NEW ZEALAND DATA SHEET

1. PRODUCT NAME

EUMOVATE clobetasone 17-butyrate 0.05% w/w cream.

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Clobetasone 17-butyrate BP 0.05% w/w

Excipients with known effect: cetostearyl alcohol; chlorocresol

For the list of excipients, see section 6.1 List of excipients.

3. PHARMACEUTICL FORM

Cream

EUMOVATE cream is white in appearance. The emollient cream is water-miscible.

4. CLINICAL PARTICULARS

4.1 Therapeutic Indications

Short-term (up to 7 days) treatment of milder forms of eczema and dermatitis in adults and children aged 12 years and over.

4.2 Dose and method of administration

Dose

Adults and children 12 years and over

Apply a thin film and gently rub in, using only enough to cover the affected area twice daily for up to 7 days.

If the condition resolves within 7 days, treatment with EUMOVATE cream should be stopped.

If the condition does not improve within the first 7 days or becomes worse, the patient should see a doctor.

If after 7 days of treatment, improvement is seen but further treatment is required, the patient should see a doctor.

After application, the hands should be washed unless they are the site being treated.

Patients advised by their doctors to use this cream for prolonged periods should be advised to tell subsequent doctors about this use.

All patients should be warned against prolonged used on one area of skin, or use of excessive quantities.

Rebound of pre-existing dermatoses can occur with abrupt discontinuation of topical corticosteroids especially with potent preparations.

All patients should also be informed that the preparation is prescribed only for a specific condition occurring in a specific individual.

Children

Use in children under 12 years only on the advice of a doctor. Children are more likely to develop local and systemic adverse reactions of topical corticosteroids and, in general, require shorter courses and less potent agents than adults.

Care should be taken when using clobetasone to ensure the amount applied is the minimum that provided therapeutic benefit.

Special populations

Elderly population

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

EUMOVATE cream should not be used in patients with a history of hypersensitivity to clobetasone butyrate or to any of the excipients in the product.

The following conditions should not be treated with EUMOVATE cream:

- Rosacea, acne, pruritus without rash, perioral dermatitis.
- Untreated bacterial infections such as cellulitis, folliculitis, furunculosis or impetigo.
- Fungal infections such as those associated with tinea (eg athletes foot, jock itch).
- Viral infections including cold sores (herpes simplex), chicken pox or shingles (Varicella zoster) or vaccinia.
- Parasitic infestations such as scabies.
- Psoriasis

Do not use on broken or infected skin or on inflamed skin near chronic ulcers. Topical corticosteroids inhibit wound healing processes and are contraindicated in skin ulcers, cuts and abrasions.

Topical corticosteroids inhibit wound healing processes and are contraindicated in skin ulcers, cuts and abrasions.

4.4 Special warnings and precautions for use

Manifestations of hypercortolism (Cushing’s syndrome) can occur in some individuals, due to prolonged duration of use, extensive application to the skin, or because of increased systemic absorption due to use of occlusive dressings or application to broken or thin skin.

The management of eczema and dermatitis in adults and children usually requires the supervision of a doctor.

Visual disturbances have been reported with the use of systemic and topical corticosteroids as a result of increased systemic availability and direct contact with the eyes.

Consequently, 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 as possible causes may include cataract, glaucoma or rare diseases such as central serous chorioretinopathy (CSCR).

EUMOVATE cream should not be used for the treatment of psoriasis as this condition needs to be managed by a doctor.

EUMOVATE cream should not be used concomitantly with other corticosteroids (by systemic or topical routes), as this may increase the risk of unwanted effects.

For external use only. This and all medication should be kept out of the reach of children. In the case of accidental ingestion, professional assistance should be sought or the Poisons Information Centre contacted immediately (see section 4.9 Overdose).

Systemic Absorption

EUMOVATE cream treatment for more than a few days may lead to significant systemic absorption. Do not use EUMOVATE cream for more than 7 days without medical supervision.

The systemic absorption of clobetasone would be expected to increase if:

- large amounts of EUMOVATE cream are used;
- large areas of skin are treated;
- treated skin is damaged or diseased;
- thin skin (such as on the face) or skin in intertriginous regions is treated;
- the treated area is occluded.

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.

Infants and Children

Do not use for children under 12 years old except under close medical supervision.

In infants and children, long term continuous topical therapy should be avoided, since skin damage and adrenal suppression can occur even without occlusion. The least potent corticosteroid that will control the disease should be selected. In infants, the napkin may act as an occlusive dressing, and increase absorption. Corticosteroids may inhibit linear bone growth and inhibit epiphyseal maturation. Treatment should be minimised and supervised closely.

Infection

Topical corticosteroid therapy may predispose to local 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.

Skin Damage

Topical corticosteroids cause atrophy of the epidermis and damage to the dermis. This may produce atrophic striae and discolouration, which are usually permanent. These are more likely to occur with prolonged therapy, occlusive dressings, application to intertriginous areas, application to the face, and in children.

EUMOVATE cream should not be used on the face, groin, genitals or between the toes. As with other topical corticosteroids, it should not be used on skin with impaired circulation, such as stasis ulcers, since it may cause prolonged vasoconstriction.

Occlusive Dressings

Do not use EUMOVATE cream with occlusive dressings. Use of occlusion increases the possibility of local and systemic side effects.

Use near eyes

Care should be taken to ensure that the cream does not enter the eye, as cataracts and glaucoma might result from repeated exposure.

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).

4.5 Interaction with other medicines and other forms of interaction

EUMOVATE cream should not be used concomitantly with other topical or systemic corticosteroids, either prescribed or obtained over-the-counter (such as hydrocortisone) as this may increase the likelihood of drug interactions.

Co-administered drugs that can inhibit CYP3A4 (e.g. ritonavir, 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.

4.6 Fertility, pregnancy and lactation

Pregnancy

There are limited data from the use of EUMOVATE cream in pregnant women. Topical administration of corticosteroids to pregnant animals can cause abnormalities of foetal development including cleft palate and intra-uterine growth retardation. Studies in mice, rats and rabbits revealed similar findings following administration of clobetasone butyrate. The relevance of this finding to humans has not been established.

Administration of clobetasone 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.

Women who are pregnant should consult a doctor before use.

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

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

Women who are breast-feeding should seek medical advice before using this product.

Fertility

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

4.7 Effects on ability to drive and use machines

EUMOVATE cream is presumed to be unlikely to produce an effect.

4.8 Undesirable effects

Systemic side effects are more likely in children, if large areas of the skin are treated or if large amounts are used, if treatment is prolonged or if treated areas are occluded.

The use of corticosteroids by multiple routes of administration (eg topical and oral or inhaled) may increase the likelihood of adverse reactions occurring.

Adverse events drug reactions (ADRs) are listed below by MedDRA system organ class and by frequency. Frequencies are defined as: very common (≥1/10), common (≥1/100 and <1/10), uncommon (≥1/1000 and <1/100), rare (≥1/10,000 and <1/1000) and very rare (<1/10,000) including isolated reports.

Infections and Infestations

Very rare	Opportunistic infection

Immune System Disorders

Very rare	Hypersensitivity. Local hypersensitivity reactions such as erythema, rash, pruritus, urticaria, local skin burning and allergic contact dermatitis may occur at the site of application and may resemble symptoms of the condition under treatment.

Patients should be advised to stop treatment if signs of hypersensitivity appear.

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, glaucoma, hyperglycaemia/glucosuria,

	cataract, hypertension, increased weight/obesity, decreased endogenous cortisol levels

Skin and Subcutaneous Tissue Disorders

Rare	Hypersensitivity, allergic contact dermatitis, urticaria, skin atrophy, pigmentation changes, exacerbation of underlying symptoms, local skin burning, hypertrichosis, rash, pruritus, erythema, hair disorders, bruising, rosacea. Exacerbation of eczema and dermatitis has also been reported.

With prolonged treatment, permanent damage (including development of stria and telangiectases) to the dermis may occur.

Patients should be advised to stop treatment if signs of hypersensitivity appear.

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicine is important. It allows continued monitoring of the benefit/risk balance of the medicine. Healthcare professionals are asked to report any suspected adverse reactions via: https://nzphvc.otago.ac.nz/reporting/

4.9 Overdose

Symptoms and Signs

Topically applied clobetasone may be absorbed in sufficient amounts to produce systemic effects. Acute overdose is very unlikely to occur. Chronic overdosage requires continuous use of large quantities for long periods of time. However, in the case of chronic overdosage or misuse, the features of hypercortisolism may occur (see section 4.8 Undesirable effects). There is also a risk of skin atrophy with the chronic use of topical steroids.

Treatment

In the event of overdose, clobetasone should be withdrawn gradually under medical supervision because of the risk of glucocorticosteroid insufficiency.

For advice on the management of overdose please contact the National Poisons Centre on 0800 POISON (0800 764 766).

5. PHARMACOLOGICAL PROPERTIES

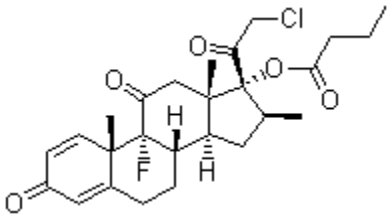
The least potent corticosteroid which will control the disease should be selected. EUMOVATE cream preparations do not contain lanolin or parabens.

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Corticosteroids, moderately potent (group II);

ATC code: D07AB01

Chemical structure



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.

Biotransformation:

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 and Genotoxicity

Long-term animal studies have not been performed to evaluate the carcinogenic potential of topical clobetasone. However, clobetasone was not mutagenic *in vitro* or *in vivo*.

Reproductive Toxicology

Topical application of clobetasone to rats at doses of 0.5 or 5 mg/kg/day, and subcutaneous administration to mice at doses ≥3 mg/kg/day or rabbits at doses ≥ 30

µg/kg/day during pregnancy resulted in foetal abnormalities including cleft palate. The effect on fertility of topical clobetasone has not been evaluated in animals.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

glycerol

glyceryl monostearate

cetostearyl alcohol

beeswax substitute 6621

arlacel 165

dimeticone 20

chlorocresol

sodium citrate dihydrate

citric acid monohydrate

water-purified

6.2 Incompatibilities

No incompatibilities have been identified.

6.3 Shelf life

3 years

6.4 Special precautions for storage

Store below 25°C, out of direct sunlight.

6.5 Nature and contents of container

Aluminium tubes containing 15 g and 30 g.

Not all pack sizes may be distributed in New Zealand.

6.6 Special precautions for disposal and other handling

Any unused medicine should be disposed of in accordance with local requirements.

Patients should be advised to wash their hands after applying Eumovate cream, unless it is the hands that are being treated.

7. MEDICINE SCHEDULE

Restricted Medicine

8. SPONSOR

GlaxoSmithKline NZ Limited

Private Bag 106600

Downtown

Auckland

New Zealand

Phone: (09) 367 2900

Facsimile (09) 367 2910

9. DATE OF FIRST APPROVAL

Date of publication in the New Zealand Gazette of consent to distribute the medicine: 12 October 2006

10. DATE OF REVISION OF THE TEXT

26 June 2023

Summary table of changes:

Section changed	Summary of new information
4.2	Inclusion of warning regarding potential rebound of pre-existing dermatosis occurring with abrupt discontinuation.

Version 6.0