ALTIPOD 100 DT

For the use of a Registered Medical Practitioner or a Hospital or a Laboratory

Abbreviated Prescribing information for ALTIPOD 100 DT (Cefpodoxime proxetil 100 mg dispersible tablet) [Please refer the complete prescribing information available at www.torrentpharma.com]

PHARMACOLOGICAL PROPERTIES: Cefpodoxime proxetil is an orally administered, extended spectrum, semi-synthetic antibiotic of the cephalosporin class.

INDICATION: for the treatment of the following infections: Upper respiratory tract infections caused by organisms sensitive to cefpodoxime, including sinusitis. In tonsillitis and pharyngitis, Cefpodoxime should be reserved for recurrent or chronic infections. Lower respiratory tract infections: acute bronchitis, relapses or exacerbations of chronic bronchitis and bacterial pneumonia. Upper and lower urinary tract infections: cystitis and acute pyelonephritis. Skin and soft tissue infections: abscesses, cellulitis, infected wounds, furuncles, folliculitis, paronychia, carbuncles and ulcers. Gonorrhoea: uncomplicated gonococcal urethritis.

DOSAGE AND ADMINISTRATION: Adults: Upper respiratory tract infections: Sinusitis: 200mg twice daily. Other upper respiratory tract infections: 100 mg twice daily. Lower respiratory tract infections: 100-200 mg twice daily, dependent on the severity of the infection. Urinary tract infections: Uncomplicated lower urinary tract infections: 100mg should be taken twice daily. Uncomplicated upper urinary tract infections: 200mg twice daily. Uncomplicated gonococcal urethritis: 200mg should be taken as a single dose. Skin and soft tissue infections: 200mg twice daily. Renal Impairment**:** if creatinine clearance is less than 40 ml/min, dosage adjustment is required.

CONTRAINDICATION: Hypersensitivity to cephalosporin antibiotics.

WARNINGS & PRECAUTIONS: Preliminary enquiry about allergy to penicillin is necessary before prescribing cephalosporins since cross allergy to penicillins occurs. In patients who are allergic to other cephalosporins, the possibility of cross allergy to Cefpodoxime should be borne in mind. Cefpodoxime is not the preferred antibiotic for the treatment of staphylococcal pneumonia and should not be used in the treatment of atypical pneumonia caused by organisms such as Legionella, Mycoplasma and Chlamydia. Possible side effects include gastrointestinal disorders such as nausea, vomiting and abdominal pain. Antibiotics should always be prescribed with caution in patients with a history of gastrointestinal disease, particularly colitis. Cefpodoxime may induce diarrhoea, antibiotic associated colitis and pseudomembranous colitis. The administration of products which cause faecal stasis must be avoided. Neutropenia and more rarely agranulocytosis may develop, particularly during extended treatment. Cephalosporins can produce a positive Coombs' test and very rarely, haemolytic anaemia. Changes in renal function have been observed. The prolonged use of cefpodoxime proxetil may result in the overgrowth of non-susceptible organisms.

DRUG INTERACTION: Histamine H2-antagonists and antacids: reduce the bioavailibility of cefpodoxime. Probenecid: reduces the excretion of cephalosporins. Cephlasporins potentially enhance the anticoagulant effect of coumarins and reduce the contraceptive effect of oestrogens. Studies have shown that bioavailability is decreased by approximately 30% when Cefpodoxime is administered with drugs which neutralise gastric pH or inhibit acid secretions. The bioavailability increases if the product is administered during meals. A false positive reaction for glucose in the urine may occur with Benedict's or Fehling's solutions or with copper sulphate test tablets.

ADVERSE REACTIONS: Rash, urticaria, itching, Changes in renal function, headaches, dizziness, tinnitus, parethesia, asthenia and malaise, hypersensitivity mucocutaneous reactions, bullous reactions such as Stevens-Johnson syndrome, toxic epidermal necrolysis, erythema multiforme, Transient moderate elevations of ASAT, ALAT and alkaline phosphatases and/or bilirubin. Slight increases in blood urea and creatinine, occurrence of liver damage and of haematological disorders such as reduction in haemoglobin, thrombocytosis, thrombocytopenia, leucopenia and eosinophilia.

Haemolytic anaemia, anaphylactic reactions, bronchospasm, purpura and angiodema, serum-sickness-like reactions with rashes, fever and arthralgia.

MARKETED BY:

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(Additional information is available on request)