KARO HEALTHCARE CLAIMS DOCUMENT	
JOB NAME	GC CSS Lamisil 1% Spray – Terbinafine Hydrochloride 1% Spray
JOB NUMBER	GCCSS-SKH-0060.002 (in ZINC: GCSH/CHLAM/0020/17(1))

HISTORY			
ACTION	**FULL APPROVAL**		**DATE**
	YES	**NO**	
Version 001: New GC CSS based on list of globally approved claims from legacy Novartis documentation	☒	☐	**16. November 2017**
Version 002: Changes made to previous version: • Notes For Guidance updated • Expert claim wording added: Claims 1, 6.a), 6.b), 7, 12, 13.a), 13.b), 14	☐	☒	**18. April 2018**
	☐	☐	
	☐	☐	

Notes For Guidance:

1) **Restrictions on usage of the claim section must be strictly adhered to. Claims are grouped into claim territories. The respective claim territory is indicated in the first row each time. An index of all claim territories can be found under 5) below.**

2) **All claims in this CSS are valid for the following Lamisil products: *Lamisil 1% Cutaneous Spray Solution, Lamisil 1% Cutaneous Solution, Lamisil Continuous Spray 1% Cutaneous Spray Solution*. For the sake of simplicity however, *Lamisil 1% Spray* is used throughout the CSS. Please replace *Lamisil 1% Spray* with the correct local product names in your local version of this CSS.**

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3) Legend:

- **Language in (round brackets) – Optional and can be left out when in need of a short claim.**
- **Language in [squared brackets] – Only optional if claim context makes clear that you are specifically talking about context specified in these brackets.**
- **Language separated by slash mark – Only one of the options separated by a slash mark must be selected.**

4) There are two treatment schedules for Athlete's Foot that are covered by this CSS a) single daily application for 7 days and b) twice daily application for 7 days. These two treatment schedules are supported by different clinical data, please ensure that you check which treatment schedule is applicable to your market and only include supporting materials and claims for that treatment schedule in your local version of this CSS.

5) Index of claim territories

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14. 7 Day Treatment
15. 4 x Shorter Treatment
16. Hygienic Convenient Application
17. Triple Action Formula for Athlete's Foot

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BRAND DESIGNATION	**GLOBAL PRODUCT**			☒	**LOCAL PRODUCT**			☐
	POWER BRAND	**SENSODYNE**	**PANADOL**	**VOLTAREN**	**POLIDENT**	**OTRIVIN**	**THERAFLU**	**PARODONTAX**
		☐	☐	☐	☐	☐	☐	☐
	SUB-BRAND							
	CORE BRAND	**FENISTIL**	**FLONASE**	**HORLICKS**	**ABREVA**	**ZOVIRAX**	**EXCEDRIN**	
		☐	☐	☐	☐	☐	☐	
		PHYSIOGEL	**LAMISIL**	**ENO**	**FENBID**	**CONTAC**	**BIOTÈNE**	
		☐	☒	☐	☐	☐	☐	
	SUB-BRAND							

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PRODUCT REGULATORY CLASSIFICATION	**PRESCRIPTION MEDICINE**	☐	**NON-PRESCRIPTION MEDICINE**	☒	**DIETARY SUPPLEMENT**	☐
	NON-PRESCRIPTION DEVICE	☐	**COSMETIC**	☐	**NUTRITIONAL**	☐
	FOOD	☐	**OTHER (SPECIFY)**			
PRODUCT FORMAT	**AEROSOL**	☐	**ADHESIVE STRIP**	☐	**CAPSULE**	☐
	CHEWING GUM	☐	**CREAM**	☐	**LOZENGE**	☐
	OINTMENT	☐	**ORAL POWDER**	☐	**ORAL RINSE**	☐
	PASTE	☐	**PLASTER**	☐	**SYRUP**	☐
	TABLET/CAPLET	☐	**TOOTHBRUSH**	☐	**TOPICAL GEL**	☐
	OTHER (SPECIFY)	**Cutaneous Spray, Solution**				

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SPECIFIED ACITIVE(S) or SIGNIFICANT INGREDIENTS/PRODUCTS/DOSAGES/PACK TYPE/MFC	**MFCs: F.100 Spray, 1568** **ACTIVE INGREDIENT:** Terbinafine Hydrochloride 1% (10mg/g) **EXCIPIENTS:** Purified water, Ethanol, Propylene glycol, Macrogol cetostearyl ether **DOSAGE:** For indications interdigitale type tinea pedis: Apply once or twice a day for one week (depending on local product information) For indications tinea cruris and tinea corporis: Apply once a day for one week. For indications pityriasis versicolor: Twice a day for one week **PACK TYPE:** 15ml, 30ml, 125ml bottles

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Fungicidal Action		
Wording and contextual use of the claim	**Substantiation of the Claim**	**Restrictions on usage of the claim**
1. CLAIM: Fungicidal Kills the fungus Kills skin fungus Kills body skin fungus Kills foot fungus Kills the fungi that cause tinea pedis, tinea corporis and tinea cruris Kills dermatophytes **CONTEXT:** This claim wording must only be used in the context of interdigitale	Terbinafine, the active ingredient in Lamisil 1% Cream, is an allylamine and has fungicidal action against many types of fungi i.e. it kills these fungi [1, 2]. In vitro susceptibility tests have shown that terbinafine has primarily fungicidal activity against dermatophytes, Aspergillus species, Scopulariopsis brevicaulis, Blastomyces dermatitidis, Histoplasma capsulatum and Candida parapsilosis, but only fungistatic activity against Candida albicans [3]. Tinea pedis is most commonly caused by the dermatophytes Trichophyton rubrum and Trichophyton interdigitale (formerly T. mentagrophytes var. interdigitale). Tinea cruris is most commonly caused by the dermatophytes Trichophyton rubrum, Trichophyton interdigitale and Epidermophyton floccosum. Tinea corporis is most commonly caused by of the genera Trichophyton and Microsporum [4]. Ergosterol is an essential component of virtually all fungal cells as it is required for membrane integrity and also for growth. Most antifungal agents interfere with ergosterol either by directly inhibiting its biosynthesis (allylamines, azoles, morpholines, thiocarbamates) or by interacting with it in the cell membrane	**VERBATIM USE ONLY** ☐ **Claim can be used for the following;** **CONSUMERS** ☐ **HCPS** ☐ **SPECIFY HCPs:** **BOTH** ☒ **CANNOT BE USED FOR THE FOLLOWING:** - **OTHER RESTRICTIONS**: Terbinafine does not kill all existing types of fungi so it is NOT correct to state or imply that this product kills all types of fungi or similar.

type tinea pedis, tinea corporis and/or tinea cruris.	(polyenes) [1]. Terbinafine, like other allylamines, specifically inhibits fungal ergosterol biosynthesis at the point of squalene epoxidation. As a result, treated fungal cells rapidly accumulate the intermediate squalene and become deficient in the end-product of the pathway, ergosterol. The gradual onset of fungal cell death is believed to be primarily due to accumulation of high levels of intracellular squalene, probably in combination with ergosterol deficiency [1].	

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Fungicidal vs Fungistatic Action		
Wording and contextual use of the claim	**Substantiation of the Claim**	**Restrictions on usage of the claim**
2. CLAIM: Works to kill the fungus, not just inhibit its growth **CONTEXT:** This claim is to be used when comparing mode of action of Lamisil 1% Spray to Azole containing products This claim wording must only be used in the context of interdigitale type tinea pedis, tinea corporis and/or tinea cruris.	See 1. claim substantiation - Terbinafine is an allylamine with fungicidal action against many types of fungi i.e. it acts to kill these fungi [1, 2]. Most topical treatments for fungal skin infections contain an *azole* active ingredient like for example clotrimazole, miconazole or ketoconazole. Azoles inhibit the production of ergosterol further down the synthesis pathway than terbinafine and do not result in the build-up of high levels of squalene. Azoles inhibit the biosynthesis of ergosterol reducing bioavailability and slowing down reproduction therefore inhibiting growth. Azoles therefore are fungistatic [2].	**VERBATIM USE ONLY** ☐ **Claim can be used for the following;** **CONSUMERS** ☐ **HCPS** ☐ **SPECIFY HCPs:** **BOTH** ☒ **CANNOT BE USED FOR THE FOLLOWING:** **-** **OTHER RESTRICTIONS:** This claim MUST not be used when the comparison is made to another allylamine containing product with for example naftifine. Terbinafine does not kill all existing types of fungi so it is NOT correct to state or imply that this product kills all types of fungi or similar.

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Efficacy in Athlete's Foot		
Wording and contextual use of the claim	**Substantiation of the Claim**	**Restrictions on usage of the claim**
3.a) CLAIM: Effectively treats athlete's foot Effective/clinically proven treatment for athlete's foot **CONTEXT:** **This claim wording must only be used in countries in which Lamisil 1% Spray is approved to treat interdigitale type tinea pedis with <u>once a day</u> for one week treatment schedule.**	Lamisil 1% Spray is used for the topical treatment of interdigitale type tinea pedis (athlete's foot) with a once a day for one week treatment schedule [5]. A multicentre, randomized, double-blind, placebo-controlled clinical trial with Lamisil 1% solution was conducted in in total 172 adult subjects with interdigitale type tinea pedis [6,7]. Subjects were instructed to use the Solution once daily for 7 days on affected areas. On day 7, week 2 and 8, subjects were evaluated for clinical response. End of study was defined as last non-missing, post-baseline assessment. The primary efficacy endpoint was *effective treatment* at end of study. Effective treatment was defined as negative microscopy and culture (mycological cure), a total signs and symptom severity score for erythema, pruritus and desquamation ≤ 2, individual severity scores for erythema, pruritus and desquamation ≤ 1, and individual severity scores for pustules, vesiculation and incrustation = 0. Secondary efficacy endpoints included *mycological cure* and *total clinical signs and symptoms score*. The severity of six clinical signs and symptoms (erythema, pruritus, desquamation, pustules, vesiculation and incrustation) was recorded on a 4-point scale. *Effective treatment*: At end of study, 76% of subjects (54/71) in the Lamisil 1% solution group had effective treatment, compared to 21%	**VERBATIM USE ONLY** ☐ **Claim can be used for the following;** **CONSUMERS** ☐ **HCPS** ☐ **SPECIFY HCPs:** **BOTH** ☒ **CANNOT BE USED FOR THE FOLLOWING:** Must NOT be used in countries in which Lamisil 1% Spray is approved to treat interdigitale type tinea pedis with any other treatment schedule than once a day for one week. **OTHER RESTRICTIONS**: -

	of subjects (8/39) in the vehicle group (p<0.001). Already at day 7, the difference between the two groups was statistically significant; 20% of subjects (14/69) in the Lamisil 1% solution group and 5% (2/37) in the vehicle group had effective treatment (p<0.05). *Mycological cure*: At end of study, 85% of subjects (60/71) in the Lamisil 1% solution group were mycologically cured, compared to 23% of subjects (9/39) in the vehicle group (p<0.001). Already at day 7, the difference between the two groups was statistically significant; 49% of subjects (34/69) in the Lamisil 1% solution group and 14% (5/37) in the vehicle group were mycologically cured (p<0.01). *Total clinical signs and symptoms score*: At baseline, mean total signs and symptoms score were 6.5 and 6.1 in the Lamisil 1% solution group and the vehicle group respectively. At week 8 and end of study, a statistically significant difference in reduction from baseline total signs and symptoms score in favour of Lamisil 1% solution was established (p<0.001). The reduction of baseline total signs and symptoms scores at end of study were 5.5 in Lamisil 1% solution group and 2.9 in vehicle group (p<0.001) [7].	

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Efficacy in Athlete's Foot		
Wording and contextual use of the claim	**Substantiation of the Claim**	**Restrictions on usage of the claim**
3.b) CLAIM: Effectively treats athlete's foot Effective/clinically proven treatment for athlete's foot **CONTEXT:** **This claim wording must only be used in countries in which Lamisil 1% Spray is approved to treat interdigitale type tinea pedis with twice a day for one week treatment schedule.**	Lamisil 1% Spray is used for the topical treatment of interdigitale type tinea pedis (athlete's foot) with a twice a day for one week treatment schedule [8]. 2 multicentre, randomized, double-blind and either placebo-controlled or active-controlled (clotrimazole 1% solution) clinical trials with Lamisil 1% solution provide evidence for effectively treating interdigitale type tinea pedis with a twice a day for one week treatment schedule [9,10]. A multicentre, randomized, double-blind, placebo-controlled clinical trial with Lamisil 1% solution was conducted in in total 153 subjects at least 12 years of age with interdigitale type tinea pedis [9]. Subjects were instructed to use the solution twice daily, morning and evening, for 7 days on affected areas. After 1, 2, 4, 6 and 8 weeks, subjects were evaluated for clinical response. End of study was defined as last non-missing, post-baseline assessment. The primary efficacy endpoint was *effective treatment* at end of study. Effective treatment was defined as negative microscopy and culture (mycological cure), a total signs and symptom severity score for erythema, pruritus and desquamation ≤ 2, individual severity scores for erythema, pruritus and desquamation ≤ 1, and individual severity scores for pustules, vesiculation and incrustation = 0. Secondary	**VERBATIM USE ONLY** ☐ **Claim can be used for the following;** **CONSUMERS** ☐ **HCPS** ☐ **SPECIFY HCPs:** **BOTH** ☒ **CANNOT BE USED FOR THE FOLLOWING:** Must NOT be used in countries in which Lamisil 1% Spray is approved to treat interdigitale type tinea pedis with any other treatment schedule than twice a day for one week. **OTHER RESTRICTIONS**: -

	efficacy endpoints included *mycological cure* and *total clinical signs and symptoms score*, for which results are detailed in the corresponding Clinical Study Report [11]. The severity of six clinical signs and symptoms (erythema, pruritus, desquamation, pustules, vesiculation and incrustation) was recorded on a 4-point scale. *Effective treatment*: At end of study, 66% of subjects (38/58) in the Lamisil 1% solution group had effective treatment, compared to 4% of subjects (1/28) in the vehicle group ($p<0.001$). Already at week 4, 6 and 8, the difference between the two groups was statistically significant (at week 4: $p<0.01$, at week 6 and 8: $p<0.001$) [9]. *Mycological cure*: At end of study, 88% of subjects (51/58) in the Lamisil 1% solution group were mycologically cured, compared to 14% of subjects (4/28) in the vehicle group ($p<0.001$). Already at day 7, the difference between the two groups was statistically significant; 43% of subjects (24/56) in the Lamisil 1% solution group and 14% (4/28) in the vehicle group were mycologically cured ($p<0.01$) [11]. *Total clinical signs and symptoms score*: At baseline, mean total signs and symptoms score were 6.3 and 6.4 in the Lamisil 1% solution group and the vehicle group respectively. At week 6, 8 and end of study, a statistically significant difference in reduction from baseline total signs and symptoms score in favour of Lamisil 1% solution was established ($p<0.001$). The reduction of baseline total signs and symptoms scores at end of study were 4.7 in Lamisil 1% solution group and 1.3 in vehicle group ($p<0.001$) [11].	

	Furthermore, a multicentre, randomized, double-blind, active-controlled clinical trial with Lamisil 1% solution vs. clotrimazole 1% solution was conducted in total 429 subjects at least 12 years of age with interdigitale type tinea pedis for a 1- or 4-week course of treatment [10]. Subjects were instructed to use product twice daily on affected areas. After 1, 2, 4, 6, and 8 weeks, subjects were evaluated for clinical response. End of study was defined as last non-missing, post-baseline assessment. The primary efficacy endpoint was *effective treatment* at end of study, for which results are detailed in the corresponding Clinical Study Report [12]. Secondary efficacy endpoints included *mycological cure* and *total clinical signs and symptoms score*. These endpoints were defined the same as in study [8] above. *Effective treatment*: At end of study, 83% of subjects (181/217) in the Lamisil 1% solution group had effective treatment, compared to 82% of subjects (174/212) in the clotrimazole 1% solution group (p=0.649). Effective treatment numbers were similar between groups throughout the study and not statistically different [12]. *Mycological cure*: At end of study, 92% of subjects (199/217) in the Lamisil 1% solution group were mycologically cured, and 91% of subjects (193/212) in the clotrimazole 1% solution group (p=0.411). Mycological cure rates were similar between groups throughout the study and not statistically different [10]. *Total clinical signs and symptoms score*: At baseline, mean total signs and symptoms score were 6.2 and 6.1 in the Lamisil 1% solution group and the clotrimazole 1% solution group respectively. The	

	reduction of baseline total signs and symptoms scores at end of study were 5.5 in Lamisil 1% solution group and 5.4 in clotrimazole 1% solution group (p=0.603). Reduction of baseline total signs and symptoms scores were similar between groups throughout the study and not statistically different [12].	

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Efficacy in Ringworm and Jock Itch		
Wording and contextual use of the claim	**Substantiation of the Claim**	**Restrictions on usage of the claim**
4. CLAIM: Effectively treats tinea corporis Effectively treats tinea cruris Effective/clinically proven treatment for tinea corporis Effective/clinically proven treatment for tinea cruris **CONTEXT:**	Lamisil 1% spray is used for the topical treatment of tinea corporis (ringworm of the trunk) and tinea cruris (jock itch or dhobie itch) with a once a day for one week treatment schedule [5]. 3 multicentre, randomized, double-blind, placebo-controlled clinical trials with Lamisil 1% solution provide evidence for effectively treating tinea corporis and tinea cruris with once a day for one week treatment schedule [9,13,14]. A multicentre, randomized, double-blind, placebo-controlled clinical trial with Lamisil 1% solution was conducted in in total 66 subjects at least 5 years of age with tinea corporis/cruris [9]. Subjects were instructed to use product once daily for 7 days on affected areas. After 1, 2 and 4 weeks, subjects were evaluated for clinical response. End of study was defined as last non-missing, post-baseline assessment. The primary efficacy endpoint was *effective treatment* at end of study. Effective treatment was defined as negative microscopy and culture (mycological cure), a total signs and symptom severity score for erythema, pruritus and desquamation ≤ 2, individual severity scores for erythema, pruritus and desquamation ≤ 1, and individual severity scores for pustules, vesiculation and incrustation = 0. Secondary efficacy endpoints included *mycological cure* and *total clinical signs and symptoms*	**VERBATIM USE ONLY** ☐ **Claim can be used for the following;** **CONSUMERS** ☐ **HCPS** ☐ **SPECIFY HCPs:** **BOTH** ☒ **CANNOT BE USED FOR THE FOLLOWING:** - **OTHER RESTRICTIONS: -**

	score, for which results are detailed in the corresponding Clinical Study Report [15]. The severity of six clinical signs and symptoms (erythema, pruritus, desquamation, pustules, vesiculation and incrustation) was recorded on a 4-point scale. *Effective treatment*: At end of study, 65% of subjects (17/26) in the Lamisil 1% solution group had effective treatment, compared to 8% of subjects (2/26) in the vehicle group (p<0.001) [9]. *Mycological cure*: At end of study, 69% of subjects (18/26) in the Lamisil 1% solution group were mycologically cured, compared to 23% of subjects (6/26) in the vehicle group (p=0.002) [15]. *Total clinical signs and symptoms score*: At baseline, mean total signs and symptoms score were 6.65 and 6.42 in the Lamisil 1% solution group and the vehicle group respectively. At end of study, mean total signs and symptoms scores were 0.96 in Lamisil 1% solution group and 3.06 in vehicle group (p=0.001) [15]. A similar multicentre, randomized, double-blind, placebo-controlled clinical trial with Lamisil 1% solution was conducted in in total 151 subjects at least 12 years of age with tinea corporis/cruris [13]. This study was set up the same as study [9] above but evaluated until week 8. *Effective treatment*: At end of study, 71% of subjects (51/72) in the Lamisil 1% solution group had effective treatment, compared to 11% of subjects (4/36) in the vehicle group (p<0.001). *Mycological cure*: At end of study, 85% of subjects (61/72) in the Lamisil 1% solution group were mycologically cured, compared to 28% of subjects	

	(10/36) in the vehicle group (p<0.001). *Total clinical signs and symptoms score*: At baseline, mean total signs and symptoms score were 6.4 and 6.7 in the Lamisil 1% solution group and the vehicle group respectively. The reduction of baseline total signs and symptoms scores at end of study were 5.2 in Lamisil 1% solution group, compared to 1.8 in the vehicle group respectively (p<0.001) [13]. Another similar multicentre, randomized, double-blind, placebo-controlled clinical trial with Lamisil 1% solution was conducted in in total 72 subjects at least 5 years of age with tinea corporis/cruris [14]. This study was set up the same as study [9] above. *Effective treatment*: At end of study, 65% of subjects (22/34) in the Lamisil 1% solution group had effective treatment, compared to 20% of subjects (7/35) in the vehicle group (p<0.001). *Mycological cure*: At end of study, 76% of subjects (25/33) in the Lamisil 1% solution group were mycologically cured, compared to 29% of subjects (10/35) in the vehicle group (p<0.001). *Total clinical signs and symptoms score*: At baseline, mean total signs and symptoms score were 6.91 and 6.7.11 in the Lamisil 1% solution group and the vehicle group respectively. At week 4, mean total signs and symptoms scores were 1.24 in Lamisil 1% solution group and 5.32 in vehicle group (p<0.001) [14].	

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Efficacy in Pityriasis Versicolor		
Wording and contextual use of the claim	**Substantiation of the Claim**	**Restrictions on usage of the claim**
5. CLAIM: Effectively treats pityriasis versicolor Effective/clinically proven treatment for pityriasis versicolor **CONTEXT:**	Lamisil 1% spray is used for the topical treatment of pityriasis versicolor with a twice a day for one week treatment schedule [5]. 2 multicentre, randomized, double-blind, placebo-controlled clinical trials with Lamisil 1% solution provide evidence for effectively treating pityriasis versicolor with twice a day for one week treatment schedule [16,17]. A multicentre, randomized, double-blind, placebo-controlled clinical trial with Lamisil 1% solution was conducted in in total 152 subjects at least 12 years of age with pityriasis versicolor [16]. Subjects were instructed to use product twice daily for 7 days on affected areas. After 1, 2, 4 and 8 weeks, subjects were evaluated for clinical response. End of study was defined as last non-missing, post-baseline assessment. The primary efficacy endpoint was *effective treatment*. Effective treatment was defined as negative microscopy and a total signs and symptom severity score for erythema, pruritus and desquamation ≤ 1. Secondary efficacy endpoints included *microscopy* and *total clinical signs and symptoms score*, for which results are further detailed in the corresponding Clinical Study Report [18]. The severity of 3 clinical signs and symptoms (erythema, pruritus, desquamation) was recorded on a 4-point scale.	**VERBATIM USE ONLY** ☐ **Claim can be used for the following;** **CONSUMERS** ☐ **HCPS** ☐ **SPECIFY HCPs:** **BOTH** ☒ **CANNOT BE USED FOR THE FOLLOWING:** - **OTHER RESTRICTIONS: -**

	Effective treatment: At end of study, 77% of subjects (75/97) in the Lamisil 1% solution group had effective treatment, compared to 28% of subjects (13/47) in the vehicle group (p<0.001). From week 4 onwards, the difference between the two groups was statistically significant (p<0.001) [16]. *Negative microscopy*: At end of study, 78% of subjects (76/97) in the Lamisil 1% solution group had negative microscopy, compared to 30% of subjects (14/47) in the vehicle group (p<0.001). From week 4 onwards, the difference between the two groups was statistically significant (p<0.001) [16,18]. *Total clinical signs and symptoms score*: At baseline, mean total signs and symptoms score were 4.1 and 4.3 in the Lamisil 1% solution group and the vehicle group respectively. At end of study, mean total reduction of signs and symptoms scores from baseline were 3.5 in Lamisil 1% solution group and 2.4 in vehicle group (p=0.002) [18]. A similar multicentre, randomized, double-blind, placebo-controlled clinical trial with Lamisil 1% solution was conducted in in total 115 subjects at least 12 years of age with pityriasis versicolor [17]. This study was set up the same as study [16]. Results are further detailed in the corresponding Clinical Study Report [19]. *Effective treatment*: At end of study, 70% of subjects (52/74) in the Lamisil 1% solution group had effective treatment, compared to 32% of subjects (11/34) in the vehicle group (p<0.001).	

	Negative microscopy: At end of study, 79% of subjects (58/73) in the Lamisil 1% solution group had negative microscopy, compared to 44% of subjects (15/34) in the vehicle group ($p<0.001$). *Total clinical signs and symptoms score*: At baseline, mean total signs and symptoms score were 3.6 and 3.9 in the Lamisil 1% solution group and the vehicle group respectively. At end of study, mean total reduction of signs and symptoms scores from baseline were 3.1 in Lamisil 1% solution group and 2.6 in vehicle group ($p=0.045$) [19].	

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Mycological Cure in Athlete's Foot		
Wording and contextual use of the claim	**Substantiation of the Claim**	**Restrictions on usage of the claim**
6.a) CLAIM: Clinically proven to cure most athlete's foot High mycological cure rate [in athlete's foot] **CONTEXT:** **This claim wording must only be used in countries in which Lamisil 1% Spray is approved to treat interdigitale type tinea pedis with <u>once a day</u> for one week treatment schedule.** Wording in brackets is optional if claim context makes clear that you are specifically talking about interdigitale type tinea pedis and not any other disease.	See 3.a) claim substantiation - A multicentre, randomized, double-blind, placebo-controlled clinical trial with Lamisil 1% solution was conducted in in total 172 adult subjects with interdigitale type tinea pedis [6,7]. Subjects were instructed to use the Solution once daily for 7 days on affected areas. On day 7, week 2 and 8, subjects were evaluated for clinical response. *Mycological cure*: At end of study, 85% of subjects (60/71) in the Lamisil 1% solution group were mycologically cured, compared to 23% of subjects (9/39) in the vehicle group ($p<0.001$). Already at day 7, the difference between the two groups was statistically significant; 49% of subjects (34/69) in the Lamisil 1% solution group and 14% (5/37) in the vehicle group were mycologically cured ($p<0.01$) [7]. A mycological cure rate of 85% at end of study is considered as high.	**VERBATIM USE ONLY** ☐ **Claim can be used for the following;** **CONSUMERS** ☐ **HCPS** ☐ **SPECIFY HCPs:** **BOTH** ☒ **CANNOT BE USED FOR THE FOLLOWING:** Must NOT be used in countries in which Lamisil 1% Spray is approved to treat interdigitale type tinea pedis with any other treatment schedule than once a day for one week. **OTHER RESTRICTIONS: -**

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JOB NUMBER	GCCSS-SKH-0060.002 (in ZINC: GCSH/CHLAM/0020/17(1))

Mycological Cure in Athlete's Foot		
Wording and contextual use of the claim	**Substantiation of the Claim**	**Restrictions on usage of the claim**
6.b) CLAIM: Clinically proven to cure most athlete's foot High mycological cure rate [in athlete's foot] **CONTEXT:** **This claim wording must only be used in countries in which Lamisil 1% Spray is approved to treat interdigitale type tinea pedis with twice a day for one week treatment schedule.** Wording in brackets is optional if claim context makes clear that you are specifically talking about interdigitale type tinea pedis and not any other disease.	See 3.b) claim substantiation - 2 multicentre, randomized, double-blind and either placebo-controlled or active-controlled (clotrimazole 1% solution) clinical trials with Lamisil 1% solution provide evidence for effectively treating interdigitale type tinea pedis with a twice a day for one week treatment schedule. After 1, 2, 4, 6, and 8 weeks, subjects were evaluated for clinical response [9,10]. *Mycological cure* in placebo-controlled trial [9]: At end of study, 88% of subjects (51/58) in the Lamisil 1% solution group were mycologically cured, compared to 14% of subjects (4/28) in the vehicle group ($p<0.001$). Already at day 7, the difference between the two groups was statistically significant; 43% of subjects (24/56) in the Lamisil 1% solution group and 14% (4/28) in the vehicle group were mycologically cured ($p<0.01$) [11]. *Mycological cure* in active-controlled trial [10]: At end of study, 92% of subjects (199/217) in the Lamisil 1% solution group were mycologically cured, and 91% of subjects (193/212) in the clotrimazole 1% solution group ($p=0.411$). Mycological cure rates were similar between groups throughout the study and not statistically different [10]. Mycological cure rates of 88% and 92% at end of study are considered as high.	**VERBATIM USE ONLY** ☐ **Claim can be used for the following;** **CONSUMERS** ☐ **HCPS** ☐ **SPECIFY HCPs:** **BOTH** ☒ **CANNOT BE USED FOR THE FOLLOWING:** Must NOT be used in countries in which Lamisil 1% Spray is approved to treat interdigitale type tinea pedis with any other treatment schedule than twice a day for one week. **OTHER RESTRICTIONS: -**

KARO HEALTHCARE CLAIMS DOCUMENT	
JOB NAME	GC CSS Lamisil 1% Spray – Terbinafine Hydrochloride 1% Spray
JOB NUMBER	GCCSS-SKH-0060.002 (in ZINC: GCSH/CHLAM/0020/17(1))

Mycological Cure in Ringworm and Jock Itch		
Wording and contextual use of the claim	**Substantiation of the Claim**	**Restrictions on usage of the claim**
7. CLAIM: Clinically proven to cure most tinea corporis Clinically proven to cure most tinea cruris High mycological cure rate [in tinea corporis] High mycological cure rate [in tinea cruris] **CONTEXT:** Wording in brackets is optional if claim context makes clear that you are specifically talking about tinea corporis and/or tinea cruris but not any other disease.	See 4. claim substantiation - 3 multicentre, randomized, double-blind, placebo-controlled clinical trials with Lamisil 1% solution provide evidence for effectively treating tinea corporis and tinea cruris with once a day for one week treatment schedule [9,13,14]. Subject were followed for 4 weeks [9,14] or 8 weeks [13]. *Mycological cure* in trial [9]: At end of study, 69% of subjects (18/26) in the Lamisil 1% solution group were mycologically cured, compared to 23% of subjects (6/26) in the vehicle group (p=0.002) [15]. *Mycological cure* in trial [13]: At end of study, 85% of subjects (61/72) in the Lamisil 1% solution group were mycologically cured, compared to 28% of subjects (10/36) in the vehicle group (p<0.001) [13]. *Mycological cure* in trial [14]: At end of study, 76% of subjects (25/33) in the Lamisil 1% solution group were mycologically cured, compared to 29% of subjects (10/35) in the vehicle group (p<0.001) [14]. Mycological cure rates of 69%, 85% and 76% at end of study are considered as high.	**VERBATIM USE ONLY** ☐ **Claim can be used for the following;** **CONSUMERS** ☐ **HCPS** ☐ **SPECIFY HCPs:** **BOTH** ☒ **CANNOT BE USED FOR THE FOLLOWING:** - **OTHER RESTRICTIONS: -**

KARO HEALTHCARE CLAIMS DOCUMENT	
JOB NAME	GC CSS Lamisil 1% Spray – Terbinafine Hydrochloride 1% Spray
JOB NUMBER	GCCSS-SKH-0060.002 (in ZINC: GCSH/CHLAM/0020/17(1))

Negative microscopy in Pityriasis Versicolor		
Wording and contextual use of the claim	**Substantiation of the Claim**	**Restrictions on usage of the claim**
8. CLAIM: Clinically proven to cure most pityriasis versicolor **CONTEXT:**	See 5. claim substantiation - 2 multicentre, randomized, double-blind, placebo-controlled clinical trials with Lamisil 1% solution provide evidence for effectively treating pityriasis versicolor with twice a day for one week treatment schedule [16,17]. After 1, 2, 4 and 8 weeks, subjects were evaluated for clinical response. *Negative microscopy* in trial [16]: At end of study, 78% of subjects (76/97) in the Lamisil 1% solution group had negative microscopy, compared to 30% of subjects (14/47) in the vehicle group ($p<0.001$). From week 4 onwards, the difference between the two groups was statistically significant ($p<0.001$) [16,18]. *Negative microscopy* in trial [17]: At end of study, 79% of subjects (58/73) in the Lamisil 1% solution group had negative microscopy, compared to 44% of subjects (15/34) in the vehicle group ($p<0.001$) [19].	**VERBATIM USE ONLY** ☐ **Claim can be used for the following;** **CONSUMERS** ☐ **HCPS** ☐ **SPECIFY HCPs:** **BOTH** ☒ **CANNOT BE USED FOR THE FOLLOWING:** - **OTHER RESTRICTIONS: -**

KARO HEALTHCARE CLAIMS DOCUMENT	
JOB NAME	GC CSS Lamisil 1% Spray – Terbinafine Hydrochloride 1% Spray
JOB NUMBER	GCCSS-SKH-0060.002 (in ZINC: GCSH/CHLAM/0020/17(1))

Efficacy of Symptoms Reduction in Athlete's Foot		
Wording and contextual use of the claim	**Substantiation of the Claim**	**Restrictions on usage of the claim**
9.a) CLAIM: Clinically proven to ease/reduce/relieve symptoms (redness, itching, scaling, blistering, pustules and crusting) [of athlete's foot] **CONTEXT:** **This claim wording must only be used in countries in which Lamisil 1% Spray is approved to treat interdigitale type tinea pedis with once a day for one week treatment schedule.** Wording in brackets is optional if claim context makes clear that you are specifically talking about interdigitale type tinea pedis and not any other disease.	See 3.a) claim substantiation - A multicentre, randomized, double-blind, placebo-controlled clinical trial with Lamisil 1% solution was conducted in in total 172 adult subjects with interdigitale type tinea pedis [6,7]. Subjects were instructed to use the Solution once daily for 7 days on affected areas. On day 7, week 2 and 8, subjects were evaluated for clinical response. The severity of six clinical signs and symptoms (erythema, pruritus, desquamation, pustules, vesiculation and incrustation) was recorded on a 4-point scale. *Total clinical signs and symptoms score*: At baseline, mean total signs and symptoms score were 6.5 and 6.1 in the Lamisil 1% solution group and the vehicle group respectively. At week 8 and end of study, a statistically significant difference in reduction from baseline total signs and symptoms score in favour of Lamisil 1% solution was established ($p<0.001$). The reduction of baseline total signs and symptoms scores at end of study were 5.5 in Lamisil 1% solution group and 2.9 in vehicle group ($p<0.001$) [7].	**VERBATIM USE ONLY** ☐ **Claim can be used for the following;** **CONSUMERS** ☐ **HCPS** ☐ **SPECIFY HCPs:** **BOTH** ☒ **CANNOT BE USED FOR THE FOLLOWING:** Must NOT be used in countries in which Lamisil 1% Spray is approved to treat interdigitale type tinea pedis with any other treatment schedule than once a day for one week. Must not be used for any other indication than interdigitale type tinea pedis. **OTHER RESTRICTIONS: -**

KARO HEALTHCARE CLAIMS DOCUMENT	
JOB NAME	GC CSS Lamisil 1% Spray – Terbinafine Hydrochloride 1% Spray
JOB NUMBER	GCCSS-SKH-0060.002 (in ZINC: GCSH/CHLAM/0020/17(1))

Wording in round brackets is optional and can be left out when in need of a short claim.		

KARO HEALTHCARE CLAIMS DOCUMENT	
JOB NAME	GC CSS Lamisil 1% Spray – Terbinafine Hydrochloride 1% Spray
JOB NUMBER	GCCSS-SKH-0060.002 (in ZINC: GCSH/CHLAM/0020/17(1))

Efficacy of Symptoms Reduction in Athlete's Foot		
Wording and contextual use of the claim	**Substantiation of the Claim**	**Restrictions on usage of the claim**
9.b) CLAIM: Clinically proven to ease/reduce/relieve symptoms (redness, itching, scaling, blistering, pustules and crusting) [of athlete's foot] **CONTEXT:** **This claim wording must only be used in countries in which Lamisil 1% Spray is approved to treat interdigitale type tinea pedis with <u>twice a day</u> for one week treatment schedule.** Wording in brackets is optional if claim context makes clear that you are specifically talking about interdigitale type tinea pedis and not any other disease.	See 3.b) claim substantiation - 2 multicentre, randomized, double-blind and either placebo-controlled or active-controlled (clotrimazole 1% solution) clinical trials with Lamisil 1% solution provide evidence for effectively treating interdigitale type tinea pedis with a twice a day for one week treatment schedule [9,10]. After 1, 2, 4, 6, and 8 weeks, subjects were evaluated for clinical response. The severity of six clinical signs and symptoms (erythema, pruritus, desquamation, pustules, vesiculation and incrustation) was recorded on a 4-point scale. *Total clinical signs and symptoms score* in placebo-controlled trial [9]: At baseline, mean total signs and symptoms score were 6.3 and 6.4 in the Lamisil 1% solution group and the vehicle group respectively. At week 6, 8 and end of study, a statistically significant difference in reduction from baseline total signs and symptoms score in favour of Lamisil 1% solution was established ($p<0.001$). The reduction of baseline total signs and symptoms scores at end of study were 4.7 in Lamisil 1% solution group and 1.3 in vehicle group ($p<0.001$) [11]. *Total clinical signs and symptoms score* in active-controlled trial [10]: At baseline, mean total signs and symptoms score were 6.2 and 6.1 in the Lamisil 1% solution group and the clotrimazole 1% solution group respectively. The reduction of baseline total signs and symptoms scores at end of study were 5.5 in Lamisil 1% solution	**VERBATIM USE ONLY** ☐ **Claim can be used for the following;** **CONSUMERS** ☐ **HCPS** ☐ **SPECIFY HCPs:** **BOTH** ☒ **CANNOT BE USED FOR THE FOLLOWING:** Must NOT be used in countries in which Lamisil 1% Spray is approved to treat interdigitale type tinea pedis with any other treatment schedule than twice a day for one week. Must not be used for any other indication than interdigitale type tinea pedis. **OTHER RESTRICTIONS: -**

KARO HEALTHCARE CLAIMS DOCUMENT	
JOB NAME	GC CSS Lamisil 1% Spray – Terbinafine Hydrochloride 1% Spray
JOB NUMBER	GCCSS-SKH-0060.002 (in ZINC: GCSH/CHLAM/0020/17(1))

Wording in round brackets is optional and can be left out when in need of a short claim.	group and 5.4 in clotrimazole 1% solution group (p=0.603). Reduction of baseline total signs and symptoms scores were similar between groups throughout the study and not statistically different [12].	

KARO HEALTHCARE CLAIMS DOCUMENT	
JOB NAME	GC CSS Lamisil 1% Spray – Terbinafine Hydrochloride 1% Spray
JOB NUMBER	GCCSS-SKH-0060.002 (in ZINC: GCSH/CHLAM/0020/17(1))

Efficacy of Symptoms Reduction in Ringworm and Jock Itch		
Wording and contextual use of the claim	**Substantiation of the Claim**	**Restrictions on usage of the claim**
10. CLAIM: Clinically proven to ease/reduce/relieve symptoms (redness, itching, scaling, blistering, pustules and crusting) [of tinea corporis] Clinically proven to ease/reduce/relieve symptoms (redness, itching, scaling, blistering, pustules and crusting) [of tinea cruris] **CONTEXT:** Wording in brackets is optional if claim context makes clear that you are specifically talking about tinea corporis and/or tinea cruris but not any other disease.	See 4. claim substantiations – 3 multicentre, randomized, double-blind, placebo-controlled clinical trials with Lamisil 1% solution provide evidence for effectively treating tinea corporis and tinea cruris with once a day for one week treatment schedule [9,13,14]. Subject were followed for 4 weeks [9,14] or 8 weeks [13]. The severity of six clinical signs and symptoms (erythema, pruritus, desquamation, pustules, vesiculation and incrustation) was recorded on a 4-point scale. *Total clinical signs and symptoms score* in trial [9]: At baseline, mean total signs and symptoms score were 6.65 and 6.42 in the Lamisil 1% solution group and the vehicle group respectively. At end of study, mean total signs and symptoms scores were 0.96 in Lamisil 1% solution group and 3.06 in vehicle group (p=0.001) [15]. *Total clinical signs and symptoms score* in trial [13]: At baseline, mean total signs and symptoms score were 6.4 and 6.7 in the Lamisil 1% solution group and the vehicle group respectively. The reduction of baseline total signs and symptoms scores at end of study were 5.2 in Lamisil 1% solution group, compared to 1.8 in the vehicle group respectively (p<0.001) [13]. *Total clinical signs and symptoms score* [14]: At baseline, mean total signs and symptoms score were 6.91 and 6.7.11 in the Lamisil 1% solution group and the vehicle group respectively. At week 4, mean	**VERBATIM USE ONLY** ☐ **Claim can be used for the following;** **CONSUMERS** ☐ **HCPS** ☐ **SPECIFY HCPs:** **BOTH** ☒ **CANNOT BE USED FOR THE FOLLOWING:** Must not be used for indications other than tinea corporis and tinea cruris **OTHER RESTRICTIONS: -**

KARO HEALTHCARE CLAIMS DOCUMENT	
JOB NAME	GC CSS Lamisil 1% Spray – Terbinafine Hydrochloride 1% Spray
JOB NUMBER	GCCSS-SKH-0060.002 (in ZINC: GCSH/CHLAM/0020/17(1))

Wording in round brackets is optional and can be left out when in need of a short claim.	total signs and symptoms scores were 1.24 in Lamisil 1% solution group and 5.32 in vehicle group ($p<0.001$) [14].	

KARO HEALTHCARE CLAIMS DOCUMENT	
JOB NAME	GC CSS Lamisil 1% Spray – Terbinafine Hydrochloride 1% Spray
JOB NUMBER	GCCSS-SKH-0060.002 (in ZINC: GCSH/CHLAM/0020/17(1))

Efficacy of Symptoms Reduction in Pityriasis Versicolor		
Wording and contextual use of the claim	**Substantiation of the Claim**	**Restrictions on usage of the claim**
11. CLAIM: Clinically proven to ease/reduce/relieve symptoms (redness, itching, scaling) [of pityriasis versicolor] **CONTEXT:** Wording in brackets is optional if claim context makes clear that you are specifically talking about pityriasis versicolor but not any other disease. Wording in round brackets is optional and can be left out when in need of a short claim.	See 5. claim substantiation - 2 multicentre, randomized, double-blind, placebo-controlled clinical trials with Lamisil 1% solution provide evidence for effectively treating pityriasis versicolor with twice a day for one week treatment schedule [16,17]. After 1, 2, 4 and 8 weeks, subjects were evaluated for clinical response. The severity of 3 clinical signs and symptoms (erythema, pruritus, desquamation) was recorded on a 4-point scale. *Total clinical signs and symptoms score* in trial [16]: At baseline, mean total signs and symptoms score were 4.1 and 4.3 in the Lamisil 1% solution group and the vehicle group respectively. At end of study, mean total reduction of signs and symptoms scores from baseline were 3.5 in Lamisil 1% solution group and 2.4 in vehicle group (p=0.002) [18]. *Total clinical signs and symptoms score* in trial [17]: At baseline, mean total signs and symptoms score were 3.6 and 3.9 in the Lamisil 1% solution group and the vehicle group respectively. At end of study, mean total reduction of signs and symptoms scores from baseline were 3.1 in Lamisil 1% solution group and 2.6 in vehicle group (p=0.045) [19].	**VERBATIM USE ONLY** ☐ **Claim can be used for the following;** **CONSUMERS** ☐ **HCPS** ☐ **SPECIFY HCPs:** **BOTH** ☒ **CANNOT BE USED FOR THE FOLLOWING:** Must not be used for indications other than pityriasis versicolor **OTHER RESTRICTIONS: -**

KARO HEALTHCARE CLAIMS DOCUMENT	
JOB NAME	GC CSS Lamisil 1% Spray – Terbinafine Hydrochloride 1% Spray
JOB NUMBER	GCCSS-SKH-0060.002 (in ZINC: GCSH/CHLAM/0020/17(1))

Keeps Working		
Wording and contextual use of the claim	**Substantiation of the Claim**	**Restrictions on usage of the claim**
12. CLAIM: Keeps working even after you finish treatment* Continues to work beyond the 7 days of treatment* Continues to work up to 7 days after end of treatment* Forms a reservoir of terbinafine at fungicidal levels in the skin that is maintained up to 7 days after end of treatment Terbinafine binds to keratin/corneocytes in the skin *Fungicidal levels measured in skin up to 4 days after end of treatment	Pharmacokinetics of Lamisil 1% solution in two delivery devices (spray and dropper) were assessed and compared to Lamisil 1% Cream in 36 healthy adults randomized to receive once daily application of Lamisil 1% solution or Cream for 1 or 7 consecutive days, respectively, on their backs [20]. 5 sequential skin tape strips were taken from stratum corneum at various time points up to 7 days after last application of Lamisil 1% solution or Cream and analysed by high performance liquid chromatography for terbinafine amounts. The overall conclusion was that no clinically significant differences in tissue pharmacokinetics were seen between Lamisil 1% solution dropper, Lamisil 1% solution spray and Lamisil 1% Cream. The mean total terbinafine concentrations measured 4 days after cessation of 7 days' application were 6.427 ng/cm^2 for Lamisil 1% solution dropper, 3.473 ng/cm^2 for Lamisil 1% solution spray and 3.383 ng/cm^2 for Lamisil 1% Cream. In an earlier pharmacokinetic study done with Lamisil 1% Cream [21] using the same methodology as [20], the total thickness of the skin stripped away with 5 sequential tape strips by this method was assumed to be 2.5 µm. Therefore, a measured concentration of 1 ng/cm^2 in a study using this methodology corresponds to 4 µg/ml [21]. Applying the same assumption to the study data of [20], the measured concentrations 4 days after cessation of 7 days' application are approximately 25.7	**VERBATIM USE ONLY** ☐ **Claim can be used for the following;** **CONSUMERS** ☐ **HCPS** ☐ **SPECIFY HCPs:** **BOTH** ☒ **CANNOT BE USED FOR THE FOLLOWING:** Must not be used for indications other than interdigitale type tinea pedis, tinea corporis and tinea cruris **OTHER RESTRICTIONS:** This claims is supported by measured presence of terbinafine levels in skin. Appropriateness of such pharmacokinetic data for local claim substantiation must be assessed locally.

KARO HEALTHCARE CLAIMS DOCUMENT	
JOB NAME	GC CSS Lamisil 1% Spray – Terbinafine Hydrochloride 1% Spray
JOB NUMBER	GCCSS-SKH-0060.002 (in ZINC: GCSH/CHLAM/0020/17(1))

CONTEXT: This claim wording must only be used in the context of interdigitale type tinea pedis, tinea corporis and/or tinea cruris.	µg/ml for Lamisil 1% solution dropper, approximately 13.9 µg/ml for Lamisil 1% solution spray and approximately 13.5 µg/ml for Lamisil 1% Cream. These concentrations are considered to well exceed the *in vitro* minimum fungicidal concentration (MFC) of most relevant dermatophyte strains that cause interdigitale type tinea pedis, tinea corporis and tinea cruris. The reason why terbinafine remains in the stratum corneum for such a long time is because it's highly lipophilic and attaches to corneocytes [22]. The stratum corneum acts as a reservoir for terbinafine administered topically. Although terbinafine absorbs to keratin at a relatively high rate, it is easily released without losing its activity [23]. This pharmacokinetic study [20] also provides support for these claims for countries in which Lamisil 1% Spray is approved for twice daily application for 1 week to treat interdigitale type tinea pedis. It is expected that twice daily application of Lamisil 1% Spray will deliver at least as much active ingredient into the skin than once daily application for 7 days.	

KARO HEALTHCARE CLAIMS DOCUMENT	
JOB NAME	GC CSS Lamisil 1% Spray – Terbinafine Hydrochloride 1% Spray
JOB NUMBER	GCCSS-SKH-0060.002 (in ZINC: GCSH/CHLAM/0020/17(1))

Protection from Recurrence in Athlete's Foot		
Wording and contextual use of the claim	**Substantiation of the Claim**	**Restrictions on usage of the claim**
13.a) CLAIM: Helps protect from recurrence* [of athlete's foot] Helps prevent recurrence* [of athlete's foot] Low recurrence rate* [of athlete's foot] *Up to 2 months **CONTEXT:** **This claim wording must only be used in countries in which Lamisil 1% Spray is approved to treat interdigitale type tinea pedis with <u>once a day</u> for one week treatment schedule.** Wording in brackets is optional if claim context makes clear that you	See 3.a) claim substantiation - A multicentre, randomized, double-blind, placebo-controlled clinical trial with Lamisil 1% solution was conducted in in total 172 adult subjects with interdigitale type tinea pedis [6,7]. Subjects were instructed to use the Solution once daily for 7 days on affected areas. On day 7, week 2 and 8, subjects were evaluated for clinical response. End of study was defined as last non-missing, post-baseline assessment i. e. week 8 or before. The corresponding Clinical Study Report [7] of this clinical trial [6] also evaluated recurrence defined as not meeting criteria for effective treatment at end of study after being effectively treated sometime prior to end of study. Recurrence was further classified into mycological and clinical recurrence. *Assessment of recurrence*: At end of study, In the Lamisil 1% solution group, 12% (3/26) of subjects had a recurrence (12% had mycological recurrence only, and none had clinical recurrence only or both mycological and clinical recurrence). In contrast, in the vehicle group, 100% (3/3) of subjects had a recurrence (33% had mycological recurrence only, none had clinical recurrence only and 67% had both mycological and clinical recurrence) [7]. A recurrence rate of 12% at week 8 is considered as low.	**VERBATIM USE ONLY** ☐ **Claim can be used for the following;** **CONSUMERS** ☐ **HCPS** ☐ **SPECIFY HCPs:** **BOTH** ☒ **CANNOT BE USED FOR THE FOLLOWING:** Must NOT be used in countries in which Lamisil 1% Spray is approved to treat interdigitale type tinea pedis with any other treatment schedule than once a day for one week. Must not be used for any other indication than interdigitale type tinea pedis. **OTHER RESTRICTIONS: -**

are specifically talking about interdigitale type tinea pedis and not any other disease.		

KARO HEALTHCARE CLAIMS DOCUMENT	
JOB NAME	GC CSS Lamisil 1% Spray – Terbinafine Hydrochloride 1% Spray
JOB NUMBER	GCCSS-SKH-0060.002 (in ZINC: GCSH/CHLAM/0020/17(1))

Protection from Recurrence in Athlete's Foot		
Wording and contextual use of the claim	**Substantiation of the Claim**	**Restrictions on usage of the claim**
13.b) CLAIM: Helps protect from recurrence* [of athlete's foot] Helps prevent recurrence* [of athlete's foot] Low recurrence rate* [of athlete's foot] *Up to 2 months **CONTEXT:** **This claim wording must only be used in countries in which Lamisil 1% Spray is approved to treat interdigitale type tinea pedis with <u>twice a day</u> for one week treatment schedule.** Wording in brackets is optional if claim context makes clear that you are specifically talking about	See 3.b) claim substantiation - 2 multicentre, randomized, double-blind and either placebo-controlled or active-controlled (clotrimazole 1% solution) clinical trials with Lamisil 1% solution provide evidence for effectively treating interdigitale type tinea pedis with a twice a day for one week treatment schedule. After 1, 2, 4, 6, and 8 weeks, subjects were evaluated for clinical response [9,10]. End of study was defined as last non-missing, post-baseline assessment i. e. week 8 or before. The corresponding Clinical Study Reports [11,12] of these clinical trial [9,10] also evaluated recurrence defined as not meeting criteria for effective treatment at end of study after being effectively treated sometime prior to end of study. Recurrence was further classified into mycological and clinical recurrence. *Assessment of recurrence* in placebo-controlled trial [11]: At end of study, In the Lamisil 1% solution group, 26% (11/58) of subjects had a recurrence (5% had mycological recurrence only, 16% had clinical recurrence only and 5% had both mycological and clinical recurrence). In contrast, in the vehicle group, 75% (3/4) of subjects had a recurrence (50% had mycological recurrence only, none had clinical recurrence only and 25% had both mycological and clinical recurrence) [11]. *Assessment of recurrence* in active-controlled trial [12]: At end of study, In the Lamisil 1% solution group, 10% (16/168) of subjects had	**VERBATIM USE ONLY** ☐ **Claim can be used for the following;** **CONSUMERS** ☐ **HCPS** ☐ **SPECIFY HCPs:** **BOTH** ☒ **CANNOT BE USED FOR THE FOLLOWING:** Must NOT be used in countries in which Lamisil 1% Spray is approved to treat interdigitale type tinea pedis with any other treatment schedule than twice a day for one week. Must not be used for any other indication than interdigitale type tinea pedis. **OTHER RESTRICTIONS: -**

interdigitale type tinea pedis and not any other disease.	a recurrence (5% had mycological recurrence only, 4% had clinical recurrence only and none had both mycological and clinical recurrence). In the active control clotrimazole 1% solution group, 12% (20/166) of subjects had a recurrence (7% had mycological recurrence only, 5% had clinical recurrence only and 1% had both mycological and clinical recurrence) [12]. Recurrence rates of 26% and 10% at week 8 are considered as low.	

KARO HEALTHCARE CLAIMS DOCUMENT	
JOB NAME	GC CSS Lamisil 1% Spray – Terbinafine Hydrochloride 1% Spray
JOB NUMBER	GCCSS-SKH-0060.002 (in ZINC: GCSH/CHLAM/0020/17(1))

7 Day Treatment		
Wording and contextual use of the claim	**Substantiation of the Claim**	**Restrictions on usage of the claim**
14. CLAIM: Only 7 days of treatment Needs only 1 week of treatment Short treatment course **CONTEXT:** The claim wording must only be used in the context of interdigitale type tinea pedis, tinea corporis, tinea cruris and/or pityriasis versicolor. Treatment time must NOT be confused with healing time.	See 3.a)/3.b), 4. and 5. claim substantiations – Lamisil 1% Spray was effective in treating interdigitale type tinea pedis, tinea corporis, tinea cruris and pityriasis versicolor in clinical trials with one week treatment schedule [6,7,9,10,13,14,16,17]. 1 week is considered a short treatment course.	**VERBATIM USE ONLY** ☐ **Claim can be used for the following;** **CONSUMERS** ☐ **HCPS** ☐ **SPECIFY HCPs:** **BOTH** ☒ **CANNOT BE USED FOR THE FOLLOWING:** Must not be used for indications other than interdigitale type tinea pedis, tinea corporis, tinea cruris and pityriasis versicolor. **OTHER RESTRICTIONS: -**

KARO HEALTHCARE CLAIMS DOCUMENT	
JOB NAME	GC CSS Lamisil 1% Spray – Terbinafine Hydrochloride 1% Spray
JOB NUMBER	GCCSS-SKH-0060.002 (in ZINC: GCSH/CHLAM/0020/17(1))

4 x Shorter Treatment		
Wording and contextual use of the claim	**Substantiation of the Claim**	**Restrictions on usage of the claim**
15. CLAIM: Up to 4 times shorter treatment* *than azole containing products with 3 to 4 weeks of treatment duration **CONTEXT:** This claim wording must only be used in the context of interdigitale type tinea pedis, tinea corporis and/or tinea cruris. Local product information of relevant azole containing products need to be checked to ensure claim is appropriate and accurate. If not, claim wording and disclaimer must be amended to be in line with local	See 3.a)/3.b), 4. and 5. claim substantiations – Lamisil 1% Spray was effective in treating interdigitale type tinea pedis, tinea corporis, tinea cruris and pityriasis versicolor in clinical trials with one week treatment schedule [6,7,9,10,13,14,16,17]. Topical antifungal treatments with an azole as active ingredient (for example clotrimazole, miconazole or ketoconazole) indicated for the treatment of interdigitale type tinea pedis, tinea corporis and tinea cruris recommend a treatment duration of typically up to 4 weeks. Please check local labels of relevant azole containing products to ensure claim is appropriate locally.	**VERBATIM USE ONLY** ☐ **Claim can be used for the following;** **CONSUMERS** ☐ **HCPS** ☐ **SPECIFY HCPs:** **BOTH** ☒ **CANNOT BE USED FOR THE FOLLOWING:** Must not be used for indications other than interdigitale type tinea pedis, tinea corporis and tinea cruris. **OTHER RESTRICTIONS:** This claim may not be permitted in all markets; please check with LOC Regulatory and Legal in your market. Local labels of relevant azole containing products need to be checked to ensure claim is appropriate locally.

product information of relevant azole containing products. Treatment time must NOT be confused with healing time.		

KARO HEALTHCARE CLAIMS DOCUMENT	
JOB NAME	GC CSS Lamisil 1% Spray – Terbinafine Hydrochloride 1% Spray
JOB NUMBER	GCCSS-SKH-0060.002 (in ZINC: GCSH/CHLAM/0020/17(1))

Hygienic Convenient Application		
Wording and contextual use of the claim	**Substantiation of the Claim**	**Restrictions on usage of the claim**
16. CLAIM: No need to touch infected area [when applying] Hygienic [application] Convenient [application] **CONTEXT:** Wording in brackets is optional if claim context makes clear that you are specifically talking about the application characteristics of Lamisil 1% Spray.	Lamisil 1% Spray is used for the topical treatment of interdigitale type tinea pedis, tinea corporis, tinea cruris and pityriasis versicolor. Usage instruction for Lamisil 1% Spray say "spray enough of the solution to thoroughly wet the affected skin and surrounding areas" [5]. Other topical Lamisil formulations like Lamisil 1% Cream or Lamisil 1% Gel have to be rubbed in gently after application, done usually with a finger. However, when applying Lamisil 1% Spray, this step is not needed. So, there is no need to touch the infected area with the fingers when applying Lamisil 1% Spray. This can be considered a convenient and hygienic application.	**VERBATIM USE ONLY** ☐ **Claim can be used for the following;** **CONSUMERS** ☐ **HCPS** ☐ **SPECIFY HCPs:** **BOTH** ☒ **CANNOT BE USED FOR THE FOLLOWING:** **-** **OTHER RESTRICTIONS: -**

KARO HEALTHCARE CLAIMS DOCUMENT	
JOB NAME	GC CSS Lamisil 1% Spray – Terbinafine Hydrochloride 1% Spray
JOB NUMBER	GCCSS-SKH-0060.002 (in ZINC: GCSH/CHLAM/0020/17(1))

Triple Action Formula for Athlete's Foot		
Wording and contextual use of the claim	**Substantiation of the Claim**	**Restrictions on usage of the claim**
17.a) CLAIM: Triple-action formula: • Relieves symptoms (redness, itching, scaling, blistering, pustules and crusting) • Cures most athlete's foot with 7 days of treatment • Helps protect from recurrence* Triple-action formula: • Relieves symptoms (redness, itching, scaling, blistering, pustules and crusting) • Kills the fungus	See 1., 3.a), 6.a), 9.a), 13.a) and 14. claim substantiations	**VERBATIM USE ONLY** ☐ **Claim can be used for the following;** **CONSUMERS** ☐ **HCPS** ☐ **SPECIFY HCPs:** **BOTH** ☒ **CANNOT BE USED FOR THE FOLLOWING:** Must NOT be used in countries in which Lamisil 1% Spray is approved to treat interdigitale type tinea pedis with any other treatment schedule than once a day for one week. Must not be used for any other indication than interdigitale type tinea pedis. **OTHER RESTRICTIONS: -**

KARO HEALTHCARE CLAIMS DOCUMENT	
JOB NAME	GC CSS Lamisil 1% Spray – Terbinafine Hydrochloride 1% Spray
JOB NUMBER	GCCSS-SKH-0060.002 (in ZINC: GCSH/CHLAM/0020/17(1))

• Helps protect from recurrence* [of athlete's foot] *Up to 2 months **CONTEXT:** **This claim wording must only be used in countries in which Lamisil 1% Spray is approved to treat interdigitale type tinea pedis with once a day for one week treatment schedule.** Wording in brackets is optional if claim context makes clear that you are specifically talking about interdigitale type tinea pedis and not any other disease. Wording in round brackets is optional and can be left out when in need of a short claim. Treatment time must NOT be confused with healing time.		

KARO HEALTHCARE CLAIMS DOCUMENT	
JOB NAME	GC CSS Lamisil 1% Spray – Terbinafine Hydrochloride 1% Spray
JOB NUMBER	GCCSS-SKH-0060.002 (in ZINC: GCSH/CHLAM/0020/17(1))

Triple Action Formula for Athlete's Foot		
Wording and contextual use of the claim	**Substantiation of the Claim**	**Restrictions on usage of the claim**
17.b) CLAIM: Triple-action formula: • Relieves symptoms (redness, itching, scaling, blistering, pustules and crusting) • Cures most athlete's foot with 7 days of treatment • Helps protect from recurrence* Triple-action formula: • Relieves symptoms (redness, itching, scaling, blistering, pustules and crusting) • Kills the fungus	See 1., 3.b), 6.b), 9.b), 13.b) and 14. claim substantiations	**VERBATIM USE ONLY** ☐ **Claim can be used for the following;** **CONSUMERS** ☐ **HCPS** ☐ **SPECIFY HCPs:** **BOTH** ☒ **CANNOT BE USED FOR THE FOLLOWING:** Must NOT be used in countries in which Lamisil 1% Spray is approved to treat interdigitale type tinea pedis with any other treatment schedule than twice a day for one week. Must not be used for any other indication than interdigitale type tinea pedis. **OTHER RESTRICTIONS: -**

KARO HEALTHCARE CLAIMS DOCUMENT	
JOB NAME	GC CSS Lamisil 1% Spray – Terbinafine Hydrochloride 1% Spray
JOB NUMBER	GCCSS-SKH-0060.002 (in ZINC: GCSH/CHLAM/0020/17(1))

• Helps protect from recurrence* [of athlete's foot] *Up to 2 months **CONTEXT:** **This claim wording must only be used in countries in which Lamisil 1% Spray is approved to treat interdigitale type tinea pedis with twice a day for one week treatment schedule.** Wording in brackets is optional if claim context makes clear that you are specifically talking about interdigitale type tinea pedis and not any other disease. Wording in round brackets is optional and can be left out when in need of a short claim. Treatment time must NOT be confused with healing time.		

KARO HEALTHCARE CLAIMS DOCUMENT	
JOB NAME	GC CSS Lamisil 1% Spray – Terbinafine Hydrochloride 1% Spray
JOB NUMBER	GCCSS-SKH-0060.002 (in ZINC: GCSH/CHLAM/0020/17(1))

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