Cipcin

Ciprofloxacin

Presentation

Cipcin 250 mg Tablet: Each film-coated tablet contains Ciprofloxacin Hydrochloride USP equivalent to Ciprofloxacin 250 mg
Cipcin 500 mg Tablet: Each film-coated tablet contains Ciprofloxacin Hydrochloride USP equivalent to Ciprofloxacin 500 mg
Cipcin 750 mg Tablet: Each film-coated tablet contains Ciprofloxacin Hydrochloride USP equivalent to Ciprofloxacin 750 mg
Cipcin 60 ml GFS: Each 5 ml reconstituted suspension contains Ciprofloxacin Hydrochloride USP equivalent to Ciprofloxacin 250 mg
Cipcin 100 ml IV Infusion: Each 100 ml contains Ciprofloxacin Lactate INN equivalent to Ciprofloxacin 200 mg.

Indications

Ciprofloxacin is indicated for the treatment of single infection or mixed infection caused by two or more susceptible organisms. It can also be used for infections caused by organisms resistant to other antibiotics including Aminoglycosides, Penicillins and Cephalosporins.**Cipcin** is indicated for the treatment of the following infections caused by sensitive bacteria: *Severe systemic infections:* e.g. septicaemia, bacteraemia, peritonitis, infections in immunosuppressed patients with haematological or solid tumors and in patients in intensive care unit with specific problems such as infected burns. *Respiratory tract infections:* e.g. Lobar and bronchopneumonia, acute and chronic bronchitis, acute exacerbation of cystic fibrosis, bronchiectasis, empyema. *Urinary tract infections:* e.g. complicated and uncomplicated urethritis, cystitis, pyelonephritis, prostatitis, epididymitis. *Skin and soft tissue infections:* e.g. infected ulcers, wound infections, abscesses, cellulitis, otitis externa, and infected burns. *Gastro-intestinal infections:* e.g. enteric fever, infected diarrhea. *Infections of the biliary tract:* e.g. Cholangitis, cholecystitis, empyema of the gall bladder *Intra abdominal infections:* e.g. peritonitis, intra abdominal abscesses. *Bone and join infections:* e.g. osteomyelitis, septic arthritis Pelvic infections: e.g. salpingitis, endometritis, and pelvic inflammatory diseases. *Eye, ear, nose and throat infections:* e.g. otitis media, sinusitis, mastoiditis, and tonsillitis. *Gonorrhoea:* including urethral, rectal and pharyngeal gonorrhoea caused by beta lactamase producing organisms or organisms moderately sensitive to penicillin

Dosage and Administration

General dosage recommendations: The dosage of Ciprofloxacin is determined by the severity and type of infection, the sensitivity of the causative organism(s) and the age, weight and renal function of the patient. *Adults:* The dosage range for adults is 250 - 500 mg twice daily. *In infections of the lower and upper urinary tract (depending on severity):* 250 - 500 mg twice daily. *In Respiratory tract infections:* 250 - 750 mg twice daily for both upper and lower respiratory tract infections, depending on severity. For the treatment of known streptococcus pneumonia infection, the recommended dose is 750 mg twice daily. *In gonorrhoea:* a single dose is 250 mg. In the majority other infections, 500 - 750 mg twice daily should be administered. *Impaired renal function:* Dosage adjustments are not usually required except in patients with severe renal impairment (serum creatinine >265 micro mol/L or creatinine clearance <20 ml/minute). If adjustment is necessary, this may be achieved by reducing the total daily dose by half, although monitoring of drug serum levels provide the most reliable basis for dose adjustment. *Elderly:* Although higher Ciprofloxacin serum levels are found in the elderly, no adjustment of dosage is necessary. *Adolescents and children:* As with other drugs in its class, Ciporofloxacin has been shown to cause arthropathy in weight bearing joints of immature animals. However, where the benefit of using Ciprofloxacin is considered to out weigh this risk, the dosage should be 7.5 - 15 mg/kg/day depending upon the severity of infection, administered in two divided doses. ***Cipcin IV Infusion:*** Normally 100-200 mg. IV 12 hourly. Children: As recommended by physician. *Duration of treatment:* The duration of treatment depends upon the severity of infections, clinical response and bacteriological findings. For acute infections the usual treatment period is 5 to 10 days with Cipcin tablets. Generally treatment should be continued for 3 days after the signs and symptoms of infection have disappeared.

Contraindication

Ciprofloxacin is contraindicated in patients who have shown hypersensitivity to Ciprofloxacin or other quinolones. Ciprofloxacin is also contraindicated in growing adolescents and children except where the benefits of the treatment exceed the risk.

Warning and Precautions

Ciprofloxacin should be used with caution in patients with a history of convulsive disorders. Crystalluria related to the use of Ciprofloxacin has been observed only rarely. Patients receiving Ciprofloxacin should be well hydrated and excessive alkalinity of the urine should be avoided.

Use in pregnancy and Lactation

Reproduction studies performed in mice, rats and rabbits using parenteral and oral administration did not reveal any evidence of teratogenicity, impairment of fertility or impairment of peri/post natal development. However, as with other quinolones, Ciprofloxacin has been shown to cause arthropathy in immature animals and therefore its use during pregnancy is not recommended. Studies in rats have indicated that Ciprofloxacin is secreted in milk, administering to nursing mother is thus not recommended.

Overdosage

No information on overdosage is available. Routine measures such as gastric lavage should be performed as soon as possible after ingestion of Cipcin tablets. Serum levels of Ciprofloxacin are reduced by dialysis.

Side Effects

Nausea, vomiting, diarrhea, dyspepsia, abdominal pain, dizziness, headache, tiredness, confusion, convulsions, skin rashes, pruritus and possible systemic reactions. The following other reactions also reported: joint pain, mild photosensitivity and transient increase in liver enzymes (particularly in patients with previous liver damage), serum bilirubin, and urea or creatinine levels.

Drug Interaction

Concurrent administration of ciprofloxacin with theophylline may lead to elevated plasma concentrations of theophylline and prolongation of its elimination half-life. This may result in increased risk of theophylline related adverse reactions. If concomitant use can not be avoided plasma levels of theophylline should be monitored and dosage adjustment made as appropriate. Antacids containing aluminum hydroxide or magnesium hydroxide may interfere with the absorption of Ciprofloxacin. So concurrent use of Ciprofloxacin and antacids should be avoided. Probenecid causes an increase in serum levels of Ciprofloxacin by reducing its renal excretion. As with other broad spectrum antibiotics prolonged use of Ciprofloxacin may result in over growth of nonsusceptible organism. Repeated evaluation of the patient's condition and microbial susceptibility testing is essential. If superinfection occurs during therapy, appropriate measures should be taken.

Storage

Stored away from light and moisture & keep in a cool dry place.

Commercial Pack

Cipcin 250 mg Tablet: Each box contains 3 Alu-PVC blister strips of 10 tablets.
Cipcin 500 mg Tablet: Each box contains 3 alu-alu blister strips of 10 tablets.
Cipcin 750 mg Tablet: Each box contains 3 alu-alu blister strips of 4 tablets.
Cipcin 60 ml GFS: Each amber color glass bottle containing granules to reconstitute 60 ml suspension.
Cipcin 100 ml IV infusion: Available in 100 ml glass bottle.

Cipcin 100 ml IV infusion
Manufactured by Popular Pharmaceuticals Ltd. for

BIOPHARMA
LIMITED
A-116, BSCIC, Industrial Estate
TONGI, GAZIPUR, BANGLADESH

For further query on the use of this medicine, consult to a registered Doctor or Pharmacist.