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# Contact Dermatitis from Topical Drug Products for Cutaneous Application: Human Safety Assessment Guidance for Industry

## *DRAFT GUIDANCE*

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For questions regarding this draft document, contact (CDER) Jennifer Harmon at 240-402-4880.

**U.S. Department of Health and Human Services  
Food and Drug Administration  
Center for Drug Evaluation and Research (CDER)**

**March 2020  
Clinical/Medical**

# Contact Dermatitis from Topical Drug Products for Cutaneous Application: Human Safety Assessment Guidance for Industry

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**U.S. Department of Health and Human Services  
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1                   **Contact Dermatitis from Topical Drug Products**  
2                   **for Cutaneous Application: Human Safety Assessment**  
3                   **Guidance for Industry<sup>1</sup>**  
4  
5  
6

7  
8                   This draft guidance, when finalized, will represent the current thinking of the Food and Drug  
9                   Administration (FDA or Agency) on this topic. It does not establish any rights for any person and is not  
10                  binding on FDA or the public. You can use an alternative approach if it satisfies the requirements of the  
11                  applicable statutes and regulations. To discuss an alternative approach, contact the FDA staff responsible  
12                  for this guidance as listed on the title page.  
13

14  
15  
16  
17                  **I.           INTRODUCTION**  
18

19                  The purpose of this guidance is to provide FDA’s current thinking about local safety assessment  
20                  for the risk of contact dermatitis (irritant, allergic, and photoallergic) during development of new  
21                  drug products<sup>2</sup> intended for topical application to the skin. The recommendations in this  
22                  guidance are informed in part by the public workshop entitled “Human Dermal (Skin) Safety  
23                  Testing for Topical Drug Products,” which FDA hosted on September 10, 2018.<sup>3</sup>  
24

25                  This guidance does not address local safety assessment for other cutaneous adverse reactions  
26                  (e.g., hyperpigmentation, atrophy) for topical drug products, local safety assessment for  
27                  transdermal systems, evaluation of nonprescription drug ingredients to determine whether they  
28                  are “generally recognized as safe,” or development of generic drug products. It also does not  
29                  address phototoxicity (photoirritation), as this topic has been addressed in the ICH guidance for  
30                  industry *S10 Photosafety Evaluation of Pharmaceuticals* (January 2015).<sup>4</sup>  
31

32                  In general, FDA’s guidance documents do not establish legally enforceable responsibilities.  
33                  Instead, guidances describe the Agency’s current thinking on a topic and should be viewed only  
34                  as recommendations, unless specific regulatory or statutory requirements are cited. The use of

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<sup>1</sup> This guidance has been prepared by the Division of Dermatology and Dental Products in the Center for Drug Evaluation and Research at the Food and Drug Administration.

<sup>2</sup> For the purposes of this guidance, all references to *drugs* include both human drugs and therapeutic biological products unless otherwise specified.

<sup>3</sup> Check the workshop web page at <https://www.fda.gov/drugs/news-events-human-drugs/human-dermal-skin-safety-testing-topical-drug-products-regulatory-utility-and-evaluation-public>.

<sup>4</sup> We update guidances periodically. To make sure you have the most recent version of a guidance, check the FDA guidance web page at <https://www.fda.gov/regulatory-information/search-fda-guidance-documents>.

## *Contains Nonbinding Recommendations*

*Draft — Not for Implementation*

35 the word *should* in Agency guidances means that something is suggested or recommended, but  
36 not required.

37

### 38 **II. BACKGROUND**

39

40 Topical drug products have the potential to induce contact dermatitis because of their route of  
41 administration. Information about contact dermatitis, including the etiology (e.g., irritant,  
42 allergic, photoallergic), incidence, and severity, is incorporated into labeling to inform treatment  
43 decisions and is most clinically relevant when derived from clinical trials that replicate labeled  
44 conditions of use.

45

46

### 47 **III. RECOMMENDATIONS**

48

49 We recommend assessing local skin reactions in clinical studies conducted during topical drug  
50 product development:

51

52 • Use static (e.g., current state, noncomparative) scales to evaluate cutaneous signs such as  
53 erythema, edema, and erosion.

54

55 • Use patient-reported outcome measures to assess symptoms such as pruritus or burning.

56

57 • Plan the timing and frequency of assessments to identify anticipated reactions.

58

59 • Characterize suspected adverse reactions of allergic or photoallergic contact dermatitis  
60 using diagnostic patch testing or photopatch testing with the individual ingredients  
61 (active and excipient) as well as the product.

62

63 We encourage sponsors to obtain information about contact dermatitis from study conditions that  
64 reflect proposed labeled use and to meet with FDA to discuss planned safety assessments.  
65 Separate studies designed solely to elicit contact dermatitis are not generally needed.

66

67 We also recommend that applicants submit information from existing databases regarding known  
68 associations of individual ingredients with allergic or photoallergic contact reactions.