

Doxim-AL

(Cefpodoxime proxetil Dispersible Tablets 200 mg)

Each dispersible tablet contains:

Cefpodoxime Proxetil IP

Eq. to Cefpodoxime200 mg

Excipients.....q.s.

Clinical Pharmacology:

Cefpodoxime Proxetil : Cefpodoxime Proxetil is active against a wide spectrum of Gram-positive and Gram-negative bacteria. Cefpodoxime is stable in the presence of beta-lactamase enzymes. The bactericidal activity of cefpodoxime results from its inhibition of cell wall synthesis. The active metabolite of cefpodoxime binds preferentially to penicillin binding protein 3, which inhibits production of peptidoglycan, the primary constituent of bacterial cell walls.

Indications:

- Respiratory Tract Infections: Such as acute otitis media (ear infections), pharyngitis, and tonsillitis, particularly when caused by susceptible bacteria.
- Sinusitis: Bacterial sinus infections.
- Skin and Soft Tissue Infections: Including cellulitis and impetigo.
- Urinary Tract Infections: Such as cystitis and pyelonephritis.
- Community-Acquired Pneumonia: Mild to moderate cases.

Contraindications:

- Allergy to Cephalosporins: Contraindicated in individuals with a known hypersensitivity to cefpodoxime, other cephalosporins, or penicillin.
- Severe Renal Impairment: Caution is advised in patients with significant renal dysfunction, as dose adjustments may be necessary.
- History of Colitis: Patients with a history of antibiotic-associated colitis (e.g., *Clostridium difficile*) should use cefpodoxime with caution.

Precautions:

- **Allergic Reactions:** Monitor for signs of hypersensitivity, such as rash or difficulty breathing. Discontinue use if an allergic reaction occurs.
- **Renal Impairment:** Use with caution in patients with impaired kidney function; dosage adjustments may be required.
- **Gastrointestinal Conditions:** Patients with a history of gastrointestinal diseases, particularly colitis, should use cefpodoxime cautiously, as it may increase the risk of antibiotic-associated colitis.
- **Superinfection:** Prolonged use can lead to superinfection with resistant organisms; monitor for signs of new infections.
- **Pregnancy and Breastfeeding:** Discuss the risks and benefits with a healthcare provider if you are pregnant or breastfeeding.

Warnings:

- **Clostridium difficile-Associated Diarrhea (CDAD):** Antibiotic use can lead to CDAD, which may require treatment. Monitor for persistent diarrhea during and after therapy.
- **Severe Skin Reactions:** Caution in patients with a history of severe skin reactions or hypersensitivity to other antibiotics.
- **Drug Interactions:** Be cautious with concurrent use of other medications that may affect kidney function or are nephrotoxic.
- **Avoid Self-Medication:** Patients should not self-medicate with cefpodoxime for viral infections, such as the common cold or flu.

Drug Interactions:

- **Antacids:** Co-administration with antacids containing aluminum or magnesium may decrease the absorption of cefpodoxime. It's advisable to take cefpodoxime at least 2 hours before or after taking antacids.
- **Probenecid:** This medication can inhibit the renal tubular secretion of cefpodoxime, potentially increasing its plasma concentrations. Dosage adjustments may be necessary.
- **Other Antibiotics:** Use with caution alongside other antibiotics, as it may increase the risk of resistance or superinfection.

- Warfarin: Cefpodoxime may enhance the anticoagulant effect of warfarin, increasing the risk of bleeding. Monitoring INR may be necessary.
- Diuretics: Concurrent use with nephrotoxic diuretics should be approached with caution due to the potential for increased renal toxicity.
- Hormonal Contraceptives: Although not commonly noted, there is a theoretical risk that antibiotics may reduce the effectiveness of hormonal contraceptives; consider alternative contraceptive methods.

Adverse Effects:

- Flatulence
- Skin Reactions
- Itching
- Central Nervous System
- Headache
- Dizziness
- Allergic Reactions
- Anaphylaxis or severe hypersensitivity reactions.
- Clostridium difficile-Associated Diarrhea (CDAD)
- Antibiotic use can lead to CDAD, which can be severe and may require treatment.
- Such as Stevens-Johnson syndrome or toxic epidermal necrolysis.
- Elevated liver enzymes; liver dysfunction in rare cases.
- Interstitial nephritis or other renal issues, particularly in patients with pre-existing conditions. Eosinophilia, thrombocytopenia, or other hematological changes.

Overdosage:

Symptoms:

Gastrointestinal: Nausea, vomiting, and diarrhea.

Neurological: Headache, dizziness, and potential central nervous system effects.

Renal Effects: Risk of renal impairment due to increased serum concentrations.

Management:

Seek Medical Attention: If an overdose is suspected, it is essential to contact a healthcare provider or poison control center.

Supportive Care: There is no specific antidote. Management typically involves supportive

care and symptomatic treatment.

Monitoring: Renal function and vital signs may need to be monitored closely.

Route of Administration: Oral.

Dosage: As directed by a physician.

SCHEDULE H1 PRESCRIPTION DRUG CAUTION: It is dangerous to take this preparation except in accordance with the medical advice.

Not to be sold by retail without the prescription of a Registered Medical Practitioner.

Storage: Store protected from light at a temperature below 25°C. Keep the medicine out of reach of children.

Presentation: It is available as 10x10 Tablets.



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