

PRODUCT MONOGRAPH

^{Pr}**AURO-AMOXICILLIN**

Amoxicillin Capsules BP

250 mg & 500 mg amoxicillin

(as amoxicillin trihydrate)

ANTIBIOTIC

Auro Pharma Inc.
1170, Sheppard Ave. West, Unit #16
Toronto, Ontario, M3K 2A3,
CANADA

Submission Control No: 144119

Date of Preparation:
June 21, 2012

Pr AURO-AMOXICILLIN

Amoxicillin Capsules BP

250 mg & 500 mg amoxicillin

(as amoxicillin trihydrate)

THERAPEUTIC CLASSIFICATION

Antibiotic

ACTION

Amoxicillin trihydrate exerts its bactericidal action by interfering with bacterial cell wall synthesis.

INDICATIONS AND CLINICAL USE

AURO-AMOXICILLIN may be indicated in the treatment of infections due to susceptible strains of the following micro-organisms: Gram-negative organisms: H. influenzae, P. mirabilis and N. gonorrhoeae. Gram-positive organisms: Streptococci (including Streptococcus faecalis and Streptococcus pneumoniae).

Amoxicillin is not active against Pseudomonas aeruginosa, indole-positive Proteus species, Serratia marcescens, Klebsiella and Enterobacter species.

In emergency cases, where the causative organism is not yet identified, therapy may be initiated with amoxicillin on the basis of clinical judgment while awaiting bacteriologic tests to determine its antimicrobial sensitivity.

AURO-AMOXICILLIN may be indicated as a prophylaxis against alpha-hemolytic (Viridan's group) Streptococci before dental, oral or upper respiratory tract surgery or instrumentation.

It may be also indicated as a prophylaxis of bacterial endocarditis in patients with any of the following conditions: congenital cardiac malformations, rheumatic and other acquired valvular lesions, prosthetic heart valves, previous history of bacterial endocarditis, hypertrophic cardiomyopathy, surgically constructed systemic pulmonary shunts, mitral valve prolapse with valvular regurgitation or mitral valve prolapse without valvular regurgitation but associated with thickening and/or redundancy of the valve leaflets.

CONTRAINDICATIONS

AURO-AMOXICILLIN is contraindicated in patients who are hypersensitive to this drug or to any ingredient in the formulation or component of the container.

A history of a previous hypersensitivity reaction to any of the penicillins or cephalosporins is a contraindication.

AURO-AMOXICILLIN is also contraindicated in cases where infectious mononucleosis is either suspected or confirmed.

WARNINGS

Serious and occasionally fatal hypersensitivity (anaphylactoid) reactions have been reported in patients on penicillin therapy. Although anaphylaxis is more frequent following parenteral therapy, it has occurred in patients following oral dosing of penicillins. These reactions are more apt to occur in individuals with a history of sensitivity to multiple allergens. There have been well-documented reports of individuals with a history of penicillin hypersensitivity reactions who have experienced severe hypersensitivity reactions when treated with cephalosporins. Before initiating therapy with a penicillin, careful inquiry should be made concerning previous hypersensitivity reactions to penicillins, cephalosporins and other allergens. If an allergic reaction occurs, administration of AURO-AMOXICILLIN should be discontinued and appropriate therapy instituted.

Serious anaphylactoid reactions require immediate emergency treatment with epinephrine. Oxygen, intravenous steroids, and airway management, including intubation, should also be administered as indicated.

Hypersensitivity reactions are more likely to occur in patients with a history of hypersensitivity to beta-lactams.

Abnormal prolongation of prothrombin time (increased international normalized ratio (INR)) has been reported in patients receiving amoxicillin and oral anticoagulants. Appropriate monitoring should be undertaken when amoxicillin and oral anticoagulants are prescribed concurrently, particularly upon initiation or cessation of concurrent administration. Adjustments in the dose of oral anticoagulants may be necessary to maintain the desired level of anticoagulation.

Gastrointestinal

Clostridium difficile-associated disease

Clostridium difficile-associated disease (CDAD) has been reported with use of many antibacterial agents, including amoxicillin. CDAD may range in severity from mild diarrhea to fatal colitis. It is important to consider this diagnosis in patients who present with diarrhea, or symptoms of colitis, pseudomembranous colitis, toxic megacolon, or perforation of colon subsequent to the administration of any antibacterial agent. CDAD

has been reported to occur over 2 months after the administration of antibacterial agents.

Treatment with antibacterial agents may alter the normal flora of the colon and may permit overgrowth of *Clostridium difficile*. *C. difficile* produces toxins A and B, which contribute to the development of CDAD. CDAD may cause significant morbidity and mortality. CDAD can be refractory to antimicrobial therapy.

If the diagnosis of CDAD is suspected or confirmed, appropriate therapeutic measures should be initiated. Mild cases of CDAD usually respond to discontinuation of antibacterial agents not directed against *Clostridium difficile*. In moderate to severe cases, consideration should be given to management with fluids and electrolytes, protein supplementation, and treatment with an antibacterial agent clinically effective against *Clostridium difficile*. Surgical evaluation should be instituted as clinically indicated, as surgical intervention may be required in certain severe cases. (see **ADVERSE REACTIONS**).

PRECAUTIONS

Periodic assessment of renal, hepatic and hematopoietic functions should be made during prolonged therapy with amoxicillin.

Because amoxicillin is excreted mostly by the kidney, the dosage for patients with renal impairment should be reduced in proportion to the degree of loss of renal function.

Use in the Elderly: There are no known specific precautions for the use of amoxicillin in the elderly.

If superinfections with mycotic or bacterial pathogens occur (usually involving *Aerobacter*, *Pseudomonas* or *Candida*) treatment with amoxicillin should be discontinued and appropriate therapy instituted.

The safety of amoxicillin in the treatment of infections during pregnancy has not been established. If the administration of amoxicillin to pregnant patients is considered to be necessary, its use requires that the potential benefits be weighed against the possible hazards to the fetus.

A morbilliform rash following the use of ampicillin in patients with infectious mononucleosis has been well documented and has also been reported to occur following the use of amoxicillin.

ADVERSE REACTIONS

As with other penicillins, it may be expected that untoward reactions will be related to sensitivity phenomena. They are more likely to occur in individuals who have previously demonstrated hypersensitivity to penicillins and cephalosporins and in those with a history of allergy, asthma, hay fever or urticaria.

The following adverse reactions have been reported as associated with the use of

amoxicillin.

Gastrointestinal - Nausea, vomiting and diarrhea, hemorrhagic and pseudomembranous colitis. Clostridium difficile-associated disease (CDAD) has been reported with use of many antibacterial agents, including amoxicillin.

Hypersensitivity Reactions - Skin rashes have been reported frequently. Less commonly, a few cases of serum sickness like reactions including urticaria, erythema, erythema multiforme, angioneurotic edema, pruritus have been reported. Rarely, Stevens-Johnson syndrome, toxic epidermal necrolysis, bullous dermatitis, exfoliative dermatitis, acute generalized exanthematous pustulosis, hypersensitivity vasculitis have been reported.

Anaphylaxis is the most serious reaction experienced and has usually been associated with the parenteral dosage form.

NOTE: Urticaria, other skin rashes, and serum sickness-like reactions may be controlled with antihistamines and if necessary, systemic corticosteroids. Whenever such reactions occur, amoxicillin should be discontinued unless, in the opinion of the physician, the condition being treated is life threatening and amenable only to amoxicillin therapy. Serious anaphylactic reactions require the immediate use of epinephrine, oxygen and intravenous steroids.

Liver - A moderate rise in serum glutamic oxaloacetic transaminase (SGOT) has been noted, particularly in infants, but the significance of this finding is not known. Transient increases in serum alkaline phosphatase and lactic dehydrogenase levels have also been observed but they returned to normal on discontinuation of amoxicillin. Reports have also been seen of hepatic dysfunction including cholestatic jaundice, hepatic cholestasis, acute cytolytic hepatitis,

Hemic and Lymphatic Systems - Anemia thrombocytopenia, thrombocytopenic purpura, eosinophilia, leukopenia, neutropenia and agranulocytosis have been reported during therapy with the penicillins. These reactions are usually reversible on discontinuation of therapy and are believed to be a hypersensitivity phenomena. Reports have also been seen of anemia including hemolytic anemia

Oral - Glossitis, black "hairy" tongue and stomatitis, mucocutaneous candidiasis, tooth discoloration (brown, yellow or gray staining) – Most reports occurred in pediatric patients. Discoloration was reduced or eliminated with brushing or dental cleaning in most cases.

CNS Reactions - As with other penicillins, acute and chronic toxicity is not a clinical problem. At extremely high doses, convulsions can occur. When penicillin reaches a high concentration in the cerebrospinal fluid, neurotoxic symptoms consisting of myoclonia, convulsive seizures and depressed consciousness may occur. Unless administration of the drug is stopped or its dosage reduced, the syndrome may progress to coma and death.

Although penicillins do not normally cross the blood-brain barrier to any substantial extent, if massive doses are given (several grams per day) to elderly patients, patients with inflamed meninges or patients with impaired renal function, the above toxic reactions are likely to occur. dizziness, hyperkinesias hyperactivity, agitation, anxiety, insomnia, confusion, behavioural changes, have also been reported.

Skin and appendages: erythematous maculopapular rash

Kidneys: crystalluria

Reporting Suspected Side Effects

You can report any suspected adverse reactions associated with the use of health products to the Canada Vigilance Program by one of the following 3 ways:

- Report online at www.healthcanada.gc.ca/medeffect.
- Call toll-free at 1-866-234-2345
- Complete a Canada Vigilance Reporting Form and:
 - Fax toll-free to 1-866-678-6789, or
 - Mail to:
Canada Vigilance Program
Health Canada
Postal Locator 0701E
Ottawa, Ontario
K1A 0K9.

Postage paid labels, Canada Vigilance Reporting Form and the adverse reaction reporting guidelines are available on the MedEffect™ Canada Web site at www.healthcanada.gc.ca/medeffect

Note: Should you require information related to the management of side effects, contact your health professional. The Canada Vigilance program does not provide medical advice

OVERDOSE

For management of a suspected drug overdose contact your regional Poison Control Centre Immediately

SYMPTOMS AND TREATMENT OF OVERDOSE

Treatment of overdosage would likely be needed only in patients with severely impaired renal function, since patients with normal kidneys excrete penicillins at a fast rate. Hemodialysis would, therefore, represent the main form of treatment.

Activated charcoal may be administered to aid in the removal of unabsorbed drug. General supportive measures are recommended.

DOSAGE AND ADMINISTRATION

Infections of the upper respiratory tract (ear, nose and throat) due to susceptible strains of streptococci (beta-hemolytic and Streptococcus pneumoniae), non penicillinase-producing staphylococci and H. influenzae.

Infections of the urinary tract due to Proteus mirabilis and Streptococcus faecalis.

Infections of the skin and soft-tissues due to streptococci and staphylococci (non penicillinase producing).

USUAL DOSAGE:

Adults: 250 mg every 8 hours

Children <20 kg: 20 mg/kg/day in divided doses every 8 hours. This dosage should not exceed the recommended adult dosage.

Children weighing 20 kg or more should be dosed according to the adult recommendations.

In severe infections or infections associated with organisms where sensitivity determinations require higher blood concentrations: 500 mg every 8 hours for adults, and 40 mg/kg/day in divided doses every 8 hours for children less than 20 kg may be needed.

Infections of the lower respiratory tract, due to susceptible strains of the causative organism and acute otitis media.

USUAL DOSAGE:

Adults: 500 mg every 8 hours

Children <20 kg: 40 mg/kg/day in divided doses every 8 hours. This dosage should not exceed the recommended adult dosage.

Children weighing 20 kg or more should be dosed according to the adult recommendations.

Urethritis due to nonpenicillinase producing *N. gonorrhoeae* acquired in area with active monitoring for resistance to penicillin and where the percentage of penicillin-resistant isolates is <3.0%:

Adults and children >45 kg: (3 g as a single oral dose); 1 g of oral probenecid should be administered concomitantly as well as appropriate therapy for presumptive or proven infection with *C. trachomatis*.

Children <45 kg: a single 50 mg/kg dose (maximum 3 g) given with a single 25 mg/kg (up to 1 g) dose of probenecid. However, probenecid is not recommended in children under 2 years of age. Appropriate therapy of presumptive or proven infection with *C. trachomatis* should be included as well. Cases of gonorrhea with a suspected lesion of syphilis should have darkfield examinations before receiving amoxicillin, and monthly serological tests for a minimum of four months.

For prevention of endocarditis:

Adults: 3 g orally 1 hour before procedure; then 1.5 g 6 hours after the initial dose.

Children: 50 mg/kg (not to exceed adult dose) orally 1 hour before procedure; then 25 mg/kg 6 hours after the initial dose.

It should be recognized that in the treatment of chronic urinary tract infections, frequent bacteriological and clinical appraisals are necessary. Smaller doses than those recommended above should not be used. Even higher doses may be needed at times and in stubborn infections therapy may be required for several weeks. It may be necessary to continue clinical and/or bacteriological follow-up for several months after cessation of therapy. Except for gonorrhoea, treatment should be continued for a minimum of 48 to 72 hours beyond the time that the patient becomes asymptomatic or evidence of bacterial eradication has been obtained. It is recommended that there be at least 10 days treatment for any infection caused by beta-hemolytic streptococci to prevent the occurrence of acute rheumatic fever or glomerulonephritis.

In order to obtain optimal absorption of drug from amoxicillin capsules they should be administered between meals with a glass of water (250 mL or 8 fl. oz.).

PHARMACEUTICAL INFORMATION

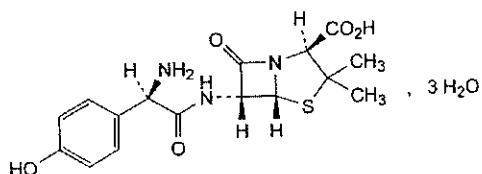
DRUG SUBSTANCE:

Trade Name : AURO-AMOXICILLIN

Proper Name : Amoxicillin Trihydrate

Chemical Name : (2S, 5R, 6R)-6-[(2R)-2-Amino-2-(4-hydroxyphenyl)acetyl]amino]-3,3-dimethyl-7-oxo-4-thia-1-azabicyclo[3.2.0]heptane-2-carboxylic acid.

Structural formula :



Molecular Formula : C₁₆H₁₉N₃O₅S.3H₂O.

Molecular Weight : 419.5

Description : A white or almost white crystalline powder. Slightly soluble in water, very slightly soluble in ethanol (96%), practically insoluble in fatty oils. It dissolves in dilute acids and dilute solutions of alkali hydroxide.

STABILITY AND STORAGE RECOMMENDATIONS:

Store at room temperature between 15 and 30°C

DOSAGE FORMS, COMPOSITION AND PACKAGING

The AURO-AMOXICILLIN capsules are supplied as follows:

Dosage Form	250 mg	500 mg
Description	Maroon/yellow size '1' hard gelatin capsules filled with white to off-white granular powder and imprinted with 'A' on maroon cap and '85' on yellow body with black ink.	Maroon/yellow size '0EL' hard gelatin capsules filled with white to off-white granular powder and imprinted with 'A' on maroon cap and '86' on yellow body with black ink.
Composition	Each capsule contains 286.697 mg of Amoxicillin trihydrate equivalent to 250 mg of Amoxicillin. Non-Medicinal Ingredients Cellulose, Microcrystalline, Magnesium Stearate	Each capsule contains 573.394 mg of Amoxicillin trihydrate equivalent to 500 mg of Amoxicillin. Non-Medicinal Ingredients Cellulose, Microcrystalline, Magnesium Stearate.
Packaging	Blister Pack 10 x 10's count HDPE bottles of 30's, 100's & 500's count.	Blister Pack 10 x 10's count HDPE bottles of 30's, 100's & 500's count.

Composition of Amoxicillin empty capsules:

Potency	Cap	Body	Ink Used for Imprinting
250 mg	Brilliant Blue (E 133), Allura Red (E 129), Erythrosine (E 127), Titanium Dioxide (E171), Gelatin, Sodium Lauryl Sulfate.	Iron Oxide Yellow (E172), Titanium Dioxide (E171), Gelatin, Sodium Lauryl Sulfate.	Black ink
500 mg	Brilliant Blue (E 133), Allura Red (E 129), Erythrosine (E 127), Titanium Dioxide (E171), Gelatin, Sodium Lauryl Sulfate.	Iron Oxide Yellow (E172), Titanium Dioxide (E171), Gelatin, Sodium Lauryl Sulfate.	Black ink

CLINICAL TRIALS

Comparative Bioavailability Data

A double blind, randomized, two treatment, two sequence, two period, crossover, single dose comparative oral bioavailability study of Auro-Amoxicillin capsules (amoxicillin trihydrate) 500 mg capsules (Auro Pharma Inc.) and Apo-Amoxi (amoxicillin trihydrate) 500mg capsules (Apotex Inc.) was conducted in 26 healthy, adult, human Asian male subjects under fasting conditions.

Summary Table of the Comparative Bio-availability Data

Amoxicillin (1 X 500 mg) From measured data Geometric Mean Arithmetic Mean (CV %)				
Parameter	Test*	Reference†	% Ratio of Geometric Means#	90% Confidence Interval#
AUC _T (hr.ng/mL)	27554.36 28467.18 (22.9)	26519.07 27339.12 (23.6)	103.90	96.00-112.46
AUC ₁ (hr.ng/mL)	27833.34 28763.40 (23.1)	26791.54 27631.25 (23.9)	103.89	96.00-112.42
C _{max} (ng/mL)	8004.72 8328.68 (23.4)	7896.32 8276.50 (27.8)	101.37	92.75-110.79
T _{max} [§] (h)	2.13 (1.25-3.50)	2.25 (1.00-4.00)		
T _½ [§] (h)	1.66 (15.4)	1.62 (15.3)		

* Auro-Amoxicillin (Amoxicillin trihydrate) 500 mg (Auro Pharma Inc)

† APO-AMOXI 500 mg Capsules (Apotex Inc) were purchased in Canada.

§ Expressed as Median (Range).

§ Expressed as arithmetic mean (CV %) only

MICROBIOLOGY

In vitro studies with amoxicillin have demonstrated the susceptibility of the following gram-positive bacteria: beta-hemolytic streptococci, Streptococcus pneumoniae, D. pneumoniae, non-penicillinase-producing staphylococci, and Streptococcus faecalis. It is active in vitro against many strains of Haemophilus influenzae, Neisseria gonorrhoeae and Proteus mirabilis. Because amoxicillin does not resist destruction by penicillinase, it is not effective against penicillinase-producing bacteria, particularly resistant staphylococci.

Amoxicillin is not active against all Pseudomonas aeruginosa, indole-positive Proteus species, Serratia marcescens, Klebsiella, and Enterobacter species.

Disc Susceptibility Tests: Quantitative methods that involve the measurement of the diameters of zones of inhibition can be used to estimate micro-organism sensitivity to a particular antibiotic. A procedure which involves the use of discs impregnated with a particular antibiotic has been described for the ampicillin class of antibiotics. Interpretations correlate diameters of the zones of inhibition with MIC values for amoxicillin. With this procedure, using a 10 µg disc, a zone of 29 mm or more is classified as "susceptible" and indicates that the infecting organism is likely to respond to therapy. A zone of 20 mm or less is classified as "resistant" and indicates that the infecting organism is not likely to respond to therapy. A zone of 21 -28 mm is classified as "intermediate susceptibility" and indicates that the organism would be susceptible if high dosages are used, or if the infection is confined to tissues and fluids (e.g., urine), in which antibiotic levels are attained.

The in vitro activity of amoxicillin against selected organisms has been reported by Sutherland et al. and Sabto et al. shown in the following tables:

Table I. *In Vitro* Activity of Amoxicillin Against Gram-Positive Cocci, H. Influenzae and N. Gonorrhoeae

Organism	Minimum Inhibitory Concentration ($\mu\text{g/mL}$)									
	No. of Strains	.005	0.01	0.02	0.03	0.05	0.12	0.25	0.5	1.0
Staphylococcus aureus	29					3	20	6		
Beta-hemolytic streptococci	28		25	3						
Streptococcus pneumoniae	23		9	6	2	6				
Streptococcus faecalis	53							3	39	11
H. influenzae	98						20	41	29	8
N. gonorrhoeae	13		1	3		3	1	5		

Table II. *In Vitro* Activity of Amoxicillin Against Gram-Negative Bacilli

Organism	Minimum Inhibitory Concentration ($\mu\text{g/mL}$)								
	No. of Strains	1.25 or less	2.5	5.0	12.5	25	50	100	>100
Proteus mirabilis	90	38	28	11					13
Shigella sonnei	26		4	11	4		1	1	5
Salmonella species	20	10	8						2
Klebsiella-Enterobacter	29		1				1	2	25
Serratia marcescenes	18			1		1	3	6	7
E. coli	206	5	13	115	46	2	1	1	23

The minimum inhibitory concentrations of amoxicillin against all micro-organisms with the exception of 5 strains of Streptococcus pneumoniae were measured by serial dilution in agar.³⁶ The minimum inhibitory concentration against these strains of Streptococcus pneumoniae was estimated using the tube dilution method with Levinthal's medium.³⁴

PHARMACOLOGY

Amoxicillin is stable in the presence of gastric acid. Amoxicillin is rapidly and well absorbed after oral administration to fasting subjects. It was found in a recent study that peak serum antibiotic levels were reduced by 50% in subjects receiving amoxicillin immediately following a standard meal. Reducing the dose-water volume given with amoxicillin from 250 to 25 mL in fasted subjects also caused a significant reduction in serum amoxicillin levels. This may be due to the low water solubility of amoxicillin trihydrate (1 g in 370 mL water). In addition, food ingestion immediately before dosing also reduced the urinary excretion.

Peak serum levels are attained between 1 and 2 hours after drug administration. Amoxicillin diffuses readily into most body tissues and fluids, with the exception of brain and spinal fluid. Amoxicillin is excreted largely unchanged in the urine while 10-25% of the administered dose is excreted in the form of penicilloic acid. The excretion of amoxicillin can be delayed by concurrent administration of probenecid. Amoxicillin is not highly protein bound. In blood serum, amoxicillin is approximately 17-18% protein bound compared to 59% for penicillin G.

The following amoxicillin mean serum levels were found following the administration of 250 mg capsules of amoxicillin to 12 healthy adult volunteers:

Time (hr.)	0.5	1.0	1.5	2	3	4	5	7
Mean Serum Levels ($\mu\text{g}/\text{mL}$)	0.81	2.96	3.17	3.10	2.22	1.12	0.50	0.11

Peak blood serum levels averaged $3.8\mu\text{g}/\text{mL}$ (range 2.35 to 6.38) and the T_{max} was 1.50 hr. The mean biological half-life ($t_{1/2}$) was found to be 55.8 minutes with a mean elimination rate constant K_{el} of 0.7456 hr^{-1} .

The AUC's calculated for 0 to 7 hours ranged from 8.475 to 12.865 $\mu\text{g}\cdot\text{hours}/\text{mL}$. The mean AUC was $10.713 \pm 1.443\ \mu\text{g}\cdot\text{hours}/\text{mL}$.

The administration of 500 mg amoxicillin to healthy fasting subjects has been reported to produce peak mean serum levels of $10.8\mu\text{g}/\text{mL}$ and $6.75\mu\text{g}/\text{mL}$. Additional studies in healthy volunteers with normal renal function receiving 500 mg doses, indicated that peak serum levels could vary from 5.0 to $10.8\mu\text{g}/\text{mL}$. Serum amoxicillin half-life values reported in the literature vary from 1-1.3 hours. About 60-80% of an oral dose of amoxicillin is excreted in the urine. In the presence of renal impairment the serum half-life increases (between 7 and 10 hours), necessitating a reduction in the dosage administered.

TOXICOLOGY

Acute Toxicity

The following LD_{50} values for amoxicillin expressed in mg/kg of body weight have been reported.

Species	Route of Administration		
	P.O	I.P.	S.C.
Mouse	> 10,000	4350	> 6,000
Rat	> 8,000	4900	> 6,000
Dog	> 3,000		

Sub-acute Toxicity

Rats:

In one study male and female rats were orally administered 500 mg/kg amoxicillin daily for 21 days. With the exception of significantly greater ($p < 0.01$) BUN values in the female test group compared with controls, there were no toxic effects on the organs, tissues or fluids of the body, nor any adverse effects on food consumption, weight gain, or efficiency of food utilization reported in the study.

Histopathologic evaluation of tissues revealed a minimal degree of fatty change in livers of treated females. However, this finding was not considered a toxic change but related to a possible alteration in the intestinal flora.

Dogs:

One male and one female dog were dosed orally with 250 mg/kg amoxicillin daily for 14 days. During the period of observation, no deaths occurred, no adverse changes in body weight and no effect on food consumption was found. Laboratory values were found within normal limits. At post-mortem, no gross or microscopic abnormalities were reported and organ weights were within normal limits.

Chronic Toxicity

Rats:

In one study male and female rats were given oral doses of 200, 500 and 2000 mg/kg/day amoxicillin, 6 days a week for 26 weeks. No apparent disturbances in absolute organ weights of either treated male or female animals were noted nor was any histologic evidence of response to treatment observed.

In another study, 3 groups of Sprague-Dawley rats were given oral doses of 200, 500 and 2000 mg/kg of amoxicillin for a test period of 13-15 weeks. There were no gross or histologic changes observed in the treated rats that were considered related to the administration of amoxicillin. Some of the intermediate and low-dose groups were shown to exhibit body weight gains lower (males) or slightly higher (females) than those of the control animals.

Dogs:

It has been reported that amoxicillin was administered orally at doses of 200, 500 and 2000 mg/kg/day to male and female dogs for a period of 6 months. (Groups consisted of 6 male and 6 female dogs initially, but after 3 months dosing, each group was reduced to 3 dogs).

During the first six weeks of treatment, occasional bouts of vomiting, one to four hours after dosing, were reported in dogs receiving 2000 mg/kg/day and 4 bouts of vomiting were recorded in dogs receiving the intermediate dose of 500 mg/kg/day. Grey coloured feces were seen on very isolated occasions in dogs treated at high and intermediate dose levels only. On seven occasions it involved dogs receiving the highest dose level (2000 mg/kg/day) and on three occasions dogs receiving the intermediate dose level (500 mg/kg/day).

Body weight gains of treated males were reported to be not significantly different from those of controls, but all dosed females increased in weight at a significantly slower rate than did the controls. This factor was reported to be attributable to excessive weight gain in the control animals. Food and water consumption was not affected. No abnormalities of the eyes were observed attributable to amoxicillin.

In a second study 2 groups of Beagle dogs were given oral doses of 500 mg/kg and 200 mg/kg of amoxicillin for 13 weeks. There were no gross or histologic changes reported in the treated dogs that were considered related to the administration of amoxicillin.

Effects on Fertility and Reproductive Performance

Rats:

Daily doses of 200 and 500 mg/kg amoxicillin were administered orally in one reported study. Male rats that had attained a minimum age of 40 days were treated for 63 days and sexually mature females for 14 days prior to mating. Dosing continued throughout the remainder of the investigation. The duration of gestation was unaffected by treatment at either dosage. It was noted that pregnancy rate at 500 mg/kg was slightly lower than that of controls at the first and second matings. At 200 mg/kg, the pregnancy rate was essentially comparable to control values at both matings. The chronologic sequence of mating was comparable for all groups; at 500 mg/kg the total number of animals showing evidence of mating was slightly lower than that of controls at both pairings. Pre- and post-implantation losses were comparable for all groups at the first and second pregnancies.

Among the rats allowed to rear their young, litter sizes, litter weights, mean pup weights and the pup mortality rates for the group dosed at 500 mg/kg amoxicillin were comparable to control values at birth, 4 and 21 days postpartum. Mean pup weights and pup mortality rates were similarly unaffected by 200 mg/kg amoxicillin; but litter sizes and litter weights were lower than control values from birth through lactation. These differences were considered to be unrelated to treatment. No abnormal young were observed.

Effects on Pregnancy

Mice:

It has been reported that amoxicillin administered at doses of 200, 500 and 2000 mg/kg/day orally during days 6-15 of pregnancy produced no obvious signs of reaction to treatment or deaths among parent animals. Body weight changes of pregnant dams were comparable for all groups, as was the pregnancy rate.

Fetal loss was significantly higher among all test groups than among controls. However, as implantation rates also tended to be higher at the 500 and 2000 mg/kg doses, litter sizes were only marginally, and not significantly, lower than the control value. Litter sizes and implantation rate also tended to lie at or above the upper limit of the laboratory range. Due to the latter factors, the biologic importance of the increased fetal loss was uncertain. It was noted that mean pup weights were comparable for all groups. The distribution of skeletal variants was considered to be unaffected by treatment at any dosage. A significantly higher proportion of pups with cervical ribs was found in the 200 mg/kg dose group. Cervical rib and 14th rib are the prolongations of the transverse processes of the cervical or lumbar vertebrae. Supernumerary ribs have an incidence which depends on the strain of animals. Cervical ribs are not abnormalities and have no

pathologic significance.

In this experiment the incidence of cervical ribs was 12% in control rats and 16% in the drug-treated groups if the three groups are calculated together. If the groups are considered individually, then in the lowest dose group (200 mg/kg) the incidence of cervical ribs was 24%, which is, statistically, significantly higher than in the controls. This finding was not considered to be drug related since at the 500 mg/kg dose level the incidence of cervical ribs was significantly lower than in controls. At the highest dose level (2000 mg/kg) the incidence of cervical ribs was 17%, similar to the controls. The incidence of visceral abnormalities was not significantly affected at any dose level.

Rats:

Amoxicillin was administered at doses of 200 mg/kg, 500 mg/kg and 1000 mg/kg orally during gestation from day 6 through 15. Amoxicillin did not modify pregnancy, percentage of resorption and did not produce fetal abnormalities as compared with negative control rats.

Effects on Peri- and Post-Natal Development of the Rat

Amoxicillin was administered orally at 200 and 500 mg/kg/day from day 15 of gestation through lactation to 21 days post-partum. Body weight gain, pregnancy rate, and the duration of gestation of parent animals were unaffected by treatment at any dosage. There was a significant dose-related trend to lower litter size and weight at birth. This persisted through lactation to weaning despite reduced pup mortality and increased mean pup weight in the test groups compared with controls. No abnormal young were observed.

REFERENCES

1. Acred P, Hunter PA, Mizen L, et al. α -amino-p-hydroxylpenicillin (BRL 2333), a new broad-spectrum semi-synthetic penicillin: In vivo evaluation. *Antimicrob Agents Chemother* 1970; 416
2. Alergant CD. Treatment of gonorrhoea with amoxycillin. *Br J Vener Dis* 1973; 49:274.
3. Aronovitz GH. Middle ear infections in pediatric patients: Treatment with amoxycillin. *J Infect Dis* 1974; 129:185.
4. Bauer AW, Kirby WMM, Sherris JC, et al. Antibiotic testing by a standardized single disc method. *Am J Clin Pathol* 1966; 45:493.
5. Bayne L, Tamblyn D, Ruedy J, et al. Oral amoxycillin in acute uncomplicated gonorrhoea. *Can Med Assoc J* 1974; 111:685.
6. Bodey GP, Nance J. Amoxicillin: In vitro and pharmacological studies. *Antimicrob Agents Chemother* 1972; 1:358.
7. Braff EH. Amoxicillin in the treatment of gonorrhoea. *J Infect Dis* 1974; 129:S254.
8. Breese BB, Disney FA, Talpey WB, et al. Treatment of streptococcal pharyngitis with amoxicillin. *J Infect Dis* 1974; 129:S178.
9. Brogden RN, Speight TM, Avery GS. Amoxycillin: a review of its antibacterial and pharmacokinetic properties and therapeutic use. *Drugs* 1975; 9:88.
10. Brogden RN, Speight TM, Avery GS. Amoxycillin: a preliminary report of its pharmacokinetic properties and therapeutic efficacy. *Drugs* 1974; 7:326.
11. Bruschi JL, Bergeron MG, Barza M, et al. An in vitro and pharmacological comparison of amoxicillin and ampicillin. *Am J Med Sci* 1974; 267:41
12. Burns MW, Devitt L. Infections of the lower respiratory tract: treatment with amoxicillin. *J Infect Dis* 1974; 129:S194
13. Cox CE. Amoxicillin therapy of urinary tract infections. *J Infect Dis* 1974; 129:S235.
14. Croydon EAP, Sutherland R. α -amino-p-hydroxybenzylpenicillin (BRL 2333), a new semi-synthetic penicillin: absorption and excretion in man. *Antimicrob Agents Chemother* 1970; 427.
15. Croydon EAP. Clinical experience of amoxycillin in the United Kingdom. *Chemotherapy* 1973; 3:262.

16. Deal WB, Polly SM, Zellner SR. Therapy of uncomplicated gonococcal urethritis in the male with a single dose of amoxicillin. *J Infect Dis* 1974; 129:S256.
17. Gilbert DN. Comparison of amoxycillin and ampicillin in the treatment of urinary tract infections. *J Infect Dis* 1974; 129:S231.
18. Handsfield HH, Clark H, Wallace JF, et al. Amoxicillin, a new penicillin antibiotic. *Antimicrob Agents Chemother* 1973; 3:262.
19. Harding JW, Lees LJ. Trial of a new broadspectrum penicillin (amoxycillin) in general practice. *Practitioner* 1972; 209:363.
20. Howie VM, Ploussard JH, Sloyer J. Comparison of ampicillin and amoxicillin in the treatment of otitis media in children. *J Infect Dis* 1974; 129:S181.
21. Jones FD. Treatment of otitis media in pediatric practice: Amoxicillin vs ampicillin. *J Infect Dis* 1974; 129:S187.
22. Karney WW, Turck M, Holmes KK. Single-dose oral therapy for uncomplicated gonorrhoea: comparison of amoxicillin and ampicillin given with and without probenecid. *J Infect Dis* 1974; 129:S250.
23. Lima MBC. Amoxycillin in severe infections: Preliminary results. *J Infect Dis* 1974; 129:S207.
24. May JR, Ingold A. Amoxicillin in the treatment of infections of the lower respiratory tract. *J Infect Dis* 1974; 129:S189.
25. May JR, Ingold A. Amoxycillin in the treatment of chronic non-tuberculous bronchial infections. *Br J Dis Chest* 1972; 66:185.
26. Middleton RSW. Use of amoxycillin in chest infections in the elderly. *Gerontology* 1974; 16:92.
27. Middleton FG, Poretz DM, Duma R.J. Clinical and laboratory evaluation of amoxycillin (BRL 2333) in the treatment of urinary tract infections. *Antimicrob Agents Chemother* 1973; 4:25.
28. Mitchell RW, Robson HG. Comparison of amoxicillin and ampicillin in single-dose oral treatment of males with gonococcal urethritis. *Can Med Assoc J* 1974; 111:1198.
29. Pearson RE. Amoxicillin - a comparison with ampicillin. *Drug Intell Clin Pharm* 1974; 8:542.
30. Platts WM. Amoxycillin in single oral dose for uncomplicated gonorrhoea. *NZ Med J*

1976; 84:56.

31. Price JD, Harding JW. The use of amoxicillin in treatment of urinary tract infection in general practice. *Br J Clin Pract* 1973; 27:165.
32. Reilly MJ, Kepler JA, Hoskins NM, et al. The penicillins. *Am Hosp Form Ser* 1976; 2:8, 12, 16.
33. Sabto J, Carson P, Morgan T. Evaluation of amoxicillin - A new semisynthetic penicillin. *Med J Aust* 1973; 2:537.
34. Spyker DA, Rugloski RJ, Vann RL, et al. Pharmacokinetics of amoxicillin: dose dependence after intravenous, oral, and intramuscular administration. *Antimicrob Agents Chemother* 1977; 11:132.
35. Sutherland R, Croydon EAP, Rolinson GN. Amoxicillin: A new semi-synthetic penicillin. *Br Med J* 1972; 3:13.
36. Turck M, Handsfield HH, Holmes KK. Amoxicillin in the treatment of urinary tract infections. *J Infect Dis* 1974; 129:S248.
37. Verbist L. Triple crossover study on absorption and excretion of ampicillin, talampicillin, and amoxicillin. *Antimicrob Agents Chemother* 1976; 10:173.
38. Vitti TG, Gurwith MJ, Ronald AR. Pharmacologic studies of amoxicillin in nonfasting adults. *J Infect Dis* 1974; 129:S149.
39. Welling PG, Huang H, Koch PA, et al. Bioavailability of ampicillin and amoxicillin in fasted and nonfasted subjects. *J Pharm Sci* 1977; 66:549.
40. Willcox RR. Amoxicillin in the treatment of gonorrhoea. *Br J Vener Dis* 1972; 48:504.
41. Amoxil (Amoxicillin Trihydrate) Product Monograph. Ayerst Laboratories, St Laurent, Quebec. December 19, 1986.
42. Polymox (Amoxicillin Trihydrate) Product Monograph. Bristol Laboratories of Canada, Candiac, Quebec. July 19, 1976; 11-14.
43. A Comparative Bioavailability Study of Amoxicillin Capsules, July 7, 1977. Data on file at Novopharm Limited.
44. Product Monograph-NOVAMOXIN (Amoxicillin Trihydrate Capsules), by Novopharm Limited with Control No. 151241. Date of Revision: February 06, 2012.