



Designed to kill

Actimoxiflox
F.C. Tablet
Moxifloxacin 400mg.



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Designed to kill

- The broad spectrum killer
- The lowest MIC₉₀ that achieves highest bacterial eradication
- High plasma and tissues concentration at site of infection
- The master in chest infections
- Has an immune modulator effect
- Convenient dosage schedule
- Cost effective



Administration and Dosage

The dose of ACTIMOXIFLOX is 400 mg (orally) once every 24 hours.

Duration of the therapy depends on the type of infection due to the designated pathogens.

Infection

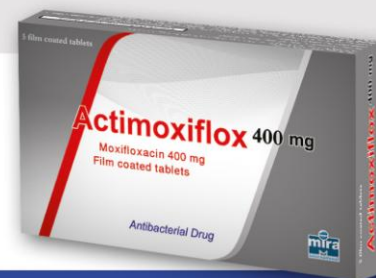
Community Acquired Pneumonia
Acute Bacterial Exacerbation of Chronic Bronchitis
Complicated Intra-Abdominal Infections
Acute Bacterial Sinusitis
Uncomplicated Skin and Skin Structure Infections
Complicated Skin and Skin Structure Infections

Daily Dose

400 mg
400 mg
400 mg
400 mg
400 mg
400 mg

Duration

7-14 days
5 days
5-14 days
10 days
7 days
7-21 days



References

(1): Adapted from Blondeau (1990) penicillin sensitive indicates a penicillin MIC of <0.06 mg/mL penicillin resistant or non-susceptible indicates a MIC >0.1 mg/mL(2): J Chemother. 2010 Aug; 22(4):264-6. (3): Eur J Clin Microbiol Infect Dis. 2005 Jun;24(6):367-76 (4): Int J Clin Pract. 2005 Nov; 59(11):1253-9. (5): Clinical and Laboratory Standards Institute, Methods for Dilution Antimicrobial Susceptibility Tests for Bacteria That Grow Aerobically-Sixth Edition. Approved Standard CLSI Document M7-A6, Vol. 23, No. 2, CLSI, Wayne, PA, and January, 2003. Clinical and Laboratory Standards Institute, Performance Standards for Antimicrobial Disk Susceptibility Tests-Eighth Edition. Approved Standard CLSI Document M2-A8, Vol. 23, No. 1, CLSI, Wayne, PA, January, 2003. Clinical and Laboratory Standards Institute, Methods for Antimicrobial Susceptibility Testing of Anaerobic Bacteria; Approved Standard CLSI Document M11-A6, Vol. 24, No. 2, CLSI, Wayne, PA, 2004. (6): International Journal of COPD 2007;2(3) 191-204 (7): Clinical and Laboratory Standards Institute, Methods for Dilution Antimicrobial Susceptibility Tests for Bacteria That Grow Aerobically -Sixth Edition. Approved Standard CLSI Document M7-A6, Vol. 23, No. 2, CLSI, Wayne, PA, and January, 2003. Clinical and Laboratory Standards Institute, Performance Standards for Antimicrobial Disk Susceptibility Tests-Eighth Edition. Approved Standard CLSI Document M2-A8, Vol. 23, No. 1, CLSI, Wayne, PA, January, 2003. Clinical and Laboratory Standards Institute, Methods for Antimicrobial Susceptibility Testing of Anaerobic Bacteria; Approved Standard CLSI Document M11-A6, Vol. 24, No. 2, CLSI, Wayne, PA, 2004.

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Other Microorganisms

Chlamydia pneumoniae
Mycoplasma pneumoniae

The Broad Spectrum Killer ⁽¹⁾

Aerobic Gram-positive microorganisms

Enterococcus faecalis
Staphylococcus aureus [methicillin-susceptible Strains only]
Streptococcus anginosus
Streptococcus constellatus
Streptococcus pneumoniae [including multi-drug resistant Strains (MDRSP)]
Streptococcus pyogenes

Aerobic Gram-negative Microorganisms

Enterobacter cloacae
Escherichia coli
Haemophilus influenzae
Haemophilus parainfluenzae
Klebsiella pneumoniae
Moraxella catarrhalis
Proteus mirabilis

Anaerobic microorganisms

Bacteroides fragilis
Bacteroides thetaiotaomicron
Clostridium perfringens
Peptostreptococcus species

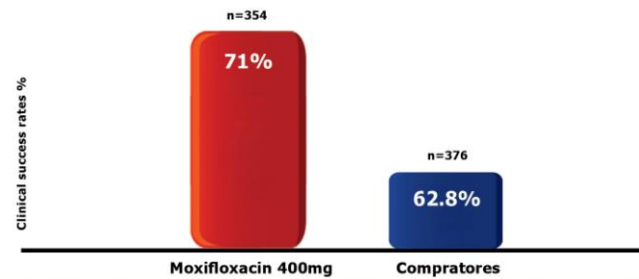


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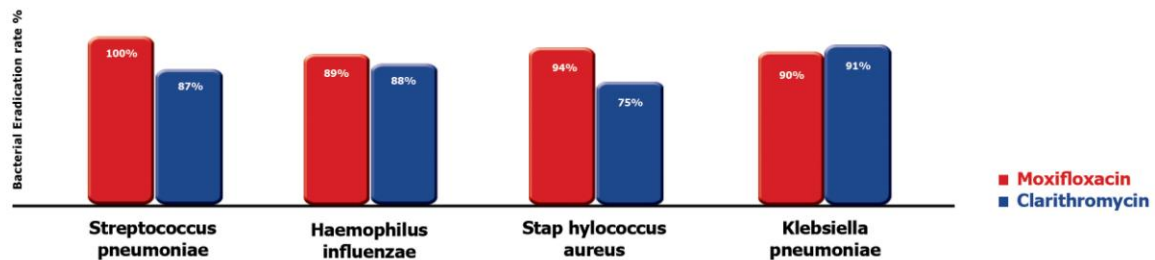
Use the Best First and Look Ahead For Long and Short Term Outcomes⁽⁶⁾

Moxifloxacin 400 mg .once daily for 5 days or more of the comparators: amoxicillin 500 mg tid for 7 days, clarithromycin 500 mg bid for 7 days or cefuroxime-axetil 250 mg bid for 7 days.⁽⁶⁾



The first choice that guidelines are recommending in treatment of AECB and COPD with High Bacterial Eradication Rates

Assured Powerful Bacterial Eradication⁽⁷⁾

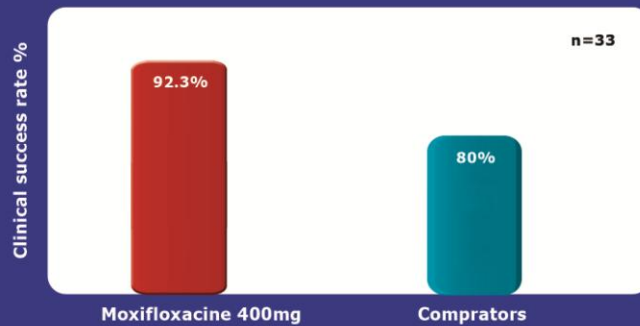


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The Master in Chest Infections

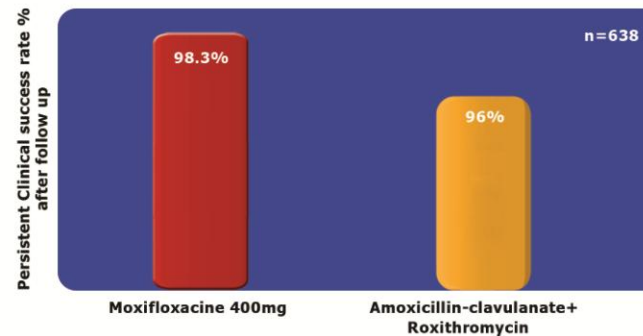
Highly effective in CAP. management with unmatched success rate ⁽²⁾



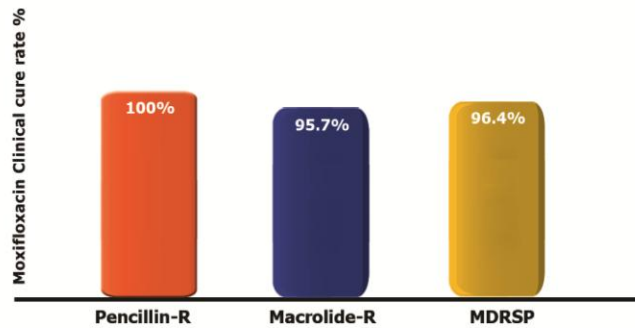
The aim of this study was to compare outcomes for patients with community-acquired pneumonia (CAP) caused by Legionella spp. Comparators were ceftriaxone +/- erythromycin, amoxicillin clavulanate +/- clarithromycin, trovafloxacin, levofloxacin, or ceftriaxone + levofloxacin. n:(moxifloxacin: n=13; comparator: n=20) ⁽²⁾

Excellent Choice In CAP. Management as Mono-Therapy Compared to Traditional Regimens in Adult Patients With Risk Factors. ⁽³⁾

Comparative, randomized, multicenter, open-label study, patients hospitalized for CAP received a 10-day oral treatment with either moxifloxacin (400 mg o.d.) or amoxicillin-clavulanate (1,000/125 mg t.i.d.) plus Roxithromycin (150 mg b.i.d.) n:638 Patients ⁽³⁾



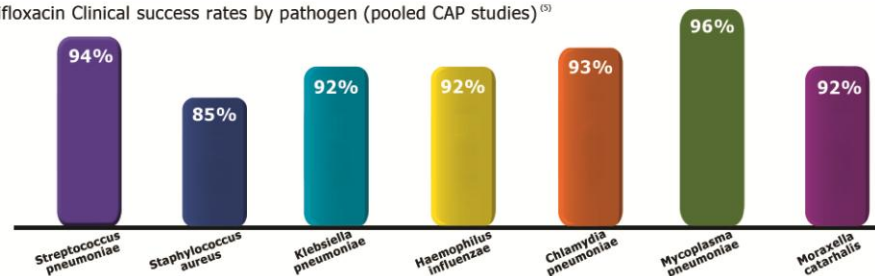
The Conrad in Efficacy when Treatment of Penicillin, Macrolide and Multidrug Resistant Streptococcus Pneumoniae in CAP. is indicated, With (95.4%) Overall Clinical Cure.⁽⁴⁾



Pooled analysis of six prospective, multicentre trials aimed to determine the efficacy of moxifloxacin in community-acquired pneumonia (CAP) due to penicillin-, macrolide- and multidrug-resistant Streptococcus pneumoniae (MDRSP). Clinical cure with Moxifloxacin was 95.4% (n: 125/131) overall and 100% (n:21/21) for penicillin-, 95.7% (n:22/23) for Macrolide- and 96.4% (27/28) for multidrug-resistant ⁽⁴⁾

High Clinical Success Rates in Bacterial Eradication of Common Respiratory Pathogens (Pooled CAP Studies).⁽⁵⁾

Moxifloxacin Clinical success rates by pathogen (pooled CAP studies)⁽⁵⁾



**The Master in
Chest Infections..**

The Lowest Mic₉₀ That Permits Highest Efficacy⁽¹⁾

Minimum inhibitory concentrations (MIC) of moxifloxacin and other quinolones against common respiratory pathogens

Bacterium	MIC ₉₀ (mg/L)			
	Moxifloxacin	Ciprofloxacin	Levofloxacin	Trovafloxacin
S. pneumoniae penicillin-sensitive	0.06-0.25	1-2	1-2	0.12-0.25
penicillin-resistant	0.12-0.25	1-2	1-2	0.12-0.25
S. aureus methicillin-sensitive	0.12	0.5-1	0.25	0.06
methicillin-resistant	2	32-128	16	2
M. catarrhalis beta-lactamase positive	0.012-0.06	0.015-0.06	0.06-0.094	0.03
beta lactamase negative	0.012-0.06	0.015-0.06	0.06	0.03
H. influenzae beta-lactamase positive	0.03-0.06	0.015-0.03	0.03-0.47	0.015
beta lactamase negative	0.03-0.06	0.015-0.03	0.03-0.32	0.015

Adapted from Blondeau (1990).
penicillin sensitive indicates a penicillin MIC of <0.06 mg/mL
penicillin resistant or non-susceptible indicates an MIC >0.1 mg/mL

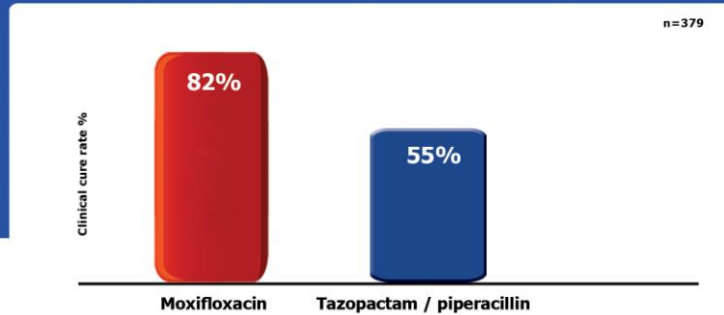
Highest Tissues and Plasma Concentration Exceeding by Far The MIC₉₀ of Most Clinically Important Pathogens

Moxifloxacin Concentrations (mean ± SD) in Tissues and the Corresponding Plasma Concentrations after a Single 400 mg Oral or Intravenous Dose⁽¹⁾

Tissue or Fluid	N	Plasma Concentration (µg/mL)	Tissue or Fluid Concentration (µg/mL or µg/g)	Tissue Plasma Ratio	N	Plasma Concentration (µg/mL)	Tissue or Fluid Concentration (µg/mL or µg/g)	Tissue Plasma Ratio	
Respiratory					Skin, Musculoskeletal				
• Alveolar Macrophages	5	3.3 ± 0.7	61.8 ± 27.3	21.2 ± 10	• Blister Fluid	5	3 ± 0.5†	2.6 ± 0.9	0.9 ± 0.2
• Bronchial Mucosa	8	3.3 ± 0.7	5.5 ± 1.3	1.7 ± 0.3	• Subcutaneous Tissue	6	3 ± 0.4#	0.9 ± 0.3*	0.4 ± 0.6
• Epithelial Lining Fluid	5	3.3 ± 0.7	24.4 ± 14.7	8.7 ± 6.1	• Skeletal Muscle	6	2.3 ± 0.4#	0.9 ± 0.2*	0.4 ± 0.1
Sinus					Intra-Abdominal				
• Maxillary Sinus Mucosa	4	3.7 ± 1.1†	7.6 ± 1.7	2 ± 0.3	• Abdominal tissue	8	2.9 ± 0.5	7.6 ± 2.2.	7 ± 0.8
• Anterior Ethmoid Mucosa	3	3.7 ± 1.	1†8.8 ± 4.3	2.2 ± 0.6	• Abdominal exudates	10	2.3 ± 0.5	3.5 ± 1.2	1.6 ± 0.7
• Nasal Polyps	4	3.7 ± 1.1†	9.8 ± 4.5 2.	6 ± 0.6	• Abscess fluid	6	2.7 ± 0.7	2.3 ± 1.5	0.8 ± 0.4

The Broad Spectrum Killer..

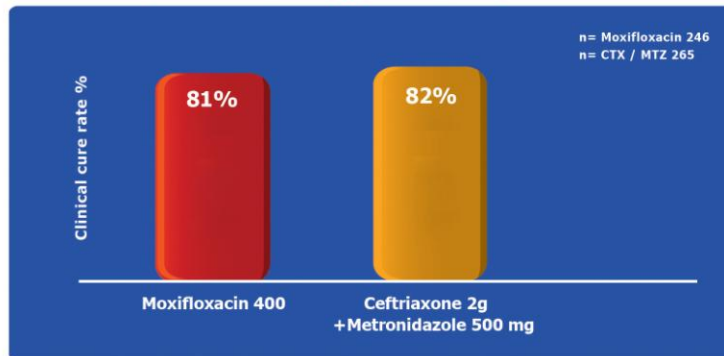
Flies Solo for Intra-Abdominal Infection⁽⁸⁾



Randomized controlled trial of moxifloxacin 400mg compared with piperacillin-tazobactam and amoxicillin-clavulanate for the treatment of complicated intra-abdominal infections.⁽⁸⁾

One Equal Two

Highly Effective and Safe Mono Therapy When Compared With Combination Regime⁽⁹⁾



prospective, randomized, open, international, multicenter study of adults with complicated intra-abdominal infections (cIAI) compared the efficacy and safety of sequential intravenous (i.v.) to oral (p.o.) moxifloxacin 400 mg once daily, with that of i.v. ceftriaxone 2 g once daily, plus metronidazole 500 mg three times daily, followed by p.o. amoxicillin/clavulanate 625 mg three times daily. Clinical cure at test of cure (TOC) day 28-42 after study entry.⁽⁹⁾

**The Best
is The First ..**