

# Summary of Product Characteristics

## 1 NAME OF THE MEDICINAL PRODUCT

Eumovate Ointment 0.05% w/w

## 2 QUALITATIVE AND QUANTITATIVE COMPOSITION

Each gram of ointment contains 0.5 mg clobetasone butyrate (equivalent to 0.05% w/w).

This product contains paraffin, see section 4.4.

For the full list of excipients, see section 6.1.

## 3 PHARMACEUTICAL FORM

Ointment

A smooth white to off-white translucent ointment.

## 4 CLINICAL PARTICULARS

### 4.1 Therapeutic Indications

Eumovate Ointment is a moderately potent topical corticosteroid indicated for adults, elderly, children and infants for the relief of the inflammatory and pruritic manifestations of steroid responsive dermatoses.

These include the following:

- Atopic dermatitis
- Irritant or allergic contact dermatitis
- Seborrhoeic dermatitis
- Photodermatitis
- Otitis externa
- Prurigo nodularis
- Insect bite reactions

Clobetasone may be used as maintenance therapy between courses of one of the more potent topical steroids.

Continuous daily treatment for longer than 4 weeks in adults is not recommended (see section 4.2).

Extreme caution should be used in the treatment of dermatoses in children under 12 years of age and should not normally exceed 7 days (see section 4.2).

Patients should be closely monitored for side effects.

### 4.2 Posology and method of administration

#### Posology

#### *Adults, Elderly, Children and Infants*

Ointments are especially appropriate for dry, lichenified or scaly lesions.

Apply thinly and gently rub in using only enough to cover the entire affected area once or twice a day until improvement occurs, then reduce the frequency of application or change the treatment to a less potent preparation. Allow adequate time for absorption after each application before applying an emollient.

Continuous daily treatment for longer than 4 weeks is not recommended. If the condition worsens or does not improve within 4 weeks, treatment and diagnosis should be re-evaluated.

Therapy with topical corticosteroids should be gradually discontinued once control is achieved and an emollient continued as maintenance therapy.

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

#### Paediatric population

Use in children under 12 years should be on the advice of a doctor.

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

When clobetasone is used in the treatment of dermatoses in children, extreme caution is required and treatment should not normally exceed 7 days. If the condition worsens or does not improve within 7 days, treatment should be reviewed.

Once the condition has been controlled, the frequency of application should be reduced to the lowest effective dose for the shortest time possible.

**Continuous daily treatment for longer than four weeks is not recommended in children.**

#### Administration in the 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.

#### Administration in 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**

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

Use with occlusive covering (including a nappy) in children under 1 year of age.

The following conditions should not be treated with clobetasone:

- Untreated cutaneous infections
- Rosacea
- Acne vulgaris
- Perioral dermatitis
- Pruritus without inflammation

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

Clobetasone should be used with caution in patients with a history of local hypersensitivity to 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 (in infants the nappy can be considered as an occlusive dressing)
- Increasing hydration of the stratum corneum
- Use on thin skin areas such as the face
- 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.

#### Paediatric population

Children are more likely to develop local and systemic adverse reactions due to the use of local corticosteroids because of their higher surface area to body mass ratio and, in general, require a shorter treatment.

Particularly, in infants and toddlers the nappy can be considered as an occlusive dressing and therefore can enhance absorption.

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

#### 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.

#### Application to the face

As with all corticosteroids, prolonged application to the face is undesirable as this area is more susceptible to atrophic changes.

#### Application to the eyelids

If applied to the eyelids, care is needed to ensure that the preparation does not enter the eye as cataract and glaucoma might result from repeated exposure.

#### Visual disturbance

Visual disturbance may be 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.

#### Chronic leg ulcers

Topical corticosteroids are sometimes used to treat the dermatitis around chronic leg ulcers. However, this use may be associated with a higher occurrence of local hypersensitivity reactions and an increased risk of local infection.

#### Accidental ingestion

For external use only. This and all medication should be kept out of reach of children. In case of accidental ingestion, professional assistance should be sought or a national poison control centre contacted immediately (see section 4.9).

#### Flammability risk

Product contains paraffin. Instruct patients not to smoke or go near naked flames due to the risk of severe burns. Fabric (clothing, bedding, dressings etc) that has been in contact with this product burns more easily and is a serious fire hazard. Washing clothing and bedding may reduce product build-up but not totally remove it.

### **4.5 Interaction with other medicinal products and other forms of interactions**

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 is inadequate evidence of safety in human pregnancy.

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 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.

### Breast-feeding

The safe use of topical corticosteroids during lactation has not been established.

It is not known whether the topical administration of clobetasone 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.

### Fertility

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

## 4.7 Effects on ability to drive and use machines

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

## 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 ( $\geq 1/1000$  and  $< 1/100$ ), rare ( $\geq 1/10,000$  and  $< 1/1000$ ) and very rare ( $< 1/10,000$ ) including isolated reports.

### **Post-marketing data**

#### Infection and Infestations

Very rare: Opportunistic infection

#### Immune System Disorders

Very rare: Hypersensitivity

#### 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 level

#### Skin and Subcutaneous Tissue Disorders

Very rare: Allergic contact dermatitis, urticaria, skin atrophy\*, pigmentation changes\*, exacerbation of underlying symptoms, local skin burning, hypertrichosis, rash, pruritus, erythema

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

#### Eye disorders

Not known: 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 benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via HPRA Pharmacovigilance, Website: [www.hpra.ie](http://www.hpra.ie).

### **4.9 Overdose**

#### Symptoms and signs

Topically applied clobetasone 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, clobetasone 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, moderately potent (group II)

ATC Code: D07AB

#### 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 topical clobetasone.

*Genotoxicity*

Clobetasone was not mutagenic in vitro or in vivo.

Reproductive Toxicology

*Fertility*

The effect on fertility of topical clobetasone has not been evaluated in animals.

*Pregnancy*

Topical application of clobetasone to rats at doses of 0.5 or 5 mg/kg/day, and subcutaneous administration to mice at doses  $\geq 3$  mg/kg/day or rabbits at doses  $\geq 30$   $\mu$ g/kg/day during pregnancy resulted in foetal abnormalities including cleft palate.

## **6 PHARMACEUTICAL PARTICULARS**

### **6.1 List of excipients**

Liquid paraffin

White soft paraffin

### **6.2 Incompatibilities**

Not applicable.

### **6.3 Shelf life**

3 years.

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

Do not store above 25°C.

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

Collapsible aluminium tubes.

Pack size: 30g.

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

Any unused medicinal product or waste material should be disposed of in accordance with local requirements.

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

## **7 MARKETING AUTHORISATION HOLDER**

GlaxoSmithKline (Ireland) Limited  
12 Riverwalk  
Citywest Business Campus  
Dublin 24  
Ireland

## **8 MARKETING AUTHORISATION NUMBER**

PA1077/006/002

## **9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION**

Date of first authorisation: 03 June 1976

Date of last renewal: 03 June 2006

**10 DATE OF REVISION OF THE TEXT**

March 2021