**Presentation**

*m*-Cefazolin is a white to off-white powder which reconstitutes with Sterile Water for Injection to give a colourless solution.

*m*-Cefazolin 500 mg vial contains cefazolin sodium equivalent to 500 mg of cefazolin.

*m*-Cefazolin 1 g vial contains cefazolin sodium equivalent to 1 g of cefazolin.

*m*-Cefazolin 2 g vial contains cefazolin sodium equivalent to 2 g of cefazolin.

**Uses**

**Actions**

Cefazolin sodium is a semisynthetic cephalosporin for intramuscular or intravenous administration. *In vitro* tests demonstrate that the bactericidal action of cephalosporins results from inhibition of cell-wall synthesis.

Cefazolin is active against the following organisms *in vitro* and in clinical infections: *Staphylococcus aureus* (including penicillinase-producing strains); *Staphylococcus epidermidis*; Group A β-haemolytic streptococci and other strains of streptococci (many strains of enterococci are resistant); *Streptococcus pneumoniae*; *Escherichia coli*; *Klebsiella* sp.; *Proteus mirabilis*; *Haemophilus influenzae*; *Enterobacter aerogenes*.

Most strains of indole-positive *Proteus* (*Proteus vulgaris*), *Enterobacter cloacae*, *Morganella morgani*, and *Providencia rettgeri* are resistant. Methicillin-resistant staphylococci, *Serratia*, *Pseudomonas* and *Acinetobacter calcoaceticus* (formerly *Mima* and *Herellea* sp.) are almost uniformly resistant to cefazolin.

**Disc Susceptibility Tests**

Quantitative methods that require measurements of zone diameters give the most precise estimates of antibiotic susceptibility. One such procedure has been recommended for use with discs for testing susceptibility to cefazolin. With this procedure, a report from the laboratory of “susceptible” indicates that the infecting organism is likely to respond to therapy. A report of “resistant” indicates that the infecting organism is not likely to respond to therapy. A report of “moderately susceptible” suggests that the organism would be susceptible if high dosage is used or if the infection were confined to tissues and fluids (e.g. urine) in which high antibiotic levels are attained.

For gram-positive isolates, a zone of 18 mm is indicative of a cefazolin-susceptible organism when tested with either the cephalosporin-class disc (30 mcg cephalothin) or the cefazolin disc (30 mcg cefazolin). Gram-negative organisms should be tested with the cefazolin disc (using the above criteria) because cefazolin has been shown by *in vitro* tests to have activity against certain strains of *Enterobacteriaceae* found to be resistant when tested with the cephalothin disc. When using the cephalothin disc, Gram-negative organisms with zone diameters >18 mm may be considered...
**NEW ZEALAND DATA SHEET**

*m*-Cefazolin

Cefazolin, Powder for injection, 500mg, 1g and 2g  
Cefazolin, Injection with diluent, 500mg and 1g

susceptible to cefazolin however organisms with zone diameters < 18 mm are not necessarily resistant or moderately susceptible to cefazolin.

The cefazolin disc should not be used for testing susceptibility to other cephalosporins.

**Pharmacokinetics**

Table 1 demonstrates the blood levels and duration of Cefazolin following intramuscular administration.

<table>
<thead>
<tr>
<th>Dose</th>
<th>Serum Concentrations (mcg/mL)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>½ Hr</td>
</tr>
<tr>
<td>250 mg</td>
<td>15.5</td>
</tr>
<tr>
<td>500 mg</td>
<td>36.2</td>
</tr>
<tr>
<td>1 g*</td>
<td>60.1</td>
</tr>
</tbody>
</table>

* Average of 2 studies

Clinical pharmacology studies in patients hospitalised with infections indicate that cefazolin produces mean peak serum levels approximately equivalent to those seen in normal volunteers.

In a study (using normal volunteers) of constant intravenous infusion with dosages of 3.5 mg/kg for 1 hour (approximately 250 mg) and 1.5 mg/kg for the next 2 hours (approximately 100 mg), cefazolin produced a steady serum level at the third hour of approximately 28 mcg/mL.

Table 2 shows the average serum concentrations after IV injection of a single 1g dose: average half-life was 1.4 hours.

<table>
<thead>
<tr>
<th>Serum Concentration (mcg/mL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 min</td>
</tr>
<tr>
<td>188.4</td>
</tr>
</tbody>
</table>

Controlled studies in adult normal volunteers receiving 1 g, 4 times a day, for 10 days, monitoring CBC, AST, ALT, bilirubin, alkaline phosphatase, BUN, creatinine, and urinalysis indicated no clinically significant changes attributed to cefazolin. Cefazolin is excreted unchanged in the urine primarily by glomerular filtration and, to a lesser degree, by tubular secretion. Following intramuscular injection of 500mg, 56% to 89% of the administered dose is recovered within 6 hours, and 80% to nearly 100% in 24 hours. Cefazolin achieves peak urine concentrations greater than 1000 mcg/mL and 4000 mcg/mL, respectively, following 500 mg and 1 g intramuscular doses.

In patients undergoing peritoneal dialysis (2 L/hr) mean serum levels of cefazolin were approximately 10 and 30 mcg/mL after 24 hours’ instillation of a dialysing solution containing 50 mcg/mL and 150 mcg/mL, respectively. Mean peak levels were 29 mcg/mL (range 13-44 mcg/mL) with 50 mcg/mL (3 patients), and 72 mcg/mL (range 26-142 mcg/mL) with 150 mcg/mL (6 patients). Intraperitoneal administration of cefazolin is usually well tolerated.

Please refer to the Medsafe website (www.medsafe.govt.nz) for the most recent version of this prescribing information.
When cefazolin is administered to patients with unobstructed biliary tracts, high concentrations well above serum levels occur in the gall-bladder tissue and bile. In the presence of obstruction, however, concentration of the antibiotic is considerably lower in bile than the serum.

Cefazolin readily crosses an inflamed synovial membrane, and the concentration of the antibiotic achieved in the joint space is comparable to levels measured in the serum.

Cefazolin readily crosses the placental barrier into the cord blood and amniotic fluid. It is present in very low concentrations in the milk of nursing mothers.

### Indications

Cefazolin is indicated in the treatment of the following serious infections due to susceptible organisms:

**Respiratory Tract Infection**  
Due to *S. pneumoniae, Klebsiella sp, H. influenzae, Staph, aureus* (including penicillinase-producing strains), and *Group A β -haemolytic streptococci*.

Injectable penicillin G benzathine is considered to be the medicine of choice in the treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic fever.

Cefazolin is effective in the eradication of streptococci from the nasopharynx; however, data establishing the efficacy of cefazolin in the subsequent prevention of rheumatic fever are not available at present.

**Genitourinary Tract Infections**  
Due to *E. coli, P. mirabilis, Klebsiella sp.*, and some strains of *Enterobacter* and enterococci.

**Skin and Soft-tissue Infections**  
Due to *Staph. aureus* (including penicillinase-producing strains) and *Group A β-haemolytic streptococci* and other strains of streptococci.

**Biliary Tract Infections**  
Due to *E. coli, various strains of streptococci, P. mirabilis, Klebsiella sp.*, and *Staph. aureus*.

**Bone and Joint Infections**  
Due to *Staph. aureus*.

**Septicaemia**  
Due to *S. pneumoniae, Staph. aureus* (penicillin-susceptible and penicillin-resistant). *P. mirabilis, E. coli, and Klebsiella sp.*

**Endocarditis**
**NEW ZEALAND DATA SHEET**

**m-Cefazolin**

Cefazolin, Powder for injection, 500mg, 1g and 2g  
Cefazolin, Injection with diluent, 500mg and 1g

Due to *Staph. aureus* (penicillin-susceptible and penicillin-resistant) and Group A β -haemolytic streptococci.

Appropriate culture and susceptibility studies should be performed to determine susceptibility of the causative organism to cefazolin.

**Perioperative Prophylaxis**  
The prophylactic administration of cefazolin preoperatively, intraoperatively, and postoperatively may reduce the incidence of certain post-operative infections in patients undergoing surgical procedures that are classified as contaminated or potentially contaminated (e.g. vaginal hysterectomy, or cholecystectomy in high-risk patients, such as those over 70 years of age who have acute cholecystitis, obstructive jaundice, or common bile-duct stones).

The perioperative use of cefazolin may also be effective in surgical patients in whom infection at the operative site would present a serious risk (e.g. during open-heart surgery and prosthetic arthroplasty).

The prophylactic administration of cefazolin should usually be discontinued within a 24 hour period after the surgical procedure. For surgery in which the occurrence of infection may be particularly devastating (e.g. open-heart surgery and prosthetic arthroplasty), the prophylactic administration of cefazolin may be continued for 3 to 5 days following the completion of surgery. If there are signs of infection, specimens for cultures should be obtained for the identification of the causative organism so that appropriate therapy may be instituted.

**Dosage and Administration**

Cefazolin may be administered intramuscularly or intravenously after reconstitution. The intrathecal administration of cefazolin is not an approved route of administration for this antibiotic; in fact, there have been reports of severe CNS toxicity including seizures when cefazolin was administered in this manner.

**Dosage**

**Adults**  
The usual adult dosages are given in Table 3. In rare instances, doses up to 12g of cefazolin per day have been used.

<table>
<thead>
<tr>
<th>Type of infection</th>
<th>Dose</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pneumococcal pneumonia</td>
<td>500 mg</td>
<td>12 hourly</td>
</tr>
<tr>
<td>Mild infections caused by susceptible gram-</td>
<td>250 – 500 mg</td>
<td>8 hourly</td>
</tr>
<tr>
<td>positive cocci</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute uncomplicated urinary tract infection</td>
<td>1g</td>
<td>12 hourly</td>
</tr>
<tr>
<td>Moderate to severe infections</td>
<td>500 mg – 1 g</td>
<td>6-8 hourly</td>
</tr>
<tr>
<td>Severe, life threatening infection (eg.</td>
<td>1g – 1.5 g</td>
<td>6 hourly</td>
</tr>
<tr>
<td>Endocarditis and septicemia)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Dosage adjustment for patients with impaired renal function**

Please refer to the Medsafe website (www.medsafe.govt.nz) for the most recent version of this prescribing information.
**m-Cefazolin**

Cefazolin, Powder for injection, 500mg, 1g and 2g  
Cefazolin, Injection with diluent, 500mg and 1g

Cefazolin may be used in patients with reduced renal function with the following dosage adjustments:

Patients with a creatinine clearance > 55 mL/min or a serum creatinine < 1.5 mg% can be given full doses.

Patients with creatinine clearance rates of 35 to 54 mL/min or serum creatinine of 1.6 to 3.0 mg % can also be given full doses but dosage should be restricted to at least 8-hour intervals.

Patients with creatinine clearance rates of 11 to 34 mL/min or serum creatinine of 3.1 to 4.5 mg % should be given half the usual dose every 12 hours.

Patients with creatinine clearance rates < 10mL/min or serum creatinine > 4.6mg % should be given half the usual dose every 18 to 24 hours.

All reduced dosage recommendations apply after an initial loading dose appropriate to the severity of the infection.

**Perioperative prophylactic use**

To prevent postoperative infection in contaminated or potentially contaminated surgery, the recommended doses are as follows:

- 1 g IV or IM administered 30 minutes to 1 hour prior to the start of surgery;
- For lengthy operative procedures (e.g. 2 hours or longer), 0.5 to 1 g IV or IM during surgery (administration modified according to the duration of the operative procedure);
- 0.5 to 1g IV or IM every 6 to 8 hours for 24 hours postoperatively.

It is important that:

- The preoperative dose be given 30 minutes to 1 hour prior to the start of surgery so that adequate antibiotic levels are present in the serum and tissues at the time of the initial surgical incision and
- If exposure to infections organisms is likely, cefazolin is administered at appropriate intervals during surgery in order for sufficient levels of the antibiotic to be present when needed.

In surgery in which infection may be particularly devastating (e.g. open heart surgery and prosthetic arthroplasty), the prophylactic administration of cefazolin may be continued for 3 to 5 days following the completion of surgery.

**Children**

In children, a total daily dosage of 25 to 50 mg/kg of bodyweight, divided into 3 or 4 equal doses, is effective for most mild to moderately severe infections (Table 4). Total daily dosage may be increased to 100 mg/kg of bodyweight for severe infections.

<table>
<thead>
<tr>
<th>Weight (kg)</th>
<th>25 mg/kg/day divided into 3 doses</th>
<th>25 mg/kg/day divided into 4 doses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Approximate single dose every</td>
<td>Volume (ml) needed with dilution of</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please refer to the Medsafe website (www.medsafe.govt.nz) for the most recent version of this prescribing information.
**NEW ZEALAND DATA SHEET**

**m-Cefazolin**

Cefazolin, Powder for injection, 500mg, 1g and 2g
Cefazolin, Injection with diluent, 500mg and 1g

<table>
<thead>
<tr>
<th>Weight (kg)</th>
<th>Approximate single dose every 8 hours (mg)</th>
<th>Volume (ml) needed with dilution of 225 mg/ml</th>
<th>Approximate single dose every 6 hours (mg)</th>
<th>Volume (ml) needed with dilution of 225 mg/ml</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.5</td>
<td>75</td>
<td>0.35</td>
<td>55</td>
<td>0.25</td>
</tr>
<tr>
<td>9</td>
<td>150</td>
<td>0.7</td>
<td>110</td>
<td>0.5</td>
</tr>
<tr>
<td>13.6</td>
<td>225</td>
<td>1</td>
<td>170</td>
<td>0.75</td>
</tr>
<tr>
<td>18.1</td>
<td>300</td>
<td>1.35</td>
<td>225</td>
<td>1</td>
</tr>
<tr>
<td>22.7</td>
<td>375</td>
<td>1.7</td>
<td>285</td>
<td>1.25</td>
</tr>
</tbody>
</table>

In children with mild to moderate impairment of renal function (creatinine clearance of 40-70 mL/min) 60% of the normal daily dose given in divided doses every 12 hours should be sufficient. In patients with moderate impairment (creatinine clearance of 20-40 mL/min) 25% of the normal daily dose given in divided doses every 12 hours should be sufficient. In children with marked impairment (Creatinine clearance of 5-20 mL/min) 10% of the normal daily dose given every 24 hours should be adequate. All dosage recommendations apply after an initial loading dose.

Since safety for use in premature infants and in infants less than one month has not been established, the use of cefazolin in these patients is not recommended.

**Administration**

**Intramuscular Administration**

Cefazolin should be injected into a large muscle mass. Pain on injection is infrequent with cefazolin.

Reconstitute as directed according to the table below. Shake well until dissolved. Do not use the reconstituted injection solution if there is any sign of turbidity.

The 500 mg vial can be reconstituted with 0.9% Sodium Chloride Injection or Sterile Water for Injection.

The 1 g and 2 g vial should only be reconstituted with Sterile Water for Injection.

**Table 5 - Dilution Table**

<table>
<thead>
<tr>
<th>Vial Size</th>
<th>Diluent to be added</th>
<th>Approx. available volume</th>
<th>Approx. average concentration</th>
</tr>
</thead>
<tbody>
<tr>
<td>500 mg</td>
<td>2 mL</td>
<td>2.2 mL</td>
<td>225 mg/mL</td>
</tr>
</tbody>
</table>

Please refer to the Medsafe website (www.medsafe.govt.nz) for the most recent version of this prescribing information.
m-Cefazolin

Cefazolin, Powder for injection, 500mg, 1g and 2g
Cefazolin, Injection with diluent, 500mg and 1g

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 g</td>
<td>4 mL</td>
<td>4.4 mL</td>
<td>225 mg/mL</td>
</tr>
<tr>
<td>2 g</td>
<td>20 mL</td>
<td>20.8 mL</td>
<td>96 mg/mL</td>
</tr>
</tbody>
</table>

**Intravenous Administration:**
Cefazolin may be administered by direct intravenous injection or by intermittent or continuous infusion.

**Intermittent Intravenous Infusion**
Cefazolin may be administered along with primary intravenous fluid management programmes in a volume control set or in a separate, secondary intravenous bottle. Dilute reconstituted cefazolin 500 mg, 1 g or 2 g in 50 to 100 ml of one of the following intravenous solutions: 0.9% Sodium Chloride Injection, 5% or 10% Dextrose Injection, 5% Dextrose in Lactated Ringer's Injection, 5% Dextrose and 0.9% Sodium Chloride Injection (also may be used with 5% Dextrose and 0.45% or 0.2% Sodium Chloride Injection), Lactated Ringer's Injection, 5% or 10% Invert Sugar in Sterile Water for Injection, Ringer's Injection, Normosol-M in D5-W, Ionosol B with Dextrose 5% or Plasma-Lyte with 5% Dextrose.

**Intravenous Injection**
Administer solution directly into vein or through tubing. Dilute reconstituted cefazolin 500 mg, 1 g or 2 g in a minimum of 10 ml of Sterile Water for Injection. Inject solution slowly over a period of 3 to 5 minutes. Do not inject in less than 3 minutes.

**Intraperitoneal administration**
Intraperitoneal administration of cefazolin is usually well tolerated.

**Contraindications**
Cefazolin is contraindicated in patients with known allergy to the cephalosporin group of antibiotics.

**Warnings and Precautions**

**Warnings**
Before cefazolin therapy is instituted, careful inquiry should be made concerning previous hypersensitivity reactions to cephalosporins and penicillin. Cephalosporin C derivatives should be given cautiously to penicillin-sensitive patients. Serious acute hypersensitivity reactions may require adrenaline and other emergency measures.

There is some clinical and laboratory evidence of partial cross-allergenicity between the penicillins and the cephalosporins. Patients have been reported to have had severe reactions (including anaphylaxis) to both medicines.

Antibiotics, including cefazolin should be administered cautiously to any patient who has demonstrated some form of allergy, particularly to medicines.

Pseudomembranous colitis has been reported with virtually all broad-spectrum antibiotics (including macrolides, semisynthetic penicillins, and cephalosporins). It is important to consider its diagnosis in patients who develop diarrhoea in association
**NEW ZEALAND DATA SHEET**

**m-Cefazolin**

Cefazolin, Powder for injection, 500mg, 1g and 2g  
Cefazolin, Injection with diluent, 500mg and 1g  

with the use of antibiotics. Such colitis may range in severity from mild to life threatening. In moderate to severe cases, appropriate measures should be taken.

**Usage in Infants**  
Safety for use in premature infants and infants under one month of age has not been established.

**Precautions**  
**General**  
If an allergic reaction to cefazolin occurs, the medicine should be discontinued and the patient treated with the usual agents e.g. adrenaline or other pressor amines, antihistamines, or corticosteroids.

Prolonged use of cefazolin may result in the overgrowth of nonsusceptible organisms. Careful clinical observation of the patient is essential. If superinfection occurs during therapy, appropriate measures should be taken.

When cefazolin is administered to patients with low urinary output because of impaired renal function, lower daily dosage is required.

The intrathecal administration of cefazolin is not an approved route of administration for this antibiotic. There have been reports of severe central nervous system (CNS) toxicity including seizures when cefazolin was administered in this manner.

Broad spectrum antibiotics should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly colitis.

**Carcinogenesis, Mutagenesis, and Impairment of Fertility**  
Mutagenicity studies and long-term studies in animals to determine the carcinogenic potential of Cefazolin sodium for Injection have not been performed.

**Use in Pregnancy (Category B1)**  
The safety of cefazolin in pregnancy has not been established. Reproduction studies have been performed in rats given doses of 500 mg or 1 g of Cefazolin sodium for Injection /kg and have revealed no evidence of impaired fertility or harm to the foetus due to Cefazolin Sodium for Injection. There are, however, no adequate and well controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this medicine should be used during pregnancy only if clearly needed.

**Labour and Delivery**  
When Cefazolin sodium for Injection has been administered prior to caesarean section, drug levels in cord blood have been approximately one-fourth to one-third of maternal drug levels. The medicine appears to have no adverse effect on the foetus.

**Use in Lactation**  
Cefazolin sodium for Injection is present in very low concentrations in the milk of nursing mothers. Caution should be exercised when cefazolin is administered to a nursing woman.

**Effects on ability to drive and use machines**

Please refer to the Medsafe website (www.medsafe.govt.nz) for the most recent version of this prescribing information.
NEW ZEALAND DATA SHEET

m-Cefazolin

Cefazolin, Powder for injection, 500mg, 1g and 2g
Cefazolin, Injection with diluent, 500mg and 1g

This medicine is presumed to be safe or unlikely to produce an effect.

Adverse Effects

The following reactions have been reported:

Hypersensitivity
Medicine fever, skin rash, vulvar pruritus, eosinophilia, and anaphylaxis have occurred.

Blood
Neutropenia, leucopenia, thrombocyt奉haemia and positive direct and indirect Coombs' tests have occurred

Renal
Transient rise in BUN levels has been observed without clinical evidence of renal impairment. Interstitial nephritis and other renal disorders have been reported rarely. Most patients experiencing these effects have been seriously ill and were receiving multiple medicine therapies. The role of Cefazolin Sodium for Injection in the development of nephropathies has not been determined

Hepatic
Transient rise in AST, ALT, and alkaline phosphatase levels has been observed rarely. As with some penicillins and some other cephalosporins, transient hepatitis and cholestatic jaundice have been reported rarely.

Gastrointestinal
Symptoms of pseudomembranous colitis may appear either during or after antibiotic treatment. Nausea and vomiting have been reported rarely. Anorexia, diarrhoea and oral candidiasis (oral thrush) have been reported.

Other
Pain on intramuscular injection, sometimes with induration, has occurred infrequently. Phlebitis at the site of injection has been noted. Other reactions have included genital and anal pruritus, genital moniliasis, and vaginitis.

Interactions

Used concurrently, probenecid may decrease renal tubular secretion of cephalosporins resulting in increased and more prolonged cephalosporin blood levels.

A false-positive reaction for glucose in the urine may occur with Benedict's solution, Fehling's solution, or CLINITEST Tablets, but not with enzyme-based tests, such as CLINISTIX and TES-TAPE (Glucose Enzymatic Test Strip, Lilly).

Positive direct and indirect antiglobulin (Coombs') tests have occurred; these may also occur in neonates whose mothers received cephalosporins before delivery.
**NEW ZEALAND DATA SHEET**

*m*-Cefazolin

Cefazolin, Powder for injection, 500mg, 1g and 2g
Cefazolin, Injection with diluent, 500mg and 1g

Cefazolin sodium for Injection should not be mixed in the syringe with aminoglycoside antibiotics.

---

**Overdosage**

**Symptoms**
Toxic signs and symptoms following an overdose of cefazolin may include pain, inflammation, and phlebitis at the injection site. The administration of inappropriately large doses of parenteral cephalosporins may cause dizziness, paresthesias, and headaches. Seizures may occur following overdosage with some cephalosporins, particularly in patients with renal impairment in whom accumulation is likely to occur.

Laboratory abnormalities that may occur after an overdose include elevations in creatinine, BUN, liver enzymes and bilirubin, a positive Coombs’ test, thrombocytosis, thrombocytopenia, eosinophilia, leukopenia, and prolongation of the prothrombin time.

**Treatment**
In managing overdosage, consider the possibility of multiple medicine overdoses, interaction between medicines, and unusual medicine kinetics in your patient.

If seizures occur, the medicine should be discontinued promptly; anticonvulsant therapy may be administered if clinically indicated. Protect the patient’s airway and support ventilation and perfusion. Meticulously monitor and maintain, within acceptable limits, the patient’s vital signs, blood gases, serum electrolytes, etc.

In cases of severe overdosage, especially in a patient with renal failure, combined haemodialysis and haemoperfusion may be considered if response to more conservative therapy fails. However, no data supporting such therapy are available.

---

**Pharmaceutical Precautions**

**Dry Powder**
Store at or below 25 °C. Protect from light and moisture.

**Stability**
In those situations in which the medicine and the diluent have been mixed, but not immediately administered to the patient, the reconstituted mixture is stable for 24 hours stored at 2º to 8ºC or 12 hours stored at or below 25ºC.

Do not freeze reconstituted cefazolin.

To reduce microbiological hazards, use as soon as practicable after reconstitution. Cefazolin does not contain any anti-microbial agents and is intended for single use in one patient only. Discard any residue. Prior to administration, parenteral medicine products should be inspected visually for particulate matter and discolouration whenever solution and container permit.

Please refer to the Medsafe website (www.medsafe.govt.nz) for the most recent version of this prescribing information.
NEW ZEALAND DATA SHEET

*m*-Cefazolin

Cefazolin, Powder for injection, 500mg, 1g and 2g
Cefazolin, Injection with diluent, 500mg and 1g

Medicines Classification

Prescription medicine

Package Quantities

*m*-Cefazolin 500mg, powder for injection: pack of 10 x 500mg Cefazolin in glass vials.

*m*-Cefazolin 1g, powder for injection: pack of 10 x 1g Cefazolin in glass vials.

*m*-Cefazolin 2g, powder for injection: pack of 10 x 2g Cefazolin in glass vials.

*m*-Cefazolin 500mg combination pack: single glass vial 500mg cefazolin powder and single 2 mL ampoule Sterile Water for Injection.

*m*-Cefazolin 1g combination pack: single glass vial 1g cefazolin powder and single 4mL ampoule Sterile Water for Injection.

(Not all strengths are marketed)

Further Information

Cefazolin sodium is white or almost white powder, very hygroscopic. The chemical name of Cefazolin sodium is:
Sodium (6R,7R)-3-[[5-methyl-1,3,4-thiadiazol-2-yl)sulphanyl]methyl]-8-oxo-7-[(1Htetrazol-1-ylacetyl)amino]-5-thia-1-azabicyclo[4.2.0]oct-2-ene-2-carboxylate.

Cefazolin sodium is freely soluble in water and very slightly soluble in ethanol, and has a molecular weight of 476.5.

The pH of the reconstituted solution is between 4.5 and 6. Each gram of cefazolin sodium contains 48.3 mg of sodium.

Name and Address

Multichem NZ Ltd.
8 Apollo Drive
Mairangi Bay
Private Bag 93-527
Takapuna
Auckland

Tel: (09) 488-0330
Fax: (09) 478-3841

Please refer to the Medsafe website (www.medsafe.govt.nz) for the most recent version of this prescribing information.
NEW ZEALAND DATA SHEET

\textit{m}-Cefazolin

Cefazolin, Powder for injection, 500mg, 1g and 2g
Cefazolin, Injection with diluent, 500mg and 1g

Date of Preparation

08 October 2012