Kenalog-10 (triamcinolone acetonide) - Drug Summary

E.R. Squibb & Sons, L.L.C.

Related Drug Information ▼

Kenalog-10 (triamcinolone acetonide)

THERAPEUTIC CLASS

Corticosteroid

DEA CLASS

RX

ADULT DOSAGE & INDICATIONS

Dermatoses

Intralesional:
For alopecia areata; discoid lupus erythematosus; keloids; localized hypertrophic, infiltrated, inflammatory lesions of granuloma annulare, lichen planus, lichen simplex chronicus (neurodermatitis), and psoriatic plaques; necrobiosis lipoidica diabeticorum; and cystic tumors of an aponeurosis or tendon (ganglia)

Initial: Varies depending on the specific disease and lesion being treated; multiple sites separated by 1cm or more may be injected
May be repeated at weekly or less frequent intervals if necessary

Arthritic Disorders

Intra-articular/Soft Tissue:
Adjunctive therapy for short-term administration in acute gouty arthritis, acute/subacute bursitis, acute nonspecific tenosynovitis, epicondylitis, rheumatoid arthritis, synovitis, or osteoarthritis

Initial:
Smaller Joints: 2.5-5mg depending on disease being treated
Larger Joints: 5-15mg depending on disease being treated
Single inj into several joints, up to a total of 20mg or more, have been given

PEDIATRIC DOSAGE & INDICATIONS

General Dosing

Initial: 0.11-1.6mg/kg/day (3.2-48mg/m^2/day) in 3 or 4 divided doses depending on disease being treated
Titrate: Adjust to the lowest effective dose
Upon discontinuation after long-term therapy, withdraw gradually

DOSING CONSIDERATIONS

Other Important Considerations
Localization of Doses:
Lower initial dosage ranges of triamcinolone may produce the desired effect when administered to provide a localized concentration
Carefully consider the site and volume of the inj when triamcinolone acetonide is administered for this purpose

ADMINISTRATION

Intra-articular/Soft Tissue/Intralesional route

Inj Technique
Joints: If an excessive amount of synovial fluid is present in the joint, some, but not all, should be aspirated to aid in the relief of pain and to prevent undue dilution of the steroid
Intra-articular: Carefully inject to avoid injecting sus into the tissues surrounding the site; may lead to tissue atrophy
Acute Nonspecific Tenosynovitis: Ensure that inj is made into the tendon sheath rather than the tendon substance

Epicondylitis: Infiltrate the preparation into the area of greatest tenderness
Intralesional: For accuracy of dosage measurement and ease of administration, it is preferable to employ a tuberculin syringe and a small-bore needle (23-25 gauge). Ethyl chloride spray may be used to alleviate the discomfort of the inj
Dermal Lesions: Inj directly into the lesion (intradermally or subcutaneously)

HOW SUPPLIED

Inj: 10mg/mL [5mL]

WARNINGS/PRECAUTIONS

Serious neurologic events reported with epidural inj; not approved for epidural administration. Not for use in neonates; contains benzyl alcohol, which has been associated with gasping syndrome in neonates, and increased incidence of kernicterus in small preterm infants. Anaphylaxis may occur. Not suitable for use in acute stressful situations. High systemic doses should not be used to treat traumatic brain injury. May cause BP elevation, salt/water retention, and increased K^+ and Ca^{2+} excretion; dietary salt restriction and K^+ supplementation may be necessary. Caution with recent myocardial infarction (MI). May produce reversible hypothalamic-pituitary-adrenal (HPA) axis suppression with potential for glucocorticosteroid insufficiency after withdrawal. Drug-induced secondary adrenocortical insufficiency may be minimized by gradual dose reduction. Metabolic clearance is decreased in hypothyroidism and increased in hyperthyroidism; changes in thyroid status may necessitate dose adjustment. May increase susceptibility to infections, mask signs of current infection, activate latent disease, or exacerbate intercurrent infections/systemic fungal infections. Avoid use in the presence of systemic fungal infections unless needed to control drug reactions. Rule out latent or active amebiasis before initiating therapy. Caution with *Strongyloides* infestation, active or latent tuberculosis (TB), congestive heart failure (CHF), HTN, and renal insufficiency. Not for use in cerebral malaria or active ocular herpes simplex. Sensitive to heat; should not be autoclaved when it is desirable to sterilize the exterior of the vial. May cause more serious/fatal course of chickenpox and measles; avoid exposure. Reports of severe medical events have been associated with the intrathecal route of administration. May produce posterior subcapsular cataracts, glaucoma with possible damage to the optic nerves, and enhance the establishment of secondary ocular infections; not recommended in the treatment of optic neuritis. Endophthalmitis, eye inflammation, increased intraocular pressure (IOP), and visual disturbances including vision loss reported with intravitreal administration. Administration intraocularly or into the nasal turbinates is not recommended. Kaposi's sarcoma reported. Caution with active or latent peptic ulcers, diverticulitis, fresh intestinal anastomoses, and nonspecific ulcerative colitis; may increase risk of perforation. Signs of peritoneal irritation following GI perforation may be minimal/absent. Enhanced effect in patients with cirrhosis. May decrease bone formation and increase bone resorption and may lead to inhibition of bone growth in pediatric patients and development of osteoporosis at any age; caution with increased risk of osteoporosis. Acute myopathy reported with high doses, most often in patients with neuromuscular transmission disorders (eg, myasthenia gravis). Elevation of creatine kinase (CK) or IOP may occur; monitor IOP if used for >6 weeks. Psychiatric derangements may appear and existing emotional instability or psychotic tendencies may be aggravated. May suppress reactions to skin tests. (Intra-Articular/Soft Tissue Administration) Intra-articularly injected corticosteroids may be systemically absorbed. Appropriate examination of any joint fluid present is necessary to exclude a septic process; institute appropriate antimicrobial therapy if septic arthritis occurs and diagnosis confirmed. Avoid inj into an infected site/previously infected joint or into unstable joints. Intra-articular inj may result in damage to joint tissues.

ADVERSE REACTIONS

Bradycardia, glaucoma, convulsions, urticaria, edema, glycosuria, ulcerative esophagitis, depression, negative nitrogen balance, malaise, hypokalemic alkalosis, osteoporosis, pancreatitis, syncope, anaphylaxis.

DRUG INTERACTIONS

Administration of live or live, attenuated vaccines is contraindicated in patients receiving immunosuppressive doses. Killed or inactivated vaccines may be administered, although response is unpredictable. Aminoglutethimide may lead to loss of corticosteroid-induced adrenal suppression. Closely monitor for hypokalemia with K^+-depleting agents (eg, amphotericin B, diuretics). Cardiac enlargement and CHF following concomitant use of amphotericin B and hydrocortisone reported. Macrolide antibiotics may decrease clearance and cholestyramine may increase clearance. Concomitant use with anticholinesterase agents may produce severe weakness in patients with myasthenia gravis; d/c anticholinesterase agents at least 24 hrs before initiating therapy. May inhibit response to warfarin; frequently monitor coagulation indices. May increase blood glucose levels; dosage adjustments of antidiabetic agents may be required. May decrease concentrations of isoniazid. Increased activity of both drugs may occur with cyclosporine; convulsions reported with concurrent use. May increase risk of arrhythmias with digitalis glycosides. Estrogens, including oral contraceptives, may decrease hepatic metabolism and enhance effect. Hepatic enzyme inducers (eg, barbiturates, phenytoin, carbamazepine, rifampin) may enhance metabolism and require corticosteroid dosage increase. Ketoconazole may increase risk of corticosteroid side effects. Aspirin (ASA) or other NSAIDs may increase the risk of GI side effects; caution with ASA in hypoprothrombinemia patients. May increase clearance of salicylates. Acute myopathy reported with neuromuscular blocking drugs (eg, pancuronium).

PREGNANCY AND LACTATION

Category C, caution in nursing.

MECHANISM OF ACTION

Corticosteroid; synthetic glucocorticoid analogue with anti-inflammatory effects.

PHARMACOKINETICS

Absorption: Readily absorbed from GI tract. **Distribution:** Found in breast milk.

ASSESSMENT

Assess for hypersensitivity to drug, unusual stress, recent MI, systemic fungal infections, other current infections, active/latent TB, cerebral malaria, ocular herpes simplex, CHF, HTN, renal insufficiency, traumatic brain injury, diverticulitis, intestinal anastomoses, ulcerative colitis, psychotic tendencies, cirrhosis, myasthenia gravis, any other conditions where treatment is contraindicated or cautioned, pregnancy/nursing status, and possible drug interactions.

MONITORING

Monitor for anaphylaxis, HPA axis suppression, Kaposi's sarcoma, acute myopathy, infections, psychiatric derangements, intestinal perforation, cataracts, glaucoma, growth/development (in pediatric patients), osteoporosis, and other adverse reactions. Monitor BP, serum electrolytes, CK, and IOP. Frequently monitor coagulation indices with warfarin.

PATIENT COUNSELING

Instruct not to d/c abruptly or use without medical supervision. Instruct to inform any medical attendants of intake of corticosteroids and to seek medical advice at once if fever or signs of infection develop. Advise to avoid exposure to chickenpox or measles; instruct to seek medical advice without delay if exposed.

STORAGE

20-25°C (68-77°F), avoid freezing and protect from light. Do not refrigerate.

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