TERFINIL® Tablets

Terbinafine (as hydrochloride)

ACTION

Oral antifungal agent.

INDICATIONS

- Onychomycosis (fungal infection of the nail) caused by dermatophyte fungi.
- Tinea capitis
- Fungal infections of the skin for the treatment of tinea corporis, tinea cruris, tinea pedis and yeast infections of the skin caused by the genus *Candida* (e.g. *Candida albicans*) where oral therapy is generally considered appropriate owing to the site, severity or extent of the infection.

Note: In contrast to topical Terfinil, oral Terfinil is not effective in pityriasis versicolor.

DOSAGE AND ADMINISTRATION

The duration of treatment varies according to the indication and the severity of the infection.

Children

No data are available in children under two years of age (usually < 12 kg).

Children weighing	< 20 kg	62.5 mg	(half 125 mg tablet) once daily
Children weighing	20 to 40 kg	125 mg	(one 125 mg tablet) once daily
Children weighing	> 40 kg	250 mg	(two 125 mg tablets) once daily

Adults

250 mg once a day.

Skin Infections

Recommended duration of treatment:

- Tinea pedis (interdigital, plantar/moccasin type): 2 to 6 weeks.
- Tinea corporis, cruris: 2 to 4 weeks.
- Cutaneous candidiasis: 2 to 4 weeks.

Complete resolution of the signs and symptoms of infection may not occur until several weeks after mycological cure.

Hair and scalp infections

Recommended duration of treatment:

- Tinea capitis: 4 weeks (Tinea capitis occurs primarily in children).

Onychomycosis

For most patients the duration of successful treatment is 6-12 weeks.

Fingernail onychomycosis

Six weeks of therapy is sufficient for fingernail infections in most cases.

Toenail onychomycosis

Twelve weeks of therapy is sufficient for toenail infections in most cases.

Some patients with poor nail outgrowth may require longer treatment. The optimal clinical effect is seen some months after mycological cure and cessation of treatment. This is related to the period required for outgrowth of healthy nail.

Use of Terfinil in elderly

There is no evidence to suggest that elderly patients require different dosages or experience different side effects than younger patients. When prescribing tablets for patients in this age group, the possibility of pre-existing impairment of liver or kidney function should be considered.

Use of Terfinil in children

In children above 2 years of age, oral Terfinil has been found to be well tolerated.

CONTRAINDICATIONS

Hypersensitivity to terbinafine and/or any of the excipients.

WARNINGS AND PRECAUTIONS

Terfinil is not recommended for patients with chronic or active liver disease. Before prescribing Terfinil tablets, pre-existing liver disease should be assessed. Hepatotoxicity may occur in patients with or without pre-existing liver disease. Patients prescribed Terfinil tablets should be warned to report immediately any symptoms of unexplained persistent nausea, anorexia, fatigue, vomiting, right upper abdominal pain, or jaundice, dark urine or pale stools. Patients with these symptoms should discontinue taking oral terbinafine and the patient's liver function should be immediately evaluated. Patients with impaired renal function (creatinine clearance less than 50 ml/min or serum creatinine of more than 300 micro mol/L) should receive half the normal dose.

In-vitro studies have shown that terbinafine inhibits the CYP2D6 metabolism. Therefore, patients receiving concomitant treatment with drugs predominantly metabolised by this enzyme, such as tricyclic antidepressants (TCAs), ß-blockers, selective serotonine reuptake inhibitors (SSRIs), and monoamine oxidase inhibitors (MAO-Is) Type B, should be followed, if the co-administered drug has a narrow therapeutic window.

Drug Interactions

According to the results from studies undertaken *in vitro* and in healthy volunteers, terbinafine shows negligible potential for inhibiting or enhancing the clearance of most drugs that are metabolised via the cytochrome P450 system (e.g. cyclosporin, terfenadine, triazolam, tolbutamide or oral contraceptives).

In vitro studies have shown however, that terbinafine inhibits the CYP2D6-mediated metabolism. This *in vitro* finding may be of clinical relevance for compounds predominantly metabolised by this enzyme, such as tricyclic antidepressants (TCAs), ß-blockers, selective serotonine reuptake inhibitors (SSRIs), and monoamine oxidase inhibitors (MAO-Is) Type B, and if they also have a narrow therapeutic window.

Some case of menstrual irregularities have been reported in patients taking Terfinil concomitantly with oral contraceptives, although the incidence of these disorders remains within the background incidence of patients taking oral contraceptives alone. On the other hand, the plasma clearance of terbinafine may be accelerated by drugs, which induce metabolism (such as rifampicin) and may be inhibited by drugs, which inhibit cytochrome P450 (such as cimetidine). Where co-administration of such agents is necessary, the dosage of Terfinil may need to be adjusted accordingly.

Pregnancy and lactation

Foetal toxicity and fertility studies in animals suggest no adverse effects. Since clinical experience in pregnant women is very limited, Terfinil should not be used during pregnancy unless the potential benefits outweigh any potential risks.

Terbinafine is excreted in breast milk; mothers receiving oral treatment with Terfinil should therefore not breast-feed.

Effects on ability to drive and use machines

There are no data on whether Terfinil affects the ability to drive and use machines.

SIDE EFFECTS

Frequency estimate: very common ≥ 10%, common ≥ 1% to < 10%, uncommon ≥ 0.1% to < 1%, rare ≥ 0.01% to < 0.1%, very rare < 0.01%

In general terbinafine tablets are well tolerated. Side effects are usually mild to moderate and transient. The most common are gastrointestinal symptoms (feeling of fullness, loss of appetite, dyspepsia, nausea, mild abdominal pain, diarrhea), non-serious forms of skin reactions (rash, urticaria), musculoskeletal reactions (arthralgia, myalgia).

Uncommon: taste disturbances, including taste loss, which usually recover within several weeks after discontinuation of the drug. Isolated cases of prolonged taste disturbances have been reported. A decrease of food intake leading to significant weight loss was observed in very few severe cases.

Rare: hepatobiliary dysfunction (primarily cholestatic in nature) has been reported in association with terbinafine treatment, including very rare cases of serious liver failure.

Very rare: serious skin reactions (e.g. Stevens-Johnson syndrome, toxic epidermal necrolysis) and anaphylactoid reactions (including angioedema) have been reported. If progressive skin rash occurs, terbinafine treatment should be discontinued.

Very rare: haematological disorders such as neutropenia, agranulocytosis or thrombocytopenia have been reported.

Very rare: hair loss has been reported, although a causal relationship has not been established.

OVERDOSAGE

A few cases of overdosage (up to 5 g) have been reported, giving rise to headache, nausea, epigastric pain and dizziness. The recommended treatment of overdosage consists in eliminating the drug, primarily by the administration of activated charcoal, and giving symptomatic supportive therapy, if needed.

STORAGE

Store below 25°C, away from light.

PRESENTATIONS

Tablets:

Terfinil 125: 125 mg terbinafine (as hydrochloride)

Terfinil 250: 250 mg terbinafine (as hydrochloride)

Excipients: *Microcrystalline cellulose, crosscarmellose sodium, hydroxy propyl methyl cellulose, colloidal silicon dioxide and magnesium stearate.*

THIS IS A MEDICAMENT

- A medicament is a product which affects your health, and its consumption contrary to instructions is dangerous.
- Follow the doctor's prescription strictly, the method of use and the instructions of the pharmacist who sold the medicament.
- The doctor and the pharmacist are experts in medicine, its 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.

Manufactured by
HIKMA Pharmaceuticals,
Amman - Jordan

Keep medicament out of the reach of children

2INTRF-AE-01/2007