ANNEX I

SUMMARY OF PRODUCT CHARACTERISTICS

1. NAME OF THE MEDICINAL PRODUCT

Altargo 10 mg/g ointment

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each gram of ointment contains 10 mg retapamulin (1% w/w).

Excipient(s) with known effect:

Each gram of ointment contains up to 20 micrograms of butylated hydroxytoluene (E321).
For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Ointment.

Smooth, off-white ointment.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

Short term treatment of the following superficial skin infections in adults, adolescents, infants and children (aged from nine months) (see section 5.1):

- Impetigo.
- Infected small lacerations, abrasions, or sutured wounds.

See sections 4.4 and 5.1 for important information regarding the clinical activity of retapamulin against different types of *Staphylococcus aureus.*

Consideration should be given to official guidance on the appropriate use of antibacterial medicinal products.

4.2 Posology and method of administration

Posology

Adults (aged 18-65 years), adolescents (aged 12-17 years), infants and children (aged from nine months to 11 years)

A thin layer of ointment should be applied to the affected area twice daily for five days.
The area treated may be covered with sterile bandage or gauze dressing.

Safety and efficacy have not been established in the following:

- Impetiginous lesions >10 in number and exceeding 100 cm^2 in total surface area.
- Infected lesions that exceed 10 cm in length or a total surface area >100 cm^2.

In patients aged less than 18 years the total surface area treated should be no more than 2% of the body surface area.

Patients not showing a clinical response within two to three days should be re-evaluated and alternative therapy should be considered (see section 4.4).

Special populations

Elderly (aged 65 and older)

No dosage adjustment is necessary.

Renal impairment

No dosage adjustment is necessary. See section 5.3.

Hepatic impairment

No dosage adjustment is necessary. See section 5.3.

Paediatric population

The safety and efficacy of retapamulin ointment in infants less than nine months of age has not been established. Currently available data are described in section 5.2, but no recommendation on a posology can be made.

Method of administration

Retapamulin is for cutaneous use only.

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

Sensitisation or severe local irritation

In the event of a sensitisation or severe local irritation from the use of retapamulin ointment, treatment should be discontinued, the ointment carefully wiped off, and appropriate alternative therapy for the infection instituted.

Eyes and mucous membranes

Retapamulin ointment must be kept away from the eyes and mucous membranes. Epistaxis has been reported with use of Altargo on nasal mucosa.

Ingestion

Care must be taken to avoid ingestion.

Re-evaluation of treatment

Alternative therapy should be considered if there is no improvement or a worsening in the infected area after 2-3 days of treatment.

Prolonged use and overgrowth of non-susceptible micro-organisms

Prolonged use of retapamulin may result in overgrowth of non-susceptible micro-organisms, including fungi. If super-infection with a non-susceptible organism is suspected, treatment should be guided by clinical and microbiological assessments.

Abscesses

Retapamulin should not be used to treat abscesses.

Methicillin-resistant *Staphylococcus aureus* (MRSA)

Retapamulin should not be used to treat infections known or thought likely to be due to MRSA (see section 5.1).
In clinical studies of secondarily infected open wounds, the efficacy of retapamulin was inadequate in patients with infections caused by MRSA. The reason for the reduced clinical efficacy observed in these patients is unknown.

Butylated hydroxytoluene

Retapamulin ointment contains butylated hydroxytoluene, which may cause local skin reaction (e.g. contact dermatitis), or irritation to the eyes and mucous membranes.

4.5 Interaction with other medicinal products and other forms of interaction

The effect of concurrent application of retapamulin and other topical medicinal products to the same area of skin has not been studied, and is not recommended.

In human liver microsomes, retapamulin was shown to be a strong inhibitor of CYP3A4. However, since plasma concentrations of retapamulin during topical application have been low (see section 5.2), it is not expected that concurrent systemic administration of CYP3A4 substrates will result in clinically important inhibition of their metabolism by retapamulin.

Co-administration of oral ketoconazole 200mg twice daily increased mean retapamulin $AUC_{(0-24)}$ and C_{max} by 81% after topical application of retapamulin 10 mg/g ointment on the abraded skin of healthy adult males. Nevertheless, the highest plasma concentrations recorded were low ($\leq$ 10.5 ng/ml in the absence of ketoconazole and $\leq$ 17 ng/ml in the presence of ketoconazole.

Systemic exposure to retapamulin has been low following topical application of 10 mg/g ointment in adult and paediatric patients aged 2 years and older (maximum plasma concentration < 20 ng/mL). Therefore it is not expected that clinically important increases in plasma concentrations of retapamulin will occur in patients aged 2 years and older who are also receiving CYP3A4 inhibitors.

Paediatric population

In children aged from 9 months to 2 years it is possible that higher plasma concentrations may occasionally occur during treatment with retapamulin 10 mg/g ointment compared to older children and adults. Therefore caution is advised if retapamulin 10 mg/g ointment is administered to children in this age group who are also receiving CYP3A4 inhibitors, as further increase in systemic exposure to retapamulin may occur upon CYP3A4 inhibition.

See section 5.2 regarding plasma concentrations of retapamulin observed in patients in different age groups.

4.6 Fertility, pregnancy and lactation

Pregnancy

No clinical data on exposed pregnancies are available. Animal studies have shown reproductive toxicity after oral administration and are insufficient with respect to effects on parturition and fetal/postnatal development (see section 5.3).

Retapamulin ointment should only be used in pregnancy when topical antibacterial therapy is clearly indicated and the use of retapamulin is considered to be preferable to administration of a systemic antibacterial medicinal product.

Breast-feeding

It is unknown whether retapamulin is excreted in human breast milk. Minimal systemic exposure is observed in adults, therefore exposure of the breast-feeding infant is likely to be negligible. The excretion of retapamulin in milk has not been studied in animals. A decision on whether to continue/discontinue breast-feeding or to continue/discontinue therapy with Altargo should be made taking into account the benefit of breast-feeding to the child and the benefit of Altargo therapy to the woman.

Fertility

There are no data on the effects of retapamulin on human fertility. No treatment-related effects on male or female fertility have been shown in animal studies (see section 5.3).

4.7 Effects on ability to drive and use machines

Altargo has no or negligible influence on the ability to drive and use machines.

4.8 Undesirable effects

Summary of the safety profile

In clinical studies in which 2150 patients with superficial skin infections applied Altargo, the most commonly reported adverse reaction was application site irritation, which affected approximately 1% of patients.

Tabulated list of adverse reactions

The following convention has been used for the classification of frequency:
very common (≥1/10), common (≥1/100 to <1/10), uncommon (≥1/1000 to <1/100),
rare (>1/10,000 to <1/1000), very rare (<1/10,000), not known (cannot be estimated from the available data).

Within each frequency grouping, adverse reactions are presented in order of decreasing seriousness.

Organ systems	**Common**	**Uncommon**	**Not known**
Immune system disorders			Hypersensitivity, including angioedema
Skin and subcutaneous tissue disorders		Contact dermatitis	

General disorders and administration site conditions	Application site reactions Irritation	Application site reactions Pain Pruritus Erythema	Application site irritation (including burning sensation)

Paediatric population

Frequency, type and severity of adverse reactions in the paediatric population are the same as in adults.

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 the national reporting system listed in Appendix V.

4.9 Overdose

Any signs or symptoms of overdose, either topically or by accidental ingestion, should be treated symptomatically.
No specific antidote is known.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Antibiotics and chemotherapeutics for dermatological use, Antibiotics for topical use. ATC code: D06AX13

Mechanism of action

Retapamulin is a semi-synthetic derivative of the compound pleuromutilin, which is isolated through fermentation from *Clitopilus passeckerianus* (formerly *Pleurotus passeckerianus*).

Retapamulin selectively inhibits bacterial protein synthesis by interacting at a unique site on the 50S subunit of the bacterial ribosome that is distinct from the binding sites of other non-pleuromutilin antibacterial agents that interact with the ribosome.

Data indicate that the binding site involves ribosomal protein L3 and is in the region of the ribosomal P site and peptidyl transferase centre. By virtue of binding to this site, pleuromutilins inhibit peptidyl transfer, partially block P-site interactions, and prevent normal formation of active 50S ribosomal subunits. Therefore the pleuromutilins appear to inhibit bacterial protein synthesis by multiple mechanisms.

Retapamulin is predominantly bacteriostatic against *S. aureus* and *S. pyogenes.*

Mechanism of resistance

Due to its distinct mode of action, target specific cross-resistance with other classes of antibacterial agents is rare.

In vitro, three mechanisms have been identified which reduce susceptibility to retapamulin. One involves mutations in ribosomal protein L3, the second is a non-specific efflux mechanism (ABC transporter *vgaAv*). This non-target specific efflux mechanism has also been demonstrated to reduce the *in vitro* activity of streptogramin A.

Susceptibility to pleuromutilins can also be affected by the Cfr rRNA methyltransferase, which confers cross-resistance to phenicols, lincosamides and streptogramin A in staphylococci.

Retapamulin MICs of 2-64 µg/ml have been reported for clinical isolates of *S. aureus* possessing either the efflux or cfr resistance mechanisms described above. For *S. aureus* isolates with laboratory-generated mutations in ribosomal protein L3, retapamulin MICs were 0.25-4 µg/ml. While the *S. aureus* epidemiological cut off value for retapamulin is 0.5 µg/ml, the clinical significance of isolates with elevated retapamulin MICs is unknown due to the potential for high local concentrations (20,000 µg/ml) of retapamulin on the skin.

No development of resistance was observed during treatment with retapamulin in the clinical study programme and all clinical isolates were inhibited by retapamulin concentrations of $\leq$2 µg/ml.

Antibacterial spectrum

The prevalence of acquired resistance may vary geographically and with time for selected species, and local information on resistance is desirable, particularly when treating severe infections. As necessary, expert advice should be sought when the local prevalence of resistance is such that the utility of the agent in at least some types of infection is questionable.

Commonly susceptible species
*Staphylococcus aureus** [$]
*Streptococcus pyogenes**
Streptococcus agalactiae
Inherently resistant organisms
Enterobacteriaceae
Pseudomonas aeruginosa
Enterococcus faecalis

[$] *In vitro*, retapamulin was equally active against methicillin-susceptible and methicillin-resistant strains of *S. aureus*. However, see section 4.4 and below regarding clinical efficacy against MRSA. Retapamulin should not be used to treat infections known or thought likely to be due to MRSA.

* Activity has been satisfactorily demonstrated in clinical studies

Clinical efficacy and safety

Very few MRSA were isolated in studies in impetigo and all were clinical successes (100%: 8/8). In studies in impetigo and in two studies of secondarily infected open wounds (SIOW), clinical success rates were high for retapamulin in patients with mupirocin-resistant *S. aureus* (100%: 11/11) or fusidic acid-resistant *S. aureus* (96.7%: 29/30). However, in the two studies that enrolled patients with SIOW the efficacy of retapamulin in infections due to MRSA was inadequate (75.7%). No

differences were observed in the *in vitro* activity of retapamulin versus *S. aureus* whether the isolates were susceptible or resistant to methicillin.

The explanation for lower clinical efficacy against MRSA in SIOW is unclear and it may have been influenced by the presence of a particular MRSA clone. In the case of treatment failure associated with *S. aureus*, the presence of strains possessing additional virulence factors (such as Panton-Valentine Leukocidin) should be considered.

Clinical Success Rates at Follow up for SIOW patients with *S. aureus*

Phenotype/PFGE type	RETAPAMULIN			Cephalexin	
	n/N	Success Rate (%)	95% Exact CI	n/N	Success Rate (%)
S. aureus (all)	337/379	88.9	(85.3,91.9)	155/186	83.3
MRSA [$]	28/37	75.7	(58.8,88.2)	21/26	80.8
MSSA	309/342	90.4	(86.7,93.3)	133/159	83.6

CI: confidence interval. Exact CI is calculated using the F-distribution method.
[$]: the response rate for MRSA due to PVL+ MRSA was 8/13 (62%)

A multicentre, randomised, double-blind, study compared the efficacy of retapamulin ointment to placebo ointment for the treatment of SIOW. The study failed to meet the primary end point which was the clinical success rate at follow-up (day 12 – 14) for subjects in the Intent to Treat Clinical population (see Table below).

Clinical Response at Follow-up (day 12-14), by Analysis population

	Retapamulin		Placebo		Difference in success rates (%)	95% CI (%)
Analysis population	n/N	Success rate	n/N	Success rate		
ITTC	184/246	74.8	75/113	66.4	8.4	(-1.6, 18.4)
PPC	170/215	79.1	72/97	74.2	4.8	(-5.2, 14.8)
ITTB	139/182	76.4	54/84	64.3	12.1	(0.6, 23.6)
PPB	128/158	81.0	51/69	73.9	7.1	(-4.4, 18.6)

CI: confidence interval. Confidence interval was not adjusted for multiplicity.
ITTC- Intent to Treat Clinical Primary Efficacy Population; PPC –Per Protocol Clinical Primary Efficacy population; ITTB- Intent to Treat Bacteriological evaluable, Primary Efficacy Population; PPB – Per Protocol Bacteriologically evaluable, Primary Efficacy Population.

However, when adjusted for baseline wound characteristics including pathogen, wound size and severity, the clinical success rate of retapamulin was superior to placebo for the primary efficacy endpoint (p=0.0336). Lesions of subjects treated with retapamulin healed more quickly by the End of therapy visit (day 7-9), with a reduction in size of the lesions by 77.3% compared to 43.5% for placebo treated subjects. However by the Follow-up visit this difference was less pronounced, (88.6% vs, 81% for retapamulin and placebo treated subjects respectively).

In the Intent to Treat Bacteriological evaluable population, the clinical success rate of retapamulin (76.4%: 139/182) was statistically superior to that of placebo (64.3%; 54/84). This difference was primarily due to the higher success rate observed in retapamulin-treated subjects with infections caused by *S. aureus* in comparison to placebo treated subjects (see Table below). However, retapamulin showed no advantage over placebo in subjects with SIOW due to *S. pyogenes.*

Clinical Success rates at Follow-up for Intent to Treat Bacteriological Evaluable SIOW subjects with *S. aureus* and *S. pyogenes*

Pathogen	Retapamulin			Placebo	
	n/N	Success rate (%)	95% Exact CI	n/N	Success rate (%)
S. aureus (all)	117/147	79.6	72.2,85.8	43/65	66.2
MRSA	15/24	62.5	40.6,81.2	2/8	25.0

MSSA	102/123	82.9	75.1,89.1	41/57	71.9
S. pyogenes	29/36	80.6	64.0,91.8	12/15	80.0

CI: confidence interval. Exact CI is calculated using the F-distribution method

5.2 Pharmacokinetic properties

Absorption

Healthy adults

In a study conducted in healthy adult subjects, 10 mg/g retapamulin ointment was applied daily to intact and to abraded skin under occlusion for up to 7 days. Systemic exposure following topical application of retapamulin through intact skin was very low. The geometric mean C_{max} value in plasma after application to 200 cm^2 of abraded skin was 9.75 ng/ml on day 1 and 8.79 ng/ml on day 7, and the maximum individual systemic exposure (C_{max}) recorded was 22.1 ng/ml.

Patients from the age of 2 years

Single plasma samples were obtained from 516 adult and paediatric patients who received topical treatment with retapamulin 10 mg/g ointment twice daily for 5 days for the treatment of secondarily infected traumatic lesions. Sampling occurred pre-dose for adult subjects on days 3 or 4, and between 0-12 hours after the last application for paediatric subjects on days 3 or 4. The majority of samples (89%) were below the lower limit of quantitation (0.5 ng/ml). Of the samples that had measurable concentrations 90% had retapamulin concentrations less than 2.5 ng/ml. The maximum measured plasma concentration of retapamulin was 10.7 ng/ml in adults and 18.5 ng/ml in paediatric patients (aged 2-17 years).

Patients aged from 2 months to 24 months

Single plasma samples were obtained approximately 4-8 hours after the first application on days 3 or 4 from patients aged from 2 months to 2 years with impetigo or with secondarily infected traumatic lesions or dermatoses (note that retapamulin is not indicated for use in secondarily infected dermatoses). Retapamulin concentrations were measurable in 46% (36/79) of samples (range 0.52 to 177.3 ng/ml) but the majority of these samples (27/36; 75%) contained < 5.0 ng/ml.

Among the children aged from 9 months to 2 years plasma concentrations of retapamulin were measurable in 32% (16/50) of samples. A single retapamulin concentration (95.1 ng/ml) exceeded the highest concentration observed in patients aged 2-17 years (18.5 ng/ml). This plasma concentration was observed in a child with a secondary infected dermatosis, for which retapamulin is not indicated for use.

Retapamulin is not recommended for use in children aged less than 9 months. In children aged from 2 months to 9 months plasma concentrations of retapamulin were measurable in 69% (20/29) of samples. Four plasma retapamulin concentrations (26.9, 80.3, 174.3, and 177.3 ng/ml) exceeded the highest concentration observed in patients aged 2-17 years (18.5 ng/ml).

Distribution

Due to the very low systemic exposures, tissue distribution of retapamulin has not been investigated in humans.

In vitro, retapamulin was shown to be a P-glycoprotein (Pgp) substrate and inhibitor.

However, the maximum individual systemic exposure in humans following topical application of 10 mg/g ointment on 200 cm^2 of abraded skin (C_{max}= 22 ng/ml; $AUC_{(0-24)}$ = 238 ng.h/ml) was 660-fold lower than the retapamulin IC_{50} for Pgp inhibition.

Retapamulin is approximately 94% bound to human plasma proteins.

Biotransformation

The *in vitro* oxidative metabolism of retapamulin in human liver microsomes was primarily mediated by CYP3A4 with minor contributions from CYP2C8 and CYP2D6 (see section 4.5).

Elimination

Retapamulin elimination in humans has not been investigated.

Special populations

No pharmacokinetic data are available in patients with renal or hepatic impairment. However, due to the low systemic plasma levels that have been observed, no safety problems are foreseen.

5.3 Preclinical safety data

Repeated-dose toxicity

In 14-day (50, 150 or 450 mg/kg) oral toxicity studies in rats there was evidence of adaptive hepatic and thyroid changes. Neither of these findings is of clinical relevance.

In monkeys dosed orally (50, 150 or 450 mg/kg) for 14 days there was dose-related emesis.

Carcinogenesis, mutagenesis, reproductive toxicity
Long-term studies in animals to evaluate carcinogenic potential have not been conducted with retapamulin.

There was no evidence of genotoxicity when evaluated in *vitro* for gene mutation and/or chromosomal effects in the mouse lymphoma cell assay, in cultured human peripheral blood lymphocytes, or when evaluated *in vivo* for chromosomal effects in a rat micronucleus test.

There was no evidence of impaired fertility in male or female rats at oral doses of 50, 150, or 450 mg/kg/day, resulting in exposure margins of up to 5-times the highest human estimated exposure (topical application to 200 cm^2 abraded skin: AUC 238 ng.h/ml).

In an embryotoxicity study in rats, developmental toxicity (decreased fetal body weight and delayed skeletal ossification) and maternal toxicity were observed at oral doses of ≥ 150 mg/kg/day (corresponding to ≥ 3 times the human estimated exposure (see above). There were no treatment-related malformations in rats.

Retapamulin was given as a continuous intravenous infusion to pregnant rabbits from day 7 to day 19 of gestation. Maternal toxicity was demonstrated at dosages of ≥ 7.2 mg/kg/day corresponding to ≥ 8 times the estimated human exposure (see above). There was no treatment-related effect on embryo-fetal development.

No studies to evaluate effects of retapamulin on pre-/postnatal development were performed. However, there were no systemic effects on juvenile rats with topical application of retapamulin ointment.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

White soft paraffin
Butylated hydroxytoluene (E321)

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

Unopened tube and sachet: 2 years.

In-use tube: 7 days.

6.4 Special precautions for storage

Do not store above 25°C.

6.5 Nature and contents of container

0.5 g aluminium foil sachet. Carton of 12 sachets.

5 g, 10 g and 15 g aluminium tubes with a plastic screw cap. Carton of 1 tube.

Not all pack sizes may be marketed.

6.6 Special precautions for disposal

Any remaining ointment at the end of treatment should be discarded.

Any unused medicinal product or waste material should be disposed of in accordance with local requirements.

7. MARKETING AUTHORISATION HOLDER

Glaxo Group Ltd
980 Great West Road
BrentfordMiddlesex TW8 9GS
United Kingdom

8. MARKETING AUTHORISATION NUMBER(S)

EU/1/07/390/001
EU/1/07/390/002
EU/1/07/390/003
EU/1/07/390/004

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of first authorisation: 24 May 2007
Date of latest renewal: 20 April 2012

10. DATE OF REVISION OF THE TEXT

Detailed information on this medicinal product is available on the website of the European Medicines Agency: http://www.ema.europa.eu/.

ANNEX II

A. MANUFACTURER(S) RESPONSIBLE FOR BATCH RELEASE

B. CONDITIONS OR RESTRICTIONS REGARDING SUPPLY AND USE

C. OTHER CONDITIONS AND REQUIREMENTS OF THE MARKETING AUTHORISATION

D. CONDITIONS OR RESTRICTIONS WITH REGARD TO THE SAFE AND EFFECTIVE USE OF THE MEDICINAL PRODUCT

A. MANUFACTURER(S) RESPONSIBLE FOR BATCH RELEASE

Name and address of the manufacturer responsible for batch release

Glaxo Operations UK Ltd. (trdg as Glaxo Wellcome Operations)
Harmire Road
Barnard Castle
Durham, DL12 8DT
United Kingdom

B. CONDITIONS OR RESTRICTIONS REGARDING SUPPLY AND USE

Medicinal product subject to medical prescription.

C. OTHER CONDITIONS AND REQUIREMENTS OF THE MARKETING AUTHORISATION

- **Periodic Safety Update Reports**

The marketing authorisation holder shall submit periodic safety update reports for this product in accordance with the requirements set out in the list of Union reference dates (EURD list) provided for under Article 107c(7) of Directive 2001/83/EC and published on the European medicines web-portal.

D. CONDITIONS OR RESTRICTIONS WITH REGARD TO THE SAFE AND EFFECTIVE USE OF THE MEDICINAL PRODUCT

- **Risk Management Plan (RMP)**

The MAH shall perform the required pharmacovigilance activities and interventions detailed in the agreed RMP presented in Module 1.8.2. of the Marketing Authorisation and any agreed subsequent updates of the RMP.

An updated RMP should be submitted:

- At the request of the European Medicines Agency;
- Whenever the risk management system is modified, especially as the result of new information being received that may lead to a significant change to the benefit/risk profile or within 60 days of an important (pharmacovigilance or risk minimisation) milestone being reached.

If the dates for submission of a PSUR and the update of a RMP coincide, they can be submitted at the same time.

ANNEX III

LABELLING AND PACKAGE LEAFLET

A. LABELLING

PARTICULARS TO APPEAR ON THE OUTER PACKAGING

CARTON FOR 5 g, 10 g, 15 g TUBE

1. NAME OF THE MEDICINAL PRODUCT

Altargo 10 mg/g ointment
Retapamulin

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each gram contains 10 mg retapamulin (1% w/w)

3. LIST OF EXCIPIENTS

Also contains:
White soft paraffin
Butylated hydroxytoluene (E321)
See package leaflet for further information

4. PHARMACEUTICAL FORM AND CONTENTS

Ointment
5 g x 1 tube
10 g x 1 tube
15 g x 1 tube

5. METHOD AND ROUTE(S) OF ADMINISTRATION

Do not swallow.
Apply to the affected area as directed by your doctor.
Read the package leaflet before use.
Cutaneous use only.

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY

Do not use in the eyes or on mucous membranes

8. EXPIRY DATE

EXP

9. SPECIAL STORAGE CONDITIONS

Do not store above 25°C.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

Glaxo Group Ltd
980 Great West Road
Brentford
Middlesex TW8 9GS
United Kingdom

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/07/390/002 5 g
EU/1/07/390/003 10 g
EU/1/07/390/004 15 g

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY

Medicinal product subject to medical prescription.

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

Altargo

PARTICULARS TO APPEAR ON THE OUTER PACKAGING

CARTON FOR 0.5 g SACHET

1. NAME OF THE MEDICINAL PRODUCT

Altargo 10 mg/g ointment
Retapamulin

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each gram contains 10 mg retapamulin (1% w/w)

3. LIST OF EXCIPIENTS

Also contains:
White soft paraffin
Butylated hydroxytoluene (E321)
See package leaflet for further information

4. PHARMACEUTICAL FORM AND CONTENTS

Ointment
0.5 g x 12 sachets

5. METHOD AND ROUTE(S) OF ADMINISTRATION

Do not swallow
Apply to the affected area as directed by your doctor
Read the package leaflet before use
Cutaneous use only

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY

Do not use in the eyes or on mucous membranes.

8. EXPIRY DATE

EXP

9. SPECIAL STORAGE CONDITIONS

Do not store above 25°C.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

Glaxo Group Ltd
980 Great West Road
Brentford
Middlesex TW8 9GS
United Kingdom

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/07/390/001

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY

Medicinal product subject to medical prescription.

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

Altargo

MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS

5 g, 10 g 15 g TUBE

1. NAME OF THE MEDICINAL PRODUCT AND ROUTE(S) OF ADMINISTRATION

Altargo 10 mg/g ointment
Retapamulin
Cutaneous use.

2. METHOD OF ADMINISTRATION

Read the package leaflet before use.

3. EXPIRY DATE

EXP

4. BATCH NUMBER

Lot

5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT

5 g

10 g

15 g

6. OTHER

Do not use in the eyes or on mucous membranes.

MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS

0.5 g SACHET

1. NAME OF THE MEDICINAL PRODUCT AND ROUTE(S) OF ADMINISTRATION

Altargo 10 mg/g ointment
Retapamulin
Cutaneous use.

2. METHOD OF ADMINISTRATION

3. EXPIRY DATE

EXP

4. BATCH NUMBER

Lot

5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT

0.5 g

6. OTHER

Do not use in the eyes or on mucous membranes.

Do not store above 25°C.

Read the package leaflet before use.

B. PACKAGE LEAFLET

Package leaflet: Information for the patient

Altargo 10 mg/g ointment

Retapamulin

Read all of this leaflet carefully before you start using this medicine because it contains important information for you.

- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor or pharmacist
- This medicine has been prescribed for you only. Do not pass it on to others. It may harm them, even if their signs of illness seem the same as yours.
- If you get any side effects talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. See section 4.

What is in this leaflet

1. What Altargo is and what it is used for

Altargo ointment contains an antibiotic called retapamulin, which is used on the skin.
Altargo is used to treat bacterial infections affecting small areas of skin. Infections that may be treated include impetigo (which causes crusting scabs on infected areas), cuts, grazes and stitched wounds.

Altargo is for adults and children aged nine months and older.

2. What you need to know before you use Altargo

Do not use Altargo

If you are allergic to retapamulin or any of the other ingredients of this medicine (listed in section 6).

Warnings and precautions

Talk to your doctor or pharmacist before using Altargo.

If you notice any worsening of the infection or develop increased redness, irritation or other signs and symptoms at the site of application you should stop using Altargo and tell your doctor. See also section 4 of this leaflet.

If there is no improvement in your infection after two to three days of treatment contact your doctor.

Children

Altargo should not be used on children who are less than nine months old.

Other medicines and Altargo

Do not apply other ointments, creams or lotions to the area being treated with Altargo unless specifically instructed to do so by your doctor.

Tell your doctor if you are using, have recently used or might use any other medicines. If the patient is a child less than two years old it is especially important that you tell your doctor about any other medicines that the child is being given, including medicines bought without a prescription. It is possible that using Altargo in children who are taking certain medicines (such as some medicines used to treat fungal infections) could result in blood concentrations of Altargo that are higher than usual. This might lead to side effects. Your doctor will decide if Altargo can be used for a child aged less than 2 years old who is taking other medicines.

Pregnancy and breast-feeding

If you are pregnant or breast-feeding, think you may be pregnant or are planning to have a baby, ask your doctor or pharmacist for advice before using this medicine. Your doctor will decide if this treatment is right for you.

Driving and using machines

Altargo is not expected to affect your ability to drive or use machines.

Altargo contains butylated hydroxytoluene (E321)
It may cause local skin reactions (e.g. contact dermatitis), or irritation of the eyes and mucous membranes.

3. How to use Altargo

Always use this medicine exactly as your doctor has told you. Check with your doctor or pharmacist if you are not sure.

How to apply Altargo

A thin layer of ointment is usually put on the infected skin twice a day for five days.
After applying your ointment, you may cover the treated area with a sterile bandage or gauze dressing, unless your doctor has told you to leave it uncovered.
Keep using Altargo for as long as your doctor advises.

Altargo is for use on the skin only. It must not be put in the eyes, on the mouth or lips, inside the nose or inside the female genital area. If the ointment accidentally gets on to these areas, wash the area with water and consult your doctor if you experience discomfort. If you accidentally use Altargo inside your nose you could have a nose bleed.

Wash your hands before and after applying the ointment.

If you use more Altargo than you should

Carefully wipe off the extra ointment.

If you forget to use Altargo

Apply the ointment as soon as you remember, and apply the next dose at the usual time.

If you accidentally swallow Altargo

Contact your doctor or pharmacist for advice.

If you stop using Altargo

If you stop using Altargo too soon, the bacteria may start to grow again and your infection may come back. Do not stop using this medicine before talking to your doctor or pharmacist.

If you have any further questions on the use of this medicine, ask your doctor or pharmacist.

4. Possible side effects

Like all medicines, this medicine can cause side effects, although not everybody gets them.

Conditions to look out for

Severe skin reactions or allergies (frequency not known)
If you develop a severe skin reaction or an allergy: (e.g. severe itching or severe rash, swelling of the face, lips, or tongue):

- stop using Altargo
- carefully wipe off the ointment
- contact your doctor or pharmacist **immediately**.

The following side effects have occurred on the skin where Altargo has been applied:

Common side effects (may affect up to 1 in 10 people):

- skin irritation

Uncommon side effects (may affect up to 1 in 100 people):

- pain, itching, redness or rash (contact dermatitis)

Other side effects (frequency not known, cannot be estimated from the available data):

- a burning sensation

Reporting of side effects
If you get any side effects, talk to your doctor, nurse or pharmacist. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via the national reporting system listed in Appendix V. By reporting side effects you can help provide more information on the safety of this medicine.

5. How to store Altargo

Keep this medicine out of the sight and reach of children.

Do not use this medicine after the expiry date which is stated on the carton after 'EXP'.
The expiry date refers to the last day of that month.

Do not store above 25°C.

Discard open tubes 7 days after opening, even if they are not empty. They should not be kept for future use.
Do not throw away any medicines via household waste. Ask your pharmacist how to throw away medicines you no longer use. These measures will help protect the environment.

6. Contents of the pack and other information

What Altargo contains

- The active substance is retapamulin. Each gram of ointment contains 10 milligrams of retapamulin.
- The other ingredients are white soft paraffin and butylated hydroxytoluene (E321), a preservative.

What Altargo looks like and contents of the pack

Altargo is a smooth, off-white ointment.
It is supplied in an aluminium tube with a plastic cap, containing either 5, 10 or 15 grams of ointment, or in an aluminium foil sachet containing 0.5 g of ointment.

Pack of 1 tube.
Pack of 12 sachets.

Not all pack sizes may be marketed in your country.

Marketing Authorisation Holder and Manufacturer

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Manufacturer

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Detailed information on this medicine is available on the European Medicines Agency web site: http://www.ema.europa.eu

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