin-resistant Staphylococci and most strains of Enterococci (e.g., Str. faecalis) are resistant to cefaclor. Cefaclor is not active against most strains of Enterobacter spp, Serratia spp, Morganella morganii, Proteus vulgaris and Providencia rettgeri.

PHARMACOKINETIC PROPERTIES:
Absorption: Cefaclor is well absorbed after oral administration to fasting subjects. The presence of food may delay the absorption of cefaclor, but the total amount absorbed remains unchanged. When it is taken with food, the peak concentration achieved is 50-75% of that observed when the drug is administered to fasting subjects and generally appears from ¾ to one hour later. **Linearity:** Following administration of 250mg, 500mg doses to fasting subjects, average peak serum levels of approximately 7 and 13mg/ml respectively were obtained within 30-60 minutes. **Biotransformation and Elimination:** Approximately 60-85% of the drug is excreted unchanged in the urine within eight hours, the greater portion being excreted within the first two hours. During the eight-hour period, peak urine concentrations following the 250mg and 500mg doses were approximately 600 and 900mg/L respectively. The serum half-life in normal subjects is 0.6-0.9 hours. In patients with reduced renal function, the serum half-life of cefaclor is slightly prolonged. In those with complete absence of renal function, the plasma half-life of the intact molecule is 2.3-2.8 hours. Excretion pathways in patients with markedly impaired renal function have not been determined. Haemodialysis shortens the half-life by 25-30%.

DIRECTION FOR RECONSTITUTIONS:
For Slate® Suspension/Drops:
Shake bottle to loosen the mass. Add freshly boiled and cooled water below the mark given on bottle label then shake to make homogeneous suspension. Add further same water upto the mark of bottle label and shake vigorously to form uniform suspension.

SHELF LIFE: See expiry on the pack.

AVAILABILITY
Slate® 250mg capsules in a pack of 12's.
Slate® 125mg/5ml suspension in a pack of 60ml.
Slate® 250mg/5ml suspension in a pack of 60ml.
Slate® 500mg capsules in a pack of 12's.
Slate® 187mg/5ml suspension in a pack of 60ml.
Slate® 50mg/ml drops in a pack of 15ml.

INSTRUCTIONS
Dosage: As advised by the physician.
Only to be sold on the prescription of a registered medical practitioner. Keep out of reach of children.
Do not store over 30°C, and protect from heat, light and moisture. Improper storage may deteriorate the medicine.

For Suspension/Drops: The reconstituted suspension should be kept at 2°- 8°C to avoid significant loss in potency and be used within 14 days.

Manufactured by:
Healthtek (Pvt.) Limited
Plot No.14, Sector 19, Korangi Industrial Area
Karachi - Pakistan

Associate of:
SAMI Pharmaceuticals (Pvt.) Ltd.
F-95, S.I.T.E., Karachi-Pakistan
www.samipharmapk.com

سلیٹ® کیپسول / سسپینشن / ڈراپس
(سیفاکلور)

ہدایات: خوراک: ڈاکٹر کی ہدایت کے مطابق استعمال کریں۔
صرف رجسٹرڈ ڈاکٹر کے نسخے کے مطابق فروخت کریں۔
بچوں کی پہنچ سے دور رکھیں۔
دوا کو ۳۰ ڈگری سینٹی گریڈ سے زیادہ درجہ حرارت پر نہ رکھیں،
گرمی، روشنی اور نمی سے محفوظ رکھیں ورنہ دوا خراب ہو جائیگی۔

برائے سسپینشن / ڈراپس: تیار شدہ سسپینشن کو ۲ سے ۸ ڈگری سینٹی گریڈ پر رکھیں
پر رکھیں تاکہ دوا کی تاثیر برقرار رہے اور ۱۴ یوم کے اندر استعمال کر لیں۔

100mm