BALANCE
• A potent anti-inflammatory drug for dermatological use.¹
• Available as 0.05% cream and 0.005% ointment formulations for the acute and maintenance treatment of dermatological disorders.¹
Atopic dermatitis is a common, chronic, relapsing, inflammatory skin disease that primarily affects young children. It affects approximately 5% to 20% of all children.

- 50% of all those with atopic dermatitis develop symptoms within their first year of life.
- 95% experience an onset below five years of age.
- 95% with childhood onset of the disease have spontaneous remission before adolescence.
- 25% continue to have eczema into adulthood or experience a relapse of symptoms after some symptom-free years.

Atopic dermatitis has chronic, recurrent nature, that negatively affect quality of life of patients and their families, including adverse effects on:

- Sleep patterns,
- Behavior,
- Family relationships,
- Financial stability.

LOLO has **Atopic dermatitis** suffers from.

- Eczema.
- Dry skin.
- Itchy skin condition

Adapted from ref. 1

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**Cutivate™** Fluticasone propionate is topical steroid FDA approved for use in children as young as 3 months of age.¹

Due to its pharmacologic characteristics; it is appropriate for use in children.²

2. Cutivate Approved Prescribing Information
Cutivate™ Fluticasone propionate is topical steroid FDA approved for use in children as young as 3 months of age.¹

High selectivity and affinity for glucocorticoid receptor ¹

Cutivate™ Fluticasone propionate inhibit late phase allergic reactions including:
- Decreasing the density of mast cell.
- Decreasing chemotaxis and activation of eosinophils.
- Decreasing cytokine production.

Cutivate™ Fluticasone propionate normalizes the increased level of mucosal mast and reduces T cell proliferation.¹

This metabolite has no significant anti-inflammatory activity.¹

Rapid metabolization to the inactive metabolite.²

*GR: glucocorticoid receptor
1.Cutivate Approved Prescribing Information
2.Cutivate Approved Prescribing Information
Cutivate™ Fluticasone propionate 0.05% cream is a highly effective therapy with tolerability similar to HC, a lower potency corticosteroid. ¹

Cutivate™ Fluticasone propionate is a potent topical corticosteroid that was designed specifically to ensure low systemic bioavailability and therefore a low potential risk of producing systemic adverse events. ¹

The studies had a multicentre, randomised, double blind, parallel-group design with acute and maintenance treatment phases. Their primary objective was to evaluate the relative efficacy and safety of FP by comparison with HCB in the treatment of children with moderate to severe AD. Outpatients (2 to 14 years), experiencing a flare of moderate to severe AD, with a Total AD Score of 6 or more, were eligible. 128 patients (66 FP, 62 HCB) were recruited from 14 centres in 7 countries. The mean age was 8 years (range 2–14 years) and apart from a slight imbalance

- Patients who applied FP ointment 1.9 times less likely to have a relapse than patients applying emollient alone

- Treatment compliance was reported to be good in 93% children.

A randomized, multi-centre study with two distinct phases, involving 12 clinical centres in the Netherlands and 1 clinical centre in Belgium. Non-hospitalized children (aged 4–10 yr) with a documented history of moderate to severe recurring AD of whom AD exacerbated (5), were eligible for the study. Randomization was achieved by a computer-generated scheme and performed by the statistician (P.M.). Ninety children (38 males and 52 females, mean age 5.7 ± 2.2 yr) entered the study and received FP ointment twice daily. Of these, 87 (97%) children completed the 4-wk study period. Children presenting with an acute exacerbation of AD entered an open acute treatment phase during which they received FP 0.005% ointment (brand Cutivate, Glaxo Wellcome b.v., the Netherlands and Glaxo Wellcome GmBH & Co, Bad Oldesloe, Germany) applied twice daily for 4 wk on all originally affected sites, even if no visible signs of AD were detectable, and on all newly occurring lesions. If necessary, lesions on the face were treated with emollients or/and with hydrocortisone acetate 1% cream.

Study Design

Objective:
To assess the efficacy and safety of long-term intermittent treatment with FP %0.005 ointment in preventing exacerbations once AD is in remission.

Longer median time to recurrence of AD* in children during the maintenance phase with Cutivate™ Fluticasone propionate

In A Recent Study
A recent study involving 51 children (aged 3 months to 5 years) with extensive eczema\(^1\) Demonstrated that, even in young infants with widespread disease, Cutivate™ Fluticasone propionate 0.05% cream is associated with minimal risk of both systemic and local side effects\(^1\)

*AD: Atopic dermatitis
The studies had a multicentre, randomised, double blind, parallel-group design with acute and maintenance treatment phases. Their primary objective was to evaluate the relative efficacy and safety of FP by comparison with HC in the treatment of children with moderate to severe AD. Outpatients (2 to 14 years), experiencing a flare of moderate to severe AD, with a Total AD Score of 6 or more, were eligible. 137 patients (70 FP, 67 HC) were recruited from 16 centres in 5 countries were recruited from 14 centres in 7 countries. The mean age was 8 years (range 2–14 years) and apart from a slight imbalance.

Objective:
To evaluate fluticasone propionate (FP) 0.05% cream for both acute and maintenance treatment of moderate to severe atopic dermatitis (AD) in children (14–2 yr)

Cutivate™ Safety Guidance

Contraindications
This drug should not be used in:
- Untreated cutaneous infections
- Rosacea
- Acne vulgaris
- Pruritus without inflammation
- Perianal and genital pruritus
- Perioral dermatitis
- Dermatoses in infants under one year of age, including dermatitis.

Warnings and Precautions
Cutivate should be used with caution in patients with a history of local hypersensitivity to corticosteroids or to any of the excipients in the preparation.

Manifestations of hypercortisolism can occur in some individuals as a result of increased systemic absorption of topical steroids. If these manifestations 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.

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 may act as an occlusive dressing)
- Increasing hydration
- Use on thin skin areas such as the face
- Use on broken skin or other conditions where the skin barrier may be impaired
- In children

Use in children
In infants and children under 12 years of age, long-term continuous topical corticosteroid therapy should be avoided where possible, as adrenal suppression can occur. Children require shorter courses and less potent agents than adults. Care should be taken when using Cutivate to ensure the amount applied is the minimum that provides therapeutic benefit.

Elderly
The minimum quantity should be used for the shortest duration to achieve the desired clinical benefit.

Renal / Hepatic Impairment
The minimum quantity should be used for the shortest duration to achieve the desired clinical benefit.

Use in psoriasis
Topical corticosteroids should be used with caution in psoriasis to avoid rebound relapses, development of tolerances, risk of generalised pustular psoriasis and development of local or systemic toxicity. If used in psoriasis careful patient supervision is important.

Drug interactions
Co-administered drugs that can inhibit CYP3A4 (e.g. ritonavir, 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.

Pregnancy and Lactation
There are limited data from the use of CUTIVATE in pregnant women. Administration of CUTIVATE 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.

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

If used during lactation Cutivate should not be applied to the breasts to avoid accidental ingestion by the infant.

Adverse events
Common: Pruritus, local skin burning /skin pain
Based on full International Prescribing Information (GDS13/IP102&IPI03) and prepared to meet the requirements of the GSK International Pharmaceutical Promotional and Marketing Policy.

Cultivate™
Betamethasone 17-valerate Cream and Ointment.

COMPOSITION Fluticasone Propionate. Cultivate™ Cream contains fluticasone propionate (micronised) 0.05% w/w (500 microgram/g). Cultivate™ Ointment contains fluticasone propionate (micronised) 0.005% w/w (50 microgram/g). Therapeutic Indications: TREATMENT OF INFLAMMATORY DERMATOSES: CUTIVATE Cream and Ointment are a potent topical corticosteroid indicated for adults, children and infants aged 3 months and over for the relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses. These include the following: Atopic dermatitis (including infantile atopic dermatitis), Nummular dermatitis (discoid eczema), Prurigo nodularis, Psoriasis (excluding widespread plaque psoriasis), Lichen simplex chronicus (neurodermatitis) and lichen planus, Seborrhoeic dermatitis, Irritant or allergic contact dermatitis, Discoid lupus erythematosus, An adjunct to systemic steroid therapy in generalised erythroderma, Insect bite reactions, Milliaria (prickly heat). REDUCTION OF RISK OF RELAPSE: CUTIVATE Cream & Ointment are indicated for the reduction of the risk of relapse of chronic recurrent atopic dermatitis once an acute episode has been treated effectively. Dosage and Administration: Adults, elderly, children and infants aged 3 months and over: Creams are especially appropriate for moist or weeping surfaces. Ointments are especially appropriate for dry, lichenified or scaly lesions. TREATMENT OF INFLAMMATORY DERMATOSES: Apply thinly and gently rub in using only enough to cover the entire affected area once or twice a day for up to 4 weeks 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. If the condition worsens or does not improve within 2 to 4 weeks, treatment and diagnosis should be re-evaluated. Atopic dermatitis: 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 steroids especially with potent preparations. REDUCTION OF RISK OF RELAPSE: Once an acute episode has been treated effectively, application frequency should be reduced to once daily application, twice weekly, without occlusion. Application should be continued to all previously affected sites or to known sites of potential relapse. This regime should be combined with routine daily use of emollients. The condition must be re-evaluated on a regular basis. Children over 3 months: Children are more likely to develop local and systemic side effects of topical corticosteroids and, in general, require shorter courses and less potent agents than adults. Care should be taken when using CUTIVATE Cream to ensure the amount applied is the minimum that provides therapeutic benefit. 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. 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. Contra-Indications: The following conditions should not be treated with CUTIVATE: Untreated cutaneous infections: Rosacea, Acne vulgaris, Perioral dermatitis, Perianal and genital pruritus, Pruritus without inflammation, Dermatoses in infants under 3 months of age, including dermatitis and nappy rash. Special Warnings and special Precautions for Use: CUTIVATE 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 may resemble symptoms of the condition under treatment. Manifestations of hypercortisolism (Cushing’s Syndrome) and reversible hypothalamic-pituitary-adrenal (HPA) axis suppression, leading to glucocorticoid 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 glucocorticoid insufficiency. 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 may act 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. This is because children have an immature skin barrier and a greater surface area to body weight ratio compared with adults. Children: In infants and children under 12 years of age, long-term continuous topical corticosteroid therapy should be avoided where possible, as adrenal suppression is more likely to occur. Use in psoriasis: Topical steroids should be used with caution in psoriasis as rebound relapses, development of tolerance, risk of generalised pustular psoriasis and development of local or systemic toxicity due to impaired barrier function of the skin have been reported in some cases. If used in psoriasis, careful patient supervision is important. Application to the face: 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. 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. 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. 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. Overt suppression of the HPA-axis (morning plasma cortisol less than 5 micrograms/dL) is very unlikely to result from therapeutic use of CUTIVATE Cream unless treating more than 50% of an adult’s body surface and applying more than 20 g per day. CUTIVATE Cream contains the excipient imidurea which releases traces of formaldehyde as a breakdown product. Formaldehyde may cause allergic sensitisation or irritation upon contact with the skin. Interactions: Co-administered drugs that can inhibit CYP3A4 (e.g. ritonavir, 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. Pregnancy and Lactation: Fertility: There are no data in humans to evaluate the effect of topical corticosteroids on fertility. Pregnancy: There are limited data from the use of fluticasone propionate in pregnant women. Topical administration of corticosteroids to pregnant animals can cause abnormalities of foetal development. The relevance of this finding to humans has not been established; however, administration of CUTIVATE during pregnancy should only be considered if the expected benefit to the mother is greater than any possible risk to the foetus. The minimum quantity should be used for the minimum duration. Lactation: The safe use of topical corticosteroids during lactation has not been established. It is not known whether the topical administration of corticosteroids could result in sufficient systemic absorption to produce detectable amounts in breast milk. When measurable plasma levels were obtained in lactating laboratory rats following subcutaneous administration, there was evidence of fluticasone propionate in the milk. Administration of CUTIVATE during lactation should only be considered if the expected benefit to the mother outweighs the risk to the infant. Effects on Ability to Drive and Use Machines: There have been no studies to investigate the effect of CUTIVATE 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 CUTIVATE. Adverse Reactions: Post-Marketing Data: Infections and infestations: Very rare: Opportunistic infection. Immune system disorders: Very rare: Hypersensitivity. Endocrine disorders: Very rare: Hypothalamic-pituitary-adrenal (HPA) axis suppression: Increased weight/obesity, Delayed weight gain/growth retardation in children, Cushingoid features (e.g. moon face, central obesity), Decreased endogenous cortisol levels, Hyperglycaemia/glucosuria, Hypertension, Osteoporosis, Cataract, Glaucoma. Skin and subcutaneous tissue disorders: Common: Pruritus. Uncommon: Local skin burning. Very rare: Skin thinning, atrophy, striae, telangiectasias, pigmentation changes, hypertrichosis, allergic contact dermatitis, exacerbation of underlying symptoms, pustular psoriasis, erythema, rash, urticaria. Overdose: Symptoms and Signs: Topically fluticasone propionate 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 appear. Treatment: In the event of overdose, CUTIVATE 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. Special Precautions for storage: Store below 30°C. Do not freeze.
Treatment compliance was reported to be good in 93% children with Cutivate™ Fluticasone propionate.¹

Cutivate™ Fluticasone propionate 0.05% cream is a highly effective therapy with tolerability similar to Hydrocortisone a lower potency corticosteroid.²

Even in young infants with widespread disease, Cutivate™ Fluticasone propionate 0.05% cream is associated with minimal risk of both systemic and local side effects.²
