

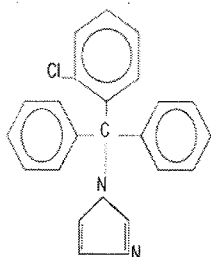
## Product Information

# CANESTEN™ CLOTRIMAZOLE

### NAME OF DRUG

Clotrimazole

1-(o-chloro-  $\alpha, \alpha$  - diphenylbenzyl) imidazole



$C_{22}H_{17}ClN_2$

MW 344.84

### DESCRIPTION

Clotrimazole is a colourless, crystalline, weakly alkaline substance, melting point 141°- 145°C, soluble in acetone, chloroform and ethanol and practically insoluble in water. It forms stable salts with both organic and inorganic acids. It is not photosensitive but is slightly hygroscopic, and may be hydrolysed in acid media.

CANESTEN CLOTRIMAZOLE cream and CANESTEN CLOTRIMAZOLE THRUSH TREATMENT 6 DAY CREAM contains 10 mg/g (1%) of clotrimazole in a vanishing cream base.

CANESTEN CLOTRIMAZOLE THRUSH TREATMENT 3 DAY CREAM contains 20 mg/g (2%) of clotrimazole in a vanishing cream base.

CANESTEN CLOTRIMAZOLE THRUSH TREATMENT ONCE CREAM contains 100mg/g (10%w/w) of clotrimazole in a vanishing cream base. The cream also contains sorbitan monostearate, polysorbate 60, cetyl esters wax, cetostearyl alcohol, isopropyl myristate, benzyl alcohol and purified water.

The creams also contain sorbitan monostearate, polysorbate 60, cetyl esters wax, cetostearyl alcohol, 2-octyldodecanol, benzyl alcohol and purified water.

CANESTEN CLOTRIMAZOLE solution contains 10 mg/mL (1% w/v) of clotrimazole in a solution of propylene glycol, isopropyl alcohol and polyethylene glycol.

CANESTEN CLOTRIMAZOLE THRUSH TREATMENT 6 DAY PESSARY contains 100mg of clotrimazole in each pessary.

CANESTEN CLOTRIMAZOLE THRUSH TREATMENT ONCE PESSARY contains 500 mg of clotrimazole in one pessary.

The pessaries also contain the following ingredients:

**100 mg:** Lactose, maize starch, magnesium stearate, silica-colloidal anhydrous, calcium lactate pentahydrate, crospovidone, lactic acid, hypromellose, cellulose microcrystalline.

**500 mg:** Lactose, microcrystalline cellulose, lactic acid, maize starch, crospovidone, calcium lactate; magnesium stearate, silicon dioxide, hypromellose.

### PHARMACOLOGY

Studies using <sup>14</sup>C-labelled clotrimazole have shown absorption of about 3% of the administered dose from normal or inflamed human vaginal mucosa (peak serum level of 0.03 ug/mL) 24 hours after insertion of a 100 mg tablet.

Studies in normal volunteers after vaginal insertion of one 500 mg pessary showed that plasma levels of clotrimazole up to 10 ng/mL were reached during the period of assay (up to 72 hours after insertion). Significant concentrations of clotrimazole were present in the vaginal secretion for up to 48 hours after insertion.

CANESTEN Clotrimazole cream containing <sup>14</sup>C-labelled clotrimazole was administered intravaginally to five women (four without gynaecological disorder and one with Candida vaginitis). A maximum serum level of 0.01 ug/mL was found between 10 and 30 hours after administration.

Six hours after application of labeled topical CANESTEN clotrimazole cream the concentrations of clotrimazole ranged from 100 µg/cm<sup>3</sup> in the stratum corneum to 0.05-1.0 µg/cm<sup>3</sup> in the stratum reticulare and 0.1 µg/cm<sup>3</sup> in the subcutis.

No measurable radioactivity was found in the serum within 48 hours after application of 0.8 g of the cream.

Studies of urinary excretion have shown that less than 0.5% of dermally applied CANESTEN clotrimazole cream appears in the urine over a five-day period of observation. Faecal excretion, the route by which most of the absorbed drug is likely to be eliminated, has not been studied in man.

The primary mode of action of CANESTEN clotrimazole cream appears to be on the cell membrane of the fungi, damaging the permeability barrier.

A single course of intravaginal CANESTEN clotrimazole cream has produced mycological cure of vaginal candidiasis as follows:

One 100 mg pessary daily for six days	80%
Two 100 mg pessary daily for three days	75%
One 500 mg pessary	84%
5 g of 1% cream daily for six days	approx 75%

When a first course proved unsuccessful, a second course produced success in 8 of 12 women treated.

## **INDICATIONS**

CANESTEN clotrimazole cream and solution are indicated for the topical treatment of the following dermal infections:

1. Tinea pedis, tinea cruris and tinea corporis due to *Trichophyton rubrum*, *Trichophyton mentagrophytes*, *Epidermophyton floccosum* and *Microsporum canis*.
2. Candidiasis due to *Candida albicans* including cutaneous candidiasis, paronychia, external genital candidiasis, candida balanitis.
3. Pityriasis versicolor due to *Malassezia furfur*.
4. Erythrasma.

CANESTEN CLOTRIMAZOLE cream is also indicated for the topical treatment of vulvovaginal candidiasis.

CANESTEN CLOTRIMAZOLE vaginal pessaries are indicated for the topical treatment of vaginal candidiasis.

## **CONTRAINDICATIONS**

Known hypersensitivity to clotrimazole and/or to any of the excipients.

## **PRECAUTIONS**

If evidence of local intolerance develops, consider withdrawal of the drug and institution of appropriate therapy.

CANESTEN CLOTRIMAZOLE vaginal pessaries are for intravaginal use only and are not to be taken orally.

CANESTEN CLOTRIMAZOLE cream and solution are not intended for ophthalmic use.

### ***Carcinogenicity/mutagenicity***

No carcinogenicity or mutagenicity has been observed in animal studies.

### ***Use in Pregnancy (Category A):***

In the first trimester of pregnancy, intravaginal CANESTEN CLOTRIMAZOLE should be used only when the medical practitioner considers it essential for the welfare of the patient. Administration of CANESTEN CLOTRIMAZOLE vaginal pessaries to a small number of women in the 2nd and 3rd trimesters of pregnancy has produced no obvious untoward effect on the course of the pregnancy or on the foetus. This limited experience is insufficient to detect with reasonable certainty events occurring with an incidence of less than 3%. If treatment is carried out during pregnancy, Canesten vaginal tablet/s (pessary/ies) are the preferable choice as they can be inserted without the use of an applicator.

### ***Use in Lactation***

Although systemic absorption following topical or vaginal administration is low, caution should be exercised when clotrimazole is administered to nursing mothers as there is no information on whether or not clotrimazole is excreted in breast milk.

### ***Interactions with other Drugs***

Not reported with topical forms of CANESTEN CLOTRIMAZOLE.

### ***Effects on Laboratory Tests***

Not known.

### ***Interactions with Latex***

Canesten Clotrimazole Vaginal Cream (Vaginal pessaries) may reduce the effectiveness and safety of latex products, such as condoms and diaphragms. This effect is temporary and occurs only during treatment.

## **ADVERSE REACTIONS**

CANESTEN Clotrimazole cream and solution are generally well tolerated after local application. The following have been reported infrequently: erythema, stinging, blistering, peeling, oedema, pruritus, urticaria and general irritation.

Eleven (1.6%) of 689 patients treated with CANESTEN Clotrimazole vaginal pessaries complained of possibly drug-related effects. Mild burning occurred in four patients while other complaints such as skin rash and lower abdominal cramps were mentioned. Slight urinary frequency and burning or irritation in the sexual partner occurred rarely. In no case was it necessary to discontinue CANESTEN vaginal pessaries.

## **DOSAGE AND ADMINISTRATION**

CANESTEN Clotrimazole topical cream and solution:

Apply sparingly to the affected areas and rub in gently, two or three times daily.

Duration of treatment -

The following recommendations are made:

Cutaneous candidiasis	2 weeks
Dermatomycoses	2-4 weeks
Onychia and Paronychia due to <i>C. albicans</i>	4-8 weeks or more

Regular application of CANESTEN Clotrimazole cream or solution is essential for successful treatment and, whether or not a cure is confirmed mycologically, treatment should be continued for two weeks after all clinical signs have disappeared.

Special Remarks:

Attention to hygiene is important in the management of fungal diseases of the feet. After washing, the feet - especially between the toes - should be dried thoroughly. CANESTEN Clotrimazole cream may be useful in mycotic paronchia or onychia following removal of the nail.

CANESTEN vaginal cream 1% (Canesten Clotrimazole Thrush Treatment 6 Day Cream)

Once daily, preferably in the evening for six successive days, one applicator should be filled with cream (approx 5 g) and inserted as deeply as possible into the vagina with the patient lying on her back. The 35 g tube of cream for vaginal use provides for six such doses.

**CANESTEN 3 vaginal cream 2% (Canesten Clotrimazole Thrush Treatment 3 Day Cream)**

Once daily, preferably in the evening for three successive days, one applicator should be filled with cream (approx 5 g) and inserted as deeply as possible into the vagina with the patient lying on her back. The 20g tube of cream for vaginal use provides for three such doses.

CANESTEN CLOTRIMAZOLE cream may also be used in conjunction with CANESTEN CLOTRIMAZOLE vaginal pessaries in the management of Candida vulvovaginitis or infection of the peri-anal area while application of the cream to the glans penis of the partner may help prevent re-infection of the female.

**CANESTEN Clotrimazole Thrush Treatment Once Cream (10%)**

The disposable applicator should be filled with Canesten cream, ensuring the entire contents of the tube are used (approx 5g). The cream is then inserted as gently and deeply as possible into the vagina with the patient lying on her back at bedtime as a single dose of treatment.

**CANESTEN Clotrimazole vaginal pessaries**

The tablets should be inserted as deeply as possible into the vagina once daily, preferably in the evening. This is best achieved using the plastic applicator provided and following the directions on the patient instruction sheet. In late pregnancy digital insertion may be preferable to use of the applicator.

A course of treatment normally consists of either a single pessary (Canesten Clotrimazole Thrush Treatment Once Pessary) or of six 100 mg pessaries (Canesten Clotrimazole Thrush Treatment 6 Day Pessary). The latter may be given either as two pessaries, inserted one after the other, daily for three days or as one pessary daily for six days. Clinical investigations have shown comparable efficacy from either dosage scheme. Where a first course proved unsuccessful, a second course produced success in 8 of 12 women treated.

It is suggested that treatment be timed so as to avoid the menstrual period and to be complete before the onset of menstruation.

**OVERDOSAGE**

Not applicable.

**PRESENTATION**

CANESTEN Clotrimazole cream:  
(for cutaneous and external genital mycoses):

Tubes each containing 30 g or 20 g of cream, 10 mg clotrimazole per gram (1%).

CANESTEN vaginal cream 1% (CANESTEN Clotrimazole Thrush Treatment 6 Day Cream):

Tubes each containing 35 g of cream, 10 mg clotrimazole per gram (1%) packed with six single-use disposable applicators and patient instruction sheet.

CANESTEN 3 vaginal cream 2% (CANESTEN Clotrimazole Thrush Treatment 3 Day Cream):

Tubes each containing 20 g of cream, 20 mg clotrimazole per gram (2%) packed with three single-use disposable applicators and patient instruction sheet.

CANESTEN Clotrimazole Thrush Treatment Once Cream (10%). Tube containing 5g of cream, 100mg clotrimazole per gram (10%) packed with single use applicator and patient instruction sheet.

CANESTEN Clotrimazole solution:

Plastic dropper-type bottles each containing 20 mL of solution, 10 mg of clotrimazole per mL (1% w/v).

CANESTEN Clotrimazole vaginal pessaries (Canesten Clotrimazole Thrush Treatment 6 Day Pessary):

Packs of six pessaries each sealed in a blister with plastic applicator and patient instruction sheet. Each pessary contains 100 mg clotrimazole per tablet.

CANESTEN 1 vaginal pessary (Canesten Clotrimazole Thrush Treatment Once Pessary):

One pessary sealed in a blister with plastic applicator and patient instruction sheet. Each pessary contains 500 mg clotrimazole.

**NAME AND ADDRESS OF SPONSOR**

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PYMBLE NSW 2073

**DATE OF TGA TEXT APPROVAL:**

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