

**CLINDAMYCIN- clindamycin phosphate injection**  
**Akorn, Inc.**

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**Clindamycin in 5% Dextrose Injection**

To reduce the development of drug-resistant bacteria and maintain the effectiveness of clindamycin in 5% dextrose injection and other antibacterial drugs, clindamycin in 5% dextrose injection should be used only to treat or prevent infections that are proven or strongly suspected to be caused by bacteria.

**For Intravenous Use only**

**WARNING**

***Clostridium difficile* - associated diarrhea (CDAD) has been reported with use of nearly all antibacterial agents, including clindamycin in 5% dextrose injection 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*.**

**Because clindamycin in 5% dextrose injection therapy has been associated with severe colitis which may end fatally, it should be reserved for serious infections where less toxic antimicrobial agents are inappropriate, as described in the INDICATIONS AND USAGE section. It should not be used in patients with nonbacterial infections such as most upper respiratory tract infections. *C. difficile* produces toxins A and B which contribute to the development of CDAD. Hypertoxin producing strains 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 use. Careful medical history is necessary since CDAD has been reported to occur over two months after the administration of antibacterial agents.**

**If CDAD is suspected or confirmed, ongoing antibiotic use not directed against *C. difficile* may need to be discontinued. Appropriate fluid and electrolyte management, protein supplementation, antibiotic treatment of *C. difficile*, and surgical evaluation should be instituted as clinically indicated.**

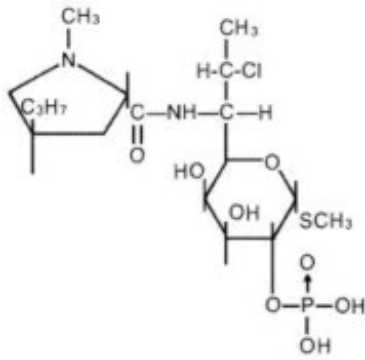
**DESCRIPTION**

Clindamycin in 5% dextrose injection in bottles contains clindamycin phosphate equivalent to 300, 600 and 900 mg of clindamycin premixed with 5% dextrose as a sterile solution. Disodium edetate has been added at a concentration of 0.04 mg/mL. The pH has been adjusted with sodium hydroxide and/or hydrochloric acid.

Clindamycin is a semisynthetic antibiotic produced by a 7(S)-chloro-substitution of the 7(R)-hydroxyl group of the parent compound lincomycin. The chemical name of clindamycin phosphate is L-threo- $\alpha$ -D-galacto-Octopyranoside, methyl-7-chloro-6,7,8-trideoxy-6-[[[1-methyl-4-propyl-2-pyrrolidinyl)carbonyl] amino]-1-thio-, 2-(dihydrogen phosphate), (2S-trans)-.

The molecular formula is C<sub>18</sub>H<sub>34</sub>ClN<sub>2</sub>O<sub>8</sub>PS and the molecular weight is 504.96.

The structural formula is represented below:



## CLINICAL PHARMACOLOGY

### Distribution

Biologically inactive clindamycin phosphate is converted to active clindamycin. By the end of short-term intravenous infusion, peak serum concentrations of active clindamycin are reached.

After intramuscular injection of clindamycin phosphate, peak concentrations of active clindamycin are reached within 3 hours in adults and 1 hour in pediatric patients. Serum concentration-time curves may be constructed from IV peak serum concentrations as given in Table 1 by application of elimination half-lives (see **Excretion**).

Serum concentrations of clindamycin can be maintained above the *in vitro* minimum inhibitory concentrations for most indicated organisms by administration of clindamycin phosphate every 8 to 12 hours in adults and every 6 to 8 hours in pediatric patients, or by continuous intravenous infusion. An equilibrium state is reached by the third dose.

No significant concentrations of clindamycin are attained in the cerebrospinal fluid even in the presence of inflamed meninges.

### Metabolism

*In vitro* studies in human liver and intestinal microsomes indicated that clindamycin is predominantly metabolized by Cytochrome P450 3A4 (CYP3A4), with minor contribution from CYP3A5, to form clindamycin sulfoxide and a minor metabolite, N-desmethylclindamycin.

### Excretion

Biologically inactive clindamycin phosphate disappears from the serum with 6 minutes of the average elimination half-life; however, the average serum elimination half-life of active clindamycin is about 3 hours in adults and 2½ hours in pediatric patients.

### Special Populations

#### Patients with Renal/Hepatic Impairment

The elimination half-life of clindamycin is increased slightly in patients with markedly reduced renal or hepatic function. Hemodialysis and peritoneal dialysis are not effective in removing clindamycin from the serum. Dosage schedules need not be modified in the presence of mild or moderate renal or hepatic disease.

#### Elderly Patients

Pharmacokinetic studies in elderly volunteers (61 to 79 years) and younger adults (18 to 39 years) indicate that age alone does not alter clindamycin pharmacokinetics (clearance, elimination half-life, volume of distribution, and area under the serum concentration-time curve) after IV administration of clindamycin phosphate. After oral administration of clindamycin hydrochloride, the average elimination

half-life is increased to approximately 4.0 hours (range 3.4 to 5.1 h) in the elderly, compared to 3.2 hours (range 2.1 to 4.2 h) in younger adults. The extent of absorption, however, is not different between age groups and no dosage alteration is necessary for the elderly with normal hepatic function and normal (age-adjusted) renal function<sup>1</sup>.

**Table 1. Average Peak and Trough Serum Concentrations of Active Clindamycin After Dosing with Clindamycin Phosphate**

<b>Dosage Regimen</b>	<b>Peak mcg/mL</b>	<b>Trough mcg/mL</b>
<b>Healthy Adult Males (Post Equilibrium)</b>		
600 mg IV in 30 min q6h	10.9	2.0
600 mg IV in 30 min q8h	10.8	1.1
900 mg IV in 30 min q8h	14.1	1.7
<b>Pediatric Patients (first dose)*</b>		
5 to 7 mg/kg IV in 1 hour	10	

\*Data in this group from patients being treated for infection.

#### *Obese Pediatric Patients Aged 2 to Less than 18 Years and Obese Adults Aged 18 to 20 Years*

An analysis of pharmacokinetic data in obese pediatric patients aged 2 to less than 18 years and obese adults aged 18 to 20 years demonstrated that clindamycin clearance and volume of distribution, normalized by total body weight, are comparable regardless of obesity.

## **Microbiology**

### Mechanism of Action

Clindamycin inhibits bacterial protein synthesis by binding to the 23S RNA of the 50S subunit of the ribosome. Clindamycin is bacteriostatic.

### Resistance

Resistance to clindamycin is most often caused by modification of specific bases of the 23S ribosomal RNA. Cross-resistance between clindamycin and lincomycin is complete. Because the binding sites for these antibacterial drugs overlap, cross-resistance is sometimes observed among lincosamides, macrolides and streptogramin B. Macrolide-inducible resistance to clindamycin occurs in some isolates of macrolide-resistant bacteria. Macrolide-resistant isolates of staphylococci and beta-hemolytic streptococci should be screened for induction of clindamycin resistance using the D-zone test.

### *Antimicrobial Activity*

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

### **Gram-positive bacteria**

- Staphylococcus aureus* (methicillin-susceptible strains)
- Streptococcus pneumoniae* (penicillin-susceptible strains)
- Streptococcus pyogenes*

### **Anaerobic bacteria**

- Clostridium perfringens*
- Fusobacterium necrophorum*
- Fusobacterium nucleatum*

*Peptostreptococcus anaerobius*

*Prevotella melaninogenica*

The following *in vitro data* are available, but their clinical significance is unknown. At least 90 percent of the following bacteria exhibit an *in vitro* minimum inhibitory concentration (MIC) less than or equal to the susceptible breakpoint for clindamycin against isolates of a similar genus or organism group. However, the efficacy of clindamycin in treating clinical infections due to these bacteria has not been established in adequate and well-controlled clinical trials.

### **Gram-positive bacteria**

*Staphylococcus epidermidis* (methicillin-susceptible strains)

*Streptococcus agalactiae*

*Streptococcus anginosus*

*Streptococcus mitis*

*Streptococcus oralis*

### **Anaerobic bacteria**

*Actinomyces israelii*

*Clostridium clostridioforme*

*Eggerthella lenta*

*Finegoldia (Peptostreptococcus) magna*

*Micromonas (Peptostreptococcus) micros*

*Prevotella bivia*

*Prevotella intermedia*

*Propionibacterium acnes*

### Susceptibility Testing

For specific information regarding susceptibility test interpretive criteria and associated test methods and quality control standards recognized by FDA for this drug, please see: <https://www.fda.gov/STIC>.

## **INDICATIONS AND USAGE**

Clindamycin in 5% dextrose injection is indicated in the treatment of serious infections caused by susceptible anaerobic bacteria.

Clindamycin in 5% dextrose injection is also indicated in the treatment of serious infections due to susceptible strains of streptococci, pneumococci, and staphylococci. Its use should be reserved for penicillin-allergic patients or other patients for whom, in the judgment of the physician, a penicillin is inappropriate. Because of the risk of antibiotic-associated pseudomembranous colitis, as described in the **BOXED WARNING**, before selecting clindamycin the physician should consider the nature of the infection and the suitability of less toxic alternatives (e.g., erythromycin).

Bacteriologic studies should be performed to determine the causative organisms and their susceptibility to clindamycin.

Indicated surgical procedures should be performed in conjunction with antibiotic therapy.

Clindamycin in 5% dextrose injection is indicated in the treatment of serious infections caused by susceptible strains of the designated organisms in the conditions listed below:

Lower respiratory tract infections including pneumonia, empyema, and lung abscess caused by anaerobes, *Streptococcus pneumoniae*, other streptococci (except *E. faecalis*), and *Staphylococcus aureus*.

Skin and skin structure infections caused by *Streptococcus pyogenes*, *Staphylococcus aureus*, and anaerobes.

Gynecological infections including endometritis, nongonococcal tubo-ovarian abscess, pelvic cellulitis, and postsurgical vaginal cuff infection caused by susceptible anaerobes.

Intra-abdominal infections including peritonitis and intra-abdominal abscess caused by susceptible anaerobic organisms.

Septicemia caused by *Staphylococcus aureus*, streptococci (except *Enterococcus faecalis*), and susceptible anaerobes.

Bone and joint infections including acute hematogenous osteomyelitis caused by *Staphylococcus aureus* and as adjunctive therapy in the surgical treatment of chronic bone and joint infections due to susceptible organisms.

To reduce the development of drug-resistant bacteria and maintain the effectiveness of clindamycin in 5% dextrose injection and other antibacterial drugs, clindamycin in 5% dextrose injection should be used only to treat or prevent 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 antibacterial therapy. In the absence of such data, local epidemiology and susceptibility patterns may contribute to the empiric selection of therapy.

## CONTRAINDICATIONS

This drug is contraindicated in individuals with a history of hypersensitivity to preparations containing clindamycin or lincomycin.

## WARNINGS

See **BOXED WARNING**.

### ***Clostridium difficile* Associated Diarrhea**

*Clostridium difficile* associated diarrhea (CDAD) has been reported with use of nearly all antibacterial agents, including clindamycin in 5% dextrose injection, 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 strains 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 use. Careful medical history is necessary since CDAD has been reported to occur over two months after the administration of antibacterial agents.

If CDAD is suspected or confirmed, ongoing antibiotic use not directed against *C. difficile* may need to be discontinued. Appropriate fluid and electrolyte management, protein supplementation, antibiotic treatment of *C. difficile*, and surgical evaluation should be instituted as clinically indicated.

### **Anaphylactic and Severe Hypersensitivity Reactions**

Anaphylactic shock and anaphylactic reactions have been reported (see **ADVERSE REACTIONS**).

Severe hypersensitivity reactions, including severe skin reactions such as toxic epidermal necrolysis (TEN), drug reaction with eosinophilia and systemic symptoms (DRESS), and Stevens-Johnson syndrome (SJS), some with fatal outcome, have been reported (see **ADVERSE REACTIONS**). In case of such an anaphylactic or severe hypersensitivity reaction, discontinue treatment permanently and institute appropriate therapy.

A careful inquiry should be made concerning previous sensitivities to drugs and other allergens.

### **Benzyl Alcohol Toxicity in Pediatric Patients (“Gasping Syndrome”)**

This product contains benzyl alcohol as a preservative. The preservative benzyl alcohol has been associated with serious adverse events, including the “gasping syndrome”, and death in pediatric patients. Although normal therapeutic doses of this product ordinarily deliver amounts of benzyl alcohol that are substantially lower than those reported in association with the “gasping syndrome”, the minimum amount of benzyl alcohol at which toxicity may occur is not known.

The risk of benzyl alcohol toxicity depends on the quantity administered and the liver and kidneys' capacity to detoxify the chemical. Premature and low birth weight infants may be more likely to develop toxicity.

**Usage in Meningitis**—Since clindamycin does not diffuse adequately into the cerebrospinal fluid, the drug should not be used in the treatment of meningitis.

## **PRECAUTIONS**

### **General**

Review of experience to date suggests that a subgroup of older patients with associated severe illness may tolerate diarrhea less well. When clindamycin is indicated in these patients, they should be carefully monitored for change in bowel frequency.

Clindamycin in 5% dextrose injection should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly colitis. Clindamycin in 5% dextrose injection should be prescribed with caution in atopic individuals.

Certain infections may require incision and drainage or other indicated surgical procedures in addition to antibiotic therapy.

The use of clindamycin in 5% dextrose injection may result in overgrowth of nonsusceptible organisms—particularly yeasts. Should superinfections occur, appropriate measures should be taken as indicated by the clinical situation.

Clindamycin in 5% dextrose injection should be infused over at least 10 to 60 minutes as directed in the **DOSAGE AND ADMINISTRATION** section.

Clindamycin dosage modification may not be necessary in patients with renal disease. In patients with moderate to severe liver disease, prolongation of clindamycin half-life has been found. However, it was postulated from studies that when given every eight hours, accumulation should rarely occur. Therefore, dosage modification in patients with liver disease may not be necessary. However, periodic liver enzyme determinations should be made when treating patients with severe liver disease.

Prescribing clindamycin in 5% dextrose injection in the absence of a proven or strongly suspected bacterial infection or a prophylactic indication is unlikely to provide benefit to the patient and increases the risk of the development of drug-resistant bacteria.

### **Information for Patients**

Patients should be counseled that antibacterial drugs including clindamycin in 5% dextrose injection should only be used to treat bacterial infections. They do not treat viral infections (e.g., the common cold). When clindamycin in 5% dextrose injection 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 clindamycin in 5% dextrose injection or other antibacterial drugs in the future.

Diarrhea is a common problem caused by antibiotics which usually ends when the antibiotic is discontinued. Sometimes after starting treatment with antibiotics, 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 antibiotic. If this occurs, patients should contact their physician as soon as possible.

### **Laboratory Tests**

During prolonged therapy periodic liver and kidney function tests and blood counts should be performed.

### **Drug Interactions**

Clindamycin has been shown to have neuromuscular blocking properties that may enhance the action of other neuromuscular blocking agents. Therefore, it should be used with caution in patients receiving such agents.

Clindamycin is metabolized predominantly by CYP3A4, and to a lesser extent by CYP3A5, to the major metabolite clindamycin sulfoxide and minor metabolite N-desmethylclindamycin. Therefore, inhibitors of CYP3A4 and CYP3A5 may increase plasma concentrations of clindamycin and inducers of these isoenzymes may reduce plasma concentrations of clindamycin. In the presence of strong CYP3A4 inhibitors, monitor for adverse reactions. In the presence of strong CYP3A4 inducers such as rifampicin, monitor for loss of effectiveness.

*In vitro* studies indicate that clindamycin does not inhibit CYP1A2, CYP2C9, CYP2C19, CYP2E1 or CYP2D6 and only moderately inhibits CYP3A4.

### **Carcinogenesis, Mutagenesis, Impairment of Fertility**

Long term studies in animals have not been performed with clindamycin to evaluate carcinogenic potential. Genotoxicity tests performed included a rat micronucleus test and an Ames Salmonella reversion test. Both tests were negative.

Fertility studies in rats treated orally with up to 300 mg/kg/day (approximately 1.1 times the highest recommended adult human dose based on mg/m<sup>2</sup>) revealed no effects on fertility or mating ability.

### **Pregnancy**

Teratogenic effects

In clinical trials with pregnant women, the systemic administration of clindamycin during the second and third trimesters, has not been associated with an increased frequency of congenital abnormalities.

Clindamycin should be used during the first trimester of pregnancy only if clearly needed. There are no adequate and well-controlled studies in pregnant women during the first trimester of pregnancy.

Because animal reproduction studies are not always predictive of the human response, this drug should be used during pregnancy only if clearly needed.

Reproduction studies performed in rats and mice using oral doses of clindamycin up to 600 mg/kg/day (2.1 and 1.1 times the highest recommended adult human dose based on mg/m<sup>2</sup>, respectively) or subcutaneous doses of clindamycin up to 250 mg/kg/day (0.9 and 0.5 times the highest recommended adult human dose based on mg/m<sup>2</sup>, respectively) revealed no evidence of teratogenicity.

Clindamycin in 5% dextrose injection contains benzyl alcohol. Benzyl alcohol can cross the placenta (see WARNINGS).

### **Nursing Mothers**

Limited published data based on breast milk sampling reports that clindamycin appears in human breast milk in the range of less than 0.5 to 3.8 mcg/mL at dosages of 150 mg orally to 600 mg intravenously. Clindamycin has the potential to cause adverse effects on the breast-fed infant's gastrointestinal flora. If

oral or intravenous clindamycin is required by a nursing mother, it is not a reason to discontinue breastfeeding, but an alternate drug may be preferred. Monitor the breast-fed infant for possible adverse effects on the gastrointestinal flora, such as diarrhea, candidiasis (thrush, diaper rash) or rarely, blood in the stool indicating possible antibiotic-associated colitis.

The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for clindamycin and any potential adverse effects on the breast-fed child from clindamycin or from the underlying maternal condition.

### **Pediatric Use**

When clindamycin in 5% dextrose injection is administered to the pediatric population (birth to 16 years) appropriate monitoring of organ system functions is desirable.

### **Usage in Newborns and Infants**

This product contains benzyl alcohol as a preservative. Benzyl alcohol has been associated with a fatal "Gasping Syndrome" in premature infants (see **WARNINGS**).

The potential for the toxic effect in the pediatric population from chemicals that may leach from the single dose premixed IV preparation in glass has not been evaluated (see **WARNINGS**).

### **Geriatric Use**

Clinical studies of clindamycin did not include sufficient numbers of patients age 65 and over to determine whether they respond differently from younger patients. However, other reported clinical experience indicates that antibiotic-associated colitis and diarrhea (due to *Clostridium difficile*) seen in association with most antibiotics occur more frequently in the elderly (>60 years) and may be more severe. These patients should be carefully monitored for the development of diarrhea.

Pharmacokinetic studies with clindamycin have shown no clinically important differences between young and elderly subjects with normal hepatic function and normal (age-adjusted) renal function after oral or intravenous administration.

## **ADVERSE REACTIONS**

The following reactions have been reported with the use of clindamycin.

### **Infections and Infestations**

*Clostridium difficile* colitis.

### **Gastrointestinal**

Antibiotic-associated colitis (see **WARNINGS**), pseudomembranous colitis, abdominal pain, nausea, and vomiting. The onset of pseudomembranous colitis symptoms may occur during or after antibacterial treatment (see **WARNINGS**). An unpleasant or metallic taste has been reported after intravenous administration of the higher doses of clindamycin phosphate.

### **Hypersensitivity Reactions**

Maculopapular rash and urticaria have been observed during drug therapy. Generalized mild to moderate morbilliform-like skin rashes are the most frequently reported of all adverse reactions.

Severe skin reactions such as Toxic Epidermal Necrolysis, some with fatal outcome, have been reported (see **WARNINGS**). Cases of Acute Generalized Exanthematous Pustulosis (AGEP), erythema multiforme, some resembling Stevens-Johnson syndrome, have been associated with clindamycin. Anaphylactic shock, anaphylactic reaction and hypersensitivity have also been reported (see **WARNINGS**).

### **Skin and Mucous Membranes**



Pruritus, vaginitis, angioedema and rare instances of exfoliative dermatitis have been reported (see **Hypersensitivity Reactions**).

### **Liver**

Jaundice and abnormalities in liver function tests have been observed during clindamycin therapy.

### **Renal**

Although no direct relationship of clindamycin to renal damage has been established, renal dysfunction as evidenced by azotemia, oliguria, and/ or proteinuria has been observed.

### **Hematopoietic**

Transient neutropenia (leukopenia) and eosinophilia have been reported. Reports of agranulocytosis and thrombocytopenia have been made. No direct etiologic relationship to concurrent clindamycin therapy could be made in any of the foregoing.

### **Immune System**

Drug reaction with eosinophilia and systemic symptoms (DRESS) cases have been reported.

### **Local Reactions**

Injection site irritation, pain, induration and sterile abscess have been reported after intramuscular injection and thrombophlebitis after intravenous infusion. Reactions can be minimized or avoided by giving deep intramuscular injections and avoiding prolonged use of indwelling intravenous catheters.

### **Musculoskeletal**

Polyarthritides cases have been reported.

### **Cardiovascular**

Cardiopulmonary arrest and hypotension have been reported following too rapid intravenous administration (see **DOSAGE AND ADMINISTRATION**).

## **OVERDOSAGE**

Significant mortality was observed in mice at an intravenous dose of 855 mg/kg and in rats at an oral or subcutaneous dose of approximately 2,618 mg/kg. In the mice, convulsions and depression were observed.

Hemodialysis and peritoneal dialysis are not effective in removing clindamycin from the serum.

## **DOSAGE AND ADMINISTRATION**

If diarrhea occurs during therapy, this antibiotic should be discontinued (see **BOXED WARNING**).

### **Adults**

Parenteral (IV Administration): Serious infections due to aerobic gram-positive cocci and the more susceptible anaerobes (NOT generally including *Bacteroides fragilis*, *Peptococcus* species and *Clostridium* species other than *Clostridium perfringens*):

600 to 1,200 mg/day in 2, 3 or 4 equal doses.

More severe infections, particularly those due to proven or suspected *Bacteroides fragilis*, *Peptococcus* species, or *Clostridium* species other than *Clostridium perfringens*:

1,200 to 2,700 mg/day in 2,3 or 4 equal doses.

For more serious infections, these doses may have to be increased. In life-threatening situations due to either aerobes or anaerobes these doses may be increased. Doses of as much as 4,800 mg daily have

been given intravenously to adults. See **Infusion Rates** section below.

Alternatively, drug may be administered in the form of a single rapid infusion of the first dose followed by continuous IV infusion as follows:

To maintain serum clindamycin levels	Rapid infusion rate	Maintenance infusion rate
Above 4 mcg/mL	10 mg/min for 30 min	0.75 mg/min
Above 5 mcg/mL	15 mg/min for 30 min	1 mg/min
Above 6 mcg/mL	20 mg/min for 30 min	1.25 mg/min

### Neonates (less than 1 month)

15 to 20 mg/kg/day in 3 to 4 equal doses. The lower dosage may be adequate for small prematures.

### Pediatric patients 1 month of age to 16 years

Parenteral (IV) Administration: 20 to 40 mg/kg/day in 3 or 4 equal doses. The higher doses would be used for more severe infections. Clindamycin should be dosed based on total body weight regardless of obesity. As an alternative to dosing on a body weight basis, pediatric patients may be dosed on the basis of square meters body surface: 350 mg/m<sup>2</sup>/day for serious infections and 450 mg/m<sup>2</sup>/day for more severe infections.

Parenteral therapy may be changed to oral clindamycin palmitate hydrochloride for oral solution or clindamycin hydrochloride capsules when the condition warrants and at the discretion of the physician.

In cases of  $\beta$ -hemolytic streptococcal infections, treatment should be continued for at least 10 days.

### Infusion Rates

**Infusion rates for clindamycin in 5% dextrose injection should not exceed 30 mg per minute.** The usual infusion rates are as follows:

Dose	Strength	Time
300 mg/50 mL	6 mg/mL	10 min
600 mg/50 mL	12 mg/mL	20 min
900 mg/50 mL	18 mg/mL	30 min

Administration of more than 1,200 mg in a single 1 -hour infusion is not recommended.

Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration, whenever solution and container permit.

### Compatibility

Physical and biological compatibility studies monitored for 24 hours at room temperature have demonstrated no inactivation or incompatibility with the use of clindamycin in 5% dextrose injection in IV solutions containing sodium chloride, glucose, calcium or potassium, and solutions containing vitamin B complex in concentrations usually used clinically. No incompatibility has been demonstrated with the antibiotics cephalothin, kanamycin, gentamicin, penicillin or carbenicillin.

The following drugs are physically incompatible with clindamycin phosphate: ampicillin sodium, phenytoin sodium, barbiturates, aminophylline, calcium gluconate, and magnesium sulfate.

### DIRECTIONS FOR USE

Premixed clindamycin in 5% dextrose injection is for intravenous administration using sterile equipment,

if leaks are found, discard solution as sterility may be impaired. Do not add supplementary medication. Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration whenever solution and container permit. Do not use unless solution is clear and seal is intact.

**Caution:** Do not use in series connections. Such use could result in air embolism due to residual air being drawn from the primary container before administration of the fluid from the secondary container is complete.

## HOW SUPPLIED

Clindamycin in 5% dextrose injection is a sterile solution of clindamycin phosphate with 5% dextrose. It is available in 50 mL clear molded glass bottles fitted with an injection stopper. Bottles are intended for single use only and are available as follows:

Strength	Total Clindamycin Phosphate/bottle	NDC#
6 mg/mL	300 mg/50 mL containers	17478-120-50
12 mg/mL	600 mg/50 mL containers	17478-121-50
18 mg/mL	900 mg/50 mL containers	17478-122-50

Exposure of pharmaceutical products to heat should be minimized.

**Storage:** Store at 20° to 25°C (68° to 77°F) [see USP Controlled Room Temperature]. Avoid temperatures above 30°C.

## REFERENCES

1. Smith RB, Phillips JP: Evaluation of CLEOCIN HCl and CLEOCIN Phosphate in an Aged Population, Upjohn TR 8147-82-9122-021, December 1982.

Rx only

AKORN

Manufactured by: **Akorn, Inc.**

Lake Forest, IL 60045

CM00N Rev. 06/20

## Principal Display Panel Text for Container Label:

NDC 17478-120-50

Clindamycin

in 5% Dextrose

Injection


300 mg/50 mL

For Intravenous Use

50 mL

Single Dose Bottle

Rx only

<p><b>Each 50 mL contains:</b>  <b>Active:</b> Clindamycin Phosphate equivalent to 300 mg Clindamycin;  <b>Inactives:</b> Dextrose Hydrous, USP 2.5 g, Edetate Disodium Dihydrate, USP 2 mg, Sodium Hydroxide and/or Hydrochloric Acid for pH adjustment.  <b>Usual Dosage:</b> See accompanying prescribing information.  <b>Not for rapid injection or IV push.</b></p>	<p>NDC 17478-120-50</p> <p><b>Clindamycin in 5% Dextrose Injection</b></p> <p><b>300 mg/50 mL</b></p> <p><b>For Intravenous Use 50 mL Single Dose Bottle</b></p> <p>Rx only</p>	<p><b>Sterile, Nonpyrogenic</b>  <b>Storage:</b> Store at 20° to 25°C (68° to 77°F) [see USP Controlled Room Temperature]. Avoid temperatures above 30°C.  <b>Cautions:</b> Do not add supplementary medication. Must not be used in series connections. Check for solution clarity.</p> <p>Mfd. by: <b>Akorn, Inc.</b>  Lake Forest, IL 60045  CMAAL Rev. 10/16</p>	 (01)00317478120506 <b>LOT</b> <b>EXP.</b>
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**Principal Display Panel Text for Carton Label:**

NDC 17478-120-50

Clindamycin

in 5% Dextrose

Injection

300 mg/50 mL

For Intravenous Use

50 mL

Single Dose Bottle

Rx only Akorn Logo



CMAAC 05/18

NDC 17478-120-50

# Clindamycin in 5% Dextrose Injection

**300 mg/50 mL**

For Intravenous Use

**Sterile, Nonpyrogenic**  
**Usual Dosage:**  
See accompanying prescribing  
information.  
**Not for rapid injection or IV push.**

**Storage:**  
Store at 20° to 25°C (68° to 77°F)  
[see USP Controlled Room  
Temperature]. Avoid temperatures  
above 30°C.

NDC 17478-120-50

# Clindamycin in 5% Dextrose Injection

**300 mg/50 mL**

For Intravenous Use

**Each 50 mL contains:**  
**Active:**  
Clindamycin Phosphate  
equivalent to 300 mg Clindamycin;  
**Inactives:**  
Dextrose Hydrous, USP 2.5 g,  
Edetate Disodium Dihydrate,  
USP 2 mg, Sodium Hydroxide  
and/or Hydrochloric Acid for pH  
adjustment.

50 mL

Single Dose Bottle

Rx only

AKORN



N 3 17478-120-50 6

Manufactured by:  
**Akorn, Inc.**  
Lake Forest, IL 60045  
CMAAC Rev. 05/18

50 mL

Single Dose Bottle

Rx only

AKORN

**Cautions:**  
Do not add supplementary  
medication. Must not be used in  
series connections. Do not use  
unless solution is clear.

## Principal Display Panel Text for Container Label:

NDC 17478-121-50

Clindamycin

in 5% Dextrose

Injection

600 mg/50 mL

For Intravenous Use

50 mL

Single Dose Bottle

Rx only

**Each 50 mL contains:**

**Active:** Clindamycin Phosphate equivalent to 600 mg Clindamycin;

**Inactives:** Dextrose Hydrous, USP 2.5 g, Edetate Disodium Dihydrate, USP 2 mg, Sodium Hydroxide and/or Hydrochloric Acid for pH adjustment.

**Usual Dosage:** See accompanying prescribing information.

**Not for rapid injection or IV push.**

NDC 17478-121-50

**Clindamycin  
in 5% Dextrose  
Injection**

**600 mg/50 mL**

**For Intravenous Use**

**50 mL**

**Single Dose Bottle**

**Rx only**

**Sterile, Nonpyrogenic**

**Storage:** Store at 20° to 25°C (68° to 77°F) [see USP Controlled Room Temperature]. Avoid temperatures above 30°C.

**Cautions:** Do not add supplementary medication. Must not be used in series connections. Check for solution clarity.

Mfd. by: **Akorn, Inc.**  
Lake Forest, IL 60045

CMBAL Rev. 10/16



(01)00317478121503

**LOT**

**EXP.**

**Principal Display Panel Text for Carton Label:**

NDC 17478-121-50

Clindamycin

in 5% Dextrose

Injection

600 mg/50 mL

For Intravenous Use

50 mL

Single Dose Bottle

Rx only Akorn Logo



CMBAC 05/18

NDC 17478-121-50

# Clindamycin in 5% Dextrose Injection

600 mg/50 mL

For Intravenous Use

### Sterile, Nonpyrogenic

**Usual Dosage:**  
See accompanying prescribing information.  
**Not for rapid injection or IV push.**

**Storage:**  
Store at 20° to 25°C (68° to 77°F)  
[see USP Controlled Room Temperature]. Avoid temperatures above 30°C.

NDC 17478-121-50

# Clindamycin in 5% Dextrose Injection

600 mg/50 mL

For Intravenous Use

### Each 50 mL contains:

**Active:**  
Clindamycin Phosphate equivalent to 600 mg Clindamycin;  
**Inactives:**  
Dextrose Hydrated, USP 2.5 g, Edetate Disodium Dihydrate, USP 2 mg, Sodium Hydroxide and/or Hydrochloric Acid for pH adjustment.

50 mL

Single Dose Bottle

Rx only

AKORN



Manufactured by:  
**Akorn, Inc.**  
Lake Forest, IL 60045  
CMBAC Rev. 05/18

50 mL

Single Dose Bottle

Rx only

AKORN

**Cautions:**  
Do not add supplementary medication. Must not be used in series connections. Do not use unless solution is clear.

## Principal Display Panel Text for Container Label:

NDC 17478-122-50

Clindamycin

in 5% Dextrose

Injection

900 mg/50 mL

For Intravenous Use

50 mL

Single Dose Bottle

Rx only



**Each 50 mL contains:**

**Active:** Clindamycin Phosphate equivalent to 900 mg Clindamycin;

**Inactives:** Dextrose Hydrous, USP 2.5 g, Edetate Disodium Dihydrate, USP 2 mg, Sodium Hydroxide and/or Hydrochloric Acid for pH adjustment.

**Usual Dosage:** See accompanying prescribing information.

**Not for rapid injection or IV push.**

NDC 17478-122-50

**Clindamycin  
in 5% Dextrose  
Injection**

**900 mg/50 mL**

**For Intravenous Use**

**50 mL**

**Single Dose Bottle**

**Rx only**

**Sterile, Nonpyrogenic**

**Storage:** Store at 20° to 25°C (68° to 77°F) [see USP Controlled Room Temperature]. Avoid temperatures above 30°C.

**Cautions:** Do not add supplementary medication. Must not be used in series connections. Check for solution clarity.

Mfd. by: **Akorn, Inc.**  
Lake Forest, IL 60045

CMCAL Rev. 10/16



**LOT  
EXP.**

**Principal Display Panel Text for Carton Label:**

NDC 17478-122-50

Clindamycin

in 5% Dextrose

Injection

900 mg/50 mL

For Intravenous Use

50 mL

Single Dose Bottle

Rx only Akorn Logo





CMCAC 05/18

NDC 17478-122-50

**Clindamycin  
in 5% Dextrose  
Injection****900 mg/50 mL**

For Intravenous Use

**Sterile, Nonpyrogenic****Usual Dosage:**  
See accompanying prescribing  
information.  
**Not for rapid injection or IV push.****Storage:**  
Store at 20° to 25°C (68° to 77°F)  
[see USP Controlled Room  
Temperature]. Avoid temperatures  
above 30°C.

NDC 17478-122-50

**Clindamycin  
in 5% Dextrose  
Injection****900 mg/50 mL**

For Intravenous Use

**Each 50 mL contains:****Active:**  
Clindamycin Phosphate  
equivalent to 900 mg Clindamycin;  
**Inactives:**  
Dextrose Hydrated, USP 2.5 g,  
Edetate Disodium Dihydrate,  
USP 2 mg, Sodium Hydroxide  
and/or Hydrochloric Acid for pH  
adjustment.

50 mL

Single Dose Bottle

Rx only

AKORN

Manufactured by:  
**Akorn, Inc.**  
Lake Forest, IL 60045  
CMCAC Rev. 05/18

50 mL

Single Dose Bottle

Rx only

AKORN

**Cautions:**  
Do not add supplementary  
medication. Must not be used in  
series connections. Do not use  
unless solution is clear.**CLINDAMYCIN**

clindamycin phosphate injection

**Product Information**

<b>Product Type</b>	HUMAN PRESCRIPTION DRUG	<b>Item Code (Source)</b>	NDC:17478-120
<b>Route of Administration</b>	INTRAVENOUS		

**Active Ingredient/Active Moiety**

Ingredient Name	Basis of Strength	Strength
Clindamycin Phosphate (UNII: EH6D7113I8) (Clindamycin - UNII:3U02EL437C)	Clindamycin	300 mg in 50 mL

**Inactive Ingredients**

Ingredient Name	Strength
Dextrose Monohydrate (UNII: LX22YL083G)	2.5 g in 50 mL

Edetate Disodium (UNII: 7FLD91C86K)

Sodium Hydroxide (UNII: 55X04QC32I)

Hydrochloric Acid (UNII: QTT17582CB)

### Packaging

#	Item Code	Package Description	Marketing Start Date	Marketing End Date
1	NDC:17478-120-50	1 in 1 CARTON	04/05/2013	
1		50 mL in 1 BOTTLE, GLASS; Type 0: Not a Combination Product		

### Marketing Information

Marketing Category	Application Number or Monograph Citation	Marketing Start Date	Marketing End Date
ANDA	ANDA203048	04/05/2013	

## CLINDAMYCIN

clindamycin phosphate injection

### Product Information

Product Type	HUMAN PRESCRIPTION DRUG	Item Code (Source)	NDC:17478-121
Route of Administration	INTRAVENOUS		

### Active Ingredient/Active Moiety

Ingredient Name	Basis of Strength	Strength
Clindamycin Phosphate (UNII: EH6D7113I8) (Clindamycin - UNII:3U02EL437C)	Clindamycin	600 mg in 50 mL

### Inactive Ingredients

Ingredient Name	Strength
Dextrose Monohydrate (UNII: LX22YL083G)	2.5 g in 50 mL
Edetate Disodium (UNII: 7FLD91C86K)	
Sodium Hydroxide (UNII: 55X04QC32I)	
Hydrochloric Acid (UNII: QTT17582CB)	

### Packaging

#	Item Code	Package Description	Marketing Start Date	Marketing End Date
1	NDC:17478-121-50	1 in 1 CARTON	04/05/2013	
1		50 mL in 1 BOTTLE, GLASS; Type 0: Not a Combination Product		

## Marketing Information

Marketing Category	Application Number or Monograph Citation	Marketing Start Date	Marketing End Date
ANDA	ANDA203048	04/05/2013	

## CLINDAMYCIN

clindamycin phosphate injection

### Product Information

Product Type	HUMAN PRESCRIPTION DRUG	Item Code (Source)	NDC:17478-122
Route of Administration	INTRAVENOUS		

### Active Ingredient/Active Moiety

Ingredient Name	Basis of Strength	Strength
Clindamycin Phosphate (UNII: EH6D7113I8) (Clindamycin - UNII:3U02EL437C)	Clindamycin	900 mg in 50 mL

### Inactive Ingredients

Ingredient Name	Strength
Dextrose Monohydrate (UNII: LX22YL083G)	2.5 g in 50 mL
Edetate Disodium (UNII: 7FLD91C86K)	
Sodium Hydroxide (UNII: 55X04QC32I)	
Hydrochloric Acid (UNII: QTT17582CB)	

### Packaging

#	Item Code	Package Description	Marketing Start Date	Marketing End Date
1	NDC:17478-122-50	1 in 1 CARTON	04/05/2013	
1		50 mL in 1 BOTTLE, GLASS; Type 0: Not a Combination Product		

## Marketing Information

Marketing Category	Application Number or Monograph Citation	Marketing Start Date	Marketing End Date
ANDA	ANDA203048	04/05/2013	

**Labeler** - Akorn, Inc. (062649876)

## Establishment

Name	Address	ID/FEI	Business Operations
Akorn, Inc		063434679	PACK(17478-120, 17478-121, 17478-122) , LABEL(17478-120, 17478-121, 17478-122)

## Establishment

Name	Address	ID/FEI	Business Operations
Akorn, Inc.		155135783	MANUFACTURE(17478-120, 17478-121, 17478-122) , ANALYSIS(17478-120, 17478-121, 17478-122) , STERILIZE(17478-120, 17478-121, 17478-122)

Revised: 10/2019

Akorn, Inc.