SOUTH AFRICAN PROFESSIONAL INFORMATION FOR MEDICINES FOR HUMAN USE

SCHEDULING STATUS

S4

PROPRIETARY NAME AND DOSAGE FORM

CYCLIMYCIN-50 (capsule)

CYCLIMYCIN-100 (capsule)

COMPOSITION

CYCLIMYCIN-50:

Each capsule of CYCLIMYCIN-50 contains 50 mg of minocycline as a hydrochloride salt.

Excipients:

Colloidal silicon dioxide, erythrosine (C.I. 45430), gelatin, magnesium stearate, quinoline yellow (C.I. 47005), starch maize, titanium dioxide (C.I. 77891)

Sugar free

CYCLIMYCIN-100:

Each capsule of CYCLIMYCIN-100 contains 100 mg of minocycline as a hydrochloride salt.

Excipients:

Brilliant blue (C.I. 42090), colloidal silicon dioxide, erythrosine (C.I. 45430), gelatin, magnesium stearate, quinoline yellow (C.I. 47005), starch maize, titanium dioxide (C.I. 77891)

Sugar free

CATEGORY AND CLASS

A 20.1.1 Broad and medium spectrum antibiotics

PHARMACOLOGICAL ACTION

Pharmacodynamic properties

Minocycline is a bacteriostatic antibiotic and inhibits bacterial protein synthesis (30S ribosomes). It is particularly effective *in-vitro* against the following organisms:

Vibrio cholerae, *Ureaplasma urealyticum*, *Mycoplasma pneumoniae*, *Chlamydia trachomatis* (see also below), *Chlamydia psittaci*, *Borrelia recurrensis*, *Calymmatobacterium granulomatis*, *Borrelia burgdorferi*, penicillin-sensitive *Neisseria gonorrhoeae* and *Rickettsiae*.

Minocycline is also effective against the following organisms *in-vitro*:

Clostridium tetani, *Listeria monocytogenes*, *Haemophilus ducreyi*, *Campylobacter jejuni*, *Leptospira*, *Actinomyces israelli*, *Bacillus anthracis**, *Pasteurella multocida*, *Streptobacillus moniliformis*, *Erysipelothrix rhusiopathiae*, *Neisseria meningitidis* contacts.

Minocycline may also show some effect against the following organisms:

Bacteroides species and *Fusobacterium nucleatum*.

* = *in-vitro* sensitivity tests must be performed.

Resistant pathogens:

Many strains of the following are resistant:

- Staphylococci;
- Enterococci;
- *Proteus vulgaris;*
- Fungi and yeasts (except *Actinomyces*);
- *Pseudomonas aeruginosa* (all strains);
- *E. coli;*
- *Shigella;*
- *Strep. pneumoniae*.

Pharmacokinetic properties

Minocycline is well absorbed and its half-life is long (16 to 18 hours). Plasma concentrations at the usual dosage range, are between 1 to 3 µg/ml.

Minocycline is widely distributed into pleural and peritoneal fluid, saliva, semen and prostatic fluid. It passes the placental barrier readily and is also present in the milk of lactating patients. It is concentrated by the liver and excreted, by way of the bile, into the intestine from which it is partially reabsorbed.

Minocycline is recoverable from both urine and faeces and it appears to be metabolised to a considerable extent. Renal clearance of minocycline is low. The medicine persists in the body after its administration is stopped; this may be due to retention in fatty tissues.

INDICATIONS

Infectious diseases caused by susceptible organisms, including Rocky Mountain spotted fever, murine typhus, recrudescent epidemic typhus, scrub typhus, Q fever,

lymphogranuloma venereum, psittacosis, tularaemia, brucellosis.

CYCLIMYCIN may be used in the treatment of gonorrhoea, syphilis and anthrax in cases where the patient is hypersensitive to penicillin.

In severe acne, CYCLIMYCIN may be useful adjunctive therapy.

CONTRAINDICATIONS

CYCLIMYCIN should not be used during pregnancy, by nursing mothers or in children under the age of 12 years.

Doses of anticoagulants may need to be reduced when CYCLIMYCIN is given.

Hypersensitivity to any tetracycline.

Do not give CYCLIMYCIN to patients receiving antacids containing calcium, magnesium and aluminium salts, or preparations containing iron salts, as these ions decrease the absorption of tetracyclines.

Potentially hepatotoxic medicines should not be given with CYCLIMYCIN.

WARNINGS AND SPECIAL PRECAUTIONS

Use with care in patients with liver function impairment.

Tooth discolouration, enamel hypoplasia and retarded bone growth may occur in children under the age of 12 years (these effects may also occur in the foetus if given to pregnant women).

Symptoms of myasthenia may be aggravated.

Photosensitivity may occur (see SIDE EFFECTS).

Pseudotumor cerebri may occur.

Effects on ability to drive and use machines

Vestibular side effects including dizziness or vertigo occur with CYCLIMYCIN and patients should be advised not to drive or operate machinery.

INTERACTIONS

Absorption of CYCLIMYCIN is impaired by the concomitant administration of iron salts and by antacids containing calcium, magnesium and aluminium salts.

Doses of anticoagulants may need to be reduced if given concomitantly.

Penicillin should not be given concomitantly with tetracyclines as antagonism in action may occur.

HUMAN REPRODUCTION

CYCLIMYCIN should not be used during pregnancy, by nursing mothers or in children under the age of 12 years (see CONTRAINDICATIONS).

Tooth discolouration, enamel hypoplasia and retarded bone growth may occur in children under the age of 12 years (these effects may also occur in the foetus if given to pregnant women) (see WARNINGS AND SPECIAL PRECAUTIONS).

Tetracyclines are deposited in calcifying areas in bone and in teeth, causing permanent discolouration and malformation; when given in therapeutic doses to young infants or to women during the late stages of pregnancy, tetracycline interferes with the growth of bones and teeth in the infants.

An increase in intracranial pressure, which may be associated with a bulging fontanelle in infants, has been reported in patients given tetracyclines (see SIDE EFFECTS).

DOSAGE AND DIRECTIONS FOR USE

Adults 200 mg initially, followed by 100 mg every 12 hours.

Acne: Initially 50 mg to 100 mg (1 to 2 of the 50 mg capsules) twice daily, followed by a maintenance dose of 50 mg (1 of the 50 mg capsule) twice daily.

Children 4 mg/kg initially, followed by 2 mg/kg every 12 hours.

Unlike earlier tetracyclines, absorption of CYCLIMYCIN is not significantly impaired by food or moderate amounts of milk.

Medication should be carried out for at least 24 to 48 hours after fever and other symptoms have disappeared.

SIDE EFFECTS

The side effects of CYCLIMYCIN include nausea, vomiting, diarrhoea, and symptoms resulting from the overgrowth of non-susceptible organisms.

Overgrowth of *Candida albicans* in the mouth causes soreness, redness and thrush, which

may extend into the trachea and bronchi; overgrowth of *C. albicans* in the bowel results in pruritus ani and vulvovaginitis.

There may be overgrowth of resistant coliform organisms, such as *Pseudomonas* spp. and *Proteus* spp., causing diarrhoea. The most serious super-infection is caused by resistant staphylococci, causing a fulminating enteritis with dehydration and, occasionally death, especially after abdominal surgery, particularly gastrectomy.

Glossitis, dysphagia related to oesophagitis and enterocolitis may also occur.

Tetracyclines are deposited in calcifying areas in bone and in teeth, causing permanent discolouration and malformation; when given in therapeutic doses to young infants or to women during the late stages of pregnancy, tetracycline interferes with the growth of bones and teeth in the infants. Milk teeth are affected if given to children 3 months to six years, and permanent teeth if given to children up to 12 years. An increase in intracranial pressure, which may be associated with a bulging fontanelle in infants, has been reported in patients given tetracyclines.

Haemolytic anaemia, neutropenia, eosinophilia, thrombocytopenia have been reported. Vitamin deficiency may occur.

The use of expired tetracyclines may lead to the Fanconi-type-syndrome which is characterised by polyuria and polydipsia with nausea, vomiting, proteinuria, glucosuria, acidosis and aminoaciduria.

CYCLIMYCIN has an anti-anabolic action which may cause a rise in blood urea.

Allergic (hypersensitivity) reactions that may occur are:

- Urticaria;
- maculopapular and erythematous rashes;
- exfoliative dermatitis;
- exacerbation of systemic lupus erythematosus;
- pericarditis;
- Henoch-Schönlein purpura (anaphylactoid purpura);
- angioneurotic oedema;
- anaphylaxis.

Photosensitivity of the skin and nails, onycholysis and nail discolouration may occur.

In the elderly a negative nitrogen balance may be induced.

KNOWN SYMPTOMS OF OVERDOSAGE AND PARTICULARS OF ITS TREATMENTS

In the event of sensitivity reactions, treatment should be withdrawn. Symptoms should be treated symptomatically and supportively.

IDENTIFICATION

CYCLIMYCIN-50: A No. 3 capsule with an opaque orange cap and opaque orange body, containing a pale yellow powder.

CYCLIMYCIN-100: A No. 2 capsule with an opaque purple cap and opaque orange body, containing a pale yellow powder.

PRESENTATION

CYCLIMYCIN-50:

60 or 100 capsules are packed in a clear polyvinylchloride and polyvinylidene chloride film sealed with an aluminium foil backing. One or more blister strips are packed into an outer cardboard carton.

30 or 100 capsules are packed in a white linear low density polyethylene or polypropylene container and sealed with a white cap together with a silica gel sachet.

CYCLIMYCIN-100:

10 or 100 capsules are packed in a clear polyvinylchloride and polyvinylidene chloride film sealed with an aluminium foil backing. One or more blister strips are packed into an outer cardboard carton.

30 or 100 capsules are packed in a white linear low density polyethylene or polypropylene container and sealed with a white low density polyethylene cap together with a silica gel sachet.

Not all packs and pack sizes are necessarily marketed.

STORAGE INSTRUCTIONS

Store at or below 25 °C.

Protect from light and moisture.

Keep in original packaging until required for use.

KEEP OUT OF REACH OF CHILDREN.

REGISTRATION NUMBER

CYCLIMYCIN-50: W/20.1.1/442

CYCLIMYCIN-100: W/20.1.1/443

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

PHARMACARE LIMITED

Healthcare Park

Woodlands Drive

Woodmead 2191

DATE OF PUBLICATION OF THE PROFESSIONAL INFORMATION FOR MEDICINES FOR HUMAN USE

Dates of registration:

CYCLIMYCIN-50: 23 May 1990

CYCLIMYCIN-100: 23 May 1990

Date of the most recent amendment to the professional information as approved by the Authority: 23 May 1990

Namibia:	NS2
50 mg	04/20.1.1/0005
100 mg	04/20.1.1/0053

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