1.3 Product Information

1.3.1 Summary of Product Characteristics (SmPC)

1. Name of the medicinal product

Product name: TRIZEM Cream

Approved generic name: Clotrimazole and Betamethasone Dipropionate and Neomycin Sulfate Cream

2. Qualitative and quantitative composition

Strength: Clotrimazole 1%, Betamethasone (Dipropionate) 0.05%, Neomycin (Sulfate) 0.5%

Pharmaceutical form: Cream

3. Pharmaceutical form

White or almost white cream.

4. Clinical particulars

4.1 Therapeutic indications

TRIZEM Cream is indidated for topical treatment of inflammatory dermatomycoses and inflammatory skin conditions complicated by bacterial or fungal skin infections like contact dermatitis, follicular dermatitis, impetigo, intretigo, eczematoid dermatitis, non-specific pruritis etc.

4.2 Posology and method of administration

For external use only.

Clean and thoroughly dry the area to be treated. Apply TRIZEM Cream to the affected area 2-3 times daily.

This treatment should be continued for several days even after the disappearance of symptoms.

4.3 Contraindication

TRIZEM Cream should not be used in patients with hypersensitivity to any of the components, patients with tuberculosis cutis, herpes simplex, varicella, herpes zoster, vaccinia, syphilis and any viral infection of the skin and measles.

4.4 Special warnings and precautions for use

For external use only.
Avoid contact with eyes, mouth, nose etc.
Do not use in children except under the supervision of adult.
Hypersensitivity to this drug should not use.
Caution should be exercised when used for patients with hypertension, heart disease, osteoporosis and hepatic insufficiency.
Do not use in pregnant or nursing woman except under the advice of doctor.
Avoid long time large area use.
Continuous use should not exceed 4 weeks. Continuous use for face, subaxilla, inguinal region and vulva should not exceed 2 weeks. Consult doctor if symptoms were not improved.

4.5 Interaction with other medical products and other forms of interaction
TRIZEM Cream as a topical cream dose not interact with any other product.

4.6 Pregnancy and lactation
This drug should be used during pregnancy only if the benefit outweighs the risk to the fetus.
US FDA pregnancy category: C
Animal studies with this combination product have not been conducted. Clotrimazole has failed to reveal evidence of teratogenicity in animals; however, it has been shown to be fetotoxic at high oral doses. Betamethasone dipropionate has been shown to be teratogenic when given via the IM route. Topical administration of some corticosteroids to pregnant animals can cause abnormalities to fetal development including cleft palate and intrauterine growth retardation. There are no controlled data in human pregnancy.
US FDA pregnancy category C: Animal reproduction studies have shown an adverse effect on the fetus and there are no adequate and well-controlled studies in humans, but potential benefits may warrant use of the drug in pregnant women despite potential risks.
It is unknown whether topically administered corticosteroids could result in sufficient systemic absorption to produce detectable levels in breast milk; however, systemically administered corticosteroids may appear in breast milk and could suppress growth, interfere with endogenous corticosteroid production, or cause untoward effects.
Caution is recommended.
-Since only extensive application of the most potent corticosteroids may cause systemic effects in the mother, it is unlikely that short-term application of topical corticosteroids would pose a risk to the breastfed infant by passage into breast milk;

however, the least potent drug should be used on the smallest area of skin possible.
-Any product containing a topical corticosteroid should be wiped off thoroughly prior to nursing if it is being applied to the breast or nipple area.
-Only water-miscible creams or gels should be applied to the breast because ointments may expose the infant to high levels of mineral paraffins via licking.

4.7 Effects on ability to drive and use machines

TRIZEM Cream has no influence on the ability to drive and use machines.

4.8 Undesirable effects

Long term therapy may cause steroidal acne, steroidal skin (skin atropy, tolangiectasis) and changes of the skin such as thinning, purpura, hirsutism and hypopigmentation. If such symptoms occur, slowly decrease the dosage of this drug and change to non-steroidal drugs.

4.9 Overdose

If you think there has been an overdose, call your poison control center or get medical care right away.

5. Pharmacological properties

5.1 Pharmacotherapeutic group: Antimalarial

TRIZEM Cream is triple action cream with three distinct pharmacological actions which makes it suitable for the treatment of various inflammatory dermatological disorders with bacterial or superficial fungal infections of the skin.
Clotrimazole is an imidazole antifungal and offers a broad spectrum of anti-fungal activity covering a wide range of fungal organism and dermatophytes. Betamethasone Dipropionate, being a corticosteroid has powerful anti-inflammatory, antipruritic, and anti allergic properties thereby rapidly controlling symptoms such as redness, itching and scaling. Neomycin sulfate is a broad spectrum antibiotic which is effective against gram-positive cocci and gram-negative bacilli.
The synergies obtained in the composition of the compound results in the cream being highly effective against fungi and bacteria. In additional to these also having anti-inflammatory and anti-pruritic properties.

5.2 Pharmacokinetic properties

Pharmacokinetic investigations after dermal application have shown that clotrimazole is minimally absorbed from intact or inflamed skin into the human blood circulation.

The resulting peak serum concentrations of clotrimazole were below the detection limit of 0.001µg/ml, suggesting that clotrimazole applied topically in unlikely to lead to measurable systemic effects or side effects.

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 through normal intact skin. Inflammation and/or other disease processes in the skin may increase percutaneous absorption. Occlusive dressings substantially increase the percutaneous absorption of topical corticosteroids.

Once absorbed through the skin, topical corticosteroids enter pharmacokinetic pathways similar to systemically administered corticosteroids. Corticosteroids are bound to plasma proteins in varying degrees, are metabolized primarily in the liver and excreted by the kidneys. Some of the topical corticosteroids and their metabolites are also excreted into the bile.

Neomycin Sulfate is poorly absorbed from the normal gastrointestinal tract. The small absorbed fraction is rapidly distributed in the tissues and is excreted by the kidney in keeping with the degree of kidney function. The unabsorbed portion of the drug (approximately 97%) is eliminated unchanged in the feces.

5.3 Preclinical safety data

Preclinical data reveal no special hazard for humans based on conventional studies of local irritation, single and repeated dose toxicity, genotoxicity, and toxicity to reproduction.

6. Pharmaceutical particulars

6.1 List of excipients

Dimethyl Sulfoxide, Butylated hydroxytoluene, Cetostearyl Alcohol, Glyceryl Monostearate, Liquid Paraffin, Chloroxylenol, Paregal O, White soft paraffin, Glycerin, Aloe essence, Purified Water.

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

24 months

6.4 Special precautions for storage

Store in a cool dry place below 30°C.

6.5 Nature and contents of container

Composite tubes.

Packs of 30 gram per tube.

6.6 Marketing authorization holder

Manufacturer name: FRONT Pharmaceutical PLC

Physical address: Economic and Technical Development Zone, Xuancheng, China

Tel: 86-0563-2625199

Fax: 86-0563-2625199

E-mail: export@frontpharm.com

6.7 Marketing authorization numbers

6.8 Date of first authorization/renewal of the authorization

Date of first authorization: 9 September 2019

6.9 Date of revision of the text

9 September 2019