Date XXXX

Important Information for Healthcare Professionals

Updated information on indications and posology for cefuroxime preparations (Zinnat)

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Dear Healthcare Professional,

GlaxoSmithKline, in agreement with the Irish Medicines Board, would like to inform you of a number of important changes to the prescribing information for cefuroxime preparations. These changes arise from a European Medicines Agency regulatory review under Article 30 of Directive 2001/83/EC. As the approved prescribing information for these products differed considerably across countries in Europe, the Agency's Committee for Medicinal Products for Human Use (CHMP) concluded that there is a need to harmonise the prescribing information for Zinnat in the European Union (EU).

Summary

The following is a summary of the main changes to the prescribing information for the Zinnat range of products, the principle changes being to the indications and posology.

Indications

General indications such as respiratory tract infections are no longer valid and have been replaced with more specific conditions: acute streptococcal tonsillitis and pharyngitis; acute bacterial sinusitis; acute otitis media and acute exacerbations of chronic bronchitis. Zinnat is no longer recommended for the treatment of pneumonia. The general indication for genito-urinary tract infections have been replaced with more specific conditions: cystitis and pyelonephritis. Zinnat is no longer recommended for the treatment of gonorrhoea, acute uncomplicated gonococcal urethritis, and cervicitis. The indication for skin and soft tissue infections have been reclassified as uncomplicated skin and soft tissue infections. Treatment of early Lyme disease is still a valid indication, however, Zinnat is no longer recommended for the prevention of late Lyme disease.

The following are the revised indications:
Zinnat is indicated for the treatment of the infections listed below in adults and children from the age of 3 months.

- Acute streptococcal tonsillitis and pharyngitis.
- Acute bacterial sinusitis.
- Acute otitis media.
- Acute exacerbations of chronic bronchitis.
- Cystitis.
- Pyelonephritis.
- Uncomplicated skin and soft tissue infections.
- Treatment of early Lyme disease.

Posology

The posology for adults and children has been revised to reflect the specified indications. The posology for patients with renal impairment has been updated and a dosage reduction is now recommended in

patients with markedly impaired renal function. All references of parenteral-to-oral sequential therapy have been removed from the SmPC.
The revised dosing for; adults and children (≥40 kg); children (<40 kg); infants from the age of 3 months and children with a body mass of less than 40 kg; and patients with renal impairment are described in the following tables:

Table 1. Adults and children (≥40 kg)

Indication	**Dosage**
Acute tonsillitis and pharyngitis, acute bacterial sinusitis	250 mg twice daily
Acute otitis media	500 mg twice daily
Acute exacerbations of chronic bronchitis	500 mg twice daily
Cystitis	250 mg twice daily
Pyelonephritis	250 mg twice daily
Uncomplicated skin and soft tissue infections	250 mg twice daily
Lyme disease	500 mg twice daily for 14 days (range of 10 to 21 days)

Table 2. Children (<40 kg)

Indication	**Dosage**
Acute tonsillitis and pharyngitis, acute bacterial sinusitis	10 mg/kg twice daily to a maximum of 125 mg twice daily
Children aged two years or older with otitis media where appropriate, with more severe infections	15 mg/kg twice daily to a maximum of 250 mg twice daily
Cystitis	15 mg/kg twice daily to a maximum of 250 mg twice daily
Pyelonephritis	15 mg/kg twice daily to a maximum of 250 mg twice daily for 10 to 14 days
Uncomplicated skin and soft tissue infections	15 mg/kg twice daily to a maximum of 250 mg twice daily
Lyme disease	15 mg/kg twice daily to a maximum of 250 mg twice daily for 14 days (10 to 21 days)

The following two tables, divided by age group, serve as a guideline for simplified administration for oral suspension, e.g measuring spoon (5 mL), for the 125 mg/5 mL or the 250 mg/5 mL multi-dose suspension if provided, and 125 mg or 250 mg single dose sachets.

Table 3. 10 mg/kg dosage for most infections (relevant for oral suspension only)

Age	**Dose (mg) twice daily**	**Volume per dose (mL)**		**No. of sachets per dose**	
		125 mg	250 mg	125 mg	250 mg
3 to 6 months	40 to 60	2.5	-	-	-
6 months to 2 years	60 to 120	2.5 to 5	-	-	-
2 to 18 years	125	5	2.5	1	-

Table 4. 15 mg/kg dosage for otitis media and more serious infections (relevant for oral suspension only)

Age	**Dose (mg) twice daily**	**Volume per dose (mL)**		**No. of sachets per dose**	
		125 mg	250 mg	125 mg	250 mg
3 to 6 months	60 to 90	2.5	-	-	-
6 months to 2 years	90 to 180	5 to 7.5	2.5	1 (125 mg)	-
2 to 18 years	180 to 250	7.5 to 10	2.5 to 5	2 (250 mg)	1 (250 mg)

Table 5. Recommended doses for Zinnat in renal impairment

Creatinine clearance	**$T_{1/2}$ (hrs)**	**Recommended dosage**
≥30 mL/min/1.73 m^2	1.4–2.4	no dose adjustment necessary (standard dose of 125 mg to 500 mg given twice daily)
10-29 mL/min/1.73 m^2	4.6	standard individual dose given every 24 hours
<10 mL/min/1.73 m^2	16.8	standard individual dose given every 48 hours
Patients on haemodialysis	2–4	a further standard individual dose should be given at the end of each dialysis

This letter does not provide full details of the posology and administration. Please refer to the Summary of Product Characteristics (SmPC) for full prescribing information available on the website of the Irish Medicines Board at www.imb.ie.

Further information
All fully registered physicians (consultants and GPs) and pharmacists will be notified of the above changes and we would be very grateful for your help in communicating these changes to relevant staff members working with you and repeat prescription patients.

A copy of the revised Summary of Product Characteristics is available on the website of the Irish Medicines Board at www.imb.ie. Copies of the updated Patient Information Leaflet and the Summary of Product Characteristics are also available on www.medicines.ie.

Call for reporting of suspected adverse reactions
Please report any adverse reactions to GlaxoSmithKline (Ireland) Ltd., Stonemasons Way, Rathfarnham, Dublin 16 (Free phone 1800 244 255, Fax 01 4938839 or e-mail ireland.drugsurveillance@gsk.com).

Healthcare professionals should continue to report suspected adverse reactions to the IMB using a Yellow Card obtained either from the IMB, or electronically via the website at www.imb.ie. Adverse reactions can also be reported to the IMB by calling (01) 676 4971.
When reporting please provide as much information as possible, including information about medical history, any concomitant medication, onset and treatment dates.

Company contact point
Should you have any questions or require additional information please contact GlaxoSmithKline (Ireland) Ltd., Stonemasons Way, Rathfarnham, Dublin 16 (Freephone 1800 244 255).

GSK thanks you for your help and apologises for any inconvenience that these changes may cause to you or your patients.

Yours sincerely

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