Patients with cardiac diseases or others who may be unable to tolerate prolonged cell carcinomas should be diligently observed and treated.

V. WARNINGS - GENERAL

A. CONTRAINDICATIONS

1. Basal Cell Carcinomas

Methoxsalen acts as a photosensitizer. Administration of the drug and subsequent exposure to UVA can result in severe skin reactions and damage. It is therefore contraindicated in patients with a history of light-sensitive skin disorders, including photosensitivity, porphyria, erythropoietic protoporphyria, or congenital erythropoietic porphyria.

2. Photosensitivity

Methoxsalen is contraindicated in patients with a history of light-sensitive skin disorders, including photosensitivity, porphyria, erythropoietic protoporphyria, or congenital erythropoietic porphyria. It is also contraindicated in patients with a history of sensitivity to any components of the product.

3. Pregnancy

Methoxsalen is contraindicated in women who are pregnant or planning to become pregnant. It is not known whether Methoxsalen crosses the placenta or is distributed into breast milk. It is essential to consider the importance of the drug to the patient.

4. Phototoxicity

Methoxsalen with UV radiation should be used only by physicians who have special competence in the treatment of photodermatoses.

6. Photosensitivity

Methoxsalen is contraindicated in patients with a history of light-sensitive skin disorders, including photosensitivity, porphyria, erythropoietic protoporphyria, or congenital erythropoietic porphyria. It is also contraindicated in patients with a history of sensitivity to any components of the product.

7. Photosensitivity

Methoxsalen is contraindicated in patients with a history of light-sensitive skin disorders, including photosensitivity, porphyria, erythropoietic protoporphyria, or congenital erythropoietic porphyria. It is also contraindicated in patients with a history of sensitivity to any components of the product.

H. ARSENIC THERAPY:

Patients possessing a specific history of light sensitive disease states should not initiate methoxsalen PUVA treatment. This incidence is comparable to that expected in a population of this size and age.

I. ELDERLY PATIENTS:

Methoxsalen exhibits significantly greater bioavailability and earlier photosensitization onset time than the USP 10 mg [Soft Gelatin Capsules] is substantially less than that required for regular hard gelatin capsule.

J. ELDERLY PATIENTS:

Methoxsalen Pharmacokinetics

Methoxsalen is well absorbed following oral administration. Peak blood levels are reached by this time.

K. CAPTOPRIL

Methoxsalen is not recommended for use in patients taking captopril. Captopril may affect the half-life and clearance of methoxsalen.

L. SPIRITUAL DEPENDENCY

Methoxsalen is contraindicated in patients who are spirally dependent or have a history of spirally dependence.

M. RENAL THERAPY

Methoxsalen is contraindicated in patients with renal insufficiency.

N. CARDIOVASCULAR THERAPY

Methoxsalen is contraindicated in patients with cardiovascular disease.

O. RENAL THERAPY

Methoxsalen is contraindicated in patients with renal insufficiency.

P. RENAL THERAPY

Methoxsalen is contraindicated in patients with renal insufficiency.

Q. RENAL THERAPY

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R. RENAL THERAPY

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S. RENAL THERAPY

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T. RENAL THERAPY

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U. RENAL THERAPY

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V. RENAL THERAPY

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W. RENAL THERAPY

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X. RENAL THERAPY

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Y. RENAL THERAPY

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Z. RENAL THERAPY

Methoxsalen is contraindicated in patients with renal insufficiency.

THE RELATIVE RISK FOR MELANOMA IN THESE PATIENTS WAS 2.3 (95 PERCENT CONFIDENCE INTERVAL 1.2 TO 4.0).

A. HUMAN STUDIES: A 5.7 YEAR PROSPECTIVE STUDY OF 1380 PSORIASIS PATIENTS TREATED WITH ORAL METHOXSALEN AND ULTRAVIOLET A PHOTOCHEMOTHERAPY (PUVA). THE MINIMUM PHOTOTOXIC DOSE (MPD) AND PHOTOTOXIC PEAK TIME AFTER DRUG ADMINISTRATION WERE DETERMINED. THE MPD WAS 0.12 mg/kg FOR PATIENTS TREATED DAILY, 0.06 mg/kg FOR PATIENTS TREATED 3 TIMES A WEEK, AND 0.03 mg/kg FOR PATIENTS TREATED ONCE A WEEK. THE PHOTOTOXIC PEAK TIME AFTER DRUG ADMINISTRATION WAS BETWEEN 1.5 AND 6 HOURS FOR PATIENTS TREATED DAILY, 2 HOURS FOR PATIENTS TREATED 3 TIMES A WEEK, AND 6 HOURS FOR PATIENTS TREATED ONCE A WEEK.

B. HUMAN STUDIES: A 5.7 YEAR PROSPECTIVE STUDY OF 1380 PSORIASIS PATIENTS TREATED WITH ORAL METHOXSALEN AND ULTRAVIOLET A PHOTOCHEMOTHERAPY (PUVA). THE MINIMUM PHOTOTOXIC DOSE (MPD) AND PHOTOTOXIC PEAK TIME AFTER DRUG ADMINISTRATION WERE DETERMINED. THE MPD WAS 0.12 mg/kg FOR PATIENTS TREATED DAILY, 0.06 mg/kg FOR PATIENTS TREATED 3 TIMES A WEEK, AND 0.03 mg/kg FOR PATIENTS TREATED ONCE A WEEK. THE PHOTOTOXIC PEAK TIME AFTER DRUG ADMINISTRATION WAS BETWEEN 1.5 AND 6 HOURS FOR PATIENTS TREATED DAILY, 2 HOURS FOR PATIENTS TREATED 3 TIMES A WEEK, AND 6 HOURS FOR PATIENTS TREATED ONCE A WEEK.

C. HUMAN STUDIES: A 5.7 YEAR PROSPECTIVE STUDY OF 1380 PSORIASIS PATIENTS TREATED WITH ORAL METHOXSALEN AND ULTRAVIOLET A PHOTOCHEMOTHERAPY (PUVA). THE MINIMUM PHOTOTOXIC DOSE (MPD) AND PHOTOTOXIC PEAK TIME AFTER DRUG ADMINISTRATION WERE DETERMINED. THE MPD WAS 0.12 mg/kg FOR PATIENTS TREATED DAILY, 0.06 mg/kg FOR PATIENTS TREATED 3 TIMES A WEEK, AND 0.03 mg/kg FOR PATIENTS TREATED ONCE A WEEK. THE PHOTOTOXIC PEAK TIME AFTER DRUG ADMINISTRATION WAS BETWEEN 1.5 AND 6 HOURS FOR PATIENTS TREATED DAILY, 2 HOURS FOR PATIENTS TREATED 3 TIMES A WEEK, AND 6 HOURS FOR PATIENTS TREATED ONCE A WEEK.
The maximum radiant exposure or irradiance (within ±15 percent) of UVA (320-400 nm) delivered to the skin should be available to the patient. (4) Patient viewing window: A window which blocks UV should be provided for the patient when not being treated. The patient or operator should not be exposed to broken lamp components. (3) Hand rails and hand holds: Appropriate supports should be available to help prevent accidental irradiation of the hands. (2) Exposure duration: The exposure duration should not be extended beyond the time required for the desired clinical effect. The operator should be aware of the time required for each exposure and determine a stopping point for each treatment. (1) Grounding: The electrical system should be properly grounded and conform to applicable electrical codes. The patient or operator should not be able to touch any grounded part of the irradiator. (3) Irradiation: The irradiation should be set by the operator and controlled by energizing and de-energizing the UVA irradiator lamp. The timing device should be accurate and set for the correct exposure time. Overexposure due to human error should be minimized by using an accurate automatic timing device, which is provided in the irradiator. The timing device should be set for the correct exposure time and should be recalibrated at least once every other day because the full extent of phototoxic reactions may not be evident until 48 hours after irradiation. The goal of maintenance treatment is to keep the patient as symptom-free as possible with the least amount of radiation per week. UVA exposure may be held constant or increased by up to 1.5 Joules/cm

**Table 1. Grades of Erythema**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Moderate erythema or psoriatic flare. Grad 1 is well tolerated by patient. The dosage is held constant. This dosage is maintained until Grade 4 clearing is reached.</td>
</tr>
<tr>
<td>2</td>
<td>Grad 2 is not well tolerated by patient. Grad 2a is more than 50% clearing of psoriatic lesions. Grad 2b is less than 50% clearing of psoriatic lesions. Grad 2c is no clearing of psoriatic lesions.</td>
</tr>
<tr>
<td>3</td>
<td>Grad 3 is not well tolerated by patient. Grad 3 is significant erythema or psoriatic flare. Grad 3 is well tolerated by patient. Grad 3 is significant erythema or psoriatic flare. Grad 3 is well tolerated by patient.</td>
</tr>
<tr>
<td>4</td>
<td>Grad 4 is well tolerated by patient. Grad 4 is no erythema or psoriatic flare. Grad 4 is well tolerated by patient. Grad 4 is no erythema or psoriatic flare. Grad 4 is well tolerated by patient.</td>
</tr>
</tbody>
</table>

**Dose/Week:** The number of doses per week of methoxsalen capsules will be determined by the patient’s skin characteristics for sun burning and tanning as follows:

- **SKIN TYPES I, II, & III:** Patients with skin types I, II, and III may be treated 2 or 3 times per week. UVA exposure may be held constant or increased by up to 1.5 Joules/cm

- **ERYTHRODERMIC PSORIASIS:** Patients with erythrodermic psoriasis should be treated with special care. UVA exposure may be held constant or increased by up to 1.5 Joules/cm. A different schedule may be used for patients with skin types I, II, and III. UVA exposure may be increased by up to 1.5 Joules/cm. If a patient misses a treatment, the UVA exposure time of the next treatment should not be increased. If more than one treatment is missed, reduce the exposure by 0.5 Joules/cm. If maintenance treatments produce significant erythema, the exposure to UVA may be increased by 0.5–1.5 Joules/cm. If maintenance treatments produce significant erythema, the exposure to UVA may be increased by 0.5–1.5 Joules/cm. If maintenance treatments produce significant erythema, the exposure to UVA may be increased by 0.5–1.5 Joules/cm. If maintenance treatments produce significant erythema, the exposure to UVA may be increased by 0.5–1.5 Joules/cm. If maintenance treatments produce significant erythema, the exposure to UVA may be increased by 0.5–1.5 Joules/cm.