

# Summary of Product Characteristics

## 1 NAME OF THE MEDICINAL PRODUCT

Gynoxin 200 mg Vaginal Capsules

## 2 QUALITATIVE AND QUANTITATIVE COMPOSITION

Each vaginal capsule contains 200 mg of the active ingredient fenticonazole nitrate.

Excipients with known effect: also includes ethyl parahydroxybenzoate sodium (E215) 800 micrograms per vaginal capsule, and sodium propyl parahydroxybenzoate (E217) 400 micrograms per vaginal capsule.

For the full list of excipients, see section 6.1.

## 3 PHARMACEUTICAL FORM

Vaginal capsule, soft. (Vaginal capsule)

Ivory white, opaque, soft gelatin capsules.

## 4 CLINICAL PARTICULARS

### 4.1 Therapeutic Indications

In the topical treatment of vulvo vaginal infections due to superficial dermatophytes of *C. albicans*, sensitive to the drug.

### 4.2 Posology and method of administration

#### Dosage

One 200 mg vaginal capsule at bedtime for 3 days or one 600 mg vaginal capsule at bedtime once only.

If necessary treatment may be repeated after 3 days.

#### Administration

Intravaginal, inserted deeply into vagina.

#### Paediatric population

The safety and efficacy of Gynoxin in children under 16 years have not been established. No data are available. The dose recommendation for children aged 16 years or above is the same as for adults.

### 4.3 Contraindications

Hypersensitivity to the active substance or to any of the excipients listed in section 6.1.

### 4.4 Special warnings and precautions for use

Some excipients of the vaginal capsules (parahydroxybenzoates) may cause allergic reactions (possibly delayed). Should local sensitisation or an allergic reaction occur, the treatment should be discontinued.

The patients should be advised to consult their physician if:

- the symptoms have not been relieved within one week
- in case of recurrent symptoms (more than 2 infections in the last 6 months)
- previous history of a sexually transmitted disease or exposure to partner with sexually transmitted disease
- age over 60
- known hypersensitivity to imidazoles or other vaginal antifungal products
- any abnormal or irregular vaginal bleeding
- any blood staining of a vaginal discharge
- any vulval or vaginal sore, ulcer or blisters
- any associated lower abdominal pain or dysuria

- any adverse effects such as erythema, pruritus or rash associated with treatment.

The vaginal capsules should not be used in conjunction with barrier contraceptives, spermicides, intravaginal douches or other vaginal products (see section 4.5). Appropriate therapy is indicated when the partner is also infected.

Fenticonazole should be used in pregnancy and breast-feeding under the supervision of a physician (see section 4.6).

#### 4.5 Interaction with other medicinal products and other forms of interactions

No interaction studies have been performed.

Fat excipients and oils contained in the vaginal capsules could damage contraceptives made of latex. Patients should be advised to use alternative contraceptive methods/precautions while using this product.

Associations not recommended:

- Spermicides: any local vaginal treatment is likely to inactivate a local contraceptive spermicide.

#### 4.6 Fertility, pregnancy and lactation

##### Pregnancy

There are a limited amount of data from the use of fenticonazole in pregnant women. Studies in animals have shown no teratogenic effects, and embryotoxic and foetotoxic effects have been observed only at very high doses administered orally. Low systemic exposure of fenticonazole is expected following vaginal treatment (see section 5.2). Fenticonazole should be used in pregnancy under the supervision of a physician.

##### Breast-feeding

Animal studies via the oral route have shown that fenticonazole and/or its metabolites can be excreted in the milk. With regard to the negligible absorption of fenticonazole after vaginal administration (see 5.2) any significant transfer into breast milk is not expected. However, as there are no data in humans on fenticonazole and/or its metabolites excretion into the milk following this route of administration, a risk for the baby cannot be excluded. Fenticonazole should be used during the lactation under the supervision of a physician.

##### Fertility

No human studies of the effects of fenticonazole on fertility have been conducted, however animal studies have not demonstrated any effects of the drug on fertility.

#### 4.7 Effects on ability to drive and use machines

None.

#### 4.8 Undesirable effects

When used as recommended, Gynoxin is only poorly absorbed and systemic undesirable reactions are not expected. A mild, transient burning sensation may occur after application. Prolonged use of topical products can cause sensitisation (see section 4.4).

In the table below, adverse reactions are reported and listed by MedDRA system organ class and frequency: very common ( $\geq 1/10$ ); common ( $\geq 1/100$  to  $< 1/10$ ); uncommon ( $\geq 1/1,000$  to  $< 1/100$ ); rare ( $\geq 1/10,000$  to  $< 1/1,000$ ); very rare ( $< 1/10,000$ ); not known (frequency cannot be estimated from available data).

<b>System Organ Class</b>	<b>Frequency</b>	<b>Preferred Terms</b>
Reproductive system and breast disorders	Very rare	Vulvovaginal burning sensation
Skin and subcutaneous tissue disorders	Very rare	Erythema Pruritus Rash
General disorders and administration site conditions	Not known	Application site hypersensitivity

##### 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. Healthcare professionals are asked to report any suspected adverse reactions via HPRA Pharmacovigilance. Website: [www.hpra.ie](http://www.hpra.ie)

#### 4.9 Overdose

No case of overdose has been reported.

Gynoxin is intended for local application and not for oral use. In the event of accidental oral ingestion abdominal pain and vomiting may occur.

### 5 PHARMACOLOGICAL PROPERTIES

#### 5.1 Pharmacodynamic properties

ATC code: G01A F12

Fenticonazole is a broad-spectrum antimycotic agent.

- *In vitro*: high fungistatic and fungicidal activity against dermatophytes (all species of Trichophyton, Microsporum and Epidermophyton), against *Candida albicans* and against the other agents responsible for mycotic infections of skin and mucous membranes.
- *In vivo*: healing of vaginal mycoses due to *Candida* within 5 days in mice.

Fenticonazole also shows antibacterial activity against Gram-positive micro-organisms. Supposed mode of action: block of oxidative enzymes leading to accumulation of peroxides and necrosis of fungal cells; direct action on the membrane.

#### 5.2 Pharmacokinetic properties

Pharmacokinetic studies have revealed no transcutaneous absorption either in man or in animals and a very low vaginal absorption.

#### 5.3 Preclinical safety data

LD50 mice: oral >3000mg/kg; i.p. 1276mg/kg (M), 1265mg/kg (F)

LD50 rats: oral >3000mg/kg; s.c. >750mg/kg; i.p. 440mg/kg (M), 309mg/kg (F)

Chronic toxicity: following oral administration of 40-80-160mg/kg/day for 6 months in rats and dogs, fenticonazole was well tolerated, although some evidence of light and moderate general toxicity occurred (increase in liver weight at 160mg/kg without histopathological alterations in rats, and a transient increase in serum SGPT at 80 and 160mg/kg, together with an increase in liver weight in dogs).

Fenticonazole does not interfere with the function of male and female gonads, and does not modify the first phases of reproduction. Studies in reproductive toxicology revealed, as for other imidazole derivatives, an embryo-lethal effect at high dosages (>20mg/kg). Fenticonazole has shown no teratogenic effects in rats and rabbits and has revealed no mutagenic potential in six mutagenicity tests.

Satisfactory results were obtained in tolerability tests performed in guinea pigs, rabbits as well as in mini-pigs, the skin of which is similar to that of humans, as far as morphology, functionality and sensitivity to irritating agents are concerned.

Fenticonazole has shown no evidence of sensitisation, phototoxicity and photoallergy.

Pharmacokinetic studies have revealed no transcutaneous absorption either in man or in animals and a very low vaginal absorption.

### 6 PHARMACEUTICAL PARTICULARS

#### 6.1 List of excipients

Medium chain triglycerides

Colloidal anhydrous silica

*Shell constituents:*

Gelatin  
Glycerol  
Titanium dioxide  
Ethyl Parahydroxybenzoate Sodium (E215)  
Sodium Propyl Parahydroxybenzoate (E217)

**6.2 Incompatibilities**

Not applicable

**6.3 Shelf life**

3 years

**6.4 Special precautions for storage**

Do not store above 30°C. Do not refrigerate or freeze. Store in the original package.

**6.5 Nature and contents of container**

Blister pack of PVC/PVdC + aluminium foil, in packs of 3.

**6.6 Special precautions for disposal of a used medicinal product or waste materials derived from such medicinal product and other handling of the product**

No special requirements.

**7 MARKETING AUTHORISATION HOLDER**

Recordati Industria Chimica e Farmaceutica SpA  
Via Matteo Civitali  
20148  
Milan  
Italy

**8 MARKETING AUTHORISATION NUMBER**

PA0812/004/001

**9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION**

Date of first authorisation: 24<sup>th</sup> February 1992  
Date of last renewal: 23<sup>rd</sup> February 2007

**10 DATE OF REVISION OF THE TEXT**

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