

NAFTIFINE HYDROCHLORIDE- naftifine hydrochloride cream
Xiromed, LLC

HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use NAFTIFINE HYDROCHLORIDE CREAM safely and effectively. See full prescribing information for NAFTIFINE HYDROCHLORIDE CREAM.

NAFTIFINE HYDROCHLORIDE cream, 2%, for topical use

Initial U.S. Approval: 1988

----- **RECENT MAJOR CHANGES** -----

Indications and Usage (1)

----- **INDICATIONS AND USAGE** -----

Naftifine hydrochloride cream is an allylamine antifungal indicated for the treatment of interdigital tinea pedis, tinea cruris, and tinea corporis caused by the organism *Trichophyton rubrum*. (1)

----- **DOSAGE AND ADMINISTRATION** -----

For topical use only. Naftifine hydrochloride cream is not for ophthalmic, oral, or intravaginal use. (2)

Apply a thin layer of naftifine hydrochloride cream once-daily to the affected areas plus a ½ inch margin of healthy surrounding skin for 2 weeks. (2)

----- **DOSAGE FORMS AND STRENGTHS** -----

Cream: 2% (3)

----- **CONTRAINDICATIONS** -----

None (4)

----- **WARNINGS AND PRECAUTIONS** -----

Discontinue treatment if redness or irritation develops with naftifine hydrochloride cream use.(5.1)

----- **ADVERSE REACTIONS** -----

The most common adverse reaction (greater than or equal to 1%) is pruritus. (6.1)

To report SUSPECTED ADVERSE REACTIONS, contact Xiromed, LLC at 1-844-XIROMED (1-844-947-6633) or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

See 17 for PATIENT COUNSELING INFORMATION.

Revised: 1/2021

FULL PRESCRIBING INFORMATION: CONTENTS*

1 INDICATIONS AND USAGE

2 DOSAGE AND ADMINISTRATION

3 DOSAGE FORMS AND STRENGTHS

4 CONTRAINDICATIONS

5 WARNINGS AND PRECAUTIONS

5.1 Local Adverse Reactions

6 ADVERSE REACTIONS

6.1 Clinical Trials Experience

6.2 Postmarketing Experience

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

8.2 Lactation

8.4 Pediatric Use

8.5 Geriatric Use

11 DESCRIPTION

12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action

12.2 Pharmacodynamics

12.3 Pharmacokinetics

12.4 Microbiology

13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

14 CLINICAL STUDIES

14.1 Tinea Cruris

14.2 Interdigital Tinea Pedis

14.3 Tinea corporis

16 HOW SUPPLIED/STORAGE AND HANDLING

17 PATIENT COUNSELING INFORMATION

* Sections or subsections omitted from the full prescribing information are not listed.

FULL PRESCRIBING INFORMATION

1 INDICATIONS AND USAGE

Naftifine hydrochloride cream is indicated for the treatment of interdigital tinea pedis, tinea cruris, and tinea corporis caused by the organism *Trichophyton rubrum*.

2 DOSAGE AND ADMINISTRATION

For topical use only. Naftifine hydrochloride cream is not for ophthalmic, oral, or intravaginal use. Apply a thin layer of naftifine hydrochloride cream once-daily to the affected areas plus a ½ inch margin of healthy surrounding skin for 2 weeks.

3 DOSAGE FORMS AND STRENGTHS

Each gram contains 20 mg of naftifine hydrochloride (2%) in a white to off-white base.

4 CONTRAINDICATIONS

None

5 WARNINGS AND PRECAUTIONS

5.1 Local Adverse Reactions

Discontinue treatment if irritation or sensitivity develops with the use of naftifine hydrochloride cream. Direct patients to contact their physician if these conditions develop following use of naftifine hydrochloride cream.

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 clinical practice.

During clinical trials, 903 subjects were exposed to naftifine 1% and 2% cream formulations. A total of 564 subjects with interdigital tinea pedis, tinea cruris, or tinea corporis were treated with naftifine hydrochloride cream.

In two randomized, vehicle-controlled trials (400 subjects were treated with naftifine hydrochloride cream). The population was 12 to 88 years old, primarily male (79%), 48% Caucasian, 36% Black or African American, 40% Hispanic or Latino and had either predominantly interdigital tinea pedis or tinea cruris. Most subjects received doses once-daily, topically, for 2 weeks to cover the affected skin areas plus a ½ inch margin of surrounding healthy skin. In the two vehicle-controlled trials, 17.5% of naftifine

hydrochloride cream treated subjects experienced an adverse reaction compared with 19.3% of vehicle subjects. The most common adverse reaction (greater than or equal to 1%) is pruritus. Most adverse reactions were mild in severity. The incidence of adverse reactions in the naftifine hydrochloride cream treated population was not significantly different than in the vehicle treated population.

In a third randomized, vehicle-controlled trial, 116 pediatric subjects with tinea corporis were treated with naftifine hydrochloride cream. The population was aged greater than or equal to 2 to less than 18 years (mean age of 9 years), predominantly male (61%), 47% White, 51% Black or African American, 92% Hispanic or Latino, and infected with tinea corporis. Naftifine hydrochloride cream was topically applied once daily for 2 weeks to all affected body surface areas with tinea corporis plus a ½ inch margin of healthy skin surrounding the affected lesions. The incidence of adverse reactions in the naftifine hydrochloride cream treated population was not significantly different than in the vehicle treated population.

In two open-label pediatric pharmacokinetics and safety trials, 49 pediatric subjects 2 to less than 18 years of age with interdigital tinea pedis, tinea cruris, and tinea corporis received naftifine hydrochloride cream. The incidence of adverse reactions in the pediatric population was similar to that observed in the adult population.

□

6.2 Postmarketing Experience

The following adverse reactions have been identified during post-approval use of naftifine hydrochloride: redness/irritation, inflammation, maceration, swelling, burning, blisters, serous drainage, crusting, headache, dizziness, leukopenia, agranulocytosis.

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.

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Risk Summary

There are no available data with naftifine hydrochloride cream in pregnant women to inform the drug-associated risk for major birth defects and miscarriage. In animal reproduction studies, no adverse effects on embryofetal development were seen at oral doses administered during the period of organogenesis up to 18 times the maximum recommended human dose (MRHD) in pregnant rats or subcutaneous doses administered during the period of organogenesis up to 2 times the MRHD in pregnant rats or 4 times the MRHD in pregnant rabbits [see Data].

The estimated background risk of major birth defects and miscarriage for the indicated population is unknown. All pregnancies have a background risk of birth defect, loss, or other adverse outcomes. In the U.S. general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2% to 4% and 15% to 20%, respectively.

Data

Animal Data

Systemic embryofetal development studies were conducted in rats and rabbits. For the comparison of animal to human doses based on body surface area comparison (mg/m^2), the MRHD is set at 8 g 2% cream per day (2.67 $\text{mg}/\text{kg}/\text{day}$ for a 60 kg individual).

Oral doses of 30, 100 and 300 $\text{mg}/\text{kg}/\text{day}$ naftifine hydrochloride were administered during the period of organogenesis to pregnant female rats. No treatment-related effects on embryofetal development were noted at doses up to 300 $\text{mg}/\text{kg}/\text{day}$ (18 times MRHD). Subcutaneous doses of 10 and 30 $\text{mg}/\text{kg}/\text{day}$ naftifine hydrochloride were administered during the period of organogenesis to pregnant female rats. No treatment-related effects on embryofetal development were noted at 30 $\text{mg}/\text{kg}/\text{day}$ (2 times MRHD). Subcutaneous doses of 3, 10 and 30 $\text{mg}/\text{kg}/\text{day}$ naftifine hydrochloride were administered during the period of organogenesis to pregnant female rabbits. No treatment related

effects on embryofetal development were noted at 30 mg/kg/day (4 times MRHD).

A peri- and post-natal development study was conducted in rats. Oral doses of 30, 100 and 300 mg/kg/day naftifine hydrochloride were administered to female rats from gestational day 14 to lactation day 21. Reduced body weight gain of females during gestation and of the offspring during lactation was noted at 300 mg/kg/day (18 times MRHD). No developmental toxicity was noted at 100 mg/kg/day (6 times MRHD).

8.2 Lactation

Risk Summary

There is no information available on the presence of naftifine hydrochloride cream in human milk, the effects of the drug on the breastfed infant, or the effects of the drug on milk production. The lack of clinical data during lactation precludes a clear determination of the risk of naftifine hydrochloride cream to an infant during lactation; therefore, the development and health benefits of breastfeeding should be considered along with the mother's clinical need for naftifine hydrochloride cream and any potential adverse effects on the breastfed infant from naftifine hydrochloride cream or from the underlying maternal condition.

8.4 Pediatric Use

The safety and effectiveness of naftifine hydrochloride cream have been established in pediatric patients age 12 and above with interdigital tinea pedis and tinea cruris and age 2 and above with tinea corporis [see *Clinical Studies (14) and Clinical Pharmacology (12.3)*].

Use of naftifine hydrochloride cream in these age groups is supported by evidence from adequate and well controlled studies in adults and children, with additional safety and PK data from two open label trials conducted in 49 pediatric subjects exposed to naftifine hydrochloride cream [see *Clinical Studies (14) and Clinical Pharmacology (12.3)*].

Safety and effectiveness of naftifine hydrochloride cream in the treatment of tinea cruris and interdigital tinea pedis in pediatric patients less than 12 years of age have not been established. Safety and effectiveness of naftifine hydrochloride cream in the treatment of tinea corporis in pediatric patients less than 2 years of age have not been established.

8.5 Geriatric Use

Clinical studies of naftifine hydrochloride cream did not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently from younger subjects.

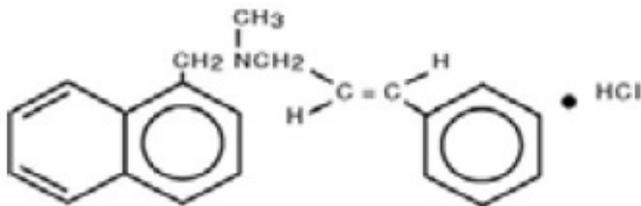
11 DESCRIPTION

Naftifine hydrochloride cream, USP is a white to off-white cream for topical use only. Each gram contains 20 mg of naftifine hydrochloride, USP, (2%), a synthetic allylamine antifungal compound.

Chemically, naftifine HCl is (E)-N-Cinnamyl-N-methyl-1-naphthalenemethylamine hydrochloride.

The molecular formula is $C_{21}H_{21}N \cdot HCl$ with a molecular weight of 323.86.

The structural formula of naftifine hydrochloride, USP is:



Naftifine hydrochloride cream, USP contains the following inactive ingredients: benzyl alcohol, cetyl alcohol, cetyl esters wax, isopropyl myristate, polysorbate 60, purified water, sodium hydroxide,

sorbitan monostearate, and stearyl alcohol. Hydrochloric acid may be added to adjust pH.

12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action

Naftifine hydrochloride cream is a topical antifungal drug [see *Clinical Pharmacology* (12.4)].

12.2 Pharmacodynamics

The pharmacodynamics of naftifine hydrochloride cream have not been established.

12.3 Pharmacokinetics

In vitro and *in vivo* bioavailability studies have demonstrated that naftifine penetrates the stratum corneum in sufficient concentration to inhibit the growth of dermatophytes.

The pharmacokinetics of naftifine hydrochloride cream was evaluated following once-daily topical application for 2 weeks to 21 adult subjects, both males and females, with both tinea pedis and tinea cruris. The median total amount of cream applied was 6.4 g (range 5.3 g to 7.5 g) per day. The results showed that the systemic exposure (i.e., maximum concentration (C_{max}) and area under the curve from time 0 to 24 hours (AUC_{0-24}) to naftifine increased over the 2 week treatment period in all the 21 subjects. Geometric mean (coefficient of variation or CV%) AUC_{0-24} was 117 (41.2) ng*hr/mL on Day 1, and 204 (28.5) ng*hr/mL on Day 14. Geometric mean (CV %) C_{max} was 7 ng/mL (55.6) on Day 1 and 11 ng/mL (29.3) on day 14. Median time to C_{max} (T_{max}) was 8 hours (range 4 to 24 hours) on Day 1 and 6 hours (range 0 to 16 hours) on Day 14. Accumulation after 14 days of topical application was less than two fold. Trough concentrations generally increased throughout the 14 day study period. Naftifine continued to be detected in plasma in 13/21 (62%) subjects on day 28, the mean (standard deviation or SD) plasma concentrations were 1.6 ± 0.5 ng/mL (range below limit of quantitation (BLQ) to 3 ng/mL). In the same pharmacokinetic trial conducted in patients with tinea pedis and tinea cruris, median fraction of the dose excreted in urine during the treatment period was 0.0016% on Day 1 versus 0.0020% on Day 14.

In a second trial that enrolled 22 subjects, the pharmacokinetics of naftifine hydrochloride cream was evaluated in 20 pediatric subjects 13 to less than 18 years of age with both tinea pedis and tinea cruris. Subjects were treated with a median dose of 8.1 g (range 6.6 g to 10.1 g) applied to the affected areas once daily for 2 weeks. The results showed that the systemic exposure increased over the treatment period. Geometric mean (CV%) AUC_{0-24} was 138 (50.2) ng*hr/mL on Day 1, and 192 (74.9) ng*hr/mL on Day 14. Geometric mean (CV %) C_{max} was 9.21 ng/mL (48.4) on Day 1 and 12.7 ng/mL (67.2) on day 14. Median fraction of the dose excreted in urine during the treatment period was 0.0030% on Day 1 and 0.0033% on Day 14.

A third trial evaluated the pharmacokinetics of naftifine hydrochloride cream in 27 pediatric subjects 2 to less than 12 years of age with at least moderate tinea corporis. Subjects were divided into younger (ages 2 to less than 6 years, 17 subjects) and older (6 to less than 12 years, 10 subjects) groups. Median doses of 1.3 g (range 1 g to 3.1 g) and 2.3 g (range 2.2 g to 4.2 g) were applied once-daily for 2 weeks in the younger and older groups, respectively, to the affected area plus a ½ inch margin. Plasma and urine pharmacokinetic assessments were conducted on Day 1 in the older group only and on Day 14 in both groups. All subjects showed measurable levels of naftifine in plasma after topical application of naftifine hydrochloride cream. Following a single dose on Day 1 in subjects 6 to less than 12 years of age, the geometric mean (CV%) values of C_{max} and AUC_{0-24} were 3.60 (76.6) ng/mL and 49.8 (64.4) ng*h/mL, respectively. On Day 14 in this group, the C_{max} and AUC_{0-24} were 3.31 (51.2) ng/mL and 52.4 (49.2) ng*h/mL, respectively. In subjects 2 to less than 6 years of age on Day 14, the C_{max} and AUC_{0-24} were 3.98 (186) ng/mL and 54.8 (150) ng*h/mL, respectively. In the older group of subjects 6 to 12 years of age, the systemic exposures (both C_{max} and AUC_{0-24}) on Days 1 and 14 were comparable. The median fraction of the dose excreted into urine over 24 hours following drug applications on Day 1 and Day 14 was 0.0029% and 0.0014%, respectively.

12.4 Microbiology

Although the exact mechanism of action against fungi is not known, naftifine hydrochloride appears to interfere with sterol biosynthesis by inhibiting the enzyme squalene 2, 3-epoxidase. This inhibition of enzyme activity results in decreased amounts of sterols, especially ergosterol, and a corresponding accumulation of squalene in the cells.

Mechanism of Resistance

To date, a mechanism of resistance to naftifine has not been identified.

Naftifine has been shown to be active against most isolates of the following fungi, both *in vitro* and in clinical infections, as described in the INDICATIONS AND USAGE section:

Trichophyton rubrum

13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

In a 2-year dermal carcinogenicity study, naftifine hydrochloride cream was administered to Sprague-Dawley rats at topical doses of 1%, 2% and 3% (10, 20, and 30 mg/kg/day naftifine hydrochloride). No drug-related tumors were noted in this study up to the highest dose evaluated in this study of 30 mg/kg/day (12 times MRHD based on AUC comparison).

Naftifine hydrochloride revealed no evidence of mutagenic or clastogenic potential based on the results of two *in vitro* genotoxicity tests (Ames assay and Chinese hamster ovary cell chromosome aberration assay) and one *in vivo* genotoxicity test (mouse bone marrow micronucleus assay).

Oral administration of naftifine hydrochloride to rats, throughout mating, gestation, parturition and lactation, demonstrated no effects on growth, fertility or reproduction, at doses up to 100 mg/kg/day (6 times MRHD).

14 CLINICAL STUDIES

14.1 Tinea Cruris

Naftifine hydrochloride cream has been investigated for safety and efficacy in a randomized, double-blind, vehicle-controlled, multi-center trial in 146 subjects with symptomatic and dermatophyte culture positive tinea cruris. Subjects were randomized to receive naftifine hydrochloride cream or vehicle. Subjects applied naftifine hydrochloride cream or vehicle to the affected area plus a ½-inch margin of healthy skin surrounding the affected area once-daily for 2 weeks. Signs and symptoms of tinea cruris (presence or absence of erythema, pruritus, and scaling) were assessed, and KOH examination and dermatophyte culture were performed at the primary efficacy endpoint at week 4.

The mean age of the trial population was 47 years and 87% were male and 43% were white. At baseline, subjects were confirmed to have signs and symptoms of tinea cruris, positive KOH exam, and confirmed dermatophyte presence based on culture results from a central mycology laboratory. The analysis of the intent-to-treat population was a comparison of the proportions of subjects with a complete cure at the week 4 visit (see Table 1). Complete cure was defined as both clinical cure (absence of erythema, pruritus, and scaling) and mycological cure (negative KOH and dermatophyte culture).

The percentage of subjects experiencing clinical cure and the percentage of subjects experiencing mycological cure at week 4 are presented individually in Table 1 below.

Table 1 Efficacy Results for Pivotal Tinea Cruris Trial (Week 4 Assessment)

Endpoint	Naftifine Hydrochloride Cream, Vehicle	
	2%	
	N=75	N=71
Complete Cure ^a	19 (25%)	2 (3%)

Effective Treatment ^b	45 (60%)	7 (10%)
Mycological Cure ^c	54 (72%)	11 (16%)

a. Complete cure is a composite endpoint of both mycological cure and clinical cure. Clinical cure is defined as the absence of erythema, pruritus, and scaling (grade of 0).

b. Effective treatment is a negative KOH preparation and negative dermatophyte culture, erythema, scaling, and pruritus grades of 0 or 1 (absent or nearly absent).

c. Mycological cure is defined as negative KOH and dermatophyte culture.

14.2 Interdigital Tinea Pedis

Naftifine hydrochloride cream has been investigated for efficacy in a randomized, double-blind, vehicle-controlled, multi-center trial in 217 subjects with symptomatic and dermatophyte culture positive interdigital tinea pedis. Subjects were randomized to receive naftifine hydrochloride cream or vehicle. Subjects applied naftifine hydrochloride cream or vehicle to the affected area of the foot plus a ½-inch margin of healthy skin surrounding the affected area once-daily for 2 weeks. Signs and symptoms of interdigital tinea pedis (presence or absence of erythema, pruritus, and scaling) were assessed and KOH examination and dermatophyte culture was performed at the primary efficacy endpoint at week 6.

The mean age of the trial population was 42 years and 71% were male and 57% were white. At baseline, subjects were confirmed to have signs and symptoms of interdigital tinea pedis, positive KOH exam, and confirmed dermatophyte culture. The primary efficacy endpoint was the proportions of subjects with a complete cure at the week 6 visit (see Table 2). Complete cure was defined as both a clinical cure (absence of erythema, pruritus, and scaling) and mycological cure (negative KOH and dermatophyte culture).

The efficacy results at week 6, four weeks following the end of treatment, are presented in Table 2 below. Naftifine hydrochloride cream demonstrated complete cure in subjects with interdigital tinea pedis, but complete cure in subjects with only moccasin type tinea pedis was not demonstrated.

Table 2 Efficacy Results for Pivotal Interdigital Tinea Pedis Trial (Week 6 Assessment)

Endpoint	Naftifine hydrochloride Cream, 2% N=147	Vehicle N=70
Complete Cure ^a	26 (18%)	5 (7%)
Effective Treatment ^b	83 (57%)	14 (20%)
Mycological Cure ^c	99 (67%)	15 (21%)

a. Complete cure is a composite endpoint of both mycological cure and clinical cure.

Clinical cure is defined as absence of erythema, pruritus, and scaling (grade of 0).

b. Effective treatment is a negative KOH preparation and negative dermatophyte culture, erythema, scaling, and pruritus grades of 0 or 1 (absent or near absent).

c. Mycological cure is defined as negative KOH and dermatophyte culture.

14.3 Tinea corporis

Naftifine hydrochloride cream has been investigated for safety and efficacy in a randomized, double-blind, vehicle-controlled, multi-center trial in 184 subjects with symptomatic and dermatophyte culture positive tinea corporis. Subjects were randomized to receive naftifine hydrochloride cream or vehicle. Subjects applied the study agent to all affected body surface areas with tinea corporis plus a ½ inch margin of healthy skin surrounding the affected lesions for two weeks. Signs and symptoms of tinea corporis (presence or absence of erythema, induration, and pruritus) were assessed and KOH examination and dermatophyte culture were performed for the assessment of primary efficacy endpoint at Day 21.

The trial population was pediatric (greater than or equal to 2 to less than 18 years of age) with a median

age of 9 years (naftifine hydrochloride cream) or 8 years (vehicle); 61% of subjects were male and 45% were white. At baseline, subjects were confirmed to have signs and symptoms of tinea corporis, positive KOH exam, and confirmed dermatophyte culture. The primary efficacy endpoint was the proportions of subjects with a complete cure at the Day 21 visit. Complete cure was defined as both a clinical cure (absence of erythema, induration, and pruritus on all lesions present at baseline) and mycological cure (negative KOH and dermatophyte culture).

The efficacy results at Day 21, one week following the end of treatment, are presented in Table 3 below.

Table 3 Efficacy Results for Pediatric Tinea Corporis Trial (Day 21 Assessment)

Endpoint	Naftifine Hydrochloride Cream, 2% N=91	Vehicle N=93
Complete Cure ^a	42 (46%)	26 (28%)
Effective Treatment ^b	53 (58%)	32 (34%)
Mycological Cure ^c	57 (63%)	36 (39%)

^a. Complete cure is a composite endpoint of both mycological cure and clinical cure.

Clinical cure is defined as absence of erythema, pruritus, and scaling (grade of 0).

^b. Effective treatment is a negative KOH preparation and negative dermatophyte culture, erythema, induration, and pruritus grades of 0 or 1 (absent or mild).

^c. Mycological cure is defined as negative KOH and dermatophyte culture.

16 HOW SUPPLIED/STORAGE AND HANDLING

Naftifine hydrochloride cream, USP 2%, is a white to off-white cream supplied in the following size:

45 gram tubes – NDC 70700-161-18

60 gram tubes – NDC 70700-161-17

Store naftifine hydrochloride cream at 25°C (77°F); excursions permitted to 15° to 30°C (59° to 86°F) [see USP Controlled Room Temperature].

17 PATIENT COUNSELING INFORMATION

- Inform patients that naftifine hydrochloride cream is for topical use only. Naftifine hydrochloride cream is not intended for oral, intravaginal or ophthalmic use.
- If irritation or sensitivity develops with the use of naftifine hydrochloride cream treatment should be discontinued and appropriate therapy instituted. Patients should be directed to contact their physician if these conditions develop following use of naftifine hydrochloride cream.

Distributed by:

Xiromed, LLC,

Florham Park, NJ 07932

Rev. 09/2020

PI-161-00

573063-01

PACKAGE LABEL PRINCIPAL DISPLAY PANEL SECTION - 45g Tube



NDC 70700-161-18

Naftifine Cream, 2%

Xiromed, LLC

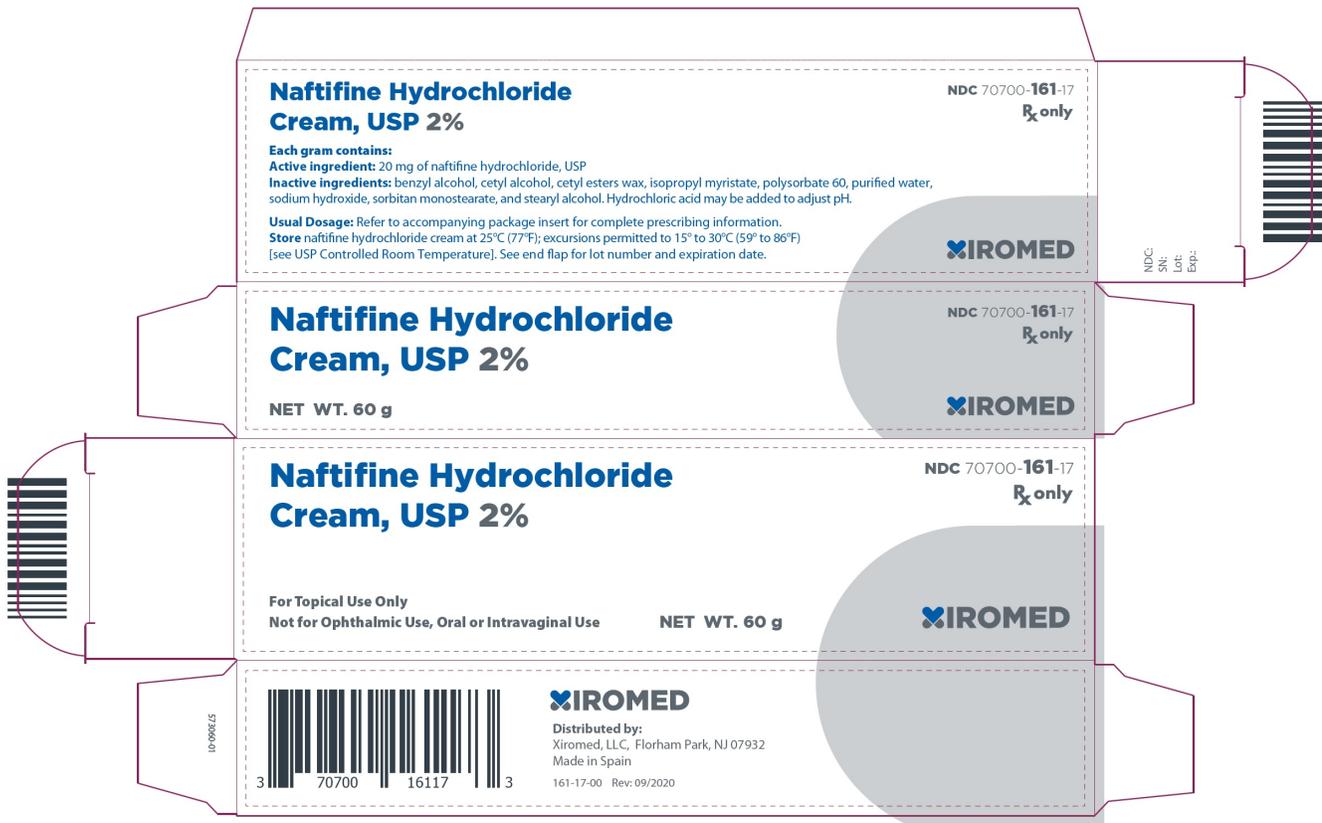
For Topical Use Only

Not for Ophthalmic Use, Oral or Intravaginal Use

45 g

Rx Only

PACKAGE LABEL PRINCIPAL DISPLAY PANEL SECTION - 60g Tube



NDC 70700-161-17
Naftifine Cream, 2%

Xiromed, LLC

For Topical Use Only
Not for Ophthalmic Use, Oral or Intravaginal Use

60 g

Rx Only

NAFTIFINE HYDROCHLORIDE

naftifine hydrochloride cream

Product Information

Product Type	HUMAN PRESCRIPTION DRUG	Item Code (Source)	NDC:70700-161
Route of Administration	TOPICAL		

Active Ingredient/Active Moiety

Ingredient Name	Basis of Strength	Strength
NAFTIFINE HYDROCHLORIDE (UNII: 25UR9N9041) (NAFTIFINE - UNII:4FB1TON47A)	NAFTIFINE HYDROCHLORIDE	20 mg in 1 g

Inactive Ingredients

Ingredient Name	Strength
BENZYL ALCOHOL (UNII: LKG8494WBH)	
CETYL ALCOHOL (UNII: 936JST6JCN)	
CETYL ESTERS WAX (UNII: D072FFP9GU)	

ISOPROPYL MYRISTATE (UNII: 0RE8K4LNJS)	
POLYSORBATE 60 (UNII: CAL22UVI4M)	
WATER (UNII: 059QF0KO0R)	
SODIUM HYDROXIDE (UNII: 55X04QC32I)	
SORBITAN MONOSTEARATE (UNII: NVZ4I0H58X)	
STEARYL ALCOHOL (UNII: 2KR89I4H1Y)	
HYDROCHLORIC ACID (UNII: QTT17582CB)	

Packaging

#	Item Code	Package Description	Marketing Start Date	Marketing End Date
1	NDC:70700-161-18	1 in 1 CARTON	01/15/2021	
1		45 g in 1 TUBE; Type 0: Not a Combination Product		
2	NDC:70700-161-17	1 in 1 CARTON	01/15/2021	
2		60 g in 1 TUBE; Type 0: Not a Combination Product		

Marketing Information

Marketing Category	Application Number or Monograph Citation	Marketing Start Date	Marketing End Date
ANDA	ANDA210038	01/15/2021	

Labeler - Xiomed, LLC (080228637)

Registrant - Xiomed Pharma España, S.L. (468835741)

Revised: 1/2021

Xiomed, LLC