

ALCLOMETASONE DIPROPIONATE- alclometasone dipropionate cream
ALCLOMETASONE DIPROPIONATE- alclometasone dipropionate ointment
Glenmark Pharmaceuticals Inc., USA
Reference Label Set Id: 8acde767-acc3-4823-a455-03b4b1baada3

Alclometasone Dipropionate Cream USP, 0.05%
Alclometasone Dipropionate Ointment USP, 0.05%

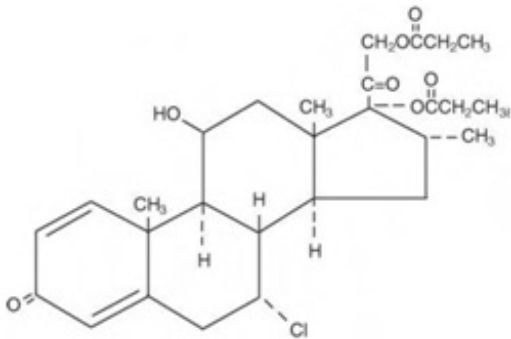
Prescribing Information

For Dermatologic Use Only -
Not for Ophthalmic Use.

Rx only

DESCRIPTION

Alclometasone Dipropionate Cream USP, 0.05% and Alclometasone Dipropionate Ointment USP, 0.05% contain alclometasone dipropionate, USP (7 α -chloro-11 β ,17,21-trihydroxy-16 α -methylpregna-1,4-diene-3,20-dione 17,21-dipropionate), a synthetic corticosteroid for topical dermatologic use. The corticosteroids constitute a class of primarily synthetic steroids used topically as anti-inflammatory and antipruritic agents. Chemically, alclometasone dipropionate, USP is C₂₈H₃₇ClO₇. It has the following structural formula:



Alclometasone dipropionate, USP has the molecular weight of 521.04 g/mol. It is a white to almost white crystalline powder, sparingly soluble in alcohol, acetone, ethyl acetate and acetonitrile.

Each gram of Alclometasone Dipropionate Cream USP contains 0.5 mg of alclometasone dipropionate, USP in a hydrophilic, emollient cream base of propylene glycol, white petrolatum, cetearyl alcohol, mono and di-glycerides, PEG 100 stearate, ceteth-20, monobasic sodium phosphate, chlorocresol, phosphoric acid, and purified water.

Each gram of Alclometasone Dipropionate Ointment USP contains 0.5 mg of alclometasone dipropionate, USP in an ointment base of hexylene glycol, white wax, propylene glycol monopalmitostearate, and white petrolatum.

CLINICAL PHARMACOLOGY

Like other topical corticosteroids, alclometasone dipropionate 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 inhibitory 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 dressings with hydrocortisone for up to 24 hours have 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/or other disease processes in the skin may increase percutaneous absorption. A study utilizing a radio labeled alclometasone dipropionate ointment formulation was performed to measure systemic absorption and excretion. Results indicated that approximately 3% of the steroid was absorbed during 8 hours of contact with intact skin of normal volunteers.

Studies performed with alclometasone dipropionate cream and ointment indicate that these products are in the low to medium range of potency as compared with other topical corticosteroids.

INDICATIONS AND USAGE

Alclometasone dipropionate cream and ointment are low to medium potency corticosteroids indicated for the relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses. Alclometasone dipropionate cream and ointment may be used in pediatric patients 1 year of age or older, although the safety and efficacy of drug use for longer than 3 weeks have not been established (see **PRECAUTIONS: Pediatric Use**). Since the safety and efficacy of alclometasone dipropionate cream and ointment have not been established in pediatric patients below 1 year of age, their use in this age-group is not recommended.

CONTRAINDICATIONS

Alclometasone dipropionate cream and ointment are contraindicated in those patients with a history of hypersensitivity to any of the components in these preparations.

PRECAUTIONS

General

Systemic absorption of topical corticosteroids can produce reversible hypothalamic-

pituitary-adrenal (HPA) axis suppression with the potential for glucocorticosteroid insufficiency after withdrawal of treatment. Manifestations of Cushing syndrome, hyperglycemia, and glucosuria can also be produced in some patients by systemic absorption of topical corticosteroids while on treatment. Patients applying a topical steroid 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.

The effects of alclometasone dipropionate cream and ointment on the HPA axis have been evaluated. In one study, alclometasone dipropionate cream and ointment were applied to 30% of the body twice daily for 7 days, and occlusive dressings were used in selected patients either 12 hours or 24 hours daily. In another study, alclometasone dipropionate cream was applied to 80% of the body surface of normal subjects twice daily for 21 days with daily 12-hour periods of whole body occlusion. Average plasma and urinary free cortisol levels and urinary levels of 17-hydroxysteroids were decreased (about 10%), suggesting suppression of the HPA axis under these conditions. Plasma cortisol levels have also been demonstrated to decrease in pediatric patients treated twice daily for 3 weeks without occlusion.

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. Infrequently, signs and symptoms of glucocorticosteroid insufficiency may occur, requiring 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 area to body mass ratios (see PRECAUTIONS: Pediatric Use).

If irritation develops, alclometasone dipropionate cream or ointment should be discontinued and appropriate therapy instituted. Allergic contact dermatitis with corticosteroids is usually diagnosed by observing a *failure to heal* 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 alclometasone dipropionate cream or ointment should be discontinued until the infection has been adequately controlled.

In a transgenic mouse study, chronic use of alclometasone dipropionate cream led to an increased number of animals with benign neoplasms of the skin at the treatment site (see PRECAUTIONS: Carcinogenesis, Mutagenesis, and Impairment of Fertility). The clinical relevance of the findings in animal studies to humans is not clear.

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 not be bandaged, otherwise covered or wrapped so as to be occlusive, unless directed by the physician.
4. Patients should report to their physician any signs of local adverse reactions.
5. Parents of pediatric patients should be advised not to use alclometasone dipropionate cream or ointment in the treatment of diaper dermatitis. Alclometasone dipropionate cream or ointment should not be applied in the diaper area as diapers or plastic pants may constitute occlusive dressing (see DOSAGE AND ADMINISTRATION).
6. This medication should not be used on the face, underarms, or groin areas unless directed by the physician.
7. As with other corticosteroids, therapy should be discontinued when control is achieved. If no improvement is seen within 2 weeks, contact the physician.

Laboratory Tests

The following tests may be helpful in evaluating patients for HPA axis suppression:

ACTH stimulation test

A.M. plasma cortisol test

Urinary free cortisol test

Carcinogenesis, Mutagenesis, Impairment of Fertility

Systemic long-term animal studies have not been performed to evaluate the carcinogenic potential of alclometasone dipropionate. The effects of alclometasone dipropionate on mutagenesis or fertility have not been evaluated.

In a 26-week dermal carcinogenicity study conducted in transgenic (Tg.AC) mice, topical application once daily of both the vehicle cream and the 0.05% alclometasone dipropionate cream significantly increased the incidence of benign neoplasms of the skin in both sexes at the treatment site when compared to untreated controls. This suggests that the positive effect may be associated with the vehicle application. The clinical relevance of the findings in animals to humans is not clear.

Pregnancy

Teratogenic Effects

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 in laboratory animals. There are no adequate and well-controlled studies in pregnant women. Alclometasone dipropionate cream or ointment 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 topical 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 alclometasone dipropionate cream or ointment is administered to a nursing woman.

Pediatric Use

Alclometasone dipropionate cream and ointment may be used with caution in pediatric patients 1 year of age or older, although the safety and efficacy of drug use for longer than 3 weeks have not been established. Use of alclometasone dipropionate cream and ointment is supported by results from adequate and well-controlled studies in pediatric patients with corticosteroid-responsive dermatoses. Since the safety and efficacy of alclometasone dipropionate cream and ointment have not been established in pediatric patients below 1 year of age, its use in this age-group is not recommended. 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 syndrome when they are treated with topical corticosteroids. They are therefore also at greater risk of adrenal insufficiency during and/or after withdrawal of treatment. Adverse effects, including striae, have been reported with inappropriate use of topical corticosteroids in infants and children. Pediatric patients applying alclometasone dipropionate cream or ointment to >20% of the body surface area are at higher risk for HPA axis suppression.

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

Alclometasone dipropionate cream or ointment should not be used in the treatment of diaper dermatitis.

Geriatric Use

A limited number of patients at or above 65 years of age have been treated with alclometasone dipropionate cream and ointment in US clinical trials. The number of patients is too small to permit separate analysis of efficacy and safety. No adverse events were reported with alclometasone dipropionate ointment in geriatric patients, and the single adverse reaction reported with alclometasone dipropionate cream in this population was similar to those reactions reported by younger patients. Based on available data, no adjustment of dosage of alclometasone dipropionate cream and ointment in geriatric patients is warranted.

ADVERSE REACTIONS

The following local adverse reactions have been reported with alclometasone dipropionate cream in approximately 2% of patients: itching and burning, erythema, dryness, irritation, and papular rashes.

The following local adverse reactions have been reported with alclometasone dipropionate ointment in approximately 1% of patients: itching, burning, and erythema. The following additional local adverse reactions have been reported infrequently with topical corticosteroids, but may occur more frequently with the use of occlusive dressings. These reactions are listed in approximate decreasing order of occurrence:

folliculitis, acneiform eruptions, hypopigmentation, perioral dermatitis, allergic contact dermatitis, secondary infection, skin atrophy, striae, and miliaria.

OVERDOSAGE

Topically applied alclometasone dipropionate cream and ointment can be absorbed in sufficient amounts to produce systemic effects (see PRECAUTIONS).

DOSAGE AND ADMINISTRATION

Apply a thin film of alclometasone dipropionate cream or ointment to the affected skin areas 2 or 3 times daily; massage gently until the medication disappears.

Alclometasone dipropionate cream and ointment may be used in pediatric patients 1 year of age or older. Safety and effectiveness of alclometasone dipropionate cream or ointment in pediatric patients for more than 3 weeks of use have not been established. Use in pediatric patients under 1 year of age is not recommended.

As with other corticosteroids, therapy should be discontinued when control is achieved. If no improvement is seen within 2 weeks, reassessment of diagnosis may be necessary.

Alclometasone dipropionate cream or ointment should not be used with occlusive dressings unless directed by a physician. Alclometasone dipropionate cream or ointment should not be applied in the diaper area if the child still requires diapers or plastic pants as these garments may constitute occlusive dressing.

Geriatric Use: In studies where geriatric patients (65 years of age or older, see PRECAUTIONS) have been treated with alclometasone dipropionate cream or ointment, safety did not differ from that in younger patients; therefore, no dosage adjustment is recommended.

HOW SUPPLIED

Alclometasone Dipropionate Cream USP, 0.05% is supplied in:

15 gram tubes (NDC 68462-300-17)

45 gram tubes (NDC 68462-300-47)

60 gram tubes (NDC 68462-300-65)

Alclometasone Dipropionate Ointment USP, 0.05% is supplied in:

15 gram tubes (NDC 68462-299-17)

45 gram tubes (NDC 68462-299-47)

60 gram tubes (NDC 68462-299-65)

Store between 2°C and 30°C (36°F and 86°F).

Manufactured by:

Glenmark Pharmaceuticals Limited

Baddi, Himachal Pradesh 173205, India

Manufactured for:



Glenmark Pharmaceuticals Inc., USA

Mahwah, NJ 07430

Questions? 1 (888) 721-7115

www.glenmarkpharma-us.com

February 2021

PRINCIPAL DISPLAY PANEL

NDC 68462-300-47

Alclometasone Dipropionate Cream USP, 0.05%

For dermatologic use only – Not for ophthalmic use.



NDC 68462-299-47

Alclometasone Dipropionate Ointment USP, 0.05%

For dermatologic use only – Not for ophthalmic use

Manufactured by:
Glenmark Pharmaceuticals Limited
Baddi, Himachal Pradesh 173205, India
HP/05/249
Manufactured for:
Glenmark Pharmaceuticals Inc., USA
Mahwah, NJ 07430
02/21



Questions? 1 (888) 721-7115
www.glenmarkpharma-us.com

UNVARNISHED AREA
38 mm x 33 mm FOR
LOT NO. AND EXPIRY DATE

NDC 68462-299-47

Alclometasone Dipropionate Ointment USP, 0.05%

For dermatologic use only—Not for ophthalmic use.



Rx only

45 g

Each gram contains: 0.5 mg Alclometasone Dipropionate USP, in an ointment base of hexylene glycol, white wax, propylene glycol monopalmitostearate, and white petrolatum.

Usual Dosage: Apply a thin film of ointment to the affected skin areas two or three times a day.

See package insert for full prescribing information.

Store between 2°C and 30°C (36°F and 86°F).

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 product to place of purchase.

To Open: To puncture the seal, reverse the cap and place the puncture-top onto the tube. Push down firmly until seal is open. To close, screw the cap back onto the tube.

This package is not child-resistant.

WARNING: KEEP OUT OF REACH OF CHILDREN.

NDC 68462-299-47

Alclometasone Dipropionate Ointment USP, 0.05%

For dermatologic use only—Not for ophthalmic use.



Rx only

45 g

Alclometasone
Dipropionate Ointment USP,
0.05%
45 g

UNVARNISHED
AREA
38 mm x 18 mm

ALCLOMETASONE DIPROPIONATE

alclometasone dipropionate cream

Product Information

Product Type	HUMAN PRESCRIPTION DRUG	Item Code (Source)	NDC:68462-300
Route of Administration	TOPICAL		

Active Ingredient/Active Moiety

Ingredient Name	Basis of Strength	Strength
ALCLOMETASONE DIPROPIONATE (UNII: S56PQL4N1V) (ALCLOMETASONE - UNII:136H45TB7B)	ALCLOMETASONE DIPROPIONATE	0.5 mg in 1 g

Inactive Ingredients

Ingredient Name	Strength
PROPYLENE GLYCOL (UNII: 6DC9Q167V3)	
PETROLATUM (UNII: 4T6H12BN9U)	
CETOSTEARYL ALCOHOL (UNII: 2DMT128M1S)	
SODIUM PHOSPHATE, MONOBASIC, MONOHYDRATE (UNII: 593YOG76RN)	
CHLOROCRESOL (UNII: 36W53O7109)	

PHOSPHORIC ACID (UNII: E4GA8884NN)	
WATER (UNII: 059QF0KO0R)	
GLYCERYL MONOSTEARATE (UNII: 230OU9XXE4)	
PEG-100 STEARATE (UNII: YD01N1999R)	
CETETH-20 (UNII: I835H2IHHX)	

Packaging

#	Item Code	Package Description	Marketing Start Date	Marketing End Date
1	NDC:68462-300-17	15 g in 1 TUBE; Type 0: Not a Combination Product	06/23/2009	10/01/2023
2	NDC:68462-300-47	45 g in 1 TUBE; Type 0: Not a Combination Product	06/23/2009	10/01/2023
3	NDC:68462-300-65	60 g in 1 TUBE; Type 0: Not a Combination Product	06/23/2009	11/01/2023

Marketing Information

Marketing Category	Application Number or Monograph Citation	Marketing Start Date	Marketing End Date
ANDA	ANDA079061	06/23/2009	11/01/2023

ALCLOMETASONE DIPROPIONATE

alclometasone dipropionate ointment

Product Information

Product Type	HUMAN PRESCRIPTION DRUG	Item Code (Source)	NDC:68462-299
Route of Administration	TOPICAL		

Active Ingredient/Active Moiety

Ingredient Name	Basis of Strength	Strength
ALCLOMETASONE DIPROPIONATE (UNII: S56PQL4N1V) (ALCLOMETASONE - UNII:136H45TB7B)	ALCLOMETASONE DIPROPIONATE	.5 mg in 1 g

Inactive Ingredients

Ingredient Name	Strength
HEXYLENE GLYCOL (UNII: KEH0A3F75J)	
WHITE WAX (UNII: 7G1J5DA97F)	
PROPYLENE GLYCOL MONOPALMITOSTEARATE (UNII: F76354LMGR)	
PETROLATUM (UNII: 4T6H12BN9U)	

Packaging

#	Item Code	Package Description	Marketing Start Date	Marketing End Date
---	-----------	---------------------	----------------------	--------------------

#	Item Code	Package Description	Marketing Start Date	Marketing End Date
1	NDC:68462-299-17	15 g in 1 TUBE; Type 0: Not a Combination Product	07/30/2009	
2	NDC:68462-299-47	45 g in 1 TUBE; Type 0: Not a Combination Product	07/30/2009	
3	NDC:68462-299-65	60 g in 1 TUBE; Type 0: Not a Combination Product	07/30/2009	

Marketing Information

Marketing Category	Application Number or Monograph Citation	Marketing Start Date	Marketing End Date
ANDA	ANDA079227	07/30/2009	

Labeler - Glenmark Pharmaceuticals Inc., USA (130597813)

Establishment

Name	Address	ID/FEI	Business Operations
Glenmark Pharmaceuticals Limited		676115028	ANALYSIS(68462-300, 68462-299) , MANUFACTURE(68462-300, 68462-299)

Revised: 4/2021

Glenmark Pharmaceuticals Inc., USA