

# Diprogenta<sup>®</sup> Cream, Diprogenta<sup>®</sup> Ointment

## **Composition**

### *Active substances:*

Betamethasone dipropionate 0.64 mg/ g

Gentamicin (as sulfate) 1 mg/ g

### *Excipients:*

*Diprogenta Cream:* white petrolatum, 72mg/g cetostearyl alcohol, mineral oil, polyethylene glycol 1000 monocetyl ether, sodium phosphate monobasic, chlorocresol 1mg/g, phosphoric acid, purified water, sodium hydroxide or phosphoric acid for PH adjustment

*Diprogenta Ointment:* Mineral oil, white petrolatum.

## **Pharmaceutical form and active substance quantity per unit**

1 g of cream contains:

Betamethasone dipropionate 0.64 mg Equivalent to 0.5 mg Betamethasone, Gentamicin (as sulfate) 1 mg

1 g of ointment contains:

Betamethasone dipropionate 0.64 mg Equivalent to 0.5 mg Betamethasone, Gentamicin (as sulfate) 1 mg

## **Therapeutic indications**

Diprogenta Cream is indicated for the relief of the inflammatory manifestations of corticosteroid-responsive dermatoses when complicated by secondary infections caused by organisms susceptible to gentamycin.

Diprogenta Ointment is indicated for topical treatment of dermatosis complicated by secondary infection caused by organisms sensitive to Gentamicin.

## **Posology and method of administration**

### *Adolescents and Adults:*

Apply a thin film to the affected skin areas twice daily and carefully rub in. Frequency of application should be determined by the physician according to the severity of the condition. For some patients, adequate maintenance therapy may be achieved with less frequent application. Duration of therapy varies depending upon the extent and location of disease and patient response. However, if clinical improvement is not achieved by two to three weeks, diagnosis should be reviewed.

### *Children 2 to 12 years old:*

Apply a thin film to only the affected skin and carefully rub in. Apply a sufficient amount no more frequently than twice daily with at least 6-12 hours between applications. Application to face, neck, scalp, genitalia, rectal area, and skin flexures should be applied under medical supervision. Limit treatment to no more than 5 to 7 days.

See "Special Warnings and precautions for use", and "Use in paediatric patients".

## **Contraindications**

Hypersensitivity to the active substances or to any of the excipients used in the preparation as well as to aminoglycoside antibiotics (cross allergy to gentamicin).

Skin infections [of viral, bacterial (incl. TB) and fungal aetiology], vaccine reactions, skin ulcers and acne are contraindicated in the case of locally applied corticosteroids. Facial application is not recommended in the presence of rosacea or perioral dermatitis.

Diprogenta should not be applied to mucous membranes, to the eyes or the area surrounding the eyes.

### ***Special warnings and precautions for use***

If irritation or sensitization develops with the use of Diprogenta Cream or Ointment, treatment should be discontinued and appropriate therapy instituted.

When applied topically, systemic absorption of the active substances may be increased if Diprogenta is used extensively, particularly during prolonged use or if applied to damaged skin. Use beneath occlusive dressings further increases systemic absorption. Under such conditions, undesirable effects, which are seen following systemic application of the active substances, may occur. In such cases, particular caution is recommended in paediatric use.

During concomitant systemic administration of aminoglycoside antibiotics, it should be remembered that, in cases of increased dermal absorption, a cumulative toxic effect (ototoxicity, nephrotoxicity) is possible.

In particular, a possible cross reaction with other aminoglycoside antibiotics should be taken into consideration.

Diprogenta cream contains chlorocresol which may cause allergic reactions and cetostearyl alcohol which may cause localized skin reactions (e.g. contact dermatitis).

During long-term treatment with preparations containing antibiotics, non-susceptible microorganisms may develop, in particular mycosis. In such an event, or at the onset of a superinfection, appropriate treatment should be instituted.

High-dose, extensive or occlusive application of potent or highly-potent corticosteroids should only take place under regular, medical supervision; particularly in regard to the suppression of endogenous corticosteroid production and a possible metabolic effect.

A period of 2-3 weeks' continuous treatment should preferably not be exceeded.

Highly-potent, potent and medium-dose corticosteroids should be used with caution in the facial and genital region; treatment should not exceed one week in such cases. Generally speaking, only low-dose corticosteroids should be used around the eyes (glaucoma).

Corticosteroids may mask the symptoms of an allergic skin reaction to one of the product ingredients.

The patient should be instructed to use the product solely in the treatment of his/her current skin condition, and not to pass it on to others.

Visual disturbances may occur with systemic and topical (including intranasal, inhaled and intraocular) use of corticosteroids. If a patient appears with symptoms such as blurred vision or other visual disturbances, the patient should be considered for referral to an ophthalmologist for evaluation of possible causes of the visual disturbance; these include among others cataract, glaucoma or rare diseases for example such as central serous chorioretinopathy (CSCR) which have been reported after use of systemic and topical corticosteroids.

### **Use in paediatric patients**

Use of this product in paediatric patients younger than 2 years of age is not recommended. When compared with adults, paediatric patients may demonstrate greater susceptibility to hypothalamic-pituitary-adrenal (HPA) axis suppression (induced by topical corticosteroids) and to exogenous corticosteroid effects, as absorption in children is greater due to the higher skin surface area to body weight ratio.

HPA axis suppression, Cushing's syndrome, linear growth retardation, delayed weight gain and intracranial hypertension have been reported in children receiving topical corticosteroids.

Symptoms of adrenal suppression in children include low plasma cortisol levels and absence of response to ACTH stimulation. Symptoms of intracranial hypertension include bulging fontanelles, headache and bilateral papilledema.

### ***Interactions***

When Diprogenta is used in the genital or anal region, the presence of petroleum jelly and liquid paraffin (excipients used in the product) may diminish the tear resistance of concomitantly used latex condoms, thereby compromising their safety when in use.

### ***Pregnancy, lactation***

#### ***Pregnancy***

In animal studies, topical application of corticosteroids was shown to have a teratogenic effect. There are no data on its use in human pregnancies.

Aminoglycosides cross the placental barrier and may harm the foetus if administered to pregnant women. There have been reports of total, irreversible, bilateral, congenital deafness in infants whose mothers received aminoglycosides (including gentamicin) during pregnancy. Sufficient data on the use of topically applied gentamicin during pregnancy is lacking.

During pregnancy, Diprogenta should only be used in cases where it is absolutely necessary.

#### ***Lactation***

It is not known whether topically applied corticosteroids pass into breast milk. However, systemically available corticosteroids are excreted in breast milk.

It is not known whether gentamicin passes into breast milk. If applied to the breasts, Diprogenta may not be used by nursing mothers.

### ***Effects on ability to drive machines***

The effect on the ability to drive and operate machinery has not been studied.

### ***Undesirable effects***

#### **Initiation of treatment**

##### ***Skin and subcutaneous tissue disorders***

*Rare:* irritations, burning sensations, pruritus, skin dryness, hypersensitivity reactions to one of the ingredients used in the product and skin discoloration.

#### **Extensive, occlusive and/or prolonged use**

During extensive, occlusive and/or prolonged use, local skin changes may occur. During extensive use, systemic effects (adrenal suppression) may occur.

It should be remembered that patients are at greater risk of developing secondary infections as a result of diminished local resistance to infection.

##### ***Skin and subcutaneous tissue disorders***

Localised skin changes such as atrophy (particularly facial), telangiectasia, striae, striae distensae, cutaneous bleeding, purpura, steroid acne, rosacea-like/ perioral dermatitis and hypertrichosis, skin discoloration. It is not known whether the skin discoloration is reversible.

Uncommon: contact sensitisation to gentamicin.

Rare: skin irritation (erythema, pruritus)

Possible photosensitisation was observed in some patients; however, it was impossible to reproduce this effect when gentamicin was reapplied, with subsequent exposure to UV radiation.

#### *Endocrine disorders*

Endogenous corticosteroid synthesis suppression; overactive adrenal glands with oedema.

#### *Metabolism and nutrition disorders*

Manifestation of latent diabetes mellitus.

#### *Eye disorders*

Blurred vision

#### *Ear and labyrinth disorders*

In cases of concomitant systemic administration of aminoglycoside antibiotics, cumulative ototoxicity/ nephrotoxicity can be possible if Diprogenta is used extensively or on damaged skin.

#### *Musculoskeletal and connective tissue disorders*

Osteoporosis, growth retardation (in children).

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.

Any suspected adverse events should be reported to the Ministry of Health according to the National Regulation by using an online form:

[/https://sideeffects.health.gov.il](https://sideeffects.health.gov.il)

### **Overdose**

*Symptoms:* Excessive or prolonged use of topical corticosteroids may lead to a suppression of the pituitary-adrenal function, and may cause secondary adrenal insufficiency and symptoms of adrenal cortex hyperactivity, including Cushing's syndrome.

It cannot be excluded that a single excessive dose of gentamicin might induce such symptoms.

Excessive and prolonged use of topically applied gentamicin may lead to an increased growth of fungi or non-susceptible bacteria at the site of skin lesions.

*Treatment:* Appropriate symptomatic treatment is indicated. Acute symptoms of adrenal cortex hyperactivity are usually reversible. Electrolyte imbalances should be treated where required. In cases of chronic toxicity, withdrawal of corticosteroids should be gradual.

If overgrowth by non-susceptible organisms occurs, stop treatment with Diprogenta Cream or Ointment and institute appropriate antimycotic or antibacterial treatment.

### **Properties/ effects**

ATC-Code: D07CC01

#### *Mechanism of action*

Diprogenta combines the antibacterial action of gentamicin (an aminoglycoside antibiotic) with the anti-inflammatory, antipruritic and vasoconstrictive properties of betamethasone dipropionate (a highly potent, class III corticosteroid).

Gentamicin interferes with the growth of sensitive bacteria by inhibiting protein synthesis. Its action against pathogenic, Gram-negative and Gram-positive bacteria is bactericidal, and is based on the ability of the antibiotic to bind to bacterial 30S ribosomal subunits.

In the table below, bacteria are categorised according to their susceptibility to gentamicin:

Bacteria	<i>In vitro</i> (µg/mL)		
	MIC50	MIC90	Sensitivity %
Staphylococcus (Coagulase-negative)	50	100	18
<i>Enterobacter</i> sp.	0.4	0.8	100
<i>Serratia</i>	0.8	3.12	100
<i>Klebsiella</i> sp.	0.8	3.12	95
<i>Proteus mirabilis</i>	3.12	6.25	70
<i>Escherichia coli</i>	0.8	3.12	94
<i>Pseudomonas aeruginosa</i>	0.8	12.5	79
<i>Staphylococcus</i>	0.2	25	78
<i>Proteus</i> (indole-positive)	1.56	100	71

The following bacteria are usually resistant to aminoglycosides: meningococci, *Streptococcus pneumoniae*, most types of streptococci (notably Group D), *Mycoplasma* sp., *Chlamydia* sp. and anaerobes such as *Bacteroides* sp. and *Clostridium* sp.

Inflamed skin diseases due to secondary bacterial infections can be treated with Diprogenta, bringing relief from subjective complaints such as pruritus.

The ointment is particularly suitable for use on dry and chapped skin.

The cream is a cooling, non-oily, water-permeable oil-in-water emulsion, which is indicated for acute and weeping stages of disease.

### **Pharmacokinetics**

No penetration or absorption studies have been performed on this galenic formulation. Under normal circumstances, only a fraction of the locally applied amount of corticosteroid is systemically available. Penetration and permeation rates depend on the body site, skin condition, the galenic formulation being used, patient age and method of application.

Gentamicin absorption need hardly be considered when used on intact skin. However, increased percutaneous absorption should be taken into account in cases of keratin layer loss, inflammation and occlusive/ extensive application. When used topically, absorption may be greater with the cream formulation when compared with the ointment.

### **Preclinical data**

#### ***Betamethasone***

Corticosteroid studies using animal models have shown that bethamethasone is toxic to reproduction (cleft palate, skeletal malformations).

In reproduction toxicity studies on rats, prolonged gestation, prolonged labour and dystocia were recorded. Furthermore, a reduction in offspring survival was observed, as well as decreased body weight and a reduction in weight gain. There was no evidence of impaired fertility.

Mutagenicity and carcinogenicity have not been studied.

### *Gentamicin*

Toxicity studies on animals and humans have not yielded any evidence of skin irritation, following local application of twice-daily gentamicin over three days at concentrations several times higher than those in formulations for therapeutic use.

Results from epicutaneous Draize patch tests (conducted on 100 patients) have demonstrated that gentamicin is not a primary skin irritant. Furthermore, gentamicin has a low skin sensitisation index.

Mutagenicity and carcinogenicity have not been studied.

### ***Further information***

The expiry date of the product is indicated on the packaging materials.

### ***Storage conditions***

Store up to 25°C. After first opening, can be used up to 3 months.

Keep out of the reach and sight of children

### ***Nature and contents of container***

Diprogenta Cream is supplied in tubes of 15 g

Diprogenta Ointment is supplied in tubes of 15 g

### ***Manufacturer***

Diprogenta Cream: SCHERING-PLOUGH LABO. N.V, BELGIUM

Diprogenta Ointment: SCHERING-PLOUGH LABO. N.V, BELGIUM.

### ***License holder***

Merck Sharp & Dohme (Israel-1996) Company Ltd., P.O.Box 7121, Petah-Tikva 49170, Israel.

Revised in March 2021 according to MOHs guidelines.