

Noxifunge[®] 100

Itraconazole

Undisputed Leader among Antifungal Agents

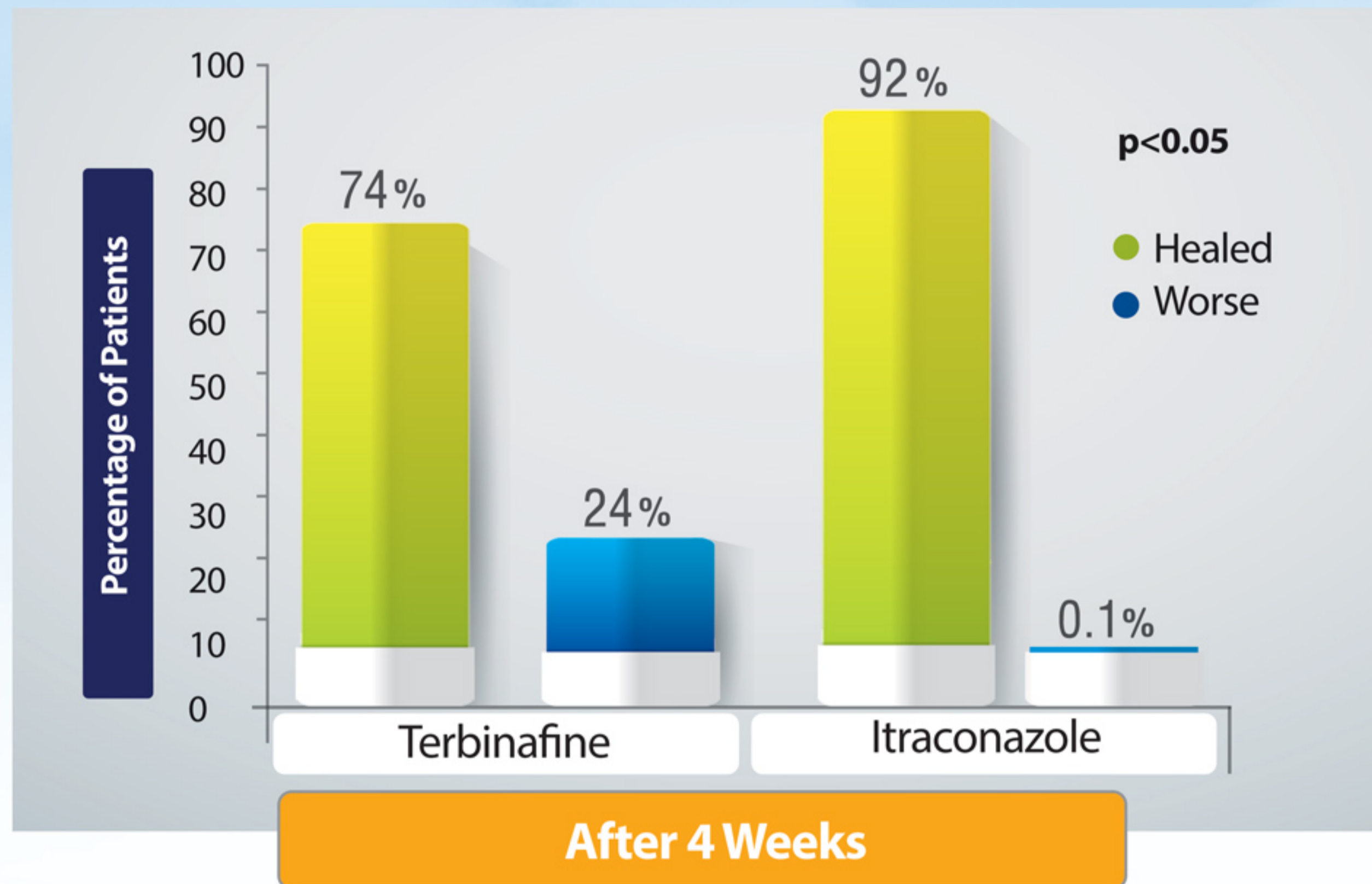




Noxifunge®

- Modern highly effective systemic antifungal with broad spectrum activity^{1,2}
- Well tolerated and uncommon adverse events with the majority of mild and reversible⁴
- Shorter treatment courses, higher clinical & mycological cure rates and fewer relapses³
- Pulse treatment for fingernail & toenail infections has higher clinical and mycological cure rates vs continuous therapy^{1,3}
- Very effective in extensive and resistant cases of dermatomycosis even pityriasis versicolor & seborrhoeic dermatitis¹
- Preferred treatment option in oropharyngeal candidiasis, skin candidiasis & vulvovaginal candidiasis in which topical therapy has proven unsuccessful²
- Itraconazole plus topic is⁵:
 - Effective in speeding up the clinical healing
 - Shorten the treatment period
 - Improve patient adherence
 - Preferred approach in resistant types

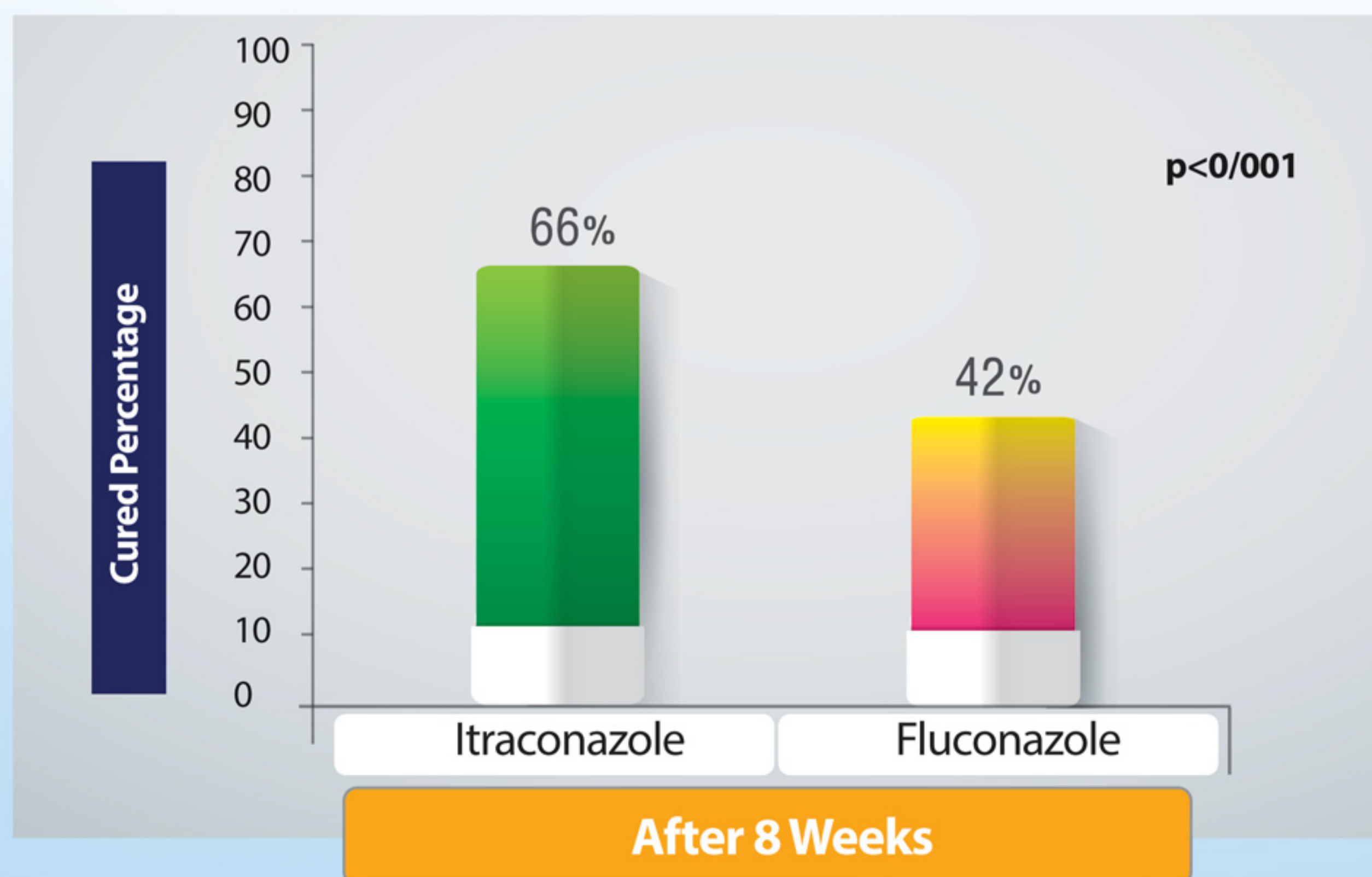
Comparative study to evaluate efficacy of oral Itraconazole versus Terbinafine in treatment of dermatophytic infection of skin⁶



- Itraconazole has significantly higher clinical & mycological cure rates as compared to Terbinafine
- Itraconazole possesses an advantage of broader spectrum of antifungal activity than Terbinafine



Comparison of effectiveness of oral Itraconazole and Fluconazole in chronic and chronic relapsing tinea corporis, tinea cruris and tinea faciei⁷



- Itraconazole was superior to fluconazole in chronic and chronic relapsing dermatophytosis





How to take Noxifunge[®] in different indications?

Dermatomycosis:

Tinea corporis/tinea cruris:

- 100 mg once daily for 14 consecutive days
- 200 mg once daily for 7 consecutive days

Tinea pedis/tinea manuum:

- 100 mg once daily for 28 consecutive days
- 200 mg twice daily for 7 consecutive days

Tinea versicolor:

- 100 mg twice daily for 5 to 7 days
- 200 mg once daily for 5 to 7 days

Tinea capitis:

5 mg/kg/day for 4-8 weeks

Onychomycosis:

Continuous dosing:

- **Fingernail:**
200 mg once daily for 6 weeks
- **Toenail:**
200 mg once daily for 12 weeks

Pulsed dosing:

- 200 mg twice daily for 1 week:
- **Fingernail:**
repeat every 4 weeks for 2 months
 - **Toenail:**
repeat every 4 weeks for 3 months

Candidiasis:

Esophageal:

200 mg once daily for 14 to 28 days

Oropharyngeal:

200 mg once daily

- **Initial therapy:**
for 7 to 14 days
- **Refractory disease:**
for up to 28 days

Vulvovaginal:

200 mg once daily for 3 to 7 days

Prophylaxis hematologic malignancy & Solid organ transplant:

200 mg twice daily
(duration varies based on degree and duration of immunosuppression & transplant)

References:

1. Roderick Hay, J. Fungi, 2018, 4, 99.
2. Korting and Schöllmann. JDDG; 2009 . 7:11–19.
3. DM Thappa, Indian J Dermatol Venereol Leprol 2007;373-6.
4. Alkeswani et al, Skin Appendage Disord 2019;5:201–210
5. Brescini, L.; et al., J. Fungi 2021, 7, 727.
6. Anuradha Bhatia, et al, Indian J Pharmacol. 2019 .51(2): 116–119.
7. S. Singh, et al, British Journal of Dermatology. 2020.



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