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کیوسپار®
سپارفلوکساسن ۱۰۰ ملی گرام
۲×۵ گولیاں

وسیع العمل اینٹی بائیوٹک

خوراک:
بڑوں کے لیے: انفیکشن کے علاج کے لیے ۴ گولیاں پہلے دن میں ایک مرتبہ پھر بعد میں ۲ گولیاں دن میں ایک مرتبہ ۹ دن تک استعمال کریں۔
ایم ڈی آر ٹی بی کے مریضوں کے لیے ابتدائی خوراک ۴ گولیاں دن میں ایک مرتبہ جسکو بعد میں ۲ گولیاں دن میں ایک مرتبہ تک کم کر سکتے ہیں۔ علاج کا دورانیہ اڑھائی ماہ سے چار ماہ ہے۔
بچوں کے لیے: ۱۸ سال سے کم عمر مریض ڈاکٹر کے مشورے کے مطابق استعمال کریں۔

احتیاط:
- دوران علاج بلاواسطہ یا بالواسطہ دھوپ، مصنوعی الٹراوائلٹ روشنی سے بچیں۔ یہ احتیاط دوران علاج اور علاج ختم ہونے کے ۵ دن تک کے لیے ہے۔
- دوران علاج دھوپ کے مضر اثرات رونما ہونے کی صورت میں اس دوا کا استعمال ترک کر دیں۔
- جلد پر سرخ نشانات، سوجن، آبلے یا رگڑ کے نشانات نمودار ہونے کی صورت میں دوا کا استعمال ترک کر دیں اور ڈاکٹر سے رجوع کریں۔
- قدرتی معدنیات اور وٹامنز مع فولاد، سوکرالفیٹ، یا میگنیشیم اور المونیم سے بنے Antacids دوا کے ۴ گھنٹے بعد لیے جا سکتے ہیں۔

ہدایات:
- دوا کو ٹھنڈی اور خشک جگہ پر رکھیں۔
- دوا کو گرمی، روشنی اور نمی سے محفوظ رکھیں۔
- تمام دوائیں بچوں کی پہنچ سے دور رکھیں۔

پیشکش:
کیوسپار ۱۰۰ ملی گرام گولیاں (۲×۵) کے ایلو ایلو پیک میں دستیاب ہیں۔

Manufactured by:
Schazoo Zaka (Pvt) Ltd.
Kalakwala, 20-Km Lahore-Jaranwala Road,
Distt: Sheikhupura, Pakistan.

QuSpar®

2 x 5 Tablets

Sparfloxacin 100 mg

Broad Spectrum Antibiotic

COMPOSITION: Each film coated tablet contains:
Sparfloxacin Sch specs. .... 100mg.

CLINICAL PHARMACOLOGY:
Sparfloxacin is a long acting quinolone anti-bacterial agent. It is a broad spectrum DNA-gyrase inhibitor, a fourth generation fluoroquinolone derivative having strong bactericidal activity against variety of multi-resistant gram-positive and gram-negative pathogens, glucose, non-fermenters, anaerobes and chlamydia species. It exerts more potent bactericidal effect especially against gram-positive and chlamydia species compared with existing new quinolones. It exert its anti-bacterial activity via the inhibition of DNA replication of bacteria by inhibiting DNA gyrase activity. DNA gyrase is an essential enzyme that is involved in the replication, transcription and repair of bacterial DNA.

ANTI-MICROBIAL ACTIVITY:
Anti-microbial activity of sparfloxacin is 2 to 32 times stronger than ciprofloxacin, ofloxacin and enoxacin against gram-negative organisms and anaerobes while stronger than erythromycin and ofloxacin and equal to minocycline against chlamydia trachomatis. It has more potent anti-bacterial activity than ciprofloxacin, ofloxacin, enoxacin and norfloxacin against gram-positive organisms such as S.pneumoniae, S.pyogenes, Staphylococcus sp., Enterococcus sp., anaerobes and chlamydia trachomatis.
Sparfloxacin is effective against the following micro-organisms: S.pneumoniae, S.pyogenes, Staphylococcus sp., Haemolytic streptococcus, Neisseria gonorrhoeae, Branhamella catarrhalis, Escherichia coli, Citrobacter sp., Salmonella sp., (including S.typhi and S.paratyphi), Shigella sp., Klebsiella sp., Enterobacter sp., Serratia sp., Proteus sp., Morganella morganii, Pseudomonas aerouginosa, Haemophilus influenzae, Acinetobacter sp., Peptostreptococcus sp., Propionibacterium acnes, Bacteroides sp., Chlamydia trachomatis and mycobacterium tuberculosis.

INDICATIONS AND USAGE:
QuSpar is used for the treatment of community-acquired pneumonia and acute bacterial exacerbations of chronic bronchitis including those caused by pneumococci. It is indicated in acute, chronic and recurrent infections caused by the susceptible strains of micro-organisms in the following pathological conditions;
Respiratory tract infections--- pneumonia, pharyngolaryngitis, tonsillitis, acute bronchitis, chronic bronchitis, bronchiectasis with infections and secondary infections of chronic respiratory disease.
Otorhinolaryngological infections --- otitis media, sinusitis
Urinary tract infections --- uterine adnexitis, intrauterine infection, cervicitis, bartholinitis.
Skin and soft tissues infections --- Acne pustulosa, acne conglobata, folliculitis, furuncle, furunculosis, carbuncle, impetigo [illegible]

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Size: W: 180 H: 140
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Gynaecological infections ---Pyelonephritis, cystitis, prostatitis, gonococcal urethritis and non gonococcal urethritis.
Surgical infections---Mastitis, perirectal abscess, secondary superficial infections after wounds, burns and surgical incisions etc.
Multi-drug resistant TB patients--- Recent use of Sparfloxacin along with other anti-tuberculosis drugs appears to be effective and safe for MDR-TB patients.

DOSAGE AND ADMINISTRATION:
Adults: For the treatment of infection, oral administration of 400mg on the first day then 200mg once daily for nine days, or as advised by the physician.
For MDR-TB patients, Initial dose is 400mg once daily which is reduced to 200mg once daily. Duration of treatment for MDR-TB patients is 2.5-4 months.
Children below 18 years of age: As advised by the physician.

CONTRA-INDICATIONS:
Sparfloxacin is contra-indicated for individuals with a history of hypersensitivity or photosensitivity reactions. Consequently it is contra-indicated for individuals receiving disopyramide and amiodarone as well as other QTC prolonging antiarrythmic drugs reported to cause torsade depoints, such as quinidine, procainamide, sotalol and bepridil.

PRECAUTIONS AND WARNINGS:
- Moderate to severe phototoxic reactions have occurred in patients exposed to direct or indirect sunlight or to artificial ultraviolet light (e.g, sunlamps) during or following treatment. These reactions have also occurred in patients exposed to shaded or diffuse light, including exposure through glass or shaded or during cloudy weather. Patients should be advised to discontinue sparfloxacin therapy at the first signs or symptoms of phototoxicity reaction such as sensation of skin burning, redness, swelling, blisters, rash, itching, or dermatitis.
- Adequate hydration of patients receiving sparfloxacin should be maintained to prevent the formation of a highly concentrated urine.
- As with other quinolones, sparfloxacin should be used with caution in any patient with a known or suspected CNS disorder that may predispose to seizure.
- Sparfloxacin should be administered with caution to the patients with renal insufficiency. Dosage adjustment is necessary for those patients whose renal creatinine clearance is 50ml/min.

DRUG INTERACTIONS:
Digoxin: Sparfloxacin has no effect on the phamacokinetics of Digoxin.
Methylxanthines: Sparfloxacin does not increase plasma theophyline concentrations. Since there is no interaction with theophyline, interaction with other methylxanthines such as caffeine is unlikely.
Warfarin: Sparfloxacin does not increase the anti-coagulant effect of Warfarin.
Cimetidine: Cimetidine does not effect the phamacokinetics of sparfloxacin.
Antacids and sucralfate: Aluminium and magnesium cations in antacids and sucralfate form chelation complexes with sparfloxacin. The oral bioavailability of sparfloxacin is reduced

the importance of the drug to the mother.
PEDIATRIC USE:
Safety and effectiveness in pediatric patients below 18 years have not been established.
GERIATRIC USE :
Pharmacokinetics of sparfloxacin are not altered in elderly with normal renal function.

SIDE EFFECTS:
Body as a whole--- Fever, chest pain, generalized pain, allergic reactions, cellulitis, back pain, chills, face edema, malaise, accidental injury, anaphylactic reaction, infection, mucous membrane disorder, neck pain and rheumatoid arthritis.
GIT disturbances --- Constipation, anorexia, gingivitis, oral moniliasis, stomatitis, tongue disorder, tooth disorder, gastro-enteritis, increased appetite, mouth ulceration, vomiting and flatulence.
CNS disturbances ---Euphoria, abnormal thinking, amnesia, twitching, tremor, anxiety, vertigo, abnormal dreams, confusion, agitation, abnormal gait and hallucinations.
CVS disturbances --- Palpitation, electrocardiogram abnormality, hypertension, tachycardia, sinus bradycardia, migraine, peripheral vascular disorder and atrial flutter etc.
Hematologic: Cyanosis, ecchymosis and lymphadenopathy.
Metabolism: Gout, peripheral edema and thirst.
Musculoskeletal: Arthralgia, arthritis and myalgia.
Respiratory disorder: Asthma, epistaxis, pneumonia, rhinitis, pharyngitis, bronchitis, hemoptysis, increased cough and dyspnoea etc.
Skin disorders ---rash, dry skin, sweating urticaria, acne, alopecia, angioedema, contact dermatitis and skin discoloration.
Special sense disturbances ---ear and eye pain, amblyopia, photophobia, tinnitus, diplopia, conjunctivitis, diplopia, lacrimation disorder and otitis media etc.
Urogenital: Vaginitis, dysuria, breast pain, dysmenorrhea, hematuria, urinary tract infection and nocturia etc.

OVERDOSAGE:
The patient should be monitored in a suitably equipped medical facility and advised to avoid sun exposure for five days. ECG monitoring is recommended due to the possible prolongation of the QTC interval. There is no known antidote for sparfloxacin overdosage.

INFORMATIONS FOR PATIENTS:
Patients should be advised;
i) to avoid exposure to direct or indirect sunlight, artificial ultraviolet light during the treatment with sparfloxacin and for 5 days after therapy.
ii) to discontinue sparfloxacin therapy at the first sign or symptom of phototoxicity.
iii) to discontinue sparfloxacin therapy and inform physician if reaction such as redness, swelling, blisters, itching, rash or dermatitis, pain, inflammation or rupture of tendon occur.
iv) to take mineral supplements or vitamins with iron, or zinc, or calcium 4 hours after sparfloxacin administration.
v) to drink fluids frequently.
vi) to take sucralfate or magnesium and aluminium- containing antacids 4 hours after sparfloxacin administration.

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