

AUGMENTINTM BD TABLETS

Amoxicillin trihydrate - Potassium clavulanate **QUALITATIVE AND QUANTITATIVE COMPOSITION**

AUGMENTIN 625 mg tablets: Each tablet contains 500 mg amoxicillin (as amoxicillin trihydrate) and 125 mg clavulanic acid (as potassium clavulanate).

PHARMACEUTICAL FORM

AUGMENTIN 625 mg tablets: A white to off-white oval- shaped film-coated debossed tablet, with a score line on one side and plain on the other side.

CLINICAL PARTICULARS

Indications

Augmentin is indicated for treatment of bacterial infections caused by Staphylococcus, Streptococcus, Pneumococcus, Meningococcal and other susceptible bacteria.

[Explanation]

AUGMENTIN is an antibiotic agent with a notably broad spectrum of activity against the commonly occurring bacterial pathogens in general practice and hospital. The β-lactamase inhibitory action of clavulanate extends the spectrum of amoxicillin to embrace a wider range of organisms, including many resistant to other β-lactam antibiotics. AUGMENTIN oral presentations for twice daily dosing, are indicated for short-term treatment of bacterial infections at the following sites: Upper respiratory tract infections (including ENT) e.g. tonsillitis, sinusitis, otitis media.

Lower respiratory tract infections e.g. acute exacerbation of chronic bronchitis, lobar and bronchopneumonia.

Genito-urinary tract infections e.g. cystitis, urethritis, pyelonephritis.

Skin and soft tissue infections, e.g. boils, abscesses, cellulitis, wound infections.

Bone and joint infections e.g. osteomyelitis.

Dental infections e.g. dentoalveolar abscess

Other infections e.g. septic abortion, puerperal sepsis, intra-abdominal sepsis.

AUGMENTIN is bactericidal to a wide range of organisms including:

Gram-positive

Aerobes: Enterococcus faecalis, Streptococcus pneumoniae, Streptococcus pyogenes, Streptococcus viridans, *Staphylococcus aureus, *coagulase negative staphylococci (including Staphylococcus epidermidis), Corynebacterium species, Bacillus anthracis, Listeria monocytogenes. Anaerobes: Clostridium species, Peptococcus species, Peptostreptococcus.

Gram-negative

Aerobes: *Haemophilus influenzae, *Escherichia coli, *Proteus mirabilis, *Proteus vulgaris, *Klebsiella species, *Moraxella catarrhalis, *Salmonella species, *Shigella species, Bordetella pertussis, Brucella species, *Neisseria gonorrhoeae, Neisseria meningitidis, Vibrio cholerae, Pasteurella multocida.

Anaerobes: *Bacteroides spp. including B. fragilis.

* including β-lactamase producing strains resistant to ampicillin and amoxicillin.

Dosage and Administration

Usual dosages for the treatment of infection

Adults and children over 12 years+

Mild - Moderate infections One AUGMENTIN 625 mg tablet twice daily

Therapy can be started parenterally and continued with an oral prepara-tion.

Dosage in dental infections (e.g. dentoalveolar abscess)

Adults and children over 12 years*: One AUGMENTIN 625 mg tablet 2 times a day for five days

+ AUGMENTIN 625 mg tablets are not recommended in children of 12 years and under

Dosage in renal impairment

	Mild impairment	Moderate impairment	Severe impairment
	(Creatinine clearance >30 ml/min)	(Creatinine clearance 10-30 ml/min)	(Creatinine clearance <10 ml/min)
	No change in dosage (i.e. <i>either</i> one 625 mg tablet twice daily)	One 625 mg tablet twice daily.	Not more than one 625 mg tablet every 24 hours.

Dosage in hepatic impairment

Dose with caution; monitor hepatic function at regular intervals.

Administration

Tablets should be swallowed whole without chewing. If required, tablets may be broken in half and swallowed without chewing.

To minimise potential gastrointestinal intolerance, administer at the start of a meal. The absorption of AUGMENTIN is optimised when taken at the start of a meal.

Treatment should not be extended beyond 14 days without review.

Contraindications

AUGMENTIN is contra-indicated in patients with a history of hypersensitivity to beta-lactams, e.g. penicillins and cephalosporins. AUGMENTIN is contra-indicated in patients with a previous history of AUGMENTIN-associated jaundice/hepatic dysfunction.

Warnings and Precautions

Before initiating therapy with AUGMENTIN careful enquiry should be made concerning previous hypersensitivity reactions to penicillins, cephalosporins, or other allergens.

Serious and occasionally fatal hypersensitivity (anaphylactoid) reactions have been reported in patients on penicillin therapy. These reactions are more likely to occur in individuals with a history of penicillin hypersensitivity (see Contra-indications).

AUGMENTIN 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.

Prolonged use may also occasionally result in overgrowth of non-suscep-tible organisms.

Pseudomembranous colitis has been reported with the use of antibiotics and may range in severity from mild to life-threatening. Therefore, it is important to consider its diagnosis in patients who develop diarrhoea during or after antibiotic use. If prolonged or significant diarrhoea occurs or the patient experiences abdominal cramps, treatment should be discontinued immediately and the patient investigated further. Abnormal prolongation of prothrombin time (increased INR) has been reported rarely in patients receiving AUGMENTIN and oral anticoagu-lants. Appropriate monitoring should be undertaken when anticoagulants are prescribed concurrently. Adjustments in the dose of oral anticoagu-

lants may be necessary to maintain the desired level of anticoagulation. Changes in liver function tests have been observed in some patients receiving AUGMENTIN. The clinical significance of these changes is uncertain. AUGMENTIN should be used with caution in patients with evidence of hepatic dysfunction.

Cholestatic jaundice, which may be severe, but is usually reversible, has been reported rarely. Signs and symptoms may not become apparent for up to six weeks after treatment has ceased.

In patients with renal impairment AUGMENTIN dosage should be

adjusted as recommended in the Dosage and Administration section. 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 (see Overdose).

Interactions

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

Concomitant use of allopurinol during treatment with amoxicillin can increase the likelihood of allergic skin reactions. There are no data on the concomitant use of AUGMENTIN and allopurinol.

In common with other antibiotics, AUGMENTIN may affect the gut flora, leading to lower oestrogen reabsorption and reduced efficacy of combined oral contraceptives.

In the literature there are rare 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 AUGMENTIN.

In patients receiving mycophenolate mofetil, reduction in pre-dose concentration of the active metabolite mycophenolic acid of approxi-mately 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.

Pregnancy and Lactation

Reproduction studies in animals (mice and rats) with orally and parenter-ally administered AUGMENTIN have shown no teratogenic effects. In a single study in women with pre-term, premature rupture of the foetal membrane (pPROM), it was reported that prophylactic treatment with AUGMENTIN may be associated with an increased risk of necrotising enterocolitis in neonates. As with all medicines, use should be avoided in pregnancy, especially during the first trimester, unless considered essential by the physician.

AUGMENTIN may be administered during the period of lactation. With the exception of the risk of sensitisation, associated with the excretion of trace quantities in breast milk, there are no detrimental effects for the infant.

Effects on Ability to Drive and Use Machines

Adverse effects on the ability to drive or operate machinery have not been observed.

Adverse Reactions

Data from large clinical trials were used to determine the frequency of very common to rare undesirable effects. The frequencies assigned to all other undesirable effects (i.e., those occurring at <1/10,000) were mainly determined using post-marketing data and refer to a reporting rate rather than a true frequency.

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

	very common	>1/10
	common	>1/100 and <1/10
	uncommon	>1/1000 and <1/100
	rare	>1/10,000 and <1/1000
	very rare	<1/10,000.

Infections and infestations

Common Mucocutaneous candidiasis

Blood and lymphatic system disorders

Rare Reversible leucopenia (including neutropenia) and thrombocy topenia

Very rare Reversible agranulocytosis and haemolytic anaemia. Prolonga-tion of bleeding time and prothrombin time

Immune system disorders

Very rare Angioneurotic oedema, anaphylaxis, serum sickness-like syndrome, hypersensitivity vasculitis

Nervous system disorders

Uncommon Dizziness, headache

Very rare Reversible hyperactivity and convulsions. Convul-sions may occur in patients with impaired renal function or in those receiving high doses.

Gastrointestinal disorders

Adults:

Very common Diarrhoea

Common Nausea, vomiting

Children:

Common Diarrhoea, nausea, vomiting

All populations:

Nausea is more often associated with higher oral dosages. If gastrointes-tinal reactions are evident, they may be reduced by taking AUGMENTIN at the start of a meal.

Uncommon Indigestion

Very rare Antibiotic-associated colitis (including pseudomem branous colitis and haemorrhagic colitis – see Warnings and Precautions). Black hairy tongue

Hepatobiliary disorders

Uncommon 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.

Very rare Hepatitis and cholestatic jaundice. These events have been noted with other penicillins and cephalosporins.

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.

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.

Skin and subcutaneous tissue disorders

Uncommon Skin rash, pruritus, urticaria

Rare Erythema multiforme

Very rare Stevens-Johnson syndrome, toxic epidermal necrolysis, bullous exfoliative-dermatitis, acute generalised exanthemous pustulosis (AGEP)

If any hypersensitivity dermatitis reaction occurs, treatment should be

discontinued.

Renal and urinary disorders

Very rare Interstitial nephritis, crystalluria (see Overdose)

Overdose

Gastrointestinal symptoms and disturbance of the fluid and electrolyte balances may be evident. Gastrointestinal symptoms may be treated symptomatically with attention to the water electrolyte balance.

Amoxicillin crystalluria, in some cases leading to renal failure, has been observed (see Warnings and Precautions).

AUGMENTIN can be removed from the circulation by haemodialysis.

PHARMACOLOGICAL PROPERTIES

Pharmacodynamics

Resistance to many antibiotics is caused by bacterial enzymes which destroy the antibiotic before it can act on the pathogen. The clavulanate in AUGMENTIN anticipates this defence mechanism by blocking the β-lactamase enzymes, thus rendering the organisms susceptible to amoxicillin’s rapid bactericidal effect at concentrations readily attainable in the body. Clavulanate by itself has little antibacterial activity; however, in association with amoxicillin as AUGMENTIN it produces an antibiotic agent of broad spectrum with wide application in hospital and general practice.

In the list below, organisms are categorised according to their in vitro susceptibility to AUGMENTIN.

In vitro susceptibility of micro-organisms to AUGMENTIN <p>Where clinical efficacy of AUGMENTIN has been demonstrated in clinical trials this is indicated with an asterisk (*). Organisms that do not produce beta-lactamase are identified (with †). If an isolate is susceptible to amoxicillin, it can be considered susceptible to AUGMENTIN.</p>
Commonly susceptible species
Gram-positive aerobes: <p><i>Bacillus anthracis</i> <i>Enterococcus faecalis</i> <i>Listeria monocytogenes</i> <i>Streptococcus pyogenes</i>*† <i>Streptococcus agalactiae</i>[†] <i>Streptococcus spp. (other β-hemolytic)</i>[†] <i>Staphylococcus aureus (methicillin susceptible)</i>* <i>Staphylococcus saprophyticus (methicillin susceptible)</i> <i>Coagulase negative staphylococcus (methicillin susceptible)</i></p>
Gram-negative aerobes: <p><i>Bordetella pertussis</i> <i>Haemophilus influenzae</i>* <i>Haemophilus parainfluenzae</i> <i>Moraxella catarrhalis</i>* <i>Neisseria gonorrhoeae</i> <i>Pasteurella multocida</i> <i>Vibrio cholerae</i></p>
Gram positive anaerobes: <p><i>Clostridium spp.</i> <i>Peptococcus niger</i> <i>Peptostreptococcus magnus</i> <i>Peptostreptococcus micros</i> <i>Peptostreptococcus spp.</i></p>
Gram-negative anaerobes: <p><i>Bacteroides fragilis</i> <i>Bacteroides spp.</i> <i>Capnocytophaga spp.</i> <i>Eikenella corrodens</i> <i>Fusobacterium nucleatum</i> <i>Fusobacterium spp.</i> <i>Porphyromonas spp.</i> <i>Prevotella spp.</i></p>
Species for which acquired resistance may be a problem
Gram-negative aerobes: <p><i>Escherichia coli</i>* <i>Klebsiella oxytoca</i> <i>Klebsiella pneumoniae</i>* <i>Klebsiella spp.</i> <i>Proteus mirabilis</i> <i>Proteus vulgaris</i> <i>Proteus spp.</i> <i>Salmonella spp.</i> <i>Shigella spp.</i></p>
Gram-positive aerobes: <p><i>Corynebacterium spp.</i> <i>Enterococcus faecium</i> <i>Streptococcus pneumoniae</i>*† <i>Viridans group streptococcus</i></p>
Inherently resistant organisms
Gram-negative aerobes: <p><i>Acinetobacter spp.</i> <i>Citrobacter freundii</i> <i>Enterobacter spp.</i> <i>Hafnia alvei</i> <i>Legionella pneumophila</i> <i>Morganella morganii</i> <i>Providencia spp.</i> <i>Pseudomonas spp.</i> <i>Serratia spp.</i> <i>Stenotrophomas maltophilia</i> <i>Yersinia enterocolitica</i></p>
Others: <p><i>Chlamydia pneumoniae</i> <i>Chlamydia psittaci</i> <i>Chlamydia spp.</i> <i>Coxiella burnetti</i> <i>Mycoplasma spp.</i></p>

Pharmacokinetics

The pharmacokinetics of the two components of AUGMENTIN are closely matched. Peak serum levels of both occur about 1 hour after oral administration. Absorption of AUGMENTIN is optimised at the start of a meal.

Doubling the dosage of AUGMENTIN approximately doubles the serum levels achieved.

Both clavulanate and amoxicillin have low levels of serum binding; about 70% remains free in the serum.

Pre-clinical Safety Data

No further information of relevance.

PHARMACEUTICAL PARTICULARS

List of Excipients

AUGMENTIN 625 mg and 1 g tablets contain the following inactive ingredients: colloidal silicon dioxide, sodium starch glycolate, magnesium stearate (E572), microcrystalline cellulose, titanium dioxide (E171), hydroxypropyl methylcellulose, polyethylene glycol, dimethicone (silicon oil).

Incompatibilities

None known.

Shelf Life

The expiry date is indicated on the packaging.

Special Precautions for Storage

AUGMENTIN tablets should be stored in un-opened, original packs in a dry place at below 25°C.

Not all presentations are available in every country.

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