

## PRODUCT MONOGRAPH

### **CANESORAL<sup>®</sup>**

Fluconazole Capsule 150 mg

### **CANESORAL<sup>®</sup> COMBI**

Fluconazole Capsule 150 mg  
1% Clotrimazole Cream, Bayer Std.

### **CANESORAL<sup>®</sup> COMBI 1 DAY**

Fluconazole Capsule 150 mg  
2% Clotrimazole Cream, Bayer Std.

Antifungal Agent

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## CANESORAL®

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### PART I: HEALTH PROFESSIONAL INFORMATION

#### SUMMARY PRODUCT INFORMATION

Product	Route of Administration	Dosage Form / Strength	Clinically Relevant Nonmedicinal Ingredients
CANESORAL®	Oral	Capsule, 150 mg	Lactose. <i>For a complete listing of non-medicinal ingredients see Dosage Forms, Composition and Packaging section.</i>
CANESTEN® External Cream	Vaginal	Cream, 10 mg/g	<i>For a complete listing of non-medicinal ingredients see Dosage Forms, Composition and Packaging section.</i>
CANESTEN® Extra Strength External Antifungal Cream	Topical	Cream, 20 mg/g	<i>For a complete listing of non-medicinal ingredients see Dosage Forms, Composition and Packaging section.</i>

#### INDICATIONS AND CLINICAL USE

**CANESORAL® (fluconazole)** is indicated for the single-dose treatment of vaginal candidiasis (yeast infections due to *Candida*) and is clinically proven to cure most vaginal yeast infections.

**CANESORAL® COMBI** contains **CANESORAL® (fluconazole)** and **CANESTEN® External Cream (clotrimazole)** which is indicated for the topical

treatment of external irritation caused by vulvovaginal candidiasis.

**CANESORAL® COMBI DAY 1** contains **CANESORAL® (fluconazole)** and **CANESTEN® Extra Strength External Antifungal Cream (clotrimazole)** which is indicated for the topical treatment of external irritation caused by vulvovaginal candidiasis.

## **CONTRAINDICATIONS**

**CANESORAL® (fluconazole)**, **CANESTEN® External Cream (clotrimazole)** and **CANESTEN® Extra Strength External Antifungal Cream (clotrimazole)** are contraindicated in patients who have shown hypersensitivity to clotrimazole, fluconazole or to any of the excipients used. See the Dosage Forms, Composition and Packaging section of the product monograph for a complete listing of excipients. There is no information regarding cross hypersensitivity between fluconazole and other azole antifungal agents. Caution should be used in prescribing fluconazole to patients with hypersensitivity to other azoles.

Co-administration of terfenadine\* is contraindicated in patients receiving fluconazole at multiple doses of 400 mg or higher based upon results of a multiple dose interaction study (see **WARNINGS AND PRECAUTIONS**).

Co-administration of cisapride\* is contraindicated in patients receiving fluconazole (see **WARNINGS AND PRECAUTIONS**).

\*not marketed

## **WARNINGS AND PRECAUTIONS**

**CANESORAL® (fluconazole)** is indicated for single dose only. Some (not all) adverse experiences have been reported in patients following exposure to multiple doses of fluconazole.

Clinically significant warnings and precautions for **CANESORAL® (fluconazole)** and **CANESTEN® External Cream (clotrimazole)** are listed below.

Patients should seek medical advice if they have frequent vaginal infections or if their yeast infection returns in less than 2 months.

While sexual relations may be had during treatment, most couples wait until treatment has finished as the partner could become infected.

### **CANESORAL® (fluconazole)**

#### **General**

The convenience of the single oral dose fluconazole regimen for the treatment of vaginal yeast infections **should be weighed against the acceptability of a higher**

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*CanesOral® (150 mg Fluconazole)*

*CanesOral® Combi (150 mg Fluconazole and 1% Clotrimazole)*

*CanesOral® Combi 1 Day (150 mg Fluconazole and 2% Clotrimazole)*

**incidence of drug related adverse events** with fluconazole (26%) versus intravaginal agents (16%) in comparative clinical studies where no difference in efficacy was demonstrated (see **ADVERSE REACTIONS**).

Fluconazole administered in combination with ethinyl estradiol- and levonorgestrel-containing oral contraceptives produced an overall mean increase in ethinyl estradiol and levonorgestrel levels; however, in some patients there were decreases up to 47% and 33% of ethinyl estradiol and levonorgestrel levels, respectively (See **Drug Interactions**). The data presently available indicate that the decreases in some individual ethinyl estradiol and levonorgestrel AUC values with fluconazole treatment may be the result of random variation. While there is evidence that fluconazole can inhibit the metabolism of ethinyl estradiol and levonorgestrel, there is no evidence that fluconazole is a net inducer of ethinyl estradiol or levonorgestrel metabolism. The clinical significance of these effects is presently unknown.

Adrenal insufficiency has been reported in patients receiving other azoles (e.g. ketoconazole). Reversible cases of adrenal insufficiency were reported in patients receiving fluconazole or when fluconazole was discontinued (see drug interactions).

### **Cardiovascular**

#### **QT Prolongation:**

Some azoles, including fluconazole, have been associated with prolongation of the QT interval on the electrocardiogram. During post-marketing surveillance, there have been very rare cases of QT prolongation and torsade de pointes in patients taking fluconazole. These reports included seriously ill patients with multiple confounding risk factors, such as structural heart disease, electrolyte abnormalities and concomitant medications that may have been contributory. Fluconazole should be administered with caution to patients with these potentially proarrhythmic conditions (see Warnings and Precautions, Drug Interactions and Adverse Effects).

### **Dermatologic**

In very rare cases, during the treatment of systemic and vaginal infections, patients have developed exfoliative skin disorders (Stevens-Johnson Syndrome, Toxic Epidermal Necrolysis) during treatment with fluconazole.

### **Hepatic/Biliary/Pancreatic**

In the treatment of systemic infections, multiple doses of fluconazole have been associated with rare cases of serious hepatic toxicity, including fatalities primarily in patients with serious underlying medical conditions. In cases of fluconazole-associated hepatotoxicity, no obvious relationship to total daily dose, duration of therapy, sex or age of the patient has been observed. Fluconazole hepatotoxicity has usually, but not always, been reversible on discontinuation of therapy.

### **Hypersensitivity**

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*CanesOral® (150 mg Fluconazole)*

*CanesOral® Combi (150 mg Fluconazole and 1% Clotrimazole)*

*CanesOral® Combi 1 Day (150 mg Fluconazole and 2% Clotrimazole)*

In rare cases, anaphylaxis and angioedema has been reported in patients using fluconazole.

### **CANESTEN® External Cream and Extra Strength External Antifungal Cream (clotrimazole)**

CANESTEN® Cream is not for ophthalmic use.

As with all topical agents, skin sensitization may result. Use of CANESTEN® topical preparations should be discontinued should such reactions occur, and appropriate therapy instituted.

#### **Effects on Fertility:**

No human studies of the effects of clotrimazole on fertility have been performed; however, animal studies have not demonstrated any effects of the drug on fertility.

### **Special Populations**

#### **CANESORAL® (fluconazole)**

##### **Pregnant Women:**

There have been reports of multiple congenital abnormalities in infants whose mothers were treated with high dose (400-800 mg/day) fluconazole therapy for coccidioidomycosis (an unapproved indication). Exposure to fluconazole began during the first trimester in all cases and continued for three months or longer. Fluconazole should not be used in pregnant women except in patients with severe or potentially life threatening fungal infections in whom fluconazole may be used if the anticipated benefit outweighs the possible risk to the fetus.

Effective contraceptive measures should be considered in women of child-bearing potential and should continue for approximately 1 week (5 to 6 half-lives) after the dose.

Observational studies have suggested an increased risk of spontaneous abortion or birth defects in women treated with fluconazole during the first trimester. Fluconazole was administered orally to pregnant rabbits during organogenesis in two studies, at 5, 10 and 20 mg/kg and at 5, 25 and 75 mg/kg respectively. Maternal weight gain was impaired at all dose levels, and abortions occurred at 75 mg/kg (approximately 9.4x the maximum recommended human dose); no adverse fetal effects were detected. In several studies in which pregnant rats were treated orally with fluconazole during organogenesis, maternal weight gain was impaired and placental weights were increased at the 25 mg/kg dose. There were no fetal effects at 5 or 10 mg/kg; increases in fetal anatomical variants (supernumerary ribs, renal pelvis dilation) and delays in ossification were observed at 25 and 50 mg/kg and higher doses. At doses ranging from 80 mg/kg to 320 mg/kg (approximately 10-40x the

maximum recommended human dose) embryolethality in rats was increased and fetal abnormalities included wavy ribs, cleft palate and abnormal cranio-facial ossification. These effects are consistent with the inhibition of estrogen synthesis in rats and may be a result of known effects of lowered estrogen on pregnancy, organogenesis and parturition.

**Nursing Women:**

CANESORAL® is secreted in human breast milk at concentrations similar to plasma, hence its use in nursing mothers is not recommended.

**Pediatrics:**

CANESORAL® should not be used by girls less than 12 years of age unless advised by a physician.

**CANESTEN® External Cream and Extra Strength External Antifungal Cream (clotrimazole)**

**Pregnant Women:**

There are limited amounts of data from the use of clotrimazole in pregnant women. Animal studies do not indicate direct or indirect harmful effects with respect to reproductive toxicity (see ‘Reproduction and Teratology’). Although intravaginal application of clotrimazole has shown negligible absorption from both normal and inflamed human vaginal mucosa, CANESTEN® Cream should not be used in the first trimester of pregnancy unless the physician considers it essential to the welfare of the patient.

**Nursing Women:**

CANESTEN® CREAM (clotrimazole): Available pharmacodynamic/toxicological studies in animals have shown excretion of clotrimazole/metabolites in milk. Breastfeeding should be discontinued during treatment with clotrimazole.

**Pediatrics:**

CANESTEN® CREAM (clotrimazole) should not be used by girls less than 12 years of age unless advised by a physician.

**ADVERSE REACTIONS**

**Adverse Drug Reaction Overview**

*Clinical Trial Adverse Drug Reactions*

**CANESORAL® (fluconazole)**

In patients with vaginal candidiasis treated with fluconazole (150mg) as a single oral

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*CanesOral® (150 mg Fluconazole)*

*CanesOral® Combi (150 mg Fluconazole and 1% Clotrimazole)*

*CanesOral® Combi 1 Day (150 mg Fluconazole and 2% Clotrimazole)*

dose, the adverse events documented in two controlled North American trials were as follows:

	<b>Percent of Patients With Side Effects</b>	
	<u>Fluconazole</u> (n=448)	<u>Intravaginal Products</u> (n=422)
Drug Related Side Effects	26.1	15.9
Nausea	6.7	0.7
Abdominal Pain	5.6	1.7
Diarrhea	2.7	0.5
Dyspepsia	1.3	0.2
Headache	12.9	6.6
Application Site Reactions	0.0	4.5
Dizziness	1.3	0.0
Taste Perversion	1.3	0.0
Most of the reported side effects were mild to moderate in severity.		

#### *Less Common Clinical Trial Adverse Drug Reactions*

Occasional allergic reactions including pruritus and urticaria were reported.

#### *Post-Market Adverse Drug Reactions*

In marketing experience of single dose fluconazole, rare cases of anaphylactic reaction and angioedema have been reported.

In addition, the following adverse experiences have been reported in patients under conditions (e.g. open trials, marketing experience fluconazole) where a causal relationship is uncertain or in patients treated with multiple doses of fluconazole:

Cardiovascular: QT prolongation, torsade de pointes (see WARNINGS AND PRECAUTIONS, QT Prolongation)

Central and Peripheral Nervous System: seizures.

Dermatologic: alopecia, exfoliative skin disorders including Stevens-Johnson syndrome and toxic epidermal necrolysis (see **WARNINGS AND PRECAUTIONS**). Drug reactions with eosinophilia and systemic symptoms (DRESS); causal relationship uncertain.

Gastrointestinal: vomiting.

Hematopoietic and Lymphatic: leukopenia including neutropenia and agranulocytosis, thrombocytopenia.

Immunologic: face edema.



Body as a Whole: urticaria

Liver/Biliary: hepatic failure, hepatitis, hepatocellular necrosis, jaundice.

Metabolic/Nutritional: hypercholesterolemia, hypertriglyceridemia, hypokalemia.

### **CANESTEN® EXTERNAL CREAM and EXTRA STRENGTH EXTERNAL ANTIFUNGAL CREAM (clotrimazole)**

Experimental, therapeutic, and large scale clinical studies have shown CANESTEN® EXTERNAL CREAM and Extra Strength External Antifungal Cream to be well tolerated after topical application.

Immune system disorders: allergic reaction (syncope, hypotension, dyspnea, urticaria)

Skin and subcutaneous skin disorders: blisters, discomfort/pain, edema, erythema, irritation, peeling/exfoliation, pruritus, rash, stinging/burning

Two of 419 (0.5%) patients treated with the 1% vaginal cream experienced adverse reactions judged to be possibly drug related. These were intercurrent cystitis and vaginal burning. Neither necessitated discontinuation of treatment. None were of serious consequence and no complications occurred.

## **DRUG INTERACTIONS**

### **Overview**

### **Drug-Drug Interactions**

#### **CANESORAL® (fluconazole)**

Clinically or potentially significant drug interactions between fluconazole and the following agents/classes have been observed.

#### **BENZODIAZEPINES (SHORT ACTING)**

Following oral or intravenous administration of midazolam, fluconazole resulted in substantial increases in midazolam concentrations and psychomotor effects. This effect on midazolam appears to be more pronounced following oral administration of fluconazole than with fluconazole administered intravenously. If concomitant benzodiazepine therapy, such as midazolam or triazolam, is necessary in patients being treated with fluconazole, consideration should be given to decreasing the benzodiazepine dosage.

#### **CIMETIDINE**

Absorption of orally administered fluconazole does not appear to be affected by gastric pH. Fluconazole 100 mg was administered as a single oral dose alone and two hours after a single dose of cimetidine 400 mg to six healthy male volunteers. After the administration of cimetidine, there was a significant decrease in fluconazole AUC (area under the plasma concentration-time curve) and  $C_{max}$ . There was a mean  $\pm$  SD decrease in fluconazole AUC of  $13\% \pm 11\%$  (range: -3.4 to -31%) and  $C_{max}$  decreased  $19\% \pm 14\%$  (range: -5 to -40%). However, the administration of

cimetidine 600 mg to 900 mg intravenously over a 4-hour period (from 1 hour before to 3 hours after a single oral dose of fluconazole 200 mg) did not affect the bioavailability or pharmacokinetics of fluconazole in 24 healthy male volunteers.

#### COUMARIN-TYPE ANTICOAGULANTS

In a clinical trial, there was a significant increase in prothrombin time response (area under the prothrombin time-time curve) following a single dose of warfarin (15 mg) administered to 13 normal male volunteers following oral fluconazole 200 mg administered daily for 14 days as compared to the administration of warfarin alone. There was a mean  $\pm$  SD increase in the prothrombin time response (area under the prothrombin time-time curve) of  $7\% \pm 4\%$  (range: -2 to 13%). Mean is based on data from 12 subjects as one of 13 subjects experienced a 2-fold increase in his prothrombin time response.

During the post-marketing experience, as with some azole antifungals, bleeding events (bruising, epistaxis, gastrointestinal bleeding, hematuria, and melena) have been reported, in association with increases in prothrombin time in patients receiving fluconazole concurrently with warfarin.

Prothrombin time may be increased in patients receiving concomitant fluconazole and coumarin-type or indanedione anticoagulants. Dose adjustment of these anticoagulants may be necessary.

#### CYCLOSPORINE

Cyclosporine AUC and  $C_{max}$  were determined before and after the administration of fluconazole 200 mg daily for 14 days in eight renal transplant patients who had been on cyclosporine therapy for at least 6 months and on a stable cyclosporine dose for at least 6 weeks. There was a significant increase in cyclosporine AUC,  $C_{max}$ ,  $C_{min}$  (24-hour concentration), and a significant reduction in apparent oral clearance following the administration of fluconazole. The mean  $\pm$  SD increase in AUC was  $92\% \pm 43\%$  (range: 18 to 147%). The  $C_{max}$  increased  $60\% \pm 48\%$  range (range: -5 to 133%). The  $C_{min}$  increased  $157\% \pm 96\%$  (range: 33 to 360%). The apparent oral clearance decreased  $45\% \pm 15\%$  (range: -15 to -60%). Fluconazole administered at 100 mg daily dose does not affect cyclosporine pharmacokinetic levels in patients with bone marrow transplants. Fluconazole may significantly increase cyclosporine levels in renal transplant patients with or without renal impairment.

#### DRUGS PROLONGING THE QTc INTERVAL:

The use of fluconazole in patients concurrently taking drugs metabolized by the Cytochrome P-450 system may be associated with elevations in the serum levels of these drugs.

Astemizole\*: Definitive interaction studies with fluconazole have not been conducted. The use of fluconazole may be associated with elevations in serum levels of astemizole. Caution should be used when coadministering fluconazole with astemizole. Patients should be carefully monitored.

Cisapride\*: There have been reports of cardiac events including torsade de pointes in patients to whom fluconazole and cisapride were coadministered. A controlled study found that concomitant fluconazole 200 mg once daily and cisapride 20 mg four times a day yielded a significant increase in cisapride plasma levels and prolongation of QTc interval. Co-administration of cisapride is contraindicated in patients receiving fluconazole. (see **CONTRAINDICATIONS**).

Terfenadine\*: Because of the occurrence of serious cardiac dysrhythmias secondary to prolongation of the QTc interval in patients receiving azole antifungals in conjunction with terfenadine, interaction studies have been performed. In one study, 6 healthy volunteers received terfenadine 60 mg BID for 15 days. Fluconazole 200 mg was administered daily from days 9 through 15. Fluconazole did not affect terfenadine plasma concentrations. Terfenadine acid metabolite AUC increased 36% ± 36% (range: 7 to 102%) from day 8 to day 15 with the concomitant administration of fluconazole. There was no change in cardiac repolarization as measured by Holter QTc intervals. However, another study at a 400 mg and 800 mg daily dose of fluconazole demonstrated that fluconazole taken in doses of 400 mg per day or greater significantly increases plasma levels of terfenadine when taken concomitantly. Therefore the combined use of fluconazole at doses of 400 mg or higher with terfenadine is contraindicated (see **CONTRAINDICATIONS**). Patients should be carefully monitored if they are being concurrently prescribed fluconazole at multiple doses lower than 400 mg/day with terfenadine.

\*not marketed in Canada

### HYDROCHLOROTHIAZIDE

Concomitant oral administration of 100 mg fluconazole and 50 mg hydrochlorothiazide for 10 days in 13 normal volunteers resulted in a significant increase in fluconazole AUC and C<sub>max</sub> compared to fluconazole given alone. There was a mean ± SD increase in fluconazole AUC and C<sub>max</sub> of 45% ± 31% (range: 19 to 114%) and 43% ± 31% (range: 19 to 122%), respectively. These changes are attributed to a mean ± SD reduction in renal clearance of 30% ± 12% (range -10 to -50%).

### ORAL CONTRACEPTIVES

Oral contraceptives were administered as a single dose both before and after the oral administration of fluconazole 50 mg once daily for 10 days in 10 healthy women. There was no significant difference in ethinyl estradiol or levonorgestrel AUC after the administration of fluconazole. The mean increase in ethinyl estradiol AUC was 6% (range: -47 to 108%) and levonorgestrel AUC increased 17% (range: -33 to 141%).

Twenty-five normal females received daily doses of both 200 mg fluconazole or placebo for two, ten-day periods. The treatment cycles were one month apart with all subjects receiving fluconazole during one cycle and placebo during the other.

The order of study treatment was random. Single doses of an oral contraceptive tablet containing levonorgestrel and ethinyl estradiol were administered on the final treatment day (day 10) of both cycles. Following administration of 200 mg of fluconazole, the mean percentage increase of AUC for levonorgestrel compared to placebo was 25% (range: -12 to 82%) and the mean percentage increase for ethinyl estradiol compared to placebo was 38% (range: -11 to 101%). Both of these increases were statistically significantly different from placebo.

### ORAL HYPOGLYCEMICS

The effects of fluconazole on the pharmacokinetics of the sulfonylurea oral hypoglycemic agents tolbutamide, glipizide, and glyburide were evaluated in three placebo-controlled studies in normal volunteers. All subjects received the sulfonylurea alone as a single dose and again as a single dose following the administration of fluconazole 100 mg daily for 7 days. In these three studies, 22/46 (47.8%) of fluconazole-treated patients and 9/22 (40.1%) of placebo-treated patients experienced symptoms consistent with hypoglycemia.

Tolbutamide: In 13 normal male volunteers, there was a significant increase in tolbutamide (500 mg single dose) AUC and  $C_{max}$  following the administration of fluconazole. There was a mean  $\pm$  SD increase in tolbutamide AUC of  $26\% \pm 9\%$  (range: 12 to 39%). Tolbutamide  $C_{max}$  increased  $11\% \pm 9\%$  (range: 6 to 27%).

Glipizide: The AUC and  $C_{max}$  of glipizide (2.5 mg single dose) were significantly increased following the administration of fluconazole in 13 normal male volunteers. There was a mean  $\pm$  SD increase in AUC of  $49\% \pm 13\%$  (range: 27 to 73%) and an increase in  $C_{max}$  of  $19\% \pm 23\%$  (range: -11 to 79%).

Glyburide: The AUC and  $C_{max}$  of glyburide (5 mg single dose) were significantly increased following the administration of fluconazole in 20 normal male volunteers. There was a mean  $\pm$  SD increase in AUC of  $44\% \pm 29\%$  (range: -13 to 115%) and  $C_{max}$  increased  $19\% \pm 19\%$  (range: -23 to 62%). Five subjects required oral glucose following the ingestion of glyburide after 7 days of fluconazole administration.

Clinically significant hypoglycemia may be precipitated by the use of fluconazole with oral hypoglycemic agents; one fatality has been reported from hypoglycemia in association with combined fluconazole and glyburide use. Fluconazole reduces the metabolism of tolbutamide, glyburide, and glipizide and increases the plasma concentration of these agents.

### PHENYTOIN

Fluconazole increases the plasma concentrations of phenytoin. Phenytoin AUC was determined after 4 days of phenytoin dosing (200 mg daily, orally for 3 days, followed by 250 mg intravenously for one dose) both with and without the administration of fluconazole (oral fluconazole 200 mg daily for 16 days) in 10 normal male volunteers. There was a significant increase in phenytoin AUC. The mean  $\pm$  SD increase in phenytoin AUC was 88%  $\pm$  68% (range: 16 to 247%). The absolute magnitude of this interaction is unknown because of the intrinsically non-linear disposition of phenytoin.

### PREDNISONE

There was a case report that a liver-transplanted patient treated with prednisone developed acute adrenal-cortex insufficiency when a 3-month therapy with fluconazole was discontinued. The discontinuation of fluconazole presumably caused an enhanced CYP3A4 activity which led to increased metabolism of prednisone. Patients on long-term treatment with fluconazole and prednisone should be carefully monitored for adrenal cortex insufficiency when fluconazole is discontinued.

### RIFABUTIN

There have been reports that an interaction exists when fluconazole is administered concomitantly with rifabutin, leading to increased serum levels of rifabutin. There have been reports of uveitis in patients to whom fluconazole and rifabutin were coadministered.

### RIFAMPIN

Administration of a single oral 200 mg dose of fluconazole after 15 days of rifampin administered as 600 mg daily in 8 healthy male volunteers resulted in a significant decrease in fluconazole AUC and a significant increase in apparent oral clearance of fluconazole. There was a mean  $\pm$  SD reduction in fluconazole AUC of 23%  $\pm$  9% (range: -13 to -42%). Apparent oral clearance of fluconazole increased 32%  $\pm$  17% (range: 16 to 72%). Fluconazole half-life decreased from 33.4  $\pm$  4.4 hours to 26.8  $\pm$  3.9 hours.

Rifampin enhances the metabolism of concurrently administered fluconazole.

### TACROLIMUS

There have been reports that an interaction exists when fluconazole is administered concomitantly with tacrolimus, leading to increased serum levels of tacrolimus. There have been reports of nephrotoxicity in patients to whom fluconazole and tacrolimus were coadministered.

### THEOPHYLLINE

The pharmacokinetics of theophylline were determined from a single intravenous dose of aminophylline (6 mg/kg) before and after the oral administration of fluconazole 200 mg daily for 14 days in 16 normal male volunteers. There were

significant increases in theophylline AUC,  $C_{max}$  and half-life with a corresponding decrease in clearance. The mean  $\pm$  SD theophylline AUC increased  $21\% \pm 16\%$  (range: -5 to 48%). The  $C_{max}$  increased  $13\% \pm 17\%$  (range: -13 to 40%). Theophylline clearance decreased  $16\% \pm 11\%$  (range: -32 to 5%). The half-life of theophylline increased from  $6.6 \pm 1.7$  hours to  $7.9 \pm 1.5$  hours.

### ZIDOVUDINE

Plasma zidovudine concentrations were determined on two occasions (before and following fluconazole 200 mg daily for 15 days) in 13 volunteers with AIDS or ARC who were on a stable zidovudine dose for at least two weeks. There was a significant increase in zidovudine AUC following the administration of fluconazole. The mean  $\pm$  SD increase in AUC was  $20\% \pm 32\%$  (range: -27 to 104%). The metabolite, GZDV, to parent drug ratio significantly decreased after the administration of fluconazole, from  $7.6 \pm 3.6$  to  $5.7 \pm 2.2$ .

Drugs exhibiting no significant pharmacokinetic interactions with fluconazole:

### ANTACIDS

Administration of Maalox<sup>®</sup> (20 mL) to 14 normal male volunteers immediately prior to a single dose of fluconazole 100 mg had no effect on the absorption or elimination of fluconazole.

Interaction studies with other medications have not been conducted, but such interactions may occur.

### Drug-Food Interactions

Interactions with foods have not been established

### Drug-Herb Interaction

Interactions with herbal products have not been established

## **CANESTEN<sup>®</sup> External Cream and Extra Strength External Antifungal Cream (clotrimazole)**

Concomitant medication with vaginal Clotrimazole and oral tacrolimus/ sirolimus (immunosuppressants) might lead to increased tacrolimus/sirolimus plasma levels. Patients should thus be thoroughly monitored for symptoms of tacrolimus/ sirolimus overdose.

## **DOSAGE AND ADMINISTRATION**

### Dosing Considerations

#### **CANESORAL<sup>®</sup> (fluconazole)**

The recommended dosage of CANESORAL<sup>®</sup> for vaginal candidiasis is 150 mg as a

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*CanesOral<sup>®</sup> (150 mg Fluconazole)*

*CanesOral<sup>®</sup> Combi (150 mg Fluconazole and 1% Clotrimazole)*

*CanesOral<sup>®</sup> Combi 1 Day (150 mg Fluconazole and 2% Clotrimazole)*

single oral dose.

### **Recommended Dose and Dosage Adjustment**

There is no need to adjust single dose therapy for vaginal candidiasis because of impaired renal function.

### **CANESTEN® External Cream and Extra Strength External Antifungal Cream (clotrimazole)**

Use only in conjunction with CANESORAL® Capsules. The cream should be spread onto the irritated area once or twice daily as needed, for up to seven consecutive days.

Vaginal Candidiasis may be accompanied by irritation in the vaginal area. Therefore, concomitant local treatment with CANESTEN® Cream applied to the irritated vaginal area and as far as the anal region twice a day is advisable. CANESTEN® External Cream applied on the glans penis may prevent re-infection by the partner.

## **OVERDOSAGE**

### **CANESORAL® (fluconazole)**

Symptoms: There have been reports of overdose with fluconazole and in one reported case, a 42-year-old patient infected with human immunodeficiency virus developed hallucinations and exhibited paranoid behaviour after reportedly ingesting 8200 mg of fluconazole. The patient was admitted to the hospital, and his condition resolved within 48 hours.

Treatment: In the event of overdose, symptomatic treatment (with supportive measures and gastric lavage if necessary) may be adequate. Fluconazole is largely excreted in urine. A three hour hemodialysis session decreases plasma levels by approximately 50%.

Mice and rats receiving very high doses of fluconazole, whether orally or intravenously, displayed a variety of nonspecific, agonal signs such as decreased activity, ataxia, shallow respiration, ptosis, lacrimation, salivation, urinary incontinence and cyanosis. Death was sometimes preceded by clonic convulsions.

### **CANESTEN® External Cream and Extra Strength External Antifungal Cream (clotrimazole)**

Acute overdose with topical application of CANESTEN® Cream is unlikely and would not be expected to lead to a life-threatening situation.

## **ACTION AND CLINICAL PHARMACOLOGY**

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*CanesOral® (150 mg Fluconazole)*

*CanesOral® Combi (150 mg Fluconazole and 1% Clotrimazole)*

*CanesOral® Combi 1 Day (150 mg Fluconazole and 2% Clotrimazole)*

## CANESORAL® (fluconazole)

### Mechanism of Action

Fluconazole is a highly selective inhibitor of fungal cytochrome P-450 sterol C-14- $\alpha$ -demethylation. Mammalian cell demethylation is much less sensitive to fluconazole inhibition. The subsequent loss of normal sterols correlates with the accumulation of 14- $\alpha$ -methyl sterols in fungi and may be responsible for the fungistatic activity of fluconazole.

### Pharmacodynamics

The effects of fluconazole on the metabolism of carbohydrates, lipids, adrenal and gonadal hormones were assessed. In normal volunteers, fluconazole administration at doses ranging from 200 to 400 mg once daily for up to 14 days was associated with small and inconsistent effects on testosterone concentrations, endogenous corticosteroid concentrations, and the ACTH-stimulated cortisol response. In addition, fluconazole appears to have no clinically significant effects on carbohydrate or lipid metabolism in man.

### Pharmacokinetics

Fluconazole is a polar *bis*-triazole antifungal drug. Studies have shown that fluconazole exhibits specificity as an inhibitor of the fungal as opposed to mammalian cytochrome P-450 mediated reactions, including those involved in steroid biosynthesis and drug metabolism. Many of the clinical advantages of fluconazole are a result of its unique pharmacokinetic properties.

**Absorption:** The pharmacokinetic properties of fluconazole are similar following administration by the intravenous or oral routes and do not appear to be affected by gastric pH. In normal volunteers, the bioavailability of orally administered fluconazole is over 90% compared with intravenous administration. Essentially all of the administered drug reaches systemic circulation; thus, there is no evidence of first-pass metabolism of the drug. In addition, no adjustment in dosage is necessary when changing from p.o. to i.v. or *vice versa*.

Peak plasma concentrations ( $C_{max}$ ) in fasted normal volunteers occur rapidly following oral administration, usually between 1 and 2 hours of dosing with a terminal plasma elimination half-life of approximately 30 hours (range 20-50 hours) after oral administration. The long plasma elimination half-life provides the basis for once daily dosing with fluconazole in the treatment of fungal infections.

In fasted normal volunteers, administration of a single oral 150 mg dose of fluconazole produced a mean  $C_{max}$  of 2.70  $\mu$ g/mL (range: 1.91 to 3.70  $\mu$ g/mL).

In normal volunteers, oral bioavailability as measured by  $C_{max}$  and AUC was not



affected by food when fluconazole was administered as a single 50 mg capsule; however,  $T_{max}$  was doubled.

A pharmacokinetic study in 10 lactating women, who temporarily or permanently stopped breast-feeding their infant, evaluated fluconazole concentrations in plasma and breast milk for 48 hours following a single 150 mg dose of Diflucan. Fluconazole was detected in breast milk at an average concentration of approximately 98% of those in maternal plasma. The mean peak breast milk concentration was 2.61 mg/L at 5.2 hours post-dose.

**Distribution:** The apparent volume of distribution of fluconazole approximates that of total body water. Plasma protein binding is low (11-12%) and is constant over the concentration range tested (0.1 mg/L to 10 mg/L). This degree of protein binding is not clinically meaningful.

A single oral 150 mg dose of fluconazole administered to 27 patients penetrated into vaginal tissue, resulting in tissue: plasma ratios ranging from 0.94 to 1.14 over the first 48 hours following dosing.

A single oral 150 mg dose of fluconazole administered to 14 patients penetrated into vaginal fluid, resulting in fluid: plasma ratios ranging from 0.36 to 0.71 over the first 72 hours following dosing.

**Metabolism and Excretion:** Fluconazole is cleared primarily by renal excretion, with approximately 80% of the administered dose appearing in the urine as unchanged drug. Following administration of radiolabeled fluconazole, greater than 90% of the radioactivity is excreted in the urine. Approximately 11% of the radioactivity in urine is due to metabolites. An additional 2% of the total radioactivity is excreted in feces.

The pharmacokinetics of fluconazole do not appear to be affected by age alone but are markedly affected by reduction in renal function. There is an inverse relationship between the elimination half-life and creatinine clearance. There is no need to adjust single dose therapy for vaginal candidiasis because of impaired renal function.

## **CANESTEN<sup>®</sup> EXTERNAL CREAM and Extra Strength External Antifungal Cream (clotrimazole)**

### **Mechanism of Action**

CANESTEN<sup>®</sup> CREAM (clotrimazole) acts primarily by damaging the permeability barrier in the cell membrane of fungi. CANESTEN<sup>®</sup> CREAM (Clotrimazole) brings about inhibition of ergosterol biosynthesis, an essential constituent of fungal cell membranes. If ergosterol synthesis is completely or partially inhibited, the cell is no

longer able to construct an intact cell membrane. This leads to death of the fungus.

Exposure of *Candida albicans* to clotrimazole causes leakage of intracellular phosphorus compounds into the ambient medium with a concomitant breakdown of cellular nucleic acids and potassium efflux. The onset of these events is rapid and extensive after exposure of the organism to the drug, and causes a time-dependent and concentration-dependent inhibition of fungal growth.

### **Pharmacokinetics**

Pharmacokinetic investigations after vaginal application have shown that only a small amount of clotrimazole (3-10%) is absorbed. Due to the rapid hepatic metabolism of absorbed clotrimazole into pharmacologically active metabolites, the resulting peak plasma concentrations of clotrimazole after vaginal application of a 500 mg dose were less than 10 ng/ml, suggesting that clotrimazole applied intravaginally is unlikely to lead to measurable systemic effects or side effects.

The pharmacokinetics of topically applied clotrimazole in human subjects have been evaluated by Duhm et al. who reported on the penetration of radioactive clotrimazole 1% cream and 1% solution into intact and acutely inflamed skin. Six hours after application of the drug, the concentration of clotrimazole found in skin layers varied from 100 µg/cm<sup>3</sup> in the stratum corneum to 0.5 to 1.0 µg/cm<sup>3</sup> in the stratum reticulare and <0.1 µg/cm<sup>3</sup> in the subcutis. No measurable amount of radioactivity (0.001 µg/mL) was found in the serum within 48 hours after application of 0.5 mL of the solution or 0.8 g of the cream.

### **STORAGE AND STABILITY**

CANESORAL® (fluconazole) should be stored at room temperature, between 15 - 30°C.

CANESTEN® External Cream (clotrimazole) should be stored between 2 - 30°C.

CANESTEN® Extra Strength External Antifungal Cream should be stored at room temperature, between 15 - 30°C.

### **DOSAGE FORMS, COMPOSITION AND PACKAGING**

CANESORAL® COMBI is supplied in a box which contains CANESORAL® and CANESTEN® External Cream.

CANESORAL® COMBI 1 DAY is supplied in a box which contains CANESORAL® and CANESTEN® Extra Strength External Antifungal Cream.

CANESORAL® Capsules are available as hard white gelatin capsules, marked with

“CanesOral” in pink colour on the body of the capsule. Each capsule contains 150 mg of fluconazole. Supplied as a unit dose blister pack of 1 capsule.

CANESTEN® External Cream supplied in a 10 g tube of 1% external cream.

CANESTEN® Extra Strength External Antifungal Cream is supplied in a 15 g tube of 2% external cream.

Composition:

**CANESORAL®:** Each capsule (white) contains 150 mg fluconazole. The capsule also contains the following non-medicinal ingredients: colloidal silicon dioxide, D&C Red #7, gelatin, lactose monohydrate, magnesium stearate; pregelatinized starch, propylene glycol, sodium lauryl sulphate and titanium dioxide.

**CANESTEN® External Cream** contains 10 mg/g of clotrimazole in a vanishing cream base of benzyl alcohol, cetostearyl alcohol, cetyl esters wax, octyldodecanol, polysorbate 60, sorbitan monostearate and water.

**CANESTEN® Extra Strength External Antifungal Cream** contains 20 mg/g of clotrimazole in a vanishing cream base of sorbitan monostearate, polysorbate 60, cetyl esters wax, cetostearyl alcohol, octyldodecanol, purified water, and benzyl alcohol 1% as preservative.

## PART II: SCIENTIFIC INFORMATION

### PHARMACEUTICAL INFORMATION

CANESORAL<sup>®</sup> (fluconazole)

#### Drug Substance

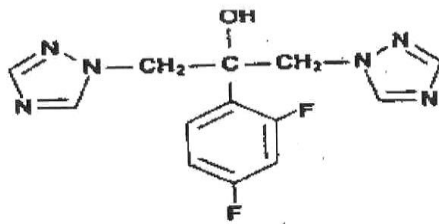
Proper name: fluconazole

Chemical name: 2-(2,4-difluorophenyl)-1,3-bis(1H-1,2,4-triazol-1-yl)-2-propanol.

Molecular Formula: C<sub>13</sub>H<sub>12</sub>F<sub>2</sub>N<sub>6</sub>O

Molecular Weight: 306.3

Structural formula:



Physicochemical properties:

Description: Fluconazole is a white to off-white crystalline powder.

Solubility (mg/mL solvent):

Solvents	Solubility at 23°C in % w/v
Water	0.5
Aqueous 0.1 N HCl	1.4
Aqueous 0.1 N NaOH	0.5
Chloroform	3.1
Acetone	4.0
Isopropanol	0.8
Methanol	25.0
Ethanol	2.5
n-hexane	0.1
Methanolic 0.01 N HCl	30.5

Melting Range: 136°C to 140°C

pKa: 1.68 ± 0.07 at 24°C

pH:

pH	Solubility (mg/mL)
1.2	12.3
6.0	2.5
8.0	4.8

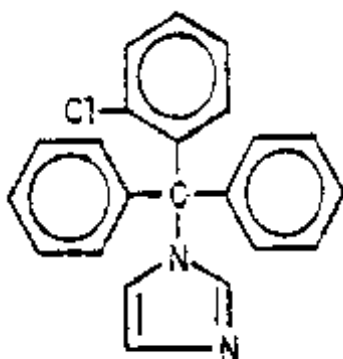
CANESTEN® EXTERNAL CREAM and EXTRA STRENGTH EXTERNAL  
ANTIFUNGAL CREAM (clotrimazole)

**DRUG SUBSTANCE**

**Proper Name:** clotrimazole

**Chemical Name:** 1-(o-chloro- $\sigma$ -diphenylbenzyl) imidazole.

**Structural Formula:**



**Molecular Formula:** C<sub>22</sub>H<sub>17</sub>ClN<sub>2</sub>

**Molecular Weight:** 344.84

**Description:** Clotrimazole is a white to pale yellow, crystalline, weakly alkaline substance, M.P. 145EC, soluble in acetone, chloroform and ethanol, and practically insoluble in water. It forms stable salts with both inorganic and organic acids. It is not photosensitive but slightly hygroscopic and may be hydrolyzed in acid media.

**CLINICAL TRIALS**

The following studies assessed fluconazole 150mg single-dose for the treatment and cure of vaginal candidiasis. A total of 13 studies are presented below.

## Study Demographics and trial design

Study Ref.	Trial Design	Drug and Dose	Study Subjects	Age	No. of females
Adetero 1990	RD, O, C	Fluconazole 150mg po sd	Females with VC	15-39 years	23
Andersen et al. 1989	RD, C, MC	Fluconazole 150mg po sd	Females with VC	32.1 years	188
Mending et al. 2004	RD, SB, PL	Fluconazole 150mg po sd	Females with VC	Unk	154
Mikamo et al 1995	O, C	Fluconazole 150mg po sd	Females with VC	18-54 years	50
Mikamo et al. 1998	O, C	Fluconazole 150mg po sd	Females with VC	17-55 years	50
Multicentre Study Group 1988	O	Fluconazole 150mg po sd	Females with VC	17-67 years	180
O-Prasertsawat & Boulert 1995	RD, SB	Fluconazole 150mg po sd	Females with VC	26-43 years	53
Phillips et al. 1990	O, MC	Fluconazole 150mg po sd	Females with VC	17-65 years	1017
Sobel et al. 1995	RD, SB, MC, C	Fluconazole 150mg po sd	Females with VC	18-63 years	218
Timonen 1992	RD, O, C	Fluconazole 150mg po sd	Females with VC	18-54 years	54
van Heusden et al. 1990	RD, DB, DD, PL	Fluconazole 150mg po sd	Females with VC	18-60 years	43
van Heusden et al. 1994	RD, MC, C	Fluconazole 150mg po sd	Females with VC	18-65 years	243

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*CanesOral® (150 mg Fluconazole)*

*CanesOral® Combi (150 mg Fluconazole and 1% Clotrimazole)*

*CanesOral® Combi 1 Day (150 mg Fluconazole and 2% Clotrimazole)*

Study Ref.	Trial Design	Drug and Dose	Study Subjects	Age	No. of females
Wooley & Higgins 1995	RD, C	Fluconazole 150mg po sd	Females with VC	27.3 years	72

RD: randomized, O: open, C: comparative, MC: Multicentre, SB: single-blind, PL: parallel, DB: double blind, DD: double-dummy, po: oral, sd: single-dose, VC: vaginal candidiasis, Unk: unknown

### Study Results

Reference	Primary Endpoints	Associated value for fluconazole 150mg
Adetero 1990	CC & MC 8 days CC & MC 32 days	87% 87%
Andersen et al. 1989	CC 5-16 days CC 27-62 days MC 5-16 days MC 27-62 days	99% 93% 85% 72%
Mending et al. 2004	MC 14 days MC & CC 14 days	76.0% 59.1%
Mikamo et al 1995	CC 5-15 days CC 30-60 days MC 5-15 days MC 30-60 days	80% 76% 76% 70%
Mikamo et al. 1998	CC 5-15 days CC 30-60 days MC 5-15 days MC 30-60 days	80% 76% 76% 70%
Multicentre Study Group 1988	CC 5-16 days CC 27-62 days MC 5-16 days MC 27-62 days	97% 88% 94% 73%
O-Prasertsawat & Bourlert 1995	CC 7 days CC 28 days MC 7 days MC 28 days	88.7% 69.8% 79.2% 60.4%
Phillips et al. 1990	CC	94.7%
Sobel 1995	CC 14 days CC 35 days MC 14 days MC 35 days	94% 75% 77% 65%

Reference	Primary Endpoints	Associated value for fluconazole 150mg
Timonen 1992	CC 7 days MC 7 days MC 30 days	100% 83.3% 72.2%
van Heusden et al. 1990	CC 6-10 days CC 22-44 days MC 6-10 days MC 22-44 days	81% 86% 98% 74%
van Heusden et al. 1994	MC 7 days MC 28 days	82% 75%
Wooley & Higgins 1995	CC 7-10 days MC 7-10 days	62% 83%

CC: clinical cure, MC: mycological cure

## DETAILED PHARMACOLOGY

### CANESORAL® (fluconazole)

The general pharmacological properties of fluconazole were investigated in a variety of *in vitro* and *in vivo* tests. The compound was well tolerated in the rat following acute administration of 2.5 and 5.0 mg/kg both orally or intravenously. The normal behavior pattern was not greatly affected and there were no suggestions of an effect on various physiological systems apart from the animals appearing slightly subdued after 5 mg/kg i.v., and showing reduced food intake on the first day following 5 mg/kg orally or intravenously.

In the mouse rotarod test designed to detect sedative and/or skeletal muscle relaxant activity, fluconazole at 5 mg/kg p.o. had no effect 1 hour after administration and produced a slight reduction in performance after 3 hours. It did not affect alcohol sleeping times in mice but significantly prolonged pentobarbital sleeping time. At concentrations up to 100  $\Phi$ M, fluconazole did not stimulate intestinal muscle directly or show antimuscarinic or antihistaminic activity on the isolated guinea pig ileum.

Intravenously administered fluconazole at doses up to and including 5 mg/kg was well tolerated by the anesthetized cat. It produced moderate cardiovascular changes which were transient and returned to pretreatment levels within 10 minutes of administration. In the cat, fluconazole did not display sympathomimetic or ganglion stimulating or blocking activity. Minor alterations in the cardiovascular responses to norepinephrine, isoproterenol, histamine and acetylcholine occurred but were not sufficiently marked or consistent to indicate a direct effect of fluconazole on the receptors for these drugs. Additionally, fluconazole had no anti-5-hydroxytryptamine activity. Somatic function remained essentially normal and respiration was unchanged.



Fluconazole 5 mg/kg p.o. did not significantly affect the basal gastric acid secretion or motility components of gastrointestinal function in the rat. The drug had no significant effect on renal function as measured by assessing the excretion of fluid and electrolytes in the saline-loaded female rat.

## MICROBIOLOGY

Fluconazole is a polar *bis*-triazole antifungal agent which exhibits fungistatic activity *in vitro* against a variety of fungi and yeasts; it also exhibits fungistatic activity *in vivo* against a broad range of systemic and superficial fungal infections.

In common with other azole antifungal agents, most fungi show a higher apparent sensitivity to fluconazole *in vivo* than *in vitro*. Both orally and intravenously administered fluconazole was active in a variety of animal fungal infection models. Activity has been demonstrated against opportunistic mycoses, such as infections with *Candida* spp. including systemic candidiasis and in immunocompromised animals; with *Cryptococcus neoformans*, including intracranial infections; with *Aspergillus* spp., including systemic infections in immunocompromised animals; with *Microsporum* spp.; and with *Trichophyton* spp. Fluconazole has also been shown to be active in animal models of endemic mycoses, including infections with *Blastomyces dermatitidis*; with *Coccidioides immitis*; including intracranial infection; and with *Histoplasma capsulatum* in normal and immunosuppressed animals.

### In Vitro Studies

The clinical relevance of *in vitro* results obtained with azoles is unknown since MIC (minimal inhibitory concentration) can vary greatly depending on the methods and medium used. However, in a defined medium the geometric mean MIC of fluconazole for most *Candida* species lies between 0.5 and 1.5  $\mu$ g/mL. Fluconazole is apparently less potent against dermatophytes and other filamentous fungi although good *in vivo* activity against these organisms has been demonstrated in animal models. (See Table below)

The mean MIC\* ( $\mu$ g/mL) and MIC range of fluconazole for various pathogenic fungi in a defined medium\*\*

Strains	Number of Isolates	Fluconazole MIC	Range MIC
<i>Candida albicans</i>	159	0.39	0.1 - 1.56
<i>Candida glabrata</i>	3	1.9	1.56 - 3.12
<i>Candida guilliermondii</i>	3	0.62	0.39 - 0.78
<i>Candida krusei</i>	10	>25	>25
<i>Candida parapsilosis</i>	19	1.0	0.39 - 3.1
<i>Candida pseudotropicalis</i>	6	0.19	0.04 - 0.39
<i>Candida tropicalis</i>	16	1.42	0.19 - 3.12

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CanesOral® (150 mg Fluconazole)

CanesOral® Combi (150 mg Fluconazole and 1% Clotrimazole)

CanesOral® Combi 1 Day (150 mg Fluconazole and 2% Clotrimazole)



## **CANESTEN® EXTERNAL CREAM and EXTRA STRENGTH EXTERNAL ANTIFUNGAL CREAM (clotrimazole)**

Clotrimazole is an antifungal agent with a broad spectrum of activity. In general, the in vitro activity of clotrimazole corresponds to that of tolnaftate, griseofulvin, and pyrrolnitrin against dermatophytes (*Trichophyton*, *Microsporum* and *Epidermophyton* species) and to that of the polyenes, amphotericin B and nystatin, against budding fungi (*Candida* and *Histoplasma* species).

In vitro, clotrimazole is fungistatic for most isolates of pathogenic fungi at concentrations of 0.02 to 10 µg/mL. The drug is fungicidal for many isolates of *Trichophyton*, *Microsporum*, *Epidermophyton* and *Candida* species at concentration of 0.1 to 2 µg/mL.

No one-step or multiple-step secondary resistance to clotrimazole has developed during successive passages of *C. albicans*, *C. krusei*, *C. pseudotropicalis*, *T. mentagrophytes*, *T. rubrum*, *Cryptococcus neoformans*, *Aspergillus niger*, and *A. nidulans*. Only a few isolates have been designated as having primary resistance to clotrimazole: a single isolate of *C. guilliermondii*, six isolates of *C. neoformans*, three isolates of *Paracoccidioides brasiliensis* and two isolates of *Blakeslea trispora*.

Topical application of clotrimazole has been effective in the treatment of skin infections experimentally induced in the guinea pig with *T. mentagrophytes* and *T. quinckeanum*.

## **TOXICOLOGY**

### **CANESORAL® (fluconazole)**

#### **Acute Toxicity**

Fluconazole had extremely low toxicity when administered orally in single doses to male and female mice and rats; no deaths occurred at doses below 1000 mg/kg in either species. The first clinical signs noted were incoordination and decreased activity and respiration at doses greater than 500 mg/kg in mice, while only decreased activity was seen in rats at this 500 mg/kg dose; at higher doses signs included ataxia, prostration, exophthalmia, ptosis, lacrimation, salivation, urinary incontinence, loss of righting reflex and cyanosis. Some signs appeared from 10 minutes post-dose and most regressed by the second day. The deaths which occurred at doses greater than 1000 mg/kg, were generally within 5 hours post-dose, but occasionally up to 3 days post-dose. Death was sometimes preceded by clonic convulsions. Fluconazole also displayed low toxicity after single intravenous doses. No deaths occurred in male or female mice at 200 mg/kg, in rats at 165 mg/kg, or in dogs at 100 mg/kg. Clinical signs, lasting up to 5 to 7 hours, included ataxia, exophthalmia, decreased activity and decreased respiration. Dogs which received single intravenous doses of 100 mg/kg showed only transient clinical signs (ataxia, decreased spontaneous movement and decreased respiration).



















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### PART III: CONSUMER INFORMATION

#### CANESORAL® COMBI

##### CANESORAL®

Fluconazole Capsule 150 mg

##### CANESTEN® EXTERNAL CREAM

Clotrimazole Cream 1%

**This leaflet is part III of a three-part "Product Monograph" published when CanesOral® Combi 1 was approved for sale in Canada and is designed specifically for Consumers. This leaflet is a summary and will not tell you everything about CanesOral® Combi. Contact your doctor or pharmacist if you have any questions about the drug.**

#### ABOUT THIS MEDICATION

##### What the medication is used for:

CanesOral® Combi is indicated for the treatment of vaginal yeast (fungal) infections. It can be taken anytime, anywhere to relieve the itching, burning, and discharge associated with vaginal yeast infections. CanesOral® is a clinically proven, effective single-dose cure for most vaginal yeast infections that starts to work in 1 day.

##### *What is a Yeast Infection*

A "yeast infection" may occur any time there is an overgrowth of yeast organisms in the vagina. The vagina normally has bacteria and yeast organisms present. Under some conditions, the number of yeast organisms rises, irritating the tissues of the vagina and vaginal opening.

Conditions that make this more likely to occur:

- illness
- use of antibiotics
- changes in hormone levels
- pregnancy
- use of oral contraceptive pills
- just before a woman's period
- diabetes
- hot humid weather
- continuous use of panty liners
- tight, non-breathing clothing
- nylon underwear, pantyhose, wet bathing suits or damp workout wear
- perfumed soaps, bubble baths or douching may cause vaginal

irritation and upset the normal balance

Refrain from vaginal intercourse when you have a yeast infection to avoid infecting your partner and to minimize additional discomfort. If your partner has any genital itching, redness or discomfort, they should talk to their doctor and mention that you are treating a yeast infection.

*When a "yeast infection" occurs, the body responds with:*

- an increase in vaginal secretions
- secretions are generally thick and sticky (cheesy or curd-like, similar to cottage cheese), but odourless
- secretions are irritating to the tissues of the vaginal area
- itching, redness, and swelling of vaginal area
- red spots or sores may develop, especially if the area has been scratched
- soreness in the vagina
- pain during sexual relations

##### What it does:

CANESORAL® Combi is an antifungal medication containing two products. CANESORAL® is an antifungal medication with the active ingredient fluconazole, which works by stopping the growth of the fungi that cause vaginal yeast infections. CANESTEN® External Cream is also an antifungal medication with the active ingredient clotrimazole, which works by relieving the external irritation associated with a yeast infection.

##### When it should not be used:

Do not use if you are:

- pregnant
- trying to become pregnant
- nursing
- allergic to fluconazole, related azoles (e.g. clotrimazole / miconazole) or other ingredients in the product
- taking allergy drugs (e.g. astemizole\* / terfenadine\*)
- taking cisapride\*

\* not marketed in Canada

##### What the medicinal ingredient is:

Fluconazole 150mg (Oral Capsule)

Clotrimazole 1% w/w (Cream)

*CanesOral® (150 mg Fluconazole)*

*CanesOral® Oral Combi (150 mg Fluconazole and 1% Clotrimazole)*

*CanesOral® Combi 1 Day (150 mg Fluconazole and 2% Clotrimazole)*

**What the important nonmedicinal ingredients are:**

Oral Capsule: colloidal silicon dioxide, D&C Red #7, gelatin, lactose monohydrate, magnesium stearate, pregelatinized starch, propylene glycol, shellac, sodium lauryl sulphate and titanium dioxide.

External Cream: benzyl alcohol, cetostearyl alcohol, cetyl esters wax, octyldodecanol, polysorbate 60, sorbitan monostearate, water.

**What dosage forms it comes in:**

CANESORAL® is available in single-dose foil blister. Each capsule contains 150 mg of fluconazole.

Canesten® External Cream is available in tubes of 10g and contains clotrimazole 1% w/w in a vanishing cream base.

- Nausea
- Vomiting
- Diarrhea
- Pain upon urination
- Unexplained pain in your lower back or either shoulder
- Foul-smelling discharge

Consult your doctor immediately if you have these symptoms, as they could be signs of a more serious condition.

**INTERACTIONS WITH THIS MEDICATION**

BEFORE you use CANESORAL® talk to your doctor or pharmacist if you are taking any other drug especially drugs for:

- AIDS/HIV (zidovudine)
- Allergies (asemizole\*, tefenadine\*)
- Asthma (theophylline)
- Antibiotics (rifabutin, rifampicin)
- Blood Thinners (warfarin or similar drugs)
- Diabetes (glyburide, glipizide, tolbutamide)
- Diuretics (hydrochlorothiazide)
- Epilepsy (phenytoin)
- Immune System suppression (cyclosporine, tacrolimus, sirolimus)
- Stomach (cimetidine, cisapride\*)
- Sedation (midazolam, triazolam)
- Steroid used to treat skin, stomach blood or breathing disorders (prednisone)

\* not marketed in Canada

**PROPER USE OF THIS MEDICATION**

Consult your doctor if this is your first yeast infection, or if you have a second yeast infection in less than 2 months after treating a prior infection.

**Usual dose:**

Adults (≥12 years old): Take CANESORAL® by mouth as an one-time only dose, with or without food, or as directed by your doctor. DO NOT take more than one dose for this infection. If your symptoms have not improved within 3 days and disappeared in 7 days, contact your doctor.

In addition, a small amount of CANESTEN® External Cream may be applied to the opening of the vagina to help provide extra relief of external symptoms while the oral medication is working to cure the infection. Squeeze a small amount of cream onto your

**WARNINGS AND PRECAUTIONS**

**BEFORE USING CANESORAL® COMBI talk to your doctor or pharmacist if:**

- you are having your first yeast infection
- your yeast infection returns in less than 2 months
- you have frequent vaginal infections
- you are at increased risk for sexually transmitted diseases, have multiple sexual partners or change partners often
- you have heart disease
- using in children less than 12 years old

There have been reports of spontaneous abortion or birth defects. If you could become pregnant while taking this medicine, you should consider using a reliable means of contraception for approximately 1 week after the dose. If you become pregnant while taking this medicine, contact your doctor.

Canesten Cream reduces the effectiveness of latex condoms and diaphragms. Their use is not recommended during Canesten therapy and for 3 days afterwards. Condoms and diaphragms may be damaged and fail to prevent pregnancy or sexually transmitted diseases.

Yeast infections do not cause:

- Fever
- Chills
- Abdominal pain

*CanesOral® (150 mg Fluconazole)*

*CanesOral® Oral Combi (150 mg Fluconazole and 1% Clotrimazole)*

*CanesOral® Combi 1 Day (150 mg Fluconazole and 2% Clotrimazole)*

finger and gently spread over the irritated vaginal area. Use once or twice a day and only during the period when external symptoms are present, to a maximum of 7 days.

Clearing a yeast infection does take time. Although CANESORAL® is taken only once, CANESORAL® ORAL therapy does not cure the infection in just one day, the medication remains active in your body for several days. Most patients can expect to see symptom relief begin within 24 hours after taking the capsule. As CANESORAL® works to cure the infection, symptoms will lessen and eventually disappear.

**Overdose:**

In case of accidental overdose call a doctor or hospital emergency department or poison control centre immediately, even if there are no symptoms.

**SIDE EFFECTS, HOW OFTEN THEY HAPPEN AND WHAT TO DO ABOUT THEM**

The most common side effects in clinical studies for CanesOral® were headache, nausea, abdominal pain, and diarrhea. Most reported side effects were mild to moderate in nature. Infrequent side effects for Canesten® External Cream may include a temporary increase in irritation including redness, itching and burning.

**SERIOUS SIDE EFFECTS AND WHAT TO DO ABOUT THEM**

Stop use and contact a doctor or pharmacist if you: develop skin eruptions, experience new rash or irritations or allergy symptoms such as hives. Rarely, severe allergic reactions (swelling of face, eyes, mouth, hands and feet) have occurred.

**HOW TO STORE IT**

Store the product at room temperature between 15-30 °C.

Keep out of reach of children.

**REPORTING SIDE EFFECTS**

You can help improve the safe use of health products for Canadians by reporting serious and unexpected side effects to Health Canada. Your report may help to identify new side effects and change the product safety information.

**3 ways to report:**

- Online at [MedEffect](https://www.canada.ca/en/health-canada/services/drugs-health-products/medeffect-canada.html) (<https://www.canada.ca/en/health-canada/services/drugs-health-products/medeffect-canada.html>);
- By calling 1-866-234-2345 (toll-free);
- By completing a Consumer Side Effect Reporting Form and sending it by
  - Fax to 1-866-678-6789 toll-free, or
  - Mail to: Canada Vigilance Program  
Health Canada  
Postal Locator 0701E  
Ottawa, ON K1A 0K9

Postage paid labels and the Consumer Side Effect Reporting Form are available at [MedEffect](https://www.canada.ca/en/health-canada/services/drugs-health-products/medeffect-canada.html) (<https://www.canada.ca/en/health-canada/services/drugs-health-products/medeffect-canada.html>).

*NOTE: Contact your health professional if you need information about how to manage your side effects. The Canada Vigilance Program does not provide medical advice.*

**MORE INFORMATION**

This document plus the full product monograph, prepared for health professionals can be found at:

<http://www.bayer.ca>

This leaflet was prepared by Bayer Inc.

Last Revised: September 21, 2018

**PART III: CONSUMER INFORMATION**  
**CANESORAL® COMBI 1 DAY**

**CANESORAL®**

Fluconazole Capsule 150 mg

**CANESTEN® EXTRA STRENGTH EXTERNAL**  
**ANTIFUNGAL CREAM**

Clotrimazole Cream 2%

**This leaflet is part III of a three-part "Product Monograph" published when CanesOral® Combi 1 DAY was approved for sale in Canada and is designed specifically for Consumers. This leaflet is a summary and will not tell you everything about CanesOral® Combi 1 DAY. Contact your doctor or pharmacist if you have any questions about the drug.**

**ABOUT THIS MEDICATION**

**What the medication is used for:**

CanesOral® Combi 1 DAY is indicated for the treatment of vaginal yeast (fungal) infections. It can be taken anytime, anywhere to relieve the itching, burning, and discharge associated with vaginal yeast infections. CanesOral® is a clinically proven, effective single-dose cure for most vaginal yeast infections that starts to work in 1 day.

*What is a Yeast Infection*

A "yeast infection" may occur any time there is an overgrowth of yeast organisms in the vagina. The vagina normally has bacteria and yeast organisms present. Under some conditions, the number of yeast organisms rises, irritating the tissues of the vagina and vaginal opening.

Conditions that make this more likely to occur:

- illness
- use of antibiotics
- changes in hormone levels
- pregnancy
- use of oral contraceptive pills
- just before a woman's period
- diabetes

- hot humid weather
- continuous use of panty liners
- tight, non-breathing clothing
- nylon underwear, pantyhose, wet bathing suits or damp workout wear
- perfumed soaps, bubble baths or douching may cause vaginal irritation and upset the normal balance

Refrain from vaginal intercourse when you have a yeast infection to avoid infecting your partner and to minimize additional discomfort. If your partner has any genital itching, redness or discomfort, they should talk to their doctor and mention that you are treating a yeast infection.

*When a "yeast infection" occurs, the body responds with:*

- an increase in vaginal secretions
- secretions are generally thick and sticky (cheesy or curd-like, similar to cottage cheese), but odourless
- secretions are irritating to the tissues of the vaginal area
- itching, redness, and swelling of vaginal area
- red spots or sores may develop, especially if the area has been scratched
- soreness in the vagina
- pain during sexual relations

**What it does:**

CANESORAL® Combi 1 DAY is an antifungal medication containing two products. CANESORAL® is an antifungal medication with the active ingredient fluconazole, which works by stopping the growth of the fungi that cause vaginal yeast infections. CANESTEN® Extra Strength External Antifungal Cream is also an antifungal medication with the active ingredient clotrimazole, which works by relieving the external irritation associated with a yeast infection.

**When it should not be used:**

Do not use if you are:

- pregnant
- trying to become pregnant

## IMPORTANT: PLEASE READ

- nursing
- allergic to fluconazole, related azoles (e.g. clotrimazole / miconazole) or other ingredients in the product
- taking allergy drugs (e.g. astemizole\* / terfenadine\*)
- taking cisapride\*

\* not marketed in Canada

### **What the medicinal ingredient is:**

Fluconazole 150 mg (Oral Capsule)

Clotrimazole 2% w/w (Cream)

### **What the important nonmedicinal ingredients are:**

Oral Capsule: colloidal silicon dioxide, D&C Red #7, gelatin, lactose monohydrate, magnesium stearate, pregelatinized starch, propylene glycol, shellac, sodium lauryl sulphate and titanium dioxide.

External Cream: benzyl alcohol, cetostearyl alcohol, cetyl esters wax, octyldodecanol, polysorbate 60, sorbitan monostearate, water.

### **What dosage forms it comes in:**

CANESORAL<sup>®</sup> is available in single-dose foil blister. Each capsule contains 150 mg of fluconazole.

Canesten<sup>®</sup> Extra Strength External Cream is available in tubes of 15 g and contains clotrimazole 2% w/w in a vanishing cream base.

## WARNINGS AND PRECAUTIONS

### **BEFORE USING CANESORAL<sup>®</sup> COMBI 1 DAY talk to your doctor or pharmacist if:**

- you are having your first yeast infection
- your yeast infection returns in less than 2 months
- you have frequent vaginal infections
- you are at increased risk for sexually transmitted diseases, have multiple sexual partners or change partners often
- you have heart disease
- using in children less than 12 years old

There have been reports of spontaneous abortion or birth defects. If you could become pregnant while taking this medicine, you should consider using a reliable means of

contraception for approximately 1 week after the dose. If you become pregnant while taking this medicine, contact your doctor.

Canesten Cream reduces the effectiveness of latex condoms and diaphragms. Their use is not recommended during Canesten therapy and for 3 days afterwards. Condoms and diaphragms may be damaged and fail to prevent pregnancy or sexually transmitted diseases.

Yeast infections do not cause:

- Fever
- Chills
- Abdominal pain
- Nausea
- Vomiting
- Diarrhea
- Pain upon urination
- Unexplained pain in your lower back or either shoulder
- Foul-smelling discharge

Consult your doctor immediately if you have these symptoms, as they could be signs of a more serious condition.

## INTERACTIONS WITH THIS MEDICATION

BEFORE you use CANESORAL<sup>®</sup> talk to your doctor or pharmacist if you are taking any other drug especially drugs for:

- AIDS/HIV (zidovudine)
- Allergies (astemizole\*, terfenadine\*)
- Asthma (theophylline)
- Antibiotics (rifabutin, rifampicin)
- Blood Thinners (warfarin or similar drugs)
- Diabetes (glyburide, glipizide, tolbutamide)
- Diuretics (hydrochlorothiazide)
- Epilepsy (phenytoin)
- Immune System suppression (cyclosporine, tacrolimus, sirolimus)
- Stomach (cimetidine, cisapride\*)
- Sedation (midazolam, triazolam)
- Steroid used to treat skin, stomach, blood or breathing disorders (prednisone)

\* not marketed in Canada

*CanesOral<sup>®</sup> (150 mg Fluconazole)*

*CanesOral<sup>®</sup> Oral Combi (150 mg Fluconazole and 1% Clotrimazole)*

*CanesOral<sup>®</sup> Combi 1 Day (150 mg Fluconazole and 2% Clotrimazole)*

**PROPER USE OF THIS MEDICATION**

Consult your doctor if this is your first yeast infection, or if you have a second yeast infection in less than 2 months after treating a prior infection.

**Usual dose:**

Adults (≥12 years old): Take CANESORAL® by mouth as a one-time only dose, with or without food, or as directed by your doctor. DO NOT take more than one dose for this infection. If your symptoms have not improved within 3 days and disappeared in 7 days, contact your doctor.

In addition, a small amount of CANESTEN® Extra Strength External Antifungal Cream may be applied to the opening of the vagina to help provide extra relief of external symptoms while the oral medication is working to cure the infection. Squeeze a small amount of cream onto your finger and gently spread over the irritated vaginal area. Use once or twice a day and only during the period when external symptoms are present, to a maximum of 7 days.

Clearing a yeast infection does take time. Although CANESORAL® is taken only once, CANESORAL® ORAL therapy does not cure the infection in just one day, the medication remains active in your body for several days. Most patients can expect to see symptom relief begin within 24 hours after taking the capsule. As CANESORAL® works to cure the infection, symptoms will lessen and eventually disappear.

**Overdose:**

In case of drug overdose, call a poison control centre or get medical help right away even if there are no symptoms.

**SIDE EFFECTS, HOW OFTEN THEY HAPPEN AND WHAT TO DO ABOUT THEM**

The most common side effects in clinical studies for CanesOral® were headache, nausea, abdominal pain, and diarrhea. Most reported side effects were mild to

moderate in nature. Infrequent side effects for Canesten® Extra Strength External Antifungal Cream may include a temporary increase in irritation including redness, itching and burning.

**SERIOUS SIDE EFFECTS AND WHAT TO DO ABOUT THEM**

Stop use and contact a doctor or pharmacist if you: develop skin eruptions, experience new rash or irritations or allergy symptoms such as hives. Rarely, severe allergic reactions (swelling of face, eyes, mouth, hands and feet) have occurred.

**HOW TO STORE IT**

Store the product at room temperature between 15-30 °C. Keep out of reach of children.

**REPORTING SIDE EFFECTS**

You can report any suspected side effects associated with the use of health products to Health Canada by:

- Visiting the Web page on Adverse Reaction Reporting(<http://www.hc-sc.gc.ca/dhp-mps/medeff/report-declaration/index-eng.php>) for information on how to report online, by mail or by fax; or
- Calling toll-free at 1-866-234-2345.

*NOTE: Contact your health professional if you need information about how to manage your side effects. The Canada Vigilance Program does not provide medical advice.*

**MORE INFORMATION**

This document plus the full product monograph, prepared for health professionals can be found at: <http://www.bayer.ca>

This leaflet was prepared by Bayer Inc., Mississauga ON



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® TM see [www.bayer.ca/tm-mc](http://www.bayer.ca/tm-mc)

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