D 3 Proposed Packaging Insert

The proposed package insert is enclosed overleaf.

Pharmacode position may change as per Supplier's m/c requirement & additional small pharma code may appear on the front / back panel





For the use only a Registered Medical Practitioner or a Hospital or a Laboratory

KOACT TABLET 1000MG
KOACT TABLET 625MG
KOACT TABLET 375MG
KOACT 156.25
KOACT 312.50

Description and composition:

KOACT TABLET 1000MG (Co-amoxiclav Tablets BP 875-125mg)

White coloured, capsule shaped, film coated debossed with 'A' on one side and with a scoreline in between '6' and '5' on the other side.

Each film coated tablet contains:

Amoxicillin Trihydrate Ph.Eur equivalent to Amoxicillin 875 mg,
Potassium Clavulanate Ph.Eur equivalent to Clavulanic Acid 125 mg.

KOACT TABLET 625MG (Co-amoxiclav Tablets BP 500-125mg)

White oval shaped film coated tablets, debossed with 'A' on one side and 64 on the other side.

Each film coated tablet contains:

Amoxicillin Trihydrate Ph.Eur equivalent to Amoxicillin 500 mg,
Potassium Clavulanate Ph.Eur equivalent to Clavulanic Acid 125 mg.

KOACT TABLET 375MG (Co-amoxiclav Tablets BP 250-125mg)

White oval shaped film coated tablets, debossed with 'A' on one side and 63 on the other side.

Each film coated tablet contains:

Amoxicillin Trihydrate Ph.Eur equivalent to Amoxicillin 250 mg.
Potassium Clavulanate Ph.Eur equivalent to Clavulanic Acid 125 mg.

KOACT 156.25 (Co-Amoxiclav for Oral Suspension 125-31.25mg/ 5ml)

Dry Powder: White to off-white granular powder

After reconstitution: White to off-white suspension with strawberry flavour.

Each 5ml (After reconstitution) contains: Amoxicillin Trihydrate Ph.Eur equivalent to Amoxicillin 125 mg.
Potassium Clavulanate, diluted Ph.Eur equivalent to Clavulanic Acid 31.25 mg

KOACT 312.50 (Co-Amoxiclav for Oral Suspension 250-62.50mg/5ml)

Dry Powder: White to off-white granular powder

After reconstitution: White to off-white suspension with strawberry flavour.

Each 5ml (After reconstitution) contains:

Amoxicillin Trihydrate Ph.Eur equivalent to Amoxicillin 250 mg.
Potassium Clavulanate, diluted Ph.Eur equivalent to Clavulanic Acid 62.50 mg.

Pharmacodynamics

Bacterial enzymes that destroy the antibiotic before it can act on the pathogen cause resistance to many antibiotics. The clavulanate in Co-amoxiclav anticipates this defence mechanism by blocking the beta-lactamase enzymes, thus rendering the organisms sensitive 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 Co-amoxiclav, it produces an antibiotic agent of broad spectrum with wide application in hospital and general practice.

Co-amoxiclav is bactericidal to a wide range of organisms including:

Gram-positive

Aerobes: Enterococcus faecalis*, Enterococcus faecium*, Streptococcus pneumoniae, Streptococcus pyogenes, Streptococcus viridans, Staphylococcus aureus*, Coagulase negative staphylococci* (including Staphylococcus epider-midis*), Corynebacterium species, Bacillus anthracis*, Listeria monocytogenes

Anaerobes: Clostridium species, Peptococcus species, Peptostreptococcus.

Gram-negative

Aerobes: Haemophilus influenzae*, Moraxella catarrhalis* (Branhamella catarrhalis), Escherichia coli*, Proteus-mirabilis*, Proteus vulgaris*, Klebsiella species*, Salmonella species*, Shigella species*, Bordetella pertussis,Brucella species, Neisseria gonorrhoeae*, Neisseria meningitidis*, Vibrio cholerae, Pasteurella multocida. Anaerobes: Bacteroides species* including B. fragilis.

* Some members of these species of bacteria produce beta-lactamase, rendering them insensitive to amoxicillin alone.

Pharmacokinetics

The pharmacokinetics of the two components of Co-amoxiclav is closely matched. Peak serum levels of both occur about one hour after oral administration. Absorption of Co-amoxiclav is optimized at the start of a meal. Both clavulanate and amoxicillin have low levels of serum binding; about 70% remains free in the serum. Doubling the dosage of Co-amoxiclav approximately doubles the serum levels achieved.

Indications

Co-amoxiclav is an antibiotic agent with a notably broad spectrum of activity against the commonly occurring bacterial pathogens in general practice and hospital. The beta-lactamase inhibitory action of clavulanate extends the spectrum of amoxicillin to embrace a wider range of organisms, including many resistant to other beta-lactam antibiotics.

Co-amoxiclav oral preparations are indicated for short-term treatment of bacterial infections at the following sites when amoxicillin resistant beta-lactamaseproducing strains are suspected as the cause. In other situations, amoxicillin alone should be considered.

Upper respiratory tract infections (including ENT) e.g. 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.

Mixed infections caused by amoxicillin-susceptible organisms in conjunction with Co-amoxiclav-susceptible beta-lactamase-producing organisms may be treated with Co-amoxiclav. These infections should not require the addition of another antibiotic resistance to beta-lactamases.

Recommended dose

Adults and children over 12 years:

Mild - Moderate infections: One KOACT TABLET 375 mg tablet three times a day.

Severe infections: One KOACT TABLET 625 mg tablet three times a day or one KOACT TABLET 1 g tablet twice daily.

KOACT tablets are not recommended in children of 12 years and under.

Children 7-12 years: 10ml Koact 156.25 mg/5ml suspension three times a day, or 5ml of Koact 312.5 mg/5ml suspension three times a day*

Children 2 -7 years: 5 ml 156.25 mg/5ml suspension three times a day*

Children 9 months —2 years: 2.5ml Koact 156.25mg/5ml suspension three times a day*

Children 0 —9 months: no suitable oral presentation is currently available for this age group.

Treatment with Koact should not be extended beyond 14 days without review.

* These dosages may be doubled in severe infections.

Dosage in renal impairment:

Adults:

Mild impairment (Creatinine clearance >30 ml/min)	Moderate impairment (Creatinine clearance 10-30 ml/min)	Severe impairment (Creatinine clearance <10 ml/min)
No change in dosage.	One 375 mg tablet or one 625 mg tablet 12 hourly.	Not more than one 375 mg tablet 12 hourly; 625 mg tablets are not recommended

Children:

Similar reductions in dosage should be made for children.

Dosage in hepatic impairment:

Dose with caution; monitor hepatic function at regular intervals.

For oral Administration

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

The absorption of co-amoxiclav is optimised when taken at the start of a meal.

Treatment should not be extended beyond 14 days without review.

Mode of administration

Tablets and Suspension for Oral administration

Contraindication

Penicillin hypersensitivity. Attention should be paid to possible cross-sensitivity with other beta-lactam antibiotics. e.g. cephalosporins

A previous history of Co-amoxiclav or penicillin associated jaundice/hepatic dysfunction

Warning and precautions

Changes in liver function tests have been observed in some patients receiving Co-amoxiclav. The clinical significance of these changes is uncertain but Co-amoxiclav should be used with caution in patients with evidence of hepatic dysfunction.

Cholestatic jaundice, which may be severe, but is usually reversible, has been reported rarely. Signs and symptoms may not become apparent for several weeks after treatment as ceased. In patients with renal impairment, dosage should be adjusted according to the degree of impairment.

In patients with reduced urine output, crystalluria has been observed very rarely, predominately 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 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.

Erythematous rashes have been associated with glandular fever in patients receiving amoxicillin.

A/s: 210 x 300 mm ■ Black

AUROBINDO Packaging Development		Product Name	Component	Item Code	Date & Time
		KOACT Tablets	Leaflet	P1539381	25.04.2025 & 03.40 pm
		Country	Version No.	Reason Of Issue	Reviewed / Approved by
		Malaysia Unit-12	00	Submission	
Team Leader	Kiran	Dimensions (mm)	Colours: 01		
Initiator	Krishna	A/s ; 210 x 300 mm			
Artist	Designers Rakesh	Pharma Code: 39381			
Additional Information:					

39381

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

Serious and occasionally fatal hypersensitivity reactions (including anaphylactoid and severe cutaneous adverse reactions) have been reported in patients receiving therapy with beta-lactams. Before initiating therapy with Co-amoxiclav, careful inquiry should be made concerning previous hypersensitivity reactions to penicillins, cephalosporins, carbapenems or other beta-lactam agents. If an allergic reaction occurs, Co-amoxiclav must be discontinued immediately and appropriate alternative therapy instituted.

Interactions with other medicaments

Prolongation of bleeding time and prothrombin time has been reported in some patients receiving Co-amoxiclav. Co-amoxiclav should be used with care in patients on anti-coagulation therapy.

In common with other broad-spectrum antibiotics, co-amoxiclav may reduce the efficacy of oral contraceptives and patients should be warned accordingly. Concomitant use of allopurinol during treatment with amoxicillin can increase the likelihood of allergic skin reactions.

Pregnancy and lactation

Reproduction studies in animals (mice and rats) with orally and parenterally administered Co-amoxiclav have shown no teratogenic effects. In a single study in women with preterm, premature rupture of the foetal membrane, it was reported that prophylactic treatment with Co-amoxiclav may be associated with an increased risk of necrotising enterocolitis in neonates. As with all medicines, use should be avoided in pregnancy, especially during the first trimester, unless considered essential by the physician.

Co-amoxiclav 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 known detrimental effects for the breast-fed infant.

Side effects

Side effects are uncommon and mainly of a mild and transitory nature.

Gastrointestinal reactions:

Diarrhoea, indigestion, nausea, vomiting, and mucocutane-ous candidiasis have been reported. Antibiotic-associated colitis (including pseudomembranous colitis and haemor-rhagic colitis) has been reported rarely. Nausea, although uncommon, is more often associated with higher oral dosages. If gastrointestinal side effects occur with oral therapy they may be reduced by taking Co-amoxiclav at the start of meals.

Superficial tooth discolouration has been reported rarely, mostly with the suspension. It can usually be removed by brushing.

Renal and urinary tract disorders:

Crystalluria occurs very rarely.

Genito-urinary:

Vaginal itching, soreness and discharge may occur.

Hepatic effects:

Moderate and asymptomatic rises in AST and/or ALT and alkaline phosphatases occur occasionally. Hepatitis and cholestatic jaundice occurs rarely. These hepatic reactions occur more commonly with Co-amoxiclav than with other penicillins.

After Co-amoxiclav hepatic reactions occurs more frequently in males and elderly patients, particularly those over 65 years. The risk increases with duration of treatment longer than 14 days. These reactions have been very rarely reported in children.

Signs and symptoms usually occur during or shortly after treatment but in some cases may not occur until several weeks after treatment has ended. Hepatic reactions are usually reversible but they may be severe and very rarely, deaths occurs.

Hypersensitivity reactions:

Urticarial and erythematous skin rashes sometimes occur. Rarely erythema multiforme, Stevens-Johnson syndrome, toxic epidermal necrolysis, bullous exfoliative dermatitis, acute generalised exanthematous pustulosis (AGEP), serum sickness-like syndrome and hypersensitivity vasculitis occurs. Treatment should be discontinued if one of these disorders occurs. In common with other beta-lactam antibiotics angioedema and anaphylaxis occurs. Interstitial nephritis can occur rarely.

Skin and subcutaneous tissue disorders: Frequency ‘very rare’: Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS)

Haematological effects:

As with other beta-lactams transient leucopenia (including neutropenia and agranulocytosis), thrombocytopenia and haemolytic anaemia occurs rarely. Prolongation of bleeding time and prothrombin time also occurs rarely.

CNS effects:

CNS effects occur very rarely. These include reversible hyperactivity, dizziness, headache and convulsions. Convulsions may occur with impaired renal function or in those receiving high doses.

Symptoms and Treatment of over dose

Gastrointestinal symptoms and disturbance of the fluid and electrolyte balances may be evident. They may be treated symptomatically with attention to the water electrolyte balance. Co-amoxiclav may be removed from the circulation by haemodialysis.

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

Storage condition

Tablet: Store in a dry place at or below 30°C, protect from moisture.

Oral suspension: The dry powder should be stored in a dry place below 30°C. Protect from moisture. Once reconstituted, store in a refrigerator (2-8°C). Use the reconstituted suspension within 7 days.

Shelf life

Tablets: 24 months.

Oral suspension: For dry powders 18 months from the date of manufacture. For Reconstituted suspension should be used within 7 days. Discard any unused suspension after 7 days.

Presentation:

KOACT TABLET 375MG: 4 blisters of 5 tablets each are packed in a printed carton along with a package insert

KOACT TABLET 625MG: 3 blisters of 5 tablets each are packed in a printed carton along with a package insert

KOACT TABLET 1000MG: 3 blisters of 5 tablets each are packed in a printed carton along with a package insert

KOACT 156.25 oral suspension: White to off-white granular powder filled in a 100ml HDPE Translucent bottle, packed in a printed carton along with a package insert.

KOACT 312.50 oral suspension: White to off-white granular powder filled in a 100 ml HDPE Translucent bottle, packed in a printed carton along with a package insert.

Manufactured by:

AUROBINDO

Aurobindo Pharma Limited
Unit- XII, Sy. No.: 314,
Bachupally, Bachupally Mandal,
Medchal-Malkajgiri District, Telangana State, India.

Product Registration Holder and Imported by:
Unimed Sdn Bhd,
No. 53, Jalan Tembaga SD 5/2B, Bandar Sri Damansara,
52200 Kuala Lumpur.

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