Duac® Once Daily 10mg/g + 50mg/g Gel

Clindamycin Phosphate + Anhydrous Benzoyl Peroxide

QUALITATIVE AND QUANTITATIVE COMPOSITION

Clindamycin 1 % w/w (10 mg/g) as Clindamycin Phosphate, Anhydrous Benzoyl Peroxide 5 % w/w (50 mg/g) as Hydrous Benzoyl Peroxide.
For a full list of excipients, see List of excipients.

PHARMACEUTICAL FORM

Gel
White to slightly yellow homogeneous gel

CLINICAL PARTICULARS

Therapeutic indications

Mild to moderate acne vulgaris, particularly inflammatory lesions.

Posology and method of administration

For application to the skin. For external use only.
Adults and adolescents:
Duac Once Daily Gel should be applied once daily in the evening, to affected areas after the skin has been thoroughly washed, rinsed with warm water and gently patted dry.
Use in Children
The safety and efficacy of Duac Once Daily Gel has not been established in prepubescent children (under 12 years of age), since acne vulgaris rarely presents in this age group.
Use in the Elderly
No specific recommendations.
Treatment with Duac Once Daily Gel should not exceed more than 12 weeks of continuous use.
If excessive dryness or peeling occurs, frequency of application should be reduced or application temporarily interrupted.
Patients should be advised that excessive application will not improve efficacy, but may increase the risk of skin irritation.

Contraindications

Clindamycin/benzoyl peroxide is contraindicated in:

- patients who have demonstrated hypersensitivity to lincomycin, clindamycin, benzoyl peroxide or any components of the formulation.
- patients with, or with a history of regional enteritis, ulcerative colitis, or antibiotic-associated colitis (including pseudomembranous colitis).

Warnings and Precautions

Contact with the mouth, eyes, lips, other mucous membranes or areas of irritated or broken skin should be avoided. In case of accidental contact, rinse well with water.
During the first weeks of treatment, an increase in peeling and reddening will occur in most patients. Depending upon the severity of these side effects, patients can use a moisturiser, temporarily reduce the frequency of application of clindamycin/benzoyl peroxide or temporarily discontinue use; however, efficacy has not been established for less than once daily dosing frequencies.
Concomitant topical acne therapy should be used with caution because a possible cumulative irritancy may occur, which sometimes may be severe, especially with the use of peeling, desquamating, or abrasive agents.
If severe local irritancy (e.g. severe erythema, severe dryness and itching, severe stinging/burning) occurs, clindamycin/benzoyl peroxide should be discontinued.
As benzoyl peroxide may cause increased sensitivity to sunlight, sunlamps should not be used and deliberate or prolonged exposure to sunlight should be avoided or minimised. When exposure to strong sunlight cannot be avoided, patients should be advised to use a sunscreen product and wear protective clothing.
If a patient has sunburn, this should be resolved before using clindamycin/benzoyl peroxide.
The product may bleach hair and coloured or dyed fabrics. Avoid contact with hair, fabrics, furniture or carpeting.

Pseudomembranous colitis

Pseudomembranous colitis has been reported with nearly all antibacterial agents, including clindamycin, and may range in severity from mild to life-threatening, with an onset of up to several weeks following cessation of therapy.
Although this is unlikely to occur with topically applied clindamycin/benzoyl peroxide, if prolonged or significant diarrhoea occurs or the patient experiences abdominal cramps, treatment should be discontinued immediately and the patient investigated further, as the symptoms may indicate antibiotic-associated colitis.

Resistance to clindamycin

Benzoyl peroxide reduces the potential for emergence of organisms resistant to clindamycin. However, patients with a recent history of systemic or topical clindamycin or erythromycin use are more likely to have pre-existing anti-microbial resistant Propionibacterium acnes and commensal flora.

Cross-resistance

Cross-resistance has been demonstrated between clindamycin and lincomycin.
Resistance to clindamycin is often associated with inducible resistance to erythromycin (see Interactions).

Interactions

No formal drug-drug interaction studies have been conducted with clindamycin/benzoyl peroxide gel.
Clindamycin/benzoyl peroxide should not be used in combination with erythromycin-containing products due to possible antagonism to the clindamycin component.
Clindamycin has been shown to have neuromuscular blocking properties that may enhance the action of other neuromuscular blocking agents. Therefore, clindamycin/benzoyl peroxide should be used with caution in patients receiving such agents.
Concomitant application of clindamycin/benzoyl peroxide with tretinoin, isotretinoin and tazarotene should be avoided since benzoyl peroxide may reduce their efficacy and increase irritation. If combination treatment is required, the products should be applied at different times of the day (e.g. one in the morning and the other in the evening.).
Using topical benzoyl peroxide-containing preparations at the same time as topical sulphonamide-containing products may cause skin and facial hair to temporarily change colour (yellow/orange).

Pregnancy and Lactation

Fertility

There are no data on the effect of topical clindamycin or benzoyl peroxide on fertility in humans.

Pregnancy

There are no well-controlled studies in pregnant women treated with topical clindamycin/ benzoyl peroxide gel.
There are limited data on the use of topical clindamycin or benzoyl peroxide alone in pregnant women. Animal studies do not indicate direct or indirect harmful effects with respect to reproductive toxicity. No effects during pregnancy are anticipated since systemic exposure to clindamycin and benzoyl peroxide is low.
However, clindamycin/benzoyl peroxide should be used during pregnancy only if the expected benefit justifies the potential risk to the foetus.

Lactation

Topical clindamycin/benzoyl peroxide has not been studied during breast-feeding.

Percutaneous absorption of clindamycin and benzoyl peroxide is low however; it is not known whether clindamycin or benzoyl peroxide is excreted in human milk after topical application. Clindamycin is excreted in human milk following oral and parenteral administration.
Clindamycin/benzoyl peroxide should be used during lactation only if the expected benefit justifies the potential risk to the infant.
To avoid accidental ingestion by the infant if used during lactation, clindamycin/benzoyl peroxide should not be applied to the breast area.

Ability to perform tasks that require judgement, motor or cognitive skills

There have been no studies to investigate the effect of clindamycin/benzoyl peroxide on driving performance or the ability to operate machinery. A detrimental effect on such activities would not be anticipated from the adverse reaction profile of clindamycin/benzoyl peroxide.

Adverse Reactions

Adverse drug reactions (ADRs) are summarised below for topical clindamycin/benzoyl peroxide as a combination including any additional ADRs that have been reported for the single topical active ingredients, benzoyl peroxide or clindamycin. Adverse drug reactions are listed by MedDRA system organ class and by frequency. Frequencies are defined as: very common (≥1/10), common (≥1/100 and <1/10), uncommon (≥1/1,000 and <1/100), rare (≥1/10,000 and <1/1,000) very rare (<1/10,000).

Clinical trial data

The safety and efficacy of clindamycin 1%/benzoyl peroxide 5% gel has been evaluated in five randomised double-blind clinical trials of 1319 patients (397 used clindamycin 1%/ benzoyl peroxide 5% gel) with facial acne vulgaris. Patients 12 years or older were treated once daily in the evening for 11 weeks. All ADRs reported with clindamycin 1%/benzoyl peroxide 5% gel from these studies are shown in the summary table below:

Summary of ADRs in CLN 1%/BPO 5% Gel Controlled Clinical Trials (N=397) (Studies 150, 151, 152, 156 and 158)

MedDRA SOC	Very Common	Common	Uncommon
***Nervous system disorders**			Paraesthesia
***Skin and subcutaneous tissue disorders**	Erythema, peeling, dryness (Generally reported as 'mild' in severity)	Burning sensation	Dermatitis, pruritus, erythematous rash, worsening of acne

***At site of application**

In addition to the ADRs reported in the table above, in a pivotal trial conducted with topical clindamycin 1%/benzoyl peroxide 3% gel, application site photosensitivity reaction was also reported commonly.
In addition to the ADRs reported above, in studies conducted with topical clindamycin alone headache and application site pain were also reported commonly.

Local Tolerability

During the five clinical trials with clindamycin 1%/benzoyl peroxide 5% gel, all patients were graded for facial erythema, peeling, burning, and dryness on the following scale: 0 = absent, 1 = mild, 2 = moderate and 3 = severe. The percentage of patients that had symptoms present before treatment (at baseline) and during treatment were as follows:

Local Tolerability Assessments for Subjects (N=397) in the CLN 1%/BPO 5% Gel Group during the Phase 3 Studies (Studies 150, 151, 152, 156 and 158)

	Before Treatment (Baseline)			During Treatment		
	Mild	Moderate	Severe	Mild	Moderate	Severe
Erythema	28%	3%	0	26%	5%	0
Peeling	6%	<1%	0	17%	2%	0
Burning	3%	<1%	0	5%	<1%	0
Dryness	6%	<1%	0	15%	1%	0

Post-marketing data

MedDRA SOC	Rare
Immune system disorders	Allergic reactions including hypersensitivity and anaphylaxis
Gastrointestinal disorders	Colitis (including pseudomembranous colitis), haemorrhagic diarrhoea, diarrhoea, abdominal pain
***Skin and subcutaneous tissue disorders**	Urticaria
General disorders and Administration site conditions	Application site reactions including discoloration

***At site of application**

Overdosage

Symptoms and signs

Excessive application of clindamycin/benzoyl peroxide may result in severe irritation. In this event, discontinue use and wait until the skin has recovered.
Topically applied benzoyl peroxide is not generally absorbed in sufficient amounts to produce systemic effects.
Excessive application of topically applied clindamycin may result in absorption of sufficient amounts to produce systemic effects.
In the event of accidental ingestion of clindamycin/benzoyl peroxide, gastrointestinal adverse reactions similar to those seen with systemically administered clindamycin may be seen.

Treatment

Appropriate symptomatic measures should be taken to provide relief from irritation due to excessive topical application.
Accidental ingestion should be managed clinically or as recommended by the National Poisons Centre, where available.

PHARMACEUTICAL PARTICULARS

List of excipients

Carbomer (50000mPa.s)
Dimeticone (100mm^2.s^{-1})
Disodium Lauryl Sulfosuccinate
Disodium Edetate
Glycerol
Silica, Colloidal Hydrated
Poloxamer 182
Purified Water
Sodium Hydroxide

Incompatibilities

Not applicable

Shelf life

Shelf life of medicinal product as packaged for sale: As indicated on the outer packaging
Shelf life of medicinal product after dispensing: 2 months

Special precautions for storage

Store in a refrigerator (2°C-8°C). Do not freeze.
Storage conditions after dispensing: Do not store above 25°C.

Nature and contents of container

Internally lacquered membrane-sealed aluminium tubes fitted with a polyethylene screw-cap, packed into a carton.
Pack sizes: 5, 6, 15, 25, 30, 50, 55, 60 and 70 grams.
Not all pack sizes may be marketed.

Special precautions for disposal

No special requirements.

Manufactured by: Glaxo Operations UK Limited*, Barnard Castle, UK
For GlaxoSmithKline Export Limited, UK.
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THIS IS A 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.
- Do not repeat the same prescription without consulting your doctor.
- Keep all medicaments out of the reach of children.

Council of Arab Health Ministers, Union of Arab Pharmacists.