SUMMARY OF PRODUCT CHARACTERISTICS

1. NAME OF THE MEDICINAL PRODUCT

Clonamox 250 mg and 500 mg Hard Capsules.

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Clonamox 250mg capsule: Contains amoxicillin 250mg as amoxicillin trihydrate.
Clonamox 500mg capsule: Contains amoxicillin 500mg as amoxicillin trihydrate.

For a full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Hard capsules.

250 mg capsule:	Light, green/white, hard gelatin capsule printed 'CLONAMOX 250' and containing a white powder.
500 mg capsule:	Light green/white, hard gelatin capsule printed 'CLONAMOX 500' and containing a white powder.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

1. Infections due to organisms sensitive to amoxicillin.
2. Oral prophylaxis of endocarditis.
3. Acute uncomplicated gonorrhoea.

4.2 Posology and method of administration

Adults**:** The usual total daily dosage is 750 mg in divided doses.

Dosage may be doubled in cases of severe infection.

Children weighing more than 40 kg should be given the usual adult dosage.

Children aged 6 years and below should preferably be treated with amoxicillin suspension.

Children weighing < 40 kg

The daily dosage for children is 40 - 90 mg/kg/day in two to three divided doses* (not exceeding 3 g/day) depending on the indication, severity of the disease and the susceptibility of the pathogen (see special dosage recommendations below and sections 4.4, 5.1 and 5.2).

*PK/PD data indicate that dosing three times daily is associated with enhanced efficacy, thus twice daily dosing is only recommended when the dose is in the upper range.

Children weighing more than 40 kg should be given the usual adult dosage.

Special dosage recommendation

Tonsillitis: 50 mg/kg/day in two divided doses.

Acute otitis media: In areas with high prevalence of pneumococci with reduced susceptibility to penicillins, dosage regimens should be guided by national/local recommendations.

Early Lyme disease (isolated erythema migrans): 50 mg/kg/day in three divided doses, over 14 - 21 days.

Oral prophylaxis of endocarditis

Adults:The usual dosage is 3g approximately 1 hour prior to the procedure which may result in bacteraemia.

Children weighing more than 40 kg should be given the usual adult dosage.

Children weighing < 40 kg: 50 mg amoxicillin/kg body weight given as a single dose one hour preceding the surgical procedure.

Gonorrhoea (Adults): The usual dose is 3g as a single dose.

Dosage in impaired renal function:

The dose should be reduced in patients with severe renal function impairment. In patients with a creatinine clearance of less than 30 ml/min an increase in the dosage interval and a reduction in the total daily dose is recommended (see section 4.4 and 5.2).

Renal impairment in children under 40 kg:

Creatinine clearance ml/min	**Dose**	**Interval between administration**
> 30	Usual dose	No adjustment necessary
10 – 30	Usual dose	12 h (corresponding to 2/3 of the dose)
< 10	Usual dose	24 h (corresponding to 1/3 of the dose)

Route of administration

Oral.

4.3 Contraindications

Use in patients with hypersensitivity to penicillin including ampicillin or cephalosporins.

4.4 Special warnings and precautions for use

Before initiating therapy with amoxicillin, careful enquiry should be made concerning previous hypersensitivity reactions to penicillins or cephalosporins. Cross-sensitivity between penicillins and cephalosporins is well documented.

Serious and occasionally fatal hypersensitivity reactions (anaphylaxis) have been reported in patients receiving beta-lactam antibiotics. If an allergic reaction occurs, amoxicillin should be discontinued and appropriate alternative therapy instituted.

Amoxicillin should be avoided if infectious mononucleosis (glandular fever) is suspected since the occurrence of a morbilliform rash has been associated with this condition following the use of amoxicillin.

Prolonged use of an anti-infective may occasionally result in overgrowth of non-susceptible organisms.

Prolongation of prothrombin time has been reported rarely in patients receiving amoxicillin. Appropriate monitoring should be undertaken when anticoagulants are prescribed concurrently.

Dosage should be adjusted in patients with renal impairment (See Section 4.2).

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.

Precaution should be taken in premature children and during the neonatal period: renal, hepatic and haematological functions should be monitored.

4.5 Interactions with other medicinal products and other forms of interactions

Probenecid decreases the renal tubular excretion of amoxicillin. Concurrent use with amoxicillin may result in increased and prolonged blood levels of amoxicillin.

Concurrent administration of allopurinol treatment with amoxicillin can increase the likelihood of allergic skin reactions.

In common with other broad spectrum antibiotics, amoxicillin may reduce the efficacy of oral contraceptives and patients should be warned accordingly.

4.6 Fertility, pregnancy and lactation

Use in pregnancy:

Animal studies with amoxicillin have shown no teratogenic effects. The product has been in extensive clinical use since 1972 and its suitability in human pregnancy has been well documented in clinical studies. Amoxicillin may be used in pregnancy when the potential benefits outweigh the potential risks associated with treatment.

Use in lactation:

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

4.7 Effects on ability to drive and use machines

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

4.8 Undesirable effects

As with other penicillins, these are uncommon and mainly of a mild and transitory nature.

Hypersensitivity reactions:
Skin rash, pruritis and urticaria have been reported occasionally. Rarely, skin reactions such as erythema multiforme and Stevens-Johnson syndrome, toxic epidermal necrolysis, bullous and exfoliative dermatitis and acute generalised exanthematous pustulosis (AGEP) have been reported.

If any hypersensitivity reaction occurs, the treatment should be discontinued.

As with other antibiotics, severe allergic reactions including angioneurotic oedema, anaphylaxis (see Section 4.4), serum sickness and hypersensitivity vasculitis have been reported rarely.

Renal and Urinary tract disorders:
Interstitial nephritis and crystalluria can occur rarely.

Gastrointestinal reactions:
Effects include nausea, vomiting and diarrhoea. Mucocutaneous candidiasis and antibiotic associated colitis including pseudomembranous colitis and haemorrhagic colitis have been reported rarely.

Hepatic effects:
A moderate rise in aspartate aminotransferase (AST) and/or alanine aminotransferase (ALT) has been occasionally noted but the significance of this is unclear. As with other beta-lactam antibiotics, hepatitis and cholestatic jaundice have been reported very rarely.

Haematological effects:
As with other beta-lactam antibiotics, reversible leucopenia (including severe neutropenia and agranulocytosis), reversible thrombocytopenia and haemolytic anaemia have been reported rarely. Prolongation of bleeding time and prothrombin time have also been reported rarely (See section 4.4).

CNS effects:
CNS effects have been seen rarely. They include hyperkinesia, dizziness and convulsions. Convulsions may occur in patients with impaired renal function or in those receiving high doses.

4.9 Overdose

Gross overdosage will produce very high urinary concentrations, more so after parenteral administration. Symptoms of water/electrolyte imbalance should be treated symptomatically. Problems are unlikely to occur if adequate fluid intake and urinary output are maintained; however, amoxicillin crystalluria in some cases leading to renal failure has been observed (see section 4.4 Special Warnings and Precautions for Use). More specific measures may be necessary in patients with impaired renal function: the antibiotic is removed by haemodialysis.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Penicillins with extended spectrum

ATC code: J01CA04

Amoxicillin is a broad spectrum antibiotic which possesses the safety profile of the penicillins and is rapidly bactericidal against a wide range of Gram-negative and Gram-positive organisms.

5.2 Pharmacokinetic properties

Amoxicillin is well absorbed by the oral and parenteral routes, peak levels are achieved one to two hours after administration. Oral administration produces high serum levels independent of the time at which the food is taken. Amoxicillin gives good penetration into the bronchial secretions and the high urinary concentrations of unchanged antibiotic. The average serum half life is 60 minutes. Elimination is mainly via the urine.

In preterm infants with gestational age 26-33 weeks, the total body clearance after intravenous dosing of amoxicillin, day 3 of life, ranged between 0.75 – 2 ml/min, very similar to the inulin clearance (GFR) in this population. Following oral administration, the absorption pattern and the bioavailability of amoxicillin in small children may be different to that of adults. Consequently, due to the decreased CL, the exposure is expected to be elevated in this group of patients, although this increase in exposure may in part be diminished by decreased bioavailability when given orally.

5.3 Preclinical safety data

No further information provided.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Sodium Laurilsulfate
Magnesium Stearate

Capsule shell excipients

Titanium Dioxide (E171)
Gelatin
Quinoline Yellow (E104)
Indigo Carmine (E132)

Printing ink components

Shellac
Black Iron Oxide (E172)
Propylene glycol

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

3 years.

6.4 Special precautions for storage

Polypropylene tablet container:	Do not store above 25°C. Keep the container tightly closed.
Blister:	Do not store above 25°C. Store in the original package.

6.5 Nature and contents of container

(i) Polypropylene tablet container fitted with low density polyethylene cap.

Pack sizes:
250mg capsules: 12, 21, 30, 50, 100, 250, 500 and 1000.
500mg capsules: 12, 21, 30, 100, 250, and 500.

(ii) Blister consisting of 250 µm clear PVC and 20 µm hard temper aluminium foil contained in a carton.

Pack sizes:
250mg capsules: 12, 21, 25, 30, 50, 100 and 250.
500mg capsules: 12, 21, 25, 30, 50, 100 and 250.

Not all pack sizes may be marketed.

6.6 Special precautions for disposal of a used medicinal product or waste materials derived from such medicinal product and other handling of the product

No special requirements.

7. MARKETING AUTHORISATION HOLDER

Clonmel Healthcare Ltd.,
Waterford Road,
Clonmel,
Co. Tipperary.

8. MARKETING AUTHORISATION NUMBER

PA 126/31/1
PA 126/31/2

9. DATE OF FIRST AUTHORISATION/RENEWAL OF AUTHORISATION

Date of first authorisation: 14th February 1984
Date of last renewal: 14th February 2009

10. DATE OF REVISION OF THE TEXT

June 2012