DEXAMETHASONE- dexamethasone tablet
Bryant Ranch Prepack

DEXAMETHASONE Tablets USP, DEXAMETHASONE Oral Solution, and DEXAMETHASONE Intensol ™ Oral Solution (Concentrate)

DESCRIPTION

Dexamethasone Tablets 0.5, 0.75, 1, 1.5, 2, 4 and 6 mg USP, Dexamethasone Oral Solution, 0.5 mg per 5 mL and Dexamethasone ™ Oral Solution (Concentrate), 1 mg per mL are for oral administration. *Intensol*

Each tablet contains:

Dexamethasone 0.5, 0.75, 1, 1.5, 2, 4, or 6 mg

Each 5 mL of Oral Solution contains:

Dexamethasone..... 0.5 mg

Each mL of ™ Oral Solution (Concentrate) contains: *Intensol*

Dexamethasone..... 1 mg

Alcohol 30%

CLINICAL PHARMACOLOGY

Glucocorticoids, naturally occurring and synthetic, are adrenocortical steroids that are readily absorbed from the gastrointestinal tract. Glucocorticoids cause varied metabolic effects. In addition, they modify the body's immune responses to diverse stimuli. Naturally occurring glucocorticoids (hydrocortisone and cortisone), which also have sodium-retaining properties, are used as replacement therapy in adrenocortical deficiency states. Their synthetic analogs including dexamethasone are primarily used for their anti-inflammatory effects in disorders of many organ systems.

At equipotent anti-inflammatory doses, dexamethasone almost completely lacks the sodium-retaining property of hydrocortisone and closely related derivatives of hydrocortisone.

INDICATIONS AND USAGE

CONTRAINDICATIONS

Contraindicated in systemic fungal infections (see :) and patients with known hypersensitivity to the product and its consituents. WARNINGSFungal Infections

WARNINGS

PRECAUTIONS

Information for Patients

Patients should be warned not to discontinue the use of corticosteroids abruptly or without medical supervision. As prolonged use may cause adrenal insufficiency and make patients dependent on corticosteroids, they should advise any medical attendants that they are taking corticosteroids and they should seek medical advice at once should they develop an acute illness including fever or other signs

of infection. Following prolonged therapy, withdrawal of corticosteroids may result in symptoms of the corticosteroid withdrawal syndrome including, myalgia, arthralgia, and malaise.

Persons who are on corticosteroids should be warned to avoid exposure to chickenpox or measles. Patients should also be advised that if they are exposed, medical advice should be sought without delay.

Drug Interactions

Carcinogenesis, Mutagenesis, Impairment of Fertility

No adequate studies have been conducted in animals to determine whether corticosteroids have a potential for carcinogenesis or mutagenesis.

Steroids may increase or decrease motility and number of spermatozoa in some patients.

Pregnancy

Nursing Mothers

Systemically administered corticosteroids appear in human milk and could suppress growth, interfere with endogenous corticosteroid production, or cause other untoward effects. Because of the potential for serious adverse reactions in nursing infants from corticosteroids, 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.

Pediatric Use

The efficacy and safety of corticosteroids in the pediatric population are based on the well-established course of effect of corticosteroids, which is similar in pediatric and adult populations. Published studies provide evidence of efficacy and safety in pediatric patients for the treatment of nephrotic syndrome (patients >2 years of age), and aggressive lymphomas and leukemias (patients >1 month of age). Other indications for pediatric use of corticosteroids, e.g., severe asthma and wheezing, are based on adequate and well-controlled trials conducted in adults, on the premises that the course of the diseases and their pathophysiology are considered to be substantially similar in both populations.

The adverse effects of corticosteroids in pediatric patients are similar to those in adults (see). Like adults, pediatric patients should be carefully observed with frequent measurements of blood pressure, weight, height, intraocular pressure, and clinical evaluation for the presence of infection, psychosocial disturbances, thromboembolism, peptic ulcers, cataracts, and osteoporosis. Pediatric patients who are treated with corticosteroids by any route, including systemically administered corticosteroids, may experience a decrease in their growth velocity. This negative impact of corticosteroids on growth has been observed at low systemic doses and in the absence of laboratory evidence of hypothalamic-pituitary-adrenal (HPA) axis suppression (i.e., cosyntropin stimulation and basal cortisol plasma levels). Growth velocity may therefore be a more sensitive indicator of systemic corticosteroid exposure in pediatric patients than some commonly used tests of HPA axis function. The linear growth of pediatric patients treated with corticosteroids should be monitored, and the potential growth effects of prolonged treatment should be weighed against clinical benefits obtained and the availability of treatment alternatives. In order to minimize the potential growth effects of corticosteroids, pediatric patients should be to the lowest effective dose. ADVERSE REACTIONS*titrated*

Geriatric Use

Clinical studies did not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently from younger subjects. Other reported clinical experience has not identified differences in responses between the elderly and younger patients. In general, dose selection for an elderly patient should be cautious, usually starting at the low end of the dosing range, reflecting the greater frequency of decreased hepatic, renal, or cardiac function, and of concomitant disease or other drug therapy. In particular, the increased risk of diabetes mellitus, fluid retention and hypertension in

elderly patients treated with corticosteroids should be considered.

ADVERSE REACTIONS

(listed alphabetically, under each subsection)

The following adverse reactions have been reported with dexamethasone or other corticosteroids:

OVERDOSAGE

Treatment of overdosage is by supportive and symptomatic therapy. In the case of acute overdosage, according to the patient's condition, supportive therapy may include gastric lavage or emesis.

Dexamethasone 0.75mg Tablet

DEXAMETHASONE

dexamethasone tablet

Product Information			
Product Type	HUMAN PRESCRIPTION DRUG LABEL	**Item Code (Source)**	NDC:63629-4129(NDC:0054-4180)
Route of Administration	ORAL	**DEA Schedule**	

Active Ingredient/Active Moiety		
Ingredient Name	**Basis of Strength**	**Strength**
DEXAMETHASONE (DEXAMETHASONE)	DEXAMETHASONE	0.75 mg

Inactive Ingredients

Ingredient Name	Strength
FD&C BLUE NO. 1	
LACTOSE MONOHYDRATE	
MAGNESIUM STEARATE	
STARCH, CORN	
SUCROSE	

Product Characteristics

Color	BLUE (Pale)	**Score**	2 pieces
Shape	ROUND (ROUND)	**Size**	6mm
Flavor		**Imprint Code**	54;960
Contains			

Packaging

#	Item Code	Package Description	Marketing Start Date	Marketing End Date
1	NDC:63629-4129-1	12 in 1 BOTTLE		
2	NDC:63629-4129-2	42 in 1 BOTTLE		
3	NDC:63629-4129-3	30 in 1 BOTTLE		
4	NDC:63629-4129-4	21 in 1 BOTTLE		
5	NDC:63629-4129-5	20 in 1 BOTTLE		

Marketing Information

Marketing Category	Application Number or Monograph Citation	Marketing Start Date	Marketing End Date
ANDA	ANDA084613	06/03/1975	

Labeler - Bryant Ranch Prepack (171714327)

Registrant - Bryant Ranch Prepack (171714327)

Establishment

Name	Address	ID/FEI	Business Operations
Bryant Ranch Prepack		171714327	REPACK(63629-4129), RELABEL(63629-4129)