Prescribing Information for Oman
Augmentin™ 1 g Tablets
Amoxicillin trihydrate + potassium clavulanate

QUALITATIVE AND QUANTITATIVE COMPOSITION

Each Augmentin 1 g tablet contains 875 mg amoxycillin (as amoxycillin trihydrate) and 125 mg clavulanic acid (as potassium clavulanate).
For a full list of excipients, see section 'List of Excipients'.

PHARMACEUTICAL FORM

White to off-white, film-coated tablets debossed with "AC" on both sides and a scoreline on one side.
The scoreline is only to facilitate breaking and ease of swallowing and not to divide into equal doses.

CLINICAL PARTICULARS

Therapeutic Indications

Augmentin is indicated for the treatment of the following infections in adults and children:

- Acute bacterial sinusitis (adequately diagnosed)
- Acute otitis media
- Acute exacerbations of chronic bronchitis (adequately diagnosed)
- Community-acquired pneumonia
- Cystitis
- Pyelonephritis
- Skin and soft tissue infections in particular cellulitis, animal bites, severe dental abscess with spreading cellulitis.
- Bone and joint infections, in particular osteomyelitis.

Consideration should be given to official guidance on the appropriate use of antibacterial agents.

Posology and Method of Administration

Doses are expressed throughout in terms of amoxicillin/clavulanic acid content except when doses are stated in terms of an individual component.
The dose of Augmentin that is selected to treat an individual infection should take into account:

- The expected pathogens and their likely susceptibility to antibacterial agents
- The severity and the site of the infection
- The age, weight and renal function of the patient as shown below

The use of alternative presentations of Augmentin (e.g. those that provide higher doses of amoxicillin and/or different ratios of amoxicillin to clavulanic acid) should be considered as necessary.
For adults and children ≥ 40 kg, this formulation of Augmentin provides a total daily dose of 1750 mg amoxicillin/ 250 mg clavulanic acid with twice-daily dosing and 2625 mg amoxicillin/375 mg clavulanic acid with three times daily dosing when administered as recommended below.
For children < 40 kg, this formulation of Augmentin provides a maximum daily dose of 1000-2800 mg amoxicillin/143-400 mg clavulanic acid when administered as recommended below. If it is considered that a higher daily dose of amoxicillin is required, it is recommended that another preparation of Augmentin is selected in order to avoid administration of unnecessarily high daily doses of clavulanic acid.
The duration of therapy should be determined by the response of the patient. Some infections (e.g. osteomyelitis) require longer periods of treatment. Treatment should not be extended beyond 14 days without review.

Adults and children ≥ 40 kg

Recommended doses:

- standard dose: (for all indications) 875 mg/125 mg two times a day;
- higher dose - (particularly for infections such as otitis media, sinusitis, lower respiratory tract infections and urinary tract infections): 875 mg/125 mg three times a day.

Children < 40 kg

Children may be treated with Augmentin tablets, suspensions or paediatric sachets.
Recommended doses:

- 25 mg/3.6 mg/kg/day to 45 mg/6.4 mg/kg/day given as two divided doses;
- up to 70 mg/10 mg/kg/day given as two divided doses may be considered for some infections (such as otitis media, sinusitis and lower respiratory tract infections).

As the tablets cannot be divided, children weighing less than 25 kg must not be treated with Augmentin tablets.
The table below presents the received dose (mg/kg body weight) in children weighing 25 kg to 40 kg upon administering a single 875/125 mg tablet

Body weight [kg]	40	35	30	25	Single dose recommended [mg/kg body weight] (see above)
Amoxicillin [mg/kg body weight] per single dose (1 film-coated tablet)	21.9	25.0	29.2	35.0	12.5 – 22.5 (up to 35)
Clavulanic acid [mg/kg body weight] per single dose (1 film-coated tablet)	3.1	3.6	4.2	5.0	1.8 – 3.2 (up to 5)

Children weighing less than 25 kg should preferably be treated with Augmentin suspension or paediatric sachets.
No clinical data are available for Augmentin 7:1 formulations regarding doses higher than 45 mg/6.4 mg per kg per day in children under 2 years.
There are no clinical data for Augmentin 7:1 formulations for patients under 2 months of age. Dosing recommendations in this population therefore cannot be made.

Elderly

No dose adjustment is considered necessary.

Renal impairment

No dose adjustment is required in patients with creatinine clearance (CrCl) greater than 30 ml/min.
In patients with creatinine clearance less than 30 ml/min, the use of Augmentin presentations with amoxicillin to clavulanic acid ratio of 7:1 is not recommended, as no recommendations for dose adjustments are available.

Hepatic impairment

Dose with caution and monitor hepatic function at regular intervals.

Method of administration

Augmentin is for oral use.

Administer at the start of a meal to minimise potential gastrointestinal intolerance and optimise absorption of amoxicillin/clavulanic acid.

Therapy can be started parenterally according to the prescribing information of the IV-formulation and continued with an oral preparation.

Contraindications

Amoxicillin-clavulanate is contra-indicated:

- in patients with a history of hypersensitivity to beta-lactams, e.g. penicillins and cephalosporins
- in patients with a previous history of amoxicillin-clavulanate-associated jaundice/hepatic dysfunction.

Warnings and Precautions

Before initiating therapy with amoxicillin-clavulanate, careful enquiry should be made concerning previous hypersensitivity reactions to penicillins, cephalosporins, or other allergens.

Serious and occasionally fatal hypersensitivity (anaphylactoid) reactions have been reported in patients on penicillin therapy. These reactions are more likely to occur in individuals with a history of penicillin hypersensitivity. If an allergic reaction occurs, amoxicillin-clavulanate therapy should be discontinued and appropriate alternative therapy instituted. Serious anaphylactoid reactions require immediate emergency treatment with adrenaline. Oxygen, i.v. steroids and airway management, including intubation, may also be required.

Amoxicillin-clavulanate should be avoided if infectious mononucleosis is suspected since the occurrence of a morbilliform rash has been associated with this condition following the use of amoxicillin.

Prolonged use may also occasionally result in overgrowth of non-susceptible organisms.

Pseudomembranous colitis has been reported with the use of antibiotics and may range in severity from mild to life-threatening. Therefore, it is important to consider its diagnosis in patients who develop diarrhoea during or after antibiotic use. If prolonged or significant diarrhoea occurs or the patient experiences abdominal cramps, treatment should be discontinued immediately and the patient investigated further.

In general, amoxicillin-clavulanate is well tolerated and possesses the characteristic low toxicity of the penicillin group of antibiotics. Periodic assessment of organ system functions, including renal, hepatic and haematopoietic function is advisable during prolonged therapy.

Abnormal prolongation of prothrombin time (increased INR) has been reported rarely in patients receiving amoxicillin-clavulanate and oral anticoagulants. Appropriate monitoring should be undertaken when anticoagulants are prescribed concurrently. Adjustments in the dose of oral anticoagulants may be necessary to maintain the desired level of anticoagulation.

Amoxicillin-clavulanate should be used with caution in patients with evidence of hepatic dysfunction.

In patients with renal impairment, the dosage should be adjusted according to the degree of impairment.

In patients with reduced urine output, crystalluria has been observed very rarely, predominantly with parenteral therapy. During the administration of high doses of amoxicillin, it is advisable to maintain adequate fluid intake and urinary output in order to reduce the possibility of amoxicillin crystalluria.

Amoxicillin-clavulanate Suspensions/Sachets/Chewable Tablets (where applicable), contain aspartame, which is a source of phenylalanine and so should be used with caution in patients with phenylketonuria.

Interactions

Concomitant use of probenecid is not recommended. Probenecid decreases the renal tubular secretion of amoxicillin. Concomitant use with amoxicillin-clavulanate may result in increased and prolonged blood levels of amoxicillin, but not of clavulanic acid.

Concomitant use of allopurinol during treatment with amoxicillin can increase the likelihood of allergic skin reactions. There are no data on the concomitant use of amoxicillin-clavulanate and allopurinol.

In common with other antibiotics, amoxicillin-clavulanate may affect the gut flora, leading to lower oestrogen reabsorption and reduced efficacy of combined oral contraceptives.

In the literature, there are rare cases of increased international normalised ratio in patients maintained on acenocoumarol or warfarin and prescribed a course of amoxicillin. If coadministration is necessary, the prothrombin time or international normalised ratio should be carefully monitored with the addition or withdrawal of amoxicillin.

In patients receiving mycophenolate mofetil, reduction in the pre-dose concentration of the active metabolite mycophenolic acid of approximately 50% has been reported following commencement of oral amoxicillin plus clavulanic acid. The change in the pre-dose level may not accurately represent changes in overall MPA exposure.

Pregnancy and Lactation

Pregnancy

Reproduction studies in animals (mice and rats at doses up to 10 times the human dose) with orally and parenterally administered amoxicillin-clavulanate have shown no teratogenic effects. In a single study in women with pre-term, premature rupture of the foetal membrane (pPROM), it was reported that prophylactic treatment with amoxicillin-clavulanate may be associated with an increased risk of necrotizing enterocolitis in neonates. As with all medicines, use should be avoided in pregnancy, unless considered essential by the physician.

Lactation

Amoxicillin-clavulanate may be administered during the period of lactation. With the exception of the risk of sensitization, associated with the excretion of trace quantities in breast milk, there are no known detrimental effects for the breast-fed infant.

Ability to perform tasks that require judgement, motor or cognitive skills

Adverse effects on the ability to drive or operate machinery have not been observed.

Adverse Reactions

Data from large clinical trials were used to determine the frequency of very common to rare undesirable effects. The frequencies assigned to all other undesirable effects (i.e., those occurring at <1/10,000) were mainly determined using post-marketing data and refer to a reporting rate rather than a true frequency.

The following convention has been used for the classification of frequency:

very common >1/10

common >1/100 and <1/10
uncommon >1/1000 and <1/100
rare >1/10,000 and <1/1000
very rare <1/10,000.

Infections and infestations

Common	Mucocutaneous candidiasis

Blood and lymphatic system disorders

Rare	Reversible leucopenia (including neutropenia) and thrombocytopenia
Very rare	Reversible agranulocytosis and haemolytic anaemia. Prolongation of bleeding time and prothrombin time

Immune system disorders

Very rare	Angioneurotic oedema, anaphylaxis, serum sickness-like syndrome, hypersensitivity vasculitis

Nervous system disorders

Uncommon	Dizziness, headache
Very rare	Reversible hyperactivity and convulsions. Convulsions may occur in patients with impaired renal function or in those receiving high doses.

Gastrointestinal disorders

Adults:

Very common	Diarrhoea
Common	Nausea, vomiting

Children:

Common Diarrhoea, nausea, vomiting

All populations:

Nausea is more often associated with higher oral dosages. If gastrointestinal reactions are evident, they may be reduced by taking amoxicillin-clavulanate at the start of a meal.

Uncommon	Indigestion
Very rare	Antibiotic-associated colitis (including pseudomembranous colitis and haemorrhagic colitis). Black hairy tongue Superficial tooth discolouration has been reported very rarely in children. Good oral hygiene may help to prevent tooth discolouration as it can usually be removed by brushing[+].

[+]This statement is core safety for the syrup, suspension and chewable tablet formulations.

Hepatobiliary disorders

Uncommon	A moderate rise in AST and/or ALT has been noted in patients treated with beta-lactam class antibiotics, but the significance of these findings is unknown.
Very rare	Hepatitis and cholestatic jaundice. These events have been noted with other penicillins and cephalosporins.

Hepatic events have been reported predominantly in males and elderly patients and may be associated with prolonged treatment.

Children (additional statement):

These events have been very rarely reported in children.

All populations:

Signs and symptoms usually occur during or shortly after treatment but in some cases may not become apparent until several weeks after treatment has ceased. These are usually reversible. Hepatic events may be severe and in extremely rare circumstances, deaths have been reported. These have almost always occurred in patients with serious underlying disease or taking concomitant medications known to have the potential for hepatic effects.

Skin and subcutaneous tissue disorders

Uncommon	Skin rash, pruritus, urticaria
Rare	Erythema multiforme
Very rare	Stevens-Johnson syndrome, toxic epidermal necrolysis, bullous exfoliative-dermatitis, acute generalized exanthemous pustulosis (AGEP)

If any hypersensitivity dermatitis reaction occurs, treatment should be discontinued.

Renal and urinary disorders

Very rare Interstitial nephritis, crystalluria.

Overdosage

Symptoms and Signs

Gastrointestinal symptoms and disturbance of the fluid and electrolyte balances may be evident.
Amoxicillin crystalluria, in some cases leading to renal failure, has been observed.

Treatment

GI symptoms may be treated symptomatically, with attention to the water/electrolyte balance.
Amoxicillin-clavulanate can be removed from the circulation by haemodialysis.

Children (additional statement):

A prospective study of 51 paediatric patients at a poison control centre suggested that overdosages of less than 250 mg/kg of amoxicillin are not associated with significant clinical symptoms and do not require gastric emptying.

Drug abuse and dependence

Drug dependency, addiction and recreational abuse have not been reported as a problem with this compound.

PHARMACEUTICAL DATA

List of Excipients

Colloidal silicon dioxide, sodium starch glycollate, magnesium stearate (E572), microcrystalline cellulose, titanium dioxide (E171), hydroxypropyl methylcellulose, polyethylene glycol, dimethicone (silicon oil).

Incompatibilities
None known.
Shelf-life
As indicated on the outer packaging.
Special Precautions for Storage
Store in a dry place at or below 30°C.
Store in the original package in order to protect from moisture.
Tablets in desiccated pouch packs should be used within 14 days of opening.
Nature and Contents of Container
Only moisture-proof containers should be used. Augmentin™ 1 g is supplied in a carton containing 14 tablets in blisters inside a desiccated pouch.
Manufactured by:
SmithKline Beecham Limited*
Worthing, United Kingdom
*Member of the GlaxoSmithKline group of companies.
AUGMENTIN is a trademark of the GlaxoSmithKline group of companies.

GDS Version Number: 21
Version Date: 18 January 2013
Detailed information on this medicinal product can be requested Via: gcc.medinfo@gsk.com
To report Adverse Event/s associated with the use of GSK product/s, please contact us via gulf.safety@gsk.com
All Quality complaints should be reported to the LOC Quality department mailbox Gulf-KSA.Product-Complaints@gsk.com.
Department of Pharmacovigilance & Drug Information
Directorate General of Pharmaceutical Affairs & Drug Control
Ministry of Health, Sultanate of Oman
Phone Nos. 0096822357687 / 0096822357686
Fax: 0096822358489
Email: dg-padc@moh.gov.om
Website: www.moh.gov.om
Prescribing information for Oman Prepared September 2020 from the summary of product characteristics version with Date of first authorisation: 18 January 2013.

Abbreviated Prescribing Information for Oman
Augmentin™ 1 g Tablets
Amoxicillin trihydrate + Potassium clavulanate

QUALITATIVE AND QUANTITATIVE COMPOSITION: Each Augmentin 1 g tablet contains 875 mg amoxycillin (as amoxycillin trihydrate) and 125 mg clavulanic acid (as potassium clavulanate). **PHARMACEUTICAL FORM:** White to off-white, film-coated tablets debossed with "AC" on both sides and a scoreline on one side. **Indications:** Augmentin is indicated for the treatment of the following infections in adults and children: Acute bacterial sinusitis (adequately diagnosed), Acute otitis media, acute exacerbations of chronic bronchitis (adequately diagnosed), Community-acquired pneumonia, Cystitis, Pyelonephritis, Skin and soft tissue infections in particular cellulitis, animal bites, severe dental abscess with spreading cellulitis, Bone and joint infections, in particular osteomyelitis. **Posology and Method of Administration:** For adults and children ≥ 40 kg, this formulation of Augmentin provides a total daily dose of 1750 mg amoxicillin/ 250 mg clavulanic acid with twice-daily dosing and 2625 mg amoxicillin/375 mg clavulanic acid with three times daily dosing when administered as recommended below. For children < 40 kg, this formulation of Augmentin provides a maximum daily dose of 1000-2800 mg amoxicillin/143-400 mg clavulanic acid when administered as recommended below. If it is considered that a higher daily dose of amoxicillin is required, it is recommended that another preparation of Augmentin is selected in order to avoid administration of unnecessarily high daily doses of clavulanic acid. The duration of therapy should be determined by the response of the patient. Treatment should not be extended beyond 14 days without review. **Method of administration:** Augmentin is for oral use. Administer at the start of a meal to minimise potential gastrointestinal intolerance and optimise absorption of amoxicillin/clavulanic acid. Therapy can be started parenterally according to the prescribing information of the IV-formulation and continued with an oral preparation. **Contraindications:** Amoxicillin-clavulanate is contraindicated in patients with a history of hypersensitivity to beta-lactams or history of amoxicillin-clavulanate-associated jaundice/hepatic dysfunction. **Warnings and Precautions:** Before initiating therapy with amoxicillin-clavulanate, careful enquiry should be made concerning previous hypersensitivity reactions to penicillins, cephalosporins, or other allergens. Serious and occasionally fatal hypersensitivity (anaphylactoid) reactions have been reported in patients on penicillin therapy. These reactions are more likely to occur in individuals with a history of penicillin hypersensitivity. If an allergic reaction occurs, amoxicillin-clavulanate therapy should be discontinued and appropriate alternative therapy instituted. Serious anaphylactoid reactions require immediate emergency treatment with adrenaline. Oxygen, i.v. steroids and airway management, including intubation, may also be required. Amoxicillin-clavulanate should be avoided if infectious mononucleosis is suspected since the occurrence of a morbilliform rash has been associated with this condition following the use of amoxicillin. Prolonged use may also occasionally result in overgrowth of non-susceptible organisms. Pseudomembranous colitis has been reported with the use of antibiotics and may range in severity from mild to life-threatening. Therefore, it is important to consider its diagnosis in patients who develop diarrhoea during or after antibiotic use. If prolonged or significant diarrhoea occurs or the patient experiences abdominal cramps, treatment should be discontinued immediately and the patient investigated further. In general, amoxicillin-clavulanate is well tolerated and possesses the characteristic low toxicity of the penicillin group of antibiotics. Periodic assessment of organ system functions, including renal, hepatic and haematopoietic, the function is advisable during prolonged therapy. Abnormal prolongation of prothrombin time (increased INR) has been reported rarely in patients receiving amoxicillin-clavulanate and oral anticoagulants. Appropriate monitoring should be undertaken when anticoagulants are prescribed concurrently. Adjustments in the dose of oral anticoagulants may be necessary to maintain the desired level of anticoagulation. Amoxicillin-clavulanate should be used with caution in patients with evidence of hepatic dysfunction. In patients with renal impairment, the dosage should be adjusted according to the degree of impairment. In patients with reduced urine output, crystalluria has been observed very rarely, predominantly with parenteral therapy. During the administration of high doses of amoxicillin, it is advisable to maintain adequate fluid intake and urinary output in order to reduce the possibility of amoxicillin crystalluria. Amoxicillin-clavulanate Suspensions/Sachets/Chewable Tablets (where applicable), contain aspartame, which is a source of phenylalanine and so should be used with caution in patients with phenylketonuria. **Interactions:** Concomitant use of probenecid is not recommended. Probenecid decreases the renal tubular secretion of amoxicillin. Concomitant use with amoxicillin-clavulanate may result in increased and prolonged blood levels of amoxicillin, but not of clavulanic acid. Concomitant use of allopurinol during treatment with amoxicillin can increase the likelihood of allergic skin reactions. There are no data on the concomitant use of amoxicillin-clavulanate and allopurinol. In common with other antibiotics, amoxicillin-clavulanate may affect the gut flora, leading to lower oestrogen reabsorption and reduced efficacy of combined oral contraceptives. In the literature, there are rare cases of increased international normalised ratio in patients maintained on acenocoumarol or warfarin and prescribed a course of amoxicillin. If coadministration is necessary, the prothrombin time or international normalised ratio should be carefully monitored with the addition or withdrawal of amoxicillin. In patients receiving mycophenolate mofetil, reduction in the pre-dose concentration of the active metabolite mycophenolic acid of approximately 50% has been reported following commencement of oral amoxicillin plus clavulanic acid. The change in the pre-dose level may not accurately represent changes in overall MPA exposure. **Pregnancy:** As with all medicines, use should be avoided in pregnancy, unless considered essential by the physician. **Lactation** Amoxicillin-clavulanate may be administered during the period of lactation with the exception of the risk of sensitization. **Adverse Reactions, Infections and infestations:** common Mucocutaneous candidiasis, nausea, vomiting, Diarrhoea. If any hypersensitivity dermatitis reaction occurs, treatment should be discontinued. **Overdosage Treatment:** GI, symptoms may be treated symptomatically, with attention to the water/electrolyte balance. Amoxicillin-clavulanate can be removed from the circulation by haemodialysis. **PHARMACEUTICAL DATA: List of Excipients:** Colloidal silicon dioxide, sodium starch glycollate, magnesium stearate (E572), microcrystalline cellulose, titanium dioxide (E171), hydroxypropyl methylcellulose, polyethylene glycol, dimethicone (silicon oil). **Special Precautions for Storage:** Store in a dry place at or below 30°C. Store in the original package in order to protect from moisture. Tablets in desiccated pouch packs should be used within 14 days of opening. **Nature and Contents of Container:** Only moisture-proof containers should be used. Augmentin™ 1 g is supplied in a carton containing 14 tablets in blisters inside a desiccated pouch. **Manufactured by:** SmithKline Beecham Limited* Worthing, United Kingdom *Member of the GlaxoSmithKline group of companies AUGMENTIN is a trademark of the GlaxoSmithKline group of companies. **GDS Version Number: 21 Version Date: 18 January 2013** Detailed information on this medicinal product can be requested Via: gcc.medinfo@gsk.com. To report Adverse Event/s associated with the use of GSK product/s, please contact us via gulf.safety@gsk.com. All Quality complaints should be reported to the LOC Quality department mailbox Gulf-KSA.Product-Complaints@gsk.com.. **Department of Pharmacovigilance & Drug Information**, **Directorate General of Pharmaceutical Affairs & Drug Control**, **Ministry of Health, Sultanate of Oman**, **Phone Nos. 0096822357687 / 0096822357686 Fax: 0096822358489 Email: dg-padc@moh.gov.om Website: www.moh.gov.om** Prescribing information for Oman Prepared September 2020 from the summary of product characteristics version with Date of first authorisation: 18 January 2013.

Prescribing Information for Oman

Augmentin™ 156 mg/5 ml suspension

Amoxicillin trihydrate - Potassium clavulanate

QUALITATIVE AND QUANTITATIVE COMPOSITION

Augmentin™ 156 mg/5 ml suspension: When reconstituted each 5 ml contains 125 mg amoxicillin (as amoxicillin trihydrate) and 31.25 mg clavulanic acid (as potassium clavulanate).

For a full list of excipients, see section 'List of Excipients'.

PHARMACEUTICAL FORMS

Augmentin™ 156 mg/5 ml suspension: Powder for oral suspension. Dry powder for reconstitution in water, at time of dispensing, to form fruit flavoured suspension.

CLINICAL PARTICULARS

Therapeutic Indications

Augmentin™ is indicated for the treatment of the following infections in adults and children:

- Acute bacterial sinusitis (adequately diagnosed)
- Acute otitis media
- Acute exacerbations of chronic bronchitis (adequately diagnosed)
- Community-acquired pneumonia
- Cystitis
- Pyelonephritis
- Skin and soft tissue infections in particular cellulitis, animal bites, severe dental abscess with spreading cellulitis
- Bone and joint infections, in particular, osteomyelitis

Consideration should be given to official guidance on the appropriate use of antibacterial agents.

Posology and Method of Administration

Doses are expressed throughout in terms of amoxicillin/clavulanic acid content except when doses are stated in terms of an individual component.

The dose of Augmentin™ that is selected to treat an individual infection should take into account:

- The expected pathogens and their likely susceptibility to antibacterial agents.
- The severity and the site of the infection
- The age, weight and renal function of the patient as shown below.

The use of alternative presentations of Augmentin™ (e.g. those that provide higher doses of amoxicillin and/or different ratios of amoxicillin to clavulanic acid) should be considered as necessary.

For adults and children ≥ 40 kg, these formulations of Augmentin™ provide a total daily dose of 1500 mg amoxicillin/375 mg clavulanic acid when administered as recommended below. For children < 40 kg, these formulations of Augmentin™ provide a maximum daily dose of 2400 mg amoxicillin/600 mg clavulanic acid when administered as recommended below. If it is considered that a higher daily dose of amoxicillin is required, it is recommended that another preparation of Augmentin™ is selected in order to avoid administration of unnecessarily high daily doses of clavulanic acid.

The duration of therapy should be determined by the response of the patient. Some infections (e.g. osteomyelitis) require longer periods of treatment. Treatment should not be extended beyond 14 days without review (see *Warnings and Precautions for Use* regarding prolonged therapy).

Adults and children ≥ 40 kg

One 500 mg/125 mg dose is taken three times a day.

Children < 40 kg

20 mg/5 mg/kg/day to 60 mg/15 mg/kg/day given in three divided doses.

Children may be treated with Augmentin™ tablets, suspensions or paediatric sachets. Children aged 6 years and below or weighing less than 25 kg should preferably be treated with Augmentin suspension or paediatric sachets.

For Augmentin™ 625 mg tablets:

As the tablets cannot be divided, children weighing less than 25 kg must not be treated with Augmentin tablets.

The table below presents the received dose (mg/kg body weight) in children weighing 25 kg to 40 kg upon administering a single 500/125 mg tablet.

Body weight [kg]	40	35	30	25	Single dose recommended [mg/kg body weight] (see above)
Amoxicillin [mg/kg body weight] per single dose (1 film-coated tablet)	12.5	14.3	16.7	20.0	6.67 – 20
Clavulanic acid [mg/kg body weight] per single dose (1 film-coated tablet)	3.1	3.6	4.2	5.0	1.67 - 5

No clinical data are available on doses of Augmentin™ 4:1 formulations higher than 40 mg/10 mg/kg per day in children under 2 years.

Elderly

No dose adjustment is considered necessary.

Renal impairment

Dose adjustments are based on the maximum recommended level of amoxicillin.

No adjustment in dose is required in patients with creatinine clearance (CrCl) greater than 30 ml/min.

Adults and children ≥ 40 kg

CrCl: 10-30 ml/min	500 mg/125 mg twice daily
CrCl < 10 ml /min	500 mg/125 mg once daily
Haemodialysis	500 mg/125 mg every 24 hours, plus 500 mg/125 mg during dialysis, to be repeated at the end of dialysis (as serum concentrations of both amoxicillin and clavulanic acid are decreased)

Children < 40 kg

CrCl: 10-30 ml/min	15 mg/3.75 mg/kg twice daily (maximum 500 mg/125 mg twice daily).
CrCl < 10 ml/min	15 mg/3.75 mg/kg as a single daily dose (maximum 500 mg/125 mg).
Haemodialysis	15 mg/3.75 mg/kg per day once daily.

	Prior to haemodialysis 15 mg/3.75 mg/kg. In order to restore circulating drug levels, 15 mg/3.75 mg per kg should be administered after haemodialysis.

Hepatic impairment

Dose with caution and monitor hepatic function at regular intervals (see sections *Contraindications* and *Warnings and Precautions*).

Method of administration

Augmentin™ is for oral use.

Administer at the start of a meal to minimise potential gastrointestinal intolerance and optimise absorption of amoxicillin/clavulanic acid.

Therapy can be started parenterally according to the prescribing information of the IV-formulation and continued with an oral preparation.

For Augmentin™ 156 mg/5 ml suspension:

Shake to loosen powder, add water as directed, invert and shake.

Shake the bottle before each dose (See *Instructions for Use/Handling*).

Contraindications

Amoxicillin-clavulanate is contra-indicated

- in patients with a history of hypersensitivity to beta-lactams, e.g. penicillins and cephalosporins
- in patients with a previous history of amoxicillin-clavulanate-associated jaundice/hepatic dysfunction.

Warnings and Precautions

Before initiating therapy with amoxicillin-clavulanate, careful enquiry should be made concerning previous hypersensitivity reactions to penicillins, cephalosporins, or other allergens.

Serious and occasionally fatal hypersensitivity (anaphylactoid) reactions have been reported in patients on penicillin therapy. These reactions are more likely to occur in individuals with a history of penicillin hypersensitivity. If an allergic reaction occurs, amoxicillin-clavulanate therapy should be discontinued and appropriate alternative therapy instituted. Serious anaphylactoid reactions require immediate emergency treatment with adrenaline. Oxygen, i.v. steroids and airway management, including intubation, may also be required.

Amoxicillin-clavulanate should be avoided if infectious mononucleosis is suspected since the occurrence of a morbilliform rash has been associated with this condition following the use of amoxicillin.

Prolonged use may also occasionally result in overgrowth of non-susceptible organisms.

Pseudomembranous colitis has been reported with the use of antibiotics and may range in severity from mild to life-threatening. Therefore, it is important to consider its diagnosis in patients who develop diarrhoea during or after antibiotic use. If prolonged or significant diarrhoea occurs or the patient experiences abdominal cramps, treatment should be discontinued immediately and the patient investigated further.

In general, amoxicillin-clavulanate is well tolerated and possesses the characteristic low toxicity of the penicillin group of antibiotics. Periodic assessment of organ system functions, including renal, hepatic and haematopoietic function is advisable during prolonged therapy.

Abnormal prolongation of prothrombin time (increased INR) has been reported rarely in patients receiving amoxicillin-clavulanate and oral anticoagulants. Appropriate monitoring should be undertaken when anticoagulants are prescribed concurrently. Adjustments in the dose of oral anticoagulants may be necessary to maintain the desired level of anticoagulation.

Amoxicillin-clavulanate should be used with caution in patients with evidence of hepatic dysfunction.

In patients with renal impairment, the dosage should be adjusted according to the degree of impairment.

In patients with reduced urine output, crystalluria has been observed very rarely, predominantly with parenteral therapy. During the administration of high doses of amoxicillin, it is advisable to maintain adequate fluid intake and urinary output in order to reduce the possibility of amoxicillin crystalluria.

Amoxicillin-clavulanate Suspensions/Sachets/Chewable Tablets (where applicable), contain aspartame, which is a source of phenylalanine and so should be used with caution in patients with phenylketonuria.

Interactions

Concomitant use of probenecid is not recommended. Probenecid decreases the renal tubular secretion of amoxicillin. Concomitant use with amoxicillin-clavulanate may result in increased and prolonged blood levels of amoxicillin, but not of clavulanic acid.

Concomitant use of allopurinol during treatment with amoxicillin can increase the likelihood of allergic skin reactions. There are no data on the concomitant use of amoxicillin-clavulanate and allopurinol.

In common with other antibiotics, amoxicillin-clavulanate may affect the gut flora, leading to lower oestrogen reabsorption and reduced efficacy of combined oral contraceptives.

In the literature, there are rare cases of increased international normalised ratio in patients maintained on acenocoumarol or warfarin and prescribed a course of amoxicillin. If coadministration is necessary, the prothrombin time or international normalised ratio should be carefully monitored with the addition or withdrawal of amoxicillin.

In patients receiving mycophenolate mofetil, reduction in the pre-dose concentration of the active metabolite mycophenolic acid of approximately 50% has been reported following commencement of oral amoxicillin plus clavulanic acid. The change in the pre-dose level may not accurately represent changes in overall MPA exposure.

Pregnancy and Lactation

Fertility

No Text.

Pregnancy

Reproduction studies in animals (mice and rats at doses up to 10 times the human dose) with orally and parenterally administered amoxicillin-clavulanate have shown no teratogenic effects. In a single study in women with pre-term, premature rupture of the foetal membrane (pPROM), it was reported that prophylactic treatment with amoxicillin-clavulanate may be associated with an increased risk of necrotising enterocolitis in neonates. As with all medicines, use should be avoided in pregnancy, unless considered essential by the physician.

Lactation

Amoxicillin-clavulanate may be administered during the period of lactation. With the exception of the risk of sensitization, associated with the excretion of trace quantities in breast milk, there are no known detrimental effects for the breast-fed infant.

Ability to perform tasks that require judgement, motor or cognitive skills

Adverse effects on the ability to drive or operate machinery have not been observed.

Adverse Reactions

Data from large clinical trials were used to determine the frequency of very common to rare undesirable effects. The frequencies assigned to all other undesirable effects

(i.e., those occurring at <1/10,000) were mainly determined using post-marketing data and refer to a reporting rate rather than a true frequency.

The following convention has been used for the classification of frequency:

very common >1/10

common >1/100 and <1/10

uncommon >1/1000 and <1/100

rare >1/10,000 and <1/1000

very rare <1/10,000.

Infections and infestations

Common Mucocutaneous candidiasis

Blood and lymphatic system disorders

Rare Reversible leucopenia (including neutropenia) and thrombocytopenia

Very rare Reversible agranulocytosis and haemolytic anaemia. Prolongation of bleeding time and prothrombin time

Immune system disorders

Very rare Angioneurotic oedema, anaphylaxis, serum sickness-like syndrome, hypersensitivity vasculitis

Nervous system disorders

Uncommon Dizziness, headache

Very rare Reversible hyperactivity and convulsions. Convulsions may occur in patients with impaired renal function or in those receiving high doses.

Gastrointestinal disorders

Adults:

Very common Diarrhoea

Common Nausea, vomiting

Children:

Common Diarrhoea, nausea, vomiting

All populations:

Nausea is more often associated with higher oral dosages. If gastrointestinal reactions are evident, they may be reduced by taking amoxicillin-clavulanate at the start of a meal.

Uncommon Indigestion

Very rare Antibiotic-associated colitis (including pseudomembranous colitis and haemorrhagic colitis).
Black hairy tongue
Superficial tooth discolouration has been reported very rarely in children. Good oral hygiene may help to prevent
Tooth discolouration as it can usually be removed by brushing[+].

[+]This statement is core safety for the syrup, suspension and chewable tablet formulations.

Hepatobiliary disorders

Uncommon A moderate rise in AST and/or ALT has been noted in patients treated with beta-lactam class antibiotics, but the significance of these findings is unknown.

Very rare Hepatitis and cholestatic jaundice. These events have been noted with other penicillins and cephalosporins.

Hepatic events have been reported predominantly in males and elderly patients and may be associated with prolonged treatment.

Children (additional statement):

These events have been very rarely reported in children.

All populations:

Signs and symptoms usually occur during or shortly after treatment but in some cases may not become apparent until several weeks after treatment has ceased. These are usually reversible. Hepatic events may be severe and in extremely rare circumstances, deaths have been reported. These have almost always occurred in patients with serious underlying disease or taking concomitant medications known to have the potential for hepatic effects.

Skin and subcutaneous tissue disorders

Uncommon Skin rash, pruritus, urticaria

Rare Erythema multiforme

Very rare Stevens-Johnson syndrome, toxic epidermal necrolysis, bullous exfoliative-dermatitis, acute generalised exanthemous pustulosis (AGEP)

If any hypersensitivity dermatitis reaction occurs, treatment should be discontinued.

Renal and urinary disorders

Very rare Interstitial nephritis, crystalluria.

Overdosage

Symptoms and Signs

Gastrointestinal symptoms and disturbance of the fluid and electrolyte balances may be evident.

Amoxicillin crystalluria, in some cases leading to renal failure, has been observed.

Treatment

GI symptoms may be treated symptomatically, with attention to the water/electrolyte balance.

Amoxicillin-clavulanate can be removed from the circulation by haemodialysis.

Children (additional statement):

A prospective study of 51 paediatric patients at a poison control centre suggested that overdosages of less than 250 mg/kg of amoxicillin are not associated with significant clinical symptoms and do not require gastric emptying.

Drug abuse and dependence

Drug dependency, addiction and recreational abuse have not been reported as a problem with this compound.

PHARMACEUTICAL DATA

List of Excipients

Augmentin™ 156 mg/5 ml suspension:

The powder contains xanthan gum, hydroxypropyl methylcellulose, aspartame, silicon dioxide, colloidal silica, succinic acid, raspberry, orange and golden syrup dry flavours.

Incompatibilities

None.

Shelf life

Augmentin™ 156 mg/5 ml suspension:

Dry powder: As indicated on the outer packaging.

Reconstituted suspensions: should be kept in a refrigerator (but not frozen) and used within 7 days.

Special precautions for storage

Store in a dry place at 30°C or below.

Augmentin™ 156 mg/5 ml suspension:

Before reconstitution, keep tightly closed and store in a dry place at 30°C or below.

Once reconstituted, store in a refrigerator and use within 7 days.

Do not freeze.

Augmentin™ 625 mg tablets:

Store in the original package in order to protect from moisture.

Use within 14 days of opening.

Nature and Contents of Container

Augmentin™ 156 mg/5 ml suspension: Clear glass bottles containing powder for reconstitution to 100 ml. The bottle is supplied in a carton.

Not all pack sizes may be marketed.

Instructions for Use/Handling

Augmentin™ 625 mg tablets: None

Augmentin™ 156 mg/5 ml suspension:

When first reconstituted allow to stand for 5 minutes to ensure full dispersion.

Check cap seal is intact before using. Shake bottle to loosen powder. Add the volume of water (as indicated below) invert and shake well. Alternatively fill the bottle with water to just below the mark on the bottle label, invert and shake well, then top up with water exactly to the mark, invert and again shake well

Strength	The volume of water to be added at reconstitution (ml)	The final volume of reconstituted oral suspension (ml)
156 mg /5 ml	92	100

Shake the bottle well before each dose.

Manufactured by:

SmithKline Beecham Limited*

Worthing, United Kingdom

*Member of the GlaxoSmithKline group of companies

AUGMENTIN is a trademark of the GlaxoSmithKline group of companies.

GDS Version Number: 21

Version Date: 18 January 2013

Detailed information on this medicinal product can be requested Via: gcc.medinfo@gsk.com

To report Adverse Event/s associated with the use of GSK product/s, please contact us via gulf.safety@gsk.com

All Quality complaints should be reported to the LOC Quality department mailbox Gulf-KSA.Product-Complaints@gsk.com.

Department of Pharmacovigilance & Drug Information

Directorate General of Pharmaceutical Affairs & Drug Control

Ministry of Health, Sultanate of Oman

Phone Nos. 0096822357687 / 0096822357686

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Prescribing information for Oman Prepared September 2020 from the summary of product characteristics version with Date of first authorisation: 18 January 2013

Abbreviated Prescribing Information for Oman
Augmentin™ 156 mg/5 ml suspension
Amoxicillin trihydrate - Potassium clavulanate

QUALITATIVE AND QUANTITATIVE COMPOSITION Augmentin™ 156 mg/5 ml suspension: When reconstituted each 5 ml contains 125 mg amoxicillin (as amoxicillin trihydrate) **PHARMACEUTICAL FORMS** Augmentin™ 156 mg/5 ml suspension: Powder for oral suspension. Dry powder for reconstitution in water, at time of dispensing, to form fruit flavoured suspension. **Therapeutic Indications** Augmentin™ is indicated for the treatment of the following infections in adults and children: Acute bacterial sinusitis, Acute otitis media**,** acute exacerbations of chronic bronchitis**,** Community-acquired pneumonia**,** Cystitis**,** Pyelonephritis**,** Skin and soft tissue infections in particular cellulitis, animal bites, severe dental abscess with spreading cellulitis**,** Bone and joint infections, in particular osteomyelitis. **Method of Administration** For adults and children ≥ 40 kg, these formulations of Augmentin™ provide a total daily dose of 1500 mg amoxicillin/375 mg clavulanic acid. For children < 40 kg, these formulations of Augmentin™ provide a maximum daily dose of 2400 mg amoxicillin/600 mg clavulanic acid**.** The duration of therapy should be determined by the response of the patient. Treatment should not be extended beyond 14 days without review.**Method of administration** Augmentin™ is for oral use. Administer at the start of a meal to minimise potential gastrointestinal intolerance and optimise absorption of amoxicillin/clavulanic acid. Therapy can be started parenterally according to the prescribing information of the IV-formulation and continued with an oral preparation. *For Augmentin™ 156 mg/5 ml suspension:* Shake to loosen powder, add water as directed, invert and shake. Shake the bottle before each dose **Contraindications** Amoxicillin-clavulanate is contraindicated in patients with a history of hypersensitivity to beta-lactams, e.g. penicillins and cephalosporins Or with a previous history of amoxicillin-clavulanate-associated jaundice/hepatic dysfunction.**Warnings and Precautions** Before initiating therapy with amoxicillin-clavulanate, careful enquiry should be made concerning previous hypersensitivity reactions to penicillins, cephalosporins, or other allergens. Serious and occasionally fatal hypersensitivity (anaphylactoid) reactions have been reported in patients on penicillin therapy. These reactions are more likely to occur in individuals with a history of penicillin hypersensitivity. If an allergic reaction occurs, amoxicillin-clavulanate therapy should be discontinued and appropriate alternative therapy instituted. Serious anaphylactoid reactions require immediate emergency treatment with adrenaline. Oxygen, i.v. steroids and airway management, including intubation, may also be required. Amoxicillin-clavulanate should be avoided if infectious mononucleosis is suspected since the occurrence of a morbilliform rash has been associated with this condition following the use of amoxicillin. Prolonged use may also occasionally result in overgrowth of non-susceptible organisms. Pseudomembranous colitis has been reported with the use of antibiotics and may range in severity from mild to life-threatening. Therefore, it is important to consider its diagnosis in patients who develop diarrhoea during or after antibiotic use. If prolonged or significant diarrhoea occurs or the patient experiences abdominal cramps, treatment should be discontinued immediately and the patient investigated further.In general, amoxicillin-clavulanate is well tolerated and possesses the characteristic low toxicity of the penicillin group of antibiotics. Periodic assessment of organ system functions, including renal, hepatic and haematopoietic function is advisable during prolonged therapy. Abnormal prolongation of prothrombin time (increased INR) has been reported rarely in patients receiving amoxicillin-clavulanate and oral anticoagulants. Appropriate monitoring should be undertaken when anticoagulants are prescribed concurrently. Adjustments in the dose of oral anticoagulants may be necessary to maintain the desired level of anticoagulation. Amoxicillin-clavulanate should be used with caution in patients with evidence of hepatic dysfunction. In patients with renal impairment, the dosage should be adjusted according to the degree of impairment. In patients with reduced urine output, crystalluria has been observed very rarely, predominantly with parenteral therapy. During the administration of high doses of amoxicillin, it is advisable to maintain adequate fluid intake and urinary output in order to reduce the possibility of amoxicillin crystalluria. Amoxicillin-clavulanate Suspensions/Sachets/Chewable Tablets (where applicable), contain aspartame, which is a source of phenylalanine and so should be used with caution in patients with phenylketonuria.**Interactions** Concomitant use of probenecid is not recommended. Probenecid decreases the renal tubular secretion of amoxicillin. Concomitant use with amoxicillin-clavulanate may result in increased and prolonged blood levels of amoxicillin, but not of clavulanic acid. Concomitant use of allopurinol during treatment with amoxicillin can increase the likelihood of allergic skin reactions. There are no data on the concomitant use of amoxicillin-clavulanate and allopurinol. In common with other antibiotics, amoxicillin-clavulanate may affect the gut flora, leading to lower oestrogen reabsorption and reduced efficacy of combined oral contraceptives. In the literature, there are rare cases of increased international normalised ratio in patients maintained on acenocoumarol or warfarin and prescribed a course of amoxicillin. If coadministration is necessary, the prothrombin time or international normalised ratio should be carefully monitored with the addition or withdrawal of amoxicillin. In patients receiving mycophenolate mofetil, reduction in the pre-dose concentration of the active metabolite mycophenolic acid of approximately 50% has been reported following commencement of oral amoxicillin plus clavulanic acid. The change in the pre-dose level may not accurately represent changes in overall MPA exposure. **Pregnancy** As with all medicines, use should be avoided in pregnancy, unless considered essential by the physician.**Lactation** Amoxicillin-clavulanate may be administered during the period of lactation With the exception of the risk of sensitization **Adverse Reactions** common Mucocutaneous candidiasis, Diarrhoea, Nausea, vomiting. If any hypersensitivity dermatitis reaction occurs, treatment should be discontinued. **Overdosage Treatment** GI symptoms may be treated symptomatically, with attention to the water/electrolyte balance. Amoxicillin-clavulanate can be removed from the circulation by haemodialysis. **PHARMACEUTICAL DATA List of Excipients** *Augmentin™ 156 mg/5 ml*: The powder contains xanthan gum, hydroxypropyl methylcellulose, aspartame, silicon dioxide, colloidal silica, succinic acid, raspberry, orange and golden syrup dry flavours. **Shelf life** *Augmentin™ 156 mg/5 ml suspension:* Dry powder: As indicated on the outer packaging. Reconstituted suspensions: should be kept in a refrigerator (but not frozen) and used within 7 days. **Special precautions for storage** Store in a dry place at 30°C or below. *Augmentin™ 156 mg/5 ml suspension:* Before reconstitution, keep tightly closed and store in a dry place at 30°C or below. Once reconstituted, store in a refrigerator and use within 7 days. Do not freeze. **Nature and Contents of Container** *Augmentin™ 156 mg/5 ml suspension*: Clear glass bottles containing powder for reconstitution to 100 ml. The bottle is supplied in a carton. **Manufactured by:** SmithKline Beecham Limited* Worthing, United Kingdom *Member of the GlaxoSmithKline group of companies AUGMENTIN™ is a trademark of the GlaxoSmithKline group of companies. **GDS Version Number: 21 Version Date: 18 January 2013** Detailed information on this medicinal product can be requested Via: gcc.medinfo@gsk.com To report Adverse Event/s associated with the use of GSK product/s, please contact us via gulf.safety@gsk.com All Quality complaints should be reported to the LOC Quality department mailbox Gulf-KSA.Product-Complaints@gsk.com. **Department of Pharmacovigilance & Drug Information Directorate General of Pharmaceutical Affairs & Drug Control Ministry of Health, Sultanate of Oman Phone Nos. 0096822357687 / 0096822357686 Fax: 0096822358489 Email: dg-padc@moh.gov.om Website: www.moh.gov.om** Prescribing information for Oman Prepared September 2020 from the summary of product characteristics version with Date of first authorisation: 18 January 2013.

Prescribing Information for Oman

Augmentin™ 312 mg/5 ml suspension

Amoxicillin trihydrate - Potassium clavulanate

QUALITATIVE AND QUANTITATIVE COMPOSITION

Augmentin™ 312 mg/5 ml suspension: When reconstituted each 5 ml contains 250 mg amoxicillin (as amoxicillin trihydrate) and 62.5 mg clavulanic acid (as potassium clavulanate).

For a full list of excipients, see section 'List of Excipients'.

PHARMACEUTICAL FORMS

Augmentin™ 312 mg/5 ml suspension: Powder for oral suspension. Dry powder for reconstitution in water, at time of dispensing, to form fruit flavoured suspension.

CLINICAL PARTICULARS

Therapeutic Indications

Augmentin™ is indicated for the treatment of the following infections in adults and children:

- Acute bacterial sinusitis (adequately diagnosed)
- Acute otitis media
- Acute exacerbations of chronic bronchitis (adequately diagnosed)
- Community-acquired pneumonia
- Cystitis
- Pyelonephritis
- Skin and soft tissue infections in particular cellulitis, animal bites, severe dental abscess with spreading cellulitis
- Bone and joint infections, in particular, osteomyelitis

Consideration should be given to official guidance on the appropriate use of antibacterial agents.

Posology and Method of Administration

Doses are expressed throughout in terms of amoxicillin/clavulanic acid content except when doses are stated in terms of an individual component.

The dose of Augmentin™ that is selected to treat an individual infection should take into account:

- The expected pathogens and their likely susceptibility to antibacterial agents.
- The severity and the site of the infection
- The age, weight and renal function of the patient as shown below.

The use of alternative presentations of Augmentin™ (e.g. those that provide higher doses of amoxicillin and/or different ratios of amoxicillin to clavulanic acid) should be considered as necessary.

For adults and children ≥ 40 kg, these formulations of Augmentin™ provide a total daily dose of 1500 mg amoxicillin/375 mg clavulanic acid when administered as recommended below. For children < 40 kg, these formulations of Augmentin™ provide a maximum daily dose of 2400 mg amoxicillin/600 mg clavulanic acid when administered as recommended below. If it is considered that a higher daily dose of amoxicillin is required, it is recommended that another preparation of Augmentin™ is selected in order to avoid administration of unnecessarily high daily doses of clavulanic acid.

The duration of therapy should be determined by the response of the patient. Some infections (e.g. osteomyelitis) require longer periods of treatment. Treatment should not be extended beyond 14 days without review (see *Warnings and Precautions for Use* regarding prolonged therapy).

Adults and children ≥ 40 kg

One 500 mg/125 mg dose is taken three times a day.

Children < 40 kg

20 mg/5 mg/kg/day to 60 mg/15 mg/kg/day given in three divided doses.

Children may be treated with Augmentin™ tablets, suspensions or paediatric sachets. Children aged 6 years and below or weighing less than 25 kg should preferably be treated with Augmentin suspension or paediatric sachets.

The table below presents the received dose (mg/kg body weight) in children weighing 25 kg to 40 kg upon administering a single 500/125 mg tablet.

Body weight [kg]	40	35	30	25	Single dose recommended [mg/kg body weight] (see above)
Amoxicillin [mg/kg body weight] per single dose (1 film-coated tablet)	12.5	14.3	16.7	20.0	6.67 – 20
Clavulanic acid [mg/kg body weight] per single dose (1 film-coated tablet)	3.1	3.6	4.2	5.0	1.67 - 5

No clinical data are available on doses of AugmentinTM 4:1 formulations higher than 40 mg/10 mg/kg per day in children under 2 years.

Elderly

No dose adjustment is considered necessary.

Renal impairment

Dose adjustments are based on the maximum recommended level of amoxicillin.

No adjustment in dose is required in patients with creatinine clearance (CrCl) greater than 30 ml/min.

Adults and children ≥ 40 kg

CrCl: 10-30 ml/min	500 mg/125 mg twice daily
CrCl < 10 ml /min	500 mg/125 mg once daily
Haemodialysis	500 mg/125 mg every 24 hours, plus 500 mg/125 mg during dialysis, to be repeated at the end of dialysis (as serum concentrations of both amoxicillin and clavulanic acid are decreased)

Children < 40 kg

CrCl: 10-30 ml/min	15 mg/3.75 mg/kg twice daily (maximum 500 mg/125 mg twice daily).
CrCl < 10 ml/min	15 mg/3.75 mg/kg as a single daily dose (maximum 500 mg/125 mg).

Haemodialysis	15 mg/3.75 mg/kg per day once daily. Prior to haemodialysis 15 mg/3.75 mg/kg. In order to restore circulating drug levels, 15 mg/3.75 mg per kg should be administered after haemodialysis.

Hepatic impairment

Dose with caution and monitor hepatic function at regular intervals (see sections *Contraindications* and *Warnings and Precautions*).

Method of administration

Augmentin™ is for oral use.

Administer at the start of a meal to minimise potential gastrointestinal intolerance and optimise absorption of amoxicillin/clavulanic acid.

Therapy can be started parenterally according to the prescribing information of the IV-formulation and continued with an oral preparation.

For Augmentin™ 156 mg/5 ml suspension and Augmentin™ 312 mg/5 ml suspension:

Shake to loosen powder, add water as directed, invert and shake.

Shake the bottle before each dose (See *Instructions for Use/Handling*).

Contraindications

Amoxicillin-clavulanate is contra-indicated

- in patients with a history of hypersensitivity to beta-lactams, e.g. penicillins and cephalosporins
- in patients with a previous history of amoxicillin-clavulanate-associated jaundice/hepatic dysfunction.

Warnings and Precautions

Before initiating therapy with amoxicillin-clavulanate, careful enquiry should be made concerning previous hypersensitivity reactions to penicillins, cephalosporins, or other allergens.

Serious and occasionally fatal hypersensitivity (anaphylactoid) reactions have been reported in patients on penicillin therapy. These reactions are more likely to occur in individuals with a history of penicillin hypersensitivity. If an allergic reaction occurs, amoxicillin-clavulanate therapy should be discontinued and appropriate alternative therapy instituted. Serious anaphylactoid reactions require immediate emergency treatment with adrenaline. Oxygen, i.v. steroids and airway management, including intubation, may also be required.

Amoxicillin-clavulanate should be avoided if infectious mononucleosis is suspected since the occurrence of a morbilliform rash has been associated with this condition following the use of amoxicillin.

Prolonged use may also occasionally result in overgrowth of non-susceptible organisms.

Pseudomembranous colitis has been reported with the use of antibiotics and may range in severity from mild to life-threatening. Therefore, it is important to consider its diagnosis in patients who develop diarrhoea during or after antibiotic use. If prolonged or significant diarrhoea occurs or the patient experiences abdominal cramps, treatment should be discontinued immediately and the patient investigated further.

In general, amoxicillin-clavulanate is well tolerated and possesses the characteristic low toxicity of the penicillin group of antibiotics. Periodic assessment of organ system functions, including renal, hepatic and haematopoietic function is advisable during prolonged therapy.

Abnormal prolongation of prothrombin time (increased INR) has been reported rarely in patients receiving amoxicillin-clavulanate and oral anticoagulants. Appropriate monitoring should be undertaken when anticoagulants are prescribed concurrently. Adjustments in the dose of oral anticoagulants may be necessary to maintain the desired level of anticoagulation.

Amoxicillin-clavulanate should be used with caution in patients with evidence of hepatic dysfunction.

In patients with renal impairment, the dosage should be adjusted according to the degree of impairment.

In patients with reduced urine output, crystalluria has been observed very rarely, predominantly with parenteral therapy. During the administration of high doses of amoxicillin, it is advisable to maintain adequate fluid intake and urinary output in order to reduce the possibility of amoxicillin crystalluria.

Amoxicillin-clavulanate Suspensions/Sachets/Chewable Tablets (where applicable), contain aspartame, which is a source of phenylalanine and so should be used with caution in patients with phenylketonuria.

Interactions

Concomitant use of probenecid is not recommended. Probenecid decreases the renal tubular secretion of amoxicillin. Concomitant use with amoxicillin-clavulanate may result in increased and prolonged blood levels of amoxicillin, but not of clavulanic acid.

Concomitant use of allopurinol during treatment with amoxicillin can increase the likelihood of allergic skin reactions. There are no data on the concomitant use of amoxicillin-clavulanate and allopurinol.

In common with other antibiotics, amoxicillin-clavulanate may affect the gut flora, leading to lower oestrogen reabsorption and reduced efficacy of combined oral contraceptives.

In the literature, there are rare cases of increased international normalised ratio in patients maintained on acenocoumarol or warfarin and prescribed a course of amoxicillin. If coadministration is necessary, the prothrombin time or international normalised ratio should be carefully monitored with the addition or withdrawal of amoxicillin.

In patients receiving mycophenolate mofetil, reduction in the pre-dose concentration of the active metabolite mycophenolic acid of approximately 50% has been reported following commencement of oral amoxicillin plus clavulanic acid. The change in the pre-dose level may not accurately represent changes in overall MPA exposure

Pregnancy and Lactation

Fertility

No Text.

Pregnancy

Reproduction studies in animals (mice and rats at doses up to 10 times the human dose) with orally and parenterally administered amoxicillin-clavulanate have shown no teratogenic effects. In a single study in women with pre-term, premature rupture of the foetal membrane (pPROM), it was reported that prophylactic treatment with amoxicillin-clavulanate may be associated with an increased risk of necrotising enterocolitis in neonates. As with all medicines, use should be avoided in pregnancy, unless considered essential by the physician.

Lactation

Amoxicillin-clavulanate may be administered during the period of lactation. With the exception of the risk of sensitization, associated with the excretion of trace quantities in breast milk, there are no known detrimental effects for the breast-fed infant.

Ability to perform tasks that require judgement, motor or cognitive skills

Adverse effects on the ability to drive or operate machinery have not been observed.

Adverse Reactions

Data from large clinical trials was used to determine the frequency of very common to rare undesirable effects. The frequencies assigned to all other undesirable effects (i.e., those occurring at <1/10,000) were mainly determined using post-marketing data and refer to a reporting rate rather than a true frequency.

The following convention has been used for the classification of frequency:

very common >1/10

common >1/100 and <1/10

uncommon >1/1000 and <1/100

rare >1/10,000 and <1/1000

very rare <1/10,000.

Infections and infestations

Common Mucocutaneous candidiasis

Blood and lymphatic system disorders

Rare Reversible leucopenia (including neutropenia) and thrombocytopenia

Very rare Reversible agranulocytosis and haemolytic anaemia. Prolongation of bleeding time and prothrombin time

Immune system disorders

Very rare Angioneurotic oedema, anaphylaxis, serum sickness-like syndrome, hypersensitivity vasculitis

Nervous system disorders

Uncommon Dizziness, headache

Very rare Reversible hyperactivity and convulsions. Convulsions may occur in patients with impaired renal function or those receiving high doses.

Gastrointestinal disorders

Adults:

Very common Diarrhoea

Common Nausea, vomiting

Children:

Common Diarrhoea, nausea, vomiting

All populations:

Nausea is more often associated with higher oral dosages. If gastrointestinal reactions are evident, they may be reduced by taking amoxicillin-clavulanate at the start of a meal.

Uncommon Indigestion

Very rare Antibiotic-associated colitis (including pseudomembranous colitis and haemorrhagic colitis).
Black hairy tongue
Superficial tooth discolouration has been reported very rarely in children. Good oral hygiene may help to prevent
Tooth discolouration as it can usually be removed by brushing[+].

[+]This statement is core safety for the syrup, suspension and chewable tablet formulations.

Hepatobiliary disorders

Uncommon A moderate rise in AST and/or ALT has been noted in patients treated with beta-lactam class antibiotics, but the significance of these findings is unknown.

Very rare Hepatitis and cholestatic jaundice. These events have been noted with other penicillins and cephalosporins.

Hepatic events have been reported predominantly in males and elderly patients and may be associated with prolonged treatment.

Children (additional statement):

These events have been very rarely reported in children.

All populations:

Signs and symptoms usually occur during or shortly after treatment but in some cases may not become apparent until several weeks after treatment has ceased. These are usually reversible. Hepatic events may be severe and in extremely rare circumstances, deaths have been reported. These have almost always occurred in patients with serious underlying disease or taking concomitant medications known to have the potential for hepatic effects.

Skin and subcutaneous tissue disorders

Uncommon Skin rash, pruritus, urticaria

Rare Erythema multiforme

Very rare Stevens-Johnson syndrome, toxic epidermal necrolysis, bullous exfoliative-dermatitis, acute generalised exanthemous pustulosis (AGEP)

If any hypersensitivity dermatitis reaction occurs, treatment should be discontinued.

Renal and urinary disorders

Very rare Interstitial nephritis, crystalluria.

Overdosage

Symptoms and Signs

Gastrointestinal symptoms and disturbance of the fluid and electrolyte balances may be evident.

Amoxicillin crystalluria, in some cases leading to renal failure, has been observed.

Treatment

GI symptoms may be treated symptomatically, with attention to the water/electrolyte balance.

Amoxicillin-clavulanate can be removed from the circulation by haemodialysis.

Children (additional statement):

A prospective study of 51 paediatric patients at a poison control centre suggested that overdosages of less than 250 mg/kg of amoxicillin are not associated with significant clinical symptoms and do not require gastric emptying.

Drug abuse and dependence

Drug dependency, addiction and recreational abuse have not been reported as a problem with this compound.

PHARMACEUTICAL DATA

List of Excipients

Augmentin™ 156 mg/5 ml suspension and Augmentin™ 312 mg/5 ml suspension:

The powder contains xanthan gum, hydroxypropyl methylcellulose, aspartame, silicon dioxide, colloidal silica, succinic acid, raspberry, orange and golden syrup dry flavours.

Augmentin™ 625 mg tablets:

Each tablet contains magnesium stearate, sodium starch glycollate, colloidal silica, microcrystalline cellulose, titanium dioxide (E171), hydroxypropyl methylcellulose, polyethylene glycol and silicone oil.

Incompatibilities

None.

Shelf life

Augmentin™ 312 mg/ 5ml suspension:

Dry powder: As indicated on outer packaging.

Reconstituted suspensions: should be kept in a refrigerator (but not frozen) and used within 7 days.

Special precautions for storage

Store in a dry place at 30°C or below.

Augmentin™ 312 mg/ 5ml suspension:

Before reconstitution, keep tightly closed and store in a dry place at 30°C or below.

Once reconstituted, store in a refrigerator and use within 7 days.

Do not freeze.

Nature and Contents of Container

Augmentin™ 312 mg/5 ml suspension: Clear glass bottles containing powder for reconstitution to 60 or 100 ml or 20 ml (with a plastic dosing syringe). The 100 ml bottle is supplied in a carton.

Not all pack sizes may be marketed.

Instructions for Use/Handling

Augmentin™ 312 mg/ 5ml suspension:

When first reconstituted allow to stand for 5 minutes to ensure full dispersion.

Check cap seal is intact before using. Shake bottle to loosen powder. Add the volume of water (as indicated below) invert and shake well. Alternatively fill the bottle with water to just below the mark on the bottle label, invert and shake well, then top up with water exactly to the mark, invert and again shake well

Strength	The volume of water to be added at reconstitution (ml)	The final volume of reconstituted oral suspension (ml)
312 mg /5 ml	90	100

Shake the bottle well before each dose.

Manufactured by:

SmithKline Beecham Limited*

Worthing, United Kingdom

*Member of the GlaxoSmithKline group of companies

AUGMENTIN is a trademark of the GlaxoSmithKline group of companies.

GDS Version Number: 21

Version Date: 18 January 2013

Detailed information on this medicinal product can be requested Via: gcc.medinfo@gsk.com

To report Adverse Event/s associated with the use of GSK product/s, please contact us via gulf.safety@gsk.com

All Quality complaints should be reported to the LOC Quality department mailbox Gulf-KSA.Product-Complaints@gsk.com.

Department of Pharmacovigilance & Drug Information

Directorate General of Pharmaceutical Affairs & Drug Control

Ministry of Health, Sultanate of Oman

Phone Nos. 0096822357687 / 0096822357686

Fax: 0096822358489

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Prescribing information for Oman Prepared September 2020 from the summary of product characteristics version with Date of first authorisation: 18 January 2013

Abbreviated Prescribing Information for Oman
Augmentin™ 312 mg/5 ml suspension
Amoxicillin trihydrate - Potassium clavulanate

QUALITATIVE AND QUANTITATIVE COMPOSITION: Augmentin™ 312 mg/5 ml suspension: When reconstituted each 5 ml contains 250 mg amoxicillin (as amoxicillin trihydrate) and 62.5 mg clavulanic acid (as potassium clavulanate). **PHARMACEUTICAL FORMS:** Augmentin™ 312 mg/5 ml suspension: Powder for oral suspension. Dry powder for reconstitution in water, at time of dispensing, to form fruit flavoured suspension.**Therapeutic Indications:** Augmentin™ is indicated for the treatment of the following infections in adults and children: Acute bacterial sinusitis, Acute otitis media**,** acute exacerbations of chronic bronchitis**,** Community-acquired pneumonia**,** Cystitis**,** Pyelonephritis**,** Skin and soft tissue infections in particular cellulitis, animal bites, severe dental abscess with spreading cellulitis**,** Bone and joint infections, in particular osteomyelitis**. Method of Administration:** For adults and children ≥ 40 kg, these formulations of Augmentin™ provide a total daily dose of 1500 mg amoxicillin/375 mg clavulanic acid. For children < 40 kg, these formulations of Augmentin™ provide a maximum daily dose of 2400 mg amoxicillin/600 mg clavulanic acid. The duration of therapy should be determined by the response of the patient. Treatment should not be extended beyond 14 days without review.**Method of administration:** Augmentin™ is for oral use. Administer at the start of a meal to minimise potential gastrointestinal intolerance and optimise absorption of amoxicillin/clavulanic acid. Therapy can be started parenterally according to the prescribing information of the IV-formulation and continued with an oral preparation.*For Augmentin™ 156 mg/5 ml suspension and Augmentin™ 312 mg/5 ml suspension:* Shake to loosen powder, add water as directed, invert and shake. Shake the bottle before each dose **Contraindications:** Amoxicillin-clavulanate is contraindicated in patients with a history of hypersensitivity to beta-lactams, e.g. penicillins and cephalosporins or with a previous history of amoxicillin-clavulanate-associated jaundice/hepatic dysfunction. **Warnings and Precautions:** Before initiating therapy with amoxicillin-clavulanate, careful enquiry should be made concerning previous hypersensitivity reactions to penicillins, cephalosporins, or other allergens. Serious and occasionally fatal hypersensitivity (anaphylactoid) reactions have been reported in patients on penicillin therapy. These reactions are more likely to occur in individuals with a history of penicillin hypersensitivity. If an allergic reaction occurs, amoxicillin-clavulanate therapy should be discontinued and appropriate alternative therapy instituted. Serious anaphylactoid reactions require immediate emergency treatment with adrenaline. Oxygen, i.v. steroids and airway management, including intubation, may also be required. Amoxicillin-clavulanate should be avoided if infectious mononucleosis is suspected since the occurrence of a morbilliform rash has been associated with this condition following the use of amoxicillin. Prolonged use may also occasionally result in overgrowth of non-susceptible organisms. Pseudomembranous colitis has been reported with the use of antibiotics and may range in severity from mild to life-threatening. Therefore, it is important to consider its diagnosis in patients who develop diarrhoea during or after antibiotic use. If prolonged or significant diarrhoea occurs or the patient experiences abdominal cramps, treatment should be discontinued immediately and the patient investigated further. In general, amoxicillin-clavulanate is well tolerated and possesses the characteristic low toxicity of the penicillin group of antibiotics. Periodic assessment of organ system functions, including renal, hepatic and haematopoietic function is advisable during prolonged therapy. Abnormal prolongation of prothrombin time (increased INR) has been reported rarely in patients receiving amoxicillin-clavulanate and oral anticoagulants. Appropriate monitoring should be undertaken when anticoagulants are prescribed concurrently. Adjustments in the dose of oral anticoagulants may be necessary to maintain the desired level of anticoagulation. Amoxicillin-clavulanate should be used with caution in patients with evidence of hepatic dysfunction. In patients with renal impairment, the dosage should be adjusted according to the degree of impairment. In patients with reduced urine output, crystalluria has been observed very rarely, predominantly with parenteral therapy. During the administration of high doses of amoxicillin, it is advisable to maintain adequate fluid intake and urinary output in order to reduce the possibility of amoxicillin crystalluria. Amoxicillin-clavulanate Suspensions/Sachets/Chewable Tablets (where applicable), contain aspartame, which is a source of phenylalanine and so should be used with caution in patients with phenylketonuria. **Interactions:** Concomitant use of probenecid is not recommended. Probenecid decreases the renal tubular secretion of amoxicillin. Concomitant use with amoxicillin-clavulanate may result in increased and prolonged blood levels of amoxicillin, but not of clavulanic acid. Concomitant use of allopurinol during treatment with amoxicillin can increase the likelihood of allergic skin reactions. There are no data on the concomitant use of amoxicillin-clavulanate and allopurinol. In common with other antibiotics, amoxicillin-clavulanate may affect the gut flora, leading to lower oestrogen reabsorption and reduced efficacy of combined oral contraceptives. In the literature, there are rare cases of increased international normalised ratio in patients maintained on acenocoumarol or warfarin and prescribed a course of amoxicillin. If coadministration is necessary, the prothrombin time or international normalised ratio should be carefully monitored with the addition or withdrawal of amoxicillin. In patients receiving mycophenolate mofetil, reduction in the pre-dose concentration of the active metabolite mycophenolic acid of approximately 50% has been reported following commencement of oral amoxicillin plus clavulanic acid. The change in the pre-dose level may not accurately represent changes in overall MPA exposure. **Pregnancy:** As with all medicines, use should be avoided in pregnancy, unless considered essential by the physician. **Lactation:** Amoxicillin-clavulanate may be administered during the period of lactation With the exception of the risk of sensitization. **Adverse Reactions:** common Mucocutaneous candidiasis, Diarrhoea, Nausea, vomiting. If any hypersensitivity dermatitis reaction occurs, treatment should be discontinued. **Overdosage Treatment:** GI symptoms may be treated symptomatically, with attention to the water/electrolyte balance. Amoxicillin-clavulanate can be removed from the circulation by haemodialysis. **PHARMACEUTICAL DATA: List of Excipients:** *Augmentin™ 312 mg/5 ml suspension*: The powder contains xanthan gum, hydroxypropyl methylcellulose, aspartame, silicon dioxide, colloidal silica, succinic acid, raspberry, orange and golden syrup dry flavours. **Shelf life:** *Augmentin™ 312 mg/ 5ml suspension:* Dry powder: As indicated on the outer packaging. Reconstituted suspensions: should be kept in a refrigerator (but not frozen) and used within 7 days. **Special precautions for storage:** Store in a dry place at 30°C or below. *Augmentin™ 312 mg/ 5ml suspension:* Before reconstitution, keep tightly closed and store in a dry place at 30°C or below. Once reconstituted, store in a refrigerator and use within 7 days. Do not freeze. **Nature and Contents of Container**: *Augmentin™ 312 mg/5 ml suspension*: Clear glass bottles containing powder for reconstitution to 60 or 100 ml or 20 ml (with a plastic dosing syringe). The 100 ml bottle is supplied in a carton. **Manufactured by:** SmithKline Beecham Limited* Worthing, United Kingdom *Member of the GlaxoSmithKline group of companies AUGMENTIN is a trademark of the GlaxoSmithKline group of companies. **GDS Version Number: 21 Version Date: 18 January 2013** Detailed information on this medicinal product can be requested Via: gcc.medinfo@gsk.com To report Adverse Event/s associated with the use of GSK product/s, please contact us via gulf.safety@gsk.com All Quality complaints should be reported to the LOC Quality department mailbox Gulf-KSA.Product-Complaints@gsk.com. **Department of Pharmacovigilance & Drug Information Directorate General of Pharmaceutical Affairs & Drug Control Ministry of Health, Sultanate of Oman Phone Nos. 0096822357687 / 0096822357686 Fax: 0096822358489 Email: dg-padc@moh.gov.om Website: www.moh.gov.om** Prescribing information for Oman Prepared September 2020 from the summary of product characteristics version with Date of first authorisation: 18 January 2013.

Prescribing Information for Oman
Augmentin™ Suspension 457 mg/5 ml - Mixed fruit flavour
Amoxicillin trihydrate - Potassium clavulanate

QUALITATIVE AND QUANTITATIVE COMPOSITION

Augmentin™ suspension 457 mg/5 ml contains 400 mg amoxicillin (as amoxicillin trihydrate) and 57 mg clavulanic acid (as potassium clavulanate) per 5 ml.
For a full list of excipients, see section 'List of Excipients'.

PHARMACEUTICAL FORM

Dry powder for reconstitution in water, at time of dispensing, to form an oral sugar-free suspension.

CLINICAL PARTICULARS

Therapeutic Indications

Augmentin™ is indicated for the treatment of the following infections in adults and children:

- Acute bacterial sinusitis (adequately diagnosed)
- Acute otitis media
- Acute exacerbations of chronic bronchitis (adequately diagnosed)
- Community-acquired pneumonia
- Cystitis
- Pyelonephritis
- Skin and soft tissue infections in particular cellulitis, animal bites, severe dental abscess with spreading cellulitis.
- Bone and joint infections, in particular osteomyelitis.

Consideration should be given to official guidance on the appropriate use of antibacterial agents.

Posology and Method of Administration

Doses are expressed throughout in terms of amoxicillin/clavulanic acid content except when doses are stated in terms of an individual component.
The dose of Augmentin™ that is selected to treat an individual infection should take into account:

- The expected pathogens and their likely susceptibility to antibacterial agents
- The severity and the site of the infection
- The age, weight and renal function of the patient as shown below

The use of alternative presentations of Augmentin™ (e.g. those that provide higher doses of amoxicillin and/or different ratios of amoxicillin to clavulanic acid) should be considered as necessary.

Adults and children ≥ 40 kg

For Augmentin™ suspension 457 mg/5 ml:

Elderly

No dose adjustment is considered necessary.

Renal impairment

No dose adjustment is required in patients with creatinine clearance (CrCl) greater than 30 ml/min.
In patients with creatinine clearance less than 30 ml/min, the use of Augmentin™ presentations with amoxicillin to clavulanic acid ratio of 7:1 is not recommended, as no recommendations for dose, adjustments are available.

Hepatic impairment

Dose with caution and monitor hepatic function at regular intervals.

Method of administration

Augmentin™ is for oral use.
Administer at the start of a meal to minimise potential gastrointestinal intolerance and optimise absorption of amoxicillin/clavulanic acid.
Therapy can be started parenterally according to the prescribing information of the IV-formulation and continued with an oral preparation.
Shake to loosen powder, add water as directed, invert and shake.
Shake the bottle before each dose (See *Instructions for Use/Handling*).

Contraindications

Amoxicillin-clavulanate is contra-indicated:
- in patients with a history of hypersensitivity to beta-lactams, e.g. penicillins and cephalosporins
- in patients with a previous history of amoxicillin-clavulanate-associated jaundice/hepatic dysfunction.

Warnings and Precautions

Before initiating therapy with amoxicillin-clavulanate, careful enquiry should be made concerning previous hypersensitivity reactions to penicillins, cephalosporins, or other allergens.
Serious and occasionally fatal hypersensitivity (anaphylactoid) reactions have been reported in patients on penicillin therapy. These reactions are more likely to occur in individuals with a history of penicillin hypersensitivity. If an allergic reaction occurs, amoxicillin-clavulanate therapy should be discontinued and appropriate alternative therapy instituted. Serious anaphylactoid reactions require immediate emergency treatment with adrenaline. Oxygen, i.v. steroids and airway management, including intubation, may also be required.
Amoxicillin-clavulanate should be avoided if infectious mononucleosis is suspected since the occurrence of a morbilliform rash has been associated with this condition following the use of amoxicillin.
Prolonged use may also occasionally result in overgrowth of non-susceptible organisms.
Pseudomembranous colitis has been reported with the use of antibiotics and may range in severity from mild to life-threatening. Therefore, it is important to consider its diagnosis in patients who develop diarrhoea during or after antibiotic use. If prolonged or significant diarrhoea occurs or the patient experiences abdominal cramps, treatment should be discontinued immediately and the patient investigated further.
In general, amoxicillin-clavulanate is well tolerated and possesses the characteristic low toxicity of the penicillin group of antibiotics. Periodic assessment of organ system functions, including renal, hepatic and haematopoietic function is advisable during prolonged therapy.
Abnormal prolongation of prothrombin time (increased INR) has been reported rarely in patients receiving amoxicillin-clavulanate and oral anticoagulants.

Appropriate monitoring should be undertaken when anticoagulants are prescribed concurrently. Adjustments in the dose of oral anticoagulants may be necessary to maintain the desired level of anticoagulation.
Amoxicillin-clavulanate should be used with caution in patients with evidence of hepatic dysfunction.
In patients with renal impairment, the dosage should be adjusted according to the degree of impairment.
In patients with reduced urine output, crystalluria has been observed very rarely, predominantly with parenteral therapy. During the administration of high doses of amoxicillin, it is advisable to maintain adequate fluid intake and urinary output in order to reduce the possibility of amoxicillin crystalluria.
Amoxicillin-clavulanate Suspensions/Sachets/Chewable Tablets (where applicable), contain aspartame, which is a source of phenylalanine and so should be used with caution in patients with phenylketonuria.

Interactions

Concomitant use of probenecid is not recommended. Probenecid decreases the renal tubular secretion of amoxicillin. Concomitant use with amoxicillin-clavulanate may result in increased and prolonged blood levels of amoxicillin, but not of clavulanic acid.
Concomitant use of allopurinol during treatment with amoxicillin can increase the likelihood of allergic skin reactions. There are no data on the concomitant use of amoxicillin-clavulanate and allopurinol.
In common with other antibiotics, amoxicillin-clavulanate may affect the gut flora, leading to lower oestrogen reabsorption and reduced efficacy of combined oral contraceptives.
In the literature, there are rare cases of increased international normalised ratio in patients maintained on acenocoumarol or warfarin and prescribed a course of amoxicillin. If coadministration is necessary, the prothrombin time or international normalised ratio should be carefully monitored with the addition or withdrawal of amoxicillin.
In patients receiving mycophenolate mofetil, reduction in the pre-dose concentration of the active metabolite mycophenolic acid of approximately 50% has been reported following commencement of oral amoxicillin plus clavulanic acid. The change in the pre-dose level may not accurately represent changes in overall MPA exposure.

Pregnancy and Lactation

Pregnancy

Reproduction studies in animals (mice and rats at doses up to 10 times the human dose) with orally and parenterally administered amoxicillin-clavulanate have shown no teratogenic effects. In a single study in women with pre-term, premature rupture of the foetal membrane (pPROM), it was reported that prophylactic treatment with amoxicillin-clavulanate may be associated with an increased risk of necrotising enterocolitis in neonates. As with all medicines, use should be avoided in pregnancy, unless considered essential by the physician.

Lactation

Amoxicillin-clavulanate may be administered during the period of lactation. With the exception of the risk of sensitization, associated with the excretion of trace quantities in breast milk, there are no known detrimental effects for the breast-fed infant.

Ability to perform tasks that require judgement, motor or cognitive skills

Adverse effects on the ability to drive or operate machinery have not been observed.

Adverse Reactions

Data from large clinical trials were used to determine the frequency of very common to rare undesirable effects. The frequencies assigned to all other undesirable effects (i.e., those occurring at <1/10,000) were mainly determined using post-marketing data and refer to a reporting rate rather than a true frequency.
The following convention has been used for the classification of frequency:
very common >1/10
common >1/100 and <1/10
uncommon >1/1000 and <1/100
rare >1/10,000 and <1/1000
very rare <1/10,000.
Infections and infestations

Common	Mucocutaneous candidiasis

Blood and lymphatic system disorders

Rare	Reversible leucopenia (including neutropenia) and thrombocytopenia
Very rare	Reversible agranulocytosis and haemolytic anaemia. Prolongation of bleeding time and prothrombin time

Immune system disorders

Very rare	Angioneurotic oedema, anaphylaxis, serum sickness-like syndrome, hypersensitivity vasculitis

Nervous system disorders

Uncommon	Dizziness, headache
Very rare	Reversible hyperactivity and convulsions. Convulsions may occur in patients with impaired renal function or in those receiving high doses.

Gastrointestinal disorders

Adults:

Very common	Diarrhoea
Common	Nausea, vomiting

Children:

Common	Diarrhoea, nausea, vomiting

All populations:

Nausea is more often associated with higher oral dosages. If gastrointestinal reactions are evident, they may be reduced by taking amoxicillin-clavulanate at the start of a meal.

Uncommon	Indigestion
Very rare	Antibiotic-associated colitis (including pseudomembranous colitis and haemorrhagic colitis). Black hairy tongue

Superficial tooth discolouration has been reported very rarely in children. Good oral hygiene may help to prevent tooth discolouration as it can usually be removed by brushing[+].

[+]This statement is core safety for the syrup, suspension and chewable tablet formulations.

Hepatobiliary disorders

Uncommon A moderate rise in AST and/or ALT has been noted in patients treated with beta-lactam class antibiotics, but the significance of these findings is unknown.

Very rare Hepatitis and cholestatic jaundice. These events have been noted with other penicillins and cephalosporins.

Hepatic events have been reported predominantly in males and elderly patients and may be associated with prolonged treatment.

Children (additional statement):

These events have been very rarely reported in children.

All populations:

Signs and symptoms usually occur during or shortly after treatment but in some cases may not become apparent until several weeks after treatment has ceased. These are usually reversible. Hepatic events may be severe and in extremely rare circumstances, deaths have been reported. These have almost always occurred in patients with serious underlying disease or taking concomitant medications known to have the potential for hepatic effects.

Skin and subcutaneous tissue disorders

Uncommon Skin rash, pruritus, urticaria

Rare Erythema multiforme

Very rare Stevens-Johnson syndrome, toxic epidermal necrolysis, bullous exfoliative-dermatitis, acute generalised exanthemous pustulosis (AGEP)

If any hypersensitivity dermatitis reaction occurs, treatment should be discontinued.

Renal and urinary disorders

Very rare Interstitial nephritis, crystalluria.

Overdosage

Symptoms and Signs

Gastrointestinal symptoms and disturbance of the fluid and electrolyte balances may be evident.

Amoxicillin crystalluria, in some cases leading to renal failure, has been observed.

Treatment

GI symptoms may be treated symptomatically, with attention to the water/electrolyte balance.

Amoxicillin-clavulanate can be removed from the circulation by haemodialysis.

Children (additional statement):

A prospective study of 51 paediatric patients at a poison control centre suggested that overdosages of less than 250 mg/kg of amoxicillin are not associated with significant clinical symptoms and do not require gastric emptying.

Drug abuse and dependence

Drug dependency, addiction and recreational abuse have not been reported as a problem with this compound.

PHARMACEUTICAL DATA

List of Excipients

Xanthan gum, hydroxypropylmethylcellulose, colloidal silica, succinic acid, silicon dioxide, raspberry, orange “1”, orange “2”, golden syrup dry flavours, aspartame.

Incompatibilities

None known.

Shelf Life

The expiry date is indicated on the packaging.

Special Precautions for Storage

The dry powder should be stored in unopened containers in a dry place at below 30°C.

Once reconstituted, the suspension must be stored in a refrigerator (2-8°C) and used within seven days.

Do not freeze.

Nature and Contents of Container

Clear, glass bottles with aluminium screw caps, containing an off-white dry powder. The Augmentin™ suspension 457 mg/5 ml 35 ml and 70 ml presentations may be supplied with a cup dosing device.

or

Single-dose sachets (Augmentin™ suspension 457 mg/5 ml only).

When reconstituted, an off-white suspension is formed.

Instructions for Use/Handling

Check cap seal is intact before using. Shake bottle to loosen powder. Add the volume of water (as indicated below) invert and shake well.

Alternatively, add water to 2/3 of fill line level, invert and shake well, then top up with water exactly to the mark, invert and again shake well.

Strength	The volume of water to be added at reconstitution (ml)	The final volume of reconstituted oral suspension (ml)
200 mg/28.5 mg/5 ml	64	70
400 mg/57 mg/5 ml	62	70

Shake the bottle well before each dose.

Manufactured by:

SmithKline Beecham Limited*

Worthing, United Kingdom

*Member of the GlaxoSmithKline group of companies

GDS Version Number: 21

Version Date: 18 January 2013

Detailed information on this medicinal product can be requested Via: gcc.medinfo@gsk.com

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Department of Pharmacovigilance & Drug Information
Directorate General of Pharmaceutical Affairs & Drug Control
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Website: www.moh.gov.om

Prescribing information for Oman Prepared September 2020 from the summary of product characteristics version with Date of first authorisation: 18 January 2013.

Abbreviated Information for Oman
Augmentin™ Suspension 457 mg/5 ml - Mixed fruit flavour
Amoxicillin trihydrate - Potassium clavulanate

QUALITATIVE AND QUANTITATIVE COMPOSITION Augmentin™ suspension 457 mg/5 ml contains 400 mg amoxicillin (as amoxicillin trihydrate) and 57 mg clavulanic acid (as potassium clavulanate) per 5 ml. **PHARMACEUTICAL FORM** Dry powder for reconstitution in water, at time of dispensing, to form an oral sugar-free suspension. **Therapeutic Indications** Augmentin™ is indicated for the treatment of the following infections in adults and children: Acute bacterial sinusitis**,** Acute otitis media**,** acute exacerbations of chronic bronchitis, Community-acquired pneumonia**,** Cystitis**,** Pyelonephritis**,** Skin and soft tissue infections in particular cellulitis, animal bites, severe dental abscess with spreading cellulitis, Bone and joint infections, in particular osteomyelitis. **Method of Administration** Doses are expressed throughout in terms of amoxicillin/clavulanic acid content except when doses are stated in terms of an individual component. Children ≥ 40 kg should be treated with the adult formulations of Augmentin™. For children < 40 kg, these formulations of Augmentin™ provides a maximum daily dose of 1000-2800 mg amoxicillin/143-400 mg clavulanic acid when administered as recommended below. If it is considered that a higher daily dose of amoxicillin is required, Children < 40 kg may be treated with Augmentin™ tablets, suspensions or paediatric sachets.The duration of therapy should be determined by the response of the patient. Treatment should not be extended beyond 14 days without review.**Method of administration** Augmentin™ is for oral use. Administer at the start of a meal to minimise potential gastrointestinal intolerance and optimise absorption of amoxicillin/clavulanic acid. Therapy can be started parenterally according to the prescribing information of the IV-formulation and continued with an oral preparation. Shake to loosen powder, add water as directed, invert and shake. Shake the bottle before each dose **Contraindications** Amoxicillin-clavulanate is contraindicated: in patients with a history of hypersensitivity to beta-lactams, e.g. penicillins and cephalosporins or with a previous history of amoxicillin-clavulanate-associated jaundice/hepatic dysfunction. **Warnings and Precautions** Before initiating therapy with amoxicillin-clavulanate, careful enquiry should be made concerning previous hypersensitivity reactions to penicillins, cephalosporins, or other allergens. Serious and occasionally fatal hypersensitivity (anaphylactoid) reactions have been reported in patients on penicillin therapy. These reactions are more likely to occur in individuals with a history of penicillin hypersensitivity. If an allergic reaction occurs, amoxicillin-clavulanate therapy should be discontinued and appropriate alternative therapy instituted. Serious anaphylactoid reactions require immediate emergency treatment with adrenaline. Oxygen, i.v. steroids and airway management, including intubation, may also be required. Amoxicillin-clavulanate should be avoided if infectious mononucleosis is suspected since the occurrence of a morbilliform rash has been associated with this condition following the use of amoxicillin. Prolonged use may also occasionally result in overgrowth of non-susceptible organisms. Pseudomembranous colitis has been reported with the use of antibiotics and may range in severity from mild to life-threatening. Therefore, it is important to consider its diagnosis in patients who develop diarrhoea during or after antibiotic use. If prolonged or significant diarrhoea occurs or the patient experiences abdominal cramps, treatment should be discontinued immediately and the patient investigated further. In general, amoxicillin-clavulanate is well tolerated and possesses the characteristic low toxicity of the penicillin group of antibiotics. Periodic assessment of organ system functions, including renal, hepatic and haematopoietic function is advisable during prolonged therapy. Abnormal prolongation of prothrombin time (increased INR) has been reported rarely in patients receiving amoxicillin-clavulanate and oral anticoagulants. Appropriate monitoring should be undertaken when anticoagulants are prescribed concurrently. Adjustments in the dose of oral anticoagulants may be necessary to maintain the desired level of anticoagulation. Amoxicillin-clavulanate should be used with caution in patients with evidence of hepatic dysfunction. In patients with renal impairment, the dosage should be adjusted according to the degree of impairment. In patients with reduced urine output, crystalluria has been observed very rarely, predominantly with parenteral therapy. During the administration of high doses of amoxicillin, it is advisable to maintain adequate fluid intake and urinary output in order to reduce the possibility of amoxicillin crystalluria. Amoxicillin-clavulanate Suspensions/Sachets/Chewable Tablets (where applicable), contain aspartame, which is a source of phenylalanine and so should be used with caution in patients with phenylketonuria. **Interactions** Concomitant use of probenecid is not recommended. Probenecid decreases the renal tubular secretion of amoxicillin. Concomitant use with amoxicillin-clavulanate may result in increased and prolonged blood levels of amoxicillin, but not of clavulanic acid. Concomitant use of allopurinol during treatment with amoxicillin can increase the likelihood of allergic skin reactions. There are no data on the concomitant use of amoxicillin-clavulanate and allopurinol. In common with other antibiotics, amoxicillin-clavulanate may affect the gut flora, leading to lower oestrogen reabsorption and reduced efficacy of combined oral contraceptives. In the literature, there are rare cases of increased international normalised ratio in patients maintained on acenocoumarol or warfarin and prescribed a course of amoxicillin. If coadministration is necessary, the prothrombin time or international normalised ratio should be carefully monitored with the addition or withdrawal of amoxicillin. In patients receiving mycophenolate mofetil, reduction in the pre-dose concentration of the active metabolite mycophenolic acid of approximately 50% has been reported following commencement of oral amoxicillin plus clavulanic acid. The change in the pre-dose level may not accurately represent changes in overall MPA exposure. **Pregnancy** As with all medicines, use should be avoided in pregnancy, unless considered essential by the physician. **Lactation** Amoxicillin-clavulanate may be administered during the period of lactation With the exception of the risk of sensitization **Adverse Reactions** Common Mucocutaneous candidiasis, Diarrhoea, nausea, vomiting**.** If any hypersensitivity dermatitis reaction occurs, treatment should be discontinued. **Overdosage Treatment** GI symptoms may be treated symptomatically, with attention to the water/electrolyte balance. Amoxicillin-clavulanate can be removed from the circulation by haemodialysis. **PHARMACEUTICAL DATA List of Excipients** Xanthan gum, hydroxypropylmethylcellulose, colloidal silica, succinic acid, silicon dioxide, raspberry, orange "1", orange "2", golden syrup dry flavours, aspartame. **Shelf Life** The expiry date is indicated on the packaging. **Special Precautions for Storage** The dry powder should be stored in unopened containers in a dry place at below 30°C. Once reconstituted, the suspension must be stored in a refrigerator (2-8°C) and used within seven days. Do not freeze. Nature and Contents of Container Clear, glass bottles with aluminium screw caps, containing an off-white dry powder. The Augmentin™ suspension 457 mg/5 ml 35 ml and 70 ml presentations may be supplied with a cup dosing device. Or Single-dose sachets (Augmentin™ suspension 457 mg/5 ml only). When reconstituted, an off-white suspension is formed. **Manufactured by:** SmithKline Beecham Limited* Worthing, United Kingdom *Member of the GlaxoSmithKline group of companies AUGMENTIN is a trademark of the GlaxoSmithKline group of companies. **GDS Version Number: 21 Version Date: 18 January 2013** Detailed information on this medicinal product can be requested Via: gcc.medinfo@gsk.com To report Adverse Event/s associated with the use of GSK product/s, please contact us via gulf.safety@gsk.com All Quality complaints should be reported to the LOC Quality department mailbox Gulf-KSA.Product-Complaints@gsk.com. **Department of Pharmacovigilance & Drug Information Directorate General of Pharmaceutical Affairs & Drug Control Ministry of Health, Sultanate of Oman Phone Nos. 0096822357687 / 0096822357686 Fax: 0096822358489 Email: dg-padc@moh.gov.om Website: www.moh.gov.om** Prescribing information for Oman Prepared September 2020 from the summary of product characteristics version with Date of first authorisation: 18 January 2013.

Prescribing Information for Oman
Augmentin™ Infant Drops
Amoxicillin trihydrate - Potassium clavulanate

QUALITATIVE AND QUANTITATIVE COMPOSITION

AUGMENTIN infant drops contain 50 mg amoxicillin (as amoxicillin trihydrate) and 12.5 mg clavulanic acid (as potassium clavulanate) per 1 ml.

PHARMACEUTICAL FORM

Dry powder for reconstitution in water, at time of dispensing, to form an oral sugar-free suspension.

CLINICAL PARTICULARS

Indications

AUGMENTIN should be used in accordance with local official antibiotic-prescribing guidelines and local susceptibility data.

AUGMENTIN infant drops are indicated for short-term treatment of bacterial infections at the following sites:

Upper respiratory tract infections (including ENT) e.g. recurrent tonsillitis, sinusitis, otitis media.

Lower respiratory tract infections e.g. acute exacerbation of chronic bronchitis, lobar and bronchopneumonia.

Genito-urinary tract infections e.g. cystitis, urethritis, pyelonephritis.

Skin and soft tissue infections, e.g. boils, abscesses, cellulitis, wound infections.

Bone and joint infections e.g. osteomyelitis.

Other infections e.g. intra-abdominal sepsis.

Susceptibility to *AUGMENTIN* will vary with geography and time (see *Pharmacological Properties, Pharmacodynamics* for further information). Local susceptibility data should be consulted where available, and microbiological sampling and susceptibility testing performed where necessary.

Infections caused by amoxicillin-susceptible organisms are amenable to *AUGMENTIN* treatment due to its amoxicillin content. Mixed infections caused by amoxicillin-susceptible organisms in conjunction with *AUGMENTIN*-susceptible β-lactamase producing organisms may therefore be treated with *AUGMENTIN*.

Dosage and Administration

The dosage depends on the age, weight and renal function of the patient and the severity of the infection.

Dosages are expressed throughout in terms of amoxicillin-/clavulanate content except when doses are stated in terms of an individual component.

To minimise potential gastrointestinal intolerance, administer at the start of a meal.

The absorption of amoxicillin-clavulanate is optimised when taken at the start of a meal.

Treatment should not be extended beyond 14 days without review.

Therapy can be started parenterally and continued with an oral preparation.

• Children

Dosage should be expressed in terms of the age of the child and either in mg/kg/day (given in 2 or 3 divided doses) or ml of suspension per dose or equivalent for other presentations.

Children weighing 40 kg and over should be dosed according to the adult recommendations.

Children up to 12 years

	Three times daily (4:1) formulations
Lower dose (mg/kg/day)	20/5 to 40/10
Higher dose (mg/kg/day)	40/10 to 60/15

The lower dose is recommended for infections such as skin and soft tissue and recurrent tonsillitis.

The higher dose is recommended for infections such as otitis media, sinusitis, lower respiratory tract infections and urinary tract infections.

No clinical data are available on doses of these formulations higher than 40/10 mg/kg/day in children under 2 years.

The 8:1 ratio formulation is recommended for dosing at 40/5 to 80/10 mg/kg/day (in three divided doses) in children aged 1 to 30 months, depending upon the severity of the infection.

Premature

No dosage recommendation can be made for this category.

• Renal impairment

Dosage adjustments are based on the maximum recommended level of amoxicillin.

Creatinine clearance greater than 30 ml/min:	No adjustment is necessary.
Creatinine clearance 10 to 30 ml/min:	15/3.75 mg/kg given twice daily (maximum 500/125 mg twice daily).
Creatinine clearance less than 10 ml/min:	15/3.75 mg/kg given as a single daily dose (maximum 500/125 mg).

In the majority of cases, parenteral therapy, where available, may be preferred.

Haemodialysis

15/3.75 mg/kg/day given as a single daily dose.

Prior to haemodialysis, one additional dose of 15/3.75 mg/kg should be administered. In order to restore circulating drug levels, another dose of 15/3.75 mg/kg should be administered after haemodialysis.

• Hepatic impairment

Dose with caution; monitor hepatic function at regular intervals.

There are insufficient data on which to base a dosage recommendation.

Contraindications

AUGMENTIN is contraindicated in patients with a history of hypersensitivity to beta-lactams, e.g. penicillins and cephalosporins.

AUGMENTIN is contraindicated in patients with a previous history of *AUGMENTIN*-associated jaundice/hepatic dysfunction.

Warnings and Precautions

Before initiating therapy with *AUGMENTIN*, careful enquiry should be made concerning previous hypersensitivity reactions to penicillins, cephalosporins or other allergens.

Serious and occasionally fatal hypersensitivity (anaphylactoid) reactions have been reported in patients on penicillin therapy. These reactions are more likely to occur in individuals with a history of penicillin hypersensitivity (see *Contraindications*).
AUGMENTIN should be avoided if infectious mononucleosis is suspected since the occurrence of a morbilliform rash has been associated with this condition following the use of amoxicillin.
Prolonged use may also occasionally result in overgrowth of non-susceptible organisms.
Pseudomembranous colitis has been reported with the use of antibiotics and may range in severity from mild to life-threatening. Therefore, it is important to consider its diagnosis in patients who develop diarrhoea during or after antibiotic use. If prolonged or significant diarrhoea occurs or the patient experiences abdominal cramps, treatment should be discontinued immediately and the patient investigated further.
Abnormal prolongation of prothrombin time (increased INR) has been reported rarely in patients receiving *AUGMENTIN* and oral anticoagulants. Appropriate monitoring should be undertaken when anticoagulants are prescribed concurrently. Adjustments in the dose of oral anticoagulants may be necessary to maintain the desired level of anticoagulation.
AUGMENTIN should be used with caution in patients with evidence of hepatic dysfunction.
In patients with renal impairment, *AUGMENTIN* dosage should be adjusted as recommended in the *Dosage and Administration* section.
In patients with reduced urine output, crystalluria has been observed very rarely, predominantly with parenteral therapy. During the administration of high doses of amoxicillin, it is advisable to maintain adequate fluid intake and urinary output in order to reduce the possibility of amoxicillin crystalluria *(*see *Overdose).*
AUGMENTIN suspensions contain 2.5 mg aspartame per 1 ml, which is a source of phenylalanine, and therefore should be used with caution in patients with phenylketonuria.

Interactions

Concomitant use of probenecid is not recommended. Probenecid decreases the renal tubular secretion of amoxicillin. Concomitant use with *AUGMENTIN* may result in increased and prolonged blood levels of amoxicillin but not of clavulanate.
Concomitant use of allopurinol during treatment with amoxicillin can increase the likelihood of allergic skin reactions. There are no data on the concomitant use of *AUGMENTIN* and allopurinol.
In common with other antibiotics, *AUGMENTIN* may affect the gut flora, leading to lower oestrogen reabsorption and reduced efficacy of combined oral contraceptives.
In the literature, there are rare cases of increased international normalised ratio in patients maintained on acenocoumarol or warfarin and prescribed a course of amoxicillin. If coadministration is necessary, the prothrombin time or international normalised ratio should be carefully monitored with the addition or withdrawal of *AUGMENTIN*.
In patients receiving mycophenolate mofetil, reduction in the pre-dose concentration of the active metabolite mycophenolic acid of approximately 50% has been reported following commencement of oral amoxicillin plus clavulanic acid. The change in the pre-dose level may not accurately represent changes in overall MPA exposure.

Pregnancy and Lactation

Reproduction studies in animals (mice and rats) with orally and parenterally administered *AUGMENTIN* have shown no teratogenic effects. In a single study in women with pre-term, premature rupture of the foetal membrane (pPROM), it was reported that prophylactic treatment with *AUGMENTIN* may be associated with an increased risk of necrotizing enterocolitis in neonates. As with all medicines, use should be avoided in pregnancy, especially during the first trimester, unless considered essential by the physician.
AUGMENTIN may be administered during the period of lactation. With the exception of the risk of sensitisation, associated with the excretion of trace quantities in breast milk, there are no detrimental effects for the infant.

Effects on Ability to Drive and Use Machines

Adverse effects on the ability to drive or operate machinery have not been observed.

Adverse Reactions

Data from large clinical trials were used to determine the frequency of very common to rare undesirable effects. The frequencies assigned to all other undesirable effects (i.e., those occurring at <1/10,000) were mainly determined using post-marketing data and refer to a reporting rate rather than a true frequency.
The following convention has been used for the classification of frequency:
very common >1/10
common >1/100 and <1/10
uncommon >1/1000 and <1/100
rare >1/10,000 and <1/1000
very rare <1/10,000.

Infections and infestations

Common Mucocutaneous candidiasis

Blood and lymphatic system disorders

Rare Reversible leucopenia (including neutropenia) and thrombocytopenia
Very rare Reversible agranulocytosis and haemolytic anaemia. Prolongation of bleeding time and prothrombin time

Immune system disorders

Very rare Angioneurotic oedema, anaphylaxis, serum sickness-like syndrome, hypersensitivity vasculitis

Nervous system disorders

Uncommon Dizziness, headache
Very rare Reversible hyperactivity and convulsions. Convulsions may occur in patients with impaired renal function or those receiving high doses.

Gastrointestinal disorders

Common Diarrhoea, nausea, vomiting
Nausea is more often associated with higher oral dosages. If gastrointestinal reactions are evident, they may be reduced by taking *AUGMENTIN* at the start of a meal.
Uncommon Indigestion
Very rare Antibiotic-associated colitis (including pseudomembranous colitis and haemorrhagic colitis).
Black hairy tongue
Superficial tooth discolouration has been reported very rarely in children. Good oral hygiene may help to prevent tooth discolouration as it Can usually be removed by brushing.

Hepatobiliary disorders

Uncommon A moderate rise in AST and/or ALT has been noted in patients treated with beta-lactam class antibiotics, but the significance of these findings Is unknown

Very rare Hepatitis and cholestatic jaundice. These events have been noted with other penicillins and cephalosporins.

Hepatic events have been reported predominantly in males and elderly patients and may be associated with prolonged treatment. These events have been very rarely reported in children.

Signs and symptoms usually occur during or shortly after treatment but in some cases may not become apparent until several weeks after treatment has ceased. These are usually reversible. Hepatic events may be severe and in extremely rare circumstances, deaths have been reported. These have almost always occurred in patients with serious underlying disease or taking concomitant medications known to have the potential for hepatic effects.

Skin and subcutaneous tissue disorders

Uncommon Skin rash, pruritus, urticaria

Rare Erythema multiforme

Very rare Stevens-Johnson syndrome, toxic epidermal necrolysis, bullous exfoliative-dermatitis, acute generalised exanthemous pustulosis (AGEP)

If any hypersensitivity dermatitis reaction occurs, treatment should be discontinued.

Renal and urinary disorders

Very rare Interstitial nephritis, crystalluria *(*see *Overdose).*

Overdose

Gastrointestinal symptoms and disturbance of the fluid and electrolyte balances may be evident. Gastrointestinal symptoms may be treated symptomatically with attention to the water-electrolyte balance.

Amoxicillin crystalluria, in some cases leading to renal failure, has been observed (see *Warnings and Precautions*).

AUGMENTIN may be removed from the circulation by haemodialysis.

PHARMACOLOGICAL PROPERTIES

Pharmacodynamics

Resistance to many antibiotics is caused by bacterial enzymes which destroy the antibiotic before it can act on the pathogen. The clavulanate in *AUGMENTIN* infant drops anticipates this defence mechanism by blocking the β-lactamase enzymes, thus rendering the organisms susceptible to amoxicillin's rapid bactericidal effect at concentrations readily attainable in the body.

Clavulanate by itself has little antibacterial activity; however, in association with amoxicillin as *AUGMENTIN,* it produces an antibiotic agent of broad-spectrum with wide application in hospital and general practice.

In the list below, organisms are categorised according to their *in vitro* susceptibility to *AUGMENTIN*.

In vitro susceptibility of micro-organisms to *AUGMENTIN*

Where clinical efficacy of *AUGMENTIN* has been demonstrated in clinical trials this is indicated with an asterisk (*).

Organisms that do not produce beta-lactamase are identified (with †). If an isolate is susceptible to amoxicillin, it can be considered susceptible to *AUGMENTIN*.

Commonly susceptible species

Gram-positive aerobes:

Bacillus anthracis
Enterococcus faecalis
Listeria monocytogenes
Nocardia asteroides
*Streptococcus pyogenes**†
*Streptococcus agalactiae**†
Streptococcus spp. (other β-hemolytic) *†
Staphylococcus aureus (methicillin-susceptible)*
Staphylococcus saprophyticus (methicillin-susceptible)
Coagulase-negative staphylococcus (methicillin-susceptible)

Gram-negative aerobes:

Bordetella pertussis
*Haemophilus influenzae**
Haemophilus parainfluenzae
Helicobacter pylori
*Moraxella catarrhalis**
Neisseria gonorrhoeae
Pasteurella multocida
Vibrio cholerae

Other:

Borrelia burgdorferi
Leptospira ictterohaemorrhagiae
Treponema pallidum

Gram-positive anaerobes:

Clostridium spp.
Peptococcus niger
Peptostreptococcus magnus
Peptostreptococcus micros
Peptostreptococcus spp.

Gram-negative anaerobes:

Bacteroides fragilis

Bacteroides spp.
Capnocytophaga spp.
Eikenella corrodens
Fusobacterium nucleatum
Fusobacterium spp.
Porphyromonas spp.
Prevotella spp**.**
Species for which acquired resistance may be a problem
Gram-negative aerobes:
*Escherichia coli**
Klebsiella oxytoca
*Klebsiella pneumoniae**
Klebsiella spp.
Proteus mirabilis
Proteus vulgaris
Proteus spp.
Salmonella spp.
Shigella spp.
Gram-positive aerobes:
Corynebacterium spp.
Enterococcus faecium
*Streptococcus pneumoniae**†
Viridans group streptococcus
Inherently resistant organisms
Gram-negative aerobes:
Acinetobacter spp.
Citrobacter freundii
Enterobacter spp.
Hafnia alvei
Legionella pneumophila
Morganella morganii
Providencia spp.
Pseudomonas spp.
Serratia spp.
Stenotrophomas maltophilia
Yersinia enterolitica
Others:
Chlamydia pneumoniae
Chlamydia psittaci
Chlamydia spp.
Coxiella burnetti
Mycoplasma spp.

Pharmacokinetics

The pharmacokinetics of the two components of *AUGMENTIN* are closely matched. Peak serum levels of both occur about 1 hour after oral administration. Absorption of *AUGMENTIN* is optimised at the start of a meal.

Doubling the dosage of *AUGMENTIN* approximately doubles the serum levels achieved.

Both clavulanate and amoxicillin have low levels of serum binding; about 70% remains free in the serum.

Pre-clinical Safety Data

No further information of relevance.

PHARMACEUTICAL PARTICULARS

List of Excipients

Xanthum gum, hydroxypropyl methylcellulose, aspartame, silicon dioxide, colloidal silica, succinic acid, raspberry, orange and golden syrup dry flavours.

Incompatibilities

None known.

Shelf Life

The expiry date is indicated on the packaging.

Special Precautions for Storage

The dry powder should be stored in unopened containers in a dry place at below 25°C.

Reconstituted suspensions should be stored in a refrigerator (2-8°C) and used within seven days.

Nature and Contents of Container

Glass bottles with screw caps, containing an off-white dry powder. A syringe dosing device is also included.

Instructions for Use/Handling

- Check cap seal is intact before use.
- Invert and shake the bottle to loosen powder.
- Fill the bottle with water to just below the mark on the bottle label.

Invert and shake well, then top up with water to the mark. Invert and shake again.

• Allow to stand for 5 minutes to ensure full dispersion.
• Shake well before taking each dose.
If a syringe is provided:
Once reconstituted, the adaptor that is supplied with the syringe dosing device should be inserted into the neck of the bottle before replacing the screw cap.
Not all presentations are available in every country.
Manufactured by:
SmithKline Beecham Limited*
Worthing, UK
*Member of the GlaxoSmithKline group of companies
AUGMENTIN is a trademark of the GlaxoSmithKline group of companies

Version number: 21
Date of issue: 18 January 2013
Detailed information on this medicinal product can be requested Via: gcc.medinfo@gsk.com
To report Adverse Event/s associated with the use of GSK product/s, please contact us via gulf.safety@gsk.com
All Quality complaints should be reported to the LOC Quality department mailbox Gulf-KSA.Product-Complaints@gsk.com.
Department of Pharmacovigilance & Drug Information
Directorate General of Pharmaceutical Affairs & Drug Control
Ministry of Health, Sultanate of Oman
Phone Nos. 0096822357687 / 0096822357686
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Website: www.moh.gov.om
Prescribing information for Oman Prepared September 2020 from the summary of product characteristics version with Date of first authorisation: 18 January 2013.

Abbreviated Prescribing Information for Oman
Augmentin™ Infant Drops
Amoxicillin trihydrate - Potassium clavulanate

QUALITATIVE AND QUANTITATIVE COMPOSITION *AUGMENTIN* infant drops contain 50 mg amoxicillin (as amoxicillin trihydrate) and 12.5 mg clavulanic acid (as potassium clavulanate) per 1 ml. **PHARMACEUTICAL FORM** Dry powder for reconstitution in water, at time of dispensing, to form an oral sugar-free suspension. **Indications** *AUGMENTIN* should be used in accordance with local official antibiotic-prescribing guidelines and local susceptibility data. *AUGMENTIN* infant drops are indicated for short-term treatment of bacterial infections at the following sites: *Upper respiratory tract infections (including ENT)* e.g. recurrent tonsillitis, sinusitis, otitis media. *Lower respiratory tract infections* e.g. acute exacerbation of chronic bronchitis, lobar and bronchopneumonia. *Genito-urinary tract infections* e.g. cystitis, urethritis, pyelonephritis. *Skin and soft tissue infections,* e.g. boils, abscesses, cellulitis, wound infections. *Bone and joint infections* e.g. osteomyelitis. *Other infections* e.g. intra-abdominal sepsis.Infections caused by amoxicillin-susceptible organisms are amenable to *AUGMENTIN* treatment due to its amoxicillin content. Mixed infections caused by amoxicillin-susceptible organisms in conjunction with *AUGMENTIN*-susceptible β-lactamase producing organisms may therefore be treated with *AUGMENTIN*.**Dosage and Administration** To minimise potential gastrointestinal intolerance, administer at the start of a meal. Treatment should not be extended beyond 14 days without review. Therapy can be started parenterally and continued with an oral preparation.**Children** Dosage should be expressed in terms of the age of the child and either in mg/kg/day (given in 2 or 3 divided doses) or ml of suspension per dose or equivalent for other presentations. Children weighing 40 kg and over should be dosed according to the adult recommendations. ***Children up to 12 years*** Three times daily (4:1) formulations Lower dose (mg/kg/day) 20/5 to 40/10, a Higher dose (mg/kg/day) 40/10 to 60/15 The 8:1 ratio formulation is recommended for dosing at 40/5 to 80/10 mg/kg/day (in three divided doses) in children aged 1 to 30 months, depending upon the severity of the infection.**Renal impairment** Dosage adjustments are based on the maximum recommended level of amoxicillin. In the majority of cases, parenteral therapy, where available, may be preferred. **Haemodialysis** 15/3.75 mg/kg/day given as a single daily dose. Prior to haemodialysis, one additional dose of 15/3.75 mg/kg should be administered. In order to restore circulating drug levels, another dose of 15/3.75 mg/kg should be administered after haemodialysis. **Hepatic impairment** Dose with caution; monitor hepatic function at regular intervals. **Contraindications** *AUGMENTIN* is contraindicated in patients with a history of hypersensitivity to beta-lactams, e.g. penicillins and cephalosporins *and* patients with a previous history of *AUGMENTIN*-associated jaundice/hepatic dysfunction. **Warnings and Precautions** Before initiating therapy with *AUGMENTIN*, careful enquiry should be made concerning previous hypersensitivity reactions to penicillins, cephalosporins or other allergens. Serious and occasionally fatal hypersensitivity (anaphylactoid) reactions have been reported in patients on penicillin therapy. These reactions are more likely to occur in individuals with a history of penicillin hypersensitivity (see *Contraindications*). *AUGMENTIN* should be avoided if infectious mononucleosis is suspected since the occurrence of a morbilliform rash has been associated with this condition following the use of amoxicillin. Prolonged use may also occasionally result in overgrowth of non-susceptible organisms. Pseudomembranous colitis has been reported with the use of antibiotics and may range in severity from mild to life-threatening. Therefore, it is important to consider its diagnosis in patients who develop diarrhoea during or after antibiotic use. If prolonged or significant diarrhoea occurs or the patient experiences abdominal cramps, treatment should be discontinued immediately and the patient investigated further. Abnormal prolongation of prothrombin time (increased INR) has been reported rarely in patients receiving *AUGMENTIN* and oral anticoagulants. Appropriate monitoring should be undertaken when anticoagulants are prescribed concurrently. Adjustments in the dose of oral anticoagulants may be necessary to maintain the desired level of anticoagulation. *AUGMENTIN* should be used with caution in patients with evidence of hepatic dysfunction. In patients with renal impairment, *AUGMENTIN* dosage should be adjusted as recommended in the *Dosage and Administration* section. In patients with reduced urine output, crystalluria has been observed very rarely, predominantly with parenteral therapy. During the administration of high doses of amoxicillin, it is advisable to maintain adequate fluid intake and urinary output in order to reduce the possibility of amoxicillin crystalluria *AUGMENTIN* suspensions contain 2.5 mg aspartame per 1 ml, which is a source of phenylalanine, and therefore should be used with caution in patients with phenylketonuria. **Interactions** Concomitant use of probenecid is not recommended. Probenecid decreases the renal tubular secretion of amoxicillin. Concomitant use with *AUGMENTIN* may result in increased and prolonged blood levels of amoxicillin but not of clavulanate. Concomitant use of allopurinol during treatment with amoxicillin can increase the likelihood of allergic skin reactions. There are no data on the concomitant use of *AUGMENTIN* and allopurinol. In common with other antibiotics, *AUGMENTIN* may affect the gut flora, leading to lower oestrogen reabsorption and reduced efficacy of combined oral contraceptives. In the literature, there are rare cases of increased international normalised ratio in patients maintained on acenocoumarol or warfarin and prescribed a course of amoxicillin. If coadministration is necessary, the prothrombin time or international normalised ratio should be carefully monitored with the addition or withdrawal of *AUGMENTIN*. In patients receiving mycophenolate mofetil, reduction in the pre-dose concentration of the active metabolite mycophenolic acid of approximately 50% has been reported following commencement of oral amoxicillin plus clavulanic acid. The change in the pre-dose level may not accurately represent changes in overall MPA exposure. **Pregnancy and Lactation** As with all medicines, use should be avoided in pregnancy, especially during the first trimester, unless considered essential by the physician. *AUGMENTIN* may be administered during the period of lactation With the exception of the risk of sensitization. **Effects on Ability to Drive and Use Machines** Adverse effects on the ability to drive or operate machinery have not been observed. **Adverse Reactions** Common Mucocutaneous candidiasis, Diarrhoea, nausea, vomiting, If any hypersensitivity dermatitis reaction occurs, treatment should be **Overdose** *AUGMENTIN* may be removed from the circulation by haemodialysis. **PHARMACEUTICAL PARTICULARS List of Excipients** Xanthum gum, hydroxypropyl methylcellulose, aspartame, silicon dioxide, colloidal silica, succinic acid, raspberry, orange and golden syrup dry flavours. **Shelf Life** The expiry date is indicated on the packaging. **Special Precautions for Storage** The dry powder should be stored in unopened containers in a dry place at below 25°C. Reconstituted suspensions should be stored in a refrigerator (2-8°C) and used within seven days. **Nature and Contents of Container** Glass bottles with screw caps, containing an off-white dry powder. A syringe dosing device is also included. Manufactured by: SmithKline Beecham Limited* Worthing, UK *Member of the GlaxoSmithKline group of companies *AUGMENTIN* is a trademark of the GlaxoSmithKline group of companies **Version number: 21 Date of issue: 18 January 2013** Detailed information on this medicinal product can be requested Via: gcc.medinfo@gsk.com To report Adverse Event/s associated with the use of GSK product/s, please contact us via gulf.safety@gsk.com All Quality complaints should be reported to the LOC Quality department mailbox Gulf-KSA.Product Complaints@gsk.com. **Department of Pharmacovigilance & Drug Information Directorate General of Pharmaceutical Affairs & Drug Control Ministry of Health, Sultanate of Oman Phone Nos. 0096822357687 / 0096822357686 Fax: 0096822358489 Email: dg-padc@moh.gov.om Website: www.moh.gov.om** Prescribing information for Oman Prepared September 2020 from the summary of product characteristics version with Date of first authorisation: 18 January 2013.