BETAMETHASONE VALERATE- betamethasone valerate cream
BETAMETHASONE VALERATE- betamethasone valerate ointment
Actavis Pharma, Inc.

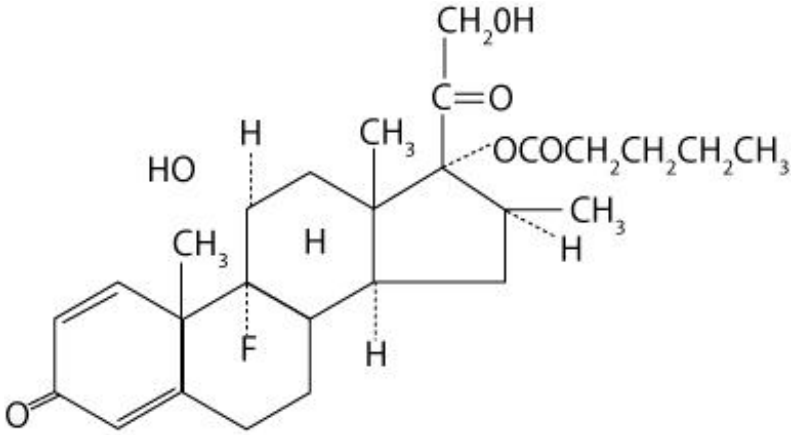
BETAMETHASONE VALERATE CREAM USP, 0.1%
BETAMETHASONE VALERATE OINTMENT USP, 0.1%

FOR EXTERNAL USE ONLY – NOT FOR OPHTHALMIC USE

Rx Only

DESCRIPTION

Betamethasone Valerate Cream, USP and Betamethasone Valerate Ointment, USP contain betamethasone valerate, USP (9-Fluoro-11β,17,21-trihydroxy-16β-methylpregna-1,4-diene-3,20-dione 17-valerate); its molecular formula is $C_{27}H_{37}FO_6$; its molecular weight is 476.59 (CAS Registry Number 2152-44-5); its structural formula is:



Each gram of the 0.1% cream contains 1.2 mg betamethasone valerate, USP (equivalent to 1.0 mg betamethasone) in a hydrophilic cream base consisting of purified water, mineral oil, white petrolatum, polyethylene glycol 1,000 monocetyl ether, cetostearyl alcohol, monobasic sodium phosphate, phosphoric acid or sodium hydroxide and 4-chloro-m-cresol as a preservative. Each gram of the 0.1% ointment contains 1.2 mg betamethasone valerate, USP (equivalent to 1.0 mg betamethasone) in an ointment base consisting of mineral oil, white petrolatum and hydrogenated lanolin.

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 anti-fungal 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 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. 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 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.

To report SUSPECTED ADVERSE EVENTS, contact Actavis at 1-800-432-8534 or FDA at 1-800-FDA-1088 or http://www.fda.gov/ for voluntary reporting of adverse reactions.

OVERDOSAGE

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

DOSAGE AND ADMINISTRATION

Betamethasone Valerate Cream USP, 0.1% and Betamethasone Valerate Ointment USP, 0.1% are generally applied to the affected area as a thin film one to three times daily depending on the severity of the condition. Dosage once or twice a day is often effective. 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

Betamethasone Valerate Cream USP, 0.1% is supplied in:

15 g (0.53 oz) tubes NDC 0472-0370-15

45 g (1.59 oz) tubes NDC 0472-0370-45

Betamethasone Valerate Ointment USP, 0.1% is supplied in:

15 g (0.53 oz) tubes NDC 0472-0371-15

45 g (1.59 oz) tubes NDC 0472-0371-45

Manufactured by:
G&W Laboratories, Inc.
111 Coolidge Street
South Plainfield, NJ 07080 USA

Distributed by:
Actavis Pharma, Inc.
Parsippany, NJ 07054 USA

Revised – November 2016

I600-5531/34 GW7148

PACKAGE LABEL.PRINCIPAL DISPLAY PANEL

Actavis

NDC 0472-**0370**-15

Betamethasone Valerate Cream, USP 0.1%

Rx Only

For External Use Only

Not for Ophthalmic Use

15 g (0.53 oz)
cream

PACKAGE LABEL.PRINCIPAL DISPLAY PANEL

Actavis

NDC 0472-**0371**-15

Betamethasone Valerate Ointment, USP 0.1%

Rx Only

For External Use Only

Not for Ophthalmic Use

15 g (0.53 oz)
ointment

BETAMETHASONE VALERATE

betamethasone valerate cream

Product Information			
Product Type	HUMAN PRESCRIPTION DRUG	**Item Code (Source)**	NDC:0472-0370
Route of Administration	TOPICAL		

Active Ingredient/Active Moiety		
Ingredient Name	**Basis of Strength**	**Strength**
BETAMETHASONE VALERATE (UNII: 9IFA5XM7R2) (BETAMETHASONE - UNII:9842X06Q6M)	BETAMETHASONE VALERATE	1.2 mg in 1 g

Inactive Ingredients	
Ingredient Name	**Strength**
WATER (UNII: 059QF0KO0R)	
MINERAL OIL (UNII: T5L8T28FGP)	
PETROLATUM (UNII: 4T6H12BN9U)	
CETETH-20 (UNII: I835H2IHHX)	
CETOSTEARYL ALCOHOL (UNII: 2DMT128M1S)	

SODIUM PHOSPHATE, MONOBASIC, ANHYDROUS (UNII: KH7I04HPUU)	
PHOSPHORIC ACID (UNII: E4GA8884NN)	
SODIUM HYDROXIDE (UNII: 55X04QC32I)	
CHLOROCRESOL (UNII: 36W53O7109)	

Packaging

#	Item Code	Package Description	Marketing Start Date	Marketing End Date
1	NDC:0472-0370-15	1 in 1 CARTON	09/01/1997	
1		15 g in 1 TUBE; Type 0: Not a Combination Product		
2	NDC:0472-0370-45	1 in 1 CARTON	09/01/1997	
2		45 g in 1 TUBE; Type 0: Not a Combination Product		

Marketing Information

Marketing Category	Application Number or Monograph Citation	Marketing Start Date	Marketing End Date
ANDA	ANDA070050	09/01/1997	

BETAMETHASONE VALERATE

betamethasone valerate ointment

Product Information

Product Type	HUMAN PRESCRIPTION DRUG	**Item Code (Source)**	NDC:0472-0371
Route of Administration	TOPICAL		

Active Ingredient/Active Moiety

Ingredient Name	Basis of Strength	Strength
BETAMETHASONE VALERATE (UNII: 9IFA5XM7R2) (BETAMETHASONE - UNII:9842X06Q6M)	BETAMETHASONE VALERATE	1.2 mg in 1 g

Inactive Ingredients

Ingredient Name	Strength
MINERAL OIL (UNII: T5L8T28FGP)	
PETROLATUM (UNII: 4T6H12BN9U)	
LANOLIN ALCOHOLS (UNII: 884C3FA9HE)	

Packaging

#	Item Code	Package Description	Marketing Start Date	Marketing End Date
1	NDC:0472-0371-15	1 in 1 CARTON	10/01/1997	
1		15 g in 1 TUBE; Type 0: Not a Combination Product		
2	NDC:0472-0371-45	1 in 1 CARTON	10/01/1997	
2		45 g in 1 TUBE; Type 0: Not a Combination Product		

Marketing Information

Marketing Category	Application Number or Monograph Citation	Marketing Start Date	Marketing End Date
ANDA	ANDA070051	10/01/1997	

Labeler - Actavis Pharma, Inc. (119723554)

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