SUMMARY OF PRODUCT CHARACTERISTICS

1 NAME OF THE MEDICINAL PRODUCT

Cefalexin 125 mg/5ml Powder for Oral Suspension

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

Each 5ml reconstituted suspension contains 132.4 mg of Cefalexin monohydrate equivalent to 125mg Cefalexin.

Each 5ml contains 4.82mg sodium benzoate, after reconstitution.

Each 5ml contains 847.24mg sorbitol, after reconstitution.

For full list of excipients, see section 6.1.

3 PHARMACEUTICAL FORM

Powder for Oral Suspension.

A pale pink, free flowing granular powder, which readily disperses in water to give a pink suspension with an odour of strawberry.

4 CLINICAL PARTICULARS

4.1 Therapeutic indications

Cefalexin is a semi synthetic cephalosporin antibiotic for oral administration.

Cefalexin is indicated in the treatment of the following infections: Respiratory tract infections; otitis media; skin and soft tissue infections; bone and joint infections; genito-urinary infections, including acute prostatitis and dental infections.

Cefalexin is active against the following organisms in vitro: β-haemolytic streptococci; staphylococci, including coagulase-positive, coagulase-negative and

penicillinase-producing strains; Streptococcus pneumoniae; Escherichia coli; Proteus mirabilis; Klebsiella species, Haemophilus influenza; Branhamella catarrhalis.

Most strains of enterococci (Streptococcus faecalis) and a few strains of staphylococci are resistant to cefalexin. Cefalexin is inactive against most strains of enterobacter, morganella morganii, pr. Vulgaris, colstridium difficule, and the following species: legionella, campylobacter, pseudomonas or herellea species. When tested by in vitro methods, staphylococci exhibit cross-resistance between cefalexin and methicillin-type antibiotics.

4.2 Posology and method of administration

Adults

1-4 g daily in divided doses; most infections will respond to a dosage of 500 mg every 8 hours.

For skin and soft tissue infections, streptococcal pharyngitis and mild, uncomplicated urinary tract infections, the usual dosage is 250 mg every 6 hours, or 500 mg every 12 hours.

More severe infections, or those caused by less susceptible organisms may need larger doses. If daily doses greater than 4g are required other parenteral cephalosporins, in appropriate doses, should be considered.

Elderly

As for adults although dosage should be reduced to a daily maximum of 500mg if renal function is severely impaired (glomerular filtration rate < 10ml/min).

Children

The recommended daily dosage for children is 25-50 mg/kg in divided doses.

In the case of skin, soft tissue infections, streptococcal pharyngitis and mild, uncomplicated urinary tract infections, the total daily dose may be divided and administered every 12 hours.

For most infections, the following is suggested:

Children under 5 years: 125 mg every 8 hours.

Children 5 years and over: 250 mg every 8 hours.

In severe infections, the dosage may be doubled.

Clinical studies have shown that for otitis media a dosage of 75-100 mg/kg/day is required, in four divided doses.

In the treatment of ß-haemolytic streptococcal infections, a therapeutic dose should be administered for at least 10 days.

Route of administration

Oral

4.3 Contraindications

Cefalexin is contra-indicated in patients with known allergy to the cephalosporin group of antibiotics.

Cefalexin should be given cautiously to patients who have shown hypersensitivity to other drugs. Cephalosporins should be given with caution to penicillin-sensitive patients, as there is some evidence of partial cross-allergenicity between the penicillins and the cephalosporins. Patients have had severe reactions (including anaphylaxis) to both drugs.

Cefalexin is contraindicated in patients with acute porphyria.

4.4 Special warnings and precautions for use

Before instituting therapy with cefalexin, every effort should be made to determine whether the patient has had previous hypersensitivity reactions to the cephalosporins, penicillins or other drugs. Cefalexin should be given cautiously to penicillin-sensitive patients. There is some clinical and laboratory evidence of partial cross-allergenicity of the penicillins and cephalosporins. Patients have had severe reactions (including anaphylaxis) to both drugs.

If an allergic reaction to cefalexin occurs the drug should be discontinued, and the patient treated with the appropriate agents. Prolonged use of cefalexin may result in the overgrowth of non-susceptible organisms. Careful observation of the patient is essential. If superinfection occurs during therapy, appropriate measures should be taken.

Pseudomembranous colitis has been reported with virtually all broad-spectrum antibiotics, including macrolides, semisynthetic penicillins and cephalosporins. It is important, therefore, to consider its diagnosis in patients who develop

diarrhoea in association with the use of antibiotics. Such colitis may range in severity from mild to life-threatening. Mild cases of pseudomembranous colitis usually respond to drug discontinuance alone. In moderate to severe cases, appropriate measures should be taken.

Reports of neurotoxicity have been identified in association with cephalosporin treatment. Symptoms may include encephalopathy, myoclonus and seizures. Elderly patients, patients with severe renal impairment or central nervous system are particularly at risk.

Cefalexin should be administered with caution in the presence of markedly impaired renal function. Careful clinical and laboratory studies should be made because safe dosage may be lower than that usually recommended. If dialysis is required for renal failure, the daily dose of cefalexin should not exceed 500 mg. If cefalexin associated neurotoxicity is suspected, discontinuation of cefalexin should be considered.

Positive direct Coombs' tests have been reported during treatment with cephalosporin antibiotics, In haematological studies, or in transfusion cross-matching procedures when antiglobulin tests are performed on the minor side, or in Coombs' testing of new-borns whose mothers have received cephalosporin antibiotics before parturition, it should be recognised that a positive Coombs' test may be due to the drug.

A false positive reaction for glucose in the urine may occur with Benedict's or Fehling's solutions or with copper sulphate test tablets.

Patients with rare hereditary problems of fructose intolerance should not take this medicine.

Acute generalised exanthematous pustulosis (AGEP) has been reported in association with cefalexin treatment. At the time of prescription patients should be advised of the signs and symptoms and monitored closely for skin reactions. If signs and symptoms suggestive of these reactions appear, cefalexin should be withdrawn immediately and an alternative treatment considered. Most of these reactions occurred most likely in the first week during treatment.

4.5 Interaction with other medicinal products and other forms of interaction

As with other beta-lactam drugs, renal excretion of cefalexin is inhibited by probenecid.

In a single study of 12 healthy subjects given single 500 mg doses of cefalexin and metformin, plasma metformin Cmax and AUC increased by an average of 34% and 24%, respectively, and metformin renal clearance decreases by an average of 14%. No side-effects were reported in the 12 healthy subjects in this study. No information is available about the interaction of cefalexin and metformin following multiple dose administration. The clinical significance of this study is unclear, particularly as no cases of ‘lactic acidosis’ have been reported in association with concomitant metformin and cefalexin treatment.

Hypokalaemia has been described in patients taking cytotoxic drugs for leukaemia when they were given gentamicin and cefalexin.

Cefalexin should be given cautiously to patients who have shown hypersensitivity to other drugs. Cephalosporins should be given with caution to penicillin-sensitive patients, as there is some evidence of partial cross-allergenicity between the penicillins and the cephalosporins.

Patients have had severe reactions (including anaphylaxis) to both drugs.

Probenecid causes reduced excretion of cefalexin leading to increased plasma concentrations. Cephalosporins may have an increased risk of nephrotoxicity in the presence of amphotericin, loop diuretics, aminoglycosides, capreomycin or vancomycin.

4.6 Fertility, Pregnancy and lactation

Although laboratory and clinical studies have shown no evidence of teratogenicity, caution should be exercised when prescribing for the pregnant patient.

Use in nursing mothers: The excretion of cefalexin in human breast milk increased up to 4 hours following a 500mg dose. The drug reached a maximum level of 4 micrograms/ml then decreased gradually and had disappeared 8 hours after administration. Caution should be exercised when cefalexin is administered to a nursing woman, since the neonate is presented with possible effects to the infant include modification of bowel flora, risk of candidiasis and CNS toxicity due to immaturity of the blood-brain barrier. There is a theoretical possibility of later sensitisation.

4.7 Effects on ability to drive and use machines

Not applicable

4.8 Undesirable effects

Gastro-intestinal: Symptoms of pseudomembranous colitis may appear either during or after antibiotic treatment. Nausea and vomiting have been reported rarely. The most frequent side-effect has been diarrhoea. It was very rarely severe enough to warrant cessation of therapy. Dyspepsia and abdominal pain have also occurred.

Hypersensitivity: Allergic reactions have been observed in the form of rash, urticaria, angioedema, and rarely erythema multiforme, Stevens-Johnson syndrome and toxic epidermal necrolysis. These reactions usually subside upon discontinuation of the drug, although in some cases supportive therapy may be necessary. Anaphylaxis has also been reported.

Haemic and Lymphatic System: Eosinophilia, neutropenia, thrombocytopenia, haemolytic anaemia and positive Coombs' tests have been reported.

Skin and subcutaneous tissue disorders: Acute generalised exanthematous pustulosis (AGEP) has been reported with unknown frequency.

Hepatic: As with some penicillins and some other cephalosporins, transient hepatitis and cholestatic jaundice have been reported rarely. Slight elevations of AST and ALT have been observed.

Other: These have included genital and anal pruritus, genital candidiasis, vaginitis and vaginal discharge, dizziness, fatigue, headache, agitation, confusion, hallucinations, fever, arthralgia, arthritis and joint disorder. Hyperactivity, nervousness, sleep disturbances and hypertonia have also been reported. Reversible interstitial nephritis has been reported rarely and toxic epidermal necrolysis have been observed rarely. There have been reports of neurological sequelae including tremor, myoclonia, convulsions, encephalopathy with drugs belonging to the class of cephalosporins. Most cases occurred in patients with renal impairment who received doses that exceeded the recommended dose and resolved following discontinuation of treatment.

4.9 Overdose

Symptoms of overdosage may include nausea, vomiting, epigastric distress and haematuria. Treatment of overdosage: Serum levels can be considerably reduced by forced diuresis, haemodialysis, peritoneal dialysis or charcoal haemoperfusion. It would be extremely unlikely that one of these procedures would be indicated.

In the event of severe overdosage, general supportive care is recommended including close clinical and laboratory monitoring of haematological, renal and hepatic functions and coagulation status until the patient is stable.

Unless 5-10 times the normal total daily dose has been ingested, gastro-intestinal

Decontamination should not be necessary. There have been reports of haematuria without impairment of renal function in children accidentally ingesting more than 3.5g of cefalexin in a day. Treatment has been supportive (fluids) and no sequelae have been reported.

5 PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Cefalexin is bactericidal and has antimicrobial activity similar to that of cephaloridine or cephalothin against both gram-positive and gram-negative organisms.

5.2 Pharmacokinetic properties

Cefalexin is acid stable and may be given without regard to meals.

Cefalexin is rapidly absorbed from the gastro-intestinal tract and produces peak plasma concentrations about 1 hour after administration. Following doses of 250mg, 500mg and 1g, average peak serum levels of approximately 9, 18 and 32mg/L respectively were obtained at 1 hour. Measurable levels were present 6 hours after administration. Cefalexin is excreted in the urine by glomerular filtration and tubular secretion. Studies showed that over 90% of the drug was excreted unchanged in the urine within 8 hours. During this period peak urine concentrations following the 250mg, 500mg and 1g doses were approximately 1000, 2200 and 5000mg/L respectively.

Cefalexin is almost completely absorbed from the gastro-intestinal tract, and 75-100% is rapidly excreted in active form in the urine.

If cefalexin is taken with food there is delayed and slightly reduced absorption and there may be delayed elimination from the plasma. The half-life is approximately 60 minutes in patients with normal renal function. The biological half-life has been reported to range from 0.6 to at least 1.2 hours and this increases with reduced renal function. About 10 to 15% of a dose is bound to plasma proteins. Haemodialysis and peritoneal dialysis will remove cefalexin from the blood.

Peak blood levels are achieved one hour after administration, and therapeutic levels are maintained for 6-8 hours. About 80% or more of a dose is excreted unchanged in the urine in the first 6 hours by glomerular filtration and tubular secretion; urinary concentrations greater than 1 mg per ml have been achieved after a dose of 500 mg. Probenecid delays urinary excretion and has been reported to increase biliary excretion. Cefalexin is widely distributed in the body but does not enter the cerebrospinal fluid in significant quantities unless the meninges are inflamed. It diffuses across the placenta and small quantities are found in the milk of nursing mothers. Therapeutically effective concentrations may be found in the bile.

No accumulation is seen with dosages above the therapeutic maximum of 4g/day.

The half-life may be increased in neonates due to their renal immaturity, but there is no accumulation when given at up to 50mg/kg/day.

5.3 Preclinical safety data

The daily oral administration of cefalexin to rats in doses of 250 or 500mg/kg prior to and during pregnancy, or to rats and mice during the period of organogenesis only,

had no adverse effect on fertility, foetal viability, foetal weight, or litter size.

Cefalexin showed no enhanced toxicity in weanling and newborn rats as compared with adult animals.

The oral LD50 of cefalexin in rats is 5,000mg/kg.

6 PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Sodium Benzoate (E211)

Disodium Edetate (E 386)

Citric Acid (Anhydrous) E (330)

Sodium Citrate (E 331)

Sorbitol Powder (E 420)

Saccharin Sodium (E 954)

Trusil Strawberry Powder Flavour

Colloidal Silicon Dioxide (E 551)

Ammonium Glycyrrhizinate

Erythrosine (E127)

Xanthan Gum (E 451)

6.2 Incompatibilities

Not applicable

6.3 Shelf life

Dry Powder: 2 years

Reconstituted Suspension: 14 days

6.4 Special precautions for storage

Dry Powder: Do not store above 25°C. Keep the container tightly closed.

Reconstituted Suspension:

This suspension should be stored in a cool place, preferably a refrigerator. Discard any unused suspension after 14 days.

6.5 Nature and contents of container

High density polyethylene bottles of 100 ml with an open end equipped to accept a polyethylene closure with tamper-evident tear strip.

6.6 Special precautions for disposal

Instruction for Use/Handling

To the Pharmacist:

To prepare, add 89 ml of potable water and shake until powder is dissolved. The reconstituted solution may be further diluted with sorbitol solution BP, syrup BP or purified water if required.

A pale pink, free flowing granular powder, which readily disperses in water to give a pink suspension with an odour of strawberry.

7 MARKETING AUTHORISATION HOLDER

Rudipharm Limited
Unit 6
Salbrook Road Industrial Estate
Salbrook Road
Redhill
Surrey RH1 5GJ, UK

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