

Selective Yet Effective Option...



... for Respiratory tract infections

Oroxizaf

(Cefadroxil Monohydrate)

Suspension 125mg/5ml

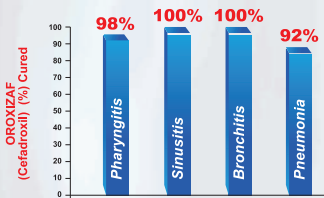


Indication:

- Upper & lower respiratory tract infections
- Genitourinary tract infections
- Skin & soft tissue infections
- Dental infection

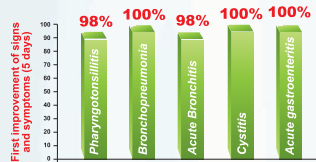
DOSAGE: **Children:** 25-50mg/kg/day in two divided doses

HIGH CLINICAL CURE RATE IN RTIS



FIRST-LINE ANTIBIOTIC IN THE TREATMENT OF INFECTIONS IN INFANTS

Time to first improvement in signs and symptoms of infection in 395 pediatric patients treated with Oroxizaf (Cefadroxil)



H. Puhakka, E. Vrobninen. Drugs 1986, 32 (Suppl 3): 21-4.

OROXIZAF is more specific, effective and provides:

- Excellent bacteriological cure
- Excellent compliance
- Convenient dosage
- Well tolerated
- Efficacy & ultimate economy

Brief Prescribing Information:

COMPOSITION: Oroxizaf Suspension: Contains 125 mg of Cefadroxil per 5 ml of suspension when mixed. Mechanism of Action: Inhibits bacterial cell wall synthesis by binding to one or more of the penicillin-binding proteins (PBPs) which in turn inhibits the final transpeptidation step of peptidoglycan synthesis in bacterial cell walls, thus inhibiting cell wall biosynthesis. Bacteria eventually lyse due to ongoing activity of cell wall autolytic enzymes (autolysins and murein hydrolases) while cell wall assembly is arrested. Pharmacokinetics: Absorption: Oral: Rapid and well absorbed from GI tract. Protein binding: 20%. Half-life: 20-24 hours in renal failure. Time to peak serum concentration: Within 70-90 minutes. Elimination: > 90% of dose excreted unchanged in urine within 8 hours. Contraindication: Hypersensitivity to Cephalosporin group of antibiotic or to any component of formulation. Precaution: Modify dosage in patients with severe renal impairment; prolonged use may result in super-infection; use with caution in patients with a history of penicillin allergy especially Ig-E mediated reactions (e.g. anaphylaxis, urticaria); may cause antibiotic associated colitis or colitis secondary to C. difficile. Side Effects: The adverse events observed with Cefadroxil are similar to those observed with other cephalosporins. Gastrointestinal: Symptoms of pseudomembranous colitis can appear during or after antibiotic treatment. Nausea, vomiting and dyspepsia have been reported rarely. Administration with food decreases nausea. Diarrhea has also occurred. Drug Interaction: Increased effect: Probenecid may decrease cephalosporin elimination. Increased toxicity: Furosemide, aminoglycoside may be a possible additive to nephrotoxicity. Presentation: Oroxizaf is available in dry suspension.



“Medicines For All”



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