

PACKAGE LEAFLET

Package leaflet: Information for the patient

Ofloxacin 200 mg tablets
Ofloxacin 400 mg tablets
ofloxacin

Read all of this leaflet carefully before you start taking this medicine because it contains important information for you.

- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor or pharmacist.
- This medicine has been prescribed for you only. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.
- If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. See section 4.

What is in this leaflet:

1. What Ofloxacin is and what it is used for
2. What you need to know before you take Ofloxacin
3. How to take Ofloxacin
4. Possible side effects
5. How to store Ofloxacin
6. Contents of the pack and other information

1. What Ofloxacin is and what it is used for

Ofloxacin belongs to a group of medicines called quinolone antibiotics. Ofloxacin is an antibiotic that can be used to treat a variety of different infections. These include infections of:

- the chest (respiratory system) such as pneumonia and bronchitis.
- the bladder and kidneys (urinary tract).
- the male and female genital organs when the infections involve the cervix (neck of the womb in women) and the lower genital organs in men. Ofloxacin can be used to treat both gonorrhoea and some other genital infections of both the male and female genital organs.

2. What you need to know before you take Ofloxacin

Do not take Ofloxacin:

- If you are allergic to ofloxacin or any of the other ingredients of this medicine (listed in section 6). Signs of an allergic reaction include: a rash, swallowing or breathing problems, swelling of your lips, face, throat or tongue.
- If you have previously had an allergic reaction to another quinolone antibiotic e.g. ciprofloxacin or norfloxacin.
- If you suffer from epilepsy or are at risk of fits
- If you have a history of inflammation and swelling of the tendons (tendonitis) which can affect areas such as the wrist or the achilles tendon after treatment with a quinolone antibiotic e.g. ciprofloxacin, norfloxacin, or nadifloxacin.
- If you suffer from or there is a family history of glucose-6-phosphate dehydrogenase deficiency (an inherited disorder that affects the red blood cells)
- If you are pregnant, think you may be pregnant or are planning to have a baby.
- If you are breastfeeding.
- If you are under the age of 18 years, or are still growing.

Do not take this medicine if any of the above apply to you. If you are not sure, talk to your doctor or pharmacist before taking Ofloxacin.

Warnings and precautions

Before taking this medicine

You should not take fluoroquinolone/quinolone antibacterial medicines, including Ofloxacin, if you have experienced any serious adverse reaction in the past when taking a quinolone or fluoroquinolone. In this situation, you should inform your doctor as soon as possible.

Talk to your doctor or pharmacist before taking Ofloxacin if any of the following apply:

- if you have been diagnosed with an enlargement or "bulge" of a large blood vessel (aortic aneurysm or large vessel peripheral aneurysm)
- if you have experienced a previous episode of aortic dissection (a tear in the aorta wall)
- if you have been diagnosed with leaking heart valves (heart valve regurgitation)
- if you have a family history of aortic aneurysm or aortic dissection or congenital heart valve disease, or other risk factors or predisposing conditions (e.g. connective tissue disorders such as Marfan syndrome or Ehlers-Danlos syndrome, Turner syndrome, Sjögren's syndrome (an inflammatory autoimmune disease) or vascular disorders such as Takayasu arteritis, giant cell arteritis, Behcet's disease, high blood pressure, or known atherosclerosis, rheumatoid arthritis (a disease of the joints) or endocarditis (an infection of the heart)).
- you have or have ever had a history of mental illness.
- you have problems with your liver or kidneys.
- you have heart disease or problems with your heartbeat.
- you were born with or have family history of prolonged QT interval (seen on ECG, electrical recording of the heart).
- have salt imbalance in the blood (especially low level of potassium or magnesium in the blood).
- have a very slow heart rhythm (called 'bradycardia').
- have a weak heart (heart failure).
- have a history of heart attack (myocardial infarction).
- you are female or elderly.
- you are taking other medicines that result in abnormal ECG changes (see section Other medicines and Ofloxacin).
- you have an illness of the nervous system called 'myasthenia gravis' (muscle weakness).
- if you are diabetic or suffer from low blood sugar.

During treatment

When taking this medicine

Prolonged, disabling and potentially irreversible serious side effects

Fluoroquinolone/quinolone antibacterial medicines, including Ofloxacin, have been associated with rare but serious side effects, some of them being long lasting (continuing for months or years), disabling or potentially irreversible. This includes tendon, muscle and joint pain of the upper and lower limbs, difficulty in walking, abnormal sensations such as pins and needles, tingling, tickling, numbness or burning (paraesthesia), sensory disorders including impairment of vision, taste and smell, and hearing, mental health effects which may include, but are not necessarily limited to, anxiety, panic attacks, confusion, or depression, memory impairment, severe fatigue, and severe sleep disorders. There are no medicines that have been established as being effective treatments for the symptoms of long lasting or disabling side effects associated with fluoroquinolones.

If you experience any of these side effects after taking Ofloxacin, then do not take any further doses and contact your doctor immediately. You and your doctor will decide on whether to continue treatment, considering alternative options.

You may experience psychiatric reactions when taking Ofloxacin, including when taking it for the first time. If you suffer from depression or psychosis, your symptoms may become worse under treatment with Ofloxacin. In rare cases, depression or psychosis can progress to thoughts of suicide or suicide attempts. If this happens, stop taking Ofloxacin and contact your doctor immediately. You may not notice some changes in your mood and behaviour so it is very important to tell your friends and family that you are taking Ofloxacin, and that there may be rare psychiatric side effects. Others may notice changes and help you quickly identify any symptoms that you need to talk to your doctor about.

If your eyesight becomes impaired or if your eyes seem to be otherwise affected, consult an eye specialist **immediately**.

If you:

- experience a severe skin rash or allergic reaction, or
- develop severe diarrhoea, (which may be bloody) with stomach pain and fever, or
- notice pain, tenderness, or restricted movement of the tendons, or
- notice numbness or tingling in the hands and feet
- experience suicidal thoughts or self-endangering behaviour
- change in blood glucose levels

stop taking this medicine and talk to your doctor **straight away**.

If you feel sudden, severe pain in your abdomen, chest or back, which can be symptoms of aortic aneurysm and dissection, go **immediately** to an emergency room. Your risk may be increased if you are being treated with systemic corticosteroids.

If you feel sudden, severe pain in your abdomen, chest or back, which can be symptoms of aortic aneurysm and dissection, go **immediately** to an emergency room. Your risk may be increased if you are being treated with systemic corticosteroids.

If you start experiencing a rapid onset of shortness of breath, especially when you lie down flat in your bed, or you notice swelling of your ankles, feet or abdomen, or a new onset of heart palpitations (sensation of rapid or irregular heartbeat), you should inform a doctor immediately.

Pain and swelling in the joints and inflammation or rupture of tendons may occur rarely. Your risk is increased if you are elderly (above 60 years of age), have received an organ transplant, have kidney problems or if you are being treated with corticosteroids. Inflammation and ruptures of tendons may occur within the first 48 hours of treatment and even up to several months after stopping of Ofloxacin therapy. At the first sign of pain or inflammation of a tendon (for example in your ankle, wrist, elbow, shoulder or knee), **stop taking** Ofloxacin, contact your doctor and rest the painful area. Avoid any unnecessary exercise as this might increase the risk of a tendon rupture.

You may rarely experience symptoms of nerve damage (neuropathy) such as pain, burning, tingling, numbness and/or weakness especially in the feet and legs or hands and arms. If this happens, **stop taking** Ofloxacin and inform your doctor **immediately** in order to prevent the development of potentially irreversible condition.

If you are not sure if any of the above apply to you, talk to your doctor or pharmacist before taking Ofloxacin.

Other medicines and Ofloxacin

Tell your doctor or pharmacist if you are taking, have recently taken or might take any other medicines.

You **must** tell your doctor if you are taking other medicines that can alter your heart rhythm:

- medicines that belong to the group of anti-arrhythmics (e.g. quinidine, hydroquinidine, disopyramide, amiodarone, sotalol, dofetilide, ibutilide),
- tricyclic antidepressants, (e.g. clomipramine, amitriptyline),
- some antimicrobials (that belong to the group of macrolides e.g. erythromycin, clarithromycin, azithromycin),
- some antipsychotics used to treat mental health conditions such as schizophrenia and bipolar disorder.

Tell your doctor if you are taking any of the following medicines:

- medicines or dietary supplements that contain iron (for anaemia) or zinc.
- sucralfate used for stomach ulcers.
- antacids used for indigestion that contain magnesium or aluminium.
- corticosteroids, used for treatment of inflammation and swelling or over-active immune system. These may increase the risk of you developing a tendon rupture.
- painkillers called non-steroidal anti-inflammatory drugs (NSAIDs) e.g. ibuprofen or diclofenac, or theophylline, used to treat asthma or chronic obstructive pulmonary disease as these could make you more prone to fits if taken with ofloxacin.
- glibenclamide, a medicine to control your blood sugar, as the amount of these medicines in the blood may increase and have a greater effect.
- drugs that may affect your kidney function e.g. cimetidine (used for stomach ulcers or indigestion), probenecid (used for gout) and methotrexate (used for rheumatism) as they can increase the level of ofloxacin in the blood.
- medicines to thin your blood, e.g. warfarin. Taking these with ofloxacin can increase the time it takes for your blood to clot.
- If you are taking didanosine (a medicine used to treat HIV infections), you should not take the chewable, buffered tablets until at least two hours after taking ofloxacin.
- water tablets (diuretics) such as furosemide.

This medicine **should not** be taken within two hours of taking iron or zinc tablets, antacids, or sucralfate, as these medicines can stop Ofloxacin from working properly.

If you are due to have urine tests for porphyrin (a pigment in the blood), or for opiates (strong painkillers), tell your doctor or nurse you are taking this medicine.

Pregnancy and breast-feeding

Do not take Ofloxacin if you are pregnant or breast-feeding, think you may be pregnant or are planning to have a baby. If you become pregnant while taking Ofloxacin, **stop taking the tablets** and contact your doctor **immediately**.

Driving and using machines

Taking Ofloxacin may make you feel sleepy, dizzy or could affect your eyesight. Do not drive or use machines until you know how this medicine affects you. Drinking alcohol may make these symptoms worse.

Ofloxacin contains lactose

If you have been told by your doctor that you have an intolerance to some sugars, contact your doctor before taking this medicine.

This medicine contains less than 1 mmol sodium (23 mg) per tablet, that is to say essentially ‘sodium-free’.

3. How to take Ofloxacin

Always take this medicine exactly as your doctor or pharmacist has told you. Check with your doctor or pharmacist if you are not sure.

- For oral use. You should swallow these tablets whole with water. Do not chew them.
- The tablets can be taken with or without food and can be divided into equal doses.
- When taking Ofloxacin, avoid strong sunlight and do not use sun lamps or solaria as your skin may be more sensitive to light.
- If you are taking iron tablets (for anaemia), antacids (for indigestion or heartburn) or sucralfate (for stomach ulcers) or didanosine chewable or buffered tablets (for HIV), it is important not to take these two hours before or after taking Ofloxacin. If you feel the effect of your medicine is too weak or strong, do not change the dose yourself, but ask your doctor.
- When taking Ofloxacin, if your eyesight becomes impaired or if your eyes seem to be otherwise affected, consult an eye specialist immediately

When to take your medicine:

- The length of your treatment will depend on how serious your infection is.
- Treatment should not be longer than 2 months.
- Doses up to 400 mg are taken as a single dose in the morning.
- Higher doses should be taken in two doses, one in the morning and one in the evening.

How much to take

Adults (including the elderly): The dose to be taken will depend on the location and the type of infection to be treated. For most infections the recommended dose is between 200 mg and 400 mg of Ofloxacin daily, preferably in the morning. For more severe infections your doctor may increase the dose to 400 mg of Ofloxacin twice daily (morning and evening).

The recommended doses for different infections are shown below. However, your doctor may decide you need a different dose.

To treat simple urine infections: The recommended dose is 200 mg or 400 mg of Ofloxacin daily.

To treat complicated upper urinary tract infections: The recommended dose is 400 mg of Ofloxacin daily. If necessary, your doctor may increase this to 400 mg twice a day.

To treat gonorrhoea of the lower organs only: A single dose of 400 mg of Ofloxacin in the morning is usually enough. To treat other infections of the lower genital organs for which Ofloxacin is a suitable antibiotic, the dose is usually 400 mg each day.

To treat a chest or lung infection: The recommended dose is 400 mg of Ofloxacin daily. If necessary, your doctor may increase this to 400 mg twice a day.

If you have liver problems:

Your doctor may give you a lower dose of Ofloxacin. It is recommended that the dose should not exceed 400 mg Ofloxacin daily.

If you have kidney problems: Your doctor may recommend that you take an initial dose as recommended above, then the dose may be reduced. It is recommended that the dose should not exceed 200 mg of Ofloxacin daily.

Use in children and adolescents

Children or adolescents under 18 years of age **should not** take these tablets.

If you take more Ofloxacin than you should

If you take more tablets than you should you may become confused and dizzy or lose consciousness, you may have a seizure or fit, and you may feel sick. Contact your doctor or nearest hospital casualty department immediately. Take the container and any remaining tablets with you.

If you forget to take Ofloxacin

If you forget to take a dose take it as soon as you remember unless it is nearly time for your next dose. Do not take a double dose to make up for a forgotten tablet.

If you stop taking Ofloxacin

Your doctor will tell you how long you need to take your tablets for. **Do not** suddenly stop taking this medicine without talking to your doctor first. If you stop, your infection may get worse again. If you feel the effect of your medicine is too weak or strong, do not change the dose yourself, but ask your doctor.

If you have any further questions on the use of this medicine, ask your doctor or pharmacist.

4. Possible side effects

Like all medicines, this medicine can cause side effects, although not everybody gets them.

Stop taking Ofloxacin, tell your doctor or go to your nearest hospital casualty department straight away if you have any of the following serious side effects because you may need medical attention:

Uncommon (may affect up to 1 in 100 people):

- resistance of infection causing organisms to this treatment, (you may fail to respond to treatment)

Rare (may affect up to 1 in 1,000 people):

- you have an allergic reaction. Such reactions may appear in the form of anaphylaxis (a severe form of allergic reaction) with symptoms such as:
 - severe skin rash
 - swelling of the face, lips, mouth, tongue or throat (angioedema)
 - anaphylactic shock (sudden wheezing, swelling of your lips, tongue and throat or body, rash, fainting or difficulties in swallowing)
- inflammation of the bowel, which may cause severe watery diarrhoea, which may have blood in it, possibly with stomach cramps and a high temperature
- swelling of the tendons with the following symptoms; pain, tenderness, sometimes restricted movement (tendonitis). This can lead to tendon rupture, especially of the large tendon at the back of the ankle (Achilles tendon). The risk of this occurring is increased if you are also taking corticosteroids e.g. prednisolone

- numbness or tingling in the hands and feet or being very sensitive to touch, numbness or weakness of the arms and legs
- blurred, double or altered colour vision. If your eyesight becomes impaired or if your eyes seem to be otherwise affected, consult an eye specialist **immediately**.

Very rare (may affect up to 1 in 10,000 people):

- a condition in which the amount of oxygen-carrying pigment (haemoglobin) in the blood is below normal or an illness resulting from the destruction of red blood cells with the following symptoms; feeling tired, faint, dizzy, being short of breath when exercising and having pale skin. These may be signs of anaemia or haemolytic anaemia.
- other blood disorders when the numbers of different types of cells in the blood may fall, which may cause fever, chills, sore throat, ulcers in the mouth and throat (leucopenia, agranulocytosis)
- fits (seizures)
- skin rash, which may blister, and looks like small targets (central dark spots surrounded by a paler area, with dark ring around the edge) (erythema multiforme)
- a widespread rash with blisters and skin peeling on much of the body surface (toxic epidermal necrolysis).
- narrowing, blockage or leakage of blood vessels, in exceptional cases leading to severe skin reactions and death of areas of the skin
- severe kidney problems, which may result in your kidneys stopping working. Signs may include a rash, high temperature, general aches and pains, or blood in the urine
- hearing problems or hearing loss
- liver problems, such as inflammation of the liver (hepatitis) or blockage in the bile duct, that may cause your eyes or skin to go yellow (jaundice) or you may notice the following symptoms; nausea, vomiting, loss of appetite, feeling generally unwell, fever, itching, light coloured bowel motions, dark coloured urine

Not known (frequency cannot be estimated from the available data):

- abnormal fast heart rhythm, life-threatening irregular heart rhythm, alteration of the heart rhythm (called 'prolongation of QT interval', seen on ECG, electrical activity of the heart)
- severe depression or mental illness. Some people who are depressed think of harming or killing themselves.
- a serious reduction in all types of blood cells (pancytopenia), which may result from a failure of the bone marrow to produce these
- a widespread rash with blisters and peeling skin, particularly around the mouth, nose, eyes and genitals (Stevens Johnson syndrome).
- swelling of the lungs with the following symptoms; coughing, difficulty breathing, wheezing
- temporary paralysis or weakness of the muscles (rhabdomyolysis), disease of the muscles with the following symptoms; aching muscles, muscle tenderness or weakness, not caused by exercise
- an attack of porphyria (a rare blood pigment disorder) in patients with this disease
- muscle or ligament rupture
- inflammation of the pancreas (pancreatitis) – you may have severe pain in the stomach and back
- loss of consciousness (coma), due to a severe reduction in blood sugar levels
- inflammation of the eye (uveitis)
- skin redness with excessive scaling (exfoliative dermatitis)
- loss of appetite, skin and eyes becoming yellow in colour, dark-coloured urine, itching, or tender stomach (abdomen). These may be signs of liver problems which may include a fatal failure of the liver.

Tell your doctor or pharmacist if any of the following side effects gets serious or lasts longer than a few days:

Uncommon (may affect up to 1 in 100 people)

- feeling sick (nausea) or being sick (vomiting), diarrhoea or stomach pains
- irritated or burning eyes
- headaches, dizziness, sleep disturbances including difficulty sleeping (insomnia)
- feeling dizzy, having spinning sensations
- agitation, feeling restless
- cough and inflamed sore nose or throat (nasopharyngitis)
- fungal infection
- skin rash or itching

Rare (may affect up to 1 in 1,000 people)

- Cases of long lasting (up to months or years) or permanent adverse drug reactions have been associated with quinolone and fluoroquinolone antibiotics. These may include tendon inflammations, tendon rupture, joint pain, pain in the limbs, difficulty in walking, abnormal sensations such as pins and needles, tingling, pricking, burning, numbness or pain (neuropathy), fatigue, memory and concentration impairment, mental health effects which may include, but are not necessarily limited to, anxiety, panic attacks, confusion, or depression, as well as impairment of hearing, vision, and taste and smell. There are no medicines that have been established as being effective treatments for the symptoms of long lasting or disabling side effects associated with fluoroquinolones.
- loss of appetite
- fast heart beat
- drowsiness
- loss of memory
- feeling weak or irritable, sweating and/or trembling. This could be due to lowering of blood sugar (glucose) levels especially in patients with diabetes or existing low blood sugar
- feeling confused or anxious, nightmares, seeing, feeling or hearing things that are not there, depression and mental illness
- changes in or loss of your sense of taste or smell
- shortness of breath or wheezing
- changes in levels of liver enzymes or bilirubin, which may be seen in blood tests
- excessive sweating and hot flushes
- changes in kidney function shown in blood tests
- feeling faint, lightheaded or dizzy, which may be due to low blood pressure
- hives (urticaria)
- rash with pimples
- delirium (acute confusional state)

Very rare (may affect up to 1 in 10,000 people)

- uncontrolled movements, unsteadiness and shaking
- unusual bleeding or bruising more easily than normal (thrombocytopenia)
- increase in some white blood cells (eosinophilia)
- ringing in the ears (tinnitus)
- joint and muscle pains
- skin rashes or eruptions, which may be caused by strong sunlight
- unusual purple discolouration under the skin, which may be due to bleeding or bruising due to leaky or damaged blood vessels

Not known (frequency cannot be estimated from the available data)

- a red, scaly rash with bumps under the skin and blisters (exanthemous pustolosis)
- muscular weakness, muscle tear
- an increase in blood sugar levels
- feeling of nervousness, tremor, unusual (involuntary) muscle movements,
- fainting
- digestive problems such as stomach upset (indigestion/heartburn), constipation, or wind
- general pain, pains in your muscles and stiffness in the bones/joints (arthritis), feeling unwell (asthenia), or fever
- persistent headache with or without blurred vision (benign intracranial hypertension).

Cases of an enlargement and weakening of the aortic wall or a tear in the aortic wall (aneurysms and dissections), which may rupture and may be fatal, and of leaking heart valves have been reported in patients receiving fluoroquinolones. See also section 2.

Reporting of side effects

If you get any side effects talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet.

You can also report side effects directly via the Yellow Card Scheme at www.mhra.gov.uk/yellowcard or search for MHRA Yellow Card in the Google Play or Apple App Store.

By reporting side effects you can help provide more information on the safety of this medicine.

5. How to store Ofloxacin

Keep this medicine out of the sight and reach of children.

Do not take this medicine after the expiry date shown on the pack. The expiry date refers to the last day of that month.

This medicine does not require any special storage conditions.

Do not throw away any medicines via wastewater or household waste. Ask your pharmacist how to throw away medicines you no longer use. These measures will help protect the environment.

6. Contents of the pack and other information

What Ofloxacin contains

- The active substance is ofloxacin.
Each film-coated tablet contains 200 mg or 400 mg ofloxacin.
- The other ingredients are:
200 mg tablets: maize starch, lactose, hydroxypropyl cellulose, croscarmellose sodium, magnesium stearate, hypromellose, titanium dioxide (E171), talc and macrogol 400.
400 mg tablets: maize starch, lactose, hydroxypropylcellulose, sodium starch glycollate (type A), magnesium stearate, hypromellose, talc, titanium dioxide (E171), macrogol 400, iron oxide yellow (E172), iron oxide black (E172) and carnauba wax.

What Ofloxacin looks like and contents of the pack

The 200 mg tablets are white capsule-shaped film-coated tablets marked 'OF' breakline '200' on one side and 'G' on the other. The tablet can be divided into equal doses.

The 400 mg tablets are yellow capsule-shaped film-coated tablets marked 'OF' breakline '400' on one side and 'G' on the other. The tablet can be divided into equal doses.

Ofloxacin is available in blisters or plastic bottles of 3*, 5, 6, 7, 8*, 10, 12, 14, 16, 20, 24, 30, 50, 100 and 250 tablets.

*200 mg strength only.

Not all pack sizes may be marketed.

Marketing Authorisation Holder:

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Manufacturer:

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This leaflet was last revised in 07/2025.