# Summary of Product Characteristics

## 1 NAME OF THE MEDICINAL PRODUCT

Bactroban 2% w/w Nasal Ointment

## 2 QUALITATIVE AND QUANTITATIVE COMPOSITION

Each gram of nasal ointment contains 20 mg mupirocin (2.0% w/w) as mupirocin calcium.

For the full list of excipients, see section 6.1.

## 3 PHARMACEUTICAL FORM

Nasal ointment.
An off white smooth ointment.

## 4 CLINICAL PARTICULARS

### 4.1 Therapeutic Indications

Bactroban Nasal Ointment is indicated for the treatment of nasal carriage of staphylococci, including methycillin resistant *staphylococcus aureus* (MRSA).

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

### 4.2 Posology and method of administration

Posology

*Adults:*
Bactroban Nasal Ointment should be applied to the anterior nares two to three times a day, as follows:

A small amount of the ointment about the size of a match head is placed on the little finger and applied to the inside of each nostril. The nostrils are closed by pressing the sides of the nose together; this will spread the ointment throughout the nares. A cotton bud may be used instead of the little finger for the application in particular to infants or patients who are very ill.

Nasal carriage should normally clear within 5-7 days of commencing treatment.

Method of administration
Topical

### 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

In the rare event of a possible sensitisation reaction or severe local irritation occurring with the use of the product, treatment should be discontinued, the product should be wiped off and appropriate alternative therapy for the infection instituted.

As with other antibacterial products, prolonged use may result in overgrowth of non-susceptible organisms.

Pseudomembranous colitis has been reported with the use of antibiotics and may range in severity from mild to life-threatening. Therefore, it is important to consider its diagnosis in patients who develop diarrhoea during or after antibiotic

use. Although this is less likely to occur with topically applied mupirocin, if prolonged or significant diarrhoea occurs or the patient experiences abdominal cramps, treatment should be discontinued immediately and the patient investigated further.

This mupirocin nasal ointment formulation is not suitable for ophthalmic use.

Avoid contact with the eyes. If contaminated, the eyes should be thoroughly irrigated with water until the ointment residues have been removed.

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

No drug interactions have been identified.

**4.6 Fertility, pregnancy and lactation**

Pregnancy
Adequate human data on use during pregnancy are not available. Studies in animals do not indicate reproductive toxicity (see section 5.3).

Breast-feeding
Adequate human and animal data on use during lactation are not available.

Fertility
There are no data on the effects of mupirocin on human fertility. Studies in rats showed no effects on fertility (see section 5.3).

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

Bactroban Nasal Ointment has no or negligible influence on the ability to drive and use machines.

**4.8 Undesirable effects**

Adverse reactions are listed below by system organ class and frequency. Frequencies are defined as: 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), including isolated reports.

Uncommon adverse reactions were determined from pooled safety data from a clinical trial population of 422 treated patients encompassing 12 clinical studies.
Very rare adverse reactions were primarily determined from post-marketing experience data and therefore refer to reporting rate rather than true frequency.

**Immune system disorders:**

Very rare: Cutaneous hypersensitivity reactions. Systemic allergic reactions including anaphylaxis, generalised rash, urticaria and angioedema

**Respiratory, thoracic and mediastinal Disorders:**

Uncommon: Nasal mucosa reactions

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.

**4.9 Overdose**

*Symptoms:*
There is currently limited experience with overdosage of mupirocin.

*Management:*
There is no specific treatment for an overdose of mupirocin. In the event of overdose, the patient should be treated supportively with appropriate monitoring as necessary. Further management should be as clinically indicated or as recommended by the national poisons centre, where available.

## 5 PHARMACOLOGICAL PROPERTIES

### 5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Dermatologicals
ATC code: D06AX09, Antibiotics and chemotherapeutics for dermatological use

Mode of Action
Mupirocin is a novel antibiotic produced through fermentation by *Pseudomonas fluorescens*. Mupirocin inhibits isoleucyl transfer-RNA synthetase, thereby arresting bacterial protein synthesis.

Mupirocin has bacteriostatic properties at minimum inhibitory concentrations and bactericidal properties at the higher concentrations reached when applied locally.

Mechanism of Resistance
Low-level resistance in staphylococci is thought to result from point mutations within the usual staphylococcal chromosomal gene (ileS) for the target isoleucyl tRNA synthetase enzyme. High-level resistance in staphylococci has been shown to be due to a distinct, plasmid encoded isoleucyl tRNA synthetase enzyme.

Intrinsic resistance in Gram negative organisms such as the *Enterobacteriaceae* could be due to poor penetration of the outer membrane of the Gram-negative bacterial cell wall.

Due to its particular mode of action, and its unique chemical structure, mupirocin does not show any cross-resistance with other clinically available antibiotics.

Microbiological Susceptibility
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* spp. |
| |
| ***Species for which acquired resistance may be a problem:*** |
| Methicillin-Resistant-*Staphylococcus aureus* (MRSA) |
| Methicillin-resistant coagulase-negative *Staphylococci* (MRCoNS) |
| |
| ***Inherently resistant organisms:*** |
| Corynebacterium spp. |
| Micrococcus spp. |

*Clinical efficacy has been demonstrated for susceptible isolates in approved clinical indications.

**Mupirocin susceptibility (MIC) breakpoints for *Staphylococcusaureus:***

Susceptible: less than or equal to 1 mg/L
Resistant: greater than 256 mg/L

**5.2 Pharmacokinetic properties**

Studies have shown that following topical application of mupirocin there is very little systemic absorption of drug-related material.

After systemic administration, mupirocin has a short half-life (15 mins) and is rapidly converted into inactive monic acid, which is excreted principally through the kidney.

**5.3 Preclinical safety data**

*Carcinogenesis/Mutagenesis*

Carcinogenesis
Carcinogenicity studies with mupirocin have not been conducted.

Genotoxicity
Mupirocin was not mutagenic in Salmonella typhimurium or Escherichia coli (Ames assay). In a Yahagi assay, small increases in Salmonella typhimurium TA98 were observed at highly cytotoxic concentrations. In an in vitro mammalian gene mutation assay (MLA), no increase in mutation frequency was observed in the absence of metabolic activation. In the presence of metabolic activation, small increases in mutation frequency were observed at highly cytotoxic concentrations. However, no effects were observed in, yeast cell assays for gene conversion/mutation, an in vitro human lymphocyte assay or in an in vitro unscheduled DNA synthesis (UDS) assay. Furthermore, an in vivo mouse micronucleus assay (chromosome damage) and a rat Comet assay (DNA strand breakage) were negative, indicating the small increases observed at highly cytotoxic concentrations in vitro do not translate to the in vivo situation.

*Reproductive Toxicology*

Fertility
Mupirocin administered subcutaneously to male rats 10 weeks prior to mating and to female rats 15 days prior to mating until 20 days post coitum at doses up to 100 mg/kg/day had no effect on fertility.

Pregnancy
In embryo-foetal development studies in rats there was no evidence of developmental toxicity at subcutaneous doses up to 375 mg/kg/day.
In an embryo-foetal development study in rabbits at subcutaneous doses up to 160 mg/kg/day, maternal toxicity (impaired weight gain and severe injection site irritation) at the high dose resulted in abortion or poor litter performance. However, there was no evidence of developmental toxicity in foetuses of rabbits maintaining pregnancy to term.

**6 PHARMACEUTICAL PARTICULARS**

**6.1 List of excipients**

White soft paraffin
Mixed diglycerin ester of fatty acids (softisan 649)

**6.2 Incompatibilities**

Not applicable.

**6.3 Shelf life**

3 years

**6.4 Special precautions for storage**

Do not store above 25$^{o}$C

**6.5 Nature and contents of container**

Lacquered aluminium tube fitted with a nozzle and screw cap containing 3 g white ointment.

**6.6 Special precautions for disposal**

Any product remaining at the end of treatment should be discarded.
Any unused medicinal product or waste material should be disposed of in accordance with local requirements.

Wash your hands after application.

**7 MARKETING AUTHORISATION HOLDER**

GlaxoSmithKline (Ireland) Limited
12 Riverwalk
Citywest Business Campus
Dublin 24
Ireland

**8 MARKETING AUTHORISATION NUMBER**

PA1077/094/002

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

Date of first authorisation: 17 July 1989

Date of last renewal: 17 July 2009

**10 DATE OF REVISION OF THE TEXT**

January 2021