Summary of Product Characteristics for Pharmaceutical Products

1. Name of the medicinal product:

MAXXI CREAM
(Betamethasone Dipropionate, Clotrimazole & Gentamycin Sulphate Cream)

2. Qualitative and quantitative composition

Each gm Contains:
Betamethasone Dipropionate USP 0.82 mg
Eq. to Betamethasone 0.64mg
Gentamycin Sulphate BP 1.21mg
Eq. to Gentamicin Base 1.0mg
Clotrimazole USP 10.0 mg
In cream base q.s

Batch Size: 50 kg

Sr. No.	Material name	Specification	Qty./g	Qty/Batch (Kg
1	Betamethasone (Dipropionate)	USP	0.82	0.041
2	Clotrimazole	USP	10.0	0.50
3	Gentamycin (Sulphate)	BP	1.21	0.0605
4	Cetostearyl Alcohol	BP	70.0	3.50
5	Cetomacrogol	BP	30.0	1.50
6	White soft paraffin	BP	233.4	11.67
7	Liquid paraffin	BP	88.3	4.415
8	Sodium methyl paraben	BP	1.333	0.06667
9	Sodium propyl paraben	BP	0.200	0.010
10	Sodium Acid Phosphate	BP	0.72	0.036
11	DI water Q.S	BP	Q.S	Q.S to
	TOTAL			**50 Kg**

Where, Bp:Brtish pharmacopeia, USP:United States Pharmacopoeia

For further list of excipients, see section 6.1

3. Pharmaceutical form

Cream
White coloured, homogeneous cream, non- gritty and non-greasy on application to the skin

4. Clinical particulars

4.1 Therapeutic indications

Short-term topical treatment of tinea infections due to Trichophyton rubrum; T.mentagrophytes; Epidermophyton floccusum and Microsporumcanis; candidiasis due to Candida albicans.

4.2 Posology and method of administration

Posology
Adults and children over the age of 12 years. Topical administration twice daily for two weeks (tinea cruris, tinea corporis and candidiasis) or for four weeks (tinea pedis).

Paediatric population
Cream is not recommended for children under the age of twelve years.

Method of administration
Topical administration only.

4.3 Contraindications

- Hypersensitivity to the active substance(s) or to any of the excipients listed in section 6.1.

- Rosacea.

- Acne vulgaris.

- Perioral dermatitis.

- Pruritus without inflammation

- Perianal and genital pruritus.

- Primary cutaneous viral infections (e.g. herpes simplex, chickenpox).

- Use is not indicated in the treatment of primary infected skin lesions caused by infection with fungi or bacteria; primary or secondary infections due to yeast; or secondary infections due to Pseudomonas or Proteus species.

- Dermatoses in children under 2 years of age, including dermatitis and napkin eruptions. A possibility of increased absorption exists in very young children, thus this medicinal product is not recommended for use in neonates and infants (up to 2 years). In neonates and infants, absorption by immature skin may be enhanced, and renal function may be immature.

- Preparations containing neomycin should not be used for the treatment of otitis externa when the ear drum is perforated, because of the risk of ototoxicity.

- Due to the known ototoxic and nephrotoxic potential of neomycin sulfate, the use of Betamethasone/Neomycin skin preparations in large quantities or on large areas for prolonged periods of time is not recommended in circumstances where significant systemic absorption may occur.

Contraindicated in those patients with a history of sensitivity to any of its components or to other corticosteroids or imidazoles.
If irritation or sensitisation develops with the use of cream, treatment should be discontinued and appropriate therapy instituted.

4.4 Special warnings and precautions for use

Reversible hypothalamic-pituitary-adrenal (HPA) axis suppression

Manifestations of hypercortisolism (Cushing's syndrome) and reversible hypothalamic-pituitary-adrenal (HPA) axis suppression can occur in some individuals as a result of increased systemic absorption of topical corticosteroids. In this situation, topical steroids should be discontinued gradually under medical supervision because of the risk of adrenal insufficiency (see section 4.8 and section 4.9).

Infection

If infection persists, systemic chemotherapy is required.

Withdraw topical corticosteroid if there is a spread of infection.

Bacterial infection is encouraged by the warm, moist conditions induced by occlusive dressings, and the skin should be cleansed before a fresh dressing is applied.

Application to the Face

Avoid prolonged application to the face. The face, more than other areas of the body, may exhibit atrophic changes after prolonged treatment with potent topical corticosteroids. This must be borne in mind when treating such conditions as psoriasis, discoid lupus erythematosus and severe eczema.

Application to the Eyelids

If applied to the eyelids, care is needed to ensure that the preparation does not enter the eye, as cataract and glaucoma might result from repeated exposure. If Betamethasone/Neomycin Cream does enter the eye, the affected eye should be bathed in copious amounts of water.

Visual disturbance

Visual disturbance may be reported with systemic and topical corticosteroid use. If a patient presents with symptoms such as blurred vision or other visual disturbances, the patient should be considered for referral to an ophthalmologist for evaluation of possible causes which may include cataract,

glaucoma or rare diseases such as central serous chorioretinopathy (CSCR) which have been reported after use of systemic and topical corticosteroids.

Chronic leg ulcers

Topical corticosteroids are sometimes used to treat the dermatitis around chronic leg ulcers. However, this use may be associated with a higher occurrence of local hypersensitivity reactions and an increased risk of local infection.

Paediatric population

In comparison with adults, children may absorb proportionally larger amounts of topical corticosteroids and thus be more susceptible to systemic adverse effects.

If used in childhood, or on the face, courses should be limited to five days and occlusion should not be used.

Use in Psoriasis

Topical corticosteroids may be hazardous in psoriasis for a number of reasons including rebound relapses, development of tolerance, risk of generalised pustular psoriasis and development of local or systemic toxicity due to impaired barrier function of the skin. If used in psoriasis careful patient supervision is important.

Long term continuous or inappropriate use of topical steroids can result in the development of rebound flares after stopping treatment (topical steroid withdrawal syndrome). A severe form of rebound flare can develop which takes the form of a dermatitis with intense redness, stinging and burning that can spread beyond the initial treatment area. It is more likely to occur when delicate skin sites such as the face and flexures are treated. Should there be a reoccurrence of the condition within days to weeks after successful treatment a withdrawal reaction should be suspected. Reapplication should be with caution and specialist advise is recommended in these cases or other treatment options should be considered.

Extended or recurrent application may increase the risk of contact sensitisation.

Extension of infection may occur due to the masking effect of the steroid.

Following significant systemic absorption, aminoglycosides such as neomycin can cause irreversible ototoxicity; and neomycin has nephrotoxic potential.

Renal impairment

In renal impairment the plasma clearance of neomycin is reduced (see Dosage in renal impairment, section 4.2).

Dilution

Products which contain antimicrobial agents should not be diluted.

Fire hazard in contact with dressings, clothing and bedding

Instruct patients not to smoke or go near naked flames - risk of severe burns. Fabric (clothing, bedding, dressings etc) that has been in contact with this product burns more easily and is a serious fire hazard. Washing clothing and bedding may reduce product build-up but not totally remove it.

Excipients

This medicine contains chlorocresol, which may cause allergic reactions

This medicinal product contains cetostearyl alcohol. This may cause local skin reactions, such as contact dermatitis.

4.5 Interaction with other medicinal products and other forms of interaction

Following significant systemic absorption, neomycin sulfate can intensify and prolong the respiratory depressant effects of neuromuscular blocking agents.

Co-administered drugs that can inhibit CYP3A4 (e.g. ritonavir, itraconazole) have been shown to inhibit the metabolism of corticosteroids leading to increased systemic exposure. The extent to which this interaction is clinically relevant depends on the dose and route of administration of the corticosteroids and the potency of the CYP3A4 inhibitor.

4.6 Pregnancy and Lactation

There is little information to demonstrate the possible effect of topically applied neomycin in pregnancy and lactation. However, neomycin present in maternal blood can cross the placenta and may give rise to a theoretical risk of foetal toxicity, thus use of this medicinal product is not recommended in pregnancy or lactation.

4.7 Effects on ability to drive and use machines

No effect on the ability to drive or to use machines**.**

4.8 Undesirable effects

Adverse drug reactions (ADRs) are listed below by MedDRA system organ class and by frequency. Frequencies are defined as: very common (≥ 1/10), common (≥ 1/100 and <1/10), uncommon (≥ 1/1,000 and <1/100), rare (≥ 1/10,000 and <1/1,000) very rare (<1/10,000), including isolated reports and not known (cannot be estimated from available data).

Post-marketing data

Infections and infestation

Very rare Opportunistic infection

Immune system disorders

Very rare Hypersensitivity, generalised rash

Endocrine Disorders

Very rare Hypothalamic-pituitary adrenal (HPA) axis suppression Cushingoid features (e.g. moon face, central obesity), delayed weight gain/growth retardation in children, osteoporosis, glaucoma, hyperglycaemia/glucosuria, cataract, hypertension, increased weight/obesity, decreased endogenous cortisol levels, alopecia, trichorrhexis

Skin and Subcutaneous Tissue Disorders

Common Pruritus, local skin burning /skin pain

Very rare Allergic contact dermatitis /dermatitis, erythema, rash, urticaria, pustular psoriasis, skin thinning* / skin atrophy*, skin wrinkling*, skin dryness*, striae*, telangiectasias*, pigmentation changes*, hypertrichosis, exacerbation of underlying symptoms

Not known Withdrawal reactions - redness of the skin which may extend to areas beyond the initial affected area, burning or stinging sensation, itch, skin peeling, oozing pustules.

General Disorders and Administration Site Conditions

Very rare Application site irritation/pain

**Skin features secondary to local and/or systemic effects of hypothalamic-pituitary adrenal (HPA) axis suppression.*

Eye disorders

Not known Vision, blurred

Reporting of suspected adverse reactions Helathcare professionals are asked to report any suspected adverse reactions via pharmacy and poisons board pharmacovigilance Eletronic Reporting system (PvERS) https://pv.phamacyboardkenya.org

4.9 Overdose

Acute overdosage is very unlikely to occur. However, in the case of chronic overdosage or misuse the features of Cushing's syndrome may appear and, in this situation, topical steroids should be discontinued gradually under medical supervision (see Section 4.4 Special Warnings and Precautions for use).

Also, consideration should be given to significant systemic absorption of neomycin sulfate (see 4.4 Special Warnings and Precautions for Use). If this is suspected, use of the product should be stopped and the patient's

general status, hearing acuity, renal and neuromuscular functions should be monitored.

Blood levels of neomycin sulfate should also be determined. Haemodialysis may reduce the serum level of neomycin sulfate.

5. Pharmacological properties

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Corticosteroids, potent combinations with antibiotics

ATC code: 9374

Betamethasone valerate is an active topical corticosteroid which produces a rapid response in those inflammatory dermatoses that are normally responsive to topical corticosteroid therapy and is often effective in the less responsive conditions such as psoriasis.

Neomycin sulfate is a broad-spectrum bactericidal antibiotic effective against the majority of bacteria commonly associated with skin infections.

5.2 Pharmacokinetic properties

The extent of percutaneous absorption of topical corticosteroids is determined by many factors including the vehicle, the integrity of the epidermal barrier, and the use of occlusive dressings.

Topical corticosteroids can be absorbed from normal intact skin. Inflammation and/or other disease processes in the skin increase percutaneous absorption. Occlusive dressings substantially increase the percutaneous absorption of topical corticosteroids.

Once absorbed through the skin, topical corticosteroids are handled through pharmacokinetic pathways similar to systematically administered corticosteroids.

Corticosteroids are bound to plasma proteins in varying degrees. Corticosteroids are metabolised primarily by the liver and are then excreted by the kidneys.

5.3 Preclinical safety data

Not Available

6. Pharmaceutical Particulars

6.1 List of Excipients

Sr. No.	Name of the Ingredients	Excipients reference
1	Betamethasone	USP
2	Clotrimazole	USP
3	Gentamycin (Sulphate)	BP
4	Cetostearyl Alcohol	BP
5	Cetomacrogol	BP
6	White soft paraffin	BP
7	Liquid paraffin	BP
8	Sodium methyl paraben	BP
9	Sodium propyl paraben	BP
10	Sodium Acid Phosphate	BP
11	Di water Q.S	BP

6.2 Incompatibilities

Not applicable

6.3 Shelf-Life

36 Months

6.4 Special Precautions for storage

Do not store above 30^0c

6.5 Nature and Content of container

Collapsible aluminium tubes internally coated with an epoxy resin based lacquer, and closed with a wadless polypropylene cap.

Pack size: 15 g, 30 g and 100 g.

Not all pack sizes may be marketed

6.6 Special precautions for disposal and other handling

Do not dilute

7. Marketing Authorization Holder

NATIONAL PHARMACY LIMITED
Office Suites, Wings B, 17 & 18,
First Floor, Parklands Road,
P.O. Box 17843-00500
Nairobi, KENYA (EA)

8. Marketing Authorization Number:

CTD9374

9. Date of first authorization/renewal of the authorization

9/4/2023

10. Date of revision of the text

12/5/2024