TRIAMCINOLONE ACETONIDE- triamcinolone acetonide ointment
E. Fougera & Co. a division of Fougera Pharmaceuticals Inc.

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TRIAMCINOLONE ACETONIDE OINTMENT USP, 0.025%, 0.1%
Rx only
For Dermatologic Use Only.
Not For Ophthalmic Use.

DESCRIPTION:
The topical corticosteroids constitute a class of primarily synthetic steroids used as anti-inflammatory and anti-pruritic agents. Triamcinolone Acetonide Ointment USP contains Triamcinolone Acetonide [Pregna-1,4-diene-3,20-dione,9-fluoro-11,21-dihydroxy-16,17-[(1-methylethylidene)bis-(oxy)], (11β,16α)-], with the molecular formula C_{24}H_{31}FO_{6} and molecular weight 434.51. CAS 76-25-5.

Triamcinolone Acetonide Ointment USP, 0.025% contains: 0.25 mg of triamcinolone acetonide per gram in a base containing white petrolatum and mineral oil.

Triamcinolone Acetonide Ointment USP, 0.1% contains: 1 mg triamcinolone acetonide per gram in a base containing white petrolatum and mineral oil.

CLINICAL PHARMACOLOGY:
Topical corticosteroids share anti-inflammatory, anti-pruritic and vasoconstrictive actions. The mechanism of anti-inflammatory activity of the topical corticosteroids is unclear. Various laboratory methods, including vasoconstrictor assays, are used to compare and predict potencies and/or clinical efficacies of the topical corticosteroids. There is some evidence to suggest that a recognizable correlation exists between vasoconstrictor potency and therapeutic efficacy in man.

Pharmacokinetics: The extent of percutaneous absorption of topical corticosteroids is determined by many factors including the vehicle, the integrity of the epidermal barrier, and the use of occlusive dressings. Topical corticosteroids can be absorbed from normal intact skin. Inflammation and/or other disease processes in the skin increase percutaneous absorption. Occlusive dressings substantially increase the percutaneous absorption of topical corticosteroids. Thus, occlusive dressings may be a valuable therapeutic adjunct for treatment of resistant dermatoses (See DOSAGE AND ADMINISTRATION). Once absorbed through the skin, topical corticosteroids are handled through pharmacokinetic pathways similar to systemically administered corticosteroids. Corticosteroids are bound to plasma proteins in varying degrees. Corticosteroids are metabolized primarily in the liver and are then excreted by the kidneys. Some of the topical corticosteroids and their metabolites are also
excreted into the bile.

**INDICATIONS AND USAGE:**
Topical corticosteroids are indicated for the relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses.

**CONTRAINdications:**
Topical corticosteroids are contraindicated in those patients with a history of hypersensitivity to any of the components of the preparation.

**PRECAUTIONS:**

**General:** Systemic absorption of topical corticosteroids has produced reversible hypothalamic-pituitary-adrenal (HPA) axis suppression, manifestations of Cushing's syndrome, hyperglycemia, and glucosuria in some patients. Conditions which augment systemic absorption include the application of the more potent steroids, use over large surface areas, prolonged use, and the addition of occlusive dressings. Therefore, patients receiving a large dose of a potent topical steroid applied to a large surface area or under an occlusive dressing should be evaluated periodically for evidence of HPA axis suppression by using the urinary free cortisol and ACTH stimulation tests. 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 steroid. Recovery of HPA axis function is generally prompt and complete upon discontinuation of the drug. Infrequently, signs and symptoms of steroid withdrawal may occur, requiring supplemental systemic corticosteroids.

Children may absorb proportionally larger amounts of topical corticosteroids and thus be more susceptible to systemic toxicity (See **PRECAUTIONS-Pediatric Use**). If irritation develops, topical corticosteroids should be discontinued and appropriate therapy instituted. In the presence of dermatological infections, the use of an appropriate antifungal or antibacterial agent should be instituted. If a favorable response does not occur promptly, the corticosteroid should be discontinued until the infection has been adequately controlled.

**Information for the Patient:** 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. Patients should be advised not to use this medication for any disorder other than for which it was prescribed.
3. The treated skin area should not be bandaged or otherwise covered or wrapped as to be occlusive unless directed by the physician.
4. Patients should report any signs of local adverse reactions especially under occlusive dressing.
5. Parents of pediatric patients should be advised not to use tight fitting diapers or plastic pants on a child being treated in the diaper area, as these garments may constitute occlusive dressings.

**Laboratory Tests:** The following tests may be helpful in evaluating the HPA axis suppression: Urinary free cortisol test; ACTH stimulation test.

**Carcinogenesis, Mutagenesis, and Impairment of Fertility:** Long-term animal studies have not been performed to evaluate the carcinogenic potential or the effect on fertility of topical corticosteroids. Studies to determine mutagenicity with prednisolone and hydrocortisone have revealed negative results.

**Pregnancy:** Teratogenic Effects: Pregnancy Category C - Corticosteroids are generally teratogenic in
laboratory animals when administered systemically at relatively low dosage levels. The more potent
corticosteroids have been shown to be teratogenic after dermal application in laboratory animals. There
are no adequate and well-controlled studies in pregnant women on teratogenic effects from topically
applied corticosteroids. Therefore, topical corticosteroids should be used during pregnancy only if the
potential benefit justifies the potential risk to the fetus. Drugs of this class should not be used
extensively on pregnant patients, in large amounts, or for prolonged periods of time.

**Nursing Mothers:** It is not known whether topical administration of corticosteroids could result in
sufficient systemic absorption to produce detectable quantities in breast milk. Systemically administered
corticosteroids are secreted into breast milk in quantities not likely to have a deleterious effect on the
infant. Nevertheless, caution should be exercised when topical corticosteroids are administered to a
nursing woman.

**Pediatric Use:** Pediatric patients may demonstrate greater susceptibility to topical corticosteroid-
induced HPA axis suppression and Cushing's syndrome than mature patients because of a larger skin
surface area to body weight ratio. Hypothalamic-pituitary-adrenal (HPA) axis suppression, Cushing's
syndrome, and intracranial hypertension have been reported in children receiving topical
corticosteroids. Manifestations of adrenal suppression in children include linear growth retardation,
delayed weight gain, low plasma cortisol levels, and absence of response to ACTH stimulation.
Manifestations of intracranial hypertension include bulging fontanelles, headaches, and bilateral
papilledema. Administration of topical corticosteroids to children should be limited to the least amount
compatible with an effective therapeutic regimen. Chronic corticosteroid therapy may interfere with the
growth and development of children.

**ADVERSE REACTIONS:**

The following local adverse reactions are reported infrequently with topical corticosteroids, but may
occur more frequently with the use of occlusive dressings. These reactions are listed in an approximate
decreasing order of occurrence: burning, itching, irritation, dryness, folliculitis, hypertrichosis,
acneiform eruptions, hypopigmentation, perioral dermatitis, allergic contact dermatitis, maceration of
the skin, secondary infection, skin atrophy, striae and miliaria.

**OVERDOSAGE:**

Topically applied corticosteroids can be absorbed in sufficient amounts to produce systemic effects
(See PRECAUTIONS).

**DOSAGE AND ADMINISTRATION:**

Apply to the affected area as a thin film as follows: Triamcinolone Acetonide Ointment USP, 0.025%
two to four times daily; Triamcinolone Acetonide Ointment USP, 0.1% two or three times daily
depending on the severity of the condition. Occlusive dressings may be used for the management of
psoriasis or recalcitrant conditions. If an infection develops, the use of occlusive dressings should be
discontinued and appropriate antimicrobial therapy instituted.

**HOW SUPPLIED:**

Triamcinolone Acetonide Ointment USP, 0.025% is available as follows:
80 gram tubes   NDC 0168-0005-80

Triamcinolone Acetonide Ointment USP, 0.1% is available as follows:
15 gram tubes   NDC 0168-0006-15
80 gram tubes   NDC 0168-0006-80
453.6 gram (1lb) jars   NDC 0168-0006-16
Store at 20 to 25°C (68 to 77°F) [see USP Controlled Room Temperature].

E. FOUGERA & CO.
A division of
Fougera
PHARMACEUTICALS INC.
Melville, New York 11747

I20515K/IF20515K
R05/13
#221

PACKAGE LABEL – PRINCIPAL DISPLAY PANEL – 80 G CONTAINER (0.025%)
NDC 0168-0005-80

FOUGERA®

TRIAMCINOLONE ACETONIDE OINTMENT USP, 0.025%
Rx only

FOR EXTERNAL USE ONLY.
NOT FOR OPHTHALMIC USE.

NET WT 80 grams

PACKAGE LABEL – PRINCIPAL DISPLAY PANEL – 80 G CONTAINER (0.025%)
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FOUGERA®
Rx only
TRIAMCINOLONE ACETONIDE
OINTMENT USP, 0.025%
WARNING: Keep out of
reach of children.
FOR EXTERNAL USE ONLY.
NOT FOR OPHTHALMIC USE.
NET WT 80 grams

PACKAGE LABEL – PRINCIPAL DISPLAY PANEL – 15 G LABEL (0.1%)
NDC 0168-0006-15
FOUGERA®
TRIAMCINOLONE
ACETONIDE OINTMENT
USP, 0.1%
Rx only
FOR EXTERNAL USE ONLY.
NOT FOR OPHTHALMIC USE.
NET WT 15 grams
PACKAGE LABEL – PRINCIPAL DISPLAY PANEL – 15 G CARTON (0.1%)

NDC 0168-0006-15

FOUGERA®

Rx only

TRIAMCINOLONE ACETONIDE OINTMENT USP, 0.1%

WARNING: Keep out of reach of children.

FOR EXTERNAL USE ONLY.
NOT FOR OPHTHALMIC USE.

NET WT 15 grams
# TRIAMCINOLONE ACETONIDE

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## Product Information

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<th>Product Type</th>
<th>Item Code (Source)</th>
<th>NDC:0168-0005</th>
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<tr>
<td>Route of Administration</td>
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## Active Ingredient/Active Moiety

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<th>Basis of Strength</th>
<th>Strength</th>
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<tr>
<td>TRIAMCINOLONE ACETONIDE (UNII: F446C597KA) (TRIAMCINOLONE ACETONIDE - UNII:F446C597KA)</td>
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## Inactive Ingredients

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## Packaging

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<tr>
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Labeler - E. Fougera & Co. a division of Fougera Pharmaceuticals Inc. (043838424)

Revised: 5/2013