

TRICEF TABLET/DT/DRY SYRUP

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| Generic name | Cefixime |
| Category | Antibacterial (third generation cephalosporin) |
| Compostion/Presentation | <u>TRICEF 200 Tablet</u> Each tablet contains Cefixime USP equivalent to Anhydrous Cefixime 200 mg Available in 10 Capsule x 10 Blisters <u>TRICEF 400 Tablet</u> Each tablet contains Cefixime USP equivalent to Anhydrous Cefixime 400 mg Available in 8 Capsules x 5 Blisters <u>TRICEF 50 DT</u> Each dispersible tablet contains Cefixime USP equivalent to Anhydrous Cefixime 50 mg <u>TRICEF 100 DT</u> Each dispersible tablet contains Cefixime USP equivalent to Anhydrous Cefixime 100 mg Available in 10 x 10 blisters <u>TRICEF Dry Syrup</u> (30 ml) Each 5ml of the reconstituted suspension contains: Cefixime USP equivalent to Cefixime 50mg. |

MECHANISM OF ACTION

Cefixime exerts its bactericidal effects by attaching to penicillin-binding proteins and inhibiting peptidoglycan synthesis, thus causing damage to the bacterial cell wall.

INDICATIONS

- Uncomplicated Urinary Tract Infections caused by *Escherichia coli* and *Proteus mirabilis*.
- Otitis *Media* caused by *Haemophilus influenzae* (beta-lactamase positive and negative strains), *Moraxella (Branhamella) catarrhalis*, (most of which are beta-lactamase positive) and *S. pyogenes**
- Pharyngitis and Tonsillitis, caused by *S. pyogenes*.
- Acute Bronchitis and Acute Exacerbations of *Chronic Bronchitis*, caused by *Streptococcus pneumoniae* and *Haemophilus influenzae* (beta-lactamase positive and negative strains).
- Uncomplicated gonorrhoea (cervical/urethral), caused by *Neisseria gonorrhoeae* (penicillinase- and non-penicillinase- producing strains).

PHARMACOKINETICS

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| Peak serum level: | Approx. 4hrs |
| Excretion: | Renal and biliary |
| Bioavailability: | 40%-50% |
| Half life: | Average 3-4hrs |

DOSAGE

Adults: The recommended dose is 400mg (Tricef 400mg daily) or 200mg (Tricef 200mg daily) BID.

Children: The recommended dose is 8mg/kg/day of the suspension as OD or BID as 4mg/kg.

SIDE EFFECTS

Diarrhea, loose or frequent stools, abdominal pain, nausea, dyspepsia and flatulence.

DRUG INTERACTION

Carbamazepine, Warfarin and Anticoagulants

For further information, please contact:

Market Planning Department



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