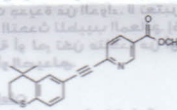
Zarotex 0.1% Gel

FOR DERMATOLOGIC USE ONLY

DESCRIPTION:

Zarotex Gel is a translucent, aqueous gel and contains the compound tazarotene, a member of the acetylenic class of retinoids. It is for topical dermatologic use only. The active ingredient is represented by the following structural formula:



TAZAROTENE

$C_{21}H_{21}NO_2S$

Molecular Weight: 351.46

Chemical Name: Ethyl 6-[2-(4,4-dimethylthiochroman-6-yl) ethynyl] nicotinate

Contains:

a)Active ingredient: Tazarotene .

b)Inactive Ingredients: Carbopol 934P, EDTA disodium,Benzyl alcohol,Poloxamer 407, Ascorbic acid,PEG 400,Hexylene glycol, Polysorbate 40,BHT,BHA,Triethanolamine ,purified Water .

CLINICAL PHARMACOLOGY:

Tazarotene is a retinoid prodrug which is converted to its active form, the cognate carboxylic acid of tazarotene, by rapid deesterification in animals and man. Tazarotenic acid binds to all three members of the retinoic acid receptor (RAR) family: RARα, RARβ, and RARγ but shows relative selectivity for RARβ and RARγ and may modify gene expression. The clinical significance of these findings is unknown.

Psoriasis: The mechanism of tazarotene action in psoriasis is not defined. Topical tazarotene blocks induction of mouse epidermal ornithine decarboxylase (ODC) activity, which is associated with cell proliferation and hyperplasia. In cell culture and in vitro models of skin, tazarotene suppresses expression of MRP8, a marker of inflammation present in the epidermis of psoriasis patients at high levels. In human keratinocyte cultures, it inhibits cornified envelope formation, whose build-up is an element of the psoriatic scale. Tazarotene also induces the expression of a gene which may be a growth suppressor in human keratinocytes and which may inhibit epidermal hyperproliferation in treated plaques. However, the clinical significance of these findings is unknown.

Acne: The mechanism of tazarotene action in acne vulgaris is not defined. However, the basis of tazarotene's therapeutic effect in acne may be due to its anti-hyperproliferative, normalizing-of-differentiation and anti-inflammatory effects. Tazarotene inhibited corneocyte accumulation in rhino mouse skin and cross-linked envelope formation in cultured human keratinocytes. The clinical significance of these findings is unknown.

PHARMACOKINETICS:

Following topical application, tazarotene undergoes esterase hydrolysis to form its active metabolite, tazarotenic acid. Little parent compound could be detected in the plasma. Tazarotenic acid was highly bound to plasma proteins (>99%). Tazarotene and tazarotenic acid were metabolized to sulfoxides, sulfones and other polar metabolites which were eliminated through urinary and fecal pathways. The half-life of tazarotenic acid was approximately 18 hours, following topical application of tazarotene to normal, acne or psoriatic skin.

INDICATIONS AND USAGE:

Zarotex (tazarotene) Gel 0.1% is indicated for the topical treatment of patients with stable plaque psoriasis of up to 20% body surface area involvement.

Zarotex (tazarotene) Gel) 0.1% is also indicated for the topical treatment of patients with facial acne vulgaris of mild to moderate severity.

The efficacy of Zarotex Gel in the treatment of acne previously treated with other retinoids or resistant to oral antibiotics has not been established.

CONTRAINDICATIONS:

Retinoids may cause fetal harm when administered to a pregnant woman.

Zarotex Gel is contraindicated in women who are or may become pregnant. If this drug is used during pregnancy, or if the patient becomes pregnant while taking this drug, treatment should be discontinued and the patient apprised of the potential hazard to the fetus. Women of child-bearing potential should be warned of the potential risk and use adequate birth-control measures when Zarotex Gel is used. The possibility that a woman of childbearing potential is pregnant at the time of institution of therapy should be considered. A negative result for pregnancy test having sensitivity down to at least 50 mIU/mL for human chorionic gonadotropin (hCG) should be obtained within 2 weeks prior to Zarotex Gel therapy, which should begin during a normal menstrual period.

Zarotex Gel is contraindicated in individuals who have shown hypersensitivity to any of its components.

WARNINGS:

Pregnancy Category X.

Women of child-bearing potential should be warned of the potential risk and use adequate birth-control measures when Zarotex Gel is used. The possibility that a woman of childbearing potential is pregnant at the time of institution of therapy should be considered. A negative result for pregnancy test having sensitivity down to at least 50 mIU/mL for hCG should be obtained within 2 weeks prior to Zarotex Gel therapy, which should begin during a normal menstrual period.

PRECAUTIONS:

General:

Zarotex Gel should be applied only to the affected areas. For external use only. Avoid contact with eyes, eyelids, and mouth. If contact with eyes occurs, rinse thoroughly with water. The safety of use of Zarotex Gel over more than 20% of body surface area has not been established in psoriasis or acne.

Retinoids should not be used on eczematous skin, as they may cause severe irritation.

Because of heightened burning susceptibility, exposure to sunlight (including sunlamps) should be avoided unless deemed medically necessary, and in such cases, exposure should be minimized during the use of Zarotex. Patients must be warned to use sunscreens (minimum SPF of 15) and protective clothing when using Zarotex Gel. Patients with sunburn should be advised not to use Zarotex Gel until fully recovered. Patients who may have considerable sun exposure due to their occupation and those patients with inherent sensitivity to sunlight should exercise particular caution when using Zarotex Gel and ensure that the precautions outlined in the Information for Patients subsection are observed.

Zarotex Gel should be administered with caution if the patient is also taking drugs known to be photosensitizers (e.g., thiazides, tetracyclines, fluoroquinolones, phenothiazines, sulfonamides) because of the increased possibility of augmented photosensitivity.

Some individuals may experience excessive pruritus, burning, skin redness or peeling. If these effects occur, the medication should either be discontinued until the integrity of the skin is restored, or the dosing should be reduced to an interval the patient can tolerate. However, efficacy at reduced frequency of application has not been established.

Weather extremes, such as wind or cold, may be more irritating to patients using Zarotex Gel.

Drug Interactions:

Concomitant dermatologic medications and cosmetics that have a strong drying effect should be avoided. It is also advisable to "rest" a patient's skin until the effects of such preparations subside before use of Zarotex Gel is begun.

Pregnancy: Teratogenic Effects: Pregnancy Category X:

Women of child-bearing potential should use adequate birth-control measures when Zarotex Gel is used. The possibility that a woman of childbearing potential is pregnant at the time of institution of therapy should be considered. A negative result for pregnancy test having sensitivity down to at least 50 mIU/mL for hCG should be obtained within 2 weeks prior to Zarotex Gel therapy, which should begin during a normal menstrual period. Although there may be less systemic exposure in the treatment of acne of the face alone due to less surface area for application, tazarotene is a teratogenic substance, and it is not known what level of exposure is required for teratogenicity in humans

Nursing mothers:

It is not known whether this drug is excreted in human milk. Caution should be exercised when tazarotene is administered to a nursing woman.

Pediatric Use: The safety and efficacy of tazarotene have not been established in pediatric patients under the age of 12 years.

Geriatric Use:

Currently there is no reliable clinical experience on the differences in responses between the elderly and younger patients, but greater sensitivity of some older individuals cannot be ruled out. Tazarotene gel for the treatment of acne has not been clinically evaluated in persons over the age of 65.

ADVERSE REACTIONS:

Tazarotene 0.1% gel did not induce allergic contact sensitization, phototoxicity or photoallergy.

Psoriasis: The most frequent adverse events reported with Zarotex Gel 0.1% was limited to the skin.

Those occurring in 10 to 30% of patients, in descending order, included pruritus, burning/stinging, erythema, worsening of psoriasis, irritation, and skin pain. Events occurring in 1 to 10% of patients included rash, desquamation, irritant contact dermatitis, skin inflammation, fissuring, bleeding and dry skin.

Acne: The most frequent adverse events reported with Zarotex Gel 0.1% in the treatment of acne occurring in 10 to 30% of patients, in descending order, included desquamation, burning/stinging, dry skin, erythema and pruritus. Events occurring in 1 to 10% of patients included irritation, skin pain, fissuring, localized edema and skin discoloration.

OVERDOSAGE:

Excessive topical use of Zarotex Gel may lead to marked redness, peeling, or discomfort

Zarotex Gel 0.1% is not for oral use. Oral ingestion of the drug may lead to the same adverse effects as those associated with excessive oral intake of Vitamin A (hypervitaminosis A) or other retinoids. If oral ingestion occurs, the patient should be monitored, and appropriate supportive measures should be administered as necessary.

DOSAGE AND ADMINISTRATION:

General:

Application may cause excessive irritation in the skin of certain sensitive individuals. In cases where it has been necessary to temporarily discontinue therapy or the dosing has been reduced to a lower concentration (in patients with psoriasis) or to an interval the patient can tolerate, therapy can be resumed, or the drug concentration or frequency of application can be increased as the patient becomes able to tolerate the treatment.

Frequency of application should be closely monitored by careful observation of the clinical therapeutic response and skin tolerance. Efficacy has not been established for less than once daily dosing frequencies.

For psoriasis:

Apply Zarotex Gel once a day, in the evening, to psoriatic lesions, using enough (2 mg/cm^2) to cover only the lesion with a thin film to no more than 20% of body surface area. If a bath or shower is taken prior to application, the skin should be dry before applying the gel. If emollients are used, they should be applied at least an hour before application of Zarotex Gel. Because unaffected skin may be more susceptible to irritation, application of tazarotene to these areas should be carefully avoided.

For acne: Cleanse the face gently. After the skin is dry, apply a thin film of Zarotex Gel 0.1% (2 mg/cm^2) once a day, in the evening, to the skin where acne lesions appear. Use enough to cover the entire affected area.

PACKAGE AND STORAGE:

Pack: Carton box contains Aluminum Tube of 15 gm Gel and inner leaflet.

Store at temperature not exceeding 25° C.

Keep all medicines out of reach of children

Produced by: Al-Andalous For Pharmaceutical Industries .

This is Medicament
- Medicament is a product which affects your health and its consumption contrary to instructions is dangerous for you.
- Follow strictly the doctor's prescription, the method of use and the instructions of the pharmacist who sold the medicament.
- the doctor and the pharmacist are the experts in medicines,their benefits and risks.
- Do not by yourself interrupt the period of treatment prescribed for you.
- Do not repeat the same prescription without consulting your doctor.
- Keep all medicaments out of reach of children.

council of Arab Health Ministers
Union of Arab Pharmacists

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