AUSTRALIAN PRODUCT INFORMATION

CANESTEN EXTRA ANTIFUNGAL ANTI-INFLAMMATORY CREAM

1 NAME OF THE MEDICINE

Clotrimazole and Hydrocortisone acetate

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

CANESTEN Extra Antifungal Anti-Inflammatory Cream contains 10 mg/g of clotrimazole and 11.2 mg/g of hydrocortisone acetate as the active ingredients.

Contains benzyl alcohol as a preservative.

For the full list of excipients, see Section 6.1 List of excipients.

3 PHARMACEUTICAL FORM

CANESTEN Extra Antifungal Anti-Inflammatory Cream is a white to slightly yellowish cream.

4 CLINICAL PARTICULARS

4.1 THERAPEUTIC INDICATIONS

For dermatophytes and yeast infections of the skin when inflammation is prominent. This includes conditions such as fungal infected dermatitis, intertrigo and Candida nappy rash.

4.2 DOSE AND METHOD OF ADMINISTRATION

Dosage

A small amount of CANESTEN Extra Antifungal Anti-Inflammatory Cream should be applied twice daily.

Method of administration

Apply thinly and evenly with gentle rubbing to the affected area(s). Use only until inflammation, itching and redness have subsided and not for more than 7 days (unless directed by the doctor). Then use an antifungal-only cream such as CANESTEN Clotrimazole Anti-fungal Cream for 14 days after symptoms disappear to avoid recurrence of the infection.

4.3 CONTRAINDICATIONS

CANESTEN Extra Antifungal Anti-Inflammatory Cream is contraindicated in the following cases:

- hypersensitivity to any of the ingredients
- use on broken skin
- diseases affecting the skin (such as acne, rosacea, perioral dermatitis, lues, tuberculosis, etc.)
- in or near the eyes
- viral skin diseases
- dermal vaccination reactions

4.4 SPECIAL WARNINGS AND PRECAUTIONS FOR USE

For external use only. CANESTEN Extra Antifungal Anti-Inflammatory Cream should not be applied in the eyes.

Because of its corticosteroid content, CANESTEN Extra Antifungal Anti-Inflammatory Cream should not be applied:

- to large areas (more than 10%) of the body surface
- for a long period during pregnancy, particularly in the first three months
- under occlusive dressing due to increased absorption

If hypersensitivity reactions occur, use should be discontinued.

If an associated infection develops during use and does not respond to therapy, use should be discontinued until the infection is controlled.

Interactions with Latex

The effectiveness and safety of latex products such as condoms and diaphragms may be reduced by CANESTEN Extra Antifungal Anti-Inflammatory Cream when applied on the genital area (women: labia and adjacent area of the vulva; men: prepuce and glans of the penis). The effect is temporary and may occur only during treatment.

Hypothalamic-pituitary axis suppression and atrophic striae

Long term corticosteroid use may increase the risk of hypothalamic-pituitary axis suppression, especially under occlusion. Use for longer than 4 weeks can cause atrophic striae, and prolonged use on flexures and in intertriginous areas is undesirable.

Visual disturbance

Visual disturbance may be reported with systemic and topical corticosteroid use. If a patient presents with symptoms such as blurred vision or other visual disturbances, the patient should be considered for referral to an ophthalmologist for evaluation of possible causes which may include cataract, glaucoma or rare diseases such as central serous chorioretinopathy (CSCR) which have been reported after use of systemic and topical corticosteroids.

Use in the elderly

No data available.

Paediatric use

The risk of systemic absorption, and hence systemic toxicity, is greater in children due to the higher permeation properties of the skin and a larger skin surface to body weight ratio than adults. Do not use on children under 2 years of age except on the advice of a doctor.

Bandages and some nappies may act as an occlusive dressing and may increase systemic absorption.

Effects on laboratory tests

No data available.

4.5 INTERACTIONS WITH OTHER MEDICINES AND OTHER FORMS OF INTERACTIONS

Not known.

4.6 FERTILITY, PREGNANCY AND LACTATION

Effects on fertility

No data available.

Use in pregnancy

Category A

While controlled clinical studies in pregnant women do not exist, epidemiological investigations give no indication that harmful effects on the mother and child should be anticipated when CANESTEN Extra Antifungal Anti-Inflammatory Cream is used during pregnancy. It is recommended not to apply CANESTEN Extra Antifungal Anti-Inflammatory Cream for a long period during pregnancy particularly in the first three months. However, CANESTEN Extra Antifungal Anti-Inflammatory Cream should only be used in the first 3 months of pregnancy after first consulting a doctor.

[Category A: Drugs which have been taken by a large number of pregnant women and women of childbearing age without an increase in the frequency of malformations or other direct or indirect harmful effects on the foetus having been observed.]

Use in lactation

Although systemic absorption following topical administration is low, there is no information on whether or not CANESTEN Extra Antifungal Anti-Inflammatory Cream is excreted in breast milk. Caution should be exercised when this product is administered to nursing mothers and it should not be applied on the breasts.

4.7 EFFECTS ON ABILITY TO DRIVE AND USE MACHINES

No effects on ability to drive and use machines have been observed.

4.8 ADVERSE EFFECTS (UNDESIRABLE EFFECTS)

Skin reactions (such as hypersensitivity reactions e.g. burning, stinging, oedema or redness) can occur occasionally. Particularly after use on large areas (more than 10% of the body surface) and/or after long-term use (longer than 2-4 weeks) or under occlusive conditions, local skin alterations such as skin atrophy, teleangiectasis, hypertrichosis, striations, hypopigmentation, secondary infection and acneiform symptoms may occur.

Post marketing

Eye disorders: vision blurred

Reporting suspected adverse effects

Reporting suspected adverse reactions after registration of the medicinal product is important. It allows continued monitoring of the benefit-risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions at www.tga.gov.au/reporting-problems.

4.9 OVERDOSE

No reports are available on cases of overdosage with CANESTEN Extra Antifungal Anti-Inflammatory Cream. For overdosage, treatment should be symptomatic and supportive. In the case of oral overdose, emesis or activated charcoal is not usually indicated unless multiple ingestions are suspected. Excessive chronic exposure results in adverse systemic and dermal effects. In such cases, the use of topical corticosteroid should be discontinued, with consideration given to tapering the dose.

For information on the management of overdose, contact the Poisons Information Centre on 131126 (Australia). (In New Zealand 0800 POISON or 0800 764 766.)

5 PHARMACOLOGICAL PROPERTIES

5.1 PHARMACODYNAMIC PROPERTIES

CANESTEN Extra Antifungal Anti-Inflammatory Cream is a combination of clotrimazole, which is an imidazole derivative, and hydrocortisone acetate, which is a glucocorticoid

Mechanism of action

Clotrimazole: Clotrimazole acts against fungi by inhibiting ergosterol synthesis. Inhibition of ergosterol synthesis leads to structural and functional impairment of the cytoplasmic membrane.

Clotrimazole has a broad antimycotic spectrum of action *in vitro* and *in vivo*, which includes dermatophytes, yeasts, moulds, etc. Under appropriate test conditions, the MIC values for these types of fungi are in the region of less than 0.062-4 (-8) µg/mL substrate. The mode of action of clotrimazole is fungistatic or fungicidal depending on the concentration of clotrimazole at the site of infection. *In vitro* activity is limited to proliferating fungal elements; fungal spores are only slightly sensitive. *In vitro* clotrimazole inhibits the multiplication of Corynebacteria and grampositive cocci - with the exception of Enterococci - in concentrations of 0.5-10 µg/mL substrate. Primarily resistant variants of sensitive fungal species are very rare; the development

of secondary resistance by sensitive fungi has so far only been observed in very isolated cases under therapeutic conditions.

Hydrocortisone: Hydrocortisone is a weak corticosteroid with both glucocorticoid and to a lesser extent mineralocorticoid activity when used. As an active ingredient in a topical cream, it exerts antiphlogistic, antipruriginous, antiexudative and antiallergic effects.

Hydrocortisone - as for other topically applied glucocorticoids - exerts an antiinflammatory, immunosuppressive, antimitotic (antiproliferative), antipruriginous and vasoconstrictive effect on skin. Thus, it provides symptomatic treatment of inflammation and pruritus associated with minor skin irritations and rashes.

Clinical trials

No data available.

5.2 PHARMACOKINETIC PROPERTIES

Absorption

Clotrimazole

Pharmacokinetic investigations after dermal application have shown that only a small amount of clotrimazole (<2% of the dose) is absorbed. The resulting peak serum concentrations of clotrimazole were below the detection limit of 0.01 µg/mL, reflecting that clotrimazole applied topically on the skin does not lead to measurable systemic effects or undesirable effects.

Hydrocortisone

Dermal absorption of hydrocortisone depends on the thickness and condition of the skin. In the case of inflamed or damaged skin, cutaneous absorption may be increased depending on the site of application, use of occlusive dressings, the degree of skin damage and size of the treated area. Systemic effects cannot be ruled out under such conditions. An increase in the skin temperature or moisture content, e.g. in skin folds or under an occlusive dressing, also promotes absorption. Children are more susceptible to transcutaneous uptake of drugs because they have a greater area-to-body mass ratio. The occurrence of systemic effects depends partly on the dose and, to a much greater extent, on the duration of treatment. More than 90% of the hydrocortisone absorbed is bound to plasma proteins.

No relevant absorption of hydrocortisone needs to be expected after its use for a short period on limited skin inflammation areas.

Metabolism

Hydrocortisone

Hydrocortisone is metabolized in the liver and tissues.

Excretion

Hydrocortisone

The metabolites are excreted in the urine. The biological half-life is approximately 100 minutes.

5.3 PRECLINICAL SAFETY DATA

Clotrimazole

Toxicological studies in different animals with local or intravaginal application showed good local and vaginal tolerability. Preclinical data reveal no special hazard for humans based on conventional studies of single and repeated dose toxicity and toxicity to reproduction.

Hydrocortisone

As an adrenocortical hormone, hydrocortisone is classified as relatively non-toxic on topical use. So far there is no evidence of any reproduction toxicity for corticoids used topically in accordance with the instructions.

Genotoxicity

Clotrimazole

Preclinical data reveal no special hazard for humans based on conventional studies of genotoxicity.

Hydrocortisone

Teratogenic effects of high doses of glucocorticosteroids such as cleft palate formation, growth retardation, etc. are known after systemic use in animal studies; there are no data on teratogenic damage after dermal use. Years of therapeutic experience in man with topical use of hydrocortisone have not yielded any evidence of teratogenicity.

Carcinogenicity

No data available.

6 PHARMACEUTICAL PARTICULARS

6.1 LIST OF EXCIPIENTS

CANESTEN Extra Antifungal Anti-Inflammatory Cream also contains benzyl alcohol, cetostearyl alcohol, tricetеareth-4-phosphate, triglycerides medium chain, sodium hydroxide and purified water.

6.2 INCOMPATIBILITIES

Incompatibilities were either not assessed or not identified as part of the registration of this medicine.

6.3 SHELF LIFE

In Australia, information on the shelf life can be found on the public summary of the Australian Register of Therapeutic Goods (ARTG). The expiry data can be found on the packaging.

6.4 SPECIAL PRECAUTIONS FOR STORAGE

Store below 25ºC.

6.5 NATURE AND CONTENTS OF CONTAINER

Epoxy-coated aluminium tubes containing 15 g, 20 g or 30 g of cream.

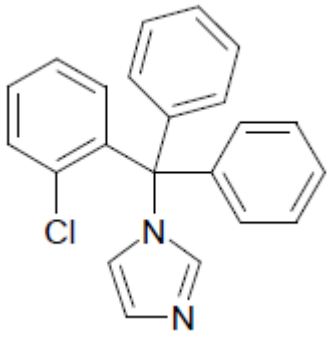
6.6 SPECIAL PRECAUTIONS FOR DISPOSAL

In Australia, any unused medicine or waste material should be disposed of by taking to your local pharmacy.

6.7 PHYSIOCHEMICAL PROPERTIES

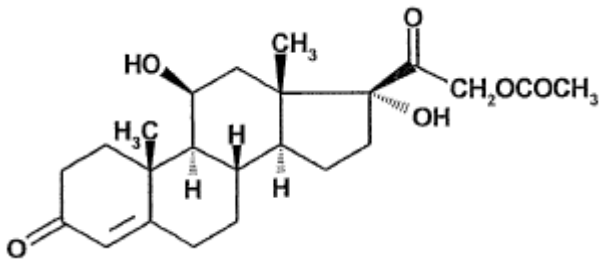
Chemical structure

Clotrimazole



Chemical name: 1-(2-chloro-α,α-diphenyl-benzyl)imidazole
Molecular formula: C_{22} H_{17} Cl N_2
Relative molecular mass: 344.8

Hydrocortisone acetate



Chemical name: 11ß,17-Dihydroxy-3,20-dioxopregn-4-en-21-yl acetate
Molecular formula: C_{23} H_{32} 0_6
Relative molecular mass: 404.5

CAS number

Clotrimazole

23593-75-1

Hydrocortisone acetate

50-03-3

Clotrimazole is a white to slightly yellowish fine crystalline powder, practically insoluble in water, freely soluble in ethanol and chloroform, sparingly soluble in ether.

Hydrocortisone acetate is a white or almost white, crystalline powder. It is practically insoluble in water, slightly soluble in anhydrous ethanol and in methylene chloride.

7 MEDICINE SCHEDULE (POISONS STANDARD)

Schedule 3 – Pharmacist Only Medicine

8 SPONSOR

CANESTEN Extra Antifungal Anti-Inflammatory Cream is supplied in Australia by:

Bayer Australia Ltd
ABN 22 000 138 714
875 Pacific Highway
Pymble NSW 2073
www.bayer.com.au
Phone: 1800 023 884

CANESTEN Extra Antifungal Anti-Inflammatory Cream is supplied in New Zealand by:

Bayer New Zealand Ltd.
3 Argus Place, Hillcrest
Auckland
Phone: 0800 847 874

9 DATE OF FIRST APPROVAL

1 April 2016

10 DATE OF REVISION

03 September 2019

Summary table of changes

Section changed	Summary of new information
Whole document	Reformatted into new PI format
Whole document	Change to Proprietary Name

® Registered Trademark of Bayer Group, Germany