

Pharsert 2%
Topical Cream and Gel
Sertaconazole Nitrate

1 INDICATIONS AND USAGE

Pharsert topical cream and gel, 2%, are indicated for the topical treatment of interdigital tinea pedis in immunocompetent adult and pediatric patients 12 years of age and older caused by *Trichophyton rubrum*, *Trichophyton mentagrophytes*, and *Epidermophyton floccosum*.

2 DOSAGE AND ADMINISTRATION

- Apply **Pharsert** twice daily for 4 weeks. Apply a sufficient amount of **Pharsert** to cover both the affected areas between the toes and the immediately surrounding healthy skin.
- Use **Pharsert** for the full treatment time recommended by the physician, even though symptoms may have improved.
- Dry the affected area(s) thoroughly before application, if using **Pharsert** after bathing.
- Wash hands after use.
- Avoid the use of occlusive dressings or wrappings.
- For topical use.
- Not for ophthalmic, oral, or intravaginal use.

3 DOSAGE FORMS AND STRENGTHS

PHARSERT cream:

Active ingredients:

Each gram of **Pharsert** cream, 2%, contains 17.5 mg of sertaconazole (as sertaconazole nitrate 20 mg) in a white cream base.

Inactive ingredients:

Cetostearyl alcohol, Glyceryl monostearate, Sorbitan monostearate, Polysorbate 80, Liquid paraffin, White soft paraffin, Methyl paraben, Sorbic acid, Propylene glycol and Purified water.

PHARSERT gel:

Active ingredients:

Each gram of **Pharsert** gel, 2%, contains 20 mg of sertaconazole in a white to off white homogenous gel with fine particles.

Inactive ingredients:

Polyethylene glycol 6000, Teffose 63, Polysorbate 20, Lanolin, Isopropyl alcohol, Carbomer 940, Triethanolamine, Sorbic acid, Methylparaben, Propylene glycol and Purified water.

4 CONTRAINDICATIONS

None.

5 WARNINGS AND PRECAUTIONS

5.1 Local Adverse Reactions

If irritation develops, discontinue treatment and institute appropriate therapy.

Physicians should exercise caution when prescribing **Pharsert** to patients known to be sensitive to azole antifungals since cross-reactivity may occur.

6 ADVERSE REACTIONS

6.1 Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

In clinical trials, cutaneous adverse events occurred in 7 of 297 (2%) subjects (2 of them severe) receiving sertaconazole nitrate topically, and in 7 of 291 (2%) subjects (2 of them severe) receiving vehicle. These reported cutaneous adverse events included contact dermatitis, dry skin, burning skin, and application site skin tenderness.

In a dermal sensitization trial, 8 of 202 evaluable subjects tested with sertaconazole nitrate and 4 of 202 evaluable subjects tested with vehicle exhibited a erythematous reaction in the challenge phase. There was no evidence of cumulative irritation or contact sensitization in a repeated insult patch test involving 202 healthy volunteers.

6.2 Postmarketing Experience

The following adverse reactions have been identified during post-approval use of sertaconazole nitrate. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

Cutaneous adverse events: erythema, pruritus, vesiculation, desquamation, and hyperpigmentation.

Reporting adverse reactions

Reporting suspected adverse reactions after authorization 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 Egyptian Pharmaceutical Vigilance center (EPVC) Email: pv.followup@edaegypt.gov.eg

Or contact Pharaonia Pharmaceuticals Company (Pharo Pharma) on: <http://pharaoniapharma.com/eneg/>

Or via mail: pv@pharaoniapharma.com

7 USE IN SPECIFIC POPULATIONS

7.1 Pregnancy

Risk Summary

There are no available data on **Pharsert** use in pregnant women to evaluate for a drug-associated risk of major birth defects, miscarriage, or adverse maternal or fetal outcomes.

Lactation

Risk Summary

There are no data available on the presence of sertaconazole in human or animal milk, its effects on the breastfed infant, or its effects on milk production. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for Pharsert and any potential adverse effects on the breastfed infant from PHARSERT or from the underlying maternal condition.

7.2 Pediatric Use

The safety and effectiveness of Pharsert have not been established in pediatric patients younger than 12 years of age.

7.3 Geriatric Use

Clinical trials of sertaconazole nitrate did not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently from younger subjects.

8-CLINICAL PHARMACOLOGY

8.1 Pharmacokinetics

In a multiple-dose pharmacokinetic trial that included 5 male subjects with interdigital tinea pedis (range of diseased area, 42 - 140 cm²; mean, 93 cm²), sertaconazole nitrate was topically applied every 12 hours for a total of 13 doses to the diseased skin (0.5 g sertaconazole nitrate per 100 cm²). Sertaconazole concentrations in plasma measured by serial blood sampling for 72 hours after the thirteenth dose were below the limit of quantitation (2.5 ng/mL) of the analytical method used.

8.2 Microbiology

Mechanism of Action

Sertaconazole, an azole antifungal agent, inhibits fungal cytochrome P-450-mediated 14 alpha-lanosterol demethylase enzyme. This enzyme functions to convert lanosterol to ergosterol. Ergosterol is a key component of fungal cell membranes and lack of this component leads to fungal cell injury by leakage of key constituents in the cytoplasm from the cell.

Activity in Vitro and in Clinical Infections

Sertaconazole nitrate has been shown to be active against isolates of the following microorganisms in clinical infections:

- Trichophyton rubrum
- Trichophyton
- Mentagrophytes
- Epidermophyton
- Floccosum

9 HOW SUPPLIED/STORAGE AND HANDLING

PHARSERT cream 2%: is white in color homogenous cream and supplied in tubes in the following size: 30 g tube.

PHARSERT gel 2%: is white to off white homogenous gel with fine particles and supplied in tubes in the following size: 30 g tube.

Pack:

PHARSERT cream 2%: A carton box containing sealed lacquered collapsible aluminum tube covered with white high density polyethylene plastic cap containing 30 gm cream and an inner pamphlet.

PHARSERT gel 2%: A carton box containing aluminum sealed lacquered collapsible Al tube covered with white high density polyethylene plastic cap containing 30 gm gel and an inner pamphlet.

Storage:

Keep at temperature not exceeding 30 °C.

Keep out of reach of children.

Shelf life: Check the expiry date on the outer pack.

10 MANUFACTURER & LICENSE HOLDER:

Pharabia Pharmaceuticals (Pharo Pharma)

New Borg El Arab city – 3rd Industrial zone – block no. 16 – Part (1) – Alexandria – Egypt.



