SCHEDULING STATUS: **S4**

PROPRIETARY NAME AND DOSAGE FORM:

DALACIN® C150 mg Capsules

COMPOSITION:

Each capsule contains clindamycin hydrochloride equivalent to 150 mg clindamycin base.

PHARMACOLOGICAL CLASSIFICATION:

A 20.1.1 Broad and medium spectrum antibiotics

PHARMACOLOGICAL ACTION:

Clindamycin hydrochloride binds exclusively to the 50 S subunit of bacterial ribosomes and suppresses protein synthesis. DALACIN C has antibacterial activity against gram-positive organisms and a lower order of activity against gram-negative organisms. *In vitro* activity does not necessarily imply *in vivo* efficacy. The *in vitro* spectrum of activity includes staphylococci (including penicllinase-producing strains), β-haemolytic streptococci, *Diplococcus pneumoniae, Clostridium perfringes, Corynebacterium acnes* and *Actinomyces israelli*. Clindamycin hydrochloride is not active against most strains of *Streptococcus faecalis, Escherichia coli, Shigella spp., Samlmonella spp., Proteus spp.*, and *Pseudomonas spp.*

DALACIN C is rapidly absorbed after oral administration (peak blood levels occurred in 45 minutes). Bone and other body fluid levels are obtained rapidly. Absorption is almost complete (90 %). Blood levels exceed the minimum inhibitory concentration (MIC) for most indicated organisms for at least six hours following administration of the usually recommended doses.

The biological half-life is 2,4 hours.

INDICATIONS:

DALACIN C is indicated in serious infections caused by organisms susceptible to its action. *In vitro* susceptibility studies should be performed. Infections due to sensitive organisms which responds to an effective dose of this oral preparation include infections of the:

Upper respiratory tract including pharyngitis, tonsillitis, sinusitis, otitis media.

Lower respiratory including bronchitis, and pneumonia.

Skin and soft tissue including, abscesses, cellulitis, infected wounds, and dental infections (peri-apical abscesses and gingivitis).

Bones and joints including acute and chronic osteomyelitis.

Bacteraemia has responded to the usually recommended dosages.

CONTRAINDICATIONS:

Patients previously found to be hypersensitive to clindamycin, lincomycin or doxorubicin.

Do not use in patients with diarrhoeal states or gastro-intestinal disease, particularly those with a history of colitis.

Safety for use in pregnancy has not been established.

Clindamycin has been reported to appear in breast milk. Do not use in lactation.

WARNINGS AND SPECIAL PRECAUTIONS:

Clindamycin therapy has been associated with colitis which may end fatally. Toxins produced by *Clostridium difficile* are regarded as the principal cause of antibiotic-associated colitis. Colitis has a clinical spectrum from mild, watery diarrhoea to severe, persistent diarrhoea, leucocytosis, fever, severe abdominal cramps which may be associated with the passage of blood and mucus which, if allowed to progress, may produce peritonitis, shock and toxic megacolon. Diagnosis is made on basis of the clinical symptoms, and can be substantiated by endoscopic demonstration of pseudomembranous colitis. The presence of the disease may be further confirmed by culture of the stool for *Clostridium difficile* on selective media and assay of the stool specimen for the toxin(s) of the *C. difficile.* Antibiotic-associated colitis has occurred during the administration or even two or three weeks following administration of clindamycin. The disease is likely to take a more severe course in older patients or in patients who are debilitated. For treatment of antibiotic- associated colitis see "Warnings and Special Precautions".

Cross-resistance has been demonstrated between lincomycin hydrochloride and clindamycin hydrochloride.

Antagonism with erythromycin has been demonstrated *in vitro*, therefore it is not recommended that the two agents be given at the same time.

Staphylococci resistant to erythromycin may also develop resistance to clindamycin.

Since clindamycin does not diffuse adequately into cerebrospinal fluid, it should not be used in the treatment of meningitis.

Clindamycin should be prescribed with caution in atopic individuals or in patients with a history of gastro-intestinal disease, particularly colitis.

During prolonged therapy, periodic liver and kidney function tests and blood counts should be performed. Patients with very severe renal and/or very severe hepatic disease accompanied by

severe metabolic aberrations should be dosed with caution and serum clindamycin levels monitored during high dose therapy.

The use of antibiotics may result in overgrowth of non-susceptible organisms - particularly yeasts. Should superinfections occur, appropriate measures should be taken as indicated by the clinical situation.

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

DOSAGE AND DIRECTIONS FOR USE:

- **Adults:**

Mild to Moderately Severe Infection: 150 mg approximately every six hours.

Severe Infections: Up to 450 mg every six hours.

- **Children:**

Mild Infections: 8-12 mg/kg/day divided into 3 or 4 equal doses.

Moderately severe infections: 13-16 mg/kg/day divided into 3 or 4 equal doses.

Severe Infections: 17-25 mg/kg/day divided into 3 or 4 equal doses.

Do not give DALACIN C capsules to children weighing less than 10 kg, give DALACIN C granules.

Capsules should be taken with a full glass of water to avoid the possibility of oesophageal irritation.

Note: With ß-haemolytic streptococcal infections, treatment should continue for at least ten days to diminish the likelihood of subsequent severe complications such as rheumatic fever or glomerulonephritis.

SIDE EFFECTS:

The following reactions have been reported with clindamycin.

Gastrointestinal: abdominal discomfort, nausea, vomiting and diarrhoea and oesophagitis. (See "Warnings and Special Precautions")

Treatment of antibiotic-associated colitis:

If persistent diarrhoea occurs during therapy, the medication should be discontinued. Significant diarrhoea occurring up to several weeks post-therapy should be managed as if antibiotic-associated.

- **Mild colitis:** may respond to discontinuation of clindamycin alone.
- **Moderate to severe colitis:** discontinue clindamycin and treat with fluid, electrolyte and protein replacement.
- **Severe colitis:** In cases not responding to the above discontinue clindamycin and treat with appropriate fluid electrolyte and protein supplementation and with one of the following:
  - vancomycin 125 to 500 mg orally, every 6 hours for 5 to 10 days ,
  - metronidazole 250 to 500 mg orally, every 8 hours,
  - bacitracin 25 000 units orally, 4 times a day or
  - cholestyramine 4 grams orally, four times a day.

Relapses must be treated with a second course of the above medication.

Cholestyramine or colestipol resins bind to *C. difficile* toxin *in vitro*. If it is administered concurrently with vancomycin, it may be advisable to administer the medicines several hours apart, since the resins have been shown to bind to oral vancomycin.

Antiperistaltic antidiarrhoeals are not recommended since they may delay the removal of toxins from the colon, thereby prolonging and/or worsening the condition.

Hypersensitivity reactions: Maculopapular rash and urticaria have been observed during the drug therapy. Generalised mild to moderate morbilli form-like skin rashes are the most frequently reported reactions. Erythema multiforme, some resembling Stevens-Johnson syndrome, have been associated with clindamycin therapy. A few cases of anaphylactoid reactions have been reported.

Liver: Jaundice and abnormalities in liver function test (elevations of alkaline phosphatases and serum transaminases) have been observed.

Skin and mucous membranes: Pruritus, vaginitis and instances of exfoliative and vesiculobullous dermatitis have been reported.

Haematopoietic: Neutropenia (leucopenia) and eosinophilia have been reported. Reports of agranulocytosis and thrombocytopenia have been made. The relationship to therapy is unknown.

KNOWN SYMPTOMS OF OVERDOSAGE AND PARTICULARS OF ITS TREATMENT:

The incidence of gastro-intestinal side-effects is greater with higher doses. Haemodialysis and peritoneal dialysis are not effective means of removing the compound from the blood. Treatment is symptomatic and supportive.

IDENTIFICATION:

Hard gelatin capsule with white cap and white body marked with “Clin 150” and “Pfizer” in black ink.

PRESENTATION:

DALACIN C 150 mg capsules are packed in glass bottles and blisters containing 20 and 100 capsules.

STORAGE INSTRUCTIONS:

Store at or below 30 °C.

Keep out of reach of children.

REGISTRATION NUMBER:

C/20.1.1/1

NAME AND BUSINESS ADDRESS OF THE HOLDER OF THE CERTIFICATE OF REGISTRATION:

Pfizer Laboratories (Pty) Ltd

85 Bute Lane

Sandton 2196

South Africa

DATE OF PUBLICATION OF THIS PACKAGE INSERT:

1. Last Council Approval: February 1996

2. Compliance with Regulations 9 &10: 31 March 2017

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