Clobetasol Propionate Cream USP, 0.05% (Emollient)

FOR TOPICAL DERMATOLOGIC USE ONLY
NOT FOR OPHTHALMIC, ORAL, OR INTRAVAGINAL USE
Rx only

DESCRIPTION: Clobetasol Propionate Cream (Emollient) contains the active compound clobetasol propionate, a synthetic corticosteroid, for topical dermatologic use. Clobetasol, an analog of prednisolone, has a high degree of glucocorticoid activity and a slight degree of mineralocorticoid activity. Chemically, clobetasol propionate is 11β,16α,17α-[11β-(11H)-16α-hydroxy-17α-(1,4-oxopropyl)-pregna-1,4-diene-3,20-dione, and it has the following structural formula:

![Chemical Structure]

Clobetasol propionate has the empirical formula C₂₁H₂₃O₅, and a molecular weight of 467. It is a white to cream-colored crystalline powder insoluble in water.

Clobetasol Propionate Cream (Emollient) contains clobetasol propionate 0.5 mg/g in an emollient base of cetostearyl alcohol, isopropyl myristate, propylene glycol, ceteth 20, dimethicone 360, cetyl alcohol, sodium chloride, purified water, methylparaben and propylparaben.

CLINICAL PHARMACOLOGY: Like other topical corticosteroids, clobetasol propionate has anti-inflammatory, antipruritic, and vasoconstrictive properties. The mechanism of the anti-inflammatory activity of the topical steroids, in general, is unclear. However, corticosteroids are thought to act by the induction of phospholipase A₂ inhibitors proteins, collectively called lipocortins. It is postulated that these proteins control the biosynthesis of potent mediators of inflammation such as prostaglandins and leukotrienes by inhibiting the release of their common precursor, arachidonic acid. Arachidonic acid is released from membrane phospholipids by phospholipase A₂.

Pharmacokinetics: The extent of percutaneous absorption of topical corticosteroids is determined by many factors, including the vehicle and the integrity of the epidermal barrier. Occlusive dressing with hydrocortisone for up to 24 hours has not been demonstrated to increase penetration; however, occlusion of hydrocortisone for 96 hours markedly enhances penetration. Topical corticosteroids can be absorbed from normal intact skin, inflammation and other disease processes in the skin may increase percutaneous absorption.

Studies performed with Clobetasol Propionate Cream (Emollient) indicate that it is in the super-high range of potency as compared with other topical corticosteroids.

INDICATIONS AND USAGE: Clobetasol Propionate Cream (Emollient) is a super-high potency corticosteroid formulation indicated for the relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses. Treatment beyond 2 consecutive weeks is not recommended, and the total dosage should not exceed 50 g/week because of the potential for the drug to suppress the hypothalamic-pituitary-adrenal (HPA) axis. Use in children under 12 years of age is not recommended.

In the treatment of moderate to severe plaque-type psoriasis, Clobetasol Propionate Cream (Emollient) is applied to 3% to 10% of the body surface area once daily to the psoriatic lesions. Patients should be instructed to use Clobetasol Propionate Cream (Emollient) for the minimum amount of time necessary to achieve the desired results (see PRECAUTIONS and INDICATIONS AND USAGE). Use in pediatric patients under 16 years of age has not been studied.

CONTRAINDICATIONS: Clobetasol Propionate Cream (Emollient) is contraindicated in those patients with a history of hypersensitivity to any of the components of the preparation.

PRECAUTIONS:

General: Clobetasol propionate is a highly potent topical corticosteroid that has been shown to suppress the HPA axis at doses as low as 2 g/day.

Systemic absorption of topical corticosteroids can produce reversible HPA axis suppression with the potential for glucocorticosteroid insufficiency after withdrawal from treatment. Manifestations of Cushing's syndrome, hyperglycemia, and glucosuria can also be produced in some patients by systemic absorption of topical corticosteroids while on therapy.

Patients applying a dose to a large surface area or to areas under occlusion should be evaluated periodically for evidence of HPA axis suppression. This may be done by using the ACTH stimulation, A.M. plasma cortisol, and urinary free cortisol tests. Patients receiving super-potent corticosteroids should not be treated for more than 2 weeks at a time, and only small areas should be treated at any one time due to the increased risk of HPA suppression.

In a controlled clinical trial involving patients with moderate to severe plaque-type psoriasis, Clobetasol Propionate Cream (Emollient) applied to 5% to 10% of body surface area resulted in additional benefits in the treatment of patients for 4 consecutive weeks. In this trial, there were no clobetasol treated patients with clinically significant decreases in morning cortisol levels after 4 weeks of treatment; however, morning cortisol levels may not identify patients with adrenal dysfunction.

Therefore, the beneficial effects of extending treatment beyond 2 weeks should be weighed against the potential for HPA suppression. Therapy should be discontinued when control has been achieved. Treatment beyond 4 consecutive weeks is not recommended.

If HPA axis suppression is noted, an attempt should be made to withdraw the drug, to reduce the frequency of application, or to substitute a less potent corticosteroid. Recovery of HPA axis function is generally prompt upon discontinuation of topical corticosteroids.

Rarely, signs and symptoms of glucocorticosteroid insufficiency may occur that require supplemental systemic corticosteroids. For information on systemic supplementation, see prescribing information for those products.

Pediatric patients may be more susceptible to systemic toxicity from equivalent doses due to their larger skin surface to body mass ratios (see PRECAUTIONS, Pediatric Use). The use of Clobetasol Propionate Cream (Emollient) for 4 consecutive weeks has not been studied in pediatric patients under 16 years of age.

If irritant develops, Clobetasol Propionate Cream (Emollient) should be discontinued and appropriate therapy instituted. Allergic contact dermatitis with corticosteroids is usually diagnosed by observing a failure to heal or rather than noting a clinical exacerbation as with most topical products not containing corticosteroids. Such an observation should be corroborated with appropriate diagnostic patch testing.

If concomitant skin infections are present or develop, an appropriate antifungal or antibacterial agent should be used. If a favorable response does not occur promptly, use of Clobetasol Propionate Cream (Emollient) should be discontinued until the infection has been adequately controlled.

Clobetasol Propionate Cream (Emollient) should not be used in the treatment of rosacea or perioral dermatitis, and should not be used on the face, groin, or axillae.

Information for Patients: Patients using topical corticosteroids should receive the following information and instructions:

1. This medication is to be used as directed by the physician. It is for external use only. Avoid contact with the eyes.
2. This medication should not be used for any disorder other than that for which it was prescribed.
3. The treated skin area should be bandaged, otherwise covered, or wrapped so as to be occlusive unless directed by the physician.
4. Patients should report any signs of local adverse reactions to the physician.
5. Patients should inform their physicians that they are using Clobetasol Propionate Cream (Emollient) if surgery is contemplated.
6. This medication should not be used on the face, underarms, or groin areas.
7. As with other corticosteroids, therapy should be discontinued when control has been achieved. If no improvement is seen within 2 weeks, contact the physician.
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**Laboratory Tests:** The following tests may be helpful in evaluating patients for HPA axis suppression:
- ACTH stimulation test
- A.M. plasma cortisol test
- Unpaired free cortisol test

Carcinogenesis, Mutagenesis, Impairment of Fertility: Long-term animal studies have not been performed to evaluate the carcinogenic potential of clofertasol propionate.

Studies in the rat following oral administration at dosage levels up to 50 mg/kg per day revealed no significant effect on the males. The females exhibited an increase in the number of resorbed embryos and a decrease in the number of living fetuses at the highest dose.

Clofertasol propionate was nonmutagenic in three different test systems: the Ames test, the Saccharomyces cerevisiae gene conversion assay, and the E. coli WP2 uvrA tester strain.

**Pregnancy: Teratogenic Effects: Pregnancy Category C.**

Corticosteroids have been shown to be teratogenic in laboratory animals when administered systemically at relatively low dosage levels. Some corticosteroids have been shown to be teratogenic after dermal application to laboratory animals.

Clofertasol propionate has not been tested for teratogenicity by this route. However, it is absorbed percutaneously, and when administered subcutaneously it was a significant teratogen in both the rabbit and mouse. Clofertasol propionate has a greater teratogenic potential than corticosteroids that are less potent.

Teratogenicity studies in mice using the subcutaneous route resulted in lethality at the highest dose tested (1 mg/kg) and teratogenicity at all dose levels tested down to 0.03 mg/kg. These doses are approximately 0.33 and 0.01 times, respectively, the human topical dose of Clofertasol Propionate Cream (Emollient). Abnormalities seen included cleft palate and skeletal abnormalities.

In rabbits, clofertasol propionate was teratogenic at doses of 2 and 10 mg/kg. These doses are approximately 0.061 and 0.003 times, respectively, the human topical dose of Clofertasol Propionate Cream (Emollient). Abnormalities seen included cleft palate, cranioschisis, and other skeletal abnormalities.

There are no adequate and well-controlled studies of the teratogenic potential of clofertasol propionate in pregnant women. Clofertasol Propionate Cream (Emollient) should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

**Nursing Mothers:** Systemically administered corticosteroids appear in human milk and could suppress growth, interfere with endogenous corticosteroid production, or cause other untoward effects. It is not known whether topical administration of corticosteroids could result in sufficient systemic absorption to produce detectable quantities in human milk. Because many drugs are excreted in human milk, caution should be exercised when Clofertasol Propionate Cream (Emollient) is administered to a nursing woman.

**Pediatric Use:** Safety and effectiveness of Clofertasol Propionate Cream (Emollient) in pediatric patients have not been established, and its use in pediatric patients under 12 years of age is not recommended. For continued use beyond 2 consecutive weeks, the safety of Clofertasol Propionate Cream (Emollient) has not been studied. Because of a higher ratio of skin surface area to body mass, pediatric patients are at a greater risk than adults of HPA axis suppression and Cushing’s syndrome when they are treated with topical corticosteroids. They are therefore also at greater risk of glucocorticosteroid insufficiency during or after withdrawal of treatment. Adverse effects including striae have been reported with inappropriate use of topical corticosteroids in infants and children.

HPA axis suppression, Cushing’s syndrome, linear growth retardation, delayed weight gain, and intracranial hypertension have been reported in children receiving topical corticosteroids. Manifestations of adrenal suppression in children include low plasma cortisol levels and absence of response to ACTH stimulation. Manifestations of intracranial hypertension include bulging fontanelles, headaches, and bilateral papilledema.

**ADVERSE REACTIONS:** In controlled trials with all clofertasol propionate formulations, the following adverse reactions have been reported:
- Burning/stinging, pruritus, irritation, erythema, edema, cracking, and fissuring of the skin, numbness of the fingers, tenderness in the throat, skin atrophy, and telangiectasia. The incidence of local adverse reactions reported in the trials with Clofertasol Propionate Cream (Emollient) was <2% of patients treated with the exception of burning/stinging, which occurred in 5% of treated patients.
- Cushing’s syndrome has been reported in infants and adults as a result of prolonged use of other topical corticosteroid preparations.

The following additional local adverse reactions are reported infrequently with topical corticosteroids, but may occur more frequently with super-potent corticosteroids such as Clofertasol Propionate Cream (Emollient). These reactions are listed in an approximately decreasing order of occurrence: dryness, hypertrichosis, acneiform eruptions, hypopigmentation, periorificial dermatitis, allergic contact dermatitis, secondary infection, striae, and milia.

**OVERdosage:** Topically applied Clofertasol Propionate Cream (Emollient) can be absorbed in sufficient amounts to produce systemic effects.

**Dosage and Administration:** Apply a thin layer of Clofertasol Propionate Cream (Emollient) to the affected skin areas twice daily and rub in gently and completely (see INDICATIONS AND USAGE).

Clofertasol Propionate Cream (Emollient) is a super-potent topical corticosteroid; therefore, treatment should be limited to 2 consecutive weeks and amounts greater than 50 g/week should not be used. Use in children under 12 years of age is not recommended.

In moderate to severe plaque-type psoriasis, Clofertasol Propionate Cream (Emollient) applied to 5% to 10% of body surface area can be used up to 4 weeks. The total dosage should not exceed 50 g/week. When dosing for more than 2 weeks, any additional benefits of continuing treatment should be weighed against the risk of HPA suppression. Therapy should be discontinued when control has been achieved. If no improvement is seen within 2 weeks, reassessment of diagnosis may be necessary. Treatment beyond 4 consecutive weeks is not recommended. Use in pediatric patients under 16 years of age has not been studied.

Clofertasol Propionate Cream (Emollient) should not be used with occlusive dressings.

**HOW Supplied:** Clofertasol Propionate Cream USP, 0.05% (Emollient) is supplied in 15-g tubes (NDC 0145-2797-01), 30-g tubes (NDC 0145-2797-02), and 60-g tubes (NDC 0145-2797-06) tubes.

Store between 15° and 25°C (59° and 77°F). Clofertasol Propionate Cream (Emollient) should not be refrigerated.

Stiefel Laboratories, Inc.
Coral Gables, FL 33134
89345 Rev. 08/06
Clobetasol Propionate Cream USP, 0.05% (Emollient)

For dermatologic use only—Not for ophthalmic use.

Rx only

30 g

Stiefel Laboratories, Inc.
Coral Gables, FL 33134

Stock No. 2797-3

82659 Rev. 0496

Contains: Clobetasol propionate 0.05% in an emollient base composed of cetostearyl alcohol, isopropyl myristate, propylene glycol, ceteareth 20, dimethicona 360, citric acid, sodium citrate, purified water, methylparaben, and propylparaben.

See package insert for full prescribing information.

Store between 15° and 30°C (59° and 86°F). Do not refrigerate.

See crimp for lot no. and expiration date.

Important: Do not use if seal has been punctured or is not visible.

To Open: Use cap to puncture seal.

Pantone
Purple
Reflex
Blue
Black
Clobetasol Propionate Cream USP, 0.05% (Emollient)

For dermatologic use only—Not for ophthalmic use.

Rx only

60 g

Contains: Clobetasol propionate 0.05% in an emollient base composed of cetostearyl alcohol, isopropyl myristate, propylene glycol, ceteth 20, dimethicone 350, citric acid, sodium citrate, purified water, methylparaben and propylparaben.

See package insert for full prescribing information.

Store between 15° and 30°C (59° and 86°F). Do not refrigerate.

See crimp for lot no. and expiration date.

Important: Do not use if seal has been punctured or is not visible.

To Open: Use cap to puncture seal.

Stiefel Laboratories, Inc.
Coral Gables, FL 33134  Stock No. 2797-6  83547 Rev. 0896
Contains: Clobetasol propionate 0.05% in an emollient base composed of cetostearyl alcohol, propylene glycol, ceteth 20, dimethicone 360, citric acid, sodium citrate, purified water, and propylparaben.

See package insert for full prescribing information.

Store between 15° and 30°C (59° and 86°F). Do not refrigerate.

NDC 0145-2797-06
Clobetasol Propionate Cream USP, 0.05% (Emollient)
For dermatologic use only—Not for opthalmic use.
Rx only

Important: The opening of this product is covered by a metal tamper-resistant seal. If this seal has been punctured or is not visible, do not use and return to place of purchase.

To Open: To puncture the seal, reverse the cap and place the puncture-top onto the tube. To close, screw the cap back onto the tube.