TAXOCEF
1.0 g Injectable Vial I.M./I.V.

COMPOSITION:
Each vial contains, cefotaxime sodium equivalent to 1.0 g Cefotaxime.

PHARMACOLOGICAL PROPERTIES
Cefotaxime sodium is a semi-synthetic cephalosporin antibiotic. Likely to other cephalosporins, cefotaxime is a bactericidal chemotherapeutic agent. It shows its activity resulting from the inhibition of bacterial cell wall and breaks the morphology of the wall. Cefotaxime is active against the bacteria listed below:
Most strains of Staphylococcus, aerobic and anaerobic Streptococcus, Streptococcus pneumoniae, Neisseria, Haemophilus influenzae, Escherichia coli, Citrobacter strains, Salmonella, Klebsiella species, Enterobacter aerogenes, Serratia, indol positive and indol negative Proteus strains, Yersinia enterocolitica, Clostridium and Bacteroides strains.
The activity of cefotaxime against Streptococcus faecalis, Enterobacter cloacae, Pseudomonas aeruginosa and Bacteroides fragilis is variable. Treponema pallidum and Clostridium difficile are generally resistant to cefotaxime.

PHARMACOKINETICS
Cefotaxime sodium is not appreciably absorbed from the gastrointestinal tract when administered orally, thus it must only be given parenterally. Following I.M. administration of a single 0.5 – 1.0 g dose of cefotaxime in healthy adults, peak serum concentrations of the drug are attained within 30 minutes. Following I.V. and I.M. administration, cefotaxime is widely distributed into body tissues and fluids including aqueous humor, bronchial secretions, sputum, middle ear effusions, bone, bile and pleural and prostatic fluids and shows its microbiological activity.
Cefotaxime binds to serum protein at the rate of 13 – 38 %. Cefotaxime is partially metabolized in the liver and forms metabolites.
Cefotaxime and its metabolites are excreted principally in urine, in adults with normal renal function, approximately 40-60 % of a single I.M. or I.V. dose of cefotaxime is excreted in urine as unchanged drug and approximately 24 % is excreted as desacetylcefotaxime within 24 hours.
INDICATIONS

Cefotaxime sodium is indicated in the treatment of infections caused by susceptible organisms shown below:
- Upper and lower respiratory tract infections (including nose and throat infections)
- Otitis media and externa
- Urinary tract infections including renal and lower urinary tract infections
- Skin and skin structure infections
- Infections of bones, joints and related tissues
- Intra-abdominal infections
- Septicemia, endocarditis and meningitis
- For perioperative prophylaxis in the patients which are under the risk of post operative infection who are undergoing abdominal or genital surgery
- Gonorrhoea

CONTRAINDICATIONS

Cefotaxime is contraindicated in patients with a history of hypersensitivity reactions to cephalosporins.

WARNINGS / PRECAUTIONS

Prior to initiation of cefotaxime therapy, careful inquiry should be made concerning previous hypersensitivity reactions to penicillins. In case of such hypersensitivity reaction, cross-allergenicity potential must be considered.
Pseudomembranous colitis has been reported with the use of antibiotics, in some patients who develop severe and chronic diarrhea during Taxocef 1.0 g Injectable therapy. Because of the possibility of life threatening nature of this condition, cefotaxime therapy should be discontinued immediately and appropriate anti-infective therapy with vancomycin or metranidazol should be administered.

Following precautions should be taken if any allergic reactions have been reported during I.V. administration:
If trichinelliasis, nausea, cyanosis have been reported, injection should be discontinued or injection cannula should be placed and precautions should be taken for keeping open respiratory tract. If it is necessary, I.V. adrenaline and corticosteroid should be used, liquid replacement should be done by I.V. administration. Circulation, blood pressure and respiration parameters should be monitored.

**Pregnancy and Lactation**

Although reproductions studies in animals using cefotaxime dosages up to 30 times the usual human dosage have not revealed evidence of malformation or harm to the fetus. Taxocef 1.0 g Injectable Vial should be used during pregnancy (especially in the first trimester of pregnancy) only when clearly needed.

**Pediatric precautions**

Because of renal clearance mechanisms are not fully developed at premature neonates, doses exceeding 50 mg/kg should not be used. The recommended daily dose is 50-180 mg/kg in divided doses for children.

**Other precautions**

For recommended doses at patients with renal impairment, refer to the “Administration and Dosage” section

**SIDE EFFECTS / ADVERSE EFFECTS**

Local: Following I.V. administration inflammation, phlebitis and trombophlebitis can occur. Hematologic effects: Thrombocytopenia, leukopenia and eosinophilia can occur. Hepatic Effects: Transient increases in serum AST (SGOT), ALT (SGPT) and alkaline phosphatise concentrations have been reported. Hypersensitivity reactions: Hypersensitivity reactions have been reported to occur approximately 2 % of patients receiving cefotaxime. These reactions include rash (maculopapular or erythematous), pruritus, fever or eosinophilia. Gastrointestinal effects: Adverse gastrointestinal effects including anorexia, diarrhoea, nausea, vomiting, abdominal pain and colitis have occurred in approximately 1 % of patients receiving cefotaxime. Renal effects: Transient increases in BUN and/or serum creatinine concentrations have been reported.
IF YOU NOTICE ANY SIDE EFFECTS NOT MENTIONED IN THIS LEAFLET, PLEASE INFORM YOUR DOCTOR OR PHARMACIST.

DRUG INTERACTIONS
Aminoglycosides and other anti-infective agents: In vitro studies indicate that the antibacterial activity of cefotaxime and aminoglycosides such as piperacillin and azlocillin may be synergistic. Concurrent use of aminoglycosides and cephalosporins may increase the risk of nephrotoxicity during therapy. Thus renal functions of patients using these drugs concomitantly should be monitored closely.
Positive direct antiglobulin (Coombs’) test results have been reported in patients receiving cefotaxime. False positive results in enzymatic glucose determination have also been reported receiving cefotaxime.

DOSAGE AND ADMINISTRATION
Cefotaxime sodium is administered I.M. or I.V. Administration, dosage and frequency should be adjusted according to the severity of injection and the patients status.

Children under 12 years of age:
For children less than 50 kg, the recommended daily dose is 50 to 180 mg/kg divided into four or six equal doses.

Adults and children over 12 years of age:
The usual dosage of cefotaxime is 1 g every 6-8 hours. Uncomplicated infections usually respond to 1 g every 12 hours. Moderate to severe infections usually respond to 1-2 g every 6-8 hours. Severe or life threatening infections may require 2 g every 4 hours.

Perioperative prophylaxis:
In contaminated or potentially contaminated surgery adults should receive 1 g IM 30-90 minutes prior to surgery, followed by 1 g 6 and 12 hours after the first dose. If cefotaxime is used prophylactically in patients undergoing cesarean section the same dosage can be used, but the first dose should be given as soon as the umbilical cord is clamped.
**Duration of therapy:**
The duration of cefotaxime therapy depends on the type of infection but should generally be continued at least 48-72 hours after the patient becomes afebrile.

**Dosage in renal impairment:**
Modification of the usual dosage of cefotaxime is unnecessary in patients with creatinine clearances of 20 ml/minute or greater. However in patients with creatinine clearances less than 20 ml/minute, doses and/or frequency of administration should be modified. These patients should receive half of the usual dose of cefotaxime or same dose with twice the usual intervals.

**Reconstitution of the drug, administration and stability of reconstituted solution:**
Taxocef 1.0 g Injectable Vial is reconstituted with injectable water. Shake the vial after reconstitution and inspect for discoloration after reconstituted. For resulting reconstituted solution the table shown below can be used.

<table>
<thead>
<tr>
<th>Dosage (g)</th>
<th>Administration</th>
<th>Diluent (ml)</th>
<th>Max. Volume (ml)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.5 g</td>
<td>IM</td>
<td>2</td>
<td>2.2</td>
</tr>
<tr>
<td>1.0 g</td>
<td>IM</td>
<td>3</td>
<td>3.4</td>
</tr>
<tr>
<td>2.0 g</td>
<td>IM</td>
<td>5</td>
<td>6.0</td>
</tr>
<tr>
<td>0.5 g</td>
<td>IV</td>
<td>10</td>
<td>10.2</td>
</tr>
<tr>
<td>1.0 g</td>
<td>IV</td>
<td>10</td>
<td>10.4</td>
</tr>
<tr>
<td>2.0 g</td>
<td>IV</td>
<td>10</td>
<td>11.0</td>
</tr>
</tbody>
</table>

For infusion:

<table>
<thead>
<tr>
<th>Dosage (g)</th>
<th>Diluent (ml)</th>
<th>Max. Volume (ml)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>50-100</td>
<td>50-100</td>
</tr>
<tr>
<td>2.0</td>
<td>50-100</td>
<td>50-100</td>
</tr>
</tbody>
</table>
Note: After reconstituted if concomitant use of cefotaxime and aminoglycosides is planned, injections must be done separately.

A solution of 1.0 g Taxocef in 4 ml water for injection is isotonic. The solution of Taxocef reconstituted as described above maintains satisfactory potency for 24 hours at room temperature (at or below 22°C), 10 days under refrigeration (at or below 5°C) and for at least 13 weeks frozen. The reconstituted solution can be stored in plastic injectors with the same potency if stored in the same conditions mentioned above.

Reconstituted solution of Taxocef vials are prepared for infusion at larger volumes by using following solutions:

- 0.9 % Sodium chloride
- 5 % or 10 % Dextrose
- 5 % Dextrose 0.45 % Sodium chloride
- 5 % Dextrose 0.9 % Sodium chloride
- Lactated Ringer’s Solution
- Sodium lactate Solution (M/6)

Reconstituted solution of Taxocef in solutions have same stability with above solutions which is prepared for injection. Taxocef solutions have maximum stability between pH 5 and 7, therefore the dilutions with sodium bicarbonates should not be administered.

**OVERDOSE**

Serum levels of Taxocef may be reduced by peritoneal dialysis or haemodialysis. In the case of overdosage, particularly in renal insufficiency there is a risk of reversible encephalopathy.

**HOW SUPPLIED**

Each box contains one vial of cefotaxime sodium equivalent to 1.0 g cefotaxime and one ampoule of water for injection 4 ml.

**STORAGE**
Taxocef 1.0 g Injectable Vial should be stored below 25°C and should be protected from excessive light.

**DO NOT USE WITHOUT CONSULTING THE DOCTOR.**

**KEEP OUT OF REACH AND SIGHT OF CHILDREN.**

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