HIGHLIGHTS OF PRESCRIBING INFORMATION
These highlights do not include all the information needed to use DERMA-SMOOTHE/FS Scalp Oil safely and effectively. See full prescribing information for DERMA-SMOOTHE/FS Scalp Oil.

DERMA-SMOOTHE/FS Scalp Oil (fluocinolone acetonide) topical oil
Initial U.S. Approval: 1988

---------- INDICATIONS AND USAGE ----------
DERMA-SMOOTHE/FS Scalp Oil is a corticosteroid indicated for the treatment of psoriasis of the scalp in adults. (1)

---------- DOSAGE AND ADMINISTRATION ----------
- DERMA-SMOOTHE/FS Scalp Oil is not for oral, ophthalmic, or intravaginal use. (2)
- Do not use on face or intertriginous areas. (2)
- Apply a thin film of DERMA-SMOOTHE/FS Scalp Oil on the wet scalp, massage well and cover scalp with the supplied shower cap. Leave on overnight or for a minimum of 4 hours before washing off. (2)

---------- DOSAGE FORMS AND STRENGTHS ----------
DERMA-SMOOTHE/FS Scalp Oil is a topical oil containing 0.01% fluocinolone acetonide, supplied in bottles containing 4 fluid ounces and with 2 shower caps. (3)

---------- CONTRAINDICATIONS ----------
None. (4)

---------- WARNINGS AND PRECAUTIONS ----------
- Endocrine System Adverse Reactions:
  - Topical corticosteroids can produce reversible HPA axis suppression, Cushing's syndrome, hyperglycemia, and glucosuria. (5.1)
  - Systemic absorption may require evaluation for hypothalamic-pituitary-adrenal (HPA) axis suppression. Potent corticosteroids use on large areas, prolonged use or occlusive use, altered skin barrier, liver failure, and young age may increase systemic absorption. Modify use should HPA axis suppression develop. (5.1)
- Local Adverse Reactions: Local adverse reactions may include atrophy, striae irritation, acneiform eruptions, hypopigmentation, and allergic contact dermatitis, and may be more likely with occlusive use or more potent corticosteroids. (5.2, 6.1)
- Ophthalmic Adverse Reactions: May increase the risks of glaucoma and posterior subcapsular cataract. Avoid contact of DERMA-SMOOTHE/FS Scalp Oil with eyes. Advise patients to report any visual symptoms and consider referral to an ophthalmologist for evaluation. (5.3)

---------- ADVERSE REACTIONS ----------
The most common adverse reactions in pediatric subjects treated for atopic dermatitis (≥5%) were cough (20%), rhinorrhea (13%), pyrexia (10%), telangiectasia (7%), nasopharyngitis (7%), and hypopigmentation (7%). (6.1, 6.2)

To report SUSPECTED ADVERSE REACTIONS, contact Hill Dermaceuticals, Inc. at 1-800-344-5707 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

See 17 for PATIENT COUNSELING INFORMATION.

Revised: 08/2024

FULL PRESCRIBING INFORMATION: CONTENTS*

*** Sections or subsections omitted from the full prescribing information are not listed.**

FULL PRESCRIBING INFORMATION

1 INDICATIONS AND USAGE
Derma-Smoothe/FS® Scalp Oil is indicated for the treatment of psoriasis of the scalp in adults.

2 DOSAGE AND ADMINISTRATION
DERMA-SMOOTHE/FS Scalp Oil is for topical use only. Not for oral, ophthalmic, or intravaginal use.

Wet or dampen hair and scalp thoroughly. Apply a thin film of DERMA-SMOOTHE/FS Scalp Oil on the scalp, massage well and cover scalp with the supplied shower cap. Leave on overnight or for a minimum of 4 hours then wash hair with regular shampoo and rinse thoroughly. Use daily as needed.

Discontinue DERMA-SMOOTHE/FS Scalp Oil when control of disease is achieved within 2 weeks, or contact the healthcare provider if no improvement is seen within 2 weeks.

Do not use DERMA-SMOOTHE/FS Scalp Oil on the face unless directed by the healthcare provider. Do not apply to intertriginous areas due to the increased risk of local adverse reactions *[see Adverse Reactions (6)]*.

Do not apply to the diaper area; diapers or plastic pants may constitute occlusive use. *[see Warnings and Precautions (5.1)]*

3 DOSAGE FORMS AND STRENGTHS
DERMA-SMOOTHE/FS Scalp Oil is a topical oil containing 0.01% fluocinolone acetonide, supplied in bottles containing 4 fluid ounces and with 2 shower caps.

4 CONTRAINDICATIONS
None.

5 WARNINGS AND PRECAUTIONS

5.1 Endocrine System Adverse Reactions
Systemic absorption of topical corticosteroids can produce reversible hypothalamic-pituitary-adrenal (HPA) axis suppression with the potential for glucocorticosteroid insufficiency. Cushing's syndrome, hyperglycemia, and glucosuria can result from systemic absorption of topical corticosteroids.

HPA axis suppression and Cushing's syndrome have been reported in patients receiving topical corticosteroids.

Conditions which increase systemic absorption include the use of more potent corticosteroids, use over large surface areas, use over prolonged periods, use of occlusive dressings, altered skin barrier, liver failure, and young age. Use of more than one corticosteroid-containing product at the same time may increase total systemic corticosteroid exposure. Because of the potential for systemic absorption, use of topical corticosteroids may require that patients be periodically evaluated for HPA axis suppression. The ACTH stimulation test may be helpful in evaluating patients for HPA axis suppression.

If HPA axis suppression is documented, an attempt should be made to withdraw the drug, to reduce the frequency of application, or to substitute a less potent corticosteroid. Manifestations of adrenal insufficiency may require supplemental systemic corticosteroids. Recovery of HPA axis function is generally prompt upon discontinuation of topical corticosteroids.

5.2 Local Adverse Reactions
Local adverse reactions may occur with use of topical corticosteroids, including Derma-Smoothe/FS Scalp Oil, and may be more likely to occur with occlusive use, prolonged use or use of higher potency corticosteroids. Some local adverse reactions may be irreversible. Reactions may include atrophy, striae, telangiectasias, burning, itching, irritation, dryness, folliculitis, acneiform eruptions, hypopigmentation, perioral dermatitis, allergic contact dermatitis, secondary infection, and miliaria *[see Adverse Reactions (6.1)]*.

5.3 Ophthalmic Adverse Reactions
Use of topical corticosteroids may increase the risks of glaucoma and posterior subcapsular cataract. Glaucoma and cataracts have been reported in postmarketing experience with the use of topical corticosteroid products. Avoid contact of DERMA-SMOOTHE/FS Scalp Oil with eyes. Advise patients to report any visual symptoms and consider referral to an ophthalmologist for evaluation.

5.4 Allergic Contact Dermatitis
Use of topical corticosteroids can cause allergic contact dermatitis. Allergic contact dermatitis to any component of topical corticosteroids is usually diagnosed by a failure to heal rather than a clinical exacerbation. Clinical diagnosis of allergic contact dermatitis can be confirmed by patch testing.

5.5 Concomitant Skin Infections
Use of topical corticosteroids may delay healing or worsen concomitant skin infections. Treat concomitant skin infections with an appropriate antimicrobial agent. If the infection persists unchanged, discontinue DERMA-SMOOTHE/FS Scalp Oil until the infection has been adequately treated.

5.6 Use in Peanut-Sensitive Individuals
Use caution in prescribing DERMA-SMOOTHE/FS Scalp Oil for peanut-sensitive individuals *[see Description (11)]*.

Should signs of hypersensitivity present (wheal and flare reactions, pruritus, or other manifestations), or should disease exacerbations occur, discontinue DERMA-SMOOTHE/FS Scalp Oil immediately and institute appropriate therapy.

6 ADVERSE REACTIONS
The following serious adverse reactions are discussed in more detail in other sections of the labeling:
- Endocrine System Adverse Reactions *[see Warnings and Precautions (5.1)]*
- Local Adverse Reactions *[see Warnings and Precautions (5.2)]*
- Ophthalmic Adverse Reactions *[see Warnings and Precautions (5.3)]*

6.1 Clinical Studies Experience
Because clinical trials are conducted under widely varying condition, 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 practice.

An open-label safety study was conducted in 29 pediatric subjects 3 months to 2 years old to assess the HPA axis by ACTH stimulation testing following use of the formulation of DERMA-SMOOTHE/FS Scalp Oil twice daily for 4 weeks. DERMA-SMOOTHE/FS Scalp Oil is not approved for use in pediatric patients for the treatment of psoriasis of the scalp. The most common adverse reactions were reported in the study:

Table 1: Adverse Reactions in ≥ 2% Pediatric Subjects 3 Months to 2 Years of Age Treated with the Formulation of DERMA-SMOOTHE/FS Scalp Oil, N=30*

Adverse Reaction	n (%)
Cough	6 (20)
Rhinorrhea	4 (13)
Pyrexia	3 (10)
Nasopharyngitis	2 (7)
Hypopigmentation	2 (7)
Abscess	1 (3)
Atopic Dermatitis	1 (3)
Eczema	1 (3)
Hyperpigmentation	1 (3)
Molluscum	1 (3)
Rash	1 (3)
Diarrhea	1 (3)

Otitis Media	1 (3)
URI	1 (3)
Vomiting	1 (3)

* Includes one subject who withdrew at Week 2

6.2 Postmarketing Experience

The following adverse reactions have been identified during post-approval use of products containing topical corticosteroids. Because postmarketing adverse reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

- *Endocrine Disorders:* HPA axis suppression and Cushing's syndrome
- *Eye Disorders:* glaucoma and cataracts
- *Nervous System Disorders:* intracranial hypertension including bulging fontanelles, headaches, and bilateral papilledema

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Risk Summary

Available data from case reports, case series, and observational studies on fluocinolone acetonide use in pregnant women have not identified a drug-associated risk of major birth defects, miscarriage or adverse maternal or fetal outcomes. Observational studies suggest maternal use of high to super-high potency topical steroids may be associated with an increased risk of low birthweight infants. Advise pregnant women to use DERMA-SMOOTHE/FS Scalp Oil on the smallest area of skin and for the shortest duration possible.

Corticosteroids can cause fetal malformations in laboratory animals when administered systemically at relatively low dosage levels. Some corticosteroids cause fetal malformations after dermal application in laboratory animals.

The background risk of major birth defects and miscarriage for the indicated population is unknown. All pregnancies have a background risk of birth defect, loss, or other adverse outcomes. In the U.S. general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2 to 4% and 15 to 20%, respectively.

8.2 Lactation

Risk Summary

There is no information regarding the presence of fluocinolone acetonide in breast milk or its effects on the breastfed infant or on milk production. It is not known whether topical administration of corticosteroids could result in sufficient systemic absorption to produce detectable quantities in breast milk. To minimize potential exposure to the breastfed infant via breast milk, use DERMA-SMOOTHE/FS Scalp Oil on the smallest area of skin and for the shortest duration possible while breastfeeding. Advise breastfeeding women not to apply DERMA-SMOOTHE/FS Scalp Oil directly to the nipple and areola to avoid direct infant exposure *[see Warnings and Precautions (5.1)]*. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for DERMA-SMOOTHE/FS Scalp Oil and any potential adverse effects on the breastfed infant from DERMA-SMOOTHE/FS Scalp Oil or from the underlying maternal condition.

8.4 Pediatric Use

The safety and effectiveness of DERMA-SMOOTHE/FS Scalp Oil have not been established in pediatric patients with psoriasis of the scalp.

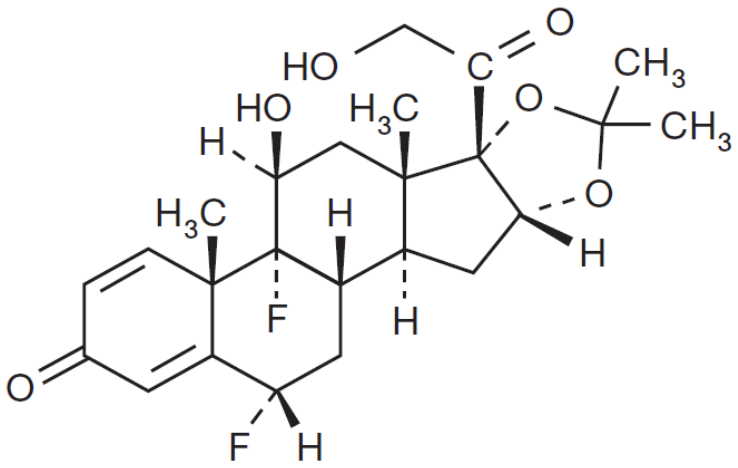
Evaluation in Peanut-Sensitive Pediatric Patients

A clinical trial was conducted to assess the safety of the formulation of DERMA-SMOOTHE/FS Scalp Oil, which contains refined peanut oil, in patients with known peanut allergies. The trial enrolled 13 pediatric subjects with atopic dermatitis, 6 to 17 years of age. DERMA-SMOOTHE/FS Scalp Oil is not approved for the treatment of atopic dermatitis.

Of the 13 subjects, 9 were Radioallergosorbent Test (RAST) positive to peanuts and 4 had no peanut sensitivity (controls). The trial evaluated the subjects' responses to both prick test and patch test utilizing refined peanut oil, the formulation of DERMA-SMOOTHE/FS Scalp Oil and histamine/saline controls. Subjects were also treated with the formulation of DERMA-SMOOTHE/FS Scalp Oil twice daily for 7 days. Prick test and patch test results for all 13 subjects were negative to the formulation of DERMA-SMOOTHE/FS Scalp Oil and the refined peanut oil. One of the 9 peanut-sensitive subjects experienced an exacerbation of atopic dermatitis after 5 days of use on the formulation of DERMA-SMOOTHE/FS Scalp Oil.

11 DESCRIPTION

DERMA-SMOOTHE/FS Scalp Oil (fluocinolone acetonide) topical oil, 0.01% contains fluocinolone acetonide [(6a, 11b, 16a)-6,9-difluoro-11,21-dihydroxy-16,17[(1–methylethylidene) bis(oxy)]-pregna-1,4-diene-3,20-dione, cyclic 16,17 acetal with acetone], a synthetic corticosteroid for topical dermatologic use. Chemically, fluocinolone acetonide is C_{24} H_{30} F_2 O_6. It has the following structural formula:



Fluocinolone acetonide has a molecular weight of 452.50. It is a white crystalline powder that is odorless, stable in light, and melts at 270°C with decomposition; soluble in alcohol, acetone and methanol; slightly soluble in chloroform; insoluble in water.

Each gram of DERMA-SMOOTHE/FS Scalp Oil contains approximately 0.11 mg of fluocinolone acetonide in a blend of oils, which contains isopropyl alcohol, isopropyl myristate, light mineral oil, oleth-2, refined peanut oil and fragrances.

Each packaged product contains 2 shower caps. The shower cap is made of low density polyethylene material with rubber elastic.

DERMA-SMOOTHE/FS Scalp Oil is formulated with 48% refined peanut oil. The bulk refined peanut oil used in DERMA-SMOOTHE/FS Scalp Oil is heated at 246°C (475°F) for at least 15 minutes. The refined peanut oil used in DERMA-SMOOTHE/FS Scalp Oil is routinely tested for peanut proteins through amino acid analysis; the quantity of amino acids is below 0.5 parts per million (ppm).

12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action

Corticosteroids play a role in cellular signaling, immune function, inflammation, and protein regulation; however, the precise mechanism of action in psoriasis of the scalp is unknown.

12.2 Pharmacodynamics

Vasoconstrictor Assay

DERMA-SMOOTHE/FS Scalp Oil is in the low to medium range of potency as compared with other topical corticosteroids in vasoconstrictor studies. However, similar blanching scores do not necessarily imply therapeutic equivalence.

Hypothalamic-Pituitary-Adrenal (HPA) Axis Suppression

HPA axis suppression following administration of DERMA-SMOOTHE/FS Scalp Oil was not assessed.

12.3 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.

13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, mutagenesis, impairment of fertility
No carcinogenicity, genotoxicity, or fertility studies were conducted with DERMA-SMOOTHE/FS Scalp Oil. However, some corticosteroids are genotoxic in various genotoxicity tests (i.e., the *in vitro* human peripheral blood lymphocyte chromosome aberration assay with metabolic activation, the *in vivo* mouse bone marrow micronucleus assay, the Chinese hamster micronucleus test, and the *in vitro* mouse lymphoma gene mutation assay).

14 CLINICAL STUDIES
In a vehicle-controlled study for the treatment of psoriasis of the scalp in adults, after 21 days of treatment, 60% of patients on active treatment and 21% of patients on the drug vehicle had excellent to cleared clinical response.

16 HOW SUPPLIED / STORAGE AND HANDLING
DERMA-SMOOTHE/FS Scalp Oil (fluocinolone acetonide) topical oil, 0.01% (NDC # 68791-102-04) is supplied in bottles containing 4 fluid ounces and with 2 shower caps.

Storage: Keep tightly closed. Store at 20°-25°C (68°-77°F); excursions permitted to 15°-30°C (59°-86°F) *[see USP Controlled Room Temperature].*

17 PATIENT COUNSELING INFORMATION

Administration Instructions
Advise patients that DERMA-SMOOTHE/FS Scalp Oil is for topical use only *[see Dosage and Administration (2)]*.

Instruct patients not to apply DERMA-SMOOTHE/FS Scalp Oil to the diaper area as diapers or plastic pants may constitute occlusive use *[see Dosage and Administration (2)]*.

Advise patients to avoid use of DERMA-SMOOTHE/FS Scalp Oil on the face, axillae, or groin unless directed by their healthcare provider *[see Dosage and Administration (2)]*.

Advise patients to discontinue therapy when control of disease is achieved. Instruct patients to contact their healthcare provider if no improvement is seen within 2 weeks *[see Dosage and Administration (2)]*.

Endocrine System Adverse Reactions
Instruct patients not to use other corticosteroid-containing products while using DERMA-SMOOTHE/FS Scalp Oil without first consulting their healthcare provider *[see Warnings and Precautions (5.1)]*.

Ophthalmic Adverse Reactions
Advise patients to avoid contact with the eyes and in case of contact, wash eyes liberally with water. Instruct patients to tell their healthcare provider if they develop any visual symptoms *[see Warnings and Precautions (5.3)]*.

Pregnancy and Lactation
Advise women to use DERMA-SMOOTHE/FS Scalp Oil on the smallest area of skin and for the shortest duration possible while pregnant or breastfeeding. Advise patients that are breastfeeding not to apply DERMA-SMOOTHE/FS Scalp Oil directly to the nipple and areola to avoid direct infant exposure *[See Use in Specific Populations (8.1 and 8.2)]*.

Manufactured by:
Hill Dermaceuticals, Inc.
Sanford, Florida 32773

For:
Royal Pharmaceutical, Inc.
Wall, NJ 07719

DERMA-SMOOTHE/FS is a registered trademark of Hill Dermaceuticals, Inc.

HIGHLIGHTS OF PRESCRIBING INFORMATION
These highlights do not include all the information needed to use DERMA-SMOOTHE/FS Body Oil safely and effectively. See full prescribing information for DERMA-SMOOTHE/FS Body Oil.

DERMA-SMOOTHE/FS Body Oil (fluocinolone acetonide) topical oil
Initial U.S. Approval: 1988

---------- INDICATIONS AND USAGE ----------
DERMA-SMOOTHE/FS Body Oil is a corticosteroid indicated for the topical treatment of:
- atopic dermatitis in adults (1)
- moderate to severe atopic dermatitis in pediatric patients 3 months of age and older (1)

---------- DOSAGE AND ADMINISTRATION ----------
- DERMA-SMOOTHE/FS Body Oil is not for oral, ophthalmic, or intravaginal use. (2.1)
- Do not use on face or intertriginous areas. (2.1)
- Adult patients: Apply to affected areas 3 times daily. (2.2)
- Pediatric patients: Moisten skin and apply to affected areas twice daily for up to 4 weeks. (2.3)

---------- DOSAGE FORMS AND STRENGTHS ----------
DERMA-SMOOTHE/FS Body Oil is a topical oil containing 0.01% fluocinolone acetonide supplied in bottles containing 4 fluid ounces. (3)

---------- CONTRAINDICATIONS ----------
None. (4)

---------- WARNINGS AND PRECAUTIONS ----------
- Endocrine System Adverse Reactions:
  - Topical corticosteroids can produce reversible hypothalamic-pituitary-adrenal (HPA) axis suppression, Cushing's syndrome, hyperglycemia, and glucosuria. (5.1)
  - Pediatric patients may be more susceptible to systemic toxicity from equivalent doses. (5.1, 8.4)
  - Systemic absorption may require evaluation for HPA axis suppression. Potent corticosteroids use on large areas, prolonged use, occlusive use, altered skin barrier, liver failure, and young age may increase systemic absorption. Modify use should HPA axis suppression develop. (5.1)
- Local Adverse Reactions: Local adverse reactions may include atrophy, striae, irritation, acneiform eruptions, hypopigmentation, and allergic contact dermatitis and may be more likely with occlusive use or more potent corticosteroids (5.2, 6.1)
- Ophthalmic Adverse Reactions: May increase the risks of glaucoma and posterior subcapsular cataract. Avoid contact of DERMA-SMOOTHE/FS Body Oil with eyes. Advise patients to report any visual symptoms and consider referral to an ophthalmologist for evaluation. (5.3)

---------- ADVERSE REACTIONS ----------
The most common adverse reactions (≥ 5%) were cough (20%), rhinorrhea (13%), pyrexia (10%), telangiectasia (7%), nasopharyngitis (7%), and hypopigmentation (7%). (6.1, 6.2)

To report SUSPECTED ADVERSE REACTIONS, contact Hill Dermaceuticals, Inc. at 1-800-344-5707 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

See 17 for PATIENT COUNSELING INFORMATION.

Revised: 08/2024

FULL PRESCRIBING INFORMATION: CONTENTS*

*** Sections or subsections omitted from the full prescribing information are not listed.**

FULL PRESCRIBING INFORMATION

1 INDICATIONS AND USAGE

Derma-Smoothe/FS® Body Oil is indicated for the topical treatment of:

- atopic dermatitis in adults
- moderate to severe atopic dermatitis in pediatric patients 3 months of age and older

2 DOSAGE AND ADMINISTRATION

2.1 Important Administration Instructions

DERMA-SMOOTHE/FS Body Oil is for topical use only. Not for oral, ophthalmic, or intravaginal use.

Apply the least amount of DERMA-SMOOTHE/FS Body Oil needed to cover the affected areas. Discontinue use when control of disease is achieved within 2 weeks or contact the healthcare provider if no improvement is seen within 2 weeks.

Do not use on the face, axillae, or groin unless directed by the healthcare provider. Do not apply to intertriginous areas due to the increased risk of local adverse reactions *[see Adverse Reactions (6) and Use in Specific Populations (8.4)]*.

Do not apply to the diaper area; diapers or plastic pants may constitute occlusive use *[see Warnings and Precautions (5.1)]*.

2.2 Recommended Dosage in Adults

Apply DERMA-SMOOTHE/FS Body Oil as a thin film to the affected areas **three times daily**.

2.3 Recommended Dosage in Pediatric Patients

Moisten skin and apply DERMA-SMOOTHE/FS Body Oil as a thin film to the affected areas **twice daily for up to four weeks**.

3 DOSAGE FORMS AND STRENGTHS

DERMA-SMOOTHE/FS Body Oil is a topical oil containing 0.01% fluocinolone acetonide, supplied in bottles containing 4 fluid ounces.

4 CONTRAINDICATIONS

None.

5 WARNINGS AND PRECAUTIONS

5.1 Endocrine System Adverse Reactions

Systemic absorption of topical corticosteroids can produce reversible hypothalamic-pituitary-adrenal (HPA) axis suppression with the potential for glucocorticosteroid insufficiency. Cushing's syndrome, hyperglycemia, and glucosuria can result from systemic absorption of topical corticosteroids.

HPA axis suppression and Cushing's syndrome 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 subnormal response to ACTH stimulation. Pediatric patients may be more susceptible to systemic toxicity from equivalent doses due to their larger skin surface to body mass ratios *[see Use in Specific Populations (8.4)]*.

Conditions which increase systemic absorption include the use of more potent corticosteroids, use over large surface areas, use over prolonged periods, use of occlusive dressings, altered skin barrier, liver failure, and young age. Use of more than one corticosteroid-containing product at the same time may increase total systemic corticosteroid exposure. Because of the potential for systemic absorption, use of topical corticosteroids may require that patients be periodically evaluated for HPA axis suppression. The ACTH stimulation test may be helpful in evaluating patients for HPA axis suppression.

If HPA axis suppression is documented, reduce the frequency of application or discontinue DERMA-SMOOTHE/FS Body Oil, or substitute with a less potent corticosteroid. Manifestations of adrenal insufficiency may require supplemental systemic corticosteroids. Recovery of HPA axis function is generally prompt upon discontinuation of topical corticosteroids.

5.2 Local Adverse Reactions
Local adverse reactions may occur with use of topical corticosteroids, including DERMA-SMOOTHE/FS Body Oil, and may be more likely to occur with occlusive use, prolonged use or use of higher potency corticosteroids. Some local adverse reactions may be irreversible. Reactions may include atrophy, striae, telangiectasias, burning, itching, irritation, dryness, folliculitis, acneiform eruptions, hypopigmentation, perioral dermatitis, allergic contact dermatitis, secondary infection, and miliaria *[see Adverse Reactions (6.1)]*.

5.3 Ophthalmic Adverse Reactions
Use of topical corticosteroids may increase the risks of glaucoma and posterior subcapsular cataract. Glaucoma and cataracts have been reported in postmarketing experience with the use of topical corticosteroid products. Avoid contact of DERMA-SMOOTHE/FS Body Oil with eyes. Advise patients to report any visual symptoms and consider referral to an ophthalmologist for evaluation.

5.4 Allergic Contact Dermatitis
Use of topical corticosteroids can cause allergic contact dermatitis. Allergic contact dermatitis to any component of topical corticosteroids is usually diagnosed by a failure to heal rather than a clinical exacerbation. Clinical diagnosis of allergic contact dermatitis can be confirmed by patch testing.

5.5 Concomitant Skin Infections
Use of topical corticosteroids may delay healing or worsen concomitant skin infections. Treat concomitant skin infections with an appropriate antimicrobial agent. If the infection persists unchanged, discontinue DERMA-SMOOTHE/FS Body Oil until the infection has been adequately treated.

5.6 Use in Peanut-Sensitive Individuals
Use caution in prescribing DERMA-SMOOTHE/FS Body Oil for peanut-sensitive individuals *[see Description (11)]*.

Should signs of hypersensitivity present (wheal and flare reactions, pruritus, or other manifestations), or should disease exacerbations occur, discontinue DERMA-SMOOTHE/FS Body Oil immediately and institute appropriate therapy.

6 ADVERSE REACTIONS
The following serious adverse reactions are discussed in more detail in other sections of the labeling:
- Endocrine System Adverse Reactions *[see Warnings and Precautions (5.1), Use in Specific Populations (8.4)]*
- Local Adverse Reactions *[see Warnings and Precautions (5.2)]*
- Ophthalmic Adverse Reactions *[see Warnings and Precautions (5.3)]*

6.1 Clinical Studies Experience
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 practice.

An open-label trial was conducted in 58 pediatric subjects 2 years to 12 years of age with moderate to severe atopic dermatitis to evaluate the safety of DERMA-SMOOTHE/FS Body Oil when applied to the face twice daily for 4 weeks. Adverse reactions reported by ≥2% of pediatric subjects treated with DERMA-SMOOTHE/FS Body Oil are shown in Table 1.

Table 1: Adverse Reactions in ≥2% of Pediatric Subjects 2 Years to 12 Years of Age with Moderate to Severe Atopic Dermatitis, Treated with DERMA-SMOOTHE/FS Body Oil, N=58

Adverse Reaction (AR)*	n (%)	Day 14	Day 28†	Day 56‡
Any AE	15 (26)	6 (10)	7 (12)	7 (12)
Telangiectasia	5 (9)	3 (5)	4 (7)	2 (4)

Erythema	3 (5)			3 (5)
Itching	3 (5)			3 (5)
Irritation	3 (5)			3 (5)
Burning	3 (5)			3 (5)
Hypopigmentation	2 (4)	2 (4)		
Shiny skin	1 (2)		1 (2)	
Secondary atopic dermatitis	1 (2)			1 (2)
Papules and pustules	1 (2)			1 (2)
Keratosis pilaris	1 (2)			1 (2)
Folliculitis	1 (2)		1 (2)	
Facial herpes simplex	1 (2)	1 (2)		
Acneiform eruption	1 (2)		1 (2)	
Ear infection	1 (2)		1 (2)	

* The number of individual adverse reactions reported does not necessarily reflect the number of individual subjects, since one subject could have multiple reports of an adverse reaction.
† End of Treatment
‡ Four Weeks Post Treatment

An open-label safety trial was conducted in 29 pediatric subjects 3 months to 2 years of age to assess the HPA axis by ACTH stimulation testing following use of DERMA-SMOOTHE/FS Body Oil twice daily for 4 weeks. The trial included 7 subjects ages 3 to 6 months, 7 subjects ages > 6 to 12 months, and 15 subjects ages > 12 months to 2 years. All subjects had moderate to severe atopic dermatitis with disease involvement on at least 20% body surface area (BSA). Eleven (11) subjects had baseline BSA involvement of 50% to 75% and 7 subjects had BSA involvement of greater than 75% *[see Use in Specific Populations (8.4)]*. The most common adverse reactions reported in the study (≥2%) are shown in Table 2.

Table 2: Adverse Reactions in ≥ 2% of Pediatric Subjects 3 Months to 2 Years of Age with Moderate to Severe Atopic Dermatitis, Treated with DERMA-SMOOTHE/FS Body Oil, N=30*

Adverse Reaction	**n (%)**
Cough	6 (20)
Rhinorrhea	4 (13)
Pyrexia	3 (10)
Nasopharyngitis	2 (7)
Hypopigmentation	2 (7)
Abscess	1 (3)
Atopic Dermatitis	1 (3)
Eczema	1 (3)
Hyperpigmentation	1 (3)
Molluscum	1 (3)
Rash	1 (3)
Diarrhea	1 (3)
Otitis Media	1 (3)
URI	1 (3)
Vomiting	1 (3)

* Includes one subject who withdrew at Week 2

6.2 Postmarketing Experience

The following adverse reactions have been identified during post-approval use of products containing topical corticosteroids. Because postmarketing adverse reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

- *Endocrine Disorders:* HPA axis suppression and Cushing's syndrome *[see Use in Specific Populations (8.4)]*
- *Eye Disorders:* glaucoma and cataracts *[see Warnings and Precautions (5.3)]*
- *Nervous System Disorders:* intracranial hypertension including bulging fontanelles, headaches, and bilateral papilledema *[see Use in Specific Populations (8.4)]*

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Risk Summary

Available data from case reports, case series, and observational studies on fluocinolone acetonide use in pregnant women have not identified a drug-associated risk of major birth defects, miscarriage or adverse maternal or fetal outcomes. Observational studies suggest maternal use of high to super-high potency topical steroids may be associated with an increased risk of low birthweight infants. Advise pregnant women to use DERMA-SMOOTHE/FS Body Oil on the smallest area of skin and for the shortest duration possible.

Corticosteroids can cause fetal malformations in laboratory animals when administered systemically at relatively low dosage levels. Some corticosteroids cause fetal malformations after dermal application in laboratory animals.

The background risk of major birth defects and miscarriage for the indicated population is unknown. All pregnancies have a background risk of birth defect, loss, or other adverse outcomes. In the U.S. general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2 to 4% and 15 to 20%, respectively.

8.2 Lactation

Risk Summary

There is no information regarding the presence of fluocinolone acetonide in breast milk or its effects on the breastfed infant or on milk production. It is not known whether topical administration of corticosteroids could result in sufficient systemic absorption to produce detectable quantities in breast milk. To minimize potential exposure to the breastfed infant via breast milk, use DERMA-SMOOTHE/FS Body Oil on the smallest area of skin and for the shortest duration possible while breastfeeding. Advise breastfeeding women not to apply DERMA-SMOOTHE/FS Body Oil directly to the nipple and areola to avoid direct infant exposure *[see Warnings and Precautions (5.1) and Use in Specific Populations (8.4)]*. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for DERMA-SMOOTHE/FS Body Oil and any potential adverse effects on the breastfed infant from DERMA-SMOOTHE/FS Body Oil or from the underlying maternal condition.

8.4 Pediatric Use

The safety and effectiveness of DERMA-SMOOTHE/FS Body Oil for the topical treatment of moderate to severe atopic dermatitis have been established in pediatric patients aged 3 months and older for up to 4 weeks.

Safety and effectiveness of DERMA-SMOOTHE/FS Body Oil in pediatric patients with atopic dermatitis below the age of 3 months have not been established.

Systemic Adverse Reactions in Pediatric Patients

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

Because of a higher ratio of skin surface area to body mass, pediatric patients are at a greater risk for systemic adverse reactions than are adults when treated with topical corticosteroids *[see Warnings and Precautions (5.1)]*.

Evaluation in Peanut-Sensitive Pediatric Patients

A clinical trial was conducted to assess the safety of DERMA-SMOOTHE/FS Body Oil, which contains refined peanut oil, on pediatric subjects with known peanut allergies. The study enrolled 13 pediatric subjects with atopic dermatitis, 6 to 17 years of age. Of the 13 subjects, 9 were Radioallergosorbent Test (RAST) positive to peanuts and 4 had no peanut sensitivity (controls). The trial evaluated the subjects' responses to both prick test and patch test utilizing refined peanut oil, DERMA-SMOOTHE/FS Body Oil and histamine/saline controls. Subjects were also treated with DERMA-SMOOTHE/FS Body Oil twice daily for 7 days. Prick test and patch test results for all 13 patients were negative to DERMA-SMOOTHE/FS Body Oil and the refined peanut oil. One of the 9 peanut-sensitive patients experienced an exacerbation of atopic dermatitis after 5 days of DERMA-SMOOTHE/FS Body Oil.

Evaluation in Pediatric Patients 2 to 6 years old

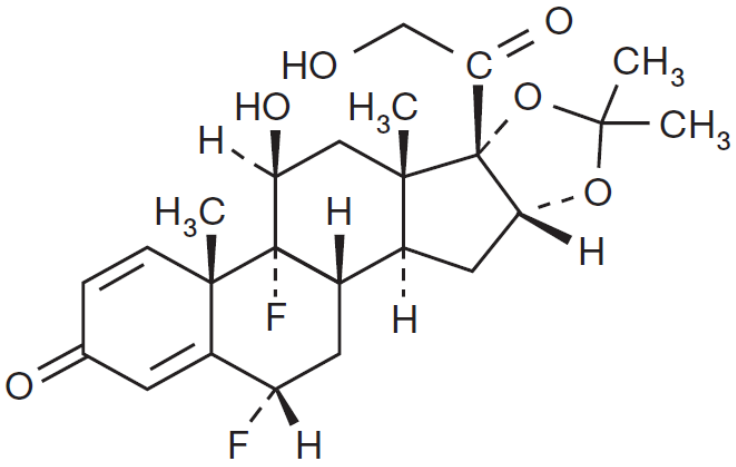
Use of DERMA-SMOOTHE/FS Body Oil in pediatric patients 2 to 6 years old is supported by open-label safety trials conducted in 33 pediatric subjects (20 subjects ages 2 to 6 years, 13 subjects ages 7 to 12 years) with moderate to severe stable atopic dermatitis. Baseline body surface area involvement was 50% to 75% in 15 subjects and greater than 75% in 18 subjects. Subjects were treated with DERMA-SMOOTHE/FS Body Oil twice daily for 4 weeks. Morning pre-stimulation cortisol and post-ACTH stimulation cortisol levels were obtained in each subject the beginning of the trial and at the end of 4 weeks of treatment. At the end of treatment, 4 out of 18 subjects aged 2 to 5 years showed low pre-stimulation cortisol levels (3.2 to 6.6 µg/dL; normal: cortisol > 7µg/dL) but all had normal responses to 0.25 mg of ACTH stimulation (cortisol > 18 µg/dL) *[see Clinical Pharmacology (12.2)]*.

Evaluation in Pediatric Patients 3 months to 2 years old

Use of DERMA-SMOOTHE/FS Body Oil in pediatric patients 3 months to 2 years old is supported by an open-label safety trial conducted in 29 pediatric subjects (7 subjects ages 3 to 6 months, 7 subjects ages > 6 to 12 months, and 15 subjects ages > 12 months to 2 years) to assess the HPA axis by ACTH stimulation testing following use of DERMA-SMOOTHE/FS Body Oil twice daily for 4 weeks *[see Adverse Reactions (6.1)]*. Morning pre-stimulation and post-ACTH stimulation cortisol levels were obtained in each subject at the beginning of the trial and at the end of 4 weeks of treatment. All subjects had normal responses to 0.125 mg of ACTH stimulation (cortisol > 18 µg/dL) *[see Clinical Pharmacology (12.2)]*.

11 DESCRIPTION

DERMA-SMOOTHE/FS Body Oil (fluocinolone acetonide), topical oil, 0.01% contains fluocinolone acetonide [(6α, 11β, 16α)-6,9-difluoro-11,21-dihydroxy-16,17 [(1-methylethylidene)bis(oxy)]-pregna-1,4-diene-3,20-dione, cyclic 16,17 acetal with acetone], a synthetic corticosteroid for topical dermatologic use. Chemically, fluocinolone acetonide is C_{24} H_{30} F_2 O_6. It has the following structural formula:



Fluocinolone acetonide has a molecular weight of 452.50. It is a white crystalline powder that is odorless, stable in light, and melts at 270°C with decomposition; soluble in alcohol, acetone and methanol; slightly soluble in chloroform; insoluble in water.

Each gram of DERMA-SMOOTHE/FS Body Oil contains approximately 0.11 mg of fluocinolone acetonide in a blend of oils, which contains isopropyl alcohol, isopropyl myristate, light mineral oil, oleth-2, refined peanut oil and fragrances.

DERMA-SMOOTHE/FS Body Oil is formulated with 48% refined peanut oil. The bulk refined peanut oil, used in DERMA-SMOOTHE/FS Body Oil is heated at 246°C (475°F) for at least 15 minutes. The refined peanut oil used in

DERMA-SMOOTHE/FS Body Oil is routinely tested for peanut proteins through amino acid analysis; the quantity of amino acids is below 0.5 parts per million (ppm).

12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action
Corticosteroids play a role in cellular signaling, immune function, inflammation, and protein regulation; however, the precise mechanism of action in atopic dermatitis is unknown.

12.2 Pharmacodynamics

Vasoconstrictor Assay
DERMA-SMOOTHE/FS Body Oil is in the low to medium range of potency as compared with other topical corticosteroids in vasoconstrictor studies. However, similar blanching scores do not necessarily imply therapeutic equivalence.

Hypothalamic-Pituitary-Adrenal (HPA) Axis Suppression
HPA axis suppression was evaluated in 29 pediatric subjects 3 months to 2 years old (7 subjects ages 3 to 6 months, 7 subjects ages > 6 to 12 months, and 15 subjects ages > 12 months to 2 years) and 33 pediatric subjects 2 years to 12 years old (20 subjects ages 2 to 6 years, 13 subjects ages 7 to 12 years) with moderate to severe atopic dermatitis. Subjects were treated with DERMA-SMOOTHE/FS Body Oil twice daily for 4 weeks. Morning pre-stimulation and post-ACTH stimulation cortisol levels were obtained in each subject at the beginning of the trial and at the end of 4 weeks of treatment. In subjects 3 months to 2 years old, all subjects had normal responses to 0.125 mg of ACTH stimulation (cortisol > 18 µg/dL). In subjects 2 to 12 years old, 4 out of 18 subjects 2 to 5 years old showed low pre-stimulation cortisol levels (3.2 to 6.6 µg/dL; normal: cortisol > 7µg/dL) but all had normal responses to 0.25 mg of ACTH stimulation (cortisol > 18 µg/dL) at the end of treatment *[see Warnings and Precautions (5.1) and Use in Specific Populations (8.4)]*.

12.3 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.

13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, mutagenesis, impairment of fertility
No carcinogenicity, genotoxicity, or fertility studies were conducted with DERMA-SMOOTHE/FS Body Oil. However, some corticosteroids are genotoxic in various genotoxicity tests (i.e., the *in vitro* human peripheral blood lymphocyte chromosome aberration assay with metabolic activation, the in vivo mouse bone marrow micronucleus assay, the Chinese hamster micronucleus test, and the *in vitro* mouse lymphoma gene mutation assay).

16 HOW SUPPLIED / STORAGE AND HANDLING
DERMA-SMOOTHE/FS Body Oil (fluocinolone acetonide) topical oil, 0.01% (NDC # 68791-101-04) is supplied in bottles containing 4 fluid ounces.

Storage: Keep tightly closed. Store at 20°-25°C (68°-77°F); excursions permitted to 15°-30°C (59°-86°F) *[see USP Controlled Room Temperature]*.

17 PATIENT COUNSELING INFORMATION

Administration Instructions
Advise patients that DERMA-SMOOTHE/FS Body Oil is for topical use only *[see Dosage and Administration (2.1)]*.

Advise patients to not to apply DERMA-SMOOTHE/FS Body Oil under occlusion unless directed by their healthcare provider. Instruct patients not to apply DERMA-SMOOTHE/FS to the diaper area as diapers or plastic pants may constitute occlusive use *[see Dosage and Administration (2.1)]*.

Advise patients to avoid use of DERMA-SMOOTHE/FS Body Oil on the face, axillae, or groin unless directed by their healthcare provider *[see Dosage and Administration (2.1)]*.

Advise patients to discontinue therapy when control of disease is achieved. Instruct patients to contact their healthcare provider if no improvement is seen within 2 weeks *[see Dosage and Administration (2.1)]*.

Endocrine System Adverse Reactions

Instruct patients not to use other corticosteroid-containing products while using DERMA-SMOOTHE/FS Body Oil without first consulting their healthcare provider *[see Warnings and Precautions (5.1)]*.

Ophthalmic Adverse Reactions

Advise patients to avoid contact with the eyes and in case of contact, wash eyes liberally with water. Instruct patients to tell their healthcare provider if they develop any visual symptoms *[see Warnings and Precautions (5.3)]*.

Pregnancy and Lactation

Advise patients to use DERMA-SMOOTHE/FS Body Oil on the smallest area of skin and for the shortest duration possible while pregnant or breastfeeding. Advise patients that are breastfeeding not to apply DERMA-SMOOTHE/FS Body Oil directly to the nipple and areola to avoid direct infant exposure *[see Use in Specific Populations (8.1 and 8.2)]*.

Manufactured by:
Hill Dermaceuticals, Inc.
Sanford, Florida 32773

For:
Royal Pharmaceutical, Inc.
Wall, NJ 07719

DERMA-SMOOTHE/FS is a registered trademark of Hill Dermaceuticals, Inc.

HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use DERMOTIC OIL safely and effectively. See full prescribing information for DERMOTIC OIL.

DERMOTIC OIL (fluocinolone acetonide) ear drops, for otic use
Initial U.S. Approval: 1988

---------- INDICATIONS AND USAGE ----------

DERMOTIC OIL is a corticosteroid indicated for the topical treatment of chronic eczematous external otitis in adults and pediatric patients 2 years of age and older. (1)

---------- DOSAGE AND ADMINISTRATION ----------

- DERMOTIC OIL is not for oral, ophthalmic, or intravaginal use. (2)
- Apply 5 drops of DERMOTIC OIL into the affected ear twice daily for 7 to 14 days. (2)
- Do not use on face or intertriginous areas. (2)

---------- DOSAGE FORMS AND STRENGTHS ----------

Ear drops, containing 0.01% fluocinolone acetonide, supplied in bottles containing 20 mL. (3)

---------- CONTRAINDICATIONS ----------

None (4)

---------- WARNINGS AND PRECAUTIONS ----------

- Endocrine System Adverse Reactions:
  - Topical corticosteroids can produce reversible hypothalamic-pituitary-adrenal (HPA) axis suppression, Cushing's syndrome, hyperglycemia, and glucosuria. (5.1)
  - Pediatric patients may be more susceptible to systemic toxicity from equivalent doses. (5.1,8.4)
  - Systemic absorption may require evaluation for HPA axis suppression. Potent corticosteroids use on large areas, prolonged use or occlusive use, altered skin barrier, liver failure, and young age may increase systemic absorption. Modify use should HPA axis suppression develop. (5.1).
- Local Adverse Reactions: Local adverse reactions may include atrophy, striae irritation, acneiform eruptions, hypopigmentation, and allergic contact dermatitis, and may be more likely with occlusive use or more potent corticosteroids. (5.2, 6.1)
- Ophthalmic Adverse Reactions: May increase the risks of glaucoma and posterior subcapsular cataract. Avoid contact of DERMOTIC OIL with eyes. Advise patients to report any visual symptoms and consider referral to an ophthalmologist for evaluation. (5.3)

---------- ADVERSE REACTIONS ----------

The most commonly reported adverse reactions (≥ 1%) were headache (3%), URI (2%), cough (2%), eczematous otitis (1%). (6.1)

To report SUSPECTED ADVERSE REACTIONS, contact Hill Dermaceuticals, Inc. at 1-800-344-5707 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

See 17 for PATIENT COUNSELING INFORMATION.

Revised: 08/2024

FULL PRESCRIBING INFORMATION: CONTENTS*

* Sections or subsections omitted from the full prescribing information are not listed.

FULL PRESCRIBING INFORMATION

1 INDICATIONS AND USAGE

DermOtic® Oil is indicated for the topical treatment of chronic eczematous external otitis in adults and pediatric patients 2 years of age and older.

2 DOSAGE AND ADMINISTRATION

DERMOTIC OIL is for otic administration only. Not for oral, ophthalmic, or intravaginal use.

Apply DERMOTIC OIL into the affected ear using the supplied ear dropper. To apply, tilt head to one side so that the ear is facing up. Then gently pull the ear lobe backward and upward and apply 5 drops of DERMOTIC OIL into the ear. Keep head tilted for about a minute to allow DERMOTIC OIL to penetrate lower into the ear canal. Gently pat excess material dripping out of the ear using a clean cotton ball. Follow these instructions twice each day for 7 to 14 days.

Discontinue DERMOTIC OIL when control of disease is achieved within 2 weeks, or contact the healthcare provider if no improvement is seen within 2 weeks.

Do not use on the face, axillae, or groin unless directed by the healthcare provider. Do not apply to intertriginous areas due to the increased risk of local adverse reactions *[see Adverse Reactions (6) and Use in Specific Populations (8.4)]*.

3 DOSAGE FORMS AND STRENGTHS

Ear drops, containing 0.01% fluocinolone acetonide supplied in bottles containing 20 mL (dropper included).

4 CONTRAINDICATIONS

None.

5 WARNINGS AND PRECAUTIONS

5.1 Endocrine System Adverse Reactions

Systemic absorption of topical corticosteroids can produce reversible hypothalamic-pituitary-adrenal (HPA) axis suppression with the potential for glucocorticosteroid insufficiency. Cushing's syndrome, hyperglycemia, and glucosuria can result from systemic absorption of topical corticosteroids.

HPA axis suppression and Cushing's syndrome 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 subnormal response to ACTH stimulation. Pediatric patients may be more susceptible to systemic toxicity from equivalent doses due to their larger skin surface to body mass ratios *[see Use in Specific Populations (8.4)]*.

Conditions which increase systemic absorption include the use of more potent corticosteroids, use over large surface areas, use over prolonged periods, use of occlusive dressings, altered skin barrier, liver failure, and young age. Use of more than one corticosteroid-containing product at the same time may increase total systemic corticosteroid exposure. Because of the potential for systemic absorption, use of topical corticosteroids may require that patients be periodically evaluated for HPA axis suppression. The ACTH stimulation test may be helpful in evaluating patients for HPA axis suppression.

If HPA axis suppression is documented, an attempt should be made to withdraw the drug to reduce the frequency of application, or to substitute a less potent corticosteroid. Manifestations of adrenal insufficiency may require supplemental systemic corticosteroid. Recovery of HPA axis function is generally prompt upon discontinuation of topical corticosteroids.

5.2 Local Adverse Reactions

Local adverse reactions may occur with use of topical corticosteroids, including DERMOTIC OIL, and may be more likely to occur with occlusive use, prolonged use, or use of higher potency corticosteroids. Some local adverse reactions may be irreversible. Reactions may include atrophy, striae, telangiectasias, burning, itching, irritation, dryness, folliculitis,

acneiform eruptions, hypopigmentation, perioral dermatitis, allergic contact dermatitis, secondary infection, and miliaria *[see Adverse Reactions (6.1)]*.

5.3 Ophthalmic Adverse Reactions

Use of topical corticosteroids may increase the risks of glaucoma and posterior subcapsular cataract. Glaucoma and cataracts have been reported in postmarketing experience with the use of topical corticosteroid products. Avoid contact of DERMOTIC OIL with eyes. Advise patients to report any visual symptoms and consider referral to an ophthalmologist for evaluation.

5.4 Allergic Contact Dermatitis

Use of topical corticosteroids can cause allergic contact dermatitis. Allergic contact dermatitis to any component of topical corticosteroids is usually diagnosed by a failure to heal rather than a clinical exacerbation. Clinical diagnosis of allergic contact dermatitis can be confirmed by patch testing.

5.5 Concomitant Skin Infections

Use of topical corticosteroids may delay healing or worsen concomitant skin infections. Treat concomitant skin infections with an appropriate antimicrobial agent. If the infection persists unchanged, discontinue DERMOTIC OIL until the infection has been adequately treated.

5.6 Use in Peanut Sensitive Individuals

Use caution in prescribing DERMOTIC OIL for peanut sensitive individuals *[see Description (l1)]*.

Should signs of hypersensitivity present (wheal and flare reactions, pruritus, or other manifestations), or should disease exacerbations occur, discontinue DERMOTIC OIL immediately and institute appropriate therapy.

6 ADVERSE REACTIONS

The following serious adverse reactions are discussed in more detail in other sections of the labeling:

- Endocrine System Adverse Reactions *[see Warnings and Precautions (5.1), Use in Specific Populations (8.4)]*
- Local Adverse Reactions *[see Warnings and Precautions (5.2)]*
- Ophthalmic Adverse Reactions *[see Warnings and Precautions (5.3)]*

6.1 Clinical Studies Experience

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 practice.

In trials that enrolled 154 subjects (adults and pediatric subjects 2 years and older) with chronic eczematous external otitis who were treated with five drops per ear of DERMOTIC OIL twice daily for a maximum 14 days of treatment, the following adverse reactions were reported:

Table 1: Adverse Reactions in ≥ 1% of DERMOTIC OIL-Treated Adult and Pediatric Subjects 2 Years of Age and Older with Chronic Eczematous External Otitis, N=154

Adverse Reaction	n (%)
Headache	4 (3)
URI	3 (2)
Cough	3 (2)
Eczematous otitis	2 (1)

6.2 Postmarketing Experience

The following adverse reactions have been identified during post-approval use of products containing topical corticosteroids. Because postmarketing adverse reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

- *Endocrine Disorders:* HPA axis suppression and Cushing's syndrome *[see Use in Specific Populations (8.4)]*
- *Eye Disorders:* glaucoma and cataracts *[see Warnings and Precautions (5.3)]*

- *Nervous System Disorders:* intracranial hypertension including bulging fontanelles, headaches, and bilateral papilledema *[see Use in Specific Populations (8.4)]*

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Risk Summary
Available data from case reports, case series, and observational studies on fluocinolone acetonide use in pregnant women have not identified a drug-associated risk of major birth defects, miscarriage or adverse maternal or fetal outcomes. Observational studies suggest maternal use of high to super-high potency topical steroids may be associated with an increased risk of low birthweight infants. Advise pregnant women to use DERMOTIC OIL on the smallest area of skin and for the shortest duration possible.

Corticosteroids can cause fetal malformations in laboratory animals when administered systemically at relatively low dosage levels. Some corticosteroids cause fetal malformations after dermal application in laboratory animals.

The background risk of major birth defects and miscarriage for the indicated population is unknown. All pregnancies have a background risk of birth defect, loss, or other adverse outcomes. In the U.S. general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2 to 4% and 15 to 20%, respectively.

8.2 Lactation

Risk Summary
There is no information regarding the presence of fluocinolone acetonide in breast milk or its effects on the breastfed infant or on milk production. It is not known whether topical administration of corticosteroids could result in sufficient systemic absorption to produce detectable quantities in breast milk. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for DERMOTIC OIL and any potential adverse effects on the breastfed infant from DERMOTIC OIL or from the underlying maternal condition.

8.4 Pediatric Use
The safety and effectiveness of DERMOTIC OIL for the topical treatment of chronic eczematous external otitis have been established in pediatric patients aged 2 years and older.

Safety and effectiveness of DERMOTIC OIL in pediatric patients with chronic eczematous external otitis below the age of 2 years have not been established.

Systemic Adverse Reactions in Pediatric Patients
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 subnormal response to ACTH stimulation. Manifestations of intracranial hypertension include bulging fontanelles, headaches, and bilateral papilledema. Because of a higher ratio of skin surface area to body mass, pediatric patients are at a greater risk for systemic adverse reactions than are adults when treated with topical corticosteroids *[see Warnings and Precautions (5.1)]*.

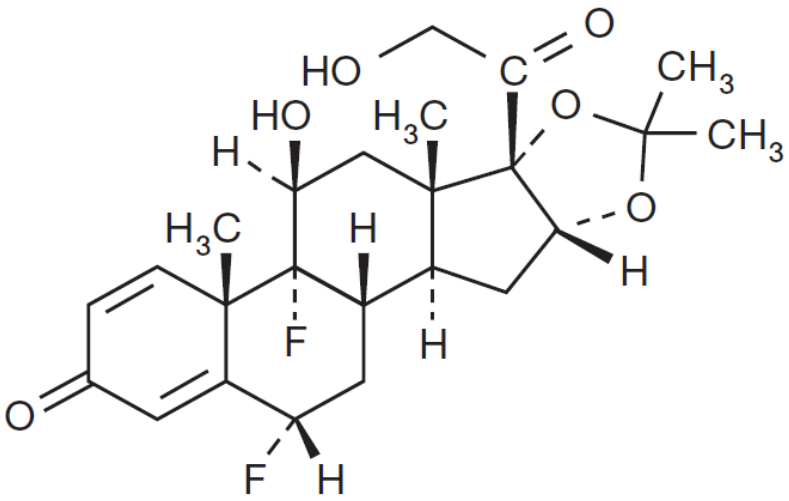
Evaluation in Peanut-Sensitive Pediatric Patients
A clinical trial was conducted to assess the safety of the formulation of DERMOTIC OIL, which contains refined peanut oil, in patients with known peanut allergies. The trial enrolled 13 pediatric subjects with atopic dermatitis, 6 to 17 years of age. DERMOTIC OIL is not approved for the treatment of atopic dermatitis. Of the 13 subjects, 9 were Radioallergosorbent Test (RAST) positive to peanuts and 4 had no peanut sensitivity (controls). The trial evaluated the subjects' responses to both prick test and patch test utilizing refined peanut oil, the formulation of DERMOTIC OIL and histamine/saline controls. Subjects were also treated with the formulation of DERMOTIC OIL twice daily for 7 days. Prick test and patch test results for all 13 subjects were negative to the formulation of DERMOTIC OIL and the refined peanut oil. One of the 9 peanut-sensitive subjects experienced an exacerbation of atopic dermatitis after 5 days of use on the formulation of DERMOTIC OIL.

Evaluation in Pediatric Patients 2 to 6 years old

Use of the formulation of DERMOTIC OIL in pediatric patients 2 to 6 years old is supported by open-label safety trials conducted in 33 pediatric subjects (20 subjects ages 2 to 6 years, 13 subjects ages 7 to 12 years) with moderate to severe stable atopic dermatitis. Baseline body surface area involvement was 50% to 75% in 15 subjects and greater than 75% in 18 subjects. Subjects were treated with the formulation of DERMOTIC OIL twice daily for 4 weeks. Morning pre-stimulation cortisol and post-ACTH stimulation cortisol levels were obtained in each subject at the beginning of the trial and at the end of 4 weeks of treatment. At the end of treatment, 4 out of 18 subjects aged 2 to 5 years showed low pre-stimulation cortisol levels (3.2 to 6.6 µg/dL; normal: cortisol > 7µg/dL) but all had normal responses to 0.25 mg of ACTH stimulation (cortisol > 18 µg/dL) *[see Clinical Pharmacology (12.2)]*.

11 DESCRIPTION

DERMOTIC OIL (fluocinolone acetonide) 0.01% ear drops contains fluocinolone acetonide [(6a, 11b, 16a)-6,9-difluoro-11,21-dihydroxy-16, 17[(1-methylethylidene)bis(oxy)]-pregna-1,4-diene3,20-dione, cyclic 16,17 acetal with acetone], a synthetic corticosteroid for topical dermatologic use. Chemically, fluocinolone acetonide is $C_{24}H_{30}F_2O_6$. It has the following structural formula:



Fluocinolone acetonide has a molecular weight of 452.50. It is a white crystalline powder that is odorless, stable in light, and melts at 270°C with decomposition; soluble in alcohol, acetone and methanol; slightly soluble in chloroform; insoluble in water.

Each gram of DERMOTIC OIL contains approximately 0.11 mg of fluocinolone acetonide in a blend of oils, which contains isopropyl alcohol, isopropyl myristate, light mineral oil, oleth-2, refined peanut oil and fragrances.

DERMOTIC OIL is formulated with 48% refined peanut oil. The bulk refined peanut oil, used in DERMOTIC OIL is heated at 246°C (475°F) for at least 15 minutes. The refined peanut oil used in DERMOTIC OIL is routinely tested for peanut proteins through amino acid analysis; the quantity of amino acids is below 0.5 parts per million (ppm).

12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action

Corticosteroids play a role in cellular signaling, immune function, inflammation, and protein regulation; however, the precise mechanism of action in eczematous external otitis is unknown.

12.2 Pharmacodynamics

Vasoconstrictor Assay

DERMOTIC OIL is in the low to medium range of potency as compared with other topical corticosteroids in vasoconstrictor studies. However, similar blanching scores do not necessarily imply therapeutic equivalence.

Hypothalamic-Pituitary-Adrenal (HPA) Axis Suppression

HPA axis suppression was evaluated in 33 pediatric subjects 2 to 12 years old (20 subjects ages 2 to 6 years, 13 subjects ages 7 to 12 years) with moderate to severe stable atopic dermatitis. Subjects were treated with the formulation of DERMOTIC OIL twice daily for 4 weeks. Baseline body surface area involvement was 50% to 75% in 15 subjects and greater than 75% in 18 subjects. Morning pre-stimulation cortisol and post-ACTH stimulation cortisol levels were obtained in each subject at the beginning of the trial and at the end of 4 weeks of treatment. At the end of treatment, 4 out of 18 subjects aged 2 to 5 years showed low pre-stimulation cortisol levels (3.2 to 6.6 µg/dL; normal cortisol >7 µg/dL) but all had normal responses to 0.25 mg of ACTH stimulation (cortisol > 18 µg/dL) *[see Warnings and Precautions (5.1).*

12.3 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.

13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, mutagenesis, impairment of fertility

No carcinogenicity, genotoxicity, or fertility studies were conducted with DERMOTIC OIL. However, some corticosteroids are genotoxic in various genotoxicity tests (i.e., the *in vitro* human peripheral blood lymphocyte chromosome aberration assay with metabolic activation, the *in vivo* mouse bone marrow micronucleus assay, the Chinese hamster micronucleus test and the *in vitro* mouse lymphoma gene mutation assay).

14 CLINICAL STUDIES

In two vehicle-controlled trials (Trial 1 and Trial 2), 154 subjects (adults and pediatric subjects 2 years of age and older) with chronic eczematous external otitis were treated with 5 drops per ear of DERMOTIC OIL twice daily for 7 days. Efficacy was assessed on Day 7 by clearance of the signs and symptoms of eczematous external otitis, and the results are presented in the following table:

Table 2: Efficacy Results at Day 7 in Subjects with Chronic Eczematous External Otitis in Trial 1 and 2*

	DERMOTIC OIL	Vehicle
Study 1	30% (14/47)	7% (3/46)
Study 2	32% (9/28)	3% (1/30)

* Erythema, scaling, pruritus, erosion/oozing/crusting and debris

16 HOW SUPPLIED / STORAGE AND HANDLING

DERMOTIC OIL (fluocinolone acetonide oil) 0.01% ear drops is supplied in bottles containing 20 mL, (dropper included) (NDC # 68791-103-20).

Storage: Keep tightly closed. Store at 20°-25°C (68°-77°F); excursions permitted to 15°-30°C (59°-86°F) *[see USP Controlled Room Temperature].*

Discard DERMOTIC OIL 2 months after initial use.

17 PATIENT COUNSELING INFORMATION

Administration Instructions

Advise patients that DERMOTIC OIL is for otic administration only and not for oral, ophthalmic, or intravaginal use *[see Dosage and Administration (2)]*.

Advise patients to avoid use of DERMOTIC OIL on the face, axillae, or groin unless directed by their healthcare provider *[see Dosage and Administration (2)]*.

Advise patients to discontinue therapy when control of disease is achieved. Instruct patients to contact their healthcare provider if no improvement is seen within 2 weeks *[see Dosage and Administration (2)]*.

Endocrine System Adverse Reactions

Instruct patients not to use other corticosteroid-containing products while using DERMOTIC OIL without first consulting their healthcare provider *[see Warnings and Precautions (5.1)]*.

Ophthalmic Adverse Reactions

Advise patients to avoid contact with the eyes and in case of contact, wash eyes liberally with water. Instruct patients to tell their healthcare provider if they develop any visual symptoms *[see Warnings and Precautions (5.3)]*.

Pregnancy and Lactation

Advise patients to use DERMOTIC OIL on the smallest area of skin and for the shortest duration possible while pregnant or breastfeeding. Advise patients that are breastfeeding not to apply DERMOTIC OIL directly to the nipple and areola to avoid direct infant exposure *[See Use in Specific Populations (8.1 and 8.2)]*.

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For:
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