

TORFUR 750

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

Abbreviated Prescribing information for TORFUR 750 [Cefuroxime sodium 750mg Injection] [Please refer the complete prescribing information available at www.torrentpharma.com]

PHARMACOLOGICAL PROPERTIES: Cefuroxime is a bactericidal agent that acts by inhibition of bacterial cell wall synthesis. Cefuroxime has activity in the presence of some beta-lactamases, both penicillinases and cephalosporinases, of Gram-negative and Gram-positive bacteria.

INDICATION: Torfur injection is indicated for the treatment of patients with infections caused by susceptible strains of the designated organisms in the following diseases: lower respiratory tract infections, urinary tract infections, skin and skin-structure infections, septicemia, meningitis, gonorrhoea and bone and joint infections.

DOSAGE AND ADMINISTRATION: Adults: The usual adult dosage range for TORFUR is 750 mg to 1.5 grams every 8 hours, usually for 5 to 10 days. A reduced dosage must be employed when renal function is impaired. Pediatric Patients above 3 Months of Age: 50 to 100 mg/kg/day in equally divided doses every 6 to 8 hours for most infections susceptible to cefuroxime. The higher dosage of 100 mg/kg/day (not to exceed the maximum adult dosage) should be used for the more severe or serious infections. After constitution, cefuroxime may be given intravenously or by deep IM injection into a large muscle mass (such as the gluteus or lateral part of the thigh). Before injecting intramuscularly, aspiration is necessary to avoid inadvertent injection into a blood vessel.

CONTRAINDICATION: TORFUR is contraindicated in patients with known allergy to the cephalosporin group of antibiotics.

WARNINGS & PRECAUTIONS: Exercise caution while use in patients with penicillin-sensitivity, who demonstrated some form of allergy, particular to drugs and having history of gastrointestinal disease, particularly colitis. Risk of *Clostridium difficile* associated diarrhea (CDAD), pseudomembranous colitis, alteration in kidney function, overgrowth of nonsusceptible organisms, Nephrotoxicity, mild-to-moderate hearing loss in a pediatric patients and fall in prothrombin activity.

LABORATORY TEST INTERACTIONS: Chances of a false-positive reaction for glucose in the urine with copper reduction tests.

ADVERSE REACTIONS: Thrombophlebitis, diarrhea, nausea, hypersensitivity reactions, decrease in haemoglobin and hematocrit, transient eosinophilia, neutropenia, leucopenia, thrombocytopenia, transient rise in SGOT and SGPT, alkaline phosphatase, ldh, and bilirubin levels, elevations in serum creatinine and/or blood urea nitrogen and a decreased creatinine clearance, cutaneous vasculitis, seizure, and angioedema.

MARKETED BY:



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(Additional information is available on request)