



Summary of Product Characteristics (SmPC)

Ketoconazole Cream BP 2% w/w

1.4 PRODUCT INFORMATION

1.4.1 Summary of Product Characteristics (SmPC)

1. Name of the Medicinal Product

Ketoconazole Cream BP 2% w/w

2. Qualitative and Quantitative Composition

Composition:

Ketoconazole BP 2% w/w

Cream Base Q.S.

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 tinea corporis, tinea cruris, tinea manus and tinea pedis infections due to *Trichophyton* spp, *Microsporon* spp and *Epidermophyton* spp. KETOCONAZOLE CREAM BP 2% W/W 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.

Cutaneous candidiasis, tinea corporis, tinea cruris, tinea manus, tinea pedis and tinea (pityriasis) versicolor:

It is recommended that KETOCONAZOLE CREAM BP 2% W/W be applied once or twice daily to cover the affected and immediate surrounding area.

The usual duration of treatment is: *tinea versicolor* 2– 3 weeks, yeast infections 2-3 weeks, *tinea cruris* 2-4 weeks, *tinea corporis* 3– 4 weeks, *tinea pedis* 4-6 weeks.

Seborrhoeic dermatitis:

KETOCONAZOLE CREAM BP 2% W/W should be applied to the affected areas once or twice daily.



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The usual initial duration of treatment in seborrheic dermatitis is 2 to 4 weeks. Maintenance therapy can be applied intermittently (once weekly) in seborrheic dermatitis. Treatment should be continued until a few days after the disappearance of all symptoms. The diagnosis should be reconsidered if no clinical improvement is noted after 4 weeks of treatment. General measures in regard to hygiene should be observed to control sources of infection or reinfection.

Seborrheic dermatitis is a chronic condition and relapse is highly likely. Method of administration: Cutaneous administration.

Paediatric patients

The safety and efficacy of KETOCONAZOLE CREAM BP 2% W/W in children (17 years of age and younger) has not been established.

4.3 Contraindications

KETOCONAZOLE CREAM BP 2% W/W 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

KETOCONAZOLE CREAM BP 2% W/W is not for ophthalmic use.

If co administered 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 KETOCONAZOLE CREAM BP 2% W/W 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 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.



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Plasma concentrations of ketoconazole are not detectable after topical application of KETOCONAZOLE CREAM BP 2% W/W to the skin of non-pregnant humans. (See Pharmacokinetic properties, There are no known risks associated with the use of KETOCONAZOLE CREAM BP 2% W/W in pregnancy or lactation.

4.7 Effects on Ability to Drive and Use Machines

KETOCONAZOLE CREAM BP 2% W/W 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 ($\geq 1\%$ 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 post marketing experiences. The displayed frequency categories use the following convention:

Very common ($\geq 1/10$)

Common ($\geq 1/100$ to $<1/10$)

Uncommon ($\geq 1/1,000$ to $<1/100$)

Rare ($\geq 1/10,000$ to $<1/1,000$)

Very rare ($<1/10,000$)

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

System Class	Organ	Adverse Reactions		
		Frequency Category		
		Common $\geq 1/100$ to $<1/10$	Uncommon $\geq 1/1,000$ to $<1/100$)	Not Known
Immune System Disorders			Hypersensitivity	
Skin and Subcutaneous		Skin burning sensation	Bullous eruption Dermatitis contact	Urticaria



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Tissue Disorders		Rash Skin exfoliation Sticky skin	
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: <https://yellowcard.mhra.gov.uk> or search for MHRA Yellow Card in the Google Play or Apple App Store.

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



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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., *Epidermophyton floccosum* 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 vs clotrimazole 1% cream for 4 weeks on both feet demonstrated efficacy in patients with tinea pedis (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 KETOCONAZOLE CREAM BP 2% W/W in adults on the skin. In one study in infants with seborrhoeic dermatitis (n = 19), where approximately 40 g of KETOCONAZOLE CREAM BP 2% W/W was applied daily on 40% of the body surface area, plasma levels of ketoconazole were detected in 5 infants, ranging from 32 to 133 mg/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

Cetostearyl Alcohol

Common Technical Document



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Self-Emulsifying Glyceryl Monostearate

Cetomacrogol Emulsifying Wax

Silicone Oil

White Soft Paraffin

Light Liquid Paraffin

Methyl Paraben

Propyl Paraben

Propylene Glycol

Disodium Edetate

Sodium Acid Phosphate

Sodium Phosphate

Purified Water

6.2 Incompatibilities

Not applicable.

6.3 Shelf Life

36 months

6.4 Special Precautions for Storage

Do not store above 30 °C, Protect from light and moisture.

6.5 Nature and Contents of Container

1 x 30 gm

6.6 Special Precautions for Disposal

No special requirements.

7. APPLICANT/SUPPLIER

CLAROID PHARMACEUTICAL LTD.

Survey No. 217/P Opp.

Gurukul English Medium School Kamod,

Satpanth Mandir Pirana Rd,

TA, Ahmedabad- 382425, Gujarat, India.



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8. WHO PREQUALIFICATION REFERENCE NUMBER

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9. DATE OF PREQUALIFICATION/RENEWAL OF PREQUALIFICATION

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10. Date of Revision of the Text

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