

CURRENT & UPCOMING MEETINGS

Advisory Committee on Immunization Practices

Masters of Pediatrics and Masters of Pediatric Dermatology Conference

Eastern Society for Pediatric Research

Miami Children's Hospital: Perspectives in Pediatrics

Society for Adolescent Medicine

We Bring You the News

OXISTAT® (oxiconazole nitrate cream) Cream, 1%***OXISTAT® (oxiconazole nitrate lotion) Lotion, 1%***

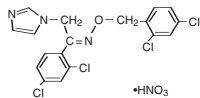
*Potency expressed as oxiconazole

**FOR TOPICAL DERMATOLOGIC USE ONLY—
NOT FOR OPHTHALMIC OR INTRAVAGINAL USE**

Rx only

DESCRIPTION

OXISTAT® (oxiconazole nitrate cream) Cream, 1% and OXISTAT® (oxiconazole nitrate lotion) Lotion, 1% formulations contain the antifungal active compound oxiconazole nitrate. Both formulations are for topical dermatologic use only.

Chemically, oxiconazole nitrate is 2,4-dichloro-2-imidazol-1-ylacetophenone (Z)-[O-(2,4-dichloro benzyloxy)imino], mononitrate. The compound has the molecular formula C₁₈H₁₃ON₃Cl₄•HNO₃, a molecular weight of 492.15, and the following structural formula:

Oxiconazole nitrate is a nearly white crystal-line powder, soluble in methanol; sparingly soluble in ethanol, chloroform, and acetone; and very slightly soluble in water.

OXISTAT® Cream contains 10 mg of oxiconazole per gram of cream in a white to off-white, opaque cream base of purified water USP, white petrolatum USP, stearyl alcohol NF, propylene glycol USP, polysorbate 60 NF, cetyl alcohol NF, and benzoic acid USP 0.2% as a preservative.

OXISTAT® Lotion contains 10 mg of oxiconazole per gram of lotion in a white to off-white, opaque lotion base of purified water USP, white petrolatum USP, stearyl alcohol NF, propylene glycol USP, polysorbate 60 NF, cetyl alcohol NF, and benzoic acid USP 0.2% as a preservative.

CLINICAL PHARMACOLOGY**Pharmacokinetics:** The penetration of oxiconazole nitrate into different layers of the skin was assessed using an in vitro permeation technique with human skin. Five hours after application of 2.5 mg/cm² of oxiconazole nitrate cream onto human skin, the concentration of oxiconazole nitrate was demonstrated to be 16.2 μmol in the epidermis, 3.64 μmol in the upper corium, and 1.29 μmol in the deeper corium. Systemic absorption of oxiconazole nitrate is low. Using radiolabeled drug, less than 0.3% of the applied dose of oxiconazole nitrate was recovered in the urine of volunteer subjects up to 5 days after application of the cream formulation.

Neither in vitro nor in vivo studies have been conducted to establish relative activity between the lotion and cream formulations.

Microbiology: Oxiconazole nitrate is an imidazole derivative whose antifungal activity is derived primarily from the inhibition of ergosterol biosynthesis, which is critical for cellular membrane integrity. It has in vitro activity against a wide range of pathogenic fungi.

Oxiconazole has been shown to be active against most strains of the following organisms both in vitro and in clinical infections at indicated body sites (see INDICATIONS AND USAGE):

Epidermophyton floccosum
Trichophyton mentagrophytes
Trichophyton rubrum
Malassezia furfur

The following in vitro data are available; however, their clinical significance is unknown. Oxiconazole exhibits satisfactory in vitro minimum inhibitory concentrations (MICs) against most strains of the following organisms; however, the safety and efficacy of oxiconazole in treating clinical infections due to these organisms have not been established in adequate and well-controlled clinical trials:

Candida albicans
Microsporum audouinii
Microsporum canis
Microsporum gypseum
Trichophyton tonsurans
Trichophyton violaceum

INDICATIONS AND USAGEOXISTAT® Cream and Lotion are indicated for the topical treatment of the following dermal infections: tinea pedis, tinea cruris, and tinea corporis due to *Trichophyton rubrum*, *Trichophyton mentagrophytes*, or *Epidermophyton floccosum*; OXISTAT® Cream is indicated for the topical treatment of tinea (pityriasis) versicolor due to *Malassezia furfur* (see DOSAGE AND ADMINISTRATION AND CLINICAL STUDIES).

OXISTAT® Cream may be used in pediatric patients for tinea corporis, tinea cruris, tinea pedis, and tinea (pityriasis) versicolor; however, these indications for which OXISTAT® Cream has been shown to be effective rarely occur in children below the age of 12.

CONTRAINDICATIONS

OXISTAT® Cream and Lotion are contraindicated in individuals who have shown hypersensitivity to any of their components.

WARNINGS

OXISTAT® (oxiconazole nitrate cream) Cream, 1% and OXISTAT® (oxiconazole nitrate lotion) Lotion, 1% are not for ophthalmic or intravaginal use.

PRECAUTIONS**General:** OXISTAT® Cream and Lotion are for external dermal use only. Avoid introduction of OXISTAT® Cream or Lotion into the eyes or vagina. If a reaction suggesting sensitivity or chemical irritation should occur with the use of OXISTAT® Cream or Lotion, treatment should be discontinued and appropriate therapy instituted. If signs of epidermal irritation should occur, the drug should be discontinued.**Information for Patients:** The patient should be instructed to:

- Use OXISTAT® as directed by the physician. The hands should be washed after applying the medication to the affected area(s). Avoid contact with the eyes, nose, mouth, and other mucous membranes. OXISTAT® is for external use only.
- Use the medication for the full treatment time recommended by the physician, even though symptoms may have improved. Notify the physician if there is no improvement after 2 to 4 weeks, or sooner if the condition worsens (see below).
- Inform the physician if the area of application shows signs of increased irritation, itching, burning, blistering, swelling, or oozing.
- Avoid the use of occlusive dressings unless otherwise directed by the physician.
- Do not use this medication for any disorder other than that for which it was prescribed.

Drug Interactions: Potential drug interactions between OXISTAT® and other drugs have not been systematically evaluated.**Carcinogenesis, Mutagenesis, Impairment of Fertility:** Although no long-term studies in animals have been performed to evaluate carcinogenic potential, no evidence of mutagenic effect was found in 2 mutation assays (Ames test and Chinese hamster V79 in vitro cell mutation assay) or in 2 cytogenetic assays (human peripheral blood lymphocyte in vitro chromosome aberration assay and in vivo micronucleus assay in mice).Reproductive studies revealed no impairment of fertility in rats at oral doses of 3 mg/kg/day in females (1 time the human dose based on mg/m²) and 15 mg/kg/day in males (4 times the human dose based on mg/m²). However, at doses above this level, the following effects were observed: a reduction in the fertility parameters of males and females, a reduction in the number of sperm in vaginal smears, extended estrous cycle, and a decrease in mating frequency.**Pregnancy: Teratogenic Effects:** Pregnancy Category B. Reproduction studies have been performed in rabbits, rats, and mice at oral doses up to 100, 150, and 200 mg/kg/day (57, 40, and 27 times the human dose based on mg/m²), respectively, and revealed no evidence of harm to the fetus due to oxiconazole nitrate. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.**Nursing Mothers:** Because oxiconazole is excreted in human milk, caution should be exercised when the drug is administered to a nursing woman.**Pediatric Use:** OXISTAT® Cream may be used in pediatric patients for tinea corporis, tinea cruris, tinea pedis, and tinea (pityriasis) versicolor; however, these indications for which OXISTAT® Cream has been shown to be effective rarely occur in children below the age of 12.

Infection Fear May Not Curb Sex in Teen Girls

BY BRUCE K. DIXON

Chicago Bureau

INDIANAPOLIS — Female adolescents at high risk for acquiring sexually transmitted infections may not respond well to counseling and prevention efforts that focus on the fear of becoming infected, according to a study by researchers at In-

diana University in Indianapolis.

Instead, programs and physicians may need to tailor their pregnancy and sexually transmitted infection (STI) counseling to recent patterns of sexual behavior, said Dr. Mary A. Ott of the university's section of adolescent medicine.

"Physicians and other counselors should be aware that fear related to being infected influences sexual behavior only in the short term, and therefore should focus on interpersonal and relationship factors to influence long-term decisions about sex and abstinence," Dr. Ott said at the annual meeting of the Midwest Society for Pediatric Research.

This urban study of 378 high-risk females aged 14-18 years indicated that the decision to have sex after a period of abstinence was strongly influenced by the relationship between the girl and the male she was involved with, as well as by sexual interest and mood, Dr. Ott explained. This challenges the notion that adolescent sex is largely casual and lacking in personal commitment and caring.

The cohort completed quarterly face-to-face interviews and two 3-month daily diary collections per year, and were followed up for a maximum of 4.5 years.

Periods of abstinence were defined as consecutive days of no vaginal sex as recorded in the daily diary. At the time of the study, 9% of the girls had an active STI, either *Chlamydia trachomatis*, *Neisseria gonorrhoea*, or *Trichomonas vaginalis*.

Frailty models were used to estimate the effects of intrapersonal and interpersonal factors, as well as the effect of STI diagnosis, on the time to ending a period of abstinence. A frailty model is an adaptation of a proportional hazards model that controls for multiple observations from a single participant.

The study cohort had more than 6,000 periods of abstinence, of which 55% ended in sex. The median length of abstinence was 10 days, and the mean length was 39 days. "Each year increase in a participant's age increased the hazard of ending an abstinence period with sex by 22%," Dr. Ott said.

"For interpersonal influences, each unit increase in positive mood increased the hazard by 2%, each unit increase in negative mood decreased the hazard by 1%, and each unit increase in sexual interest raised the hazard by 22%," she said.

As for interpersonal influences, each unit increase in partner support hiked the hazard of having sex by 25%; each unit increase in relationship quality raised the hazard by 5%, while a recent STI decreased the hazard of having sex and stopping a period of abstinence by 17%.

However, although mood and the influence of a previous STI lowered the risk of ending short periods of abstinence, they had little effect on ending longer periods of abstinence.

The longer that young women at high risk for STIs went without having sex, the more likely they were to remain abstinent, Dr. Ott said. ■

Geriatric Use: A limited number of patients at or above 60 years of age (n = 396) have been treated with OXISTAT® Cream in US and non-US clinical trials, and a limited number (n = 43) have been treated with OXISTAT® Lotion in US clinical trials. The number of patients is too small to permit separate analysis of efficacy and safety. No adverse events were reported with OXISTAT® Lotion in geriatric patients, and the adverse reactions reported with OXISTAT® Cream in this population were similar to those reported by younger patients. Based on available data, no adjustment of dosage of OXISTAT® Cream and Lotion in geriatric patients is warranted.

ADVERSE REACTIONS

During clinical trials, of 955 patients treated with oxiconazole nitrate cream, 1%, 41 (4.3%) reported adverse reactions thought to be related to drug therapy. These reactions included pruritus (1.6%); burning (1.4%); irritation and allergic contact dermatitis (0.4% each); folliculitis (0.3%); erythema (0.2%); and papules, fissure, maceration, rash, stinging, and nodules (0.1% each).

In a controlled, multicenter clinical trial of 269 patients treated with oxiconazole nitrate lotion, 1%, 7 (2.6%) reported adverse reactions thought to be related to drug therapy. These reactions included burning and stinging (0.7% each) and pruritus, scaling, tingling, pain, and dyshidrotic eczema (0.4% each).

OVERDOSAGE

When 5% oxiconazole cream (5 times the concentration of the marketed product) was applied at a rate of 1 g/kg to approximately 10% of body surface area of a group of 40 male and female rats for 35 days, 3 deaths and severe dermal inflammation were reported. No overdoses in humans have been reported with use of oxiconazole nitrate cream or lotion.

DOSAGE AND ADMINISTRATION

OXISTAT® Cream or Lotion should be applied to affected and immediately surrounding areas once to twice daily in patients with tinea pedis, tinea corporis, or tinea cruris. OXISTAT® Cream should be applied once daily in the treatment of tinea (pityriasis) versicolor. Tinea corporis, tinea cruris, and tinea (pityriasis) versicolor should be treated for 2 weeks and tinea pedis for 1 month to reduce the possibility of recurrence. If a patient shows no clinical improvement after the treatment period, the diagnosis should be reevaluated.

Note: Tinea (pityriasis) versicolor may give rise to hyperpigmented or hypopigmented patches on the trunk that may extend to the neck, arms, and upper thighs. Treatment of the infection may not immediately result in restoration of pigment to the affected sites. Normalization of pigment following successful therapy is variable and may take months, depending on individual skin type and incidental sun exposure. Although tinea (pityriasis) versicolor is not contagious, it may recur because the organism that causes the disease is part of the normal skin flora.

CLINICAL STUDIES

The following definitions were applied to the clinical and microbiological outcomes in patients enrolled in the clinical trials that form the basis for the approvals of OXISTAT® Lotion and OXISTAT® Cream.

Definitions:

1. Mycological Cure: No evidence (culture and KOH preparation) of the baseline (original) pathogen in a specimen from the affected area taken at the 2-week post-treatment visit (for tinea [pityriasis] versicolor, mycological cure was limited to KOH only).

2. Treatment Success: Both a global evaluation of 90% clinical improvement and a microbiologic eradication (see above) at the 2-week post-treatment visit.

Tinea Pedis: THERE ARE NO HEAD-TO-HEAD COMPARISON TRIALS OF THE OXISTAT® CREAM AND LOTION FORMULATIONS IN THE TREATMENT OF TINEA PEDIS.**Lotion Formulation:** The clinical trial for the lotion formulation line extension involved 332 evaluable patients with clinically and microbiologically established tinea pedis. Of these evaluable patients, 64% were diagnosed with hyperkeratotic plantar tinea pedis and 28% with interdigital tinea pedis. Seventy-seven percent (77%) had disease secondary to infection with *Trichophyton rubrum*, 18% had disease secondary to infection with *Trichophyton mentagrophytes*, and 4% had disease secondary to infection with *Epidermophyton floccosum*.

The results of this clinical trial at the 2-week post-treatment follow-up visit are shown in the following table:

Patient Outcome	OXISTAT® Lotion		Vehicle
	b.i.d.	q.d.	
Mycological cure	67%	64%	28%
Treatment success	41%	34%	10%

In this study, the improvement and cure rates of the b.i.d.- and q.d.-treated groups did not differ significantly (95% confidence interval) from each other but were statistically (95% confidence interval) superior to the vehicle-treated group.

Cream Formulation: The two pivotal trials for the cream formulation involved 281 evaluable patients (total from both trials) with clinically and microbiologically established tinea pedis.

The combined results of these 2 clinical trials at the 2-week post-treatment follow-up visit are shown in the following table:

Patient Outcome	OXISTAT® Cream		Vehicle
	b.i.d.	q.d.	
Mycological cure	77%	79%	33%
Treatment success	52%	43%	14%

All the improvement and cure rates of the b.i.d.- and q.d.-treated groups did not differ significantly (95% confidence interval) from each other but were statistically (95% confidence interval) superior to the vehicle-treated group.

In addition, pediatric data (95 children ages 10 and under) available with the cream formulation indicate that it is safe and effective for use in children when used as directed. Adverse events were reported in 2 children; 1 child was reported to have reddening of the skin and 1 child was reported to have eczema-like skin alterations.

Tinea (pityriasis) Versicolor: Two pivotal clinical trials of OXISTAT® Cream in tinea (pityriasis) versicolor involved 219 evaluable patients in the q.d. OXISTAT® and vehicle arms of the trial with clinical and mycological evidence of tinea (pityriasis) versicolor. Patients were treated for 2 weeks with OXISTAT® Cream once daily, or with cream vehicle. The combined results of these clinical trials at the 2-week post-treatment follow-up visit are shown in the following table. These results are based on 207 patients (110 in the OXISTAT® group and 97 in the vehicle group) with efficacy evaluations at this visit.

Patient Outcome	OXISTAT® Cream		Vehicle
	q.d.		
Mycological cure	88%		67%
Treatment success	83%		62%

Only once a day was shown in both studies to be statistically superior to vehicle for all efficacy parameters at 2 weeks and follow-up.

HOW SUPPLIED

OXISTAT® (oxiconazole nitrate cream) Cream, 1% is supplied in:

15-g tubes (NDC 0462-0358-15),

30-g tubes (NDC 0462-0358-30), and

60-g tubes (NDC 0462-0358-60).

Store between 15° and 30°C (59° and 86°F).

OXISTAT® (oxiconazole nitrate lotion) Lotion, 1% is supplied in a 30-mL bottle (NDC 0462-0359-30). Store between 15° and 30°C (59° and 86°F). Shake well before using.

PharmaDerm®

Manufactured By:
GlaxoSmithKline, Mississauga, Ontario, CanadaDistributed By:
PharmaDerm®a division of ALTANA Inc
Duluth, GA 30096 USA

www.pharmaderm.com

18358/IF8358
R3/06
98121006