# CENTER FOR DRUG EVALUATION AND RESEARCH

## APPLICATION NUMBER: 50-801

## **APPROVED LABELING**

## 1.3.2.1 Draft Package Insert

## 2 Prescribing Information Text

- 3 Evoclin™
- 4 (clindamycin phosphate) Foam, 1%
- 5 Rx Only

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7 FOR TOPICAL USE ONLY. NOT FOR OPHTHALMIC, ORAL, OR INTRAVAGINAL 8 USE.

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## DESCRIPTION

11 Evoclin (clindamycin phosphate) Foam, 1%, a topical antibiotic in a foam vehicle,

12 contains clindamycin phosphate, USP, at a concentration equivalent to 10 mg

13 clindamycin per gram in a vehicle consisting of cetyl alcohol, dehydrated alcohol

14 (ethanol 58%), polysorbate 60, potassium hydroxide, propylene glycol, purified water,

and stearyl alcohol, pressurized with a hydrocarbon (propane/butane) propellant.

16 Chemically, clindamycin phosphate is a water-soluble ester of the semi-synthetic

antibiotic produced by a 7 (S)-chloro-substitution of the 7 (R)-hydroxyl group of the

parent antibiotic, lincomycin, and has the structural formula represented below:

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Figure 1: Structural Formula

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- CEINDANT CINT HOST HATE I GAM CONTIDENTIAL IN CHIMA
- 21 The chemical name for clindamycin phosphate is methyl 7-chloro-6,7,8-trideoxy-6-(1-
- 22 methyl-trans-4-propyl-L-2-pyrrolidinecarboxamido)-1-thio-L-threo-α-D-galacto-
- 23 octopyranoside 2-(dihydrogen phosphate).

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## **CLINICAL PHARMACOLOGY**

- 26 **Pharmacokinetics:** In an open label, parallel group study in 24 patients with acne
- vulgaris, 12 patients (3 male and 9 female) applied 4 grams of Evoclin Foam once-daily
- 28 for five days, and 12 patients (7 male and 5 female) applied 4 grams of Clindagel®
- 29 (clindamycin phosphate) Topical Gel, 1%, once daily for five days. On Day 5, the mean
- 30 C<sub>max</sub> and AUC(0-12) were 23% and 9% lower, respectively, for Evoclin Foam than for
- 31 Clindagel<sup>®</sup>.
- 32 Following multiple applications of Evoclin Foam less than 0.024% of the total dose was
- 33 excreted unchanged in the urine over 12 hours on Day 5.

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- 35 **Microbiology:** The clindamycin component has been shown to have in vitro activity
- 36 against Propionibacterium acnes, an organism which is associated with acne vulgaris;
- 37 however, the clinical significance of this activity against P. acnes was not examined in
- 38 clinical trials with this product. Cross-resistance between clindamycin and erythromycin
- 39 has been demonstrated.

### CLINICAL STUDIES

- 41 In one multicenter, randomized, double-blind, vehicle-controlled clinical trial patients
- 42 with mild to moderate acne vulgaris used Evoclin (clindamycin phosphate) Foam, 1% or
- 43 the vehicle foam once daily for twelve weeks. Treatment response, defined as the
- 44 proportion of patients clear or almost clear, based on the Investigator Static Global
- 45 Assessment (ISGA), and the mean percent reductions in lesion counts at the end of
- 46 treatment in this study are shown in the following table:

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	CLINDAMYCIN PHOSPHATE FOAM	CONFIDENTIAL I
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	Evoclin Foam	Vehicle Foam
Efficacy Parameters	N=386	N=127
Treatment response (ISGA)	31%	18%*
Percent reduction in lesion counts Inflammatory Lesions	49%	35%*
Noninflammatory Lesions	38%	27%*
Total Lesions	43%	31%*

<sup>\*</sup>P< 0.05

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## INDICATIONS AND USAGE

- Evoclin is indicated for topical application in the treatment of acne vulgaris. In view of 50
- 51 the potential for diarrhea, bloody diarrhea and pseudomembranous colitis, the physician
- 52 other (See should consider whether agents are more appropriate.
- 53 CONTRAINDICATIONS, WARNINGS, and ADVERSE REACTIONS.)

#### 54 CONTRAINDICATIONS

- Evoclin is contraindicated in individuals with a history of hypersensitivity to preparations 55
- 56 containing clindamycin or lincomycin, a history of regional enteritis or ulcerative colitis,
- 57 or a history of antibiotic-associated colitis.

## WARNINGS

- 59 Orally and parenterally administered clindamycin has been associated with
- severe colitis, which may result in patient death. Use of the topical formulation of 60
- 61 clindamycin results in absorption of the antibiotic from the skin surface. Diarrhea,
- 62 bloody diarrhea, and colitis (including pseudomembranous colitis) have been
- 63 reported with the use of topical and systemic clindamycin.
- 64 Studies indicate a toxin(s) produced by Clostridia is one primary cause of
- 65 antibiotic-associated colitis. The colitis is usually characterized by severe
- persistent diarrhea and severe abdominal cramps and may be associated with the 66
- 67 **Endoscopic** examination passage of blood and mucus. may reveal

- 68 pseudomembranous colitis. Stool culture for Clostridium difficile and stool assay
- 69 for C. difficile toxin may be helpful diagnostically.
- 70 When significant diarrhea occurs, the drug should be discontinued. Large bowel
- 71 endoscopy should be considered to establish a definitive diagnosis in cases of
- severe diarrhea. Antiperistaltic agents, such as opiates and diphenoxylate with 72
- 73 atropine, may prolong and/or worsen the condition.
- Diarrhea, colitis, and pseudomembranous colitis have been observed to begin up 74
- 75 to several weeks following cessation of oral and parenteral therapy with
- 76 clindamycin.
- 77 Mild cases of pseudomembranous colitis usually respond to drug discontinuation alone.
- 78 In moderate to severe cases, consideration should be given to management with fluids
- 79 and electrolytes, protein supplementation and treatment with an antibacterial drug
- 80 clinically effective against *C. difficile* colitis.
- 81 Avoid contact of Evoclin with eyes. If contact occurs, rinse eyes thoroughly with water.

#### 82 **PRECAUTIONS**

- 83 **General:** Evoclin should be prescribed with caution in atopic individuals.
- 84 Drug Interactions: Clindamycin has been shown to have neuromuscular blocking
- 85 properties that may enhance the action of other neuromuscular blocking agents.
- 86 Therefore, it should be used with caution in patients receiving such agents.

#### 87 Carcinogenesis, Mutagenesis, Impairment of Fertility

- 88 The carcinogenicity of a 1% clindamycin phosphate gel similar to Evoclin was evaluated
- 89 by daily application to mice for two years. The daily doses used in this study were
- 90 approximately 3 and 15 times higher than the human dose of clindamycin phosphate
- 91 from 5 milliliters of Evoclin, assuming complete absorption and based on a body surface
- 92 area comparison. No significant increase in tumors was noted in the treated animals.

- 93 A 1% clindamycin phosphate gel similar to Evoclin caused a statistically significant
- shortening of the median time to tumor onset in a study in hairless mice in which tumors
- 95 were induced by exposure to simulated sunlight.
- 96 Genotoxicity tests performed included a rat micronucleus test and an Ames Salmonella
- 97 reversion test. Both tests were negative.
- 98 Reproduction studies in rats using oral doses of clindamycin hydrochloride and
- 99 clindamycin palmitate hydrochloride have revealed no evidence of impaired fertility.

## 100 Pregnancy: Teratogenic effects - Pregnancy Category B

- 101 Reproduction studies have been performed in rats and mice using subcutaneous and
- 102 oral doses of clindamycin phosphate, clindamycin hydrochloride and clindamycin
- 103 palmitate hydrochloride. These studies revealed no evidence of fetal harm. The
- 104 highest dose used in the rat and mouse teratogenicity studies was equivalent to a
- clindamycin phosphate dose of 432 mg/kg. For a rat, this dose is 84 fold higher, and for
- a mouse 42 fold higher, than the anticipated human dose of clindamycin phosphate
- 107 from Evoclin based on a mg/m<sup>2</sup> comparison. There are, however, no adequate and
- 108 well-controlled studies in pregnant women. Because animal reproduction studies are
- 109 not always predictive of human response, this drug should be used during pregnancy
- 110 only if clearly needed.
- 111 Nursing Mothers: It is not known whether clindamycin is excreted in human milk
- 112 following use of Evoclin. However, orally and parenterally administered clindamycin has
- 113 been reported to appear in breast milk. Because of the potential for serious adverse
- 114 reactions in nursing infants, a decision should be made whether to discontinue nursing
- or to discontinue the drug, taking into account the importance of the drug to the mother.
- 116 **Pediatric Use:** Safety and effectiveness of Evoclin in children under the age of 12 have
- 117 not been studied.
- 118 Geriatric Use: The clinical study with Evoclin did not include sufficient numbers of
- 119 patients aged 65 and over to determine if they respond differently than younger
- 120 patients.

## ADVERSE REACTIONS

122 The incidence of adverse events occurring in ≥1% of the patients in clinical studies 123 comparing Evoclin and its vehicle is presented below:

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## Selected Adverse Events Occurring in ≥1% of Subjects

Adverse Event _	Number (%) of Subjects	
	Evoclin Foam N=439	Vehicle Foam N=154
Headache	12 (3%)	1 (1%)
Application site burning	27 (6%)	14 (9%)
Application site pruritus	5 (1%)	5 (3%)
Application site dryness	4 (1%)	5 (3%)
Application site reaction, not otherwise specified	3 (1%)	4 (3%)

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In a contact sensitization study, none of the 203 subjects developed evidence of allergic contact sensitization to Evoclin.

129 Orally and parenterally administered clindamycin has been associated with severe 130 colitis, which may end fatally.

Cases of diarrhea, bloody diarrhea, and colitis (including pseudomembranous colitis) have been reported as adverse reactions in patients treated with oral and parenteral formulations of clindamycin and rarely with topical clindamycin (see WARNINGS). Abdominal pain and gastrointestinal disturbances, as well as gram-negative folliculitis, have also been reported in association with the use of topical formulations of clindamycin.

## **OVERDOSAGE**

Topically applied Evoclin may be absorbed in sufficient amounts to produce systemic 138 139 effects (see WARNINGS).

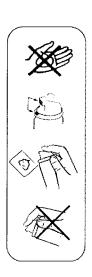
## **DOSAGE AND ADMINISTRATION**

- 141 Apply Evoclin once daily to affected areas after the skin is washed with mild soap and
- 142 allowed to fully dry. Use enough to cover the entire affected area.

#### 143 To Use Evoclin:

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- 1. Do not dispense Evoclin directly onto your hands or face, because the foam will begin to melt on contact with warm skin.
- 2. Remove the clear cap. Align the black mark with the nozzle of the actuator.
- 3. Hold the can at an upright angle and then press firmly to dispense. Dispense an amount directly into the cap or onto a cool surface. Dispense an amount of Evoclin that will cover the affected area(s). If the can seems warm or the foam seems runny, run the can under cold water.



4. Pick up small amounts of Evoclin with your fingertips and gently massage into the affected areas until the foam disappears.

Throw away any of the unused medicine that you dispensed out of the can.

Avoid contact of Evoclin with eyes. If contact occurs, rinse eyes thoroughly with water.

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#### 145 **HOW SUPPLIED**

- Evoclin containing clindamycin phosphate equivalent to 10 mg clindamycin per gram, is 146
- 147 available in the following size: 50 gram can - NDC 63032-061-50

#### 148 STORAGE AND HANDLING

- Store at controlled room temperature 20°-25°C (68° 77°F). 149
- 150 FLAMMABLE. AVOID FIRE, FLAME OR SMOKING DURING AND IMMEDIATELY
- 151 FOLLOWING APPLICATION.

- 152 Contents under pressure. Do not puncture or incinerate. Do not expose to heat or 153 store at temperature above 120°F (49°C).
- 154 Keep out of reach of children.
- 155 Manufactured for
- 156 Connetics Corporation
- 157 Palo Alto, CA 94304
- 158 USA

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- 160 For additional information:
- 161 1-888-500-DERM or visit
- 162 <u>www.evoclin.com</u>

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164 U.S. Patent Pending

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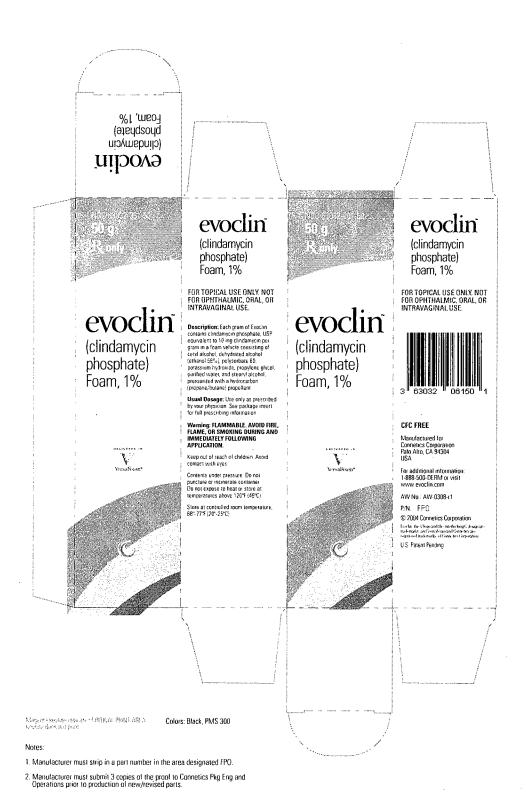
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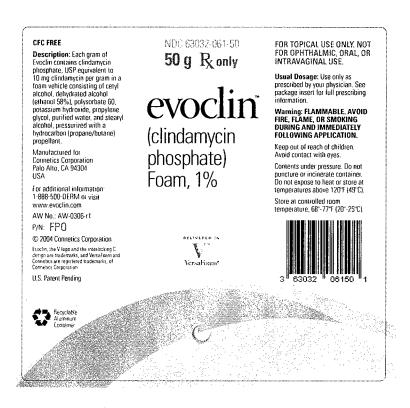


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- 170 © 2004 Connetics Corporation





Magenta kevilino indicates CRITICAL PRINT AREA Kevilina does not print

Colors: Black, PMS 300

### Notes:

- 1. Manufacturer must strip in a part number in the area designated FPO.
- Manufacturer must submit 3 copies of the proof to Connetics Pkg Eng and Operations prior to production of new/revised parts.

This is a representation of an electronic record that was signed electronically and this page is the manifestation of the electronic signature.

/s/

Stanka Kukich 10/22/04 02:43:21 PM Sign off for Dr. Jonathan Wilkin, Division Director