6340 Sugarloaf Parkway, Ste. 400
Duluth, GA 30097
Tel: 770.945.0101
Toll Free: 866.867.7858
Fax: 770.945.5424

Olux® (clobetasol propionate) Foam, 0.05%

Olux-E™ (clobetasol propionate) Foam, 0.05%

COMPLETE PACK

Dear Health Care Professional:

When treating psoriasis, treatment vehicle can be a crucial consideration. An alcohol-based formulation that may work well on the scalp and non-excoriated skin, may be a poor choice when skin is excoriated because the stinging that may occur can hamper patient compliance, and thus interfere with treatment success.

That's why we at Stiefel Laboratories are pleased to announce the **Olux® 0.05%/Olux-E™ 0.05% Complete Pack**. The pack provides 2 different formulations of the same, effective medication, clobetasol propionate 0.05%: one designed for the scalp and non-excoriated skin, the other a 10 gram size of an ethanol-free, emollient formulation ideal for skin that is excoriated.

The **OLUX/OLUX-E Complete Pack** is designed to provide convenience for patients with plaque psoriasis who could benefit from both OLUX and OLUX-E.

Each **OLUX/OLUX-E Complete Pack** contains OLUX with VersaFoam-HF™, a hydroethanolic foam that delivers efficacy where needed, and OLUX-E with VersaFoam-EF™, an emulsion vehicle delivering efficacy with moisturizing properties.

The **OLUX/OLUX-E Complete Pack** is available in 2 sizes:

- OLUX 100 g and OLUX-E 10 g – NDC # 00145-2300-03
- OLUX 50 g and OLUX-E 10 g – NDC # 000145-2200-03

With the **OLUX/OLUX-E Complete Pack**, one prescription will provide patients with 2 effective treatments especially formulated for excoriated and non-excoriated skin, both delivered in an easy-to-use, patient-preferred foam vehicle.

There is no available substitute for the **OLUX/OLUX-E Complete Pack**.

Please see Important Safety Information on following page.

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Olux® (clobetasol propionate) Foam, 0.05%

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COMPLETE PACK

IMPORTANT SAFETY INFORMATION

OLUX Foam is indicated for short-term topical treatment of the inflammatory and pruritic manifestations of moderate to severe corticosteroid-responsive dermatoses of the scalp, and for short-term topical treatment of mild to moderate plaque-type psoriasis of non-scalp regions excluding the face and intertriginous areas. OLUX Foam is not recommended for use in children under 12 years of age.

In clinical trials, the most common adverse events associated with the use of OLUX Foam were burning, dryness, and other reactions at the application site.

OLUX Foam should be applied to the affected area twice daily.

OLUX-E Foam is indicated for the treatment of inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses in patients 12 years of age or older.

The pooled incidence of local adverse reactions in trials for moderate to severe atopic dermatitis and mild to moderate plaque-type psoriasis with OLUX-E Foam was 1.9% for application site atrophy and 1.6% for application site reaction.

Treatment with OLUX Foam or OLUX-E Foam beyond 2 consecutive weeks is not recommended and the total dosage should not exceed 50 g per week because of the potential for suppression of the hypothalamic-pituitary-adrenal (HPA)axis.

OLUX-E Foam should be applied to the affected area twice daily.

Please contact us at 877-257-5768 with any questions.

Sincerely,

Your colleagues at Stiefel Laboratories, Inc.

Please see accompanying full Prescribing Information for OLUX and OLUX-E.

Olux®

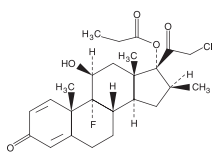
(clobetasol propionate) Foam, 0.05%

Rx Only
For Dermatologic Use Only
Not for Ophthalmic Use

DESCRIPTION

Olux Foam contains clobetasol propionate, USP, a synthetic corticosteroid, for topical dermatologic use. Clobetasol, an analog of prednisolone, has a high degree of glucocorticoid activity and a slight degree of mineralocorticoid activity.

Clobetasol propionate is pregna-1,4-diene-3,20-dione, 21-chloro-9-fluoro-11-hydroxy-16-methyl-17-(1-oxopropoxy)-, (11ß,16ß)-, with the empirical formula $C_{25}H_{32}ClFO_5$, a molecular weight of 466.97. The following is the chemical structure:



clobetasol propionate

Clobetasol propionate is a white or almost white, odorless, crystalline powder and is insoluble in water.

Olux® (clobetasol propionate) Foam, 0.05%, contains 0.5 mg clobetasol propionate, USP, per gram in a thermolabile hydroethanolic foam vehicle consisting of cetyl alcohol, citric acid, ethanol (60%), polysorbate 60, potassium citrate, propylene glycol, purified water, and stearyl alcohol pressurized with a hydrocarbon (propane/butane) propellant.

CLINICAL PHARMACOLOGY

Like other topical corticosteroids, clobetasol propionate foam has anti-inflammatory, antipruritic, and vasoconstrictive properties. The precise mechanism of the anti-inflammatory activity of topical steroids in the treatment of steroid-responsive dermatoses, in general, is uncertain. However, corticosteroids are thought to act by the induction of phospholipase A_2 inhibitory proteins, collectively called lipocortins. It is postulated that these proteins control the biosynthesis of potent mediators of inflammation such as prostaglandins and leukotrienes by inhibiting the release of their common precursor arachidonic acid. Arachidonic acid is released from membrane phospholipids by phospholipase A_2.

Pharmacokinetics:

Topical corticosteroids can be 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.

Once absorbed through the skin, topical corticosteroids are handled through pharmacokinetic pathways similar to systemically administered corticosteroids. Due to the fact that circulating levels are well below the level of detection, the use of pharmacodynamic endpoints for assessing the systemic exposure of topical corticosteroids is necessary. They are metabolized, primarily in the liver, and are then excreted by the kidneys. In addition, some corticosteroids and their metabolites are also excreted in the bile.

CLINICAL STUDIES

A well-controlled clinical study evaluated 188 subjects with moderate to severe scalp psoriasis. Subjects were treated twice daily for 2 weeks with one of four treatments: Olux Foam, Vehicle foam, a commercially available clobetasol propionate solution (Temovate® Scalp Application), or Vehicle solution. The efficacy of Olux Foam in treating scalp psoriasis at the end of the 2 weeks' treatment was superior to that of Vehicle (foam and solution), and was comparable to that of Temovate Scalp Application. *See Table 1 below*.

Table 1: Efficacy results from a controlled clinical trial in scalp psoriasis

	Olux Foam n (%)	Vehicle Foam n (%)
Total number of subjects	62	31
Subjects with Treatment Success*	39 (63)	1 (3)
Subjects with Parameter Clear at Endpoint (Scalp Psoriasis)		
Scaling - Clear at Endpoint	42 (68)	3 (10)
Erythema - Clear at Endpoint	27 (44)	2 (6)
Plaque Thickness - Clear at Endpoint	41 (66)	3 (10)

*Defined as a composite of an Investigator's Global Assessment of "completely clear " or "almost clear," a plaque thickness score of 0, an erythema score of 0 or 1, and a scaling score of 0 or 1 at Endpoint, scored on a severity scale of 0-4.

Another well-controlled clinical study evaluated 279 subjects with mild to moderate plaque-type psoriasis (mean Body Surface Area at baseline was 6.7% with a range from 1% to 20%) of non-scalp regions. Subjects were treated twice daily for 2 weeks with Olux Foam or Vehicle foam. The face and intertriginous areas were excluded from treatment. The efficacy of Olux Foam in treating non-scalp psoriasis at the end of 2 weeks' treatment was superior to that of Vehicle foam. *See Table 2 below.*

Table 2: Efficacy results from a controlled clinical trial in non-scalp psoriasis

	Olux Foam n (%)	Vehicle Foam n (%)
Total number of subjects	139	140
Subjects with Treatment Success*	39 (28)	4 (3)
Physician's Static Global Assessment - Clear or Almost Clear at Endpoint	94 (68)	30 (21)
Scaling - Clear or Almost Clear at Endpoint	101 (73)	42 (30)
Erythema - Clear or Almost Clear at Endpoint	88 (63)	35 (25)
Plaque Thickness - Clear at Endpoint	44 (32)	5 (4)

*Defined as a composite of a Physician's Static Global Assessment score of 0 or 1, scaling score of 0 or 1, an erythema score of 0 or 1 and a plaque thickness score of 0, based on a severity scale of 0-5 at Endpoint.

INDICATIONS AND USAGE

Olux Foam is a super-potent topical corticosteroid indicated for short-term topical treatment of the inflammatory and pruritic manifestations of moderate to severe corticosteroid-responsive dermatoses of the scalp, and for short-term topical treatment of mild to moderate plaque-type psoriasis of non-scalp regions excluding the face and intertriginous areas.

Treatment beyond 2 consecutive weeks is not recommended and the total dosage should not exceed 50 g per week because of the potential for the drug to suppress the hypothalamic-pituitary-adrenal (HPA) axis. In a controlled pharmacokinetic study, some subjects experienced reversible suppression of the adrenals following 14 days of Olux Foam therapy (See ADVERSE REACTIONS).

Use in children under 12 years of age is not recommended.

CONTRAINDICATIONS

Olux Foam is contraindicated in patients who are hypersensitive to clobetasol propionate, to other corticosteroids, or to any ingredient in this preparation.

PRECAUTIONS

General: Clobetasol propionate is a super-potent topical corticosteroid that has been shown to suppress the adrenals at 7.0 g of Olux Foam per day. Lesser amounts of Olux Foam were not studied. Systemic absorption of topical corticosteroids has caused reversible adrenal suppression with the potential for glucocorticosteroid insufficiency after withdrawal of treatment. Manifestations of Cushing's syndrome, hyperglycemia, and glucosuria can also be produced in some patients by systemic absorption of topical corticosteroids while on treatment.

Conditions which augment systemic absorption include the application of more potent steroids, use over large surface areas, prolonged use, and the addition of occlusive dressings.

Patients applying a topical steroid to a large surface area or to areas under occlusion should be evaluated periodically for evidence of adrenal suppression. If adrenal 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 upon discontinuation of topical corticosteroids. Infrequently, signs and symptoms of glucocorticosteroid insufficiency may occur requiring supplemental systemic corticosteroids. For information on systemic supplementation, see prescribing information for those products.

Pediatric patients may be more susceptible to systemic toxicity from equivalent doses due to their larger skin surface to body mass ratios. See **PRECAUTIONS-*Pediatric Use***.

If irritation develops, Olux Foam should be discontinued and appropriate therapy instituted. Allergic contact dermatitis with corticosteroids is usually diagnosed by observing a failure to heal rather than by noting a clinical exacerbation, as with most topical products not containing corticosteroids. Such an observation should be corroborated with appropriate diagnostic patch testing.

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, use of Olux Foam should be discontinued until the infection has been adequately controlled.

Information for Patients: Patients using topical corticosteroids should receive the following information and instructions:

1. This medication is to be used as directed by the physician and should not be used longer than the prescribed time period. It is for external use only. Avoid contact with the eyes.
2. This medication should not be used for any disorder other than that for which it was prescribed.
3. The treated area should not be bandaged or otherwise covered or wrapped so as to be occlusive unless directed by the physician.
4. Patients should report to their physician any signs of local adverse reactions.

Laboratory Tests: The following tests may be helpful in evaluating patients for adrenal suppression:

ACTH stimulation test
A.M. plasma cortisol test
Urinary free cortisol test

Carcinogenesis, Mutagenesis, and Impairment of Fertility: Long-term animal studies have not been performed to evaluate the carcinogenic potential of clobetasol propionate.

Clobetasol propionate was non-mutagenic in three different test systems: the Ames test, the *Saccharomyces cerevisiae* gene conversion assay, and the *E. coli* B WP2 fluctuation test.

Studies in the rat following subcutaneous administration of clobetasol propionate at dosage levels up to 0.05 mg/kg per day revealed that the females exhibited an increase in the number of resorbed embryos and a decrease in the number of living fetuses at the highest dose.

Pregnancy: ***Teratogenic Effects: Pregnancy Category C:*** Corticosteroids have been shown to be teratogenic in laboratory animals when administered systemically at relatively low dosage levels. Some corticosteroids have been shown to be teratogenic after dermal application to laboratory animals.

Clobetasol propionate has not been tested for teratogenicity by the topical route; however, it is absorbed percutaneously, and when administered subcutaneously, it was a significant teratogen in both the rabbit and the mouse. Clobetasol propionate has greater teratogenic potential than steroids that are less potent.

Teratogenicity studies in mice using the subcutaneous route resulted in fetotoxicity at the highest dose tested (1 mg/kg) and teratogenicity at all dose levels tested down to 0.03 mg/kg. These doses are approximately 1.4 and 0.04 times, respectively, the human topical dose of Olux based on body surface area comparisons. Abnormalities seen included cleft palate and skeletal abnormalities.

In rabbits, clobetasol propionate was teratogenic at doses of 0.003 and 0.01 mg/kg. These doses are approximately 0.02 and 0.05 times, respectively, the human topical dose of Olux based on body surface area comparisons. Abnormalities seen included cleft palate, cranioschisis, and other skeletal abnormalities.

There are no adequate and well-controlled studies of the teratogenic potential of clobetasol propionate in pregnant women. Olux Foam 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: Systemically administered corticosteroids appear in human milk and could suppress growth, interfere with endogenous corticosteroid production, or cause other untoward effects. It is not known whether topical administration of corticosteroids could result in sufficient systemic absorption to produce detectable quantities in breast milk. Because many drugs are excreted in human milk, caution should be exercised when Olux Foam is administered to a nursing woman.

Pediatric Use: Safety and effectiveness of Olux Foam in pediatric patients have not been established; therefore, use in children under 12 years of age is not recommended. Because of a higher ratio of skin surface area to body mass, pediatric patients are at a greater risk than adults of adrenal suppression and Cushing's syndrome when they are treated with topical corticosteroids. Pediatric patients are therefore at greater risk of adrenal insufficiency during and/or after withdrawal of treatment. Adverse effects including striae have been reported with inappropriate use of topical corticosteroids in infants and children.

Adrenal suppression, Cushing's syndrome, linear growth retardation, delayed weight gain, and intracranial hypertension have been reported in children receiving topical corticosteroids. Manifestations of adrenal suppression in children include low plasma cortisol levels and an absence of response to ACTH stimulation. Manifestations of intracranial hypertension include bulging fontanelles, headaches, and bilateral papilledema.

Geriatric Use: Clinical studies of Olux Foam did not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently from younger subjects. Other reported clinical experience has not identified differences in responses between the elderly and younger patients. In general, dose selection for an elderly patient should be cautious, usually starting at the low end of the dosing range, reflecting the greater frequency of decreased hepatic, renal, or cardiac function, and of concomitant disease or other drug therapy.

ADVERSE REACTIONS

In a controlled pharmacokinetic study, 5 of 13 subjects experienced reversible suppression of the adrenals at any time during the 14 days of Olux Foam therapy to at least 20% of the body surface area. Of the 13 subjects studied, 1 of 9 with psoriasis were suppressed after 14 days and all 4 of the subjects with atopic dermatitis had abnormal cortisol levels indicative of adrenal suppression at some time after starting therapy with Olux Foam. (See Table 3 below.)

Table 3: Subjects with reversible HPA axis suppression at any time during treatment

Dermatosis	Olux Foam
Psoriasis	1 of 9
Atopic Dermatitis*	4 of 4

*Olux Foam is not indicated for non-scalp atopic dermatitis, as the safety and efficacy of Olux Foam in non-scalp atopic dermatitis has not been established. Use in children under 12 years of age is not recommended.

Systemic absorption of topical corticosteroids has produced reversible adrenal suppression, manifestations of Cushing's syndrome, hyperglycemia, and glucosuria in some patients (see PRECAUTIONS).

In a controlled clinical trial (188 subjects) with Olux Foam in subjects with psoriasis of the scalp, there were no localized scalp adverse reactions reported in the Olux Foam treated subjects. In two controlled clinical trials (360 subjects) with Olux Foam in subjects with psoriasis of non-scalp regions, localized adverse events that occurred in the Olux Foam treated subjects included application site burning (10%), application site dryness (<1%), and other application site reactions (4%).

In larger controlled trials with other clobetasol propionate formulations, the most frequently reported local adverse reactions have included burning, stinging, irritation, pruritus, erythema, folliculitis, cracking and fissuring of the skin, numbness of the fingers, skin atrophy, and telangiectasia (all less than 2%).

The following additional local adverse reactions have been reported with topical corticosteroids, but they may occur more frequently with the use of occlusive dressings and higher potency corticosteroids such as Olux Foam. These reactions are listed in an approximate decreasing order of occurrence: dryness, hypertrichosis, acneiform eruptions, hypopigmentation, perioral dermatitis, allergic contact dermatitis, maceration of the skin, secondary infection, striae, and miliaria.

OVERDOSAGE

Topically applied Olux Foam can be absorbed in sufficient amounts to produce systemic effects. ***See PRECAUTIONS.***

DOSAGE AND ADMINISTRATION

Note: For proper dispensing of foam, hold the can upside down and depress the actuator.

Olux Foam should be applied to the affected area twice daily, once in the morning and once at night. Invert the can and dispense a small amount of Olux Foam (up to a maximum of a golf-ball-size dollop or one and a half capfuls) into the cap of the can, onto a saucer or other cool surface, or to the lesion, taking care to avoid contact with the eyes. Dispensing directly onto hands is not recommended (unless the hands are the affected area), as the foam will begin to melt immediately upon contact with warm skin. When applying Olux Foam to a hair-bearing area, move the hair away from the affected area so that the foam can be applied to each affected area. Pick up small amounts with fingertips and gently massage into affected area until the foam disappears. Repeat until entire affected area is treated.

Manufactured for
Stiefel Laboratories, Inc.
Coral Gables, FL 33134
USA

For additional information:
1-888-500-DERM or visit
www.olux.com

AW No: AW-0698 P/N: PRM-OLU1-073-R1

U.S. Patent No. 6,126,920

STIEFEL®

Apply the smallest amount possible that sufficiently covers the affected area(s). No more than one and a half capfuls of foam should be used at each application. Do not apply to face or intertriginous areas.

Olux Foam is a super-high-potency topical corticosteroid; therefore, treatment should be limited to 2 consecutive weeks and amounts greater than 50 g/week should not be used. Use in pediatric patients under 12 years of age is not recommended.

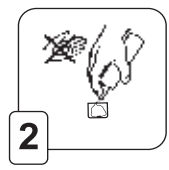
Unless directed by a physician, Olux Foam should not be used with occlusive dressings.

Instructions for applying Olux Foam

Apply Olux Foam twice a day, once in the morning and once at night. Apply only enough to cover the affected areas. Olux Foam should not be applied to the groin, armpits, or other skin fold areas.

To use Olux Foam:

Before applying Olux Foam for the first time, break the tiny plastic piece at the base of the can's rim by gently pushing back (away from the piece) on the nozzle.



Turn the can upside down.

Push the button to squirt a small amount of Olux Foam into the cap of the can, onto a saucer or other cool surface, or your affected skin area. This amount should be no more than 1 1/2 capfuls, about the size of a golf ball.

Do not squirt Olux Foam directly onto your hands (unless your hands are the affected areas), because the foam will begin to melt right away on contact with your warm skin.

If your fingers are warm, rinse them in cold water first. (Be sure to dry them thoroughly before handling the foam.)

If the can seems warm or the foam seems runny, run the can under cold water.

Using your fingertips, gently massage Olux Foam into the affected areas until the foam disappears.

If you are treating areas with hair such as the scalp, move any hair away so that the foam can be applied directly to the affected areas.

Repeat the process until the affected areas are treated.

Keep the foam away from your eyes, as it will sting and may cause eye problems if there is frequent contact with your eyes. If the foam gets in your eyes, rinse them well with cold water right away. If the stinging continues, contact your doctor right away.

Wash your hands after applying Olux Foam. Throw away any of the unused medicine that you squirted out of the can.

HOW SUPPLIED

Olux Foam is supplied in 100 g (NDC 63032-031-00) and 50 g (NDC 63032-031-50) aluminum cans.

Store at controlled room temperature 68–77°F (20–25°C).

WARNING

FLAMMABLE. AVOID FIRE, FLAME OR SMOKING DURING AND IMMEDIATELY FOLLOWING APPLICATION. Keep out of reach of children. Contents under pressure. Do not puncture or incinerate container. Do not expose to heat or store at temperatures above 120°F (49°C).

Printed in: U.S.A.

March 2007

DELIVERED IN
VersaFoam-HF™
HYDROETHANOLIC FORMULATION

Olux-E™
(clobetasol propionate) Foam, 0.05%

Rx Only

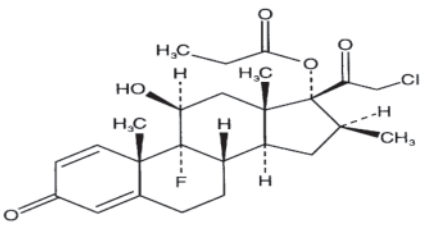
FOR TOPICAL USE ONLY
NOT FOR OPHTHALMIC, ORAL, OR INTRAVAGINAL USE

DESCRIPTION

Olux-E (clobetasol propionate) Foam, an emulsion aerosol foam, contains the active ingredient clobetasol propionate, USP, a synthetic corticosteroid for topical dermatologic use. Clobetasol, an analog of prednisolone, has a high degree of glucocorticoid activity and a slight degree of mineralocorticoid activity.

Clobetasol propionate is 21-chloro-9-fluoro-11ß,17-dihydroxy-16ß-methylpregna-1,4-diene-3,20-dione 17-propionate, with the empirical formula $C_{25}H_{32}ClFO_5$, and a molecular weight of 466.97. The following is the chemical structure:

Figure 1: Structural Formula



Clobetasol Propionate, USP

Clobetasol propionate is a white to cream-colored crystalline powder, practically insoluble in water.

Each gram of Olux-E Foam contains 0.5 mg clobetasol propionate, USP. The foam also contains anhydrous citric acid USP, cetyl alcohol NF, cyclomethicone NF, isopropyl myristate NF, light mineral oil NF, polyoxyl 20 cetostearyl ether NF, potassium citrate monohydrate USP, propylene glycol USP, purified water USP, sorbitan monolaurate NF, white petrolatum USP, and phenoxyethanol NF as a preservative.

Olux-E Foam is dispensed from an aluminum can pressurized with a hydrocarbon (propane/butane) propellant.

CLINICAL PHARMACOLOGY

The contribution to efficacy by individual components of the vehicle has not been established.

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

The mechanism of the anti-inflammatory activity of topical steroids is unclear. However, corticosteroids are thought to act by the induction of phospholipase A_2 inhibitory proteins, collectively called lipocortins. It is postulated that these proteins control the biosynthesis of potent mediators of inflammation such as prostaglandins and leukotrienes by inhibiting the release of their common precursor, arachidonic acid. Arachidonic acid is released from membrane phospholipids by phospholipase A_2.

Pharmacokinetics: Topical corticosteroids can be absorbed from intact healthy skin. The extent of percutaneous absorption of topical corticosteroids is determined by many factors, including the product formulation and the integrity of the epidermal barrier. Occlusion, inflammation and/or other disease processes in the skin may increase percutaneous absorption. The use of pharmacodynamic endpoints for assessing the systemic exposure of topical corticosteroids may be necessary due to the fact that circulating levels are often below the level of detection. Once absorbed through the skin, topical corticosteroids are metabolized, primarily in the liver, and are then excreted by the kidneys. Some corticosteroids and their metabolites are also excreted in the bile.

Following twice daily application of Olux-E Foam for one week to 32 adult patients with mild to moderate plaque-type psoriasis, mean peak plasma concentrations (±SD) of 59 ± 36 pg/mL of clobetasol were observed at around 5 hours post-dose on day 8.

CLINICAL STUDIES

In a randomized study of subjects 12 years of age and older with moderate to severe atopic dermatitis, 251 subjects were treated with Olux-E Foam and 126 subjects were treated with Vehicle Foam. Subjects were treated twice daily for two weeks. At the end of treatment, 131 of 251 subjects (52%) treated with Olux-E Foam compared with 18 of 126 (14%) treated with Vehicle Foam achieved treatment success. Treatment success was defined by an Investigator's Static Global Assessment (ISGA) score of clear (0) or almost clear (1) with at least 2 grades improvement from baseline, and scores of absent or minimal (0 or 1) for erythema and induration/papulation.

In an additional randomized study of subjects 12 years of age and older with mild to moderate plaque-type psoriasis, 253 subjects were treated with Olux-E Foam and 123 subjects were treated with Vehicle Foam. Subjects were treated twice daily for two weeks. At the end of treatment, 41 of 253 subjects (16%) treated with Olux-E Foam compared with 5 of 123 (4%) treated with Vehicle Foam achieved treatment success. Treatment success was defined by an Investigator's Static Global Assessment (ISGA) score of clear (0) or almost clear (1) with at least 2 grades improvement from baseline, scores of none or faint/minimal (0 or 1) for erythema and scaling, and a score of none (0) for plaque thickness.

INDICATIONS AND USAGE

Olux-E Foam is indicated for the treatment of inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses in patients 12 years of age or older (see PRECAUTIONS). Treatment should be limited to 2 consecutive weeks and patients should not use greater than 50 grams per week (see DOSAGE AND ADMINISTRATION).

Patients should be instructed to use Olux-E Foam for the minimum amount of time necessary to achieve the desired results (see PRECAUTIONS).

Use in pediatric patients under 12 years of age is not recommended because of numerically high rates of hypothalamic-pituitary-adrenal (HPA) axis suppression seen in patients under 12 years of age (see PRECAUTIONS: Pediatric Use).

CONTRAINDICATIONS

Olux-E Foam is contraindicated in patients who are hypersensitive to clobetasol propionate or to any ingredient in this preparation.

WARNINGS

The propellent in Olux-E Foam is flammable. Avoid fire, flame or smoking during and immediately following application.

PRECAUTIONS

General: **Olux-E Foam has been shown to suppress the HPA axis.**

Systemic absorption of topical corticosteroids has caused reversible adrenal suppression with the potential for glucocorticosteroid insufficiency after withdrawal from treatment. Manifestations of Cushing's syndrome, hyperglycemia, and glucosuria can also be produced in some patients by systemic absorption of topical corticosteroids while on treatment.

Pediatric patients may be more susceptible to systemic toxicity from equivalent doses because of their larger skin surface to body mass ratios (see PRECAUTIONS: Pediatric Use).

Conditions which increase systemic absorption include the application of more potent steroids, use over large surface areas, prolonged use, and the addition of occlusive dressings. Therefore, patients applying a topical steroid to a large surface area or to areas under occlusion should be evaluated periodically for evidence of adrenal suppression (see laboratory tests below). If adrenal 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 upon discontinuation of topical corticosteroids. Infrequently, signs and symptoms of glucocorticosteroid insufficiency may occur, requiring supplemental systemic corticosteroids.

In a study evaluating the potential for HPA axis suppression, using the cosyntropin stimulation test, Olux-E Foam demonstrated adrenal suppression after two weeks of twice daily use in patients with atopic dermatitis of at least 30% body surface area (BSA). The proportion of subjects twelve years of age and older demonstrating HPA axis suppression was 16.2% (6 out of 37). In this study HPA axis suppression was defined as serum cortisol level [18 mcg/dL 30-min post cosyntropin stimulation. The laboratory suppression was transient; in all subjects serum cortisol levels returned to normal when tested 4 weeks post treatment.

Patients with acute illness or injury may have increased morbidity and mortality with intermittent HPA axis suppression. Patients should be instructed to use Olux-E Foam for the minimum amount of time necessary to achieve the desired results (see INDICATIONS AND USAGE).

If irritation develops, Olux-E Foam should be discontinued and appropriate therapy instituted. Allergic contact dermatitis with corticosteroids is usually diagnosed by observing a *failure to heal* rather than noting a clinical exacerbation as with most topical products not containing corticosteroids. Such an observation should be corroborated with appropriate diagnostic patch testing.

If concomitant skin infections are present or develop, an appropriate antifungal or antibacterial agent should be used. If a favorable response does not occur promptly, use of Olux-E Foam should be discontinued until the infection has been adequately controlled.

Olux-E Foam should not be used in the treatment of rosacea or perioral dermatitis, and should not be used on the face or the groin, axillae, or other intertriginous areas.

Information for 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. Unless directed by the prescriber, it should not be used on the face, or in skin-fold areas, such as the underarms or groin. Avoid contact with the eyes or other mucous membranes. Wash hands after use.

2. This medication should not be used for any disorder other than that for which it was prescribed.

3. The treated skin area should not be bandaged, wrapped, or otherwise covered so as to be occlusive unless directed by the physician.

4. Patients should report any signs of local or systemic adverse reactions to the physician.

5. Patients should inform their physicians that they are using Olux-E Foam if surgery is contemplated.

6. As with other corticosteroids, therapy should be discontinued when control is achieved. If no improvement is seen within 2 weeks, contact the physician.

7. Patients should not use more than 50 grams per week of Olux-E Foam, or an amount greater than 21 capfuls per week (see DOSAGE AND ADMINISTRATION).

Laboratory Tests: The cosyntropin ($ACTH_{1-24}$) stimulation test may be helpful in evaluating patients for HPA axis suppression.

Carcinogenesis, Mutagenesis, and Impairment of Fertility: Long-term animal studies have not been performed to evaluate the carcinogenic potential of clobetasol propionate.

Clobetasol propionate was non-mutagenic in four different test systems: the Ames test, the mouse lymphoma test, the *Saccharomyces cerevisiae* gene conversion assay, and the *E. coli* B WP2 fluctuation test. In the *in vivo* mouse micronucleus test a positive finding was observed at 24 hours, but not at 48 hours, following oral administration at a dose of 2000 mg/kg.

Studies in the rat following subcutaneous administration of clobetasol propionate at dosage levels up to 0.05 mg/kg per day revealed that the females exhibited an increase in the number of resorbed embryos and a decrease in the number of living fetuses at the highest dose.

Pregnancy: *Teratogenic Effects:* Pregnancy Category C: Corticosteroids have been shown to be teratogenic in laboratory animals when administered systemically at relatively low dosage levels. Some corticosteroids have been shown to be teratogenic after dermal application to laboratory animals.

Clobetasol propionate has not been tested for teratogenicity when applied topically; however, it is absorbed percutaneously, and when administered subcutaneously, it was a significant teratogen in both the rabbit and the mouse. Clobetasol propionate has greater teratogenic potential than steroids that are less potent.

Teratogenicity studies in mice using the subcutaneous route resulted in fetotoxicity at the highest dose tested (1 mg/kg) and teratogenicity at all dose levels tested down to 0.03 mg/kg. These doses are approximately 1.4 and 0.04 times, respectively, the human topical dose of Olux-E Foam based on body surface area comparisons. Abnormalities seen included cleft palate and skeletal abnormalities.

In rabbits, clobetasol propionate was teratogenic at doses of 0.003 and 0.01 mg/kg. These doses are approximately 0.02 and 0.05 times, respectively, the human topical dose of Olux-E Foam based on body surface area comparisons. Abnormalities seen included cleft palate, cranioschisis, and other skeletal abnormalities.

There are no adequate and well-controlled studies of the teratogenic potential of clobetasol propionate in pregnant women. Olux-E Foam should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers: Systemically administered corticosteroids appear in human milk and could suppress growth, interfere with endogenous corticosteroid production, or cause other untoward effects. It is not known whether topical administration of corticosteroids could result in sufficient systemic absorption to produce detectable quantities in breast milk. Because many drugs are excreted in human milk, caution should be exercised when Olux-E Foam is administered to a nursing woman.

Pediatric Use: Use in pediatric patients under 12 years of age is not recommended.

After two weeks of twice daily treatment with Olux-E Foam, 7 of 15 patients (47%) aged 6 to 11 years of age demonstrated HPA axis suppression. The laboratory suppression was transient; in all subjects serum cortisol levels returned to normal when tested 4 weeks post treatment.

In 92 patients from 12 to 17 years of age, safety was similar to that observed in the adult population. Based on this data, no adjustment of dosage of Olux-E Foam in adolescent patients 12 to 17 years of age is warranted.

Because of a higher ratio of skin surface area to body mass, pediatric patients are at a greater risk than adults of HPA axis suppression and Cushing's syndrome when they are treated with topical corticosteroids. They are therefore also at greater risk of adrenal insufficiency during and/or after withdrawal of treatment. Adverse effects including striae have been reported with inappropriate use of topical corticosteroids in infants and children.

HPA axis suppression, Cushing's syndrome, linear growth retardation, delayed weight gain, and intracranial hypertension have been reported in children receiving topical corticosteroids. Manifestations of adrenal suppression in children include low plasma cortisol levels and an 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.

Geriatric Use: A limited number of patients at or above 65 years of age have been treated with Olux-E Foam (n = 58) in US clinical trials. While the number of patients is too small to permit separate analysis of efficacy and safety, the adverse reactions reported in this population were similar to those reported by younger patients. Based on available data, no adjustment of dosage of Olux-E Foam in geriatric patients is warranted.

ADVERSE REACTIONS

In controlled clinical trials involving 821 subjects exposed to Olux-E Foam and Vehicle Foam, the pooled incidence of local adverse reactions in trials for atopic dermatitis and psoriasis with Olux-E Foam was 1.9% for application site atrophy and 1.6% for application site reaction. Most local adverse events were rated as mild to moderate and they were not affected by age, race or gender. Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in clinical practice.

The following additional local adverse reactions have been reported with topical corticosteroids: folliculitis, acneiform eruptions, hypopigmentation, perioral dermatitis, allergic contact dermatitis, secondary infection, irritation, striae, and miliaria. They may occur more frequently with the use of occlusive dressings and higher potency corticosteroids, such as clobetasol propionate.

Cushing's syndrome has been reported in infants and adults as a result of prolonged use of topical clobetasol propionate formulations.

OVERDOSAGE

Topically applied Olux-E Foam can be absorbed in sufficient amounts to produce systemic effects (see PRECAUTIONS).

DOSAGE AND ADMINISTRATION

Apply a thin layer of Olux-E Foam to the affected area(s) twice daily, morning and evening. For proper dispensing of foam, shake the can, hold it upside down, and depress the actuator. Dispense a small amount of foam (not more than a dollop the size of a golf ball) and gently massage the medication into the affected areas (excluding the face, groin, and axillae) until the foam is absorbed. Avoid contact with the eyes.

Treatment should be limited to 2 consecutive weeks and patients should not use greater than 50 grams per week or an amount greater than 21 capfuls per week.

Therapy should be discontinued when control has been achieved. If no improvement is seen within 2 weeks, reassessment of diagnosis may be necessary.

Unless directed by a physician, Olux-E Foam should not be used with occlusive dressings.

HOW SUPPLIED

Olux-E (clobetasol propionate) Foam, 0.05% is supplied in 100 gram (NDC 63032-101-00) and 50 gram (NDC 63032-101-50) aluminum cans.

Store at controlled room temperature 68–77°F (20–25°C).

FLAMMABLE. AVOID FIRE, FLAME OR SMOKING DURING AND IMMEDIATELY FOLLOWING APPLICATION. Contents under pressure. Do not puncture or incinerate. Do not expose to heat or store at temperatures above 120°F (49°C).

Avoid contact with eyes or other mucous membranes.

Keep out of reach of children.

Manufactured for
Stiefel Laboratories, Inc.
Coral Gables, FL 33134
USA

For additional information:
1-888-500-DERM or visit
www.olux-e.com

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