CIFLOX®
FILM COATED TABLET

Ingredient:
Ciflox® Film Coated Tablet 250mg:
Each tablet contains:
Ciprofloxacin Hydrochloride (eq. to Ciprofloxacin 250mg) 277.5mg
Ciflox® Film Coated Tablet 500mg:
Each tablet contains:
Ciprofloxacin Hydrochloride (eq. to Ciprofloxacin 500mg) 555mg
Ciflox® Film Coated Tablet 750mg:
Each tablet contains:
Ciprofloxacin Hydrochloride (eq. to Ciprofloxacin 750mg) 832.43mg

Pharmacology (Summary of Pharmacodynamic and Pharmacokinetic):
Pharmacodynamics:
Ciprofloxacin is a synthetic broad-spectrum quinolone antibacterial agent.
Mechanism of Action:
Ciprofloxacin has *in vitro* activity against a wide range of gram-negative and gram-positive organisms. The bactericidal action of ciprofloxacin results from inhibition of bacterial type II topoisomerases (DNA gyrase and topoisomerase IV), which are required for bacterial DNA replication, transcription, repair and recombination.
Microbiology:
Ciprofloxacin has been shown to be active *in vitro* against susceptible strains of the microorganisms listed as follows:
Aerobic Gram-Positive Microorganisms: *Bacillus anthracis; Enterococcus faecalis* (many strains are only moderately susceptible; *Staphylococcus aureus* (methicillin-susceptible); *Staphylococcus saprophyticus; Streptococcus pneumoniae.*
Aerobic Gram-Negative Microorganisms: *Burkholderia cepacia, Campylobacter sp, Citrobacter freudii, Enterobacter aerogenes, Enterobacter cloacae, Escherichia coli, Haemophilus influenzae, Klebsiella pneumoniae, Klebsiella oxytoca, Moraxella catarrhalis, Morganella morganii, Neisseria gonorrhoeae, Proteus mirabilis, Proteus vulgaris, Providencia sp, Pseudomonas aeruginosa, Pseudomonas fluorescens, Serratia marcescens, Shigella sp.*
The following microorganisms show varying degrees of susceptibility to ciprofloxacin: *Burkholderia cepacia, Campylobacter sp, Enterococcus faecalis, Morganella morganii, Neisseria gonorrhoeae, Proteus mirabilis, Pseudomonas aeruginosa, Pseudomonas fluorescens, Serratia marcescens.*
The following microorganisms are considered inherently resistant to ciprofloxacin: *Staphylococcus aureus* (methicillin-resistant) and *Stenotrophomonas maltophilia.*
Ciprofloxacin has been shown to be active against *Bacillus anthracis* both *in vitro* and by use of serum levels as a surrogate marker.
Inhalational Anthrax: Ciprofloxacin serum concentrations achieved in humans serve as a surrogate endpoint reasonably likely to predict clinical benefit and provide basis for this indication.

Pharmacokinetics:
Ciprofloxacin is suitable for oral and intravenous administration. Owing to its excellent antibacterial activity and its good pharmacokinetics properties, ciprofloxacin can be given orally for infections which previously could only be treated intravenously with, say, penicillins, cephalosporins or aminoglycosides.
For acute life-threatening infections or patients unable to take tablets it is advisable to commence treatment with the intravenous form of ciprofloxacin.
Following an initial intravenous dose (short-term 30-minute infusion), treatment can be continued with oral ciprofloxacin, which is a distinct advantage, especially from the patient's point of view.
Absorption and bioavailability
After oral administration ciprofloxacin is largely absorbed from the small intestine. A specific study with C14-labelled ciprofloxacin showed that 73% of the dose was absorbed intestinally. Absorption is rapid, leading to peak serum levels after 60-90 minutes.
Absolute bioavailability has been shown to be 70–80% in various studies by a direct comparison between the oral and intravenous forms of ciprofloxacin.
Distribution volume
The distribution volume of ciprofloxacin in steady state is 2–3 litres/kg. This unusually high figure, more than 10 times that of beta-lactam antibiotics and aminoglycosides, is an indication that ciprofloxacin reaches higher concentrations in tissue and body fluids than in serum. Concentrations were in fact measured in a number of tissue and fluid samples that were several times higher than the corresponding serum levels.
Concentrations in body fluids and tissues/protein binding
The pharmacokinetics properties of ciprofloxacin suggest good tissue penetration, with distribution volume as a good indicator of the high tissue concentrations one may expect to find.
The rate of protein binding and degree of ionisation are decisive factors in the diffusion of a substance from the intra- to the extravascular space. It is reasonable to assume that only the proportion of the substance not bound to serum proteins and not ionized is able to diffuse into the extravascular space. Protein binding by ciprofloxacin is low (approx. 20–30%) and the substance is mostly found in a non-ionised form in the plasma. Therefore virtually the entire dose administered is free to diffuse into the extravascular space.

In addition, sub-cellular structures and certain physiological factors (e.g. pH in body fluids and tissues) may bring about a relative intracellular concentration of ciprofloxacin. This is how the concentrations in certain body fluids and tissues far surpass the corresponding serum levels.

Indication:
Consideration should be given to official guidance on the appropriate use of antibacterial agents.
Uncomplicated and complicated infections caused by ciprofloxacin-sensitive pathogens:
- Infections of the respiratory tract.
  In the treatment of outpatients with pneumonia due to Pneumococcus, ciprofloxacin should not be used as a first choice of drug. Ciprofloxacin can be regarded as an advisable treatment for pneumonias* caused by *Klebsiella, Enterobacter, Proteus, E. coli, Pseudomonas, Haemophilus, Branhamella, Legionella,* and *Staphylococcus.*
- Infections of the middle ear (otitis media*), of the paranasal sinuses (sinusitis*), especially if these are caused by gram-negative organisms including *Pseudomonas* or by *Staphylococcus.*
- Infections of the eyes.
- Infections of the kidneys and/or the efferent urinary tract.*
- Infections of the genital organs, including adnexitis, gonorrhoea, prostatitis.
- Infections of the abdominal cavity (e.g. infections of the gastrointestinal tract or of the biliary tract, peritonitis)
- Infections of the skin and soft tissue.
- Infections of the bones and joints.
- Sepsis*
- Infections or imminent risk of infection (prophylaxis) in patients whose immune system has been weakened (e.g. patients on immunosuppressants or have neutropenia)

*Ciflox® Film Coated Tablet should be only used:
- when Pseudomonas is considered AND the patient is allergic to antipseudomonal penicillin/ cephalosporins;
- For resistant organisms with no other alternative antibiotics available.

Inhalational anthrax (post-exposure) in adults and in children:
To reduce the incidence or progression of disease following exposure to aerosolized *Bacillus anthracis.*

Dosage & Administration:
Adults
Unless otherwise prescribed, the following guideline doses are recommended:

Indication	**Recommended dosage (tablets)**
Respiratory tract infection (according to severity and organism)	2 x 250-500 mg
Urinary tract infections: - Acute, uncomplicated - Cystitis in women (before menopause) - Complicated	2 x 125 mg to 1-2 x 250 mg single dose 250 mg 2 x 250-500 mg
Gonorrhea - Extragenital - Acute, uncomplicated	2 x 125 mg single dose 250 mg
Diarrhea	1-2 x 500 mg
Other infections (See Indications)	2 x 500 mg
Particularly severe, life-threatening infections i.e., - Streptococcal pneumonia - Recurrent infections in cystic fibrosis - Bone and joint infections - Septicemia - Peritonitis In particular when *Pseudomonas*, Staphylococcus or Streptococcus is present	2 x 750 mg
Inhalational anthrax (post-exposure)	2 x 500 mg

Method of administration
The tablets are swallowed whole with a small amount of fluid. They can be taken independent of mealtimes. If the tablets are taken on an empty stomach, the active substance is absorbed more rapidly. In this case, tablets should not be taken concurrently with dairy products or with mineral fortified drinks alone (e.g. milk, yoghurt, calcium fortified orange juice). However, dietary calcium as part of a meal does not significantly affect ciprofloxacin absorption. If the patient is unable to take tablets, because of the severity of the illness or for other reasons, it is recommended to commence the therapy with an intravenous form of ciprofloxacin. After intravenous administration the treatment can be continued orally.
Duration of treatment
The duration of treatment depends on the severity of the illness and on the clinical and bacteriological course. It is essential to continue therapy for at least 3 days after disappearance of the fever or of the clinical symptoms.

Mean duration of treatment:
- 1 day for acute uncomplicated gonorrhoea and cystitis,
- Up to 7 days for infections of the kidneys, urinary tract, and abdominal cavity,
- Over the entire period of the neutropenic phase in patients with weakened body defences,
- A maximum of 2 months in osteomyelitis,
- 7-14 days in all other infections.

In streptococcal infections the treatment must last at least 10 days because of the risk of late complications.
Infections caused by Chlamydia should also be treated for a minimum of 10 days.
Inhalational anthrax (post-exposure)
Adults: Oral administration: 500 mg twice daily
Children: Oral administration: 15 mg/kg twice daily. The maximum of 500 mg per dose should not be exceeded (maximum daily dose of 1000 mg).
Drug administration should begin as soon as possible after suspected or confirmed exposure. The total duration of treatment of inhalational anthrax (post-exposure) with ciprofloxacin is 60 days.
Elderly
Elderly patients should receive a dose as low as possible depending on the severity of their illness and the creatinine clearance.
Children
Contraindicated
Renal and hepatic impairment
Impaired renal function
1.1 Where creatinine clearance is between 31 and 60 ml/min/1.73m² or where the serum creatinine concentration is between 1.4 and 1.9 mg/100 ml the maximum daily dose should be 1000 mg per day for oral administration.
1.2 Where creatinine clearance is equal or is less than 30 ml/min/1.73m² or where the serum creatinine concentration is equal or higher than 2.0 mg/100 ml the maximum daily dose should be 500 mg per day for oral administration.
Impaired renal function + haemodialysis
Dose as in 1.2; on dialysis days after dialysis.
Impaired renal function + CAPD
Administration of ciprofloxacin film coated tablets as 1 x 500 mg film coated tablet (or 2 x 250 mg film coated tablets).
Impaired liver function
No dose adjustment is required.
Impaired renal and liver function
Dose adjustment as in 1.1 and 1.2

Mode of Administration:
Tablets are to be swallowed unchewed with fluid. They can be taken independent of mealtimes. If taken on an empty stomach, the active substance is absorbed more rapidly. Ciprofloxacin tablets should not be taken with dairy products (e.g. milk, yoghurt) or mineral-fortified fruit-juice (e.g. calcium-fortified orange juice).

Contraindication:
1. Hypersensitivity to ciprofloxacin or other quinolones.
2. Concomitant administration of ciprofloxacin and tizanidine.

Warning and Precautions:
The use of Ciprofloxacin should be avoided in patients who have experienced serious adverse reactions in the past when using fluoroquinolones-containing products (see section Side Effects). Treatment of these patients with Ciprofloxacin should only be initiated in the absence of alternative treatment options and after careful benefit/risk assessment.
Pediatric use
As with drugs in its class, ciprofloxacin has been shown to cause arthropathy in weight-bearing joints of immature animals. The analysis of available safety data from ciprofloxacin use in patients less than 18 years of age, the majority of whom had cystic fibrosis, did not disclose any evidence of drug related cartilage or artricular damage. The use of ciprofloxacin for indications other than for the use in inhalational anthrax (post-exposure) is not recommended. For other indications clinical experience is limited. For the indication of inhalational anthrax (post-exposure), the risk-benefit assessment indicates that administration of ciprofloxacin to pediatric patients is appropriate.
Cytochrome P450
Ciprofloxacin is known to be a moderate inhibitor of the CYP 450 1A2 enzymes. Care should be taken when other drugs are administered concomitantly which are metabolized via the same enzymatic pathway (e.g. theophylline, methylxantines, caffeine, duloxetine, clozapine). Increased plasma concentrations associated with drug specific side effects may be observed due to inhibition of their metabolic clearance by ciprofloxacin.
Gastrointestinal system
In the event of severe and persistent diarrhoea during or after treatment a doctor must be consulted, since this symptom can hide a serious intestinal disease (life threatening pseudomembranous colitis with possible fatal outcome), requiring immediate treatment. In such cases Ciprofloxacin must be discontinued and appropriate therapy initiated (e.g. vancomycin, orally, 4 x 250 mg/day). Drugs that inhibit peristalsis are contraindicated.
There can be a temporary increase in transaminases, alkaline phosphatase or cholestatic jaundice, especially in patients with previous liver damage.

Nervous system

In epileptics and in patients who have suffered from previous CNS-disorders (e.g. lowered convulsion threshold, previous history of convulsion, reduced cerebral blood flow, altered brain structure or stroke), Ciprofloxacin should only be used where the benefits of treatment exceed the risks, since these patients are endangered because of possible central-nervous side effects.

In some instances the CNS reactions occurred after the first administration of Ciprofloxacin already. In rare cases depression or psychosis can progress to self endangering behaviour. In these cases Ciprofloxacin has to be discontinued and the doctor should be informed immediately.

Hypersensitivity

In some instances, the hypersensitivity and allergic reactions already occurred after the first administration and the doctor should be informed immediately.

Anaphylactic/anaphylactoid reactions in very rare instances can progress to a life threatening shock, in some instances after the first administration. In these cases Ciprofloxacin has to be discontinued, medical treatment (e.g. treatment for shock) is required.

Musculoskeletal system

The risk of developing fluoroquinolone-associated tendonitis and tendon rupture is further increased in people older than 60, in those taking corticosteroid drugs, and in kidney, heart, and lung transplant recipients. Patients experiencing pain, swelling, inflammation of a tendon or tendon rupture should be advised to stop taking their Ciprofloxacin and to contact their health care professional promptly about changing their antimicrobial therapy. Patients should also avoid exercise and using the affected area at the first sign of tendon pain, swelling, or inflammation.

Skin and appendages

Ciprofloxacin has been shown to produce photosensitivity reactions. Patients taking Ciprofloxacin should avoid direct exposure to excessive sunlight or UV-light. Therapy should be discontinued if photosensitation (i.e. sunburn-like skin reactions) occurs.

Effects on ability to drive and use machines

Even when the drug is taken exactly as prescribed, it can affect the speed of reaction to such an extent that the ability to drive or to operate machinery is impaired. This applies particularly in combination with alcohol.

Prolonged, disabling and potentially irreversible serious adverse drug reactions

Very rare cases of prolonged (continuing months or years), disabling and potentially irreversible serious adverse drug reactions affecting different, sometimes multiple body systems (musculoskeletal, nervous, psychiatric and senses) have been reported in patients receiving fluoroquinolones irrespective of their age and pre-existing risk factors. Ciprofloxacin should be discontinued immediately at the first sign or symptoms of any serious adverse reaction and patients should be advised to contact their prescriber for advice.

Tendinitis and tendon rupture

Tendinitis and tendon rupture (especially but not limited to Achilles tendon), sometimes bilateral, may occur as early as within 48 hours of starting treatment with fluoroquinolones and have been reported to occur even up to several months after discontinuation of treatment. The risk of tendinitis and tendon rupture is increased in older patients (above 60 years of age), with renal impairment, patients with solid organ transplants, and those treated concurrently with corticosteroids. Therefore, concomitant use of corticosteroids should be avoided.

At the first sign of tendinitis (e.g. painful swelling, inflammation) the treatment with Ciprofloxacin should be discontinued and alternative treatment should be considered. The affected limb(s) should be appropriately treated (e.g. immobilisation).

Corticosteroids should not be used if signs of tendinopathy occur.

Peripheral neuropathy

Cases of sensory or sensorimotor polyneuropathy resulting in paraesthesia, hypaesthesia, dysesthesia, or weakness have been reported in patients receiving quinolones and fluoroquinolones. Patients under treatment with Ciprofloxacin should be advised to inform their doctor and pharmacist prior to continuing treatment if symptoms of neuropathy such as pain, burning, tingling, numbness, or weakness develop in order to prevent the development of potentially irreversible condition (see section Side Effects).

Aortic aneurysm and dissection

Epidemiologic studies report an increased risk of aortic aneurysm and dissection after intake of fluoroquinolones, particularly in the older population. Therefore, flouroquinolones should only be used after careful benefit-risk assessment and after consideration of other therapeutic options in patients with positive family history of aneurysm disease, or in patients diagnosed with pre-existing aortic aneurysm disease and/or aortic dissection, or in presence of other risk factors or conditions predisposing for aortic aneurysm and dissection (e.g. Marfan syndrome, vascular Ehlers-Danlons syndrome, Takayasu arteritis, giant cell arteritis, Behcet's disease, hypertension, known atherosclerosis)

In case of sudden abdominal, chest or back pain, patients should be advised to immediately consult a physician in an emergency department.

Exacerbation of myasthenia gravis

Fluoroquinolones have neuromuscular blocking activity and may exacerbate muscle weakness in person with myasthenia gravis. Post marketing serious adverse events, including deaths and requirement for ventilator support have been associated with fluoroquinolones use in persons with myasthenia gravis. Avoid fluoroquinolones in patients with known myasthenia gravis.

Psychiatric reactions

Psychiatric reactions may occur even after the first administration of fluoroquinolones, including Ciprofloxacin. In rare cases, depression or psychotic reactions can progress to suicidal ideations/thoughts and self-injurious behaviour, such as attempted or completed suicide (see section 'Side Effects'). In the event that the patient develops these reactions, Ciprofloxacin should be discontinued and appropriate measures instituted. Caution is recommended if Ciprofloxacin is to be used in psychotic patients or in patients with a history of psychiatric disease

Interaction with Other Medicaments:

Concurrent administration of Ciprofloxacin with:

1. Chelation Complex Formulation [multivalent cation-containing drugs and mineral supplements (e.g., calcium, magnesium, aluminium, iron), polymeric phosphate binders (e.g., sevelamer), sucralfate or antacids and highly buffered drugs containing magnesium, aluminium or calcium (e.g., didanosine tablets)]: Reduce the absorption of Ciprofloxacin. Consequently, Ciprofloxacin should be administered either 1-2 hours before or at least 4 hours after these preparations. The restriction does not apply to antacids belonging to the class of H2-receptor blockers.
2. Food and Dairy Products [dairy products or mineral fortified drinks (e.g., milk, yoghurt, calcium-fortified orange juice)]: Should be avoided because absorption of Ciprofloxacin may be reduced. However, dietary calcium as part of a meal does not significantly affect absorption.
3. Omeprazole: Results in a slight reduction of C_{max} and AUC of Ciprofloxacin.
4. Theophylline: Causes an undesirable increase in the serum theophylline concentration. This can lead to theophylline-induced side effects; in very rare cases, these side effects can be life-threatening or fatal. If concurrent use of the 2 products is unavoidable, the serum theophylline concentration should therefore be checked and the theophylline dose appropriately reduced.
5. Nonsteroidal Anti-Inflammatory Drugs (NSAIDs) (but not acetylsalicylic acid): Can provoke convulsions.
6. Cyclosporin: A transient rise in the concentration of serum creatinine was observed. Therefore, it is necessary to control the serum creatinine concentrations in these patients frequently (twice a week).
7. Warfarin: May intensify the action of warfarin.
8. Glibenclamide: In particular cases, can intensify the action of glibenclamide (hypoglycaemia).
9. Probenecid: Probenecid interferes with renal secretion of Ciprofloxacin. It increases the Ciprofloxacin serum concentrations.
10. Methotrexate: Renal tubular transport of methotrexate may be inhibited, potentially leading to increased plasma levels of methotrexate. This might increase the risk of methotrexate-associated toxic reactions. Therefore, patients under methotrexate therapy should be carefully monitored when Ciprofloxacin therapy is indicated.
11. Metoclopramide: Metoclopramide accelerates the absorption of Ciprofloxacin (oral) resulting in a shorter time to reach maximum plasma concentrations. No effect was seen on the bioavailability of Ciprofloxacin.
12. Tizanidine: There may be an increase in tizanidine serum concentrations. Associated with the increased serum concentrations was a potentiated hypotensive and sedative effect. Tizanidine must not be administered together with Ciprofloxacin.
13. Duloxetine: May result in an increase of AUC and C_{max} of duloxetine.
14. Ropinirole: May result in increase in the C_{max} and AUC of ropinirole.
15. Lidocaine: Reduces clearance of IV lidocaine.
16. Clozapine: Increases serum concentration of clozapine and N-desmethylclozapine.

Pregnancy and Lactation:

As a precautionary measure, it is preferably to avoid use of Ciprofloxacin during pregnancy. Ciprofloxacin is excreted in breast milk, so it should not be used during breast-feeding.

Side Effects:

1. Infections and Infestations: Mycotic superinfections, Antibiotic-associated colitis (very rarely with possible fatal outcome).
2. Blood and Lymphatic System Disorders: Eosinophilia, leukopenia, anemia, neutropenia, leukocytosis, thrombocytopenia, thrombocytaemia, haemolytic anaemia, agranulocytosis, pancytopenia and bone marrow depression (life-threatening).
3. Immune System Disorders: Allergic reaction, allergic oedema/angioedema, anaphylactic reaction, anaphylactic shock (life-threatening), serum sickness-like reaction.
4. Metabolism and Nutrition Disorders: Anorexia, Hyperglycemia.
5. Psychiatric Disorders*: Psychomotor hyperactivity/agitation, confusion and disorientation, anxiety reactions, abnormal dreams, depression, hallucinations, psychotic reactions.
6. Nervous System Disorders*: Headache, dizziness, sleep and taste disorders, paraesthesia and dysaesthesia, hypoaesthesia, tremor, seizures, vertigo, migraine, disturbed coordination, smell disorders, hyperesthesia, intracranial hypertension.
7. Eye Disorders*: Visual disturbances, visual color distortions.
8. Ear and Labyrinth Disorders*: Tinnitus, hearing loss, impaired hearing.
9. Cardiac Disorders*: Tachycardia.
10. Vascular Disorders: Vasodilation, hypotension, syncope, vasculitis.
11. Respiratory, Thoracic and Mediastinal Disorders: Dyspnea (including asthmatic conditions).

12. Gastrointestinal Disorders: Nausea, diarrhea, vomiting, gastrointestinal and abdominal pains, dyspepsia, flatulence, pancreatitis.
13. Hepato-biliary Disorders: Increased transaminases and bilirubin, hepatic impairment, jaundice, hepatitis (non-infective), liver necrosis (very rarely progressing to life-threatening hepatic failure).
14. Skin and Subcutaneous Tissue Disorder: Rash, pruritus, urticaria, photosensitivity reactions, unspecific blistering, petechiae, minor erythema multiforme, erythema nodosum, Stevens-Johnson syndrome (potentially life-threatening), toxic epidermal necrolysis (potentially life-threatening).
15. Musculoskeletal, Connective Tissue* and Bone Disorders: Arthralgia, myalgia, arthritis, increased muscle tone and cramping, muscular weakness, tendonitis, tendon rupture (predominantly Achilles tendon), exacerbation of symptoms of myasthenia gravis.
16. Renal and Urinary Disorders: Renal impairment, renal failure, hematuria, crystalluria, tubulointerstitial nephritis.
17. General Disorders and Administration Site Conditions*: Unspecific pain, feeling unwell, fever, oedema, sweating (hyperhidrosis), gait disturbance.
18. Investigations: Increase in blood alkaline phosphatase, abnormal prothrombin level, increased amylase.
19. Psychiatric disorders:
    Rare: Depression (potentially culminating in suicidal ideations/ thoughts or suicide attempts and completed suicide).
    Very Rare: Psychotic reactions (potentially culminating in suicidal ideations/ thoughts or suicide attempts and completed suicide).

*Very rare cases of prolonged (up to months or years), disabling and potentially irreversible serious drug reactions affecting several, sometimes multiple, system organ classes and senses (including reactions such as tendintis, tendon rupture, arthralgia, pain in extremities, gait disturbance, neuropathies associated with paraesthesia, depression, fatigue, memory impairment, sleep disorders, and impairment of hearing, vision, taste and smell) have been reported in association with the use of fluoroquinolones in some cases irrespective of pre-existing risk factors (see section Warnings and Precautions).

Symptoms and Treatment of Overdose:
In the event of acute, excessive oral overdosage, reversible renal toxicity has been reported in some cases.
Therefore, apart from routine emergency measures, it is recommended to monitor renal function and to administer magnesium- or calcium-containing antacids which reduce the absorption of Ciprofloxacin.
Only a small amount of Ciprofloxacin (<10%) is removed from the body after hemodialysis or peritoneal dialysis.

Shelf-Life:
3 years from the date of manufacture.

Storage Condition(s):
Store at temperature below 30°C. Protect from light and moisture.

Product Description and Packing(s):
Ciflox® Film Coated Tablet 250mg:
A white film coated round tablet, one side impressed with "Y" and the other side impressed with a score.
" (Y) ⊖ ".
Blister packing of 10's x 3; 10's x 10; 10's x 50; 10's x 100.

Ciflox® Film Coated Tablet 500mg:
A white film coated oblong shape tablet " ( ) ( ) ".
Blister packing of 10's x 3; 10's x 10; 10's x 50; 10's x 100.

Ciflox® Film Coated Tablet 750mg:
A white film coated oblong shape tablet, one side impressed with "YSP" and the other side impressed with "**750**" " (YSP) (750) ".
Blister packing of 10's x 3; 10's x 10; 10's x 50; 10's x 100.

Y. S. P.®
Manufacturer and Product Registration Holder:
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Date of revision: 15 Dec 2025