CLINICAL PHARMACOLOGY

Topical corticosteroids share anti-inflammatory, antipruritic and vasoconstrictive actions. The mechanism of anti-inflammatory activity of the topical corticosteroids is unclear. Various laboratory studies have shown that topical corticosteroids are absorbed in sufficient amounts to produce systemic effects (see OVERDOSE). Tissue concentration may not correlate with clinical efficacy or toxicity. Pharmacokinetics

The deposition and 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. The vehicle and the concentration of the active drug are important factors. Occlusive dressings substantially increase the percutaneous absorption of topical corticosteroids. The use of occlusive dressings may be a valuable therapeutic adjunct in certain disease processes to enhance pharmacological activity. 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 excreted into the bile. Pharmacokinetic studies in men with Topicort® (desoximetasone) Cream 0.25% with tagged desoximetasone showed a total of 5.2% ± 2.9% excretion in urine (4.1% ± 2.3% feces (1.1% ± 0.6%) and no detectable level (limit of sensitivity: 0.005 µg/mL) in the blood when it was applied topically on the back followed by occlusion for 24 hours. Seven days after application, no further radioactivity was detected in urine or feces. The half-life of the material was 15 ± 2 hours (for urine) and 17 ± 2 hours (for feces) between the third and fifth trial day. Pharmacokinetic studies in men with Topicort® (desoximetasone) Ointment 0.25% with tagged desoximetasone showed no detectable level (limit of sensitivity: 0.003 µg/mL) in 1 subject and 0.004 and 0.006 µg/mL in the remaining 2 subjects in the blood when it was applied topically on the back followed by occlusion for 24 hours. The extent of absorption for the ointment was 7% based on radioactivity recovered from urine and feces. Seven days after application, no further radioactivity was detected in urine or feces. Studies with other similarly structured steroids have shown that predominant metabolite reaction occurs through conjugation to form the glucuronide and sulfate ester.

INDICATIONS AND USAGE

Topicort® (desoximetasone) Ointment 0.25%, Topicort (desoximetasone) Cream 0.25%, and Topicort (desoximetasone) Gel 0.05% are indicated for the relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses.

CONTRAINDICATIONS

Topical corticosteroids are contraindicated in these patients with a history of hypersensitivity to any of the components of the preparation.

WARNINGS

Topically applied corticosteroids have 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/or ACTH stimulation test. If HPA axis suppression is noted, the patient should be managed in accordance with established guidelines (see DOSAGE AND ADMINISTRATION). The daily dose of topical corticosteroids should not exceed 50 g (2 oz) of a 0.05% concentration. The treatment of more than 5% of the body area with more than 50 g (2 oz) per day of a 0.05% concentration, administration of more than 0.5 g (50 mg) per week of a 0.1% concentration, or more than 0.1 g (10 mg) per week of a 0.2% concentration should be reserved for the more severe conditions that are refractory to therapy with less potent steroids. The maximum amount of topical corticosteroids should not exceed: 90 g (3.0 oz) of a 0.1% concentration per week for the treatment of <5% of the body surface area; 180 g (6.0 oz) per week for the treatment of 5%-10% of the body surface area; or 360 g (12.0 oz) per week for the treatment of >10% of the body surface area. Topical corticosteroids should not be used in the diaper area because of the possibility of systemic absorption and related adverse effects. The long-term effects of topically applied corticosteroids have not been studied in children. 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.

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. Desoximetasone has been shown to be teratogenic and embryotoxic in mice, rats, and rabbits when given by subcutaneous or dermal routes of administration in doses 3 to 30 times the human dose of Topicort® (desoximetasone) Cream 0.25% or Topicort® (desoximetasone) Ointment 0.25% and 15 to 10 times the human dose of Topicort® LP (desoximetasone) Cream 0.05% or Topicort® (desoximetasone) Gel 0.05%. There are no adequate and well-controlled studies in pregnant women on teratogenic effects from topically applied corticosteroids. Therefore, Topicort® LP Cream 0.05%, Topicort® Gel 0.05%, and Topicort® Ointment 0.05% 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 relative to body weight ratio. HPA axis suppression, Cushing’s syndrome, and intracranial hypertension have been reported in pediatric patients receiving topical corticosteroids. Manifestations of adrenal suppression in pediatric patients 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 papilledema. Administration of topical corticosteroids to pediatric patients should be limited to the least amount compatible with an effective therapeutic regimen. Chronic corticosteroid therapy may interfere with the growth and development of pediatric patients. Safety and effectiveness of Topicort® Ointment in pediatric patients below the age of 10 have not been established.

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 include: burning, stinging, itching, irritation, dryness, maceration, purpura, and secondary infection. If these reactions occur, the medication should be discontinued and the site should be cleansed. If these reactions persist or become more severe, the medication may not be applicable at that particular site and alternative therapy should be considered.

OVERDOSE

Topically applied corticosteroids can be absorbed in sufficient amounts to produce systemic effects (see PRECAUTIONS). TOPICORT® (desoximetasone) Ointment 0.25% may be supplied in 5 gram tubes for physician samples, 15 gram and 60 gram tubs, Topicort® (desoximetasone) Cream 0.25%, and Topicort® (desoximetasone) Gel 0.05% may be supplied in 5 gram tubes for physician samples, 15 gram, 60 gram, and 100 gram tubes. Topicort® (desoximetasone) Ointment 0.25% may be supplied in 5 gram tubes for physician samples, 15 gram and 60 gram tubes. Store at controlled room temperature 15° - 30°C (59° - 86°F).

DOSAGE AND ADMINISTRATION

Apply a thin film of TOPICORT® LP (desoximetasone) Cream 0.05%, Topicort® (desoximetasone) Cream 0.25%, Topicort® (desoximetasone) Gel 0.05%, and Topicort® (desoximetasone) Ointment 0.25% to the affected skin areas twice daily. Rub in gently.

Discard after 30 days if not used or if tube is broken. KEEP OUT OF REACH OF CHILDREN.