

Annex III

Summary of product characteristics, labelling and package leaflet

Note:

This Summary of Product Characteristics, labelling and package leaflet is the outcome of the referral procedure to which this Commission decision relates.

The product information may be subsequently updated by the Member State competent authorities, in liaison with the Reference Member State, as appropriate, in accordance with the procedures laid down in Chapter 4 of Title III of Directive 2001/83/EC.

**SUMMARY OF PRODUCT CHARACTERISTICS,
LABELLING AND PACKAGE LEAFLET**

SUMMARY OF PRODUCT CHARACTERISTICS

1. NAME OF THE MEDICINAL PRODUCT

Rocephin IM and associated names (see Annex I) 1 g Powder and Solvent for Solution for Injection
Rocephin IM and associated names (see Annex I) 500 mg Powder and Solvent for Solution for Injection
Rocephin IM and associated names (see Annex I) 250 mg Powder and Solvent for Solution for Injection
[See Annex I - To be completed nationally]

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Rocephin IM 1 g powder and solvent for solution for injection

Each vial of powder contains 1 g ceftriaxone as ceftriaxone sodium.

Each 1 ml of solvent contains 10 mg of lidocaine hydrochloride, corresponding to 35 mg of lidocaine hydrochloride per 3.5 ml.

Rocephin IM 500 mg powder and solvent for solution for injection

Each vial of powder contains 500 mg ceftriaxone as ceftriaxone sodium.

Each 1 ml of solvent contains 10 mg of lidocaine hydrochloride, corresponding to 20 mg of lidocaine hydrochloride per 2 ml.

Rocephin IM 250 mg powder and solvent for solution for injection

Each vial of powder contains 250 mg ceftriaxone as ceftriaxone sodium.

Each 1 ml of solvent contains 10 mg of lidocaine hydrochloride, corresponding to 20 mg of lidocaine hydrochloride per 2 ml.

For the full list of excipients, see section 6.1

3. PHARMACEUTICAL FORM

Powder and solvent for solution for injection

Powder: white to yellowish-orange crystalline powder.

Solvent: clear colourless solution.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

Rocephin is indicated for the treatment of the following infections in adults and children including term neonates (from birth):

- Bacterial Meningitis
- Community acquired pneumonia
- Hospital acquired pneumonia
- Acute otitis media
- Intra-abdominal infections
- Complicated urinary tract infections (including pyelonephritis)
- Infections of bones and joints

Complicated skin and soft tissue infections
 Gonorrhoea
 Syphilis
 Bacterial endocarditis

Rocephin may be used:

For treatment of acute exacerbations of chronic obstructive pulmonary disease in adults
 For treatment of disseminated Lyme borreliosis (early (stage II) and late (stage III)) in adults and children including neonates from 15 days of age
 For Pre-operative prophylaxis of surgical site infections

In the management of neutropenic patients with fever that is suspected to be due to a bacterial infection

In the treatment of patients with bacteraemia that occurs in association with, or is suspected to be associated with, any of the infections listed above

Rocephin should be co-administered with other antibacterial agents whenever the possible range of causative bacteria would not fall within its spectrum (see section 4.4).

Consideration should be given to official guidelines on the appropriate use of antibacterial agents.

4.2 Posology and method of administration

Posology

The dose depends on the severity, susceptibility, site and type of infection and on the age and hepato-renal function of the patient.

The doses recommended in the tables below are the generally recommended doses in these indications. In particularly severe cases, doses at the higher end of the recommended range should be considered.

Adults and children over 12 years of age (> 50 kg)

Ceftriaxone Dosage*	Treatment frequency**	Indications
1-2 g	Once daily	Community acquired pneumonia
		Acute exacerbations of chronic obstructive pulmonary disease
		Intra-abdominal infections
		Complicated urinary tract infections (including pyelonephritis)
2 g	Once daily	Hospital acquired pneumonia
		Complicated skin and soft tissue infections
		Infections of bones and joints
2-4 g	Once daily	Management of neutropenic patients with fever that is suspected to be due to a bacterial infection
		Bacterial endocarditis
		Bacterial meningitis

* In documented bacteraemia, the higher end of the recommended dose range should be considered.

** Twice daily (12 hourly) administration may be considered where doses greater than 2 g daily are administered.

Indications for adults and children over 12 years of age (≥ 50 kg) that require specific dosage schedules:

Acute otitis media

A single intramuscular dose of Rocephin 1-2 g can be given.

Limited data suggest that in cases where the patient is severely ill or previous therapy has failed, Rocephin may be effective when given as an intramuscular dose of 1-2 g daily for 3 days.

Pre-operative prophylaxis of surgical site infections

2 g as a single pre-operative dose.

Gonorrhoea

500 mg as a single intramuscular dose.

Syphilis

The generally recommended doses are 500 mg-1 g once daily increased to 2 g once daily for neurosyphilis for 10-14 days. The dose recommendations in syphilis, including neurosyphilis, are based on limited data. National or local guidance should be taken into consideration.

Disseminated Lyme borreliosis (early [Stage II] and late [Stage III])

2 g once daily for 14-21 days. The recommended treatment durations vary and national or local guidelines should be taken into consideration.

Paediatric population

Neonates, infants and children 15 days to 12 years of age (< 50 kg)

For children with bodyweight of 50 kg or more, the usual adult dosage should be given. The maximum single dose of lidocaine in children should not exceed 5 mg/kg bodyweight. For obese children, the maximum dose should be calculated based on ideal bodyweight for their gender and age.

Ceftriaxone dosage*	Treatment frequency**	Indications
50-80 mg/kg	Once daily	Intra-abdominal infections
		Complicated urinary tract infections (including pyelonephritis)
		Community acquired pneumonia
		Hospital acquired pneumonia
50-100 mg/kg (Max 4 g)	Once daily	Complicated skin and soft tissue infections
		Infections of bones and joints
		Management of neutropenic patients with fever that is suspected to be due to a bacterial infection
80-100 mg/kg (max 4 g)	Once daily	Bacterial meningitis
100 mg/kg (max 4 g)	Once daily	Bacterial endocarditis

* In documented bacteraemia, the higher end of the recommended dose range should be considered.

** Twice daily (12 hourly) administration may be considered where doses greater than 2 g daily are administered.

Indications for neonates, infants and children 15 days to 12 years (< 50 kg) that require specific dosage schedules:

Acute otitis media

For initial treatment of acute otitis media, a single intramuscular dose of Rocephin 50 mg/kg can be given. Limited data suggest that in cases where the child is severely ill or initial therapy has failed, Rocephin may be effective when given as an intramuscular dose of 50 mg/kg daily for 3 days.

Pre-operative prophylaxis of surgical site infections
50-80 mg/kg as a single pre-operative dose.

Syphilis

The generally recommended doses are 75-100 mg/kg (max 4 g) once daily for 10-14 days. The dose recommendations in syphilis, including neurosyphilis, are based on very limited data. National or local guidance should be taken into consideration.

Disseminated Lyme borreliosis (early [Stage II] and late [Stage III])

50–80 mg/kg once daily for 14-21 days. The recommended treatment durations vary and national or local guidelines should be taken into consideration.

Neonates 0-14 days

Rocephin is contraindicated in premature neonates up to a postmenstrual age of 41 weeks (gestational age + chronological age).

Ceftriaxone dosage*	Treatment frequency	Indications
20-50 mg/kg	Once daily	Intra-abdominal infections
		Complicated skin and soft tissue infections
		Complicated urinary tract infections (including pyelonephritis)
		Community acquired pneumonia
		Hospital acquired pneumonia
		Infections of bones and joints
		Management of neutropenic patients with fever that is suspected to be due to a bacterial infection
50 mg/kg	Once daily	Bacterial meningitis
		Bacterial endocarditis

* In documented bacteraemia, the higher end of the recommended dose range should be considered.

A maximum daily dose of 50 mg/kg should not be exceeded.

Indications for neonates 0-14 days that require specific dosage schedules:

Acute otitis media

For initial treatment of acute otitis media, a single intramuscular dose of Rocephin 50 mg/kg can be given.

Pre-operative prophylaxis of surgical site infections

20-50 mg/kg as a single pre-operative dose.

Syphilis

The generally recommended dose is 50 mg/kg once daily for 10-14 days. The dose recommendations in syphilis, including neurosyphilis, are based on very limited data. National or local guidance should be taken into consideration.

Duration of therapy

The duration of therapy varies according to the course of the disease. As with antibiotic therapy in general, administration of ceftriaxone should be continued for 48 - 72 hours after the patient has become afebrile or evidence of bacterial eradication has been achieved.

Older people

The dosages recommended for adults require no modification in older people provided that renal and hepatic function is satisfactory.

Patients with hepatic impairment

Available data do not indicate the need for dose adjustment in mild or moderate liver function impairment provided renal function is not impaired.

There are no study data in patients with severe hepatic impairment (see section 5.2).

Patients with renal impairment

In patients with impaired renal function, there is no need to reduce the dosage of ceftriaxone provided hepatic function is not impaired. Only in cases of preterminal renal failure (creatinine clearance < 10 ml/min) should the ceftriaxone dosage not exceed 2 g daily.

In patients undergoing dialysis no additional supplementary dosing is required following the dialysis. Ceftriaxone is not removed by peritoneal- or haemodialysis. Close clinical monitoring for safety and efficacy is advised.

Patients with severe hepatic and renal impairment

In patients with both severe renal and hepatic dysfunction, close clinical monitoring for safety and efficacy is advised.

Method of administration

Rocephin can be administered by deep intramuscular injection. Intramuscular injections should be injected well within the bulk of a relatively large muscle and not more than 1 g should be injected at one site.

As the solvent used is lidocaine, the resulting solution should never be administered intravenously (see section 4.3). Accidental intravenous injection should be checked for by aspiration of the syringe before injection.

Ceftriaxone is contraindicated in neonates (≤ 28 days) if they require (or are expected to require) treatment with calcium-containing intravenous solutions, including continuous calcium-containing infusions such as parenteral nutrition, because of the risk of precipitation of ceftriaxone-calcium (see section 4.3).

For pre-operative prophylaxis of surgical site infections, ceftriaxone should be administered 30-90 minutes prior to surgery.

For instructions on reconstitution of the medicinal product before administration, see section 6.6.

4.3 Contraindications

Ceftriaxone

Hypersensitivity to ceftriaxone, to any other cephalosporin or to any of the excipients listed in section 6.1.

History of severe hypersensitivity (e.g. anaphylactic reaction) to any other type of beta-lactam antibacterial agent (penicillins, monobactams and carbapenems).

Ceftriaxone is contraindicated in:

Premature neonates up to a postmenstrual age of 41 weeks (gestational age + chronological age)*

Full-term neonates (up to 28 days of age):

- with hyperbilirubinaemia, jaundice, or who are hypoalbuminaemic or acidotic because these are conditions in which bilirubin binding is likely to be impaired*
- if they require (or are expected to require) intravenous calcium treatment, or calcium-containing infusions due to the risk of precipitation of a ceftriaxone-calcium salt (see sections 4.4, 4.8 and 6.2).

* In vitro studies have shown that ceftriaxone can displace bilirubin from its serum albumin binding sites leading to a possible risk of bilirubin encephalopathy in these patients.

Lidocaine

Contraindications to lidocaine must be excluded before intramuscular injection of ceftriaxone when lidocaine solution is used as a solvent (see section 4.4).

- Known hypersensitivity to lidocaine or other amide anaesthetics.
- Complete heart block
- Hypovolaemia

Ceftriaxone solutions containing lidocaine should never be administered intravenously.

4.4 Special warnings and precautions for use

Ceftriaxone

Hypersensitivity reactions

As with all beta-lactam antibacterial agents, serious and occasionally fatal hypersensitivity reactions have been reported (see section 4.8). In case of severe hypersensitivity reactions, treatment with ceftriaxone must be discontinued immediately and adequate emergency measures must be initiated. Before beginning treatment, it should be established whether the patient has a history of severe hypersensitivity reactions to ceftriaxone, to other cephalosporins or to any other type of beta-lactam agent. Caution should be used if ceftriaxone is given to patients with a history of non-severe hypersensitivity to other beta-lactam agents.

Severe cutaneous adverse reactions (Stevens Johnson syndrome or Lyell's syndrome/toxic epidermal necrolysis and drug reaction with eosinophilia and systemic symptoms (DRESS)) which can be life-threatening or fatal have been reported in association of ceftriaxone treatment; however, the frequency of these events is not known (see section 4.8).

Interaction with calcium containing products

Cases of fatal reactions with calcium-ceftriaxone precipitates in lungs and kidneys in premature and full-term neonates aged less than 1 month have been described. At least one of them had received ceftriaxone and calcium at different times and through different intravenous lines. In the available scientific data, there are no reports of confirmed intravascular precipitations in patients, other than neonates, treated with ceftriaxone and calcium-containing solutions or any other calcium-containing products. *In vitro* studies demonstrated that neonates have an increased risk of precipitation of ceftriaxone-calcium compared to other age groups.

In patients of any age ceftriaxone must not be mixed or administered simultaneously with any calcium-containing intravenous solutions, even via different infusion lines or at different infusion sites. However, in patients older than 28 days of age ceftriaxone and calcium-containing solutions may be administered sequentially one after another if infusion lines at different sites are used or if the infusion lines are replaced or thoroughly flushed between infusions with physiological salt-solution to avoid precipitation. In patients requiring continuous infusion with calcium-containing total parenteral nutrition (TPN) solutions, healthcare professionals may wish to consider the use of alternative antibacterial treatments which do not carry a similar risk of precipitation. If the use of ceftriaxone is considered necessary in patients requiring continuous nutrition, TPN solutions and ceftriaxone can be administered simultaneously, albeit via different infusion lines at different sites. Alternatively, infusion of TPN solution could be stopped for the period of ceftriaxone infusion and the infusion lines flushed between solutions (see sections 4.3, 4.8, 5.2 and 6.2).

Paediatric population

Safety and effectiveness of Rocephin in neonates, infants and children have been established for the dosages described under Posology and Method of Administration (see section 4.2). Studies have shown that ceftriaxone, like some other cephalosporins, can displace bilirubin from serum albumin.

Rocephin is contraindicated in premature and full-term neonates at risk of developing bilirubin encephalopathy (see section 4.3).

Immune mediated haemolytic anaemia

An immune mediated haemolytic anaemia has been observed in patients receiving cephalosporin class antibacterials including Rocephin (see section 4.8). Severe cases of haemolytic anaemia, including fatalities, have been reported during Rocephin treatment in both adults and children.

If a patient develops anaemia while on ceftriaxone, the diagnosis of a cephalosporin-associated anaemia should be considered and ceftriaxone discontinued until the aetiology is determined.

Long term treatment

During prolonged treatment complete blood count should be performed at regular intervals.

Colitis/Overgrowth of non-susceptible microorganisms

Antibacterial agent-associated colitis and pseudo-membranous colitis have been reported with nearly all antibacterial agents, including ceftriaxone, and may range in severity from mild to life-threatening. Therefore, it is important to consider this diagnosis in patients who present with diarrhoea during or subsequent to the administration of ceftriaxone (see section 4.8). Discontinuation of therapy with ceftriaxone and the administration of specific treatment for *Clostridium difficile* should be considered. Medicinal products that inhibit peristalsis should not be given. Superinfections with non-susceptible micro-organisms may occur as with other antibacterial agents.

Severe renal and hepatic insufficiency

In severe renal and hepatic insufficiency, close clinical monitoring for safety and efficacy is advised (see section 4.2).

Interference with serological testing

Interference with Coombs tests may occur, as Rocephin may lead to false-positive test results. Rocephin can also lead to false-positive test results for galactosaemia (see section 4.8).

Non-enzymatic methods for the glucose determination in urine may give false-positive results. Urine glucose determination during therapy with Rocephin should be done enzymatically (see section 4.8).

The presence of ceftriaxone may falsely lower estimated blood glucose values obtained with some blood glucose monitoring systems. Please refer to instructions for use for each system. Alternative testing methods should be used if necessary.

Sodium

Rocephin IM 1 g powder and solvent for solution for injection contains 85.4 mg sodium per 1 g vial, equivalent to 4.3% of the WHO recommended maximum daily intake of 2 g sodium for an adult.

Rocephin IM 500 mg powder and solvent for solution for injection contains 42.8 mg sodium per 500 mg vial, equivalent to 2.1% of the WHO recommended maximum daily intake of 2 g sodium for an adult.

Rocephin IM 250 mg powder and solvent for solution for injection contains less than 1 mmol sodium (23 mg) per 250 mg vial, i.e. is essentially “sodium free”.

Antibacterial spectrum

Ceftriaxone has a limited spectrum of antibacterial activity and may not be suitable for use as a single agent for the treatment of some types of infections unless the pathogen has already been confirmed (see section 4.2). In polymicrobial infections, where suspected pathogens include organisms resistant to ceftriaxone, administration of an additional antibiotic should be considered.

Biliary lithiasis

When shadows are observed on sonograms, consideration should be given to the possibility of precipitates of calcium ceftriaxone. Shadows, which have been mistaken for gallstones, have been detected on sonograms of the gallbladder and have been observed more frequently at ceftriaxone doses of 1 g per day and above. Caution should be particularly considered in the paediatric population. Such precipitates disappear after discontinuation of ceftriaxone therapy. Rarely precipitates of calcium ceftriaxone have been associated with symptoms. In symptomatic cases, conservative nonsurgical management is recommended and discontinuation of ceftriaxone treatment should be considered by the physician based on specific benefit risk assessment (see section 4.8).

Biliary stasis

Cases of pancreatitis, possibly of biliary obstruction aetiology, have been reported in patients treated with Rocephin (see section 4.8). Most patients presented with risk factors for biliary stasis and biliary sludge e.g. preceding major therapy, severe illness and total parenteral nutrition. A trigger or cofactor of Rocephin-related biliary precipitation cannot be ruled out.

Renal lithiasis

Cases of renal lithiasis have been reported, which is reversible upon discontinuation of ceftriaxone (see section 4.8). In symptomatic cases, sonography should be performed. Use in patients with history of renal lithiasis or with hypercalciuria should be considered by the physician based on specific benefit risk assessment.

Jarisch-Herxheimer reaction (JHR)

Some patients with spirochete infections may experience a Jarisch-Herxheimer reaction (JHR) shortly after ceftriaxone treatment is started. JHR is usually a self – limiting condition or can be managed by symptomatic treatment. The antibiotic treatment should not be discontinued if such reaction occurs.

Lidocaine

Lidocaine (contained in the solvent for the intramuscular injection) should be used with caution in patients with myasthenia gravis, epilepsy, impaired cardiac conduction, congestive heart failure, bradycardia or respiratory depression. Lidocaine should also be used with caution in cases where agents are known to interact with lidocaine either to increase its availability or additive effects e.g. phenytoin or prolong its elimination e.g. hepatic or renal insufficiency where the metabolites of lidocaine may accumulate.

Intramuscular lidocaine may increase creatinine phosphokinase concentrations which can interfere with the diagnosis of acute myocardial infarction. Lidocaine has been shown to be porphyrinogenic in animals and should be avoided in persons suffering from porphyria.

In neonates, the optimum serum concentration of lidocaine required to avoid toxicity, such as convulsions and cardiac arrhythmias, in this age group is not known.

Encephalopathy

Encephalopathy has been reported with the use of ceftriaxone (see section 4.8), particularly in elderly patients with severe renal impairment (see section 4.2) or central nervous system disorders. If ceftriaxone-associated encephalopathy is suspected (e.g. decreased level of consciousness, altered mental state, myoclonus, convulsions), discontinuation of ceftriaxone should be considered.

4.5 Interaction with other medicinal products and other forms of interaction

Ceftriaxone

Calcium-containing diluents, such as Ringer's solution or Hartmann's solution, should not be used to reconstitute Rocephin vials or to further dilute a reconstituted vial for intravenous administration because a precipitate can form. Precipitation of ceftriaxone-calcium can also occur when ceftriaxone is mixed with calcium-containing solutions in the same intravenous administration line. Ceftriaxone must not be administered simultaneously with calcium-containing intravenous solutions, including continuous calcium-containing infusions such as parenteral nutrition via a Y-site. However, in patients other than neonates, ceftriaxone and calcium-containing solutions may be administered sequentially of one another if the infusion lines are thoroughly flushed between infusions with a compatible fluid. *In vitro* studies using adult and neonatal plasma from umbilical cord blood demonstrated that neonates have an increased risk of precipitation of ceftriaxone-calcium (see sections 4.2, 4.3, 4.4, 4.8 and 6.2).

Concomitant use with oral anticoagulants may increase the anti-vitamin K effect and the risk of bleeding. It is recommended that the International Normalised Ratio (INR) is monitored frequently and the posology of the anti-vitamin K drug adjusted accordingly, both during and after treatment with ceftriaxone (see section 4.8).

There is conflicting evidence regarding a potential increase in renal toxicity of aminoglycosides when used with cephalosporins. The recommended monitoring of aminoglycoside levels (and renal function) in clinical practice should be closely adhered to in such cases.

In an *in-vitro* study antagonistic effects have been observed with the combination of chloramphenicol and ceftriaxone. The clinical relevance of this finding is unknown.

There have been no reports of an interaction between ceftriaxone and oral calcium-containing products or interaction between intramuscular ceftriaxone and calcium-containing products (intravenous or oral).

In patients treated with ceftriaxone, the Coombs' test may lead to false-positive test results.

Ceftriaxone, like other antibiotics, may result in false-positive tests for galactosaemia.

Likewise, non-enzymatic methods for glucose determination in urine may yield false-positive results. For this reason, glucose level determination in urine during therapy with ceftriaxone should be carried out enzymatically.

No impairment of renal function has been observed after concurrent administration of large doses of ceftriaxone and potent diuretics (e.g. furosemide).

Simultaneous administration of probenecid does not reduce the elimination of ceftriaxone.

Lidocaine

Pharmacokinetic interactions: lidocaine is a substrate for the CYP450 enzymes CYP1A2 and CYP3A4. lidocaine metabolism can therefore be inhibited by concomitant administration of CYP inhibitors (e.g. clarithromycin, erythromycin, cimetidine) and enhanced by concomitant administration of enzyme inductors (e.g. barbiturates, carbamazepine, phenytoin, primidone, rifampicin).

Pharmacodynamic interactions: Systemic toxic effects may be additive during concomitant use of active substances that are structural analogues of amide-type local anaesthetics (e.g. antiarrhythmic drugs like mexiletine or tocainide). The i.m. injection of Rocephin (with a solvent containing lidocaine) should therefore be administered with particular caution to patients who are undergoing treatment with such medicinal products. The effects of muscle relaxants can be enhanced by lidocaine. Please refer to the summary of product characteristics for the medicinal products being administered concomitantly.

4.6 Fertility, pregnancy and lactation

Ceftriaxone

Pregnancy

Ceftriaxone crosses the placental barrier. There are limited amounts of data from the use of ceftriaxone in pregnant women. Animal studies do not indicate direct or indirect harmful effects with respect to embryonal/foetal, perinatal and postnatal development (see section 5.3). Ceftriaxone should only be administered during pregnancy and in particular in the first trimester of pregnancy if the benefit outweighs the risk.

Breastfeeding

Ceftriaxone is excreted into human milk in low concentrations but at therapeutic doses of ceftriaxone no effects on the breastfed infants are anticipated. However, a risk of diarrhoea and fungal infection of the mucous membranes cannot be excluded. The possibility of sensitisation should be taken into account. A decision must be made whether to discontinue breast-feeding or to discontinue/abstain from ceftriaxone therapy, taking into account the benefit of breast feeding for the child and the benefit of therapy for the woman.

Fertility

Reproductive studies have shown no evidence of adverse effects on male or female fertility.

Lidocaine

Pregnancy

Although animal studies have revealed no evidence of harm to the foetus, lidocaine should not be administered during early pregnancy unless the benefits are considered to outweigh the risks.

Breastfeeding

Small amounts of lidocaine are secreted into breast milk and the possibility of an allergic reaction in the infant, albeit remote, should be borne in mind when using lidocaine in nursing mothers.

Fertility

There is no data available on fertility with the use of lidocaine.

4.7 Effects on ability to drive and use machines

During treatment with ceftriaxone, undesirable effects may occur (e.g. dizziness), which may influence the ability to drive and use machines (see section 4.8). Patients should be cautious when driving or operating machinery.

4.8 Undesirable effects

Ceftriaxone

The most frequently reported adverse reactions for ceftriaxone are eosinophilia, leucopenia, thrombocytopenia, diarrhoea, rash, and hepatic enzymes increased.

Data to determine the frequency of ceftriaxone ADRs was derived from clinical trials.

The following convention has been used for the classification of frequency:

Very common ($\geq 1/10$)

Common ($\geq 1/100 - < 1/10$)

Uncommon ($\geq 1/1000 - < 1/100$)

Rare ($\geq 1/10000 - < 1/1000$)

Not known (cannot be estimated from the available data)

System Organ Class	Common	Uncommon	Rare	Not Known^a
Infections and infestations		Genital fungal infection	Pseudo-membranous colitis ^b	Superinfection ^b
Blood and lymphatic system disorders	Eosinophilia Leucopenia Thrombocytopenia	Granulocytopenia Anaemia Coagulopathy		Haemolytic anaemia ^b Agranulocytosis

System Organ Class	Common	Uncommon	Rare	Not Known^a
Immune system disorders				Anaphylactic shock Anaphylactic reaction Anaphylactoid reaction Hypersensitivity ^b Jarisch-Herxheimer reaction ^b
Nervous system disorders		Headache Dizziness	Encephalopathy	Convulsion
Ear and labyrinth disorders				Vertigo
Respiratory, thoracic and mediastinal disorders			Bronchospasm	
Gastrointestinal disorders	Diarrhoea ^b Loose stools	Nausea Vomiting		Pancreatitis ^b Stomatitis Glossitis
Hepatobiliary disorders	Hepatic enzyme increased			Gall bladder precipitation ^b Kernicterus Hepatitis ^c Hepatitis cholestatic ^{b,c}
Skin and subcutaneous tissue disorders	Rash	Pruritus	Urticaria	Stevens Johnson Syndrome ^b Toxic epidermal necrolysis ^b Erythema multiforme Acute generalised exanthematous pustulosis Drug reaction with eosinophilia and systemic symptoms (DRESS) ^b
Renal and urinary disorders			Haematuria Glycosuria	Oliguria Renal precipitation (reversible)
General disorders and administration site conditions		Phlebitis Injection site pain Pyrexia	Oedema Chills	

System Organ Class	Common	Uncommon	Rare	Not Known ^a
Investigations		Blood creatinine increased		Coombs test false positive ^b Galactosaemia test false positive ^b Non enzymatic methods for glucose determination false positive ^b

^a Based on post-marketing reports. Since these reactions are reported voluntarily from a population of uncertain size, it is not possible to reliably estimate their frequency which is therefore categorised as not known.

^b See section 4.4

^c Usually reversible upon discontinuation of ceftriaxone

Infections and infestations

Reports of diarrhoea following the use of ceftriaxone may be associated with *Clostridium difficile*. Appropriate fluid and electrolyte management should be instituted (see section 4.4).

Ceftriaxone-calcium salt precipitation

Rarely, severe, and in some cases, fatal, adverse reactions have been reported in pre-term and full-term neonates (aged < 28 days) who had been treated with intravenous ceftriaxone and calcium.

Precipitations of ceftriaxone-calcium salt have been observed in lung and kidneys post-mortem. The high risk of precipitation in neonates is a result of their low blood volume and the longer half-life of ceftriaxone compared with adults (see sections 4.3, 4.4, and 5.2).

Cases of ceftriaxone precipitation in the urinary tract have been reported, mostly in children treated with high doses (e.g. ≥ 80 mg/kg/day or total doses exceeding 10 grams) and who have other risk factors (e.g. dehydration, confinement to bed). This event may be asymptomatic or symptomatic, and may lead to ureteric obstruction and postrenal acute renal failure, but is usually reversible upon discontinuation of ceftriaxone (see section 4.4).

Precipitation of ceftriaxone calcium salt in the gallbladder has been observed, primarily in patients treated with doses higher than the recommended standard dose. In children, prospective studies have shown a variable incidence of precipitation with intravenous application - above 30 % in some studies. The incidence appears to be lower with slow infusion (20 - 30 minutes). This effect is usually asymptomatic, but the precipitations have been accompanied by clinical symptoms such as pain, nausea and vomiting in rare cases. Symptomatic treatment is recommended in these cases. Precipitation is usually reversible upon discontinuation of ceftriaxone (see section 4.4).

Lidocaine

The data presented below describe undesirable effects that have been observed with the use of lidocaine. There are no specific data for the combined use of ceftriaxone and lidocaine.

Adverse reactions to lidocaine are usually the result of raised plasma concentrations due to accidental intravascular injection, excessive dosage or rapid absorption from highly vascular areas, or may result from a hypersensitivity, idiosyncrasy or diminished tolerance on the part of the patient. Systemic toxicity mainly involves the central nervous system and/or the cardiovascular system.

System Organ Class	Common	Uncommon	Rare	Now known
Immune system disorders			Hypersensitivity reactions (allergic or anaphylactoid reactions and anaphylactic shock)	
Psychiatric disorders				Nervousness
Nervous system disorders				Dizziness or light-headedness Tremor Circumoral paresthesia Tongue numbness Drowsiness Convulsions Coma
Eye disorders				Blurred vision, Diplopia, Transient amaurosis
Ear and labyrinth disorders				Tinnitus, Hyperacusis
Cardiac disorders				Bradycardia, Myocardial depression Cardiac arrhythmia, Cardiac arrest
Vascular disorders				Hypotension, Circulatory collapse
Respiratory, thoracic and mediastinal disorders				Dyspnoea, Bronchospasm, Respiratory depression.
Gastrointestinal disorders				Nausea, Vomiting
Skin and subcutaneous tissue disorders				Rash, Urticarial, Oedema (including angioedema and face oedema)

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system listed in [Appendix V](#).

4.9 Overdose

Ceftriaxone

Symptoms

In overdose, the symptoms of nausea, vomiting and diarrhoea can occur.

Management

Ceftriaxone concentrations cannot be reduced by haemodialysis or peritoneal dialysis. There is no specific antidote. Treatment of overdose should be symptomatic.

Lidocaine

Symptoms

Overdose with lidocaine can manifest itself in a transient stimulation of the central nervous system with early symptoms: yawning, restlessness, dizziness, nausea, vomiting, dysarthria, ataxia, hearing and visual disturbances. With moderate intoxication also twitching and convulsions can occur. This can be followed by unconsciousness, respiratory depression and coma. In very severe intoxication due to decreased myocardial contractility and delayed impulse conduction, hypotension and cardiovascular collapse can be expected to be followed by a complete heart block and cardiac arrest.

Management

Convulsions, hypotension and respiratory depression and cardiac events should be treated as necessary. Continual optimal oxygenation and ventilation and circulatory support as well as treatment of acidosis are of vital importance.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Ceftriaxone

Pharmacotherapeutic group: Antibacterials for systemic use, Third-generation cephalosporins, ATC code: J01DD04.

Mode of action

Ceftriaxone inhibits bacterial cell wall synthesis following attachment to penicillin binding proteins (PBPs). This results in the interruption of cell wall (peptidoglycan) biosynthesis, which leads to bacterial cell lysis and death.

Resistance

Bacterial resistance to ceftriaxone may be due to one or more of the following mechanisms:

- hydrolysis by beta-lactamases, including extended-spectrum beta-lactamases (ESBLs), carbapenemases and Amp C enzymes that may be induced or stably derepressed in certain aerobic Gram-negative bacterial species.
- reduced affinity of penicillin-binding proteins for ceftriaxone.

- outer membrane impermeability in Gram-negative organisms.
- bacterial efflux pumps.

Susceptibility testing breakpoints

Minimum inhibitory concentration (MIC) breakpoints established by the European Committee on Antimicrobial Susceptibility Testing (EUCAST) are as follows:

Pathogen	Dilution Test (MIC, mg/L)	
	Susceptible	Resistant
<i>Enterobacteriaceae</i>	≤ 1	> 2
<i>Staphylococcus</i> spp.	a.	a.
<i>Streptococcus</i> spp. (Groups A, B, C and G)	b.	b.
<i>Streptococcus pneumoniae</i>	≤ 0.5 ^c	> 2
Viridans group <i>Streptococci</i>	≤ 0.5	> 0.5
<i>Haemophilus influenzae</i>	≤ 0.12 ^c	> 0.12
<i>Moraxella catarrhalis</i>	≤ 1	> 2
<i>Neisseria gonorrhoeae</i>	≤ 0.12	> 0.12
<i>Neisseria meningitidis</i>	≤ 0.12 ^c	> 0.12
Non-species related	≤ 1 ^d	> 2

- Susceptibility inferred from cefoxitin susceptibility.
- Susceptibility inferred from penicillin susceptibility.
- Isolates with a ceftriaxone MIC above the susceptible breakpoint are rare and, if found, should be re-tested and, if confirmed, should be sent to a reference laboratory.
- Breakpoints apply to a daily intravenous dose of 1 g x 1 and a high dose of at least 2 g x 1.

Clinical efficacy against specific pathogens

The prevalence of acquired resistance may vary geographically and with time for selected species and local information on resistance is desirable, particularly when treating severe infections. As necessary, expert advice should be sought when the local prevalence of resistance is such that the utility of ceftriaxone in at least some types of infections is questionable.

Commonly susceptible species
<u>Gram-positive aerobes</u> <i>Staphylococcus aureus</i> (methicillin-susceptible) [‡] Staphylococci coagulase-negative (methicillin-susceptible) [‡] <i>Streptococcus pyogenes</i> (Group A) <i>Streptococcus agalactiae</i> (Group B) <i>Streptococcus pneumoniae</i> Viridans Group <i>Streptococci</i>
<u>Gram-negative aerobes</u> <i>Borrelia burgdorferi</i> <i>Haemophilus influenzae</i> <i>Haemophilus parainfluenzae</i> <i>Moraxella catarrhalis</i> <i>Neisseria gonorrhoea</i> <i>Neisseria meningitidis</i> <i>Proteus mirabilis</i>

Providencia spp.
Treponema pallidum

Species for which acquired resistance may be a problem

Gram-positive aerobes

Staphylococcus epidermidis⁺
Staphylococcus haemolyticus⁺
Staphylococcus hominis⁺

Gram-negative aerobes

Citrobacter freundii
Enterobacter aerogenes
Enterobacter cloacae
Escherichia coli[%]
Klebsiella pneumoniae[%]
Klebsiella oxytoca[%]
Morganella morganii
Proteus vulgaris
Serratia marcescens

Anaerobes

Bacteroides spp.
Fusobacterium spp.
Peptostreptococcus spp.
Clostridium perfringens

Inherently resistant organisms

Gram-positive aerobes

Enterococcus spp.
Listeria monocytogenes

Gram-negative aerobes

Acinetobacter baumannii
Pseudomonas aeruginosa
Stenotrophomonas maltophilia

Anaerobes

Clostridium difficile

Others:

Chlamydia spp.
Chlamydophila spp.
Mycoplasma spp.
Legionella spp.
Ureaplasma urealyticum

- £ All methicillin-resistant staphylococci are resistant to ceftriaxone.
- + Resistance rates >50% in at least one region
- % ESBL producing strains are always resistant

Lidocaine:

Lidocaine (contained in the solvent for the IM injection) is a local anaesthetic of the amide type. It is used to provide local and nerve block anaesthesia by use-dependent sodium channel blockade. It has a rapid onset of action (about fifteen minutes following intramuscular injection). The effects last about sixty to ninety minutes following intramuscular injection.

In a clinical study, 1% lidocaine diluent was found to reduce pain (>6-fold decrease in a pain assessment score 15 min after injection, $p < 0.01$) after intramuscular administration of Rocephin.

5.2 Pharmacokinetic properties

The pharmacokinetic results presented below are based on single agent studies in which Rocephin or lidocaine were administered alone. Lidocaine has no effect on the pharmacokinetics of ceftriaxone following intramuscular administration of Rocephin.

Ceftriaxone

Absorption

Following intramuscular injection, mean peak plasma ceftriaxone levels are approximately half those observed after intravenous administration of an equivalent dose. The maximum plasma concentration after a single intramuscular dose of 1 g is about 81 mg/l and is reached in 2 - 3 hours after administration.

The area under the plasma concentration-time curve after intramuscular administration is equivalent to that after intravenous administration of an equivalent dose.

Distribution

The volume of distribution of ceftriaxone is 7 – 12 l. Concentrations well above the minimal inhibitory concentrations of most relevant pathogens are detectable in tissue including lung, heart, biliary tract/liver, tonsil, middle ear and nasal mucosa, bone, and in cerebrospinal, pleural, prostatic and synovial fluids. An 8 - 15 % increase in mean peak plasma concentration (C_{max}) is seen on repeated administration; steady state is reached in most cases within 48 - 72 hours depending on the route of administration.

Penetration into particular tissues

Ceftriaxone penetrates the meninges. Penetration is greatest when the meninges are inflamed. Mean peak ceftriaxone concentrations in CSF in patients with bacterial meningitis are reported to be up to 25 % of plasma levels compared to 2 % of plasma levels in patients with uninflamed meninges. Peak ceftriaxone concentrations in CSF are reached approximately 4-6 hours after intravenous injection. Ceftriaxone crosses the placental barrier and is excreted in the breast milk at low concentrations (see section 4.6).

Protein binding

Ceftriaxone is reversibly bound to albumin. Plasma protein binding is about 95 % at plasma concentrations below 100 mg/l. Binding is saturable and the bound portion decreases with rising concentration (up to 85 % at a plasma concentration of 300 mg/l).

Biotransformation

Ceftriaxone is not metabolised systemically; but is converted to inactive metabolites by the gut flora.

Elimination

Plasma clearance of total ceftriaxone (bound and unbound) is 10 - 22 ml/min. Renal clearance is 5 - 12 ml/min. 50 - 60 % of ceftriaxone is excreted unchanged in the urine, primarily by glomerular filtration, while 40 - 50 % is excreted unchanged in the bile. The elimination half-life of total ceftriaxone in adults is about 8 hours.

Patients with renal or hepatic impairment

In patients with renal or hepatic dysfunction, the pharmacokinetics of ceftriaxone are only minimally altered with the half-life slightly increased (less than two fold), even in patients with severely impaired renal function.

The relatively modest increase in half-life in renal impairment is explained by a compensatory increase in non-renal clearance, resulting from a decrease in protein binding and corresponding increase in non-renal clearance of total ceftriaxone.

In patients with hepatic impairment, the elimination half-life of ceftriaxone is not increased, due to a compensatory increase in renal clearance. This is also due to an increase in plasma free fraction of ceftriaxone contributing to the observed paradoxical increase in total drug clearance, with an increase in volume of distribution paralleling that of total clearance.

Older people

In older people aged over 75 years the average elimination half-life is usually two to three times that of young adults.

Paediatric population

The half-life of ceftriaxone is prolonged in neonates. From birth to 14 days of age, the levels of free ceftriaxone may be further increased by factors such as reduced glomerular filtration and altered protein binding. During childhood, the half-life is lower than in neonates or adults.

The plasma clearance and volume of distribution of total ceftriaxone are greater in neonates, infants and children than in adults.

Linearity/non-linearity

The pharmacokinetics of ceftriaxone are non-linear and all basic pharmacokinetic parameters, except the elimination half-life, are dose dependent if based on total drug concentrations, increasing less than proportionally with dose. Non-linearity is due to saturation of plasma protein binding and is therefore observed for total plasma ceftriaxone but not for free (unbound) ceftriaxone.

Pharmacokinetic/pharmacodynamic relationship

As with other beta-lactams, the pharmacokinetic-pharmacodynamic index demonstrating the best correlation with *in vivo* efficacy is the percentage of the dosing interval that the unbound concentration remains above the minimum inhibitory concentration (MIC) of ceftriaxone for individual target species (i.e. %T > MIC).

Lidocaine

Absorption

Lidocaine is rapidly absorbed, with the absorption rate being dependent on the vascularity of the injection site.

Distribution

Lidocaine has a volume of distribution at steady state of 91 L.

Penetration into particular tissues. Lidocaine readily crosses the placenta, and equilibrium of unbound drug concentration is rapidly reached. The degree of plasma protein binding in the foetus is less than in the mother, which results in lower total plasma concentrations in the foetus.

Protein-binding. The plasma protein binding of lidocaine is concentration-dependent, and binding decreases as concentration increases. At concentrations of 1 to 5 µg/mL, 60%-80% lidocaine is protein bound. Binding is also dependent on the plasma concentration of the α 1-acid glycoprotein.

Lidocaine has been shown to cross the blood-brain barrier.

Biotransformation

Lidocaine is mainly metabolized by the liver. The main metabolites of lidocaine are monoethylglycine xylidide, glycinoxylidide, 2,6-dimethylaniline, and 4-hydroxy-2,6-dimethylaniline. The lidocaine N-dealkylation to monoethylglycine xylidide is considered to be mediated by both CYP1A2 and CYP3A4. The metabolite 2,6-dimethylaniline is converted to 4-hydroxy-2,6-dimethylaniline by CYP2A6 and CYP2E1.

Elimination

The clearance of lidocaine in plasma following intravenous bolus administration is 9 to 10 mL/min/kg. The elimination half life of lidocaine following intravenous bolus injection is typically 1.5 to 2 hours.

Monoethylglycine xylidide has a half life of approximately 2.3 hours and glycinoxylidide has a half life of about 10 hours and may accumulate after long-term administration.

Only 3% of lidocaine is excreted unchanged by the kidneys. About 73% of lidocaine appears in the urine as 4-hydroxy-2,6-dimethylaniline metabolite.

Patients with renal or hepatic impairment.

Following intravenous administration, the half life of lidocaine has approximately 3-fold increase in patients with liver impairment.

Mild to moderate renal impairment (CL_{cr} 30-60 mL/min) does not affect lidocaine pharmacokinetics but may increase the accumulation of glycinoxylidide metabolite following intravenous administration. However, lidocaine clearance decreases about half and its half life is approximately doubled with increased accumulation of glycinoxylidide metabolite in patients with severe renal impairment (CL_{cr} <30 mL/min).

The pharmacokinetics of lidocaine and its main metabolite of monoethylglycine xylidide are not altered significantly in haemodialysis patients who receive an intravenous dose of lidocaine.

5.3 Preclinical safety data

There is evidence from animal studies that high doses of ceftriaxone calcium salt led to formation of concrements and precipitates in the gallbladder of dogs and monkeys, which proved to be reversible. Animal studies produced no evidence of toxicity to reproduction and genotoxicity. Carcinogenicity studies on ceftriaxone were not conducted.

Preclinical studies on the combination of ceftriaxone and lidocaine have not been conducted.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Solvent: water for injections.

6.2 Incompatibilities

Based on literature reports, ceftriaxone is not compatible with amsacrine, vancomycin, fluconazole and aminoglycosides.

Solutions containing ceftriaxone should not be mixed with or added to other agents except those mentioned in section 6.6. In particular diluents containing calcium, (e.g. Ringer's solution, Hartmann's solution) should not be used to reconstitute ceftriaxone vials or to further dilute a reconstituted vial for intravenous administration because a precipitate can form. Ceftriaxone must not be mixed or administered simultaneously with calcium containing solutions including total parenteral nutrition (see section 4.2, 4.3, 4.4 and 4.8).

If combination of another antibiotic with Rocephin is intended in the treatment, administration should not occur in the same syringe or in the same infusion solution.

This medicinal product must not be mixed with other medicinal products except those mentioned in section 6.6.

6.3 Shelf life

Unopened vials or ampoules:

Powder for solution for injection: 3 years

Solvent for solution for injection: 5 years

Chemical and physical in-use stability of the reconstituted product has been demonstrated for at least 6 hours at or below 25°C or 24 hours at 2-8°C.

From a microbiological point of view, the product should be used immediately. If not used immediately, in-use storage times and conditions prior to use are the responsibility of the user and would not be longer than the times stated above for the chemical and physical in-use stability.

6.4 Special precautions for storage

Do not store above 30°C, keep vials in the outer carton in order to protect from light.

For storage conditions of the reconstituted medicinal product, see section 6.3.

6.5 Nature and contents of container

Rocephin IM 1 g powder and solvent for solution for injection

Type 1 Ph. Eur 15 ml glass vial with fluorobutyl rubber stopper and aluminium cap, containing a sterile powder, equivalent to 1 g ceftriaxone, and one colourless type 1 glass ampoule with 3.5 ml of a solution which contains 10 mg lidocaine hydrochloride per ml.

Pack size of 1 or 5 vial(s) and 1 or 5 ampoule(s).

Rocephin IM 500 mg powder and solvent for solution for injection

Type 1 Ph. Eur 15 ml glass vial with fluorobutyl rubber stopper and aluminium cap, containing a sterile powder, equivalent to 500 mg ceftriaxone, and one colourless type 1 glass ampoule with 2 ml of a solution which contains 10 mg lidocaine hydrochloride per ml.
Pack size of 1 vial and 1 ampoule.

Rocephin IM 250 mg powder and solvent for solution for injection

Type 1 Ph. Eur 15 ml glass vial with fluorobutyl rubber stopper and aluminium cap, containing a sterile powder, equivalent to 250 mg ceftriaxone, and one colourless type 1 glass ampoule with 2 ml of a solution which contains 10 mg lidocaine hydrochloride per ml.
Pack size of 1 vial and 1 ampoule.

Not all pack sizes may be marketed.

6.6 Special precautions for disposal and other handling

Preparation of solutions for injection:

The use of freshly prepared solutions is recommended. For storage conditions of the reconstituted medicinal product, see section 6.3.

Rocephin should not be mixed in the same syringe with any drug other than 1% Lidocaine Hydrochloride solution (for intramuscular injection only).

Solutions are light yellow to brownish yellow.

Rocephin IM 1 g powder and solvent for solution for injection

For IM injection, 1 g Rocephin is dissolved in 3.5 ml of the provided solution, which contains 10 mg lidocaine hydrochloride per ml water for injections. Subsequently this solution is administered via a deep intramuscular injection.

The displacement volume of 1 g of Rocephin is 0.71 ml in 1% lidocaine hydrochloride solution. When adding 3.5 ml of 1% lidocaine hydrochloride solution, the final concentration of the reconstituted solution is 237.53 mg/ml.

Rocephin IM 500 mg powder and solvent for solution for injection

For IM injection, 500 mg Rocephin is dissolved in 2 ml of the provided solution, which contains 10 mg lidocaine hydrochloride per ml water for injections. Subsequently this solution is administered via a deep intramuscular injection.

The displacement volume of 500 mg of Rocephin is 0.36 ml in 1% lidocaine hydrochloride solution. When adding 2 ml of 1% lidocaine hydrochloride solution, the final concentration of the reconstituted solution is 211.86 mg/ml.

Rocephin IM 250 mg powder and solvent for solution for injection

For IM injection, 250 mg Rocephin is dissolved in 2 ml of the provided solution, which contains 10 mg lidocaine hydrochloride per ml water for injections. Subsequently, this solution is administered via a deep intramuscular injection.

The displacement volume of 250 mg of Rocephin is 0.18 ml in 1% lidocaine hydrochloride solution. When adding 2 ml of 1% lidocaine hydrochloride solution, the final concentration of the reconstituted solution is 114.68 mg/ml.

Dosages greater than 1 g should be divided and injected at more than one site.

See also the information in section 6.2.

Any unused product or waste material should be disposed of in accordance with local requirements.

7. MARKETING AUTHORISATION HOLDER

[See Annex I - To be completed nationally]

8. MARKETING AUTHORISATION NUMBER(S)

[To be completed nationally]

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

[To be completed nationally]

10. DATE OF REVISION OF THE TEXT

[To be completed nationally]

LABELLING

PARTICULARS TO APPEAR ON THE OUTER PACKAGING

Carton

1. NAME OF THE MEDICINAL PRODUCT

Rocephin IM and associated names (see Annex I) 1 g Powder and Solvent for Solution for Injection
Rocephin IM and associated names (see Annex I) 500 mg Powder and Solvent for Solution for Injection
Rocephin IM and associated names (see Annex I) 250 mg Powder and Solvent for Solution for Injection
[See Annex I - To be completed nationally]

ceftriaxone (as ceftriaxone sodium)
lidocaine (as lidocaine hydrochloride)

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Rocephin IM 1 g powder and solvent for solution for injection

Each vial of powder contains 1 g ceftriaxone as ceftriaxone sodium.
Each 1 ml of solvent contains 10 mg of lidocaine hydrochloride, corresponding to 35 mg of lidocaine hydrochloride per 3.5 ml.

Rocephin IM 500 mg powder and solvent for solution for injection

Each vial of powder contains 500 mg ceftriaxone as ceftriaxone sodium.
Each 1 ml of solvent contains 10 mg of lidocaine hydrochloride, corresponding to 20 mg of lidocaine hydrochloride per 2 ml.

Rocephin IM 250 mg powder and solvent for solution for injection

Each vial of powder contains 250 mg ceftriaxone as ceftriaxone sodium.
Each 1 ml of solvent contains 10 mg of lidocaine hydrochloride, corresponding to 20 mg of lidocaine hydrochloride per 2 ml.

3. LIST OF EXCIPIENTS

Solvent: water for injections.

4. PHARMACEUTICAL FORM AND CONTENTS

Rocephin IM 1 g powder and solvent for solution for injection

Powder and solvent for solution for injection.
1 vial **5 vials** containing 1 g powder.
1 ampoule **5 ampoules** containing 3.5 ml solvent.

Rocephin IM 500 mg powder and solvent for solution for injection

Powder and solvent for solution for injection.
1 vial containing 500 mg powder.
1 ampoule containing 2 ml solvent.

Rocephin IM 250 mg powder and solvent for solution for injection

Powder and solvent for solution for injection.

1 vial containing 250 mg powder.

1 ampoule containing 2 ml solvent.

5. METHOD AND ROUTE(S) OF ADMINISTRATION

Read the package leaflet before use.

For intramuscular use only

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY

Ceftriaxone solutions containing lidocaine should never be administered intravenously.

8. EXPIRY DATE

[To be completed nationally]

9. SPECIAL STORAGE CONDITIONS

Do not store above 30°C, keep vials in the outer carton in order to protect from light.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

[To be completed nationally]

12. MARKETING AUTHORISATION NUMBER(S)

[To be completed nationally]

13. BATCH NUMBER

[To be completed nationally]

14. GENERAL CLASSIFICATION FOR SUPPLY

[To be completed nationally]

15. INSTRUCTIONS ON USE

[To be completed nationally]

16. INFORMATION IN BRAILLE

[To be completed nationally]

17. UNIQUE IDENTIFIER – 2D BARCODE

<2D barcode carrying the unique identifier included.>

18. UNIQUE IDENTIFIER – HUMAN READABLE DATA

PC:
SN:
NN:

MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS

Vial

1. NAME OF THE MEDICINAL PRODUCT AND ROUTE(S) OF ADMINISTRATION

Rocephin IM and associated names (see Annex I) 1 g Powder for Solution for Injection
Rocephin IM and associated names (see Annex I) 500 mg Powder for Solution for Injection
Rocephin IM and associated names (see Annex I) 250 mg Powder for Solution for Injection
[See annex I - To be completed nationally]

ceftriaxone (as ceftriaxone sodium)

For intramuscular use only

2. METHOD OF ADMINISTRATION

[To be completed nationally]

3. EXPIRY DATE

[To be completed nationally]

4. BATCH NUMBER

[To be completed nationally]

5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT

[To be completed nationally]

6. OTHER

MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS

Ampoule

1. NAME OF THE MEDICINAL PRODUCT AND ROUTE(S) OF ADMINISTRATION

Solvent for Rocephin IM and associated names (see Annex I) 1 g Powder for Solution for Injection
Solvent for Rocephin IM and associated names (see Annex I) 500 mg Powder for Solution for Injection

Solvent for Rocephin IM and associated names (see Annex I) 250 mg Powder for Solution for Injection

[See annex I - To be completed nationally]

Lidocaine 1% (as lidocaine hydrochloride)

For intramuscular use only

2. METHOD OF ADMINISTRATION

[To be completed nationally]

3. EXPIRY DATE

[To be completed nationally]

4. BATCH NUMBER

[To be completed nationally]

5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT

[To be completed nationally]

6. OTHER

PACKAGE LEAFLET

Package leaflet: Information for the Patient

Rocephin IM and associated names (see Annex I) 1 g Powder and Solvent for Solution for Injection

Rocephin IM and associated names (see Annex I) 500 mg Powder and Solvent for Solution for Injection

Rocephin IM and associated names (see Annex I) 250 mg Powder and Solvent for Solution for Injection

Ceftriaxone (as ceftriaxone sodium)
Lidocaine (as lidocaine hydrochloride)

Read all of this leaflet carefully before you are given this medicine because it contains important information for you.

- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor, pharmacist or nurse.
- This medicine has been prescribed for you only. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.
- If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in this leaflet. See section 4.

What is in this leaflet

1. What Rocephin IM is and what it is used for
2. What you need to know before you are given Rocephin IM
3. How Rocephin IM is given
4. Possible side effects
5. How to store Rocephin IM
6. Contents of the pack and other information

1. What Rocephin IM is and what it is used for

Rocephin IM is an antibiotic given to adults and children (including newborn babies). It works by killing bacteria that cause infections. It belongs to a group of medicines called cephalosporins. Rocephin IM is administered by injection into a muscle in a solution containing lidocaine, which reduces the pain associated with the injection.

Rocephin IM is used to treat infections of

- the brain (meningitis).
- the lungs.
- the middle ear.
- the abdomen and abdominal wall (peritonitis).
- the urinary tract and kidneys.
- bones and joints.
- the skin or soft tissues.
- the blood.
- the heart.

It can be given:

- to treat specific sexually transmitted infections (gonorrhoea and syphilis).
- to treat patients with low white blood cell counts (neutropenia) who have fever due to bacterial infection.
- to treat infections of the chest in adults with chronic bronchitis.

- to treat Lyme disease (caused by tick bites) in adults and children including newborn babies from 15 days of age.
- to prevent infections during surgery.

2. What you need to know before you are given Rocephin IM

You must not be given Rocephin IM if:

- You are allergic to ceftriaxone or any of the other ingredients of this medicine (listed in section 6).
- You have had a sudden or severe allergic reaction to penicillin or similar antibiotics (such as cephalosporins, carbapenems or monobactams). The signs include sudden swelling of the throat or face which might make it difficult to breath or swallow, sudden swelling of the hands, feet and ankles, and a severe rash that develops quickly.
- You are allergic to lidocaine and you are to be given Rocephin IM as an injection into a muscle.
- You suffer from abnormality of impulse propagation in the heart causing decreased blood pressure, slow heart rate (complete heart block).
- You suffer from a state of decreased blood volume (hypovolaemia).

Rocephin IM must not be given to babies if:

- The baby is premature.
- The baby is newborn (up to 28 days of age) and has certain blood problems or jaundice (yellowing of the skin or the whites of the eyes) or is to be given a product that contains calcium into their vein.

Warnings and precautions

Talk to your doctor or pharmacist or nurse before you are given Rocephin IM if:

- You have recently received or are about to receive products that contain calcium.
- You have recently had diarrhoea after having an antibiotic medicine. You have ever had problems with your gut, in particular colitis (inflammation of the bowel).
- You have liver or kidney problems (see section 4).
- You have gall stones or kidney stones
- You have other illnesses, such as haemolytic anaemia (a reduction in your red blood cells that may make your skin pale yellow and cause weakness or breathlessness).
- You are on a low sodium diet.
- You suffer from loss of muscle function and weakness (myasthenia gravis).
- You suffer from fits (epilepsy).
- You suffer from any heart problem, particularly if it affects the heart rate.
- You have problems with your breathing.
- You have porphyria (a rare inherited disease that affects the skin and nervous system).
- You experience or have previously experienced a combination of any of the following symptoms: rash, red skin, blistering of the lips eyes and mouth, skin peeling, high fever, flu-like symptoms, increased levels of liver enzymes seen in blood tests and an increase in a type of white blood cell (eosinophilia) and enlarged lymph nodes (signs of severe skin reactions, see also section 4 “Possible side effects”).

If you need a blood or urine test

If you are given Rocephin IM for a long time, you may need to have regular blood tests. Rocephin IM can affect the results of urine tests for sugar and a blood test known as the Coombs test. If you are having tests:

- Tell the person taking the sample that you have been given Rocephin IM.

If you are diabetic or need to have your blood glucose level monitored you should not use certain blood glucose monitoring systems which may estimate blood glucose incorrectly while you are receiving ceftriaxone. If you use such systems check the instructions for use and tell your doctor, pharmacist or nurse. Alternative testing methods should be used if necessary.

Children

Talk to your doctor or pharmacist or nurse before your child is administered Rocephin IM if:

- He/She has recently been given or is to be given a product that contains calcium into their vein.

Other medicines and Rocephin IM

Tell your doctor or pharmacist if you are taking, have recently taken or might take any other medicines.

In particular, tell your doctor or pharmacist if you are taking any of the following medicines as they can interact with ceftriaxone:

- A type of antibiotic called an aminoglycoside.
- An antibiotic called chloramphenicol (used to treat infections, particularly of the eyes).

A large number of drugs can interact with lidocaine and have their effects altered. These drugs include:

- medicines used to treat infections (clarithromycin, erythromycin).
- medicines used in the treatment of stomach ulcers (e.g. cimetidine).
- strong pain relieving medicines such as codeine and pethidine (narcotics or opioid drugs).
- medicines used to treat irregular heart beat (e.g., mexiletine, tocainide).

Pregnancy and breast-feeding and fertility

If you are pregnant or breast-feeding, think you may be pregnant or are planning to have a baby, ask your doctor for advice before taking this medicine.

The doctor will consider the benefit of treating you with Rocephin IM against the risk to your baby.

Driving and using machines

Rocephin IM can cause dizziness. If you feel dizzy, do not drive or use any tools or machines. Talk to your doctor if you experience these symptoms.

Sodium content

Rocephin IM 1 g powder and solvent for solution for injection contains 85.4 mg sodium (main component of cooking/table salt) in each 1 g vial. This is equivalent to 4.3% of the recommended maximum daily dietary intake of sodium for an adult.

Rocephin IM 500 mg powder and solvent for solution for injection contains 42.8 mg sodium (main component of cooking/table salt) in 500 mg each vial. This is equivalent to 2.1% of the recommended maximum daily dietary intake of sodium for an adult.

Rocephin IM 250 mg powder and solvent for solution for injection contains less than 1 mmol sodium (23 mg) per 250 mg vial, that is to say essentially 'sodium-free'.

3. How Rocephin IM is given

Rocephin IM is usually given by a doctor or nurse. It will be given as an injection directly into a muscle. Rocephin IM is made up by the doctor, pharmacist or nurse and will not be mixed with or given to you at the same time as calcium-containing injections.

The usual dose

Your doctor will decide the correct dose of Rocephin IM for you. The dose will depend on the severity and type of infection; whether you are on any other antibiotics; your weight and age; how well your kidneys and liver are working. The number of days or weeks that you are given Rocephin IM depends on what sort of infection you have.

Adults, older people and children aged 12 years and over with a body weight greater than or equal to 50 kilograms (kg):

- 1 to 2 g once a day depending on the severity and type of infection. If you have a severe infection, your doctor will give you a higher dose (up to 4 g once a day). If your daily dose is higher than 2 g, you may receive it as a single dose once a day or as two separate doses.

Newborn babies, infants and children aged 15 days to 12 years with a body weight of less than 50 kg:

- 50-80 mg Rocephin IM for each kg of the child's body weight once a day depending on the severity and type of infection. If you have a severe infection, your doctor will give you a higher dose up to 100 mg for each kg of body weight to a maximum of 4 g once a day. If your daily dose is higher than 2 g, you may receive it as a single dose once a day or as two separate doses.
- Children with a body weight of 50 kg or more should be given the usual adult dose.

Newborn babies (0-14 days)

- 20 – 50 mg Rocephin IM for each kg of the child's body weight once a day depending on the severity and type of infection.
- The maximum daily dose is not to be more than 50 mg for each kg of the baby's weight.

People with liver and kidney problems

You may be given a different dose to the usual dose. Your doctor will decide how much Rocephin IM you will need and will check you closely depending on the severity of the liver and kidney disease.

If you are given more Rocephin IM than you should

If you accidentally receive more than your prescribed dose, contact your doctor or nearest hospital straight away.

If you forget to use Rocephin IM

If you miss an injection, you should have it as soon as possible. However, if it is almost time for your next injection, skip the missed injection. Do not take a double dose (two injections at the same time) to make up for a missed dose.

If you stop using Rocephin IM

Do not stop taking Rocephin IM unless your doctor tells you to. If you have any further questions on the use of this medicine, ask your doctor or nurse.

4. Possible side effects

Like all medicines, this medicine can cause side effects, although not everybody gets them. The following side effects may happen with this medicine:

Treatment with ceftriaxone, particularly in elderly patients with serious kidney or nervous system problems may rarely cause decreased consciousness, abnormal movements, agitation and convulsions.

Severe allergic reactions (not known, frequency cannot be estimated from the available data)

If you have a severe allergic reaction, tell a doctor straight away.

The signs may include:

- Sudden swelling of the face, throat, lips or mouth. This can make it difficult to breathe or swallow.

- Sudden swelling of the hands, feet and ankles.

Severe skin reactions (not known, frequency cannot be estimated from the available data)

If you get a severe skin reaction, tell a doctor straight away.

The signs may include:

- A severe rash that develops quickly, with blisters or peeling of the skin and possibly blisters in the mouth (Stevens-Johnson syndrome and toxic epidermal necrolysis which are also known as SJS and TEN).
- A combination of any of the following symptoms: widespread rash, high body temperature, liver enzyme elevations, blood abnormalities (eosinophilia), enlarged lymph nodes and other body organs involvement (Drug Reaction with Eosinophilia and Systemic Symptoms which is also known as DRESS or drug hypersensitivity syndrome).
- Jarisch-Herxheimer reaction which causes fever, chills, headache, muscle pain, and skin rash that is usually self-limiting. This occurs shortly after starting Rocephin IM treatment for infections with spirochete such as Lyme disease.

Other possible side effects:

Common (may affect up to 1 in 10 people)

- Abnormalities with your white blood cells (such as a decrease of leucocytes and an increase of eosinophils) and platelets (decrease of thrombocytes).
- Loose stools or diarrhoea.
- Changes in the results of blood tests for liver functions.
- Rash.

Uncommon (may affect up to 1 in 100 people)

- Fungal infections (for example, thrush).
- A decrease in the number of white blood cells (granulocytopenia).
- Reduction in number of red blood cells (anaemia).
- Problems with the way your blood clots. The signs may include bruising easily and pain and swelling of your joints.
- Headache.
- Dizziness.
- Feeling sick or being sick.
- Pruritis (itching).
- Pain or a burning feeling along the vein where Rocephin IM has been given. Pain where the injection was given.
- A high temperature (fever).
- Abnormal kidney function test (blood creatinine increased).

Rare (may affect up to 1 in 1,000 people)

- Inflammation of the large bowel (colon). The signs include diarrhoea, usually with blood and mucus, stomach pain and fever.
- Difficulty in breathing (bronchospasm).
- A lumpy rash (hives) that may cover a lot of your body, feeling itchy and swelling.
- Blood or sugar in your urine.
- Oedema (fluid build-up).
- Shivering

Not known (Frequency cannot be estimated from the available data)

- A secondary infection that may not respond to the antibiotic previously prescribed
- Form of anaemia where red blood cells are destroyed (haemolytic anaemia).
- Severe decrease in white blood cells (agranulocytosis).

- Convulsions.
- Vertigo (spinning sensation).
- Inflammation of the pancreas (pancreatitis). The signs include severe pain in the stomach which spreads to your back.
- Inflammation of the mucus lining of the mouth (stomatitis).
- Inflammation of the tongue (glossitis). The signs include swelling, redness and soreness of the tongue.
- Problems with your gallbladder and/or liver, which may cause pain, nausea, vomiting, yellowing of the skin, itching, unusually dark urine and clay-coloured stools.
- A neurological condition that may occur in neonates with severe jaundice (kernicterus).
- Kidney problems caused by deposits of calcium ceftriaxone. There may be pain when passing water (urine) or low output of urine.
- A false positive result in a Coombs' test (a test for some blood problems).
- A false positive result for galactosaemia (an abnormal build up of the sugar galactose).
- Rocephin IM may interfere with some types of blood glucose tests - please check with your doctor.

Other side effects may occur following the unintentional injection of lidocaine in a blood vessel when administered into a muscle with Rocephin IM. Such side effects may include:

Not known (Frequency cannot be estimated from the available data)

- Changes in the rhythm and speed of the heart
- Low blood pressure
- Slow heart rate (less than 60 beats/minute)
- Cessation of normal circulation of blood due to heart arrest and loss of blood flow.
- Loss of balance, pins and needles around the mouth, numbness of the tongue, difficulty tolerating everyday sounds (hyperacusis), ringing in the ears (tinnitus), dizziness or lightheadedness, confusion, nervousness, involuntary rhythmic muscular contractions, fits or seizures, profound state of unconsciousness (coma).
- Blurred vision, double vision or temporary loss of vision
- Feeling sick (nausea or vomiting)
- Difficulty in breathing
- Decreased rate of breathing or breathing may stop
- Feeling abnormally sleepy or tired during the day or faint

Reporting of side effects

If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via the national reporting system listed in [Appendix V](#). By reporting side effects, you can help provide more information on the safety of this medicine.

5. How to store Rocephin IM

Keep this medicine out of the sight and reach of children.

Do not use this medicine after the expiry date which is stated on the carton and on the vial label after EXP. The expiry date refers to the last day of that month.

Do not store above 30°C, keep vials in the outer carton in order to protect from light.

Chemical and physical in-use stability of the reconstituted product has been demonstrated for at least 6 hours at or below 25°C or 24 hours at 2-8°C.

From a microbiological point of view, the product should be used immediately. If not used immediately, in-use storage times and conditions prior to use are the responsibility of the user and would not be longer than the times stated above for the chemical and physical in-use stability.

Do not throw away any medicines via wastewater. Ask your pharmacist to throw away medicines you no longer use. These measures will help protect the environment.

6. Contents of the pack and other information

What Rocephin IM contains

Rocephin IM 1 g powder and solvent for solution for injection

The active substances are ceftriaxone and lidocaine.

Each vial contains 1 g (grams) ceftriaxone as ceftriaxone sodium.

Each ampoule contains 35 mg (milligrams) of lidocaine hydrochloride in 3.5 ml.

The displacement volume of 1 g of Rocephin is 0.71 ml in 1% lidocaine hydrochloride solution. When adding 3.5 ml of 1% lidocaine hydrochloride solution, the final concentration of the reconstituted solution is 237.53 mg/ml.

Rocephin IM 500 mg powder and solvent for solution for injection

The active substances are ceftriaxone and lidocaine.

Each vial contains 500 mg (milligrams) ceftriaxone as ceftriaxone sodium.

Each ampoule contains 20 mg of lidocaine hydrochloride in 2 ml.

The displacement volume of 500 mg of Rocephin is 0.36 ml in 1% lidocaine hydrochloride solution. When adding 2 ml of 1% lidocaine hydrochloride solution, the final concentration of the reconstituted solution is 211.86 mg/ml.

Rocephin IM 250 mg powder and solvent for solution for injection

The active substances are ceftriaxone and lidocaine.

Each vial of powder contains 250 mg ceftriaxone as ceftriaxone sodium.

Each ampoule contains 20 mg of lidocaine hydrochloride in 2 ml.

The displacement volume of 250 mg of Rocephin is 0.18 ml in 1% lidocaine hydrochloride solution. When adding 2 ml of 1% lidocaine hydrochloride solution, the final concentration of the reconstituted solution is 114.68 mg/ml.

Rocephin should not be mixed in the same syringe with any drug.

What Rocephin IM looks like and contents of the pack

Rocephin IM consists of a powder and solvent for solution for injection.

The powder is white to yellowish-orange. The solvent is clear and colourless.

Rocephin IM is available in packs of 1 or 5 vial(s) and 1 or 5 ampoule(s).

Not all pack sizes may be marketed.

Marketing Authorisation Holder and Manufacturer

[See Annex I - To be completed nationally]

This medicinal product is authorised in the Member States of the EEA under the following names:

Rocephin IM 1 g Powder and Solvent for Solution for Injection

Belgium, Luxembourg: Rocephine IM + Lidocaine

Finland, Sweden: Rocephalin

Netherlands: Rocephin IM

Italy: Rocefin

France: Rocephine

Ireland: Rocephin

Rocephin IM 500 mg Powder and Solvent for Solution for Injection

France: Rocephine

Rocephin IM 250 mg Powder and Solvent for Solution for Injection

Italy: Rocefin

This leaflet was last revised in <{MM/YYYY}> <{month YYYY}>.

[To be completed nationally]