Product Information

Summary of product characteristics (SmPC)

1 Name of the drug product:
VADIS -AMOXICILLIN AND CLAVULANATE POTASSIUM TABLETS USP 1000 MG

2 Qualitative and quantitative composition:

Each film coated tablet contains:
Amoxicillin Trihydrate USP equivalent to Amoxicillin 875 mg
Diluted Potassium Clavulanate BP equivalent to Clavulanic Acid 125 mg
Excipients q.s.
Colour: Titanium dioxide

Sr. No.	Ingredients	Specifi-cation	Label Claim in	Over-ages added (In %)	Qty. Per Tab	Reason for Function
ACTIVE						
1	Amoxicillin Trihydrate Equivalent to Amoxicillin	USP	875.0	2.0	*1003.625	Active
2	Diluted Potassium Clavulanate Equivalent to Clavulanic Acid	BP	125.0	2.5	*305.270	Active
PART A						
3	Colloidal Silicon Dioxide	USP	--	--	3.000	Anti-caking Agent
4	Microcrystalline Cellulose (Plain)	USP	--	--	6.800	Filler
5	Crospovidone	USP	--	--	14.880	Super Disintegrant
6	Magnesium Stearate	USP	--	--	2.000	Lubricant
PART B						
7	Colloidal Silicon Dioxide	USP	--	--	1.000	Anti-caking Agent
8	Microcrystalline Cellulose (Plain)	USP	--	--	2.500	Filler

9	Crospovidone	USP	--	--	7.435	Super Disintegrant
10	Magnesium Stearate	USP	--	--	1.000	Lubricant
LUBRICATION						
11	Colloidal Silicon Dioxide	USP	--	--	5.000	Anti-caking Agent
12	Microcrystalline Cellulose (Plain)	USP	--	--	6.000	Filler
13	Crospovidone	USP	--	--	22.750	Super Disintegrant
14	Silicon Dioxide	USP	--	--	21.500	Stability Agent
15	Microcrystalline Cellulose (PH112)	USP	--	--	24.560	Filler
16	Purified Talc	USP	--	--	1.000	Lubricant
17	Magnesium Stearate	USP	--	--	8.000	Lubricant
COATING						
18	Titanium Dioxide	USP	--	--	8.240	Colouring Agent
19	HPMC E-15	USP	--	--	15.560	Polymer
20	HPMC E-6	USP	--	--	2.000	Polymer
21	Ethyl cellulose (RT-N-20)	USP	--	--	0.800	Binder
22	Dibutyl Phthalate	USP	--	--	0.700	Finishing Agent
23	Purified Talc	USP	--	--	0.700	Lubricant

* Active substance added on as is basis

3 Pharmaceutical form: Film coated tablet

4 Clinical Particulars:

4.1 Therapeutic indications:

Amoxicillin and clavulanate potassium tablets USP 1000 mg is indicated for the treatment of the following infections in adults and children:

- Acute bacterial sinusitis (adequately diagnosed)
- Acute otitis media
- Acute exacerbations of chronic bronchitis (adequately diagnosed)
- Community acquired pneumonia
- Cystitis
- Pyelonephritis
- Skin and soft tissue infections in particular cellulitis, animal bites, severe dental abscess with spreading cellulitis
- Bone and joint infections, in particular osteomyelitis

4.2 Posology and method of administration

Posology:

Doses are expressed throughout in terms of amoxicillin/clavulanic acid content except when doses are stated in terms of an individual component.

The dose of Amoxicillin and clavulanate potassium tablets USP 625 mg that is selected to treat an individual infection should take into account:

- The expected pathogens and their likely susceptibility to antibacterial agents
- The severity and the site of the infection
- The age, weight and renal function of the patient as shown below.

The use of alternative presentations of Amoxicillin and clavulanate potassium tablets USP 625 mg (e.g. those that provide higher doses of amoxicillin and/or different ratios of amoxicillin to clavulanic acid) should be considered as necessary.

For adults and children ≥ 40 kg, this formulation of amoxicillin and clavulanate potassium tablets USP 625 mg should considered. Amoxicillin and clavulanate potassium tablets USP 625 mg provides a total daily dose of 1500 mg amoxicillin/625 mg clavulanic acid.

For children < 40 kg, this formulation of Amoxicillin and Clavulanate Potassium Tablets USP 625 mg provides a maximum daily dose of 2400 mg amoxicillin/600 mg clavulanic acid, when administered.

If it is considered that a higher daily dose of amoxicillin is required, it is recommended that another preparation of Amoxicillin and clavulanate potassium tablets USP 625 mg is selected in order to avoid administration of unnecessarily high daily doses of clavulanic acid.

The duration of therapy should be determined by the response of the patient. Some infections (e.g. osteomyelitis) require longer periods of treatment. Treatment should not be extended beyond 14 days without review.

Adults and children ≥ 40 kg:
One 500 mg/125 mg dose taken three times a day.

Children < 40 kg:
20 mg/5 mg/kg/day to 60 mg/15 mg/kg/day given in three divided doses.
Children may be treated with Amoxicillin and Clavulanate Potassium suspensions or paediatric sachets.
As the tablets cannot be divided, children weighing less than 25 kg must not be treated with Amoxicillin and clavulanate potassium tablets USP 625 mg.
The table below presents the received dose (mg/kg body weight) in children weighing 25 kg to 40 kg upon administering a single 500/125 mg tablet.

Body weight [kg]	40	35	30	25	Single dose recommended [mg/kg body weight]
Amoxicillin[mg/kg bodyweight]per single dose (1film-coated tablet)	12.5	14.3	16.7	20.0	6.67 – 20
Clavulanic acid [mg/kg body weight] per single dose (1 film-coated tablet)	3.1	3.6	4.2	5.0	1.67 - 5

Children aged 6 years and below or weighing less than 25 kg should preferably be treated with Amoxicillin and Clavulanate Potassium suspension or paediatric sachets.
No clinical data are available on doses of Amoxicillin and clavulanate potassium tablet formulations higher than 40 mg/10 mg/kg per day in children under 2 years.

Elderly:

No dose adjustment is considered necessary.

Renal impairment:

Dose adjustments are based on the maximum recommended level of amoxicillin.

No adjustment in dose is required in patients with creatinine clearance (CrCl) greater than 30 ml/min.

Adults and children ≥ 40 kg:

CrCl: 10-30 ml/min	500 mg/125 mg twice daily
CrCl < 10 ml /min	500 mg/125 mg once daily
Haemodialysis	500 mg/125 mg every 24 hours, plus 500 mg/125 mg during dialysis, to

	be repeated at the end of dialysis (as serum concentrations of both amoxicillin and clavulanic acid are decreased)

Children < 40 kg:

CrCl: 10-30 ml/min	15 mg/3.75 mg/kg twice daily (maximum 500 mg/125 mg twice daily).
CrCl < 10 ml /min	15 mg/3.75 mg/kg as a single daily dose (maximum 500 mg/125 mg).
Haemodialysis	15 mg/3.75 mg/kg per day once daily. Prior to haemodialysis 15 mg/3.75 mg/kg. In order to restore circulating drug levels, 15 mg/3.75 mg per kg should be administered after haemodialysis.

Hepatic impairment:
Dose with caution and monitor hepatic function at regular intervals.

Method of administration:
Amoxicillin and clavulanate potassium tablets USP 625 mg is for oral use.
Amoxicillin and clavulanate potassium tablets USP 625 mg should be administered with a meal to minimise potential gastrointestinal intolerance.
Therapy can be started parenterally according the SPC of the IV formulation and continued with an oral preparation.

4.3 Contraindications
History of a severe immediate hypersensitivity reaction (e.g. anaphylaxis) to another beta-lactam agent (e.g. a cephalosporin, carbapenem or monobactam).
History of jaundice/hepatic impairment due to amoxicillin/clavulanic acid.

4.4 Special warnings and precautions for use
Before initiating therapy with amoxicillin/clavulanic acid, careful enquiry should be made concerning previous hypersensitivity reactions to penicillins, cephalosporins or other beta-lactam agents.
Serious and occasionally fatal hypersensitivity reactions (including anaphylactoid and severe cutaneous adverse reactions) have been reported in patients on penicillin therapy. These reactions are more likely to occur in individuals with a history of penicillin hypersensitivity and in atopic individuals. If an allergic reaction occurs, amoxicillin/clavulanic acid therapy must be discontinued and appropriate alternative therapy instituted.

Convulsions may occur in patients with impaired renal function or in those receiving high doses.

Amoxicillin/clavulanic acid should be avoided if infectious mononucleosis is suspected since the occurrence of a morbilliform rash has been associated with this condition following the use of amoxicillin.

Concomitant use of allopurinol during treatment with amoxicillin can increase the likelihood of allergic skin reactions.

Prolonged use may occasionally result in overgrowth of non-susceptible organisms.

Amoxicillin/clavulanic acid should be used with caution in patients with evidence of hepatic impairment.

Hepatic events have been reported predominantly in males and elderly patients and may be associated with prolonged treatment. These events have been very rarely reported in children. In all populations, signs and symptoms usually occur during or shortly after treatment but in some cases may not become apparent until several weeks after treatment has ceased. These are usually reversible. Hepatic events may be severe and, in extremely rare circumstances deaths have been reported. These have almost always occurred in patients with serious underlying disease or taking concomitant medications known to have the potential for hepatic effects.

Periodic assessment of organ system functions; including renal, hepatic and haematopoietic function is advisable during prolonged therapy.

Prolongation of prothrombin time has been reported rarely in patients receiving amoxicillin/clavulanic acid. Appropriate monitoring should be undertaken when anticoagulants are prescribed concomitantly. Adjustments in the dose of oral anticoagulants may be necessary to maintain the desired level of anticoagulation.

In patients with renal impairment, the dose should be adjusted according to the degree of impairment.

In patients with reduced urine output, crystalluria has been observed very rarely, predominantly with parenteral therapy. During the administration of high doses of amoxicillin, it is advisable to maintain adequate fluid intake and urinary output in order to reduce the possibility of amoxicillin crystalluria. In patients with bladder catheters, a regular check of patency should be maintained.

During treatment with amoxicillin, enzymatic glucose oxidase methods should be used whenever testing for the presence of glucose in urine because false positive results may occur with non-enzymatic methods.

The presence of clavulanic acid in Amoxicillin and clavulanate potassium tablets USP 625 mg may cause a non-specific binding of IgG and albumin by red cell membranes leading to a false positive Coombs test.

There have been reports of positive test results using the Bio-Rad Laboratories Platelia *Aspergillus* EIA test in patients receiving amoxicillin/clavulanic acid who were subsequently found to be free of *Aspergillus* infection. Cross-reactions with non-*Aspergillus* polysaccharides and polyfuranoses with Bio-Rad Laboratories Platelia *Aspergillus* EIA test have been reported. Therefore, positive test results in patients receiving amoxicillin/clavulanic acid should be interpreted cautiously and confirmed by other diagnostic methods.

4.5 Interaction with other medicinal products and other forms of interaction Oral

anticoagulants

Oral anticoagulants and penicillin antibiotics have been widely used in practice without reports of interaction. However, in the literature there are cases of increased international normalised ratio in patients maintained on acenocoumarol or warfarin and prescribed a course of amoxicillin. If co-administration is necessary, the prothrombin time or international normalised ratio should be carefully monitored with the addition or withdrawal of amoxicillin. Moreover, adjustments in the dose of oral anticoagulants may be necessary.

Methotrexate

Penicillins may reduce the excretion of methotrexate causing a potential increase in toxicity.

Probenecid:

Concomitant use of probenecid is not recommended. Probenecid decreases the renal tubular secretion of amoxicillin. Concomitant use of probenecid may result in increased and prolonged blood levels of amoxicillin but not of clavulanic acid.

Mycophenolate mofetil:

In patients receiving mycophenolate mofetil, reduction in pre-dose concentration of the active metabolite mycophenolic acid (MPA) of approximately 50% has been reported following commencement of oral amoxicillin plus clavulanic acid. The change in pre-dose level may not accurately represent changes in overall MPA exposure. Therefore, a change in the dose of mycophenolate mofetil should not normally be necessary in the absence of clinical evidence of graft dysfunction. However, close clinical monitoring should be performed during the combination and shortly after antibiotic treatment.

4.6 Pregnancy and lactation:

Pregnancy:

Animal studies do not indicate direct or indirect harmful effects with respect to pregnancy, embryonal/foetal development, parturition or postnatal development. Limited data on the use of amoxicillin/clavulanic acid during pregnancy in humans do not indicate an increased risk of congenital malformations. In a single study in women with preterm, premature rupture of the foetal membrane it was reported that prophylactic treatment with amoxicillin/clavulanic acid may be associated with an increased risk of necrotising enterocolitis in neonates. Use should be avoided during pregnancy, unless considered essential by the physician.

Breastfeeding:

Both substances are excreted into breast milk (nothing is known of the effects of clavulanic acid on the breast-fed infant). Consequently, diarrhoea and fungus infection of the mucous membranes are possible in the breast-fed infant, so that breast-feeding might have to be discontinued. The possibility of sensitisation should be taken into account.

Amoxicillin/clavulanic acid should only be used during breast-feeding after benefit/risk assessment by the physician in charge.

4.7 Effects on the ability to drive and use machines

No studies on the effects on the ability to drive and use machines have been performed. However, undesirable effects may occur (e.g. allergic reactions, dizziness, convulsions), which may influence the ability to drive and use machines.

4.8 Undesirable effects

The most commonly reported adverse drug reactions (ADRs) are diarrhoea, nausea and vomiting.

The ADRs derived from clinical studies and post-marketing surveillance with Amoxicillin and clavulanate potassium tablets USP 625 mg, sorted by MedDRA System Organ Class are listed below.

The following terminologies have been used in order to classify the occurrence of undesirable effects.

Very common (≥1/10)
Common (≥1/100 to <1/10)
Uncommon (≥1/1,000 to <1/100)
Rare (≥1/10,000 to <1/1,000)
Very rare (<1/10,000)
Not known (cannot be estimated from the available data)

Infections and infestations	
Mucocutaneous candidosis	Common
Overgrowth of non-susceptible organisms	Not known
Blood and lymphatic system disorders	
Reversible leucopenia (including neutropenia)	Rare
Thrombocytopenia	Rare
Reversible agranulocytosis	Not known
Haemolytic anaemia	Not known
Prolongation of bleeding time and prothrombin time	Not known
Immune system disorders	
Angioneurotic oedema	Not known
Anaphylaxis	Not known
Serum sickness-like syndrome	Not known
Hypersensitivity vasculitis	Not known
Nervous system disorders	

Dizziness	Uncommon
Headache	Uncommon
Reversible hyperactivity	Not known
Convulsions	Not known
Meningitis	Not known
Gastrointestinal disorders	
Diarrhoea	Very common
Nausea	Common
Vomiting	Common
Indigestion	Uncommon
Antibiotic-associated colitis	Not known
Black hairy tongue	Not known

Hepatobiliary disorders	
Rises in AST and/or ALT	Uncommon
Hepatitis	Not known
Cholestatic jaundice	Not known
Skin and subcutaneous tissue disorders	
Skin rash	Uncommon
Pruritus	Uncommon
Urticaria	Uncommon
Erythema multiforme	Rare
Stevens-Johnson syndrome	Not known
Toxic epidermal necrolysis	Not known
Bullous exfoliative-dermatitis	Not known
Acute generalised exanthemous pustulosis (AGEP)	Not known
Drug reaction with eosinophilia and systemic symptoms (DRESS)	Not known
Renal and urinary disorders	
Interstitial nephritis	Not known
Crystalluria	Not known

Nausea is more often associated with higher oral doses. If gastrointestinal reactions are evident, they may be reduced by taking amoxicillin/clavulanic acid with a meal.

Including pseudo membranous colitis and haemorrhagic colitis.

A moderate rise in AST and/or ALT has been noted in patients treated with beta-lactam class antibiotics, but the significance of these findings is unknown.

These events have been noted with other penicillins and cephalosporins.

If any hypersensitivity dermatitis reaction occurs, treatment should be discontinued.

4.9 Overdose

Symptoms and signs of overdose:

Gastrointestinal symptoms and disturbance of the fluid and electrolyte balances may be evident. Amoxicillin crystalluria, in some cases leading to renal failure, has been observed. Convulsions may occur in patients with impaired renal function or in those receiving high doses.
Amoxicillin has been reported to precipitate in bladder catheters, predominantly after intravenous administration of large doses. A regular check of patency should be maintained.

Treatment of intoxication:

Gastrointestinal symptoms may be treated symptomatically, with attention to the water/electrolyte balance.
Amoxicillin/clavulanic acid can be removed from the circulation by haemodialysis.

5. Pharmacological properties

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Combinations of penicillins, incl. beta-lactamase inhibitors.

ATC code: J01CR02.

Mechanism of action:

Amoxicillin is semisynthetic penicillin (beta-lactam antibiotic) that inhibits one or more enzymes (often referred to as penicillin-binding proteins, PBPs) in the biosynthetic pathway of bacterial peptidoglycan, which is an integral structural component of the bacterial cell wall. Inhibition of peptidoglycan synthesis leads to weakening of the cell wall, which is usually followed by cell lysis and death.
Amoxicillin is susceptible to degradation by beta-lactamases produced by resistant bacteria and therefore the spectrum of activity of amoxicillin alone does not include organisms which produce these enzymes.
Clavulanic acid is a beta-lactam structurally related to penicillins. It inactivates some beta-lactamase enzymes thereby preventing inactivation of amoxicillin. Clavulanic acid alone does not exert a clinically useful antibacterial effect.

Pharmacokinetic/pharmacodynamic relationship

The time above the minimum inhibitory concentration (T>MIC) is considered to be the major determinant of efficacy for amoxicillin.

Mechanisms of resistance

The two main mechanisms of resistance to amoxicillin/clavulanic acid are:

• Inactivation by those bacterial beta-lactamases that are not themselves inhibited by clavulanic acid, including class B, C and D.

• Alteration of PBPs, which reduce the affinity of the antibacterial agent for the target.

Impermeability of bacteria or efflux pump mechanisms may cause or contribute to bacterial resistance, particularly in Gram-negative bacteria.

Breakpoints

MIC breakpoints for amoxicillin/clavulanic acid are those of the European Committee on Antimicrobial Susceptibility Testing (EUCAST).

Organism	**Susceptibility Breakpoints (µg/ml)**		
	Susceptible	Intermediate	Resistant
Haemophilus influenzae[1]	≤ 1	-	> 1
Moraxella catarrhalis[1]	≤ 1	-	> 1
Staphylococcus aureus [2]	≤ 2	-	> 2
Coagulase-negative staphylococci [2]	≤ 0.25		> 0.25
Enterococcus[1]	≤ 4	8	> 8
Streptococcus A, B, C, G[5]	≤ 0.25	-	> 0.25
Streptococcus pneumoniae[3]	≤ 0.5	1-2	> 2

Enterobacteriaceae[1,4]	-	-	> 8
Gram-negative Anaerobes[1]	≤ 4	8	> 8
Gram-positive Anaerobes[1]	≤ 4	8	> 8
Non-species related breakpoints[1]	≤ 2	4-8	> 8

[1] The reported values are for amoxicillin concentrations. For susceptibility testing purposes, the concentration of clavulanic acid is fixed at 2 mg/l.
[2] The reported values are oxacillin concentrations.
[3] Breakpoint values in the table are based on ampicillin breakpoints.
[4] The resistant breakpoint of R>8 mg/l ensures that all isolates with resistance mechanisms are reported resistant.
[5] Breakpoint values in the table are based on benzylpenicillin breakpoints.

The prevalence of 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 the agent in at least some types of infections is questionable.

Commonly susceptible species
Aerobic Gram-positive micro-organisms *Enterococcus faecalis* *Gardnerella vaginalis* *Staphylococcus aureus* (methicillin-susceptible)£ Coagulase-negative staphylococci (methicillin-susceptible) *Streptococcus agalactiae* *Streptococcus pneumoniae*[1] *Streptococcus pyogenes* and other beta-haemolytic streptococci *Streptococcus viridans* group **Aerobic Gram-negative micro-organisms** *Capnocytophaga* spp. *Eikenella corrodens* *Haemophilus influenzae*[2] *Moraxella catarrhalis* *Pasteurella multocida* Anaerobic micro-organisms *Bacteroides fragilis* *Fusobacterium nucleatum* *Prevotella* spp.
Species for which acquired resistance may be a problem
Aerobic Gram-positive micro-organisms *Enterococcus faecium* $ **Aerobic Gram-negative micro-organisms** *Escherichia coli*

Klebsiella oxytoca *Klebsiella pneumoniae* *Proteus mirabilis* *Proteus vulgaris*
Inherently resistant organisms
Aerobic Gram-negative micro-organisms *Acinetobacter* sp. *Citrobacter freundii* *Enterobacter* sp. *Legionella pneumophila* *Morganella morganii* *Providencia* spp. *Pseudomonas* sp. *Serratia* sp. *Stenotrophomonas maltophilia* Other micro-organisms *Chlamydophila pneumoniae* *Chlamydophila psittaci* *Coxiella burnetti* *Mycoplasma pneumoniae*
$ Natural intermediate susceptibility in the absence of acquired mechanism of resistance. £ All methicillin-resistant staphylococci are resistant to amoxicillin/clavulanic acid [1]*Streptococcus pneumoniae* that are resistant to penicillin should not be treated with this presentation of amoxicillin/clavulanic acid . [2] Strains with decreased susceptibility have been reported in some countries in the EU with a frequency higher than 10%.

5.2 Pharmacokinetic properties

Absorption:

Amoxicillin and clavulanic acid, are fully dissociated in aqueous solution at physiological pH. Both components are rapidly and well absorbed by the oral route of administration. Following oral administration, amoxicillin and clavulanic acid are approximately 70% bioavailable. The plasma profiles of both components are similar and the time to peak plasma concentration (T_{max}) in each case is approximately one hour.

The pharmacokinetic results for a study, in which amoxicillin/clavulanic acid (500 mg/125 mg tablets three times daily) was administered in the fasting state to groups of healthy volunteers are presented below.

Mean (± SD) pharmacokinetic parameters					
Active substance(s)	Dose	C_{max}	T_{max} *	AUC $_{(0-24h)}$	T 1/2
	(mg)	(µg/ml)	(h)	(µg.h/ml)	(h)

administered					
Amoxicillin					
AMX/CA 500/125 mg	500	7.19 ± 2.26	1.5 (1.0-2.5)	53.5 ± 8.87	1.15 ± 0.20
Clavulanic acid					
AMX/CA 500 mg/125 mg	125	2.40 ± 0.83	1.5 (1.0-2.0)	15.72 ± 3.86	0.98 ± 0.12
AMX – amoxicillin, CA – clavulanic acid * Median (range)					

Amoxicillin and clavulanic acid serum concentrations achieved with amoxicillin/clavulanic acid are similar to those produced by the oral administration of equivalent doses of amoxicillin or clavulanic acid alone.

Distribution:

About 25% of total plasma clavulanic acid and 18% of total plasma amoxicillin is bound to protein. The apparent volume of distribution is around 0.3-0.4 l/kg for amoxicillin and around 0.2 l/kg for clavulanic acid.
Following intravenous administration, both amoxicillin and clavulanic acid have been found in gall bladder, abdominal tissue, skin, fat, muscle tissues, synovial and peritoneal fluids, bile and pus. Amoxicillin does not adequately distribute into the cerebrospinal fluid.
From animal studies there is no evidence for significant tissue retention of drug-derived material for either component. Amoxicillin, like most penicillins, can be detected in breast milk. Trace quantities of clavulanic acid can also be detected in breast milk.
Both amoxicillin and clavulanic acid have been shown to cross the placental barrier.

Metabolism:
Amoxicillin is partly excreted in the urine as the inactive penicilloic acid in quantities equivalent to up to 10 to 25% of the initial dose. Clavulanic acid is extensively metabolized in man and eliminated in urine and faeces, and as carbon dioxide in expired air.

Elimination:
The major route of elimination for amoxicillin is via the kidney, whereas for clavulanic acid it is by both renal and non-renal mechanisms.
Amoxicillin/clavulanic acid has a mean elimination half-life of approximately one hour and a mean total clearance of approximately 25 l/h in healthy subjects. Approximately 60 to 70% of the amoxicillin and approximately 40 to 65% of the clavulanic acid are excreted unchanged in urine during the first 6 h after administration of single Amoxicillin and Clavulanate Potassium Tablet USP 250 mg/125 mg or 500 mg/125 mg tablets. Various studies have found the urinary excretion to be 50-85% for amoxicillin and between 27-60% for clavulanic acid over a 24 hour period. In the case of clavulanic acid, the largest amount of drug is excreted during the first 2 hours after administration.

Concomitant use of probenecid delays amoxicillin excretion but does not delay renal excretion of clavulanic acid.

Age:
The elimination half-life of amoxicillin is similar for children aged around 3 months to 2 years and older children and adults. For very young children (including preterm newborns) in the first week of life the interval of administration should not exceed twice daily administration due to immaturity of the renal pathway of elimination. Because elderly patients are more likely to have decreased renal function, care should be taken in dose selection, and it may be useful to monitor renal function.

Gender:
Following oral administration of amoxicillin/clavulanic acid to healthy males and female subjects, gender has no significant impact on the pharmacokinetics of either amoxicillin or clavulanic acid.

Renal impairment:
The total serum clearance of amoxicillin/clavulanic acid decreases proportionately with decreasing renal function. The reduction in drug clearance is more pronounced for amoxicillin than for clavulanic acid, as a higher proportion of amoxicillin is excreted *via* the renal route. Doses in renal impairment must therefore prevent undue accumulation of amoxicillin while maintaining adequate levels of clavulanic acid.

Hepatic impairment:

Hepatically impaired patients should be dosed with caution and hepatic function monitored at regular intervals.

5.3 Preclinical safety Data:
Not applicable.

6. Pharmaceutical particulars

6.1 List of excipients

Core

Colloidal Silicon Dioxide

Microcrystalline Cellulose (Plain)

Crospovidone

Magnesium Stearate

Silicon Dioxide

Microcrystalline Cellulose (PH112)

Purified Talc

Coating

Titanium Dioxide

HPMC E-15

HPMC E-6

Ethyl cellulose (RT-N-20)

Dibutyl Phthalate

Purified Talc

6.2 Incompatibilities
Not applicable.

6.3 Shelf life
36 months.

6.4 Special precautions for storage Store at 20°C to 25°C (68°F to 77°F) [See USP controlled room temperature]
Dispense in a tight moisture-proof container.
Advise patient to keep in closed container.
Keep this medicine out of reach of children.

6.5 Nature and contents of container
Each Alu-Alu blister contains 7 tablets, each carton contains 2 Alu-Alu blisters, each 5 ply shipper contains 300 cartons along with leaflet (300 X 2 X 7's) sealed with BOPP tape.

6.6 Special precautions for disposal
Any unused medicinal product or waste material should be disposed of in accordance with local requirements.

7. APPLICANT/MANUFACTURER

7.1 APPLICANT

M/s VADIS PHARMACEUTICAL
PLOT IN/2 EMENE INDUSTRIAL LAYOUT PHASE 2 EXTENSION EMENE ENUGU ,ENUGU STATE , NIGERIA

8. Manufacturer:

M/s. M/s VADIS PHARMACEUTICAL
PLOT IN/2 EMENE INDUSTRIAL LAYOUT PHASE 2 EXTENSION EMENE ENUGU ,ENUGU STATE , NIGERIA