CEFIXIME: cefixime powder, for suspension
CEFIXIME: cefixime capsule
Lupin Pharmaceuticals, Inc.

HIGHLIGHTS OF PRESCRIBING INFORMATION
These highlights do not include all the information needed to use CEFIXIME safely and effectively. See full prescribing information for CEFIXIME.

CEFIXIME for oral suspension, 100 mg/5 mL
CEFIXIME for oral suspension, 200 mg/5 mL
CEFIXIME capsules, 400 mg
For oral administration

Initial U.S. Approval: 1986

INDICATIONS AND USAGE
Cefixime is a cephalosporin antibacterial drug indicated in the treatment of adults and pediatric patients six months and older with the following infections:

1.1 Uncomplicated Urinary Tract Infections
1.2 Otitis Media
1.3 Pharyngitis and Tonsillitis
1.4 Acute Exacerbations of Chronic Bronchitis
1.5 Uncomplicated Gonorrhea (cervical/urethral)

To reduce the development of drug-resistant bacteria and maintain the effectiveness of cefixime and other antibacterial drugs, cefixime for oral suspension and cefixime capsules should be used only to treat infections that are proven or strongly suspected to be caused by bacteria. (1.6)

DOSAGE AND ADMINISTRATION
• Adults: 400 mg daily (2.1)
• Pediatric patients (6 months and older): 8 mg/kg/day (2.2)

DOSAGE FORMS AND STRENGTHS
• Oral Suspension: 100 mg/5 mL and 200 mg/5 mL (3)
• Capsules: 400 mg (3)

CONTRAINDICATIONS
Contraindicated in patients with known allergy to cefixime or other cephalosporins. (4)

WARNINGS AND PRECAUTIONS
• Hypersensitivity reactions including shock and fatalities have been reported with cefixime. Discontinue use if a reaction occurs. (5.1)
• Clostridium difficile associated diarhoea: Evaluate if diarrhea occurs. (5.2)

ADVERSE REACTIONS
Most common adverse reactions are gastrointestinal such as diarrhea (16%), nausea (7%), loose stools (6%), abdominal pain (3%), dyspepsia (3%), and vomiting. (6)

To report SUSPECTED ADVERSE REACTIONS, contact Lupin Pharmaceuticals, Inc. at 1-800-399-2561 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

DRUG INTERACTIONS
• Elevated carbamazepine levels have been reported in postmarketing experience when cefixime is administered concomitantly. (7.1)
• Increased prothrombin time, with or without clinical bleeding, has been reported when cefixime is administered concomitantly with warfarin and anticoagulants. (7.2)

USE IN SPECIFIC POPULATIONS
• Pregnancy: Cefixime should be used during pregnancy only if clearly needed. (8.1)
• Nursing Mothers: Consideration should be given to discontinuing nursing temporarily during treatment with cefixime. (8.3)
• Children: Efficacy and safety in infants aged less than six months have not been established. (8.4)
• Geriatric Use: Clinical studies did not include sufficient numbers of subjects aged 65 and older to determine whether they respond differently than younger subjects. Other reported clinical experience has not identified differences in responses between the elderly and younger patients. (8.5)
• Renal Impairment: Cefixime may be administered in the presence of impaired renal function. Dose adjustment is required in patients whose creatinine clearance is less than 60 mL/min. (8.6)

See 17 for PATIENT COUNSELING INFORMATION.

FULL PRESCRIBING INFORMATION: CONTENTS*
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10 OVERDOSAGE
11 DESCRIPTION

Revised: 11/2018
1 INDICATIONS AND USAGE

1.1 Uncomplicated Urinary Tract Infections
Cefixime for oral suspension and cefixime capsule is indicated in the treatment of adults and pediatric patients six months of age or older with uncomplicated urinary tract infections caused by susceptible isolates of Escherichia coli and Proteus mirabilis.

1.2 Otitis Media
Cefixime for oral suspension and cefixime capsule is indicated in the treatment of adults and pediatric patients six months of age or older with otitis media caused by susceptible isolates of Haemophilus influenzae, Moraxella catarrhalis, and Streptococcus pneumoniae. (Efficacy for Streptococcus pyogenes in this organism was studied in fewer than 10 infections.)

Note: For patients with otitis media caused by Streptococcus pneumoniae, overall response was approximately 10% lower for cefixime than for the comparator [see Clinical Studies (14)].

1.3 Pharyngitis and Tonsillitis
Cefixime for oral suspension and cefixime capsule is indicated in the treatment of adults and pediatric patients six months of age or older with pharyngitis and tonsillitis caused by susceptible isolates of Streptococcus pyogenes.

1.4 Acute Exacerbations of Chronic Bronchitis
Cefixime for oral suspension and cefixime capsule is indicated in the treatment of adults and pediatric patients six months of age or older with acute exacerbations of chronic bronchitis caused by susceptible isolates of Streptococcus pneumoniae and Haemophilus influenzae.

1.5 Uncomplicated Gonorrhea (cervical/urethral)
Cefixime for oral suspension and cefixime capsule is indicated in the treatment of adults and pediatric patients six months of age or older with uncomplicated gonorrhea (cervical/urethral) caused by susceptible isolates of Neisseria gonorrhoeae (penicillinase-and non-penicillinase-producing isolates).

1.6 Usage
To reduce the development of drug resistant bacteria and maintain the effectiveness of cefixime and other antibacterial drugs, cefixime for oral suspension and cefixime capsule should be used only to treat infections that are proven or strongly suspected to be caused by susceptible bacteria. When culture and susceptibility information are available, they should be considered in selecting or modifying antimicrobial therapy. In the absence of such data, local epidemiology and susceptibility patterns may contribute to the empiric selection of therapy.

2 DOSAGE AND ADMINISTRATION

2.1 Adults
The recommended dose of cefixime is 400 mg daily. This may be given as a 400 mg capsule daily. For the treatment of uncomplicated cervical/urethral gonococcal infections, a single oral dose of 400 mg is recommended.

The capsule may be administered without regard to food.

In the treatment of infections due to Streptococcus pyogenes, a therapeutic dosage of cefixime should be administered for at least 10 days.

2.2 Pediatric Patients (6 months or older)
The recommended dose is 8 mg/kg/day of the suspension. This may be administered as a single daily dose or may be given in two divided doses, as 4 mg/kg every 12 hours.

Note: A suggested dose has been determined for each pediatric weight range. Refer to Table 1. Ensure all orders that specify a dose in milliliters include a concentration, because cefixime for oral suspension is available in two different concentrations (100 mg/5 mL and 200 mg/5 mL).

Table 1. Suggested Doses for Pediatric Patients

<table>
<thead>
<tr>
<th>Weight (kg)</th>
<th>Dose (mg)</th>
<th>Dose (mL)</th>
<th>Dose (mL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 to 7.5</td>
<td>50</td>
<td>2.5</td>
<td>--</td>
</tr>
<tr>
<td>7.6 to 10</td>
<td>80</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>10.1 to 12.5</td>
<td>100</td>
<td>5</td>
<td>2.5</td>
</tr>
<tr>
<td>12.6 to 20.5</td>
<td>150</td>
<td>7.5</td>
<td>4</td>
</tr>
<tr>
<td>20.6 to 28</td>
<td>200</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>28.1 to 33</td>
<td>250</td>
<td>12.5</td>
<td>6</td>
</tr>
<tr>
<td>33.1 to 40</td>
<td>300</td>
<td>15</td>
<td>7.5</td>
</tr>
<tr>
<td>40.1 to 45</td>
<td>350</td>
<td>17.5</td>
<td>9</td>
</tr>
<tr>
<td>45.1 or greater</td>
<td>400</td>
<td>20</td>
<td>10</td>
</tr>
</tbody>
</table>

Children weighing more than 45 kg or older than 12 years should be treated with the recommended adult dose for their age or genotype.
6 ADVERSE REACTIONS

Cefixime may be associated with a fall in prothrombin activity. Those at risk include patients with renal or hepatic impairment, or poor nutritional state, as well as patients receiving a protracted course of antimicrobial therapy, and patients previously stabilized on anticoagulant therapy. Prothrombin time should be monitored in patients at risk and exogenous vitamin K administered as indicated.

5.5 Development of Drug-Resistant Bacteria

Prescribing cefixime in the absence of a proven or strongly suspected bacterial infection is unlikely to provide benefit to the patient and increases the risk of the development of drug-resistant bacteria.

6 ADVERSE REACTIONS

Adverse reactions with antibacterial agents may be related to the destruction of antibiotic-sensitive bacteria resulting in overgrowth of less susceptible bacteria, or to direct effects of these agents on tissues and organs. Adverse reactions with cefixime are usually mild and the agents are usually discontinued for these reasons. However, the use of antibacterial agents may result in overgrowth of antibiotic-resistant organisms. Therefore, antibacterial therapy should be reserved for the treatment of documented or strongly suspected bacterial infections.

5.1 Hypersensitivity Reactions

Anaphylactic/anaphylactoid reactions (including shock and fatalities) have been reported with the use of cefixime. Before therapy with cefixime is instituted, careful inquiry should be made to determine whether the patient has had previous hypersensitivity reactions to cephalosporins, penicillins, or other drugs. If this product is to be given to penicillin-sensitive patients, caution should be exercised because cross-hypersensitivity among beta-lactam antibacterial drugs has been clearly documented and may occur in up to 10% of patients with a history of penicillin allergy. If an allergic reaction to cefixime occurs, the drug is to be discontinued.

5.2 Clostridium difficile-Associated Diarrhea

Clostridium difficile associated diarrhea (CDAD) has been reported with use of nearly all antibacterial agents, including cefixime, and may range in severity from mild diarrhea to fatal colitis. Treatment with antibacterial agents alters the normal flora of the colon leading to overgrowth of C. difficile. C. difficile produces toxins A and B which contribute to the development of CDAD. Hypertoxin-producing isolates of C. difficile cause increased morbidity and mortality, as these infections can be refractory to antimicrobial therapy and may require colectomy. CDAD must be considered in all patients who present with diarrhea following antibiotic drug use. Careful medical history is necessary since CDAD can occur up to two months after the administration of antibacterial agents. If CDAD is suspected or confirmed, ongoing antibacterial drug use not directed against C. difficile may need to be discontinued. Appropriate fluid and electrolyte management, protein supplementation, antibacterial drug treatment of C. difficile, and surgical evaluation should be instituted as clinically indicated.

5.3 Dose Adjustment in Renal Impairment

The dose of cefixime should be adjusted in patients with renal impairment as well as those undergoing continuous ambulatory peritoneal dialysis (CAPD) and hemodialysis (HD). Patients on dialysis should be monitored carefully (see Dosage and Administration (2)).

5.4 Coagulation Effects

Prescribing cefixime in the absence of a proven or strongly suspected bacterial infection is unlikely to provide benefit to the patient and increases the risk of the development of drug-resistant bacteria.

5.5 Development of Drug-Resistant Bacteria

Prescribing cefixime in the absence of a proven or strongly suspected bacterial infection is unlikely to provide benefit to the patient and increases the risk of the development of drug-resistant bacteria.
6.1 Clinical Trials Experience
Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

The most commonly seen adverse reactions in U.S. trials of the tablet formulation were gastrointestinal events, which were reported in 30% of adult patients on either the twice daily or the once daily regimen. Five percent (5%) of patients in the U.S. clinical trials discontinued therapy because of drug-related adverse reactions. Individual adverse reactions included diarrhea 16%, loose or frequent stools 6%, abdominal pain 3%, nausea 7%, dyspepsia 3%, and flatulence 4%. The incidence of gastrointestinal adverse reactions, including diarrhea and loose stools, in pediatric patients receiving the suspension was comparable to the incidence seen in adult patients receiving tablets.

6.2 Post-marketing Experience
The following adverse reactions have been reported following the post-approval use of cefixime. Incidence rates were less than 1 in 50 (less than 2%).

Gastrointestinal
Several cases of documented pseudomembranous colitis were identified in clinical trials. The onset of pseudomembranous colitis symptoms may occur during or after therapy.

Hypersensitivity Reactions
Anaphylactic/anaphylactoid reactions (including shock and fatalities), skin rashes, urticaria, drug fever, pruritus, angioedema, and facial edema. Erythema multiforme, Stevens-Johnson syndrome, and serum sickness-like reactions have been reported.

Hepatic
Transient elevations in SGPT, SGOT, alkaline phosphatase, hepatitis, jaundice.

Renal
Transient elevations in BUN or creatinine, acute renal failure.

Central Nervous System
Headaches, dizziness, seizures.

Hemic and Lymphatic System
Transient thrombocytopenia, leukopenia, neutropenia, prolongation in prothrombin time, elevated LDH, agranulocytosis, and eosinophilia.

Abnormal Laboratory Tests
Hyperbilirubinemia.

Other Adverse Reactions
Genital pruritus, vaginitis, candidiasis, toxic epidermal necrolysis.

Adverse Reactions Reported for Cephalosporin-class Drugs
Allergic reactions, superinfection, renal dysfunction, toxic epidermal necrolysis, and colitis.

Several cephalosporins have been implicated in triggering seizures, particularly in patients with renal impairment when the dosage was not reduced [see Dosage And Administration (2) and Overdosage (10)]. If seizures associated with drug therapy occur, the drug should be discontinued. Anticonvulsant therapy can be given if clinically indicated.

7 DRUG INTERACTIONS

7.1 Carbamazepine
Elevated carbamazepine levels have been reported in postmarketing experience when cefixime is administered concomitantly. Drug monitoring may be of assistance in detecting alterations in carbamazepine plasma concentrations.

7.2 Warfarin and Anticoagulants
Increased prothrombin time, with or without clinical bleeding, has been reported when cefixime is administered concomitantly.

7.3 Drug/Laboratory Test Interactions
A false-positive reaction for ketones in the urine may occur with tests using nitroprusside but not with those using nitroferricyanide. The administration of cefixime may result in a false-positive reaction for glucose in the urine using Clinistix®**, Benedict's solution, or Feuling's solution. It is recommended that glucose tests based on enzymatic glucose oxidase reactions (such as Clinistix®**, TesTape®**) be used. A false-positive direct Coombs test has been reported during treatment with other cephalosporins; therefore, it should be recognized that a positive Coombs test may be due to the drug.

** Clinistix® and TesTape® are registered trademarks of Ames Division, Miles Laboratories, Inc. TesTape® is a registered trademark of Eli Lilly and Company.

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy
Pregnancy Category B.

Reproduction studies have been performed in mice and rats at doses up to 40 times the human dose and have revealed no evidence of harm to the fetus due to cefixime. There are no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

8.2 Labor and Delivery
Cefixime has not been studied for use during labor and delivery. Treatment should only be given if clearly needed.

8.3 Nursing Mothers
It is not known whether cefixime is excreted in human milk. Consideration should be given to discontinuing nursing temporarily during treatment with this drug.

8.4 Pediatric Use
Safety and effectiveness of cefixime in children aged less than six months old have not been established. The incidence of gastrointestinal adverse reactions, including diarrhea and loose stools, in the pediatric patients receiving the suspension, was comparable to the incidence seen in adult patients.
receiving tablets.

8.5 Geriatric Use
Clinical studies did not include sufficient numbers of subjects aged 65 and older to determine whether they respond differently than younger subjects. Other reported clinical experience has not identified differences in responses between the elderly and younger patients. A pharmacokinetic study in the elderly detected differences in pharmacokinetic parameters (see Clinical Pharmacology (12.3)). These differences were small and do not indicate a need for dosage adjustment of the drug in the elderly.

8.6 Renal Impairment
The dose of cefixime should be adjusted in patients with renal impairment as well as those undergoing continuous ambulatory peritoneal dialysis (CAPD) and hemodialysis (HD). Patients on dialysis should be monitored carefully (see Dosage and Administration (2.3)).

10 OVERDOSAGE
Gastric lavage may be indicated; otherwise, no specific antidote exists. Cefixime is not removed in significant quantities from the circulation by hemodialysis or peritoneal dialysis. Adverse reactions in small numbers of healthy adult volunteers receiving single doses up to 2 g of cefixime did not differ from the profile seen in patients treated at the recommended doses.

11 DESCRIPTION
Cefixime is a semisynthetic, cephalosporin antibacterial for oral administration. Chemically, it is (6R,7R)-7-[2-(2-Amino-4-thiazolyl)glyoxylamido]-8-oxo-3-[(1-methylpiperazine-1-sulfonyl)]-5-thia-1-azabicyclo[4.2.0]oct-2-ene-2-carboxylic acid, 7-(2-hydroxy-2-methylpropyl) oxime trihydrate.

Molecular weight = 507.50 as the trihydrate. Chemical Formula is C14H12N2O5S2.3H2O

The structural formula for cefixime is:

\[
\text{\includegraphics[width=0.5\textwidth]{structure.png}}
\]

Inactive ingredients contained in the cefixime powder for oral suspension USP are colloidal silicon dioxide, sodium benzoate, strawberry flavor, sucrose, and xanthan gum.

Inactive ingredients contained in the cefixime capsules 400 mg are colloidal silicon dioxide, crospovidone, low substituted hydroxypropyl cellulose, magnesium stearate, and mannitol. The capsule shell contains the following inactive ingredients: ferric oxide black, ferric oxide red, gelatin, potassium hydroxide, propylene glycol, shellac, sodium lauryl sulfate, and titanium dioxide.

12 CLINICAL PHARMACOLOGY
12.1 Mechanism of Action
Cefixime is a semisynthetic cephalosporin antibacterial drug [see Microbiology (12.4)].

12.3 Pharmacokinetics
Cefixime tablets and suspension, given orally, are about 40% to 50% absorbed whether administered with or without food; however, time to maximal absorption is increased approximately 0.8 hours when administered with food. A single 200 mg tablet of cefixime produces an average peak serum concentration of approximately 2 mcg/mL (range 1 to 4 mcg/mL); a single 400 mg tablet produces an average peak concentration of approximately 3.7 mcg/mL (range 1.3 to 7.7 mcg/mL). The oral suspension produces average peak concentrations approximately 25% to 50% higher than the tablets, when tested in normal adult volunteers. Two hundred and 400 mg doses of oral suspension produce average peak concentrations of approximately 3 mcg/mL (range 1 to 4.5 mcg/mL) and 4.6 mcg/mL (range 1.9 to 7.7 mcg/mL), respectively, when tested in normal adult volunteers. The area under the time versus concentration curve (AUC) is greater by approximately 10% to 25% with the oral suspension than with the tablets after doses of 100 to 400 mg, when tested in normal adult volunteers. This increased absorption should be taken into consideration if the oral suspension is to be substituted for the tablet. Because of the lack of bioequivalence, tablets should not be substituted for oral suspension in the treatment of otitis media [see Dosage and Administration (2)]. Cross-over studies of tablet versus suspension have not been performed in children.

The 400 mg capsule is bioequivalent to the 400 mg tablet under fasting conditions. However, food reduces the absorption following administration of the capsule by approximately 15% based on AUC and 25% based on Cmax.

Peak serum concentrations occur between 2 and 6 hours following oral administration of a single 200 mg tablet, a single 400 mg tablet or 400 mg of cefixime suspension. Peak serum concentrations occur between 2 and 5 hours following a single administration of 200 mg of suspension. Peak serum concentrations occur between 3 and 8 hours following oral administration of a single 400 mg capsule.

**Distribution**
Serum protein binding is concentration independent with a bound fraction of approximately 65%. In a multiple-dose study conducted with a research formulation which is less bioavailable than the tablet or suspension, there was little accumulation of drug in serum or urine after dosing for 14 days. Adequate data on CSF levels of cefixime are not available.

**Metabolism and Excretion**
There is no evidence of metabolism of cefixime in vivo. Approximately 50% of the absorbed dose is excreted unchanged in the urine in 24 hours. In animal studies, it was noted that cefixime is also excreted in the bile in excess of 10% of the administered dose. The serum half-life of cefixime in healthy subjects is independent of dosage form and averages 3 to 4 hours but may range up to 9 hours in some normal volunteers.

**Special Populations**
**Geriatrics:** Average AUCs at steady state in elderly patients are approximately 40% higher than average AUCs in other healthy adults. Differences in the pharmacokinetic parameters between 12 young and 12 elderly subjects who received 400 mg of cefixime once daily for 5 days are summarized as follows:

---

**Geriatrics:** Average AUCs at steady state in elderly patients are approximately 40% higher than average AUCs in other healthy adults. Differences in the pharmacokinetic parameters between 12 young and 12 elderly subjects who received 400 mg of cefixime once daily for 5 days are summarized as follows:

---

8.6 Renal Impairment
The dose of cefixime should be adjusted in patients with renal impairment as well as those undergoing continuous ambulatory peritoneal dialysis (CAPD) and hemodialysis (HD). Patients on dialysis should be monitored carefully [see Dosage and Administration (2.3)].
In these studies, patients were randomized and treated with either cefixime at dose regimens of 4 mg/kg the active control drugs. Lactamase positive isolates of Haemophilus influenzae that of Streptococcus pneumoniae in 4% of patients. The overall response rate of 7% higher (12% when beta-lactamase positive isolates of H. influenzae are included) than the response rates of these organisms to cefixime was approximately 10% lower and that of Haemophilus influenzae or Moraxella catarrhalis approximately 7% higher. However, a study indicated that with doses of 400 mg, patients undergoing hemodialysis have similar blood profiles as subjects with creatinine clearances of 21 to 60 mL/min.

### 12.4 Microbiology

#### Mechanism of Action

Cefixime has been shown to be active against most isolates of the following microorganisms, both in vitro and in clinical infections [see Indications and Usage (1)].

<table>
<thead>
<tr>
<th>Gram-positive Bacteria</th>
<th>Streptococcus pneumoniae</th>
<th>Streptococcus pyogenes</th>
<th>Gram-negative Bacteria</th>
<th>Escherichia coli</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cefixime</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>A. Manihalii</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>C. Difficile</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>C. Perfringens</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Resistance

Resistance to cefixime in isolates of Haemophilus influenzae and Neisseria gonorrhoeae is most often associated with alterations in penicillin-binding proteins (PBPs). Cefixime may have limited activity against Enterobacteriaceae producing extended spectrum beta-lactamases (ESBLs). Pseudomonas species, Enterococcus species, strains of Group D streptococci, Listeria monocytogenes, most strains of staphylococci (including methicillin-resistant strains), most strains of Enterobacter species, most strains of Bacteroides fragilis, and most strains of Clostridium species are resistant to cefixime.

#### Antimicrobial Activity

Cefixime is stable in the presence of certain beta-lactamase enzymes. As a result, certain organisms resistant to penicillin and some cephalosporins due to the presence of beta-lactamases may be susceptible to cefixime.

### 13 NONCLINICAL TOXICOLOGY

#### 13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

Lifetime studies in animals to evaluate carcinogenic potential have not been conducted. Cefixime did not cause point mutation in bacteria or mammalian cells, DNA damage, or chromosome damage in vitro and did not exhibit clastogenic potential in vivo in the mouse micronucleus test. In rats, fertility and reproductive performance were not affected by cefixime at doses up to 25 times the adult therapeutic dose.

### 14 CLINICAL STUDIES

Comparative clinical trials of otitis media were conducted in nearly 400 children between the ages of 6 months to 10 years. Streptococcus pneumoniae was isolated from 47% of the patients, Haemophilus influenzae from 34%, Moraxella catarrhalis from 15% and S. pyogenes from 4%.

The overall response rate of Streptococcus pneumoniae to cefixime was approximately 10% lower and that of Haemophilus influenzae or Moraxella catarrhalis approximately 7% higher (12% when beta-lactamase positive isolates of H. influenzae are included) than the response rates of these organisms to the active control drugs.

In these studies, patients were randomized and treated with either cefixime at dose regimens of 4 mg/kg...
twice a day or 8 mg/kg once a day, or with a comparator. Sixty-nine to 70% of the patients in each group had resolution of signs and symptoms of otitis media when evaluated 2 to 4 weeks post-treatment, but persistent effusion was found in 15% of the patients. When evaluated at the completion of therapy, 17% of patients receiving cefixime and 14% of patients receiving effective comparative drugs (18% including those patients who had Haemophilus influenzae resistant to the control drug and who received the control antibacterial drug) were considered to be treatment failures. By the 2 to 4 week follow-up, a total of 30%-31% of patients had evidence of either treatment failure or recurrent disease.

Bacteriological Outcome of Otitis Media at Two to Four Weeks Post-Therapy Based on Repeat Middle Ear Fluid Culture or Extrapolation from Clinical Outcome

<table>
<thead>
<tr>
<th>Organism</th>
<th>Cefixime(a) 4 mg/kg BID</th>
<th>Cefixime(a) 8 mg/kg QD</th>
<th>Control(a) drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Streptococcus pneumonia</em></td>
<td>48/70 (69%)</td>
<td>18/22 (82%)</td>
<td>82/108 (82%)</td>
</tr>
<tr>
<td><em>Haemophilus influenzae</em> beta-lactamase negative</td>
<td>24/34 (71%)</td>
<td>13/17 (76%)</td>
<td>23/34 (68%)</td>
</tr>
<tr>
<td><em>Haemophilus influenzae</em> beta-lactamase positive</td>
<td>17/22 (77%)</td>
<td>9/12 (75%)</td>
<td>1/1 (b)</td>
</tr>
<tr>
<td><em>Moraxella catarrhals</em></td>
<td>26/31 (84%)</td>
<td>5/5</td>
<td>18/24 (75%)</td>
</tr>
<tr>
<td><em>S. pyogenes</em></td>
<td>5/5</td>
<td>3/3</td>
<td>6/7</td>
</tr>
<tr>
<td>All Isolates</td>
<td>120/162 (74%)</td>
<td>48/59 (81%)</td>
<td>130/166 (78%)</td>
</tr>
</tbody>
</table>

(a)Number eradicated/number isolated.

(b)An additional 20 beta-lactamase positive isolates of Haemophilus influenzae were isolated, but were excluded from this analysis because they were resistant to the control antibacterial drug. In nineteen of these, the clinical course could be assessed and a favorable outcome occurred in 10. When these cases are included in the overall bacteriological evaluation of therapy with the control drugs, 140/185 (76%) of pathogens were considered to be eradicated.

16 HOW SUPPLIED/STORAGE AND HANDLING

Cefixime for oral suspension USP, 100 mg/5 mL is an off-white to pale yellow colored powder. After reconstituted as directed, each 5 mL of reconstituted suspension contains 100 mg of cefixime as the trihydrate and is supplied as follows:

NDC 68180-405-01 - 50 mL Bottle

Prior to reconstitution: Store drug powder at 20 to 25°C (68 to 77°F) [See USP Controlled Room Temperature].

After reconstitution: Store at room temperature or under refrigeration.

Keep tightly closed.

Cefixime for oral suspension USP, 200 mg/5 mL is an off-white to pale yellow colored powder. After reconstituted as directed, each 5 mL of reconstituted suspension contains 200 mg of cefixime as the trihydrate and is supplied as follows:

NDC 68180-407-03 - 50 mL Bottle
NDC 68180-407-04 - 75 mL Bottle

Prior to reconstitution: Store drug powder at 20 to 25°C (68 to 77°F) [See USP Controlled Room Temperature].

After reconstitution: Store at room temperature or under refrigeration.

Keep tightly closed.

Cefixime capsules, 400 mg is an size "00EL" capsules with pink opaque cap and pink opaque body, imprinted with "LU" on cap and "U43" on body in black ink, containing white to yellowish white granular powder containing 400 mg of cefixime as the trihydrate and is supplied as follows:

NDC 68180-416-08 - Bottle of 50 capsules
NDC 68180-416-11 - Unit dose Package of 10 (1 blister of 10 capsules)

Store at 20 to 25°C (68 to 77°F) [See USP Controlled Temperature].

17 PATIENT COUNSELING INFORMATION

17.1 Information for Patients

Counsel patients that antibacterial drugs, including cefixime, should only be used to treat bacterial infections. They do not treat viral infections (e.g., the common cold). When cefixime is prescribed to treat a bacterial infection, patients should be told that although it is common to feel better early in the course of therapy, the medication should be taken exactly as directed. Skipping doses or not completing the full course of therapy may: (1) decrease the effectiveness of the immediate treatment and (2) increase the likelihood that bacteria will develop resistance and will not be treatable by cefixime for oral suspension or other antibacterial drugs in the future.

Advise patients that diarrhea is a common problem caused by antibacterial drugs which usually ends when the antibacterial drug is discontinued. Sometimes after starting treatment with antibacterial drugs, patients can develop watery and bloody stools (with or without stomach cramps and fever) even as late as two or more months after having taken the last dose of the antibacterial drug. If this occurs, patients should contact their physician as soon as possible.

Manufactured for:
Lupin Pharmaceuticals, Inc.
Baltimore, Maryland 21202

United States

Manufactured by:
Lupin Limited
Mandideep 462 046
INDIA

Revised: October 2018

ID#: 257765

PACKAGE LABEL-PRINCIPAL DISPLAY PANEL

CEFIXIME FOR ORAL SUSPENSION USP
100 mg/5 mL
Rx only

NDC 68180-405-01: Bottle of 50 mL
CEFIXIME FOR ORAL SUSPENSION USP
200 mg/5 mL
Rx only
NDC 68180-407-03: Bottle of 50 mL
NDC 68180-407-04: Bottle of 75 mL

CEFIXIME CAPSULES
400 mg
Rx only
NDC 68180-416-08 - Bottle of 50 capsules

CEFIXIME CAPSULES
400 mg
Rx only
NDC 68180-416-11 - Blister
Unit dose Package of 10 (1 blister of 10 capsules)
CEFIXIME CAPSULES
400 mg
Rx only
NDC 68180-416-11 - Carton

Dosage: See accompanying prescribing information.

Storage: Store at 20 to 25°C (68 to 77°F)
[See USP Controlled Room Temperature].

Code No.: MP/DRUGS/28/18/88
Manufactured for:
Lupin Pharmaceuticals, Inc.
Baltimore, Maryland 21202 United States

Manufactured by:
Lupin Limited
Mandideep 482 046 INDIA

CEFIXIME
cefixime powder, for suspension

Product Information

<table>
<thead>
<tr>
<th>Product Type</th>
<th>Item Code (Source)</th>
<th>NDC Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Prescription Drug</td>
<td>68180-405</td>
<td>NDC68180-405</td>
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<tr>
<td>Oral</td>
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</table>

Active Ingredient/Active Moiety

<table>
<thead>
<tr>
<th>Ingredient Name</th>
<th>Basis of Strength</th>
<th>Strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>CEFIXIME (Cefixime Anhydrous - Unihex/Ing-40X)</td>
<td>CEFIXIME ANHYDROUS</td>
<td>400 mg in 5 mL</td>
</tr>
</tbody>
</table>
Inactive Ingredients

<table>
<thead>
<tr>
<th>Ingredient Name</th>
<th>Strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>SILICON DIOXIDE</td>
<td></td>
</tr>
<tr>
<td>SODIUM BENZOATE</td>
<td></td>
</tr>
<tr>
<td>STRAWBERRY</td>
<td></td>
</tr>
<tr>
<td>SUCROSE</td>
<td></td>
</tr>
<tr>
<td>XANTHAN GUM</td>
<td></td>
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</tbody>
</table>

Product Characteristics

<table>
<thead>
<tr>
<th>Color</th>
<th>Shape</th>
<th>Flavor</th>
<th>Imprint Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHITE (off-white to pale yellow)</td>
<td></td>
<td>STRAWBERRY (Strawberry)</td>
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</tr>
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Packaging

<table>
<thead>
<tr>
<th>#</th>
<th>NDC:68180-405-01</th>
<th>50 mL in 1 BOTTLE; Type 0: Not a Combination Product</th>
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Marketing Information

<table>
<thead>
<tr>
<th>Marketing Category</th>
<th>Application Number or Monograph Citation</th>
<th>Marketing Start Date</th>
<th>Marketing End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANDA</td>
<td>ANDA06452D</td>
<td>04/20/2015</td>
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</tr>
</tbody>
</table>

Active Ingredient/Active Moiety

<table>
<thead>
<tr>
<th>Ingredient Name</th>
<th>Basis of Strength</th>
<th>Strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>CEFIXIME (UNII: 97IC92E55)</td>
<td>CEFIXIME ANHYDROUS - UNII:XZ7BG04G4X</td>
<td>200 mg in 5 mL</td>
</tr>
</tbody>
</table>

Inactive Ingredients

<table>
<thead>
<tr>
<th>Ingredient Name</th>
<th>Strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>SILICON DIOXIDE</td>
<td></td>
</tr>
<tr>
<td>SODIUM BENZOATE</td>
<td></td>
</tr>
<tr>
<td>STRAWBERRY</td>
<td></td>
</tr>
<tr>
<td>SUCROSE</td>
<td></td>
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<tr>
<td>XANTHAN GUM</td>
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Product Characteristics

<table>
<thead>
<tr>
<th>Color</th>
<th>Shape</th>
<th>Flavor</th>
<th>Imprint Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>CROSPOVIDONE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FERRIC OXIDE RED</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FERROSOFERRIC OXIDE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GELATIN</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HYDROXYPROPYL CELLULOSE, LOW SUBSTITUTED</td>
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Packaging

<table>
<thead>
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<th>50 mL in 1 BOTTLE; Type 0: Not a Combination Product</th>
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Marketing Information

<table>
<thead>
<tr>
<th>Marketing Category</th>
<th>Application Number or Monograph Citation</th>
<th>Marketing Start Date</th>
<th>Marketing End Date</th>
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<tbody>
<tr>
<td>ANDA</td>
<td>ANDA06452D</td>
<td>04/20/2015</td>
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Active Ingredient/Active Moiety

<table>
<thead>
<tr>
<th>Ingredient Name</th>
<th>Basis of Strength</th>
<th>Strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>CEFIXIME (UNII: 97IC92E55)</td>
<td>CEFIXIME ANHYDROUS - UNII:XZ7BG04G4X</td>
<td>400 mg</td>
</tr>
</tbody>
</table>

Inactive Ingredients

<table>
<thead>
<tr>
<th>Ingredient Name</th>
<th>Strength</th>
</tr>
</thead>
<tbody>
<tr>
<td>CROSPOVIDONE</td>
<td></td>
</tr>
<tr>
<td>FERRIC OXIDE RED</td>
<td></td>
</tr>
<tr>
<td>FERROSOFERRIC OXIDE</td>
<td></td>
</tr>
<tr>
<td>GELATIN</td>
<td></td>
</tr>
<tr>
<td>HYDROXYPROPYL CELLULOSE</td>
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**Product Characteristics**

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Color</td>
<td>Pink (Pink Opaque Cap), Pink (Pink Opaque Body)</td>
</tr>
<tr>
<td>Shape</td>
<td>Capsule</td>
</tr>
<tr>
<td>Size</td>
<td>26mm</td>
</tr>
<tr>
<td>Imprint Code</td>
<td>LU43</td>
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</tbody>
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**Packaging**

<table>
<thead>
<tr>
<th>#</th>
<th>NDC Code</th>
<th>Package Description</th>
<th>Marketing Start Date</th>
<th>Marketing End Date</th>
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<tbody>
<tr>
<td>1</td>
<td>NDC: 68180-416-11</td>
<td>1 in 1 CARTON</td>
<td>12/01/2018</td>
<td></td>
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<td>2</td>
<td>NDC: 68180-416-08</td>
<td>50 in 1 BOTTLE; Type 0: Not a Combination Product</td>
<td>12/01/2018</td>
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**Marketing Information**

<table>
<thead>
<tr>
<th>Marketing Category</th>
<th>Application Number or Monograph Citation</th>
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<th>Marketing End Date</th>
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<tbody>
<tr>
<td>ANDA</td>
<td>ANDA065129</td>
<td>12/01/2018</td>
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**Labeler** = Lupin Pharmaceuticals, Inc. (089153071)

**Registrant** = LUPIN LIMITED (675923165)

**Establishment**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>ID/FEI</th>
<th>Business Operations</th>
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</thead>
<tbody>
<tr>
<td>LUPIN LIMITED</td>
<td>725044448</td>
<td>725044448</td>
<td>MANUFACTURE(68180-405, 68180-407), PACK(68180-405, 68180-407, 68180-406)</td>
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</tbody>
</table>

Revised: 11/2018