CEFAZOLIN- cefazolin sodium injection, solution
Baxter Healthcare Corporation
Reference Label Set Id: 13a33420-b1e1-4b7e-8e59-4d5badafe654

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

CEFAZOLIN injection, for intravenous use
Initial U.S. Approval: 1973

INDICATIONS AND USAGE
Cefazolin injection is a cephalosporin antibacterial indicated for:

- Treatment of the following infections caused by susceptible isolates of the designated microorganisms in adult and pediatric patients for whom appropriate dosing with this formulation can be achieved: (1)
  - Respiratory tract infections (1.1);
  - Urinary tract infections (1.2);
  - Skin and skin structure infections (1.3);
  - Biliary tract infections (1.4);
  - Bone and joint infections (1.5);
  - Genital infections (1.6);
  - Septicemia (1.7);
  - Endocarditis (1.8)

- Perioperative prophylaxis in adults for whom appropriate dosing with this formulation can be achieved (1.9)

To reduce the development of drug-resistant bacteria and maintain the effectiveness of cefazolin injection and other antibacterial drugs, cefazolin injection should be used only to treat or prevent infections that are proven or strongly suspected to be caused by bacteria. (1.10).

DOSAGE AND ADMINISTRATION

If a dose of cefazolin injection is required that does not equal 1 gram or 2 grams, this product is not recommended for use and as an alternative formulation of cefazolin should be considered. (2.1) For intravenous use only over approximately 30 minutes. (2)

Recommended Dosing Schedule in Adult Patients with CLcr Greater Than or Equal To 55 mL/min. (2.1)

<table>
<thead>
<tr>
<th>Site and Type of Infection</th>
<th>Dose</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderate to severe infections</td>
<td>500 mg to 1 gram</td>
<td>every 6 to 8 hours</td>
</tr>
<tr>
<td>Mild infections caused by susceptible gram-positive cocci</td>
<td>250 mg to 500 mg</td>
<td>every 8 hours</td>
</tr>
<tr>
<td>Acute, uncomplicated urinary tract infections</td>
<td>1 gram</td>
<td>every 12 hours</td>
</tr>
<tr>
<td>Pneumococcal pneumonia</td>
<td>500 mg</td>
<td>every 12 hours</td>
</tr>
<tr>
<td>Severe, life-threatening infections (e.g., endocarditis, septicemia)*</td>
<td>1 gram to 1.5 grams</td>
<td>every 6 hours</td>
</tr>
<tr>
<td>Perioperative prophylaxis</td>
<td>1 gram to 2 grams</td>
<td>½ to 1 hour prior to start of surgery</td>
</tr>
</tbody>
</table>

Recommended Dosing Schedule in Pediatric Patients with CLcr Greater than or Equal to 70 mL/min. (2.1, 2.2, and 2.3)

<table>
<thead>
<tr>
<th>Dose</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>500 mg to 1 gram</td>
<td>during surgery for lengthy procedures</td>
</tr>
<tr>
<td>500 mg to 1 gram</td>
<td>every 6 to 8 hours for 24 hours postoperatively</td>
</tr>
</tbody>
</table>

* In rare instances, doses of up to 12 grams of cefazolin per day have been used.
**CONTRAINDICATIONS**

- Hypersensitivity to cefazolin or other cephalosporin class antibacterial drugs, penicillins, or other beta-lactams (4.1)

**WARNINGS AND PRECAUTIONS**

- Hypersensitivity reactions: Cross-hypersensitivity may occur in up to 10% of patients with a history of penicillin allergy. If an allergic reaction occurs, discontinue the drug. (5.1)
- *Clostridioides difficile*-associated diarrhea (CDAD): May range from mild diarrhea to fatal colitis. Evaluate if diarrhea occurs. (5.3)

**ADVERSE REACTIONS**

Adult and Pediatric Patients: Most common adverse reactions: gastrointestinal (nausea, vomiting, diarrhea), and allergic reactions (anaphylaxis, urticaria, skin rash). (6)

To report SUSPECTED ADVERSE REACTIONS, contact Baxter Healthcare at 1-866-888-2472 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

**DRUG INTERACTIONS**

- Probenecid: The renal excretion of cefazolin is inhibited by probenecid. Co-administration of probenecid with cefazolin injection is not recommended. (7)

Additional pediatric use information is approved for B. Braun Medical Inc.'s CEFAZOLIN FOR INJECTION AND DEXTROSE INJECTION. However, due to B. Braun Medical Inc.'s marketing exclusivity rights, this drug product is not labeled with that information.

See 17 for PATIENT COUNSELING INFORMATION.

Revised: 7/2021

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   - 1.2 Urinary Tract Infections
   - 1.3 Skin and Skin Structure Infections
   - 1.4 Biliary Tract Infections
   - 1.5 Bone and Joint Infections
   - 1.6 Genital Infections
   - 1.7 Septicemia
   - 1.8 Endocarditis
   - 1.9 Perioperative Prophylaxis
   - 1.10 Usage

2 **DOSAGE AND ADMINISTRATION**
1 INDICATIONS AND USAGE

1.1 Respiratory Tract Infections
Cefazolin injection is indicated for the treatment of respiratory tract infections due to *Streptococcus pneumoniae*, *Staphylococcus aureus* and *Streptococcus pyogenes* in adults and pediatric patients for whom appropriate dosing with this formulation can be achieved [see Dosage and Administration (2.1, 2.2, 2.4 and 2.5) and Use in Specific Populations (8.4)].

Limitations of Use
Injectable benzathine penicillin is considered the drug of choice in treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic fever.

Cefazolin injection is effective in the eradication of streptococci from the nasopharynx; however, data establishing the efficacy of cefazolin in the subsequent prevention of rheumatic fever are not available.

1.2 Urinary Tract Infections
Cefazolin injection is indicated for the treatment of urinary tract infections due to *Escherichia coli*, and *Proteus mirabilis* in adults and pediatric patients for whom appropriate dosing with this formulation can be achieved [see Dosage and Administration (2.1, 2.2, 2.4 and 2.5) and Use in Specific Populations (8.4)].

1.3 Skin and Skin Structure Infections
Cefazolin injection is indicated for the treatment of skin and skin structure infections due to *S. aureus*, *S. pyogenes*, and *Streptococcus agalactiae* in adults and pediatric patients for whom appropriate dosing with this formulation can be achieved [see Dosage and Administration (2.1, 2.2, 2.4 and 2.5) and Use in Specific Populations (8.4)].

1.4 Biliary Tract Infections
Cefazolin injection is indicated for the treatment of biliary infections due to *E. coli*, various isolates of streptococci, *P. mirabilis*, and *S. aureus* in adults and pediatric patients for whom appropriate dosing with this formulation can be achieved [see Dosage and Administration (2.1, 2.2, 2.4 and 2.5) and Use in Specific Populations (8.4)].

1.5 Bone and Joint Infections
Cefazolin injection is indicated for the treatment of bone and joint infections due to *S. aureus* in adults and pediatric patients for whom appropriate dosing with this formulation can be achieved [see Dosage and Administration (2.1, 2.2, 2.4 and 2.5) and Use in Specific Populations (8.4)].

1.6 Genital Infections
Cefazolin injection is indicated for the treatment of genital infections due to *E. coli*, and *P. mirabilis* in adults and pediatric patients for whom appropriate dosing with this formulation can be achieved [see Dosage and Administration (2.1, 2.2, 2.4 and 2.5) and Use in Specific Populations (8.4)].
1.7 Septicemia

Cefazolin injection is indicated for the treatment of septicemia due to *S. pneumoniae*, *S. aureus*, *P. mirabilis*, and *E. coli* in adults and pediatric patients for whom appropriate dosing with this formulation can be achieved [see Dosage and Administration (2.1, 2.2, 2.4 and 2.5) and Use in Specific Populations (8.4)].

1.8 Endocarditis

Cefazolin injection is indicated for the treatment of endocarditis due to *S. aureus* and *S. pyogenes* in adults and pediatric patients for whom appropriate dosing with this formulation can be achieved [see Dosage and Administration (2.1, 2.2, 2.4 and 2.5) and Use in Specific Populations (8.4)].

1.9 Perioperative Prophylaxis

Cefazolin injection is indicated for perioperative prophylaxis in adults for whom appropriate dosing with this formulation can be achieved [see Dosage and Administration (2.1, 2.3, 2.4, 2.5)].

The perioperative use of cefazolin injection is indicated in adult surgical patients in whom infection at the operative site would present a serious risk (e.g., during open-heart surgery and prosthetic arthroplasty).

The prophylactic administration of cefazolin injection preoperatively, intraoperatively, and postoperatively may reduce the incidence of certain postoperative infections in patients undergoing surgical procedures which are classified as contaminated or potentially contaminated (e.g., vaginal hysterectomy, and cholecystectomy in high-risk patients such as those older than 70 years, with acute cholecystitis, obstructive jaundice, or common duct bile stones).

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1.10 Usage

To reduce the development of drug-resistant bacteria and maintain the effectiveness of cefazolin injection and other antibacterial drugs, cefazolin 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.

2 DOSAGE AND ADMINISTRATION

2.1 Important Administration Instructions

If a dose of cefazolin injection is required that does not equal 1 gram or 2 grams, this product is not recommended for use and as an alternative formulation of cefazolin should be considered.
2.2 Dosage for the Treatment of Infections

Dosage for the Treatment of Infections in Adults with Creatinine Clearance (CLcr) Equal to 55 mL/min or Greater

The recommended adult dosages for the treatment of infections [see Indications and Usage (1.1 to 1.8)] are outlined in Table 1 below. Administer cefazolin injection intravenously over approximately 30 minutes.

<table>
<thead>
<tr>
<th>Site and Type of Infection</th>
<th>Dose</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moderate to severe infections</td>
<td>500 mg to 1 gram</td>
<td>every 6 to 8 hours</td>
</tr>
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<td>Mild infections caused by susceptible gram-positive cocci</td>
<td>250 mg to 500 mg</td>
<td>every 8 hours</td>
</tr>
<tr>
<td>Acute, uncomplicated urinary tract infections</td>
<td>1 gram</td>
<td>every 12 hours</td>
</tr>
<tr>
<td>Pneumococcal pneumonia</td>
<td>500 mg</td>
<td>every 12 hours</td>
</tr>
<tr>
<td>Severe, life-threatening infections (e.g., endocarditis, septicemia)†</td>
<td>1 gram to 1.5 grams</td>
<td>every 6 hours</td>
</tr>
</tbody>
</table>

* If a dose of cefazolin injection is required that does not equal 1 gram or 2 grams, this product is not recommended for use and an alternative formulation of cefazolin should be considered.
† In rare instances, doses of up to 12 grams of cefazolin per day have been used.

Dosage for the Treatment of Infections in Pediatric Patients with CLcr Equal to 70 mL/min or Greater

The recommended pediatric dosages for the treatment of infections [see Indications and Usage (1.1 to 1.8)] are outlined in Table 2 below. Administer cefazolin injection intravenously over approximately 30 minutes.

If a dose of cefazolin injection is required that does not equal 1 gram or 2 grams, this product is not recommended for use and an alternative formulation of cefazolin should be considered [see Use in Specific Populations (8.4)].

<table>
<thead>
<tr>
<th>Type of Severity</th>
<th>Recommended Total Daily Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild to moderate infections</td>
<td>25 mg/kg to 50 mg/kg, divided into 3 or 4 equal doses</td>
</tr>
<tr>
<td>Severe infections</td>
<td>May increase to 100 mg/kg, divided into 3 or 4 equal doses</td>
</tr>
</tbody>
</table>

2.3 Dosage for Perioperative Prophylaxis

Dosage for Perioperative Prophylaxis in Adults with CLcr Equal to 55 mL/min or Greater

To prevent postoperative infection in contaminated or potentially contaminated surgery, recommended dosages are described in Table 3 below.
Table 3: Recommended Dosage for Perioperative Prophylaxis in Adults with CLcr of 55 mL/min or Greater

<table>
<thead>
<tr>
<th>Dose administered ½ hour to 1 hour prior to the start of surgery</th>
<th>Additional dose during lengthy operative procedures (e.g., 2 hours or more)</th>
<th>Dose for 24 hours postoperatively</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 g</td>
<td>500 mg to 1 g</td>
<td>500 mg to 1 g every 6 hours to 8 hours</td>
</tr>
<tr>
<td>2 g</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If a dose of cefazolin injection is required that does not equal 1 gram or 2 grams, this product is not recommended and an alternative formulation of cefazolin should be considered.

It is important that (i) the preoperative dose be given just prior (1/2 hour to 1 hour) to the start of surgery so that adequate antibacterial concentrations are present in the serum and tissues at the time of initial surgical incision; and (ii) cefazolin be administered, if necessary, at appropriate intervals during surgery to provide sufficient concentrations of the antibacterial drug at the anticipated moments of greatest exposure to infective organisms.

The perioperative prophylactic administration of cefazolin should usually be discontinued within a 24-hour period after the surgical procedure. In surgery where the occurrence of infection may be particularly devastating (e.g., open-heart surgery and prosthetic arthroplasty), the prophylactic administration of cefazolin may be continued for 3 to 5 days following the completion of surgery.

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2.4 Dosage Recommendations in Adult and Pediatric Patients with Renal Impairment

Dosage Recommendations in Adult Patients with CLcr less than 55 mL/min

The dosage recommendation for cefazolin injection in adult patients with renal impairment (CLcr less than 55 mL/min) is outlined in Table 5 below.

Table 5: Dosage Recommendation for Adult Patients with CLcr less than 55 mL/min

<table>
<thead>
<tr>
<th>Creatinine Clearance</th>
<th>Dose</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>35 to 54 mL/min</td>
<td>Recommended dose</td>
<td>every 8 hours or longer</td>
</tr>
</tbody>
</table>
Dosage Recommendations in Pediatric Patients with CLcr less than 70 mL/min

The dosage recommendation for cefazolin injection in pediatric patients with renal impairment (CLcr less than 70 mL/min) is outlined in Table 6 below.

Table 6: Recommended Dosage in Pediatric Patients with CLcr less than 70 mL/min

<table>
<thead>
<tr>
<th>Creatinine Clearance</th>
<th>Recommended Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>40 to 70 mL/min</td>
<td>60% of the normal daily dose given in equally divided doses every 12 hours</td>
</tr>
<tr>
<td>20 to 40 mL/min</td>
<td>25% of the normal daily dose given in equally divided doses every 12 hours</td>
</tr>
<tr>
<td>5 to 20 mL/min</td>
<td>10% of the normal daily dose every 24 hours</td>
</tr>
</tbody>
</table>

*If a dose of cefazolin injection is required that does not equal 1 gram or 2 grams, this product is not recommended for use and an alternative formulation of cefazolin should be considered.

2.5 Preparation for Use of Cefazolin Injection

Thawing of Plastic Container

- Thaw frozen container at room temperature 20-25°C (68 - 77°F) or under refrigeration 2-8°C (36 - 46°F). Product should not be thawed by immersion in water baths or by microwave irradiation. Do not force thaw.
- No further dilution is necessary.
- Check for minute leaks by squeezing container firmly. If leaks are detected, discard solution as sterility may be impaired.
- Do not add supplementary medication.
- The container should be visually inspected. If the outlet port protector is damaged,
Preparation for Administration

- Suspend container from support.
- Remove protector from outlet port at bottom of container.
- Attach Intravenous administration set to outlet port. Refer to the manufacturer’s instructions accompanying the administration set for complete directions.

3 DOSAGE FORMS AND STRENGTHS

Injection: 1 gram cefazolin per 50 mL or 2 gram cefazolin per 100 mL in a single-dose GALAXY Container supplied as a frozen, premixed, iso-osmotic, sterile, nonpyrogenic solution.

4 CONTRAINDICATIONS

4.1 Hypersensitivity to Cefazolin or the Cephalosporin Class of Antibacterial Drugs, Penicillins, or Other Beta-lactams

Cefazolin injection is contraindicated in patients who have a history of immediate hypersensitivity reactions (e.g., anaphylaxis, serious skin reactions) to cefazolin or the cephalosporin class of antibacterial drugs, penicillins, or other beta-lactams [see Warnings and Precautions (5.1)].

5 WARNINGS AND PRECAUTIONS

5.1 Hypersensitivity Reactions to Cefazolin, Cephalosporins, Penicillins, or Other Beta-lactams

Serious and occasionally fatal hypersensitivity (anaphylactic) reactions have been reported in patients receiving beta-lactam antibacterial drugs. Before therapy with cefazolin injection is instituted, careful inquiry should be made to determine whether the patient has had previous immediate hypersensitivity reactions to cefazolin, cephalosporins, penicillins, or carbapenems. Exercise caution if this product is to be given to penicillin-sensitive patients 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 cefazolin injection occurs, discontinue the drug.

5.2 Seizures in Patients with Renal Impairment

Seizures may occur with the administration of cefazolin injection, particularly in patients
with renal impairment when the dosage is not reduced appropriately. Discontinue cefazolin injection if seizures occur or make appropriate dosage adjustments in patients with renal impairment [see Dosage and Administration (2.4)]. Anticonvulsant therapy should be continued in patients with known seizure disorders.

### 5.3 Clostridioides difficile-associated Diarrhea

*Clostridioides difficile*-associated diarrhea (CDAD) has been reported with use of nearly all antibacterial agents, including cefazolin, 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 antibacterial drug 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 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.

### 5.4 Hypersensitivity to Dextrose-containing Products

Hypersensitivity reactions, including anaphylaxis, have been reported with administration of dextrose-containing products. These reactions have been reported in patients receiving high concentrations of dextrose (i.e. 50% dextrose)\(^1\). The reactions have also been reported when corn-derived dextrose solutions were administered to patients with or without a history of hypersensitivity to corn products.\(^2\)

### 5.5 Risk of Development of Drug-resistant Bacteria

Prescribing cefazolin injection in the absence of 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.

As with other antimicrobials, prolonged use of cefazolin injection may result in overgrowth of nonsusceptible microorganisms. Repeated evaluation of the patient's condition is essential. Should superinfection occur during therapy, appropriate measures should be taken.

### 5.6 Drug/Laboratory Test Interactions

**Urinary Glucose**

The administration of cefazolin may result in a false-positive reaction with glucose in the urine when using glucose tests based on Benedict’s copper reduction reaction that determine the amount of reducing substances like glucose in the urine. It is recommended that glucose tests based on enzymatic glucose oxidase be used.

**Coombs’ Test**

Positive direct Coombs' tests have been reported during treatment with cefazolin. In
hematologic studies or in transfusion cross-matching procedures when antiglobulin tests are performed on the minor side or in Coombs' testing of newborns whose mothers have received cephalosporin antibacterial drugs before parturition, it should be recognized that a positive Coombs' test may be due to the drug.

5.7 Patients with Overt or Known Subclinical Diabetes Mellitus or Carbohydrate Intolerance

As with other dextrose-containing solutions, cefazolin injection should be prescribed with caution in patients with overt or known subclinical diabetes mellitus or carbohydrate intolerance for any reason.

6 ADVERSE REACTIONS

The following serious adverse reactions to cefazolin injection are described below and elsewhere in the labeling:

- Hypersensitivity reactions [see Warnings and Precautions (5.1)]
- Seizures in Patients with Renal Impairment [see Warnings and Precautions (5.2)]
- Clostridioides difficile-associated diarrhea [see Warnings and Precautions (5.3)]

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 following adverse reactions were reported from clinical trials:

Gastrointestinal: Diarrhea, oral candidiasis (oral thrush), mouth ulcers, vomiting, nausea, stomach cramps, epigastric pain, heartburn, flatus, anorexia and pseudomembranous colitis. Onset of pseudomembranous colitis symptoms may occur during or after antibacterial treatment [see Warnings and Precautions (5.3)].

Allergic: Anaphylaxis, eosinophilia, urticaria, itching, drug fever, skin rash, Stevens-Johnson syndrome.

Hematologic: Neutropenia, leukopenia, thrombocytopenia, thrombocythemia.

Hepatic: Transient rise in SGOT, SGPT, and alkaline phosphatase levels has been observed. Reports of hepatitis have been received.

Renal: Reports of increased BUN and creatinine levels, as well as renal failure, have been received.

Local Reactions: Instances of phlebitis have been reported at site of injection. Some induration has occurred.

Other Reactions: Pruritus (including genital, vulvar and anal pruritus, genital moniliasis, and vaginitis). Dizziness, fainting, lightheadedness, confusion, weakness, tiredness, hypotension, somnolence and headache.

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6.2 Postmarketing Experience
The following adverse reactions have been identified during post approval use of cefazolin. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

Immune system disorders: Serum sickness-like reaction
Renal and urinary disorders: Acute tubulointerstitial nephritis (ATIN)
Skin and subcutaneous tissue disorders: Acute generalized exanthematous pustulosis (AGEP)

6.3 Cephalosporin-class Adverse Reactions
In addition to the adverse reactions listed above that have been observed in patients treated with cefazolin, the following adverse reactions and altered laboratory tests have been reported for cephalosporin-class antibacterials:

Stevens-Johnson syndrome, erythema multiforme, toxic epidermal necrolysis, renal impairment, toxic nephropathy, aplastic anemia, hemolytic anemia, hemorrhage, hepatic impairment including cholestasis, and pancytopenia.

7 DRUG INTERACTIONS
The renal excretion of cefazolin is inhibited by probenecid. Co-administration of probenecid with cefazolin injection is not recommended.

8 USE IN SPECIFIC POPULATIONS
8.1 Pregnancy
Risk Summary
Available data from published prospective cohort studies, case series and case reports over several decades with cephalosporin use, including cefazolin, in pregnant women have not established a drug-associated risk of major birth defects, miscarriage, or adverse maternal or fetal outcomes. Cefazolin crosses the placenta.

Animal reproduction studies with rats, mice and rabbits administered cefazolin during organogenesis at doses 1 to 3 times the maximum recommended human dose (MRHD) did not demonstrate adverse developmental outcomes. In rats subcutaneously administered cefazolin prior to delivery and throughout lactation, there were no adverse effects on offspring at a dose approximately 2 times the MRHD (see Data).

The estimated background risk of major birth defects and miscarriage for the indicated population is unknown. All pregnancies have a background risk of birth defect, loss, or other adverse outcomes. In the U.S. general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2% to 4% and 15% to 20%, respectively.

Data
Human Data
While available studies cannot definitively establish the absence of risk, published data from case-control studies and case reports over several decades have not identified an association with cephalosporin use during pregnancy and major birth defects, miscarriage, or other adverse maternal or fetal outcomes. Available studies have methodologic limitations, including small sample size, retrospective data collection, and inconsistent comparator groups.

**Animal Data**

Reproduction studies have been performed in rats, mice and rabbits administered cefazolin during organogenesis at doses of 2000, 4000 and 240 mg/kg/day (approximately 1 to 3 times the maximum recommended human dose on a body surface area comparison). There was no evidence of any adverse effects on embryofetal development due to cefazolin. In a peri-postnatal study in rats, cefazolin administered subcutaneously up to 1200 mg/kg/day (approximately 2 times the MRHD based on body surface area comparison) to pregnant dams prior to delivery and through lactation caused no adverse effects on offspring.

### 8.2 Lactation

**Risk Summary**

Data from published literature report that cefazolin is present in human milk, but is not expected to accumulate in a breastfed infant. There are no data on the effects of cefazolin on the breastfed child or on milk production.

The developmental and health benefits of breastfeeding should be considered along with the mother’s clinical need for cefazolin injection and any potential adverse effects on the breastfed child from cefazolin injection or from the mother’s underlying condition.

### 8.4 Pediatric Use

Cefazolin injection is indicated for the treatment of respiratory tract infections, urinary tract infections, skin and skin structure infections, biliary tract infections, bone and joint infections, genital infections, septicemia, and endocarditis in pediatric patients for whom appropriate dosing with this formulation can be achieved [see Indications and Usage (1.1 to 1.8)].

Safety and effectiveness of cefazolin injection in premature infants and neonates have not been established and is not recommended for use in this age group of pediatric patients. Dosing for cefazolin in pediatric patients younger than one month old has not been established.

Because of the limitations of the available strengths and administration requirements (i.e., administration of fractional doses is not recommended) of cefazolin injection, and to avoid unintentional overdose, this product is not recommended for use if a dose of cefazolin injection that does not equal 1 gram or 2 grams is required and an alternative formulation of cefazolin should be considered [see Dosage and Administration (2.2, 2.3, 2.4 and 2.5)].

The safety and effectiveness of cefazolin injection for perioperative prophylaxis have not been established in pediatric patients younger than 10 years old.

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marketing exclusivity rights, this drug product is not labeled with that information.

8.5 Geriatric Use
Of the 920 subjects who received cefazolin in clinical studies, 313 (34%) were 65 years and over, while 138 (15%) were 75 years and over. No overall differences in safety or effectiveness were observed between these subjects and younger subjects. Other reported clinical experience has not identified differences in responses between the elderly and younger patients, but greater sensitivity of some older individuals cannot be ruled out.

This drug is known to be substantially excreted by the kidney, and the risk of toxic reactions to this drug may be greater in patients with impaired renal function. Because elderly patients are more likely to have decreased renal function, care should be taken in dose selection, and it may be useful to monitor renal function [see Dosage and Administration (2.3) and Warnings and Precautions (5.2)].

8.6 Patients with Renal Impairment
When cefazolin injection is administered to adult and pediatric patients with low urinary output because of impaired renal function (creatinine clearance less than 55 mL/min and 70 mL/min for adults and pediatric patients, respectively), lower daily dosage is required [see Dosage and Administration (2.4) and Warnings and Precautions (5.2)].

10 OVERDOSAGE
Accidental overdosage resulting in seizures may occur in patients with renal impairment who receive doses greater than the recommended dosage of cefazolin injection [see Warnings and Precautions (5.2)]. If seizures associated with accidental overdosage occur, discontinue cefazolin injection and give supportive treatment.

11 DESCRIPTION
Cefazolin injection is a frozen, premixed, iso-osmotic, sterile, nonpyrogenic, single-dose solution containing either 1g Cefazolin, USP, equivalent to 1.05 g Cefazolin Sodium, USP per 50 mL or 2 g Cefazolin, USP, equivalent to 2.10 g Cefazolin Sodium, USP per 100 mL GALAXY container (PL 2040 Plastic). Dextrose, USP has been added to adjust osmolality (4 % as dextrose hydrous). The approximate osmolality for cefazolin injection is 290 mOsmol/kg.

Cefazolin Sodium is a semi-synthetic cephalosporin antibacterial for parenteral administration and has the following IUPAC nomenclature: Sodium (6R,7R)-3-[[5-methyl-1,3,4- thiazol-2-yl]thio]methyl]-8-oxo-7-[2-(1H-tetrazol-1-yl)acetamido]-5-thia-1-azabicyclo[4.2.0]oct-2- ene-2-carboxylate. Its molecular formula is $\text{C}_{14}\text{H}_{13}\text{N}_{8}\text{O}_{4}\text{S}_3\cdot\text{Na}$ and its molecular weight is 454.51 (free acid).

Cefazolin Sodium USP has the following structural formula:
The sodium content is 48 mg/g of cefazolin sodium. The pH of cefazolin injection may have been adjusted with sodium bicarbonate, or sodium hydroxide/hydrochloric acid during manufacture. Water for injection, USP is added as drug vehicle. Contains no preservative. The solution is intended for intravenous use after thawing to room temperature.

This GALAXY container (PL 2040 Plastic) is fabricated from a specially designed multilayer plastic (PL 2040). Solutions are in contact with the polyethylene layer of this container and can leach out certain chemical components of the plastic in very small amounts within the expiration period. However, the suitability of the plastic has been confirmed in tests in animals according to the USP biological tests for plastic containers, as well as by tissue culture toxicity studies.

12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action
Cefazolin is an antibacterial drug [see Microbiology (12.4)].

12.2 Pharmacodynamics
The pharmacokinetic/pharmacodynamic relationship for cefazolin has not been evaluated in patients.

12.3 Pharmacokinetics
Studies have shown that following intravenous administration of cefazolin to normal volunteers, mean serum concentrations peaked at approximately 185 mcg/mL and were approximately 4 mcg/mL at 8 hours for a 1 gram dose.

The serum half-life for cefazolin is approximately 1.8 hours following IV administration.

In a study of constant intravenous infusion with dosages of 3.5 mg/kg for 1 hour (approximately 250 mg) and 1.5 mg/kg the next 2 hours (approximately 100 mg), cefazolin serum concentrations at the third hour of approximately 28 mcg/mL.

Plasma pharmacokinetic parameters of cefazolin in healthy volunteers (N=12) following a single 15- minute IV infusion of 2 grams of cefazolin injection are summarized in Table 7.

<p>| Table 7: Mean (Standard Deviation) Plasma Pharmacokinetic Parameters of Cefazolin in Healthy Volunteers |</p>
<table>
<thead>
<tr>
<th>N</th>
<th>(C_{\text{max}}) (mcg/mL)</th>
<th>(T_{\text{max}}) (h)</th>
<th>(\text{AUC}_{0-\inf}) (mcg*h/mL)</th>
<th>(T_{1/2}) (h)</th>
<th>CL (L/h)</th>
<th>(V_z) (L)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12</td>
<td>280.9 (45.9)</td>
<td>0.25 (0.25-0.33)</td>
<td>509.9 (89.3)</td>
<td>2.01 (0.28)</td>
<td>4.03 (0.68)</td>
<td>11.50 (1.53)</td>
</tr>
</tbody>
</table>

\(T_{\text{max}}\) reported as median (range)

N= number of subjects observed; \(C_{\text{max}}\) = maximum plasma concentration; \(T_{\text{max}}\) = time to maximum plasma concentration; \(\text{AUC}_{0-\inf}\) = area under the plasma concentration-time curve extrapolated to infinity; \(t_{1/2}\) = apparent plasma terminal elimination half-life; CL = total clearance; \(V_z\) = volume of distribution

Studies in patients hospitalized with infections indicate that cefazolin produces mean peak serum concentrations approximately equivalent to those seen in healthy volunteers.

Bile concentrations in patients without obstructive biliary disease can reach or exceed serum concentrations by up to five times; however, in patients with obstructive biliary disease, bile concentrations of cefazolin are considerably lower than serum concentrations (less than 1.0 mcg/mL).

In synovial fluid, the cefazolin concentration becomes comparable to that reached in serum at about 4 hours after drug administration.

Studies of cord blood show prompt transfer of cefazolin across the placenta. Cefazolin is present in very low concentrations in the milk of nursing mothers.

Cefazolin is excreted unchanged in the urine. In the first 6 hours approximately 60% of the drug is excreted in the urine and this increases to 70% to 80% within 24 hours.

*Additional pediatric use information is approved for B. Braun Medical Inc.'s CEFAZOLIN FOR INJECTION AND DEXTROSE INJECTION. However, due to B. Braun Medical Inc.'s marketing exclusivity rights, this drug product is not labeled with that information.*

### 12.4 Microbiology

#### Mechanism of Action

Cefazolin is a bactericidal agent that acts by inhibition of bacterial cell wall synthesis.

#### Resistance

Predominant mechanisms of bacterial resistance to cephalosporins include the presence of extended-spectrum beta-lactamases and enzymatic hydrolysis.

#### Antimicrobial Activity

Cefazolin has been shown to be active against most isolates of the following microorganisms, both in vitro and in clinical infections as described in the INDICATIONS AND USAGE (1) section.

- **Gram-Positive Bacteria**
  - *Staphylococcus aureus*
  - *Staphylococcus epidermidis*
  - *Streptococcus agalactiae*
Methicillin-resistant staphylococci are uniformly resistant to cefazolin.

Gram-Negative Bacteria
  *Escherichia coli*
  *Proteus mirabilis*

Most isolates of indole positive Proteus (*Proteus vulgaris*), *Enterobacter* spp., *Morganella morganii*, *Providencia rettgeri*, *Serratia* spp., and *Pseudomonas* spp. are resistant to cefazolin.

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: http://www.fda.gov/STIC.

13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

Carcinogenicity and Mutagenesis
Mutagenicity studies and long-term studies in animals to determine the carcinogenic potential of cefazolin injection have not been performed.

Impairment of Fertility
Fertility studies conducted in rats subcutaneously administered cefazolin at doses of 2000 mg/kg/day (approximately 3 times the maximum recommended human dose based on body surface area comparison) showed no impairment of mating and fertility.

15 REFERENCES


16 HOW SUPPLIED/STORAGE AND HANDLING
Cefazolin injection is supplied as a premixed frozen iso-osmotic solution in 50 mL or 100 mL single-dose GALAXY plastic containers as follows:

<table>
<thead>
<tr>
<th>Code</th>
<th>Product Description</th>
<th>NDC Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Serious Allergic Reactions
Advise patients that allergic reactions, including serious allergic reactions could occur and that serious reactions require immediate treatment and discontinuation of cefazolin injection. Patients should report to their health care provider any previous allergic reactions to cefazolin, cephalosporins, penicillins, or other similar antibacterials.

Seizures
Advise patients that seizures could occur with cefazolin injection. Instruct patients to inform a healthcare provider at once of any signs and symptoms of seizures, for immediate treatment, dosage adjustment, or discontinuation of cefazolin injection.

Diarrhea
Advise patients that diarrhea is a common problem caused by antibacterials, which usually ends when the antibacterial is discontinued. Sometimes after starting treatment with antibacterials, 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 antibacterials. If this occurs, patients should contact a physician as soon as possible.

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

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**Baxter**
Baxter Healthcare Corporation
Deerfield, IL 60015

Made in USA

07-19-03-485

**PACKAGE/LABEL PRINCIPAL DISPLAY PANEL**

![Image of Cefazolin Injection, USP package label]

**NDC 0338-3508-41**

**Cefazolin Injection, USP**

2 g / 100 mL
(20 mg / mL)

**GALAXY**

Single-Dose Container
Discard unused portion

Each 100 mL contains: 2 g Cefazolin, USP, equivalent to 2.10 g Cefazolin Sodium, USP with approx. 4 g Dextrose Hydrous, USP added to adjust osmolality, and Water for Injection, USP. pH may have been adjusted with sodium bicarbonate, or sodium hydroxide/hydrochloric acid.

Dosage: For Intravenous Infusion Only. See prescribing information.

Caution: Do not add supplemental medication or additives.

Rx only

Store at or below -20°C (-4°F). Thaw at room temperature 20-25°C (68 - 77°F) or under refrigeration 2-8°C (36 - 48°F). **DO NOT FORCE THAW BY IMMERSION IN WATER BATHS OR BY MICROWAVE IRRADIATION.** Thawed solution is stable for 30 days under refrigeration or 48 hours at room temperature. Do not refreeze.

**Baxter**

PL 2040 Plastic

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Manufactured by Baxter Healthcare Corporation, Deerfield, IL 60015 USA

Made in USA

07-34-00-0357
NDC 0338-3508-41

Cefazolin Injection, USP

2g / 100 mL
(20 mg / mL)

GALAXY
Single-Dose Container
Discard unused portion

Code 2G3508
Sterile Nonpyrogenic
Iso-osmotic

Each 100 mL contains: 2g Cefazolin, USP, equivalent to 2.10g Cefazolin Sodium, USP with approx. 4 g Dextrose Hydrous, USP added to adjust osmolality, and Water for Injection, USP. pH may have been adjusted with sodium bicarbonate, or sodium hydroxide/hydrochloric acid.

Dosage: For Intravenous Infusion Only. See prescribing information.
Caution: Do not add supplemental medication or additives.

Rx only

Store at or below -20°C (-4°F). Thaw at room temperature 20-25°C (68 - 77°F) or under refrigeration 2-8°C (36 - 46°F).

Product should not be thawed by immersion in water baths or by microwave irradiation. Do not force thaw. Thawed solution is stable for 30 days under refrigeration or 48 hours at room temperature. DO NOT FORCE THAW BY IMMERSION IN WATER BATHS OR BY MICROWAVE IRRADIATION. Thawed solution is stable for 30 days under refrigeration or 48 hours at room temperature. Do not refreeze.

Baxter Logo

PL 2040 Plastic

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Manufactured by Baxter Healthcare Corporation, Deerfield, IL 60015 USA
Thaw at room temperature 20-25°C (68 - 77°F) or under refrigeration 2-8°C (36 - 49°F). DO NOT FORCE THAW BY IMMERSION IN WATER BATHS OR BY MICROWAVE IRRADIATION. Thawed solution is stable for 30 days under refrigeration or 48 hours at room temperature.

Do not refreeze.

Handle frozen product containers with care. Product containers may be fragile in the frozen state.

PL 2040 Plastic
07-04-00-0112

Cegazolin Injection, USP
2g / 100 mL (20 mg / mL)
Contains 6 units of Single-Dose bags. Each bag contains 100 mL. Iso-osmotic Store at or below -20°C (-4°F).

Rx only
GALAXY Container
Sterile Nonpyrogenic

Each 100 mL contains: 2 g Cefazolin, USP, equivalent to 2.10 g Cefazolin Sodium, USP with approx. 4 g Dextrose Hydrous, USP added to adjust osmolality, and Water for Injection, USP. pH may have been adjusted with sodium bicarbonate, or sodium hydroxide/hydrochloric acid.

Dosage: For Intravenous Infusion Only. See prescribing information.

Caution: Do not add supplemental medication or additives.

Baxter Logo

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Baxter Logo
Cefazolin Injection, USP
1 g / 50 mL
(20 mg / mL)

GALAXY
Single Dose Container
Discard unused portion

NDC 0338-3503-41
Code 2G3503
Sterile Nonpyrogenic
Iso-osmotic

Each 50 mL contains: 1g Cefazolin, USP, equivalent to 1.05g Cefazolin Sodium, USP with approx. 2 g Dextrose Hydrous, USP added to adjust osmolality. pH may have been adjusted with sodium bicarbonate or sodium hydroxide/hydrochloric acid.

Usual Dosage: For Intravenous Infusion Only. See prescribing information.
Cautions: Do not add supplementary medication or additives. Must not be used in series connections. Check for minute leaks and solution clarity. See prescribing information.

Rx only

Store at or below -20°C (-4°F). Thaw at room temperature 20-25°C (68 - 77°F) or under refrigeration 2-8°C (36 - 46°F). **DO NOT FORCE THAW BY IMMERSION IN WATER BATHS OR BY MICROWAVE IRRADIATION.** Thawed solution is stable for 30 days under refrigeration or 48 hours at room temperature. **Do not refreeze.**

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Manufactured by Baxter Healthcare Corporation
Deerfield, IL 60015 USA
Made in USA

PL2040 Plastic
Thaw at room temperature 20-25°C (68 - 77°F) or under refrigeration 2-8°C (36 - 41°F). DO NOT FORCE THAW BY IMMERSION IN WATER BATHS OR BY MICROWAVE IRRADIATION. Thawed solution is stable for 30 days under refrigeration or 48 hours at room temperature. Do not refreeze.

Handle frozen product containers with care. Product containers may be fragile in the frozen state.

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07-04-00-0111

Baxter Logo

Cefazolin Injection, USP
12 - 50 mL Single Dose Containers Iso-osmotic
Store at or below -20°C/-4°F. Do not refreeze.

1 g / 50 mL
(20 mg / mL)

Baxter Healthcare Corporation
Each 50 mL contains: 1g Cefazolin, USP, equivalent to 1.05g Cefazolin Sodium, USP with approx. 2 g Dextrose Hydrous, USP added to adjust osmolality. pH may have been adjusted with sodium bicarbonate or sodium hydroxide/hydrochloric acid.

Usual Dosage: For Intravenous Infusion Only. See prescribing information.

Cautions: Do not add supplementary medications or additives. Must not be used in series connections. Check for minute leaks by squeezing thawed bag firmly. If leaks are found, discard bag as sterility may be impaired. Do not use unless solution is clear. Rx only

**CEFAZOLIN**

*Product Information*

**Product Type**
HUMAN PRESCRIPTION DRUG

**Route of Administration**
INTRAVENOUS

**Active Ingredient/Active Moiety**

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<th>Ingredient Name</th>
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<td>2 g in 100 mL</td>
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**Inactive Ingredients**

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<tr>
<td>HYDROCHLORIC ACID (UNII: QTT17582CB)</td>
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**Packaging**

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CEFAZOLIN
cefazolin sodium injection, solution

Product Information

Product Type: HUMAN PRESCRIPTION DRUG
Route of Administration: INTRAVENOUS

Active Ingredient/Active Moiety

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<tr>
<th>Ingredient Name</th>
<th>Basis of Strength</th>
<th>Strength</th>
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<tr>
<td>CEFAZOLIN SODIUM (UNII: P380M0454Z) (CEFAZOLIN - UNII:IHS69L0Y4T)</td>
<td>CEFAZOLIN</td>
<td>1 g in 50 mL</td>
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Inactive Ingredients

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<td>ANHYDROUS DEXTROSE (UNII: 5S10G7R0OK)</td>
<td>2 g in 50 mL</td>
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<tr>
<td>SODIUM BICARBONATE (UNII: 8MDF5V39QO)</td>
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<tr>
<td>WATER (UNII: 059QF0KO0R)</td>
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<tr>
<td>HYDROCHLORIC ACID (UNII: QT17582CB)</td>
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Packaging

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Revised: 7/2021