For the use only of Registered Medical Practitioners or a Hospital or a Laboratory

EUMOSONE

1. GENERIC NAME

Clobetasone cream IP

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Contains:

Clobetasone Butyrate IP 0.05 % w/w
Chlorocresol IP (As preservative) 0.1 % w/w
in a non greasy base

List of Excipients

Glyceryl Monostearate (NSE), Cetostearyl Alcohol, White Bees Wax, Arlacel 165, Dimethicone 20, Glycerin, Chlorocresol, Sodium Citrate, Citric Acid Monohydrate, Purified Water.

3. DOSAGE FORM AND STRENGTH

Cream

For information on strength(s) refer *2. Qualitative and Quantitative Composition* above.

4. CLINICAL PARTICULARS

4.1 Therapeutic Indication

EUMOSONE is a moderately potent topical corticosteroid indicated for adults, elderly, children and infants for the relief of the inflammatory and pruritic manifestations of steroid responsive dermatoses.

These include atopic dermatitis, irritant or allergic contact dermatitis, seborrhoeic dermatitis, nappy rash, photodermatitis, otitis externa, prurigo nodularis and insect bite reactions.

EUMOSONE may be used as maintenance therapy between courses of one of the more potent topical steroids.

4.2 Posology and Method of Administration

Creams are especially appropriate for moist or weeping surfaces.

Adults, Elderly, Children and Infants

Atopic dermatitis (eczema)

Apply thinly and gently rub in using only enough to cover the entire affected area once or twice a day until improvement occurs, then reduce the frequency of application or change the treatment to a less potent preparation. Allow adequate time for absorption after each application before applying an emollient.

If the condition worsens or does not improve within four weeks, treatment and diagnosis should be re-evaluated.

Therapy with topical corticosteroids should be gradually discontinued once control is achieved and an emollient continued as maintenance therapy.

Rebound of pre-existing dermatoses can occur with abrupt discontinuation of topical corticosteroids especially with potent preparations.

Children

Children are more likely to develop local and systemic adverse reactions of topical corticosteroids and, in general, require shorter courses and less potent agents than adults.

Care should be taken when using *EUMOSONE* to ensure the amount applied is the minimum that provides therapeutic benefit.

Elderly

Clinical studies have not identified differences in responses between the elderly and younger patients. The greater frequency of decreased hepatic or renal function in the elderly may delay elimination if systemic absorption occurs. Therefore, the minimum quantity should be used for the shortest duration to achieve the desired clinical benefit.

Renal/Hepatic Impairment

In case of systemic absorption (when application is over a large surface area for a prolonged period), metabolism and elimination may be delayed therefore increasing the risk of systemic toxicity. Therefore, the minimum quantity should be used for the shortest duration to achieve the desired clinical benefit.

4.3 Contraindications

The following conditions should not be treated with *EUMOSONE*:

- Untreated cutaneous infections,
- Rosacea,
- Acne vulgaris
- Pruritis without inflammation.

4.4 Special Warnings and Precautions for Use

EUMOSONE should be used with caution in patients with a history of local hypersensitivity to corticosteroids or to any of the excipients in the preparation. Local hypersensitivity reactions (see *4.8 Undesirable Effects*) may resemble symptoms of the condition under treatment.

Manifestations of hypercortisolism (Cushing's syndrome) and reversible hypothalamic-pituitary-adrenal (HPA) axis suppression, leading to glucocorticosteroid insufficiency can occur in some individuals as a result of increased systemic absorption of topical steroids. If either of the above are observed, withdraw the drug gradually by reducing the frequency of application or by substituting a less potent corticosteroid. Abrupt withdrawal of treatment may result in glucocorticosteroid insufficiency (see *4.8 Undesirable Effects*).

Risk factors for increased systemic effects are:

- Potency and formulation of topical steroid
- Duration of exposure
- Application to a large surface area
- Use on occluded areas of skin e.g. on intertriginous areas or under occlusive dressings (in infants the nappy may act as an occlusive dressing).
- Increasing hydration of the stratum corneum
- Use on thin skin areas such as the face
- Use on broken skin or other conditions where the skin barrier may be impaired
- In comparison with adults, children and infants may absorb proportionally larger amounts of topical corticosteroids and thus be more susceptible to systemic adverse effects. This is because children have an immature skin barrier and a greater surface area to body weight ratio compared with adults.

Visual disturbance has been reported by patients using systemic and/or topical corticosteroids. If a patient has blurred vision or other visual disturbances, consider evaluation of possible causes which may include cataract, glaucoma or central serous chorioretinopathy**.**

Children

In infants and children under 12 years of age, long-term continuous topical corticosteroid therapy should be avoided where possible, as adrenal suppression is more likely to occur.

Infection risk with occlusion

Bacterial infection is encouraged by the warm, moist conditions within skin folds or caused by occlusive dressings. When using occlusive dressings, the skin should be cleansed before a fresh dressing is applied.

Application to the face

Prolonged application to the face is undesirable as this area is more susceptible to atrophic changes.

Application to the eyelids

If applied to the eyelids, care is needed to ensure that the preparation does not enter the eye, as cataract and glaucoma might result from repeated exposure.

Concomitant infection

Appropriate antimicrobial therapy should be used whenever treating inflammatory lesions which have become infected. Any spread of infection requires withdrawal of topical corticosteroid therapy and administration of appropriate antimicrobial therapy.

Chronic leg ulcers

Topical corticosteroids are sometimes used to treat the dermatitis around chronic leg ulcers. However, this use may be associated with a higher occurrence of local hypersensitivity reactions and an increased risk of local infection.

Accidental ingestion

For external use only. This and all medication should be kept out of the reach of children. In case of accidental ingestion, professional assistance should be sought or a national poison control centre contacted immediately (see *4.9 Overdose*).

4.5 Drug Interactions

Co-administered drugs that can inhibit CYP3A4 (e.g. ritonavir, itraconazole) have been shown to inhibit the metabolism of corticosteroids leading to increased systemic exposure. The extent to which this interaction is clinically relevant, depends on the dose and route of administration of the corticosteroids, and the potency of the CYP3A4 inhibitor.

4.6 Use in Special Populations

Fertility

There are no data in humans to evaluate the effect of topical corticosteroids on fertility.

Pregnancy

There are limited data from the use of clobetasone in pregnant women.

Topical administration of corticosteroids to pregnant animals can cause abnormalities of foetal development. (see *6. Nonclinical Properties*).

The relevance of this finding to humans has not been established. Administration of *EUMOSONE* during pregnancy should only be considered if the expected benefit to the mother outweighs the risk to the foetus. The minimum quantity should be used for the minimum duration.

Lactation

The safe use of topical corticosteroids during lactation has not been established.

It is not known whether the topical administration of corticosteroids could result in sufficient systemic absorption to produce detectable amounts in breast milk.

Administration of *EUMOSONE* during lactation should only be considered if the expected benefit to the mother outweighs the risk to the infant.

If used during lactation, *EUMOSONE* should not be applied to the breasts to avoid accidental ingestion by the infant.

4.7 Effects on Ability to Drive and Use Machines

There have been no studies to investigate the effect of *EUMOSONE* on driving performance or the ability to operate machinery. A detrimental effect on such activities would not be anticipated from the adverse reaction profile of topical *EUMOSONE.*

4.8 Undesirable Effects

Adverse drug reactions (ADRs) are listed below by MedDRA system organ class and by frequency. Frequencies are defined as: very common (≥1/10), common (≥1/100 and <1/10), uncommon (≥1/1,000 and <1/100), rare (≥1/10,000 and <1/1,000) and very rare (<1/10,000), including isolated reports.

Post-marketing Data

Infections and Infestations

Very rare Opportunistic infection

Immune System Disorders

Very rare Hypersensitivity

Endocrine Disorders

Very rare Hypothalamic-pituitary adrenal (HPA) axis suppression:
Cushingoid features (e.g. moon face, central obesity), delayed weight gain/growth retardation in children, osteoporosis, glaucoma, hyperglycaemia/glucosuria, cataract, hypertension, increased weight/obesity, decreased endogenous cortisol levels

Skin and Subcutaneous Tissue Disorders

Very rare Allergic contact dermatitis, urticaria, skin atrophy*, pigmentation changes*, exacerbation of underlying symptoms, local skin burning, hypertrichosis, rash, pruritus, erythema

**Skin features secondary to local and/or systemic effects of hypothalamic-pituitary adrenal (HPA) axis suppression.*

4.9 Overdose

Symptoms and Signs
Topically applied clobetasone may be absorbed in sufficient amounts to produce systemic effects. Acute overdosage is very unlikely to occur, however, in the case of chronic overdosage or misuse the features of hypercortisolism may occur (see *4.9 Undesirable Effects*).

Treatment
In the event of overdose, *EUMOSONE* should be withdrawn gradually by reducing the frequency of application or by substituting a less potent corticosteroid because of the risk of glucocorticosteroid insufficiency.

Further management should be as clinically indicated or as recommended by the national poisons centre, where available.

5. PHARMACOLOGICAL PROPERTIES

5.1 Mechanism of Action

Topical corticosteroids act as anti-inflammatory agents via multiple mechanisms to inhibit late phase allergic reactions including decreasing the density of mast cells, decreasing chemotaxis and activation of eosinophils, decreasing cytokine production by lymphocytes, monocytes, mast cells and eosinophils, and inhibiting the metabolism of arachidonic acid.

5.2 Pharmacodynamic Properties

Topical corticosteroids have anti-inflammatory, antipruritic and vasoconstrictive properties.

5.3 Pharmacokinetic Properties

Absorption

Topical corticosteroids can be systemically absorbed from intact healthy skin. The extent of percutaneous absorption of topical corticosteroids is determined by many factors, including the vehicle and the integrity of the epidermal barrier. Occlusion, inflammation and/or other disease processes in the skin may also increase percutaneous absorption.

Distribution

The use of pharmacodynamic endpoints for assessing the systemic exposure of topical corticosteroids is necessary due to the fact that circulating levels are well below the level of detection.

Metabolism

Once absorbed through the skin, topical corticosteroids are handled through pharmacokinetic pathways similar to systemically administered corticosteroids. They are metabolised, primarily in the liver.

Elimination

Topical corticosteroids are excreted by the kidneys. In addition, some corticosteroids and their metabolites are also excreted in the bile.

6. NONCLINICAL PROPERTIES

Carcinogenesis

Long-term animal studies have not been performed to evaluate the carcinogenic potential of topical clobetasone.

Genotoxicity

Clobetasone was not mutagenic *in vitro* or *in vivo.*

Fertility

The effect on fertility of topical clobetasone has not been evaluated in animals.

Pregnancy

Topical application of clobetasone to rats at doses of 0.5 or 5 mg/kg/day, and subcutaneous administration to mice at doses ≥3 mg/kg/day or rabbits at doses ≥30 µgs/kg/day during pregnancy resulted in foetal abnormalities including cleft palate.

7. DESCRIPTION

Cream.

Contains:

Clobetasone Butyrate IP 0.05 % w/w
Chlorocresol IP (As preservative) 0.1 % w/w
in a non greasy base

List of Excipients

Glyceryl Monostearate (NSE), Cetostearyl Alcohol, White Bees Wax, Arlacel 165, Dimethicone 20, Glycerin, Chlorocresol, Sodium Citrate, Citric Acid Monohydrate, Purified Water.

8. PHARMACEUTICAL PARTICULARS

8.1 Incompatibilities

There are no relevant data available.

8.2 Shelf Life

The expiry date is indicated on the label and packaging.

8.3 Packaging Information

Aluminium tube with cap.

8.4 Storage and Handling Instructions

Store at a temperature not exceeding 30°C. Do not freeze.
Keep out of reach of children.

9. PATIENT COUNSELLING INFORMATION

Registered Medical Practitioners may counsel their patients (and/or their patients' caregiver as applicable) about the special warnings and precautions for use, drug interactions, undesirable effects, and any relevant contraindications of *EUMOSONE*. Patients (and/or the patients' caregiver) may also be informed about posology, method of administration and storage/handling information as applicable.

10. DETAILS OF MANUFACTURER

The Manufacturing Site details are mentioned on the label and packaging.

For further information please contact:
GlaxoSmithKline Pharmaceuticals Limited.
Registered Office:
Dr. Annie Besant Road, Worli
Mumbai 400 030, India.

11. DETAILS OF PERMISSION OR LICENCE NUMBER WITH DATE

Manufacturing License number is indicated on the label and packaging.

12. DATE OF REVISION

20-JUL-2023

Version: EUM/PI/IN/2023/01

Adapted from: Clobetasone 17-butyrate (topical) GDS v11 dated 19 May 2020