HIGHLIGHTS OF PRESCRIBING INFORMATION · Photosensitivity can occur with ORACEA; Patients should minimize or avoid exposure to These highlights do not include all the information needed to use ORACEA® natural or artificial sunlight. (5.4) safely and effectively. See full prescribing information for ORACEA. • Tetracyclines have been associated with the development of autoimmune syndromes; ORACEA (doxycycline) capsules for oral use if symptoms develop, discontinue ORACEA immediately. (5.5) Initial U.S. Approval: 1967 ORACEA if symptoms occur. (5.7) -----INDICATIONS AND USAGE----- ORACEA is a tetracycline-class drug indicated for the treatment of only inflammatory be used as indicated. (5.8) lesions (papules and pustules) of rosacea in adult patients. (1.1) Limitations of Use -----ADVERSE REACTIONS------

---DOSAGE AND ADMINISTRATION------• One ORACEA Capsule (40 mg) should be taken once daily in the morning on an empty

the recommended dosage may result in an increased incidence of side effects including

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

-WARNINGS AND PRECAUTIONS-----

prophylaxis, or reducing the numbers or eliminating microorganisms associated with any bacterial disease.

ORACEA has not been evaluated for the treatment of the erythematous, telangiectatic, or ocular components of rosacea.

This drug is contraindicated in persons who have shown hypersensitivity to doxycycline or any of the other tetracyclines.

Treatment with antibacterial agents alters the normal flora of the colon leading to overgrowth of *C. difficile*.

supplementation, antibiotic treatment of C. difficile, and surgical evaluation should be instituted as clinically indicated.

Because of the potential for drug-resistant bacteria to develop during the use of ORACEA, it should only be used as indicated.

16-week period. The following table summarizes selected adverse reactions that occurred in the clinical trials at a rate of ≥ 1% for the active arm:

pregnant while taking these drugs, the patient should be informed of the potential hazard to the fetus and treatment stopped immediately.

Efficacy of ORACEA beyond 16 weeks and safety beyond 9 months have not been established.

Important Considerations for Dosing Regimen

All tetracyclines form a stable calcium complex in any bone-forming tissue.

embryotoxicity has been noted in animals treated early in pregnancy.

Pseudomembranous Colitis

serum level determinations of the drug may be advisable.

**Autoimmune Syndromes** 

**Tissue Hyperpigmentation** 

Pseudotumor cerebri

checked for papiledema while on treatment.

**Clinical Trials Experience** 

performed as indicated. **ADVERSE REACTIONS** 

Nasopharyngitis

**Fungal Infection** 

Abdominal Pain Upper

Abdominal Distention

Stomach Discomfort

Blood Pressure Increase

Blood Glucose Increase

Aspartate Aminotransferase Increase

Blood Lactate Dehydrogenase Increase

Note: Percentages based on total number of study participants in each treatment group.

Blood: Hemolytic anemia, thrombocytopenia, neutropenia, and eosinophilia have been reported.

• Nervous system: Pseudotumor cerebri (benign intracranial hypertension), headache.

drug exposure. The following adverse reactions have been identified during post approval use of ORACEA:

The concurrent use of tetracycline and methoxyflurane has been reported to result in fatal renal toxicity.

False elevations of urinary catecholamine levels may occur due to interference with the fluorescence test.

Renal toxicity: Rise in BUN has been reported and is apparently dose-related [see Warnings and Precautions (5.3)].

Abdominal Pain

Dry Mouth

Anxiety Pain

Back Pain

Sinus Headache

6.2 Postmarketing Experience

7.1 Anticoagulants

7.3 Methoxyflurane

treatment with doxycycline.

should be avoided.

8.1 Pregnancy

fetal tissues.

Oral Retinoids

7.6

**Antacids and Iron Preparations** 

Low Dose Oral Contraceptives

**Barbiturates and Anti-epileptics** 

7.8 Drug/Laboratory Test Interactions

**USE IN SPECIFIC POPULATIONS** 

Nursing Mothers

Pediatric Use

Geriatric Use

treating cases of overdose. DESCRIPTION

**CLINICAL PHARMACOLOGY** 12.1 Mechanism of Action

Single Dose 40 mg capsules

prior to or two hours after meals.

Special Populations

12.4 Microbiology

**CLINICAL STUDIES** 

**NONCLINICAL TOXICOLOGY** 

Steady-State # 40 mg capsules

not alter the serum half-life of doxycycline.

**Drug Interactions:** [see Drug Interactions (7)]

effect of ORACEA on human fertility is unknown.

Mean Change in Lesion Count

No. (%) of Subjects Clear or

**HOW SUPPLIED/STORAGE AND HANDLING** 

PATIENT COUNSELING INFORMATION

immediately and seek medical help.

antibacterial drugs in the future.

What is ORACEA?

It is not known if ORACEA is:

infants and children. Who should not take ORACEA?

medicines if you are not sure.

 have kidney problems. have liver problems.

See FDA-approved patient labeling (Patient Information)

Almost Clear in the IGA\* \*Investigator's Global Assessment

Keep out of reach of children.

from Baseline

16

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

The structural formula of doxycycline, USP is:

Barbiturates, carbamazepine, and phenytoin decrease the half-life of doxycycline.

to safety or efficacy, therefore use in children is not recommended.

together provide a dose of 40 mg of anhydrous doxycycline (C<sub>22</sub>H<sub>24</sub>N<sub>2</sub>O<sub>8</sub>).

anticoagulant dosage. Penicillin

Hypertension

Sinusitis Nasal Congestion

Influenza

Diarrhea

Pharyngolaryngeal Pain

6.1

**Development of Drug Resistant Bacteria** 

Bacterial resistance to tetracyclines may develop in patients using ORACEA.

trials of another drug and may not reflect the rates observed in practice.

or injury. 5.7

40 mg beige opaque capsule imprinted with "GLD 40"

stomach, preferably at least one hour prior to or two hours after meals. (2.1)

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

The use of ORACEA during tooth development (last half of pregnancy, infancy and childhood up to the age of 8 years) may cause permanent discoloration of the teeth

If renal impairment exists, ORACEA doses may need to be adjusted to avoid excessive

If pseudomembranous colitis occurs, discontinue ORACEA. (5.2)

systemic accumulations of the drug and possible liver injury. (5.3)

**FULL PRESCRIBING INFORMATION: CONTENTS\*** 

2.2 Important Considerations for Dosing Regimen DOSAGE FORMS AND STRENGTHS

the development of resistant microorganisms. (2.2, 5.5)

• 40 mg capsule. (3)

other tetracyclines. (4)

(yellow-gray-brown). (5.1)

**INDICATIONS AND USAGE** 

**DOSAGE AND ADMINISTRATION** 

**WARNINGS AND PRECAUTIONS** 

5.4 Photosensitivity
5.5 Autoimmune Syndromes
5.6 Tissue Hyperpigmentation
5.7 Pseudotumor Cerebri
5.8 Development of Drug Resistant Bacteria
5.9 Superinfection

2.1 General Dosing Information

5.1 Teratogenic Effects
5.2 Pseudomembranous Colitis
5.3 Metabolic Effects
5.4 Photosensitivity

5.10 Laboratory Monitoring
ADVERSE REACTIONS

6.1 Clinical Trials Experience 6.2 Postmarketing Experience

DRUG INTERACTIONS

**FULL PRESCRIBING INFORMATION** INDICATIONS AND USAGE Indication

> DOSAGE AND ADMINISTRATION **General Dosing Information**

development of resistant organisms. DOSAGE FORMS AND STRENGTHS

WARNINGS AND PRECAUTIONS Teratogenic Effects ORACEA should not be used during pregnancy.

CONTRAINDICATIONS

(redness) of rosacea 1.2 Limitations of Use

Reactions (6)

7.1 Anticoagulants 7.2 Penicillin

CONTRAINDICATIONS

1.1 Indication 1.2 Limitations of Use

This formulation of doxycycline has not been evaluated in the treatment or prevention of infections. (1.2) with placebo) are nasopharyngitis, sinusitis, diarrhea, hypertension and aspartate • Efficacy of ORACEA beyond 16 weeks and safety beyond 9 months have not been aminotransferase increase. (6) established. (1.2)

Some of the most common adverse reactions (incidence >2% and more common than

 ORACEA may cause pseudotumor cerebri (benign intracranial hypertension). Discontinue To report SUSPECTED ADVERSE REACTIONS, contact Galderma Laboratories,

-----DRUG INTERACTIONS------

dosage. (7.1)

· Some bacteriostatic drugs may interfere with the bactericidal action of penicillin, it is

advisable to avoid giving tetracycline-class drugs in conjunction with penicillin. (7.2)

Bacterial resistance to tetracyclines may develop in patients using ORACEA. It should only

The dosage of ORACEA differs from that of doxycycline used to treat infections. Exceeding renal toxicity. (7.3) --- USE IN SPECIFIC POPULATIONS------ORACEA is contraindicated in persons who have shown hypersensitivity to doxycycline or

L.P. at 1-866-735-4137 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch. • Patients on anticoagulant therapy may require downward adjustment of their anticoagulant • The concurrent use of tetracycline and methoxyflurane has been reported to result in fatal • Doxycycline like other tetracycline-class drugs, can cause fetal harm when administered to a pregnant woman. (5.1, 8.1)

7.6 Oral Retinoids 7.8 Drug/Laboratory Test Interactions
USE IN SPECIFIC POPULATIONS 8.1 Pregnancy 8.3 Nursing Mothers 8.4 Pediatric Use 8.5 Geriatric Use 10 OVERDOSAGE 11 DESCRIPTION 12 CLINICAL PHARMACOLOGY

ORACEA is indicated for the treatment of only inflammatory lesions (papules and pustules) of rosacea in adult patients. No meaningful effect was demonstrated for generalized erythema

This formulation of doxycycline has not been evaluated in the treatment or prevention of infections. ORACEA should not be used for treating bacterial infections, providing antibacterial

Administration of adequate amounts of fluid along with the capsules is recommended to wash down the capsule to reduce the risk of esophageal irritation and ulceration [see Adverse

The dosage of ORACEA differs from that of doxycycline used to treat infections. Exceeding the recommended dosage may result in an increased incidence of side effects including the

Doxycycline, like other tetracycline-class antibiotics, can cause fetal harm when administered to a pregnant woman. If any tetracycline is used during pregnancy or if the patient becomes

The use of drugs of the tetracycline-class during tooth development (last half of pregnancy, infancy, and childhood up to the age of 8 years) may cause permanent discoloration of the teeth (yellow-gray-brown). This adverse reaction is more common during long-term use of the drug but has been observed following repeated short-term courses. Enamel hypoplasia has also been reported. Tetracycline drugs, therefore, should not be used during tooth development unless other drugs are not likely to be effective or are contraindicated.

A decrease in fibula growth rate has been observed in premature human infants given oral tetracycline in doses of 25 mg/kg every 6 hours. This reaction was shown to be reversible

Clostridium difficile associated diarrhea (CDAD) has been reported with nearly all antibacterial agents, including doxycycline, and may range in severity from mild to fatal colitis.

C. difficile produces toxins A and B which contribute to the development of CDAD. Hypertoxin producing strains of C. difficile cause increased morbidity and mortality, as these infections can be refractory to antimicrobial therapy and may require colectomy. CDAD must be considered in all patients who present with diarrhea following antibiotic use. Careful medical history is necessary since CDAD has been reported to occur over two months after the administration of antibacterial agents. If CDAD is suspected or confirmed, ongoing antibiotic use not directed against C. difficile may need to be discontinued. Appropriate fluid and electrolyte management, protein

The anti-anabolic action of the tetracyclines may cause an increase in BUN. While this is not a problem in those with normal renal function, in patients with significantly impaired function, higher serum levels of tetracycline-class antibiotics may lead to azotemia, hyperphosphatemia, and acidosis. If renal impairment exists, even usual oral or parenteral doses may lead to excessive systemic accumulations of the drug and possible liver toxicity. Under such conditions, lower than usual total doses are indicated, and if therapy is prolonged,

Photosensitivity manifested by an exaggerated sunburn reaction has been observed in some individuals taking tetracyclines. Although this was not observed during the duration of the clinical studies with ORACEA, patients should minimize or avoid exposure to natural or artificial sunlight (tanning beds or UVA/B treatment) while using ORACEA. If patients need to be outdoors while using ORACEA, they should wear loose-fitting clothes that protect skin from sun exposure and discuss other sun protection measures with their physician.

Tetracyclines have been associated with the development of autoimmune syndromes. Symptoms may be manifested by fever, rash, arthralgia, and malaise. In symptomatic patients, liver

function tests, ANA, CBC, and other appropriate tests should be performed to evaluate the patients. Use of all tetracycline-class drugs should be discontinued immediately.

Tetracycline-class drugs are known to cause hyperpigmentation. Tetracycline therapy may induce hyperpigmentation in many organs, including nails, bone, skin, eyes, thyroid, visceral tissue, oral cavity (teeth, mucosa, alveolar bone), sclerae and heart valves. Skin and oral pigmentation has been reported to occur independently of time or amount of drug administration, whereas other pigmentation has been reported to occur upon prolonged administration. Skin pigmentation includes diffuse pigmentation as well as over sites of scars

Pseudotumor cerebri (benign intracranial hypertension) in adults has been associated with the use of tetracyclines. The usual clinical manifestations are headache and blurred vision. Bulging fontanels have been associated with the use of tetracyclines in infants. While both of these conditions and related symptoms usually resolve after discontinuation of the tetracycline, the possibility for permanent sequelae exists. Patients should be questioned for visual disturbances prior to initiation of treatment with tetracyclines and should be routinely

As with other antibiotic preparations, use of ORACEA may result in overgrowth of non-susceptible microorganisms, including fungi. If superinfection occurs, ORACEA should be discontinued and appropriate therapy instituted. Although not observed in clinical trials with ORACEA, the use of tetracyclines may increase the incidence of vaginal candidiasis. ORACEA should be used with caution in patients with a history of or predisposition to Candida overgrowth.

Periodic laboratory evaluations of organ systems, including hematopoietic, renal and hepatic studies should be performed. Appropriate tests for autoimmune syndromes should be

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

Adverse Reactions in Clinical Trials of ORACEA: In controlled clinical trials of adult subjects with mild to moderate rosacea, 537 subjects received ORACEA or placebo over a

Table 1. Incidence (%) of Selected Adverse Reactions in Clinical Trials of ORACEA (n=269) v.s. Placebo (n=268) **ORACEA** 

13 (5)

3(1)

7 (3)

4(2)

5 (2)

5 (2)

12 (5)

5 (2)

3 (1)

3(1)

3 (1)

3 (1) 8 (3)

4(2)

6(2)

4(2)

3 (1)

4(2)

4(2)

3(1)

3(1)

Gastrointestinal: anorexia, nausea, vomiting, diarrhea, glossitis, dysphagia, enterocolitis, and inflammatory lesions (with vaginal candidiasis) in the anogenital region. Hepatotoxicity has been reported rarely. Rare instances of esophagitis and esophageal ulcerations have been reported in patients receiving the capsule forms of the drugs in the tetracycline-class.

Skin: maculopapular and erythematous rashes. Exfoliative dermatitis has been reported but is uncommon. Photosensitivity is discussed above [see Warnings and Precautions (5.4)].

Because these 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

Absorption of tetracyclines is impaired by bismuth subsalicylate, proton pump inhibitors, antacids containing aluminum, calcium or magnesium and iron-containing preparations.

Doxycycline may interfere with the effectiveness of low dose oral contraceptives. To avoid contraceptive failure, females are advised to use a second form of contraceptive during

There have been reports of pseudotumor cerebri (benign intracranial hypertension) associated with the concomitant use of isotretinoin and tetracyclines. Since both oral retinoids, including isotretinoin and acitretin, and the tetracyclines, primarily minocycline, can cause increased intracranial pressure, the concurrent use of an oral retinoid and a tetracycline

Teratogenic Effects: Pregnancy Category D [see Warnings and Precautions (5.1)]. Results from animal studies indicate that doxycycline crosses the placenta and is found in

Tetracyclines are excreted in human milk. Because of the potential for serious adverse reactions in infants from doxycycline, ORACEA should not be used in mothers who breastfeed.

ORACEA should not be used in infants and children less than 8 years of age [see Warnings and Precautions (5.1)]. ORACEA has not been studied in children of any age with regard

In case of overdosage, discontinue medication, treat symptomatically, and institute supportive measures. Dialysis does not alter serum half-life and thus would not be of benefit in

ORACEA (doxycycline, USP) Capsules 40 mg are hard gelatin capsule shells filled with two types of doxycycline beads (30 mg immediate release and 10 mg delayed release) that

N(CH3)2 with an empirical formula of C22H24N2O8 + H2O and a molecular weight of 462.46. The chemical designation for doxycycline is 2-Naphthacenecarboxamide,4-(dimethylamino)-1,4,4a,5,5a,6,11,12a-octahydro-3,5,10,12,12a-pentahydroxy-6-methyl-1,11-dioxo-,  $[4S-(4\alpha,4a\alpha,5\alpha,5a\alpha,6\alpha,12a\alpha)]$ -, monohydrate. It is very slightly soluble in water. Inert ingredients in the formulation are: hypromellose, iron oxide red, iron oxide yellow, methacrylic acid copolymer, polyethylene glycol, Polysorbate 80, sugar spheres, talc,

ORACEA capsules are not bioequivalent to other doxycycline products. The pharmacokinetics of doxycycline following oral administration of ORACEA was investigated in 2 volunteer

Table 2. Pharmacokinetic Parameters [Mean (± SD)] for ORACEA

**Absorption:** In a single-dose food-effect study involving administration of ORACEA to healthy volunteers, concomitant administration with a 1000 calorie, high-fat, high-protein meal that included dairy products, resulted in a decrease in the rate and extent of absorption ( $C_{max}$  and AUC) by about 45% and 22%, respectively, compared to dosing under fasted conditions. This decrease in systemic exposure can be clinically significant, and therefore if ORACEA is taken close to meal times, it is recommended that it be taken at least one hour

Metabolism: Major metabolites of doxycycline have not been identified. However, enzyme inducers such as barbiturates, carbamazepine, and phenytoin decrease the half-life of

Excretion: Doxycycline is excreted in the urine and feces as unchanged drug. It is reported that between 29% and 55.4% of an administered dose can be accounted for in the urine by

Gender: The pharmacokinetics of ORACEA were compared in 16 male and 14 female subjects under fed and fasted conditions. While female subjects had a higher C

Renal Insufficiency: Studies have shown no significant difference in serum half-life of doxycycline in patients with normal and severely impaired renal function. Hemodialysis does

Gastric Insufficiency: In a study in healthy volunteers (N=24) the bioavailability of doxycycline is reported to be reduced at high pH. This reduced bioavailability may be clinically

Doxycycline is a member of the tetracycline-class of drugs. The plasma concentrations of doxycycline achieved with ORACEA during administration [see Clinical Pharmacology (12.3) and Dosage and Administration (2.2) are less than the concentration required to treat bacterial diseases. ORACEA should not be used for treating bacterial infections, providing antibacterial prophylaxis, or reducing the numbers or eliminating microorganisms associated with any bacterial disease [see Indications and Usage (1.2)]. In vivo microbiological studies

Doxycycline was assessed for potential to induce carcinogenesis in a study in which the compound was administered to Sprague-Dawley rats by gavage at dosages of 20, 75, and 200 mg/kg/day for two years. An increased incidence of uterine polyps was observed in female rats that received 200 mg/kg/day, a dosage that resulted in a systemic exposure to doxycycline approximately 12.2 times that observed in female humans who use ORACEA [exposure comparison based upon area under the curve (AUC) values]. No impact upon tumor incidence was observed in male rats up to 200 mg/kg/day, or in females at the lower dosages studied. Doxycycline was assessed for potential to induce carcinogenesis in CD-1 mice by gavage at dosages 20, 75, and 150 mg/kg/day in males and at dosages of 20, 100, and 300 mg/kg/day in females. No impact upon tumor incidence was observed in male and female mice at systemic exposures approximately 4.2 and 8.3 times that observed in humans, respectively. Doxycycline demonstrated no potential to cause genetic toxicity in an in vitro point mutation study with mammalian cells (CHO/HGPRT forward mutation assay) or in an in vivo micronucleus assay conducted in CD-1 mice. However, data from an in vitro mammalian chromosomal aberration assay conducted with CHO cells suggest that doxycycline is a weak clastogen. Oral administration of doxycycline to male and female Sprague-Dawley rats adversely affected fertility and reproductive performance, as evidenced by increased time for mating to occur, reduced sperm motility, velocity, and concentration, abnormal sperm morphology, and increased pre-and post-implantation losses. Doxycycline induced reproductive toxicity at all dosages that were examined in this study, as even the lowest dosage tested (50 mg/kg/day) induced a statistically significant reduction in sperm velocity. Note that 50 mg/kg/day is approximately 3.6 times the amount of doxycycline contained in the recommended daily dose of ORACEA when compared on the basis of AUC estimates. Although doxycycline impairs the fertility of rats when administered at sufficient dosage, the

The safety and efficacy of ORACEA in the treatment of only inflammatory lesions (papules and pustules) of rosacea was evaluated in two randomized, placebo-controlled, multi-centered, double-blind, 16-week Phase 3 trials involving 537 subjects (total of 269 subjects on ORACEA from the two trials) with rosacea (10 to 40 papules and pustules and two or fewer nodules). Pregnant and nursing women, subjects <18 years of age, and subjects with ocular rosacea and/or blepharitis/meibomianitis who require ophthalmologic treatment were excluded from trial. Mean baseline lesion counts were 20 and 21 for ORACEA and placebo subject groups respectively. At Week 16, subjects in the ORACEA group were evaluated using coprimary endpoints of mean reduction in lesion counts and a dichotomized static Investigator's Global Assessment

Table 3: Clinical Results of ORACEA versus Placebo

Placebo

N=124

24 (19.4%)

ORACEA (beige opaque capsule imprinted with "GLD 40") containing doxycycline, USP in an amount equivalent to 40 mg of anhydrous doxycycline. Bottle of 30 (NDC 0299-3822-30).

• Patients should be advised that pseudomembranous colitis can occur with doxycycline therapy. If patients develop watery or bloody stools, they should seek medical attention. • Patients should be advised that pseudotumor cerebri can occur with doxycycline therapy. If patients experience headache or blurred vision they should seek medical attention. • Photosensitivity manifested by an exaggerated sunburn reaction has been observed in some individuals taking tetracyclines, including doxycycline. Patients should minimize or avoid exposure to natural or artificial sunlight (tanning beds or UVA/B treatment) while using doxycycline. If patients need to be outdoors while using doxycycline, they should wear loosefitting clothes that protect skin from sun exposure and discuss other sun protection measures with their physician. Treatment should be discontinued at the first evidence of sunburn.

 Autoimmune syndromes, including drug-induced lupus-like syndrome, autoimmune hepatitis, vasculitis and serum sickness have been observed with tetracycline-class drugs, including doxycycline. Symptoms may be manifested by arthralgia, fever, rash and malaise. Patients who experience such symptoms should be cautioned to stop the drug

• Take ORACEA exactly as directed. Increasing doses beyond 40 mg every morning may increase the likelihood that bacteria will develop resistance and will not be treatable by other

PATIENT INFORMATION ORACEA (Or-RAY-sha) (doxycycline) capsules Read this Patient Information before you start taking ORACEA and each time you get a refill. There may be new information. This information does not

ORACEA is a tetracycline-class medicine. ORACEA is a prescription medicine used in adults to treat only pimples or bumps (papules and pustules)

Do not take ORACEA if you are allergic to doxycycline or other medicines in the tetracycline-class. Ask your doctor or pharmacist for a list of these

safe and effective in children. ORACEA should not be used in infants and children less than 8 years of age because it may cause stained teeth in

are pregnant or plan to become pregnant. ORACEA may harm your unborn baby. Taking ORACEA while you are pregnant may cause serious side effects on the growth of bone and teeth of your baby. Stop taking ORACEA and call your doctor right away if you become pregnant while taking

are breastfeeding or plan to breastfeed. ORACEA can pass into your breast milk and may harm your baby. Talk to your doctor about the best way to

birth control pills. ORACEA may reduce the effectiveness of birth control pills. Talk to your doctor about what types of birth control you can use to

Take ORACEA exactly as prescribed by your doctor. Taking more than your prescribed dose may increase your chance of side effects, including the

Take ORACEA with enough fluid to completely swallow the capsule and to lower your risk of getting irritation or ulcer in your esophagus. Your

Avoid sunlight or artificial sunlight, such as tanning booth or sunlamp. You could get severe sunburn. Use sunscreen and wear clothes that cover your

Permanent teeth discoloration. ORACEA may permanently turn a baby or child's teeth yellow-grey-brown during tooth development. ORACEA should not be used during tooth development. Tooth development happens in the last half of pregnancy, and from birth to 8 years of age.

Intestine infection (pseudomembranous colitis). Pseudomembranous colitis can happen with most antibiotics, including ORACEA.

Immune system reactions including a lupus-like syndrome, hepatitis, and inflammation of blood or lymph vessels

**Discoloration (hyperpigmentation).** ORACEA can cause darkening of your skin, scars, teeth, gums, nails, and whites of your eyes. Benign intracranial hypertension, also called pseudotumor cerebri. This is a condition where there is high pressure in the fluid around the brain. This swelling may lead to vision changes and permanent vision loss. Stop taking ORACEA and tell your doctor right away

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088. You may also report side effects to

Medicines are sometimes prescribed for purposes other than those listed in a Patient Information leaflet. Do not take ORACEA for a condition for which it

This Patient Information leaflet summarizes the most important information about ORACEA. If you would like more information, talk with your doctor. You

Inactive ingredients: hypromellose, iron oxide red, iron oxide yellow, methacrylic acid copolymer, polyethylene glycol, Polysorbate 80, sugar spheres,

(vasculitis). Stop taking ORACEA and tell your doctor right away if you get joint pain, fever, rash, or body weakness

feed your baby if you take ORACEA. You and your doctor should decide if you will take ORACEA or breastfeed. You should not do both. You should not take ORACEA if you are a male with a female sexual partner who plans to become pregnant at any time while you are being treated with

Tell your doctor about all of the medicines you take, including prescription and non-prescription medicines, vitamins, and herbal supplements.

Know the medicines you take. Keep a list of your medicines and show it to your doctor and pharmacist when you get a new medicine.

utilizing a similar drug exposure for up to 18 months demonstrated no detectable long term effects on bacterial flora of the oral cavity, skin, intestinal tract and vagina.

3.00 (1.0-4.1)

2.00 (1.0-4.0)

CONH<sub>2</sub> H<sub>2</sub>O OH

low end of the dosing range, reflecting the greater frequency of decreased hepatic, renal, or cardiac function, and concomitant disease or other drug therapy.

чон ү

OH!

titanium dioxide, and triethyl citrate. Active ingredients: Each capsule contains doxycycline, USP in an amount equivalent to 40 mg of anhydrous doxycycline

studies involving 61 adults. Pharmacokinetic parameters for ORACEA following single oral doses and at steady-state in healthy subjects are presented in Table 2.

C<sub>max</sub>\* (ng/mL)

510 ± 220.7

600 ± 194.2

CH<sub>3</sub> H

The mechanism of action of ORACEA in the treatment of inflammatory lesions of rosacea is unknown.

Ν

30

31

72 hours. Terminal half-life averaged 21.2 hours in subjects receiving a single dose of ORACEA.

male subjects, these differences were thought to be due to differences in body weight/lean body mass. Race: Differences in doxycycline pharmacokinetics among racial groups have not been evaluated

significant in patients with gastrectomy, gastric bypass surgery or who are otherwise deemed achlorhydric.

Pediatric: Doxycycline pharmacokinetics have not been evaluated in pediatric patients [see Warnings and Precautions (5.1)].

Hepatic Insufficiency: Doxycycline pharmacokinetics have not been evaluated in patients with hepatic insufficiency.

of Clear or Almost Clear (defined as 1 to 2 small papules or pustules) when compared to the placebo group in both Phase 3 trials.

Subjects treated with ORACEA did not demonstrate significant improvement in erythema when compared to those treated with placebo.

All products are to be stored at controlled room temperatures of 15°C - 30°C (59°F - 86°F) and dispensed in tight, light-resistant containers (USP).

ORACEA

40 mg

N=127

-11.8

39 (30.7%)

Patients taking ORACEA Capsules 40 mg should receive the following information and instructions:

• It is recommended that ORACEA not be used by pregnant or breast feeding women.

Concurrent use of doxycycline may render oral contraceptives less effective.

take the place of talking to your doctor about your medical condition or treatment.

ORACEA should not be used for the treatment or prevention of infections.

effective for use for longer than 16 weeks. safe for use longer than 9 months.

What should I tell my doctor before taking ORACEA?

have had surgery on your stomach (gastric surgery).

have or had a yeast or fungal infection in your mouth or vagina.

ORACEA and other medicines can affect each other causing serious side effects.

a medicine taken by mouth that contains isotretinoin or acitretin. a medicine to treat seizures, such as carbamazepine or phenytoin. Ask your doctor or pharmacist for a full list of your medicines, if you are not sure.

Take ORACEA 1 time a day in the morning on an empty stomach.

esophagus is the tube that connects your mouth to your stomach. If you took too much ORACEA call your doctor right away.

See "What should I tell my doctor before taking ORACEA?"

Call your doctor right away if you get diarrhea or bloody stools.

if you have blurred vision, vision loss, or unusual headaches.

Tell your doctor if you have any side effect that bothers you or that does not go away.

Store ORACEA at room temperature between 59°F to 86°F (15°C to 30°C).

can also ask your doctor or pharmacist for information that is written for health professionals.

This Patient Information has been approved by the U.S. Food and Drug Administration.

These are not all the possible side effects of ORACEA. For more information, ask your doctor or pharmacist.

was not prescribed. Do not give ORACEA to other people, even if they have the same symptoms you have. It may harm them.

The most common side effects of ORACEA include:

stomach (abdominal) bloating or pain high blood pressure (hypertension) change in certain blood tests

Galderma Laboratories, L.P. at 1-866-735-4137.

Keep ORACEA in a tightly closed container. Keep ORACEA inside container and out of light. Keep ORACEA and all medicine out of the reach of children.

All trademarks are the property of their respective owners.

How should I store ORACEA?

General information about ORACEA

What are the ingredients in ORACEA?

talc, titanium dioxide, and triethyl citrate,

Active ingredient: doxycycline

GALDERMÁ LABORATORIES, L.P. Fort Worth, Texas 76177 USA

Marketed by:

P52631-W0

soreness in the nose and throat

 sinus infection fungus infection flu-like symptoms diarrhea

You should take ORACEA at least one hour before or two hours after a meal.

Your doctor may do blood tests during treatment with ORACEA to check for side effects.

Harm to an unborn baby. See "What should I tell my doctor before taking ORACEA?"

proton pump inhibitors or antacids that contain aluminum, calcium, or magnesium.

Before you take ORACEA tell your doctor if you:

have diarrhea or watery stools. have vision problems.

have any other medical condition.

Especially tell your doctor if you take:

a blood thinner medicine. a penicillin (antibacterial medicine).

How should I take ORACEA?

skin while out in sunlight.

prevent pregnancy while taking ORACEA.

products containing iron or bismuth subsalicylate.

chance that bacteria will become resistant to ORACEA.

What should I avoid while taking ORACEA?

What are the possible side effects of ORACEA? ORACEA may cause serious side effects, including:

caused by a condition called rosacea. ORACEA does not lessen redness caused by rosacea.

• It is recommended that ORACEA not be used by individuals of either gender who are attempting to conceive a child.

Patients should be counseled about discoloration of skin, scars, teeth or gums that can arise from doxycycline therapy.

Geriatric: Doxycycline pharmacokinetics have not been evaluated in geriatric patients.

Distribution: Doxycycline is greater than 90% bound to plasma proteins.

Clinical studies of ORACEA did not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently from younger subjects. Other reported clinical experience has not identified differences in responses between elderly and younger patients. In general, dose selection for an elderly patient should be cautious, usually starting at the

Hypersensitivity reactions: urticaria, angioneurotic edema, anaphylaxis, anaphylactoid purpura, serum sickness, pericarditis, and exacerbation of systemic lupus erythematosus.

Adverse Reactions for Tetracyclines: The following adverse reactions have been observed in patients receiving tetracyclines at higher, antimicrobial doses:

Most of the patients experiencing esophagitis and/or esophageal ulceration took their medication immediately before lying down [see Dosage and Administration (2)].

Because tetracyclines have been shown to depress plasma prothrombin activity, patients who are on anticoagulant therapy may require downward adjustment of their

Since bacteriostatic drugs may interfere with the bactericidal action of penicillin, it is advisable to avoid giving tetracycline-class drugs in conjunction with penicillin.

Placebo

9 (3)

2(1)

2(1)

2(1)

1(0)

3 (1)

7(3)

1(0)

1 (0)

1(0)

2(1)0(0)

2(1)

1 (0)

2(1)

1(0)

0(0)

0(0)

1 (0)

0(0)

0(0)

t<sub>1/2</sub>\* (hr)

 $21.2 \pm 7.6$ 

 $23.2 \pm 6.2$ 

AUC<sub>n-m</sub>\* (ng•hr/mL)

9227 ± 3212.8

7543 ± 2443.9

Study 2

Placebo

N=144

-4.3

9 (6.3%)

ORACEA

40mg

N = 142

-9.5

21 (14.8%)

Results of animal studies indicate that tetracyclines cross the placenta, are found in fetal tissues, and can cause retardation of skeletal development on the developing fetus. Evidence of

To reduce the development of drug-resistant bacteria as well as to maintain the effectiveness of other antibacterial drugs, ORACEA should be used only as indicated.

One ORACEA Capsule (40 mg) should be taken once daily in the morning on an empty stomach, preferably at least one hour prior to or two hours after meals.

12.1 Mechanism of Action 12.3 Pharmacokinetics 12.4 Microbiology

13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility CLINICAL STUDIES HOW SUPPLIED/STORAGE AND HANDLING

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

PATIENT COUNSELING INFORMATION

labeling. 7.3 Methoxyflurane 7.4 Antacids and Iron Preparations 7.5 Low Dose Oral Contraceptives 7.7 Barbiturates and Anti-epileptics

 The use of drugs of the tetracycline-class during tooth development may cause permanent discoloration of the teeth. (5.1, 8.4) See 17 for PATIENT COUNSELING INFORMATION and FDA-approved patient Revised: 12/2014