

# Dermovate Scalp Application

## 1. NAME OF THE MEDICINAL PRODUCT

Dermovate Scalp Application

## 2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each 1 g contains 0.5 mg of clobetasol propionate (0.05% w/w)

## 3. PHARMACEUTICAL FORM

Scalp application

## 4. CLINICAL PARTICULARS

### 4.1. Therapeutic Indications

For the topical treatment of inflammatory conditions of the scalp responsive only to corticosteroids.

### 4.2. Posology and method of administration

**Clobetasol propionate belongs to the most potent class of topical corticosteroids (Group IV) and prolonged use may result in serious undesirable effects (see section 4.4). If treatment with a local corticosteroid is clinically justified beyond 4 weeks, a less potent corticosteroid preparation should be considered. Repeated but short courses of clobetasol propionate may be used to control exacerbations (see details below).**

Route of administration: Topical, on the scalp.

Owing to the flammable nature of the product, Dermovate Scalp Application should be kept away from open fire and flames and all sources of ignition, including smoking, during and immediately after use.

#### **Adults, Elderly and Children over 1 year**

A small quantity of clobetasol should be applied to the scalp night and morning until improvement is noticeable. It may then be possible to sustain improvement by applying once a day, or less frequently.

#### **Paediatric population**

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

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

#### **Duration of treatment for children and infants**

Courses should be limited if possible to a few days and reviewed weekly.

#### **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**

Infections of the scalp.

Hypersensitivity to the active substance or any of the excipients listed in section 6.1.

Dermatoses in children under one year of age, including dermatitis.

### **4.4. Special warnings and precautions for use**

Cases of osteonecrosis serious infections (including necrotizing fasciitis) and systemic immunosuppression (sometimes resulting in reversible Kaposi's sarcoma lesions) have been reported with long-term use of clobetasol propionate beyond the recommended doses (see section 4.2). In some cases patients used concomitantly other potent oral/topical corticosteroids or immunosuppressors (e.g. methotrexate, mycophenolate mofetil). If treatment with local corticosteroids is clinically justified beyond 4 weeks, a less potent corticosteroid preparation should be considered.

Care must be taken to keep the preparation away from the eyes.

Patients should be advised to avoid:

- smoking whilst applying to the scalp
- fire, flame and heat including use of hair dryer after application

Clobetasol should be used with caution in patients with a history of local hypersensitivity to other corticosteroids or to any of the excipients in the preparation. Local hypersensitivity reactions (see section 4.8) 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 section 4.8).

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)
- Increasing hydration of the stratum corneum
- Use on thin skin areas
- 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.

### **Paediatric population**

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

Children are more susceptible to develop atrophic changes with the use of topical corticosteroids.

### **Duration of treatment for children and infants**

Courses should be limited if possible to a few days and reviewed weekly.

### **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.

### **Use in Psoriasis**

Topical corticosteroids should be used with caution in psoriasis as rebound relapses, development of tolerances, risk of generalised pustular psoriasis and development of local or systemic toxicity due to impaired barrier function of the skin have been reported in some cases. If used in psoriasis careful patient supervision is important.

### **Visual disturbance**

Visual disturbance has been reported with systemic and topical corticosteroid use. If a patient presents with symptoms such as blurred vision or other visual disturbances, the patient should be considered for referral to an ophthalmologist for evaluation of possible causes which may include cataract, glaucoma or rare diseases such as central serous chorioretinopathy (CSCR) which have been reported after use of systemic and topical corticosteroids.

### **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.

## **4.5. Interactions with other medicinal products and other forms of interaction**

Co-administered drugs that can inhibit CYP3A4 (e.g. ritonavir and 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. Fertility, pregnancy and lactation**

##### **Pregnancy**

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

Topical administration of corticosteroids to pregnant animals can cause abnormalities of foetal development (see section 5.3)

The relevance of this finding to humans has not been established. Administration of clobetasol 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.

##### **Breast-feeding**

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 clobetasol during lactation should only be considered if the expected benefit to the mother outweighs the risk to the infant.

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

##### **Fertility**

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

Clobetasol administered subcutaneously to rats had no effect upon mating performance; however, fertility was decreased at the highest dose (see section 5.3).

#### **4.7. Effects on ability to drive and use machines**

There have been no studies to investigate the effect of clobetasol 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 clobetasol.

#### **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 ( $\geq 1/10$ ), common ( $\geq 1/100$  and  $< 1/10$ ), uncommon ( $\geq 1/1,000$  and  $< 1/100$ ), rare ( $\geq 1/10,000$  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, generalised rash

## **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, hyperglycaemia/glucosuria, hypertension, increased weight/obesity, decreased endogenous cortisol levels, alopecia, trichorrhexis

## **Skin and Subcutaneous Tissue Disorders**

Common                      Pruritus, local skin burning /skin pain

Uncommon                      Skin atrophy\*, striae\*, telangiectasias\*

Very rare                      Skin thinning\*, skin wrinkling\*, skin dryness\*, pigmentation changes\*, hypertrichosis, exacerbation of underlying symptoms, allergic contact dermatitis/dermatitis, pustular psoriasis, erythema, rash, urticaria, acne

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

## **General Disorders and Administration Site Conditions**

Very rare                      Application site irritation/pain

## **Eye disorders**

Very rare                      Cataract, central serous chorioretinopathy, glaucoma

Not known  
(cannot be estimated from available data)      Vision, blurred (see also section 4.4)

## **Reporting of suspected adverse reactions**

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the risk/benefit balance of the medicinal product. Any suspected adverse events should be reported to the Ministry of Health according to the National Regulation by using an online form: <https://reportsideffect.health.gov.il/drugs/home>

Additionally, you should also report to GSK Israel ([il.safety@gsk.com](mailto:il.safety@gsk.com)).

## **4.9. Overdose**

### **Symptoms**

Topically applied clobetasol 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 section 4.8).

## **Management**

In the event of overdose, clobetasol 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. Pharmacodynamic properties**

Pharmacotherapeutic group: **Corticosteroids, very potent (group IV)**,  
ATC code: **D07AD**

#### **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.

#### **Pharmacodynamic effects**

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

### **5.2. 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.

### **5.3. Preclinical safety data**

#### **Carcinogenesis / Mutagenesis**

#### **Carcinogenesis**

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

### **Genotoxicity**

Clobetasol propionate was not mutagenic in a range of *in vitro* bacterial cell assays.

### **Reproductive Toxicology**

#### **Fertility**

In fertility studies, subcutaneous administration of clobetasol propionate to rats at doses of 6.25 to 50 micrograms/kg/day produced no effects on mating, and fertility was only decreased at 50 micrograms/kg/day.

#### **Pregnancy**

Subcutaneous administration of clobetasol propionate to mice ( $\geq 100$  micrograms/kg/day), rats (400 micrograms/kg/day) or rabbits (1 to 10 micrograms/kg/day) during pregnancy produced foetal abnormalities including cleft palate and intrauterine growth retardation.

In the rat study, where some animals were allowed to litter, developmental delay was observed in the F1 generation at  $\geq 100$  micrograms/kg/day and survival was reduced at 400 micrograms/kg/day. No treatment-related effects were observed in F1 reproductive performance or in the F2 generation.

## **6. PHARMACEUTICAL PARTICULARS**

### **6.1. List of excipients**

Isopropyl Alcohol  
Carbomer  
Sodium Hydroxide  
Purified Water

### **6.2. Incompatibilities**

None known.

### **6.3. Shelf life**

The expiry date of the product is indicated on the label and packaging.

### **6.4. Special precautions for storage**

Do not Store above 25° C.

Use within 3 months after opening.

Keep container tightly closed when not in use. Contents are flammable. Keep away from fire, flame or heat. Do not leave Dermovate Scalp Application in direct sunlight.

### **6.5. Nature and contents of container**

White High Density Polyethylene (HDPE) container with a white low density polyethylene (LDPE) nozzle and a white HDPE screw cap.

Pack size: 25ml, 100ml.

Not all pack sizes may be marketed.

#### **6.6. Special precautions for disposal and other handling**

Patients should be advised to wash their hands after applying Dermovate Scalp Application.

For detailed instructions for use refer to the Patient Information Leaflet in every pack.

Do not use near a naked flame.

#### **7. MANUFACTURER**

GlaxoSmithKline Trading Services Limited, Dublin, Ireland.

#### **8. LICENSE HOLDER AND IMPORTER**

GlaxoSmithKline (Israel) Ltd., 25 Basel St., Petach Tikva.

#### **9. LICENSE NUMBER**

046-92-23798

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