SANDOZ A Novartis Division

10607029

公 文 函

受 文 者 ：台灣皮膚科醫學會
發文日期 ：民國一百零六年七月十一日
發 文 號 ：山德士醫字第 10607111 號

主旨：呈請台灣皮膚科醫學會通知貴學會會員，本公司產品「Permethrin 5% w/w Cream」預計七月下旬專案進口抵達台灣。

說明：

一、美國疾病管制局對於疥瘡治療建議患者使用 permethrin 作為優先選擇，目前台灣尚未查登此藥。應台灣皮膚科醫學會之建議，台灣諾華股份有限公司為協助疥瘡治療，專案進口於英國查登上市之 Permethrin 5% w/w Cream (製造地義大利) 提供給治療機構使用。

二、本公司產品「Permethrin 5% w/w Cream」以專案進口條件納入健保給付，預計於七月下旬供貨，八月健保價生效。本公司銷售窗口委託裕利股份有限公司處理，連絡電話 SA 訂貨部：2577-6438 或客服 0800-211-236。

三、附上專案進口核准函、英文藥品仿單、診所照護機構同意書、病患同意書各乙份，呈請 台灣皮膚科醫學會通知貴學會會員目前 Permethrin 5% w/w Cream 將專案進口至台灣。敬請查照惠復。

台灣諾華股份有限公司 司徒諾格

中華民國 106 年 07 月 11 日

檔　　號：
保存年限：

正本

衛生福利部食品藥物管理署　函

機關地址：11561 臺北市南港區昆陽街161-2號
傳　　真：02-27877498
聯絡人及電話：張連成02-27877424
電子郵件信箱：clc@fda.gov.tw

10062
台北市中正區仁愛路2段99號13樓

受文者：台灣諾華股份有限公司

發文日期：中華民國106年3月28日
發文字號：FDA藥字第1066014419號
速別：
密等及解密條件或保密期限：
附件：

主旨：有關臺灣皮膚科醫學會函請貴公司為國內公共衛生及病人醫療需求，申請分批專案進口義大利Sofar SPA製造廠之藥品「Permethrin 5% w/w Cream(30g/Alu-PP tube)」共計160,000支，供診所及照護機構治療疥瘡感染一案，本署同意（簽審文件編號：DHS00000569162，項次：001，單位：TBE），請查照。

說明：

一、復貴公司106年3月15日山德士（法規）字第1060315-01號函。

二、該產品尚未經衛生福利部核准上市，請臺灣皮膚科醫學會詳實控管產品流向，每半年將藥品使用分配情形送本署備查，並提醒案內診所及照護機構加強對藥品之不良反應監視及通報，若經發現，請立即通知全國藥物不良反應通報中心，以保障病人權益。

三、為確保民眾告知後同意之權利，藥品使用前應向病人清楚說明與告知，取得病人同意書後留機構備查，並於病歷詳細註明，以供查考。

四、本同意函自發文日起2年內同意旨揭所核發藥品數量之進口。

正本：台灣諾華股份有限公司、臺灣皮膚科醫學會
副本：衛生福利部中央健康保險署、財團法人藥害救濟基金會全國藥物不良反應通報中心

署長吳秀梅

Permethrin 5% w/w Cream

Summary of Product Characteristics Updated 27-Jun-2014 | Sandoz Limited

1. Name of the medicinal product

Permethrin 5% w/w Cream

2. Qualitative and quantitative composition

Permethrin Medical Grade 5% w/w (*cis:trans* isomer 25:75)

For excipients, see 6.1.

3. Pharmaceutical form

Cream for topical application.

4. Clinical particulars

4.1 Therapeutic indications

Permethrin 5% w/w Cream is indicated for the treatment of scabies.

4.2 Posology and method of administration

Permethrin 5% w/w Cream is suitable for adults, children of 2 months of age and above, and the elderly.

Permethrin 5% w/w Cream is for external use only and should not be applied to broken skin, mucous membranes or near the eyes.

Permethrin 5% w/w Cream should be applied to skin which is clean dry and cool. It should not be used immediately after a hot bath.

Permethrin 5% w/w Cream is a vanishing cream and when rubbed gently into the skin it will disappear. Therefore, there is no need to continue to apply cream to the skin until it remains detectable on the surface.

Reapply the cream to the hands if they are washed within 8 hours of treatment.

The whole body should be washed thoroughly 8-12 hours after application.

Children under 2 years should only be treated under medical supervision.

Older children should be supervised when applying the cream to ensure that a thorough treatment is administered.

In view of the great variability in body area and skin types, precise dosage recommendations are not possible.

In cases where the head, neck, scalp and ears are treated (see below), the dosage may be increased to ensure total body coverage.

Adults, the elderly & children over 12 years	Normally, up to one tube (30g). A few adults may need to use an additional tube for full body coverage but should not use more than 2 tubes (60g in total) at each application.
Children 6 to 12 years	Up to half a tube (15g).
Children 1 to 5 years	Up to a quarter of a tube (7.5g).
Children 2 months to 1 year	Up to an eighth of a tube (3.75g).

Adults & children over 2 years:

Apply the cream over the whole body but NOT the head and face. Pay particular attention to the areas between fingers and toes, under nails, wrists, armpits, external genitalia, breasts and buttocks.

The elderly:

Apply the cream over the whole body INCLUDING the neck, face, ears and scalp. Pay particular attention to the areas between fingers and toes, under nails, wrists, armpits, external genitalia, breasts and buttocks. Avoid the area close to the eyes.

Children under 2 years:

Apply the cream over the whole body INCLUDING the neck, face, ears and scalp. Pay particular attention to the areas between fingers and toes, under nails, wrists, armpits, palms of hands and soles of feet, external genitals and buttocks. Avoid the area around the mouth where the cream could be licked off and the area around the eyes.

Approximately 90% of individuals are cured after a single application. If there are no signs of the original lesions healing or if new lesions have appeared, a second application can be made not less than 7 days after the first application.

4.3 Contraindications

Permethrin 5% w/w Cream is contra-indicated in subjects with known hypersensitivity to the product, its components, other pyrethroids or pyrethrins.

4.4 Special warnings and precautions for use

Permethrin 5% w/w Cream should be kept out of the reach of children.

Permethrin 5% w/w Cream is for external use only. Nursing staff who routinely apply Permethrin 5% w/w Cream may wish to wear gloves to avoid any possible irritation to the hands.

Permethrin is not an eye irritant but contact of Permethrin 5% w/w Cream with the eyes should be avoided because the cream itself may cause marked irritation.

In the event of inadvertent eye contamination, the affected area should be rinsed immediately with plenty of water or, if readily available, normal saline.

There is an increasing body of data specifically relating to the use of Permethrin 5% w/w Cream for the treatment of scabies in the elderly and in view of these data it is considered that there is no need for any special precautions for use in this age group.

4.5 Interaction with other medicinal products and other forms of interaction

No interactions are known.

The treatment of eczematous-like reactions with corticosteroids should be withheld prior to treatment with Permethrin 5% w/w Cream, as there is a risk of exacerbating the scabies infestation by reducing the immune response to the mite. The likelihood of interactions between the two treatments leading to potentiated adverse reactions or reduced efficacy is, however small.

4.6 Pregnancy and lactation

The limited data available on the use of Permethrin 5% w/w Cream in pregnancy which provide no indication of any risk to the foetus. The amount of permethrin absorbed systemically following a whole body application is extremely low. However, some permethrin may pass the placental barrier. The negative mutagenicity tests and the very low mammalian toxicity suggest that there is minimal risk to the foetus following treatment with permethrin.

It has been shown that very low concentrations of permethrin are excreted in milk following oral administration of permethrin in cattle. It is not known whether permethrin is excreted in human breast milk. However, because only extremely small amounts of permethrin are absorbed systemically and in theory only a very small percentage of this will pass into the breast milk, it is unlikely that the concentrations of permethrin in the milk will present any risk to the neonate/infant.

Reproduction studies in mice, rats and rabbits given oral dosage of 200 to 400 mg/kg bodyweight/day revealed no evidence of impaired fertility. In addition permethrin did not show any adverse effects on the reproductive function of rats given an oral dosage of 180 mg/kg bodyweight/day in a three generation study.

There was no evidence of teratogenicity in reproduction studies in mice, rats and rabbits.

4.7 Effects on ability to drive and use machines

None known.

4.8 Undesirable effects

In scabies patients, skin discomfort, usually described as burning, stinging or tingling, occurs in a few individuals soon after Permethrin 5% w/w Cream is applied. This occurs more frequently in patients with severe scabies and is usually mild and transient.

Other transient signs and symptoms of irritation, including erythema, oedema, eczema, rash and pruritus which may follow treatment of scabies with Permethrin 5% w/w Cream are generally considered to be part of the natural history of scabies.

In patients treated for scabies, itching may persist for up to 4 weeks post-treatment. This is generally regarded as due to an allergic reaction to the dead mites under the skin and is not necessarily indicative of a treatment failure.

4.9 Overdose

There are no reports of overdosage of Permethrin 5% w/w Cream.

Application of a full tube (30 g) of cream to a 2-month old would result in a dose of approximately 350 mg/kg bodyweight. Even if 100% of the permethrin absorbed, this dose would be unlikely to cause overt signs of systemic toxicity.

It is possible that excessive application of Permethrin 5% w/w Cream to the skin might result in localised adverse reactions or more severe skin reactions. Treatment of hypersensitivity-type reactions should be symptomatic.

In the event of accidental ingestion of the contents of a tube of Permethrin 5% w/w Cream by a child, gastric lavage should be considered if consultation is within 2 hours of ingestion.

5. Pharmacological properties

5.1 Pharmacodynamic properties

The principal physiological action in susceptible parasites exposed to permethrin is induction of electrochemical abnormalities across the membranes of excitable cells, leading to sensory hyper-excitability, inco-ordination and prostration. It is assumed that the mode of action against arachnids (mites) is similar.

5.2 Pharmacokinetic properties

Permethrin is rapidly metabolised in mammals by ester hydrolysis to inactive metabolites which are excreted principally in the urine. The principal metabolites of permethrin are detectable in the urine within 7 hours of whole body application of the cream to healthy volunteers or scabies patients. The highest levels of excretion are detectable within 48 hours but very low levels of metabolite are still detectable in the urine of some individuals 28 days after treatment. The overall pattern of excretion indicates a mean of approximately 0.5% of applied permethrin is absorbed during the first 48 hours.

5.3 Preclinical safety data

In vitro and *in vivo* genetic toxicity studies were all negative, revealing no potential for permethrin to induce mutagenic changes.

In repeated long-term bioassays for carcinogenic potential performed in rats, no evidence of oncogenicity was observed. Similar studies in mice have shown species specific increases in pulmonary adenomas, a common benign tumour of mice of high spontaneous background incidence. In one of these studies, there was an increased incidence of benign liver adenomas and of pulmonary alveolar cell carcinomas only in female mice when permethrin was given in their food at 1:5000 parts per million (approximately 750 mg/kg bodyweight/day) for two years. It is considered that these findings do not indicate a significant oncogenic potential for permethrin in humans.

6. Pharmaceutical particulars

6.1 List of excipients

Cetylstearyl alcohol

White soft paraffin

Macrogol cetostearyl ether

Isopropylmyristate

Benzyl alcohol

Purified water

6.2 Incompatibilities

None known

6.3 Shelf life

24 months

6.4 Special precautions for storage

Do not store above 25°C. Do not freeze.

6.5 Nature and contents of container

Aluminium tube with polypropylene cap. Contains 30g of cream.

6.6 Special precautions for disposal and other handling

None

7. Marketing authorisation holder

Sandoz Ltd

Frimley Business Park,

Frimley,

Camberley,

Surrey,

GU16 7SR.

United Kingdom

8. Marketing authorisation number(s)

PL 4416/0456

9. Date of first authorisation/renewal of the authorisation

9 September 2003

10. Date of revision of the text

06/2014

Company Contact Details

Sandoz Limited

http://www.sandoz.com

Address

200 Frimley Business Park, Frimley, Camberley, Surrey, GU16 7SR, UK

Fax

+44 (0) 1276 698324

Medical Information Fax

+44 (0) 1276 698468

Telephone

+44 (0) 1276 698020

Medical Information e-mail

sandoz@professionalinformation.co.uk

診所、照護機構同意書

計畫名稱：《Permethrin專案進口案》	
主持計畫之廠商 ： **臺灣皮膚科醫學會 /** **台灣諾華股份有限公司**	**主持計畫之廠商地址 ：** **台北市中山區10479 長春路321號10樓之1 /** **台北市中正區仁愛路2段99號11樓**
執行單位(治療機構)：	**執行單位(治療機構)地址：**
執行單位(治療機構)之聯絡人：	**職稱：** **連絡電話：**

計畫目的及內容

- 案由: 疥瘡治療建議患者使用permethrin 為優先選擇，目前台灣尚未查登此藥。應台灣皮膚科醫學會之建議，台灣諾華股份有限公司為協助疥瘡治療，專案進口於英國查登上市的Permethrin 5% w/w Cream（製造地義大利）提供給治療機構使用。
- 為解決目前病人醫療需要，故台灣諾華股份有限公司向衛福部申請藥品專案進口並獲核准，然而，依衛福部106年03月28日FDA藥字第1066014419號函要求，須通知使用本藥之醫療院所以下資訊，以確保醫院以及醫師都知道此一情形。
  - 本品尚未經衛生福利部核准上市，請相關醫療院所於使用時必須加強對本藥之不良反應監事及通報，若經發現，請立即通知全國藥物不良反應通報中心，以保障病人權益。
  - 確保民眾告知後同意之權利，藥品使用前應先向病人清楚說明與告知，必要時取得病人同意，惟若情況緊急無法取得病患同意，應註明於病歷，以供查考。
  - 須先取得病患同意書並與病歷一同留存後，再使用本藥，感謝配合。

使用方法

成人和大於兩歲的孩童
患者應使用permethrin徹底塗抹全身，請避開頭部和臉部。特別注意手指甲和腳趾甲區的皮膚，手腕，腋下，外生殖器，胸部和臀部等部位。

老年人
患者應使用permethrin徹底塗抹全身，包含頸部，臉部耳朵和頭皮。特別注意手指甲和腳趾甲區的皮膚，手腕，腋下，外生殖器，胸部和臀部等部位。避開眼睛四周。

小於兩歲的孩童
患者應使用permethrin徹底塗抹全身，包含頸部，臉部耳朵和頭皮。特別注意手指甲和腳趾甲區的皮膚，手腕，腋下，手掌腳掌，外生殖器，和臀部等部位。避開嘴巴和眼睛四周。

大約90%的患者在一次塗抹後會痊癒。若未好轉，建議一個星期內再擦一次permethrin。

注意事項
Permethrin 5% w/w Cream 可使用於成人，孩童，大於兩個月的嬰兒，及老年人。
Permethrin 5% w/w Cream 僅能外用，請勿塗抹於受傷的皮膚，黏膜或眼睛四周。
Permethrin 5% w/w Cream 使用於乾淨且乾燥的皮膚，請勿在剛洗完澡後使用。
若於塗抹後八小時內洗手，請重新塗抹於手部。
塗抹後 8～12 小時應清洗全身。
治療時需同時治療病人和密切接觸者以減少疥瘡傳播，並降低疥瘡患者復發的風險。蟎離開人體皮膚只能存活 2 至 3 天，病人治療前 3 天內使用的衣物應裝袋靜置 7 天，或用熱水清洗並用烘乾機烘乾。

Permethrin 簡介
Permethrin(台灣目前沒有查登此藥)—在 467 例患者的臨床試驗發現，全身施藥 28 天，5%permethrin 或

1%六氯苯有類似的臨床治癒率(91 對 86%)。permethrin 比六氯苯神經毒性更小，適用於兒童，因此是優先選擇。permethrin 被歸類為懷孕藥品風險分類等級 B。使用時，患者應使用 permethrin 徹底從頸部按摩到腳底，包括在手指甲和腳趾甲區的皮膚。三十克通常足夠一個成年人使用。幼兒和老年患者的髮際、頸部、鬢角、前額可能會受感染也需塗抹。在這些人群中，除了眼睛和嘴外，permethrin 也可用於頭皮和臉部。塗抹後 8～12 小時應淋浴清洗。

簽名

我已詳細瞭解上述計畫之性質與目的，有關本計畫的疑問，臺灣皮膚科醫學會業經詳細予以解釋。
本人同意接受參與本計畫，並同意簽署本同意書一式二份，臺灣皮膚科醫學會已將同意書副本交給我。

參加者簽名: _____
日期：□□□□年□□月□□日

有同意權人/法定代理人簽名：_____
日期：□□□□年□□月□□日

病患同意書

○ 案由: 疥瘡治療建議患者使用 permethrin 為優先選擇，目前台灣尚未查登此藥。應台灣皮膚科醫學會之建議，台灣諾華股份有限公司為協助疥瘡治療，專案進口於英國查登上市的 Permethrin 5% w/w Cream (製造地義大利) 提供給治療機構使用。

  ○ 為解決目前病人醫療需要，故台灣諾華股份有限公司向衛福部申請藥品專案進口並獲核准，然而，依衛福部 106 年 03 月 28 日 FDA 藥字第 1066014419 號函要求，須通知使用本藥之醫療院所以下資訊，以確保醫院以及醫師都知道此一情形。

- 本品尚未經衛生福利部核准上市，請相關醫療院所於使用時必須加強對本藥之不良反應監事及通報，若經發現，請立即通知全國藥物不良反應通報中心，以保障病人權益。
- 確保民眾告知後同意之權利，藥品使用前應先向病人清楚說明與告知，必要時取得病人同意，惟若情況緊急無法取得病患同意，應註明於病歷，以供查考。

○ 須先取得病患同意書並與病歷一同留存後，再使用本藥，感謝配合。

病患姓名(正楷)：_____ 性別：_____ 年齡：_____
通訊地址：_____
□拒絕提供通訊地址

法定代理人/有同意權人姓名(正楷)：_____ 與參加者關係：_____ 性別：_____ 年齡：_____
通訊地址：_____
□拒絕提供通訊地址

□ 我已詳細瞭解上述專案進口藥品之情形與目的，有關本藥品的疑問，醫院業已經予以解釋。本人同意接受用藥，並同意簽署本同意書供醫院留存，僅供衛福部查考用。

參加者在接受診療後收到以下藥品
Permethrin 5% w/w Cream 30G ____盒

病患簽名: _____ 日期：□□□□年□□月□□日	有同意權人/法定代理人簽名：_____ 日期：□□□□年□□月□□日

醫師簽名 :_____ 日期：□□□□年□□月□□日