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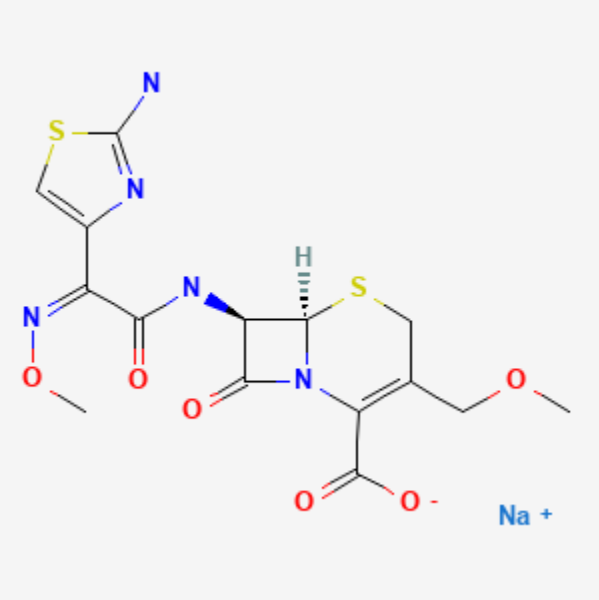
Cefpodoxime

Revised: January 18, 2021.

CASRN: 82619-04-3



Drug Levels and Effects

Summary of Use during Lactation

Limited information indicates that cefpodoxime produces low levels in milk and is not be expected to cause any adverse effects in breastfed infants. Occasionally disruption of the infant's gastrointestinal flora, resulting in diarrhea or thrush have been reported with cephalosporins, but these effects have not been adequately evaluated. Cefpodoxime is acceptable in nursing mothers.

Drug Levels

Maternal Levels. According to the manufacturer, levels of cefpodoxime in the milk of 3 nursing mothers were 0%, 2% and 6% of concomitant maternal serum levels at 4 hours following a 200 mg oral dose of cefpodoxime

proxetil. At 6 hours after the dose, levels were 0%, 9% and 16% of concomitant maternal serum levels. No study details or measured milk levels were provided. After a 200 mg oral dose, the average peak serum level is 2.3 mg/L. Using this serum level and the maximum reported milk to plasma ratio of 0.16 above, a fully breastfed infant would receive a maximum daily dose of about 0.055 mg/kg daily after a maternal dose of 200 mg, compared to the recommend treatment dosage of 10 mg/kg daily for infants of 2 months or older.

Infant Levels. Relevant published information was not found as of the revision date.

Effects in Breastfed Infants

Relevant published information was not found as of the revision date.

Effects on Lactation and Breastmilk

Hyperprolactinemia and bilateral galactorrhea occurred in a nonpregnant, 40-year-old woman taking cefpodoxime 200 mg twice daily for 2 days. Seven days after stopping the drug, galactorrhea ceased and the serum prolactin dropped markedly into the normal range. One month later it had dropped further. Because no other cause could be found, the authors determined that the galactorrhea and hyperprolactinemia were probably caused by cefpodoxime.[1]

A 22-year-old woman who had been taking slow-release venlafaxine 150 mg daily for 3 months reported bilateral breast engorgement and galactorrhea for 3 days after being prescribed cefpodoxime 200 mg twice daily for 14 days 2 weeks prior. Laboratory and head CT results were normal except for a slight elevation in alkaline phosphatase and an elevated serum prolactin level. Her galactorrhea began decreasing within 2 weeks and disappeared in 3 weeks with no change in venlafaxine dosage. Her serum prolactin level also returned to normal. The authors felt that her symptoms and hyperprolactinemia were probably caused by cefpodoxime.[2]

The prolactin level in a mother with established lactation may not affect her ability to breastfeed.

Alternate Drugs to Consider

Ceftibuten

References

1. Khurana V, Gambhir IS. Cefpodoxime-induced hyperprolactinemic galactorrhea. Ann Intern Med 2010;152:136. Letter. PMID: 20083845
2. Das N, Chadda RK. Hyperprolactinemic galactorrhea associated with cefpodoxime in a patient with recurrent depressive disorder on venlafaxine monotherapy: A case report. J Clin Psychopharmacol. 2020;40:635–6. PubMed PMID: 33065718.

Substance Identification

Substance Name

Cefpodoxime

CAS Registry Number

82619-04-3

Drug Class

Breast Feeding

Lactation

Anti-Infective Agents

Antibacterial Agents

Cephalosporins