SUMMARY OF PRODUCT CHARACTERISTICS

1. NAME OF THE FINISHED PHARMACEUTICAL PRODUCT

Keto-Pharm 2% cream

2. Qualitative and quantitative composition

Ketoconazole 2% w/w (each gram of cream contains 20mg).
Propylen Glycol
Disodium EDTA
Cetosylstearyl Alcohol
Light liquid paraffin
Sorbitanmonstearate
Tween 60
Isopropyl myristate
Polysorbate 80
Citric acid
Sodium sulphate
Methyl Paraben
Propyl Paraben
Purified water

3. Pharmaceutical form

Cream

4. Clinical particulars

4.1 Therapeutic indications

For topical application in the treatment of dermatophyte infections of the skin such as tineacorporis, tineacruris, tineamanus and tineapedis infections due to Trichophytonspp, Microsporonspp and Epidermophyton spp. Keto-Pharm 2% cream is also indicated for the treatment of cutaneous candidosis (including vulvitis), tinea (pityriasis) versicolor and seborrhoeic dermatitis caused by Malassezia (previously called Pityrosporum) spp.

4.2 Posology and method of administration

Ketoconazole cream is for use in adults.

Tineapedis:

Keto-Pharm 2% cream should be applied to the affected areas twice daily. The usual duration of treatment for mild infections is 1 week. For more severe or extensive infections (eg involving the sole or sides of the feet) treatment should be continued until a few days after all signs and symptoms have disappeared in order to prevent relapse.

For other infections:

Keto-Pharm 2% cream should be applied to the affected areas once or twice daily, depending on the severity of the infection.

The treatment should be continued until a few days after the disappearance of all signs and symptoms. The usual duration of treatment is: tineaversicolor 2–3 weeks, tineacorporis 3–4 weeks.

The diagnosis should be reconsidered if no clinical improvement is noted after 4 weeks. General measures in regard to hygiene should be observed to control sources of infection or reinfection.

Seborrhoeic dermatitis is a chronic condition and relapse is highly likely.

Method of administration: Cutaneous administration.

Paediatrics

There are limited data on the use of ketoconazole 2% cream in paediatric patients.

4.3 Contraindications

Keto-Pharm 2% cream is contra-indicated in patients with a known hypersensitivity to any of the ingredients or to ketoconazole itself.

4.4 Special warnings and precautions for use

Keto-Pharm 2% cream is not for ophthalmic use.

If coadministered with a topical corticosteroid, to prevent a rebound effect after stopping a prolonged treatment with topical corticosteroids it is recommended to continue applying a mild topical corticosteroid in the morning and to apply Keto-Pharm 2% cream in the evening, and to subsequently and gradually withdraw the topical corticosteroid therapy over a period of 2-3 weeks.

4.5 Interaction with other medicinal products and other forms of interaction

No interaction studies have been performed.

4.6 Fertility, pregnancy and lactation

There are no adequate and well-controlled studies in pregnant or lactating women. Data on a limited number of exposed pregnancies indicate no adverse effects of topical ketoconazole on pregnancy or on the health of the foetus/newborn child. Animal studies have shown reproductive toxicity at doses that are not relevant to the topical administration of ketoconazole.

Plasma concentrations of ketoconazole are not detectable after topical application of Keto-Pharm 2% Cream to the skin of non-pregnant humans. (See Pharmacokinetic properties, section 5.2) There are no known risks associated with the use of Keto-Pharm 2% Cream in pregnancy or lactation.

4.7 Effects on ability to drive and use machines

Keto-Pharm 2% cream has no influence on the ability to drive and use machines.

4.8 Undesirable effects

The safety of ketoconazole cream was evaluated in 1079 subjects who participated in 30 clinical trials. Ketoconazole cream was applied topically to the skin. Based on pooled safety data from these clinical trials, the most commonly reported (≥1% incidence) adverse reactions were (with % incidence): application site pruritus (2%), skin burning sensation (1.9%), and application site erythema (1%).

Including the above-mentioned adverse reactions, the following table displays adverse reactions that have been reported with the use of ketoconazole cream from either clinical trial or postmarketing experiences. The displayed frequency categories use the following convention:

Very common (≥1/10)

Common (≥1/100 to <1/10)

Uncommon (≥1/1,000 to <1/100)

Rare (≥1/10,000 to <1/1,000)

Very rare (<1/10,000)

Not Known (cannot be estimated from the available clinical trial data).

System Organ Class	**Adverse Reactions**		
	Frequency Category		
	Common (≥1/100 to <1/10)	**Uncommon** (≥1/1,000 to <1/100)	**Not Known**

Immune System Disorders		Hypersensitivity	
Skin and Subcutaneous Tissue Disorders	Skin burning sensation	Bullous eruption Dermatitis contact Rash Skin exfoliation Sticky skin	Urticaria
General Disorders and Administration Site Conditions	Application site erythema Application site pruritus	Application site bleeding Application site discomfort Application site dryness Application site inflammation Application site irritation Application site paresthesia Application site reaction	

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via:
Yellow Card Scheme
Website: www.mhra.gov.uk/yellowcard

4.9 Overdose

Topical Application

Excessive topical application may lead to erythema, oedema and a burning sensation, which will disappear upon discontinuation of the treatment.

Ingestion

In the event of accidental ingestion, supportive and symptomatic measures should be carried out.

5. Pharmacological properties

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Antifungals for Topical Use,Imidazole and triazole derivatives

ATC Code: D01AC08

Usually ketoconazole cream acts rapidly on pruritus, which is commonly seen in dermatophyte and yeast infections, as well as skin conditions associated with the presence of Malassezia spp. This symptomatic improvement is observed before the first signs of healing are observed.

Ketoconazole, a synthetic imidazole dioxolane derivative, has a potent antimycotic activity against dermatophytes such as Trichophyton spp., *Epidermophytonfloccosum* and Microsporum spp. and against yeasts, including Malassezia spp. and Candida spp. The effect on Malassezia spp. is particularly pronounced.

A study in 250 patients has shown that application twice daily for 7 days of ketoconazole 2% cream vsclotrimazole 1% cream for 4 weeks on both feet demonstrated efficacy in

patients with tineapedis (athlete's foot) presenting lesions between the toes. The primary efficacy endpoint was negative microscopic KOH examination at 4 weeks. Ketoconazole 2% treatment showed equivalent efficacy to 4 weeks clotrimazole 1% treatment. There was no evidence of relapse following treatment with ketoconazole cream at 8 weeks.

5.2 Pharmacokinetic properties

Plasma concentrations of ketoconazole were not detectable after topical administration of Keto-Pharm 2% Cream in adults on the skin. In one study in infants with seborrhoeic dermatitis (n = 19), where approximately 40 g of Keto-Pharm 2% cream was applied daily on 40% of the body surface area, plasma levels of ketoconazole were detected in 5 infants, ranging from 32 to 133 ng/mL.

5.3 Preclinical safety data

Effects in non-clinical studies were observed only at exposures considered sufficiently in excess of the maximum human exposure indicating little relevance to clinical use.

6. Pharmaceutical particulars

6.1 List of excipients

Propylen Glycol
Disodium EDTA
Cetosylstearyl Alcohol
Light liquid paraffin
Sorbitanmonstearate
Tween 60
Isopropyl myristate
Polysorbate 80
Citric acid
Sodium sulphate
Methyl Paraben
Propyl Paraben
Purified water

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

24 months.

6.4 Special precautions for storage

Do not store above 30°C.

6.5 Nature and contents of container

Tube made of 99.7% aluminum, lined on inner side with heat polymerisedepoxyphenol resin with a latex coldseal ring at the end of the tube. The cap is made of 60% polypropylene, 30% calcium carbonate and 10% glycerylmonostearate.
Tube of 20g.

6.6 Special precautions for disposal and other handling

No special requirements.

Any unused medicinal product or waste material should be disposed of in accordance with local requirements

7. Marketing authorisation holder

Ethiopian Pharmaceutical manufacturing sh. Co,

8. Marketing authorisation number(s)

06333/3983/NMR/2017

9. Date of first authorisation/renewal of the authorisation

25-07-2021

10. Date of revision of the text

16/10/2017