PSORCON® Cream
(diflorasone diacetate 0.05%)
Brief Summary—Consult package insert for full prescribing information.
Not For Cutaneous Use 

INDICATIONS AND USAGE

Psoriasis (dilfarasone dicarboxylate Cream) 0.05% is a high-potency corticosteroid indicated for the relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses.

CONTRAINDICATIONS

Psoriasis (dilfarasone dicarboxylate Cream) is contraindicated in those patients with a history of hypersensitivity to any of the components of the preparation.

PRECAUTIONS

General: Systemic absorption of topical corticosteroids is possible in inflammatory conditions where barrier functions of the skin are impaired; therefore, treatment of acne vulgaris, psoriasis, and lichen simplex chronicus should be limited to those areas where the skin is known to be intact. Systemic absorption of topical corticosteroids has been reported following treatment of inflammatory conditions of the intertriginous areas. The potential for systemic absorption increases with the lipid content of the topical product. Systemic absorption also may occur after dermal absorption of corticosteroids that are not primarily intended for systemic action. The development of skin atrophy may occur following prolonged use of corticosteroids. The risk of systemic infection may occur following inhalation or ingestion of corticosteroids. Patients with active or previous fungal infections should be treated with appropriate antifungal therapy.

Information for the Patient: Patients should be advised not to touch the eyes after application of the product. The treatment of acne vulgaris, psoriasis, and lichen simplex chronicus should be limited to those areas where the skin is known to be intact. Systemic absorption of topical corticosteroids has been reported following treatment of inflammatory conditions of the intertriginous areas. The potential for systemic absorption increases with the lipid content of the topical product. Systemic absorption also may occur after dermal absorption of corticosteroids that are not primarily intended for systemic action. The development of skin atrophy may occur following prolonged use of corticosteroids. The risk of systemic infection may occur following inhalation or ingestion of corticosteroids. Patients with active or previous fungal infections should be treated with appropriate antifungal therapy. Patients should be advised not to touch the eyes after application of the product. The treatment of acne vulgaris, psoriasis, and lichen simplex chronicus should be limited to those areas where the skin is known to be intact.

ADVERSE REACTIONS

The following local adverse reactions have been reported with topical corticosteroids, but they are not always indicative of a systemic adverse effect. Adverse reactions are listed in approximate decreasing order of frequency: burning, itching, irritation, dryness, folliculitis, acneiform eruptions, hypopigmentation, perioral dermatitis, contact dermatitis, allergic reactions (including sensitization), and perioral erythema. Systemic dermal reactions may occur in children

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