

Essential drugs / Oral drugs

CIPROFLOXACIN oral

Prescription under medical supervision

Therapeutic action

– Fluoroquinolone antibacterial

Indications

- Shigellosis, typhoid fever, uncomplicated cutaneous anthrax
- Uncomplicated acute pyelonephritis, acute prostatitis, acute cystitis in non-pregnant women in the event of previous treatment failure

Forms and strengths

- 250 mg and 500 mg tablets
- 250 mg/5 ml granules and solvent for oral suspension

Dosage

– *Shigellosis, typhoid fever, uncomplicated cutaneous anthrax*

Child over 1 month: 15 mg/kg 2 times daily (max. 1 g daily)

Adult: 500 mg 2 times daily

Age	Weight	250 mg/5 ml susp.	250 mg tablet	500 mg tablet
1 to < 3 months	4 to < 6 kg	1.5 ml x 2	–	–
3 to < 7 months	6 to < 8 kg	2 ml x 2	–	–
7 months to < 2 years	8 to < 12 kg	2.5 ml x 2	–	–
2 to < 3 years	12 to < 15 kg	4 ml x 2	–	–
3 to < 8 years	15 to < 26 kg	5 ml x 2	1 tab x 2	–
8 to < 11 years	26 to < 36 kg	8 ml x 2	–	–
≥ 11 years and adult	≥ 36 kg	–	2 tab x 2	1 tab x 2

– *Uncomplicated acute pyelonephritis, acute*

Adult: 500 mg 2 times daily

Duration

– *Shigellosis*: 3 days; *cystitis*: 5 days; *typhoid fever, pyelonephritis*: 7 days; *cutaneous anthrax*: 7 to 10 days; *prostatitis*: 14 days (if signs and symptoms are ongoing after 14 days, continue the same treatment for a further 14 days).

Contra-indications, adverse effects, precautions

- Do not administer to patients with history of allergy or serious adverse effects due to a fluoroquinolone, e.g. tendinitis, tendon rupture.
- Administer with caution to epileptic patients (risk of seizures), elderly patients and patients with hypertension.
- Reduce the dose by half in patients with renal impairment.
- May cause: gastrointestinal disturbances, neurological disorders (headache, dizziness, confusion, hallucinations, seizures), allergic reaction, peripheral neuropathy, photosensitivity (protect skin from sun exposure), joint and muscle pain, tendinitis (especially Achilles tendinitis), QT interval prolongation, hypo/hyperglycaemia, haemolytic anaemia in patients with G6PD deficiency. In the event of allergic reaction, severe neurological disorders, peripheral neuropathy, joint or muscle pain or tendinitis, stop treatment immediately.
- Avoid combination with drugs that prolong the QT interval (amiodarone, chloroquine, co-artemether, fluconazole, haloperidol, mefloquine, ondansetron, pentamidine, quinine, etc.).
- Monitor patients taking glibenclamide (risk of hypoglycaemia).
- Do not administer simultaneously with:
 - corticosteroids (increased risk of tendinitis);
 - antacids (aluminium or magnesium hydroxide, etc.): take ciprofloxacin 2 hours before or 4 hours after antacids;
 - iron salts, calcium, zinc sulfate: take 2 hours apart.
- Drink a lot of liquid during treatment (risk of crystalluria).
- Pregnancy: reserved for severe infections, when there is no therapeutic alternative.
- Breast-feeding: no contra-indication

Remarks

– Storage: below 25 °C -  - 