



Linezolid USP......400mg (Product Specs: Sigma)
3. LINZYLE 600mg Tablet
Each film coated tablet contain Linezolid USP......600mg (Product Specs: Sigma)
CLINICAL PHARMACOLOGY: Mechanism of Action:

Mechanism of Action:
IMPXTE inhibits initiation of bacterial protein synthesis at the level of ribosomes by binding with 505 ribosomal subunit.
Microbiology:
Linegolid has been shown to be active against most isolates of the following microorganism, both in-vitro and

Lincold has been shown to be active against most isolates of the following microorganism, both in-vitro and in clinical infections:

Gram positive aerobes:

Enterococcus facilists, Enterococcus faci

Metabolism:

Linecold is primarily metabolized by oxidation into two inactive metabolities: the aminoethoxyaceric acid metabolite (A) and the hydroxyethyl glycine metabolite (B). Formation of metabolite B is mediated by a nonenzymatic chemical oxidation metabonism in vitro. Linecold is not an inducer of cytochrome P650 (CYP) in rasts and it has been demonstrated from in vitro studies that linecold is not detectably metabolized by human cytochrome P650 and it does not inhibit the activities of clinically significant human CYP isoforms [LAZ, ZOZ, ZC19, Z06, Z21, 340].

(104, 262, 2419, 2019, 2419, 344).

Exercision

Exerci INDICATIONS:

LIWAYTE (Lineabil) is indicated for the treatment of infections caused by susceptible strains of the designated microorganisms. LIWAYTE (Lineabil) is not indicated for the treatment of foram-negative infections. It is critical that specific Gram-negative tharpole in initiated immediately if a concenitant End-meraptive tharpole is of documented or suspected.

- Vancomprehensiant infereoroccus faecium infections, including cases with concurrent bacterenia.
- Nessconnial-pneumonia caused by Staphylococcus aureus (methicilin-susceptible and resistant strains), or - Community-acquired pneumonia caused by streptococcus pneumonial caused grammarily and strains of the community and pneumonial caused by streptococcus pneumonial caused grammarily are resistant strains (MDRS), including cases with concurrent bacterenia, or Staphylococcus aureus (methicilin-susceptible strains only).

strains (MDRS)], including cases strains only). - Complicated skin and skin str. resistant strains), Streptococcus - Uncomplicated skin and skin s only) or Streptococcus pyogene DOSAGE AND ADMINISTRAT! The duration of treatment for a severity of infection and on the	icture infections caused by: pyogenes, or Streptococcu tructure infections caused b s. ON: Il infections ranges from 7 t	Staphylococcus aureus (met us agalactiae. oy Staphylococcus aureus (n	hicillin susceptible and
Injection	Dosage and route of administration		Recommended
	Pediatric Patients (Birth through 11 Years of age)	Adults and Adolescent (12 Year and Older)	Duration of Treatment (Consecutive days)
Complicated skin and skin structure injections	10mg/kg IV or oral every 8 hours	600mg IV or oral every 12 Hours	10 to 14
Community-acquirted pneumonia, including concurrent bacteremia			
Nosocomial pneumonia			

Vancomycin-resistant Enterococcus faecium infections, including concurent bacteremia	10mg/kg IV or oral every 8 hours	600mg IV or oral every 12 Hours	14 to 28
Uncomplicated skin and skin structure injections	Less than 5 Years: 10mg/kg oral every 8 hours 5-11 years: 10mg/kg oral every 12 hours	Adults 5:400mg oral every 12 hours Adolescents: 600mg oral every 12 Hours	10 to 14

Directions for Preparing Oral Suspension:

Gently tap the bottle to loose powder.

Add 22mit, previously boiled a concelled with a measuring cup.

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Add 21mit, previously boiled a concelled value with a measuring cup.

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Add afteriter 23mit water and shake vigorously.

Special Population:

Renal Impairment:

No dose adjustment is required. However, LINZYLE (Linezolid) should be used with special caution in patients with severe renal insufficiency and in patients who are undergoing dialysis.

Clarection of the concelled controlled insufficiency and in patients who are undergoing dialysis.

Who have known hypersensitivity to Linezolid or to any of the excipient.

- Taking any medicinal product with inhibits monamien codases Are of 8 e.g. phenetizne, isocarboxazid, selegiline, modobernide) or within two weeks of taking any such medicinal product.

- Patients with uncortical hypertension, pheacechromotyoma, carcinoid, thyroxocosis, bipolar depression, shihozoffective disorder, carcie confusional states.

- Complete blood counts should be monitored weekly in patients who receive Linezolid. Discontinuation of therapy with Linezolid should be considered in patients develop or have worsening myelosuppression.

- If patients separeince symptoms of visual impairment, prompt ophthalimic evaluation is recommended.

- Spontaneous reports of scrottonin syndrome including fatal cases associated with the co-administration of Linezolid and secretoring egarest, including antidepressants such as selective servorinin regulate inhibitors.

(SSRis), have been reported. Unless clinically appropriate and patients are carefully observed for signs and/or scrottonin re-uptake inhibitors, tricyclic antidepressants, servorine and/or patients sking medicalizations like servotonin re-uptake inhibitors, tricyclic antidepressants, servorine men affective sking medicalizations like servotonin re-uptake inhibito

Pregnancy: Linezolid shi pregnancy: Linezolid should be used during pregnancy only if the potential benefits justify the potential risk to the fetus Nursing Mother:

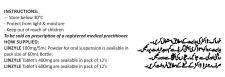
Nursing Mother:
Cautions should be exercised when linezolid is administered to a nursing mother.
DAUG INTERACTIONS:
Admensized Against Pathents receiving Linezolid need to avoid consuming large amounts of foods or beverages
with high ynamine content. It is recommended that doses of admengic agents, vasopressor or diparameters
agents should be carefully listrated to achieve the desired response when co-administred with linezolid and
serotonegic Agents. Since there is limited experience with concomitant administration of linezolid and
serotonegic Agents, highicians should be alter to the possibility of signs and symptoms of serotonin
syndrome (e.g., cognitive dysfunction, hyperpyrexia, hyperreflexia, incoordination) in patients receiving
such concomitant that

such concomitant therapy. **Warfarin:** There was a reduction in International Normalized Ratio (INR) when warfarin was added to

ADVESE REACTIONS: Interestid is eny revision bloerated with relative few side effects which include headache, insomnia, consulsion disziness, vertigo, dermatologic rashes, pharyngitis, diarrhea, womiting, nausea, generalized and localized abdominal plan, of lebeding, loses stocks, constipation, altered taste, tongue discoloration, crail normal vaginal monilasis, anemia, thrombocytopenia, eosinophilia, leucopenia, hypokalemia, generalized edema & lattice addosis.

& lactic acidosis. OVERDOSAGE:

n case of overdose supportive care is advised together with maintenance of glomerular filtration laemodialysis may facilitate more rapid elimination of linezolid.





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