PROFESSIONAL INFORMATION

SCHEDULING STATUS: S4

1. NAME OF THE MEDICINE

Clobex® Shampoo

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each gram of Clobex® Shampoo contains 0,5 mg (0,05 %) of Clobetasol propionate, a synthetic fluorinated corticosteroid for topical dermatological use.

Contains ethanol (10% w/w).

For full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Viscous, translucent, colourless to pale yellow liquid shampoo with an alcoholic odour.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

Clobex® Shampoo is indicated for the topical treatment of moderate to severe scalp psoriasis in adults over 18 years of age and the maintenance treatment for prevention of recurrence.

4.2 Posology and method of administration

Posology

Clobex® Shampoo should be applied on dry scalp once daily, massaging the lesions.

The initial treatment with a once daily regimen should be limited to 4 consecutive weeks because of the potential of Clobex® Shampoo to suppress the hypothalamic-pituitary-adrenal axis. The total dosage should not exceed 50 ml per week.

Method of Administration

For cutaneous use on the scalp only.

After application, Clobex® Shampoo should be kept in place without covering for 15 minutes. Hands should be washed carefully after each application. After 15 minutes, the product must be thoroughly rinsed with water and / or hair can be washed by using an additional amount of regular shampoo if needed to facilitate washing. Then, hair can be dried as usual.

Initial treatment course with once daily application:

The initial treatment with a once daily regimen should be limited to 4 consecutive weeks at a maximum dose of 50 ml per week. If no improvement is seen within four weeks, re-assessment of the diagnosis may be necessary.

Maintenance treatment with twice weekly applications:

Repeated courses of Clobex® Shampoo may be used to control exacerbations provided the patient is under regular medical supervision.

As soon as clinical results are observed or if the patient has mild plaque psoriasis after 4 weeks with the once daily treatment regimen, Clobex® Shampoo may be used twice weekly to maintain the therapeutic effect and to prevent recurrence. The effectiveness and safety of a twice weekly maintenance regimen with Clobex® Shampoo in preventing scalp psoriasis recurrence has not been demonstrated for more than a 6-month period.

If Clobex® Shampoo accidentally enters the eye, the affected eye should be rinsed with copious amounts of water.

Special Populations

Elderly

The safety and efficacy of Clobex® Shampoo in elderly patients aged 65 years and above has not been established.

Renal Impairment

Clobex® Shampoo has not been studied in patients with renal impairment.

Hepatic Impairment

Patients with severe liver dysfunction should be treated with special caution and closely monitored for side-effects.

Paediatric Population

The safety and efficacy of Clobex® Shampoo in children < 18 years of age has not been established. Clobex® Shampoo is not recommended for use in children and adolescents below 18 years of age (see sections 4.3 and 4.4).

4.3 Contraindications

Hypersensitivity to clobetasol propionate or to any of the

excipients of Clobex® Shampoo listed in section 6.1.

Clobex® Shampoo must not be applied to scalp areas affected by bacterial and mycobacterial, viral (varicella, herpes simplex, herpes zoster), fungal or parasitic infections and specific skin diseases (skin tuberculosis, skin diseases caused by lues).

Clobex® Shampoo must not be applied on areas other than the scalp, and should not be used in ulcerative skin lesions.

Clobex® Shampoo must not be applied to the eyes and eyelids (risk of glaucoma, risk of cataract).

Children under the age of 18 years.

Pregnancy and lactation (see section 4.6)

4.4 Special warnings and precautions for use

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.

Hypersensitivity to corticosteroids can be observed. Therefore, Clobex® Shampoo is not recommended in patients who are hypersensitive to other corticosteroids.

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 immunosuppressive medicines (e.g. methotrexate, mycophenolate mofetil). If treatment with local corticosteroids is clinically justified beyond 4 weeks, a less potent corticosteroid preparation should be considered.

Clobex® Shampoo should be used with caution for a number of reasons including post treatment rebound relapses, development of tolerance (tachyphylaxis) and development of local or systemic toxicity such as skin atrophy, infection, telangiectasia of the skin or hypothalamic-pituitary-adrenal axis suppression.

Long-term continuous therapy with daily use of corticosteroids, use of occlusive dressings or treatment of large surface areas can enhance absorption and may lead to a higher risk of systemic effects. In such cases, medical supervision should be increased and patients should be evaluated periodically for evidence of HPA axis suppression. Systemic absorption of topical corticosteroids induced by prolonged use especially on large surface areas has caused reversible adrenal suppression with the potential for glucocorticosteroid insufficiency, manifestations of Cushing's syndrome, hyperglycaemia, and glycosuria in some patients. Such systemic effects disappear when treatment is terminated. However, abrupt discontinuation can lead to acute adrenal insufficiency.

Clobex® Shampoo must not be applied in intertriginous areas (axillae and genito-anal regions) and on other erosive skin surfaces as this could increase the risk of topical adverse events such as atrophic changes, telangiectasia or corticosteroid induced dermatitis or secondary infection.

Use with caution near the eyes. If Clobex® Shampoo does enter the eye, the affected eye should be rinsed with copious amounts of water.

If a secondary bacterial infection is present, suitable concomitant antimicrobial therapy should be applied.

Treatment of psoriasis with corticosteroids (or its withdrawal) may provoke the pustular form of the disease.

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.

Paediatric population

Growth retardation may also be observed in case of systemic absorption of topical corticosteroids. Clobex® Shampoo is not recommended for use in children and adolescents below 18 years of age (see section 4.3).

4.5 Interactions with other medicines and other forms of interaction

Interaction studies have not been done.

4.6 Fertility, pregnancy and lactation

Pregnancy

Clobex® Shampoo has been shown to be teratogenic following dermal application in animals. Clobex® Shampoo should therefore not be used during pregnancy (see section 4.3).

Breastfeeding

Clobex® Shampoo should not be used in breastfeeding mothers (see section 4.3).

Fertility

No clinical data is available

4.7 Effects on ability to drive and use machines

Clobex® Shampoo has no or negligible influence on the ability to drive and use machines.

4.8 Undesirable effects

Long-term continuous therapy with Clobex® Shampoo may cause atrophic changes in the skin leading to thinning, loss of elasticity, dilatation of superficial blood vessels, telangiectasia and ecchymoses, especially if applied to the face or if occlusive dressings are used.

Discontinue treatment if irritation or sensitisation occurs and treat appropriately.

Endocrine system:

Less frequent: Systemic absorption may occur, especially when large quantities of the shampoo are used or applied to large areas of the body or to damaged skin and when an occlusive dressing technique is applied. This may result in benign intracranial hypertension, a Cushingoid state, depression of the hypothalamic-pituitary-adrenal axis with consequent suppression of the adrenal gland and growth retardation.

Skin and subcutaneous tissue disorders:

Less frequent: Dryness, irritation, skin atrophy, hypopigmentation, maceration of the skin and striae, have been reported.

Tabulated list of adverse reactions

The adverse reactions are classified by System Organ Class and frequency, using the following convention:

Very common (≥ 1/10), common (≥ 1/100 to < 1/10), uncommon (≥ 1/1000 to < 1/100), rare (≥ 1/10 000 to < 1/1 000), very rare (< 1/10 000), not known (cannot be estimated from the available data) and were reported with Clobex® Shampoo in clinical studies and post-marketing (see Table 1).

Table 1 – Adverse reactions:

System Organ Class	**Frequency**	**Adverse Drug Reaction**
Immune System disorders	Uncommon (≥ 1/1 000 to < 1/100)	Hypersensitivity
Endocrine disorders	Uncommon (≥ 1/1 000 to < 1/100)	Adrenal suppression Cushing syndrome
Nervous System disorders	Uncommon (≥ 1/1 000 to < 1/100)	Headache

Eye disorders	Uncommon (≥ 1/1 000 to < 1/100)	Eye stinging/burning Eye irritation Ocular tight sensation Glaucoma
	Not known	Vision, blurred (see section 4.4)
Skin and subcutaneous issue disorders	Common (≥ 1/100 to < 1/10)	Skin burning sensation Folliculitis
	Uncommon (≥ 1/1 000 to < 1/100)	Pain of skin Skin discomfort Pruritus Acne Skin oedema Telangiectasia Psoriasis (aggravation) Alopecia Dry skin Urticaria Skin atrophy

		Skin irritation Skin tightness Allergic contact dermatitis Erythema Rash

Cataract has been reported when corticosteroids were applied to the eyes or eyelids.

Immunosuppression and opportunistic infections have been reported in case of prolonged use of potent topical corticosteroids in rare instances.

Growth retardation may be observed in children in case of systemic absorption of topical corticosteroids (See section 4.3).

Rebound effects may occur upon discontinuation of treatment.

When applied to the face, very potent corticosteroids can also induce perioral dermatitis or worsen rosacea.

There are reports of pigmentation changes, pustular eruptions and hypertrichosis with topical corticosteroids.

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 Clobex® Shampoo. Health care

providers are asked to report any suspected adverse reactions to SAHPRA via the "6.04 Adverse Drug Reaction Reporting Form", found online under SAHPRA's publications:

https://www.sahpra.org.za/Publications/Index/8

4.9 Overdose

See section 4.4 and 4.8.

Acute overdosage is unlikely to occur, however, in the case of chronic overdosage or misuse, the features of hypercortisolism may appear and in this situation topical steroids should be discontinued gradually. However, because of the risk of acute adrenal suppression, this should be done under medical supervision.

TREATMENT IS SYMPTOMATIC AND SUPPORTIVE.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Category and class: A 13.4.1 Dermatological preparations – Corticosteroids with or without anti-infective agents.

Clobetasol propionate is a highly potent corticosteroid with anti-inflammatory, antipruritic, and vasoconstrictive properties. The mechanism of the anti-inflammatory activity of clobetasol propionate in general is unclear. However, corticosteroids are thought to act by induction of phospholipase A2 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 A2.

5.2 Pharmacokinetic properties

The extent of percutaneous absorption of clobetasol propionate is determined by many factors, including the vehicle, the integrity of the epidermal barrier, occlusion and duration of contact. Clobetasol propionate can be absorbed from normal intact skin. Inflammation and other disease processes in the skin may interfere (either increase or decrease) percutaneous absorption. There is no human data regarding the distribution of clobetasol propionate to body organs following topical application. Nevertheless, once absorbed through the skin, clobetasol propionate is handled through pharmacokinetic pathways similar to systemically administered corticosteroids, i.e. metabolized primarily by the liver and then excreted by the kidneys.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Ethanol (96 %)

Coco betaine (30 % Aqueous solution)

Sodium laureth sulfate (70 % aqueous solution)

Polyquaternium-10

Sodium citrate

Citric acid monohydrate

Purified Water

6.2 Incompatibilities

Not Applicable

6.3 Shelf Life

Shelf life: 36 months

Shelf life after first opening: 6 months

6.4 Special precautions for storage

Store in a cool place below 25 ºC in the original container to protect from light.

KEEP ALL MEDICINES OUT OF REACH OF CHILDREN.

6.5 Nature and contents of container

Clobex® Shampoo is presented in white plastic bottles containing 60 ml or 125 ml of shampoo.

6.6 Special precautions for disposal

No special requirements.

7. HOLDER OF THE CERTIFICATE OF REGISTRATION:

Galderma Laboratories South Africa (Pty) Ltd

Nicol Main Office Park

Block C, First Floor,

FutureSpace,

2 Bruton Road,

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2191

8. REGISTRATION NUMBER

A40/13.4.1/0035

9. DATE OF FIRST AUTHORISATION

28 September 2007

10. DATE OF REVISION OF THE TEXT

12 May 2022