

## **SUMMARY OF PRODUCT CHARACTERISTICS**

## **Summary of Product Characteristics (SPC)**

### **1. Name of the medicinal product**

NOVAPHEX 500 -Cefalexin Capsules BP 500 mg

### **2. Qualitative and quantitative composition**

Each hard gelatin capsule contains:

Cefalexin Monohydrate BP

Eq. to Cefalexin Anhydrous 500 mg

### **3. Pharmaceutical form**

Solid oral dosage form, hard gelatin capsule

Red/Blue coloured "0" size telescopic body and cap hard gelatin capsule containing white to off white powder.

### **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 due to susceptible micro-organisms:

Respiratory tract infections.

Otitis media.

Skin and soft tissue infections.

Bone and joint infections.

Genito-urinary infections, including acute prostatitis.

Dental infections.

Cefalexin is active against the following organisms in vitro:  $\beta$ -haemolytic streptococci; staphylococci, including coagulase-positive, coagulase-negative and penicillinase-producing strains; *Streptococcus pneumoniae*; *Escherichia coli*; *Proteus mirabilis*; *Klebsiella* species, *Haemophilus influenzae*; *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 difficile*, 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**

### Posology

#### *Adults*

The adult dosage ranges from 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.

For more severe infections or those caused by less susceptible organisms, larger doses may be needed. If daily doses of cefalexin greater than 4g are required parenteral cephalosporins, in appropriate doses, should be considered.

#### *Elderly and patients with impaired renal function:*

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) (see section 4.4).

#### *Paediatric population*

The recommended daily dosage for children is 25-50mg/kg (10-20mg/lb) in divided doses. For skin and 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 schedule is suggested:

Children under 5 years	125mg every 8 hours
Children 5 years and over:	250 mg every 8 hours.

In severe infections, the dosage may be doubled. In the therapy of otitis media, clinical studies have shown that a dosage of 75-100mg/kg/day in 4 divided doses is required.

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

#### Method of administration

For oral use.

### **4.3 Contraindications**

Hypersensitivity to the active substance or to any of the excipients listed in section 6.1. Cefalexin is contraindicated in patients with known allergy to the cephalosporins group of antibiotics or to any of the excipients listed in section 6.1.

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.

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. 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.

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 500mg.

Concurrent administration with certain other drug substances, such as aminoglycosides, other cephalosporins, or furosemide, (frusemide) and similar potent diuretics, may increase the risk of nephrotoxicity.

Positive direct Coombs' tests have been reported during treatment with the 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 newborns 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.

Acute generalized 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 cephalexin is inhibited by probenecid. 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.

In a single study of 12 healthy subjects given single 500mg doses of cefalexin and metformin, plasma metformin C<sub>max</sub> and AUC increased by an average of 34% and 24%,

respectively, and metformin renal clearance decreased 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 patient taking cytotoxic drugs for leukaemia when they were given gentamicin and cephalixin.

#### **4.6 Fertility, pregnancy and lactation**

##### Pregnancy

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

##### Breastfeeding

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 mother, since the neonate is presented with the 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 relevant

#### **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. As with some penicillins and some other cephalosporins, transient hepatitis and cholestatic jaundice have been reported rarely.

*Hypersensitivity:* Allergic reactions have been observed in the form of rash, urticaria, angioedema, 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' test have been reported.

*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 reported.

*Skin and subcutaneous tissue disorders:*

Acute generalised exanthematous pustulosis (AGEP) has been reported with unknown frequency.

*Other:* These have included genital and anal pruritus, genital moniliasis, vaginitis and vaginal discharge, dizziness, fatigue, headache, agitation, confusion, hallucinations, fever, arthralgia, arthritis and joint disorder, acute generalised exanthematous pustulosis (AGEP), hyperactivity, nervousness, sleep disturbances and hypertonia. Reversible interstitial nephritis has been reported rarely. Slight elevations in AST and ALT have been observed rarely.

#### Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the Yellow Card Scheme: [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard) or search for MHRA Yellow Card in the Google Play or Apple App Store.

## **4.9 Overdose**

Symptoms of oral overdose may include nausea, vomiting, epigastric distress, diarrhoea and haematuria.

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. Forced diuresis, peritoneal dialysis, haemodialysis, or charcoal haemoperfusion have not been established as beneficial for an overdose of cefalexin. It would be extremely unlikely that one of these procedures would be indicated.

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**

Pharmacotherapeutic group: Antibacterials for systemic use, first generation cephalosporins, ATC code: J01DB01

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

In vitro tests demonstrate that cephalosporins are bactericidal because of their inhibition of cell-wall synthesis.

Cefalexin is active against the following organisms in vitro:

Beta haemolytic streptococci

Staphylococci, including coagulase positive, coagulase negative and penicillinase-producing strains.

*Streptococcus pneumoniae*

*Escherichia coli*

*Proteus mirabilis*

*Klebsiella species*

*Haemophilus influenzae*

*Branhamella catarrhalis*



Most strains of enterococci (*Streptococcus faecalis*) and a few strains of *staphylococci* are resistant to cefalexin. It is not active against most strains of *Enterobacter species*, *Morganella morganii* and *Pr. vulgaris*. It has no activity against *Pseudomonas* or *Herellea species* or *Acinetobacter calcoeticus*. Penicillin-resistant *Streptococcus pneumoniae* is usually cross-resistant to beta-lactam antibiotics. When tested by in vitro methods, staphylococci exhibit cross resistance between cefalexin and methicillin type antibiotics

## 5.2 Pharmacokinetic properties

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*Escherichia coli*

*Proteus mirabilis*

*Klebsiella species*

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Most strains of enterococci (*Streptococcus faecalis*) and a few strains of *staphylococci* are resistant to cefalexin. It is not active against most strains of *Enterobacter species*, *Morganella morganii* and *Pr. vulgaris*. It has no activity against *Pseudomonas* or *Herellea species* or *Acinetobacter calcoeticus*. Penicillin-resistant *Streptococcus pneumoniae* is usually cross-resistant to beta-lactam antibiotics.

When tested by in vitro methods, staphylococci exhibit cross resistance between cefalexin and methicillin type antibiotics

### **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 LD<sub>50</sub> of cefalexin in rats is 5,000mg/kg.

## **6. Pharmaceutical particulars**

### **6.1 List of excipients**

Sodium Lauryl Sulphate, Colloidal Silicon Dioxide, Purified Talc, Magnesium Stearate, Red/Blue Empty capsule shell.

### **6.2 Incompatibilities**

Not applicable.

### **6.3 Shelf life**

36 Months

### **6.4 Special precautions for storage**

Store in a dry place below 30° C. Protect from light.

### **6.5 Nature and contents of container**

1x 10 Alu-Alu Capsules packed in unit carton along with leaflet.

### **6.6 Special precautions for disposal and other handling**

No special requirements.

**7. Marketing authorisation holder**

**Innova Captab Limited**

1281/1, Hilltop Industrial Estate,

Near EPIP, Phase –I, Jharmajri, Distt. Solan [H.P.] India

**7. Marketing authorisation number(s)**

04639/04234/NMR/2017

**8. Date of first authorisation**

24-09-2019

**9. Date of revision of the text**

25-07-2023