Clotrimazole and Betamethasone Dipropionate Lotion



'Rx only FOR TOPICAL USE ONLY. NOT FOR OPHTHALMIC, ORAL, OR INTRAVAGINAL USE. NOT RECOMMENDED FOR PATIENTS UNDER THE AGE OF 17 YEARS AND NOT RECOMMENDED FOR DIAPER DERMATITIS.

DESCRIPTION

Clotrimazole and Betamethasone Dipropionate Lotion contains combinations of clotrimazole, a synthetic antifungal agent, and betamethasone dipropionate, a synthetic corticosteroid, for dermatologic use

Chemically, clotrimazole is 1-(α -chloro- α , α -diphenylbenzyl) imidazole, with the empirical formula $C_{22}H_{12}$ ClN₂, a molecular weight of 344.84, and the following structural formula:



Clotrimazole is an odorless, white crystalline powder, insoluble in twater and soluble in ethanol. Betamethasone dipropionate has the chemical name 9-fluoro-116,17,21-thydroxy-165-methyloregna-1,4-diene-3,20-dione 17,21-dipropionate, with the empirical formula C₆H₃FO₇, a molecular weight of 504,59, and the following structural formula:



Betamethasone dipropionate is a white to creamy white, odorless

Technieniasone dipolonale is a write to creanly write, oucless Crystallite powder, insoluble in water. Each gram of clotrimazole and betamethasone dipropionate lotion contains 10 mg clotrimazole, USP and 0.64 mg betamethasone, in dipropionate, USP (equivalent to 0.5 mg betamethasone), in a hydrophilic base of ceteareth-30, cetyl alcohol, mineral oil, phosphoric acid, propylene glycol, purified water, sodium phosphate monobasic, stearyl alcohol, white petrolatum; benzyl alcohol as mesenuctive. alcohol as preservative

Clotrimazole and betamethasone dipropionate lotion is opaque and white in color

CLINICAL PHARMACOLOGY

Clotrimazole and Betamethasone Dipropionate

No comparative studies have been conducted with clotrimazole and betamethasone dipropionate lotion and clotrimazole alone. Use of corticosteroids in the treatment of a fungal infection may lead to suppression of host inflammation leading to worsening of decreased cure rate.

Clotrimazole

Skin penetration and systemic absorption of clotrimazole following topical application of clotrimazole and betamethasone dipropionate lotion have not been studied. The clowing information was obtained using 1% clothimazole solution formulations. Six hours after the application of radioactive clothimazole 1% solution onto intact and acutely inflamed skin, the concentration of clothimazole varied from 100 mcg/cm² in the stratum conneum, to 0.5 to 1 mog/cm² in the reticular demis, and 0.1 mcg/cm³ in the subcutis. No measurable amount of radioactivity (<0.001 mcg/mL) was found in the serum within 48 hours after application under occlusive dressing of 0.5 mL of the solution. Only 0.5% or less of the applied radioactivity w excreted in the urine.

MicrobiologyMechanism of Action: Clotrimazole is an imidazole antifungal agent. Imidazoles inhibit 14- α -demethylation of lanosterol in fungi by binding to one of the cytochrome P-450 enzymes. This leads to the accumulation of 14- α -methylsterols and reduced

leads to the accumulation of 14-cx-methylsterols and reduced concentrations of ergosterol, a sterol essential for a normal fungal cytoplasmic membrane. The methylsterols may affect the electron transport system, thereby inhibiting growth of fungi. Activity In Vivo: Clotrimazole has been shown to be active against most strains of the following dermatophytes, both in vitro and in clinical infections as described in the INDICATIONS IAND USAGE section: Epidermophyton floccasum, Trichophyton mentagrophytes, and Trichophyton rubrum. Activity In Vitro: In vitro, clotrimazole has been shown to have activity against many dermatophytes, but the clinical significance of this information is unknown. Drug Resistance: Strains of dermatophytes having a natural

Drug Resistance: Strains of dermatophytes having a natural resistance to clotrimazole have not been reported. Resistance to azoles including clotrimazole has been reported in some *Candida* encries Candida species.

No single-step or multiple-step resistance to clotrimazole has developed during successive passages of *Trichophyton mentagrophytes*.

Betamethasone Dipropionate Betamethasone dipropionate, a corticosteroid, has been shown to have topical (dermatologic) and systemic pharmacologic and Imetabolic effects characteristic of this class of drugs.

The extent of percutaneous absorption of topical corticosteroids The extent of percutaneous absorption of topical corticosteroids is determined by many factors, including the vehicle, the integrity of the epidemal barrier and the use of occlusive dressings [see DOSAGE AND ADMINISTRATION]. Topical corticosteroids can be absorbed from normal intact skin. Inflammation and/or other disease processes in the skin may increase percutaneous absorption of topical corticosteroids. Occlusive dressings substantially increase the percutaneous absorption of topical corticosteroids (see DOSAGE AND ADMINISTRATION). Once absorbed through the skin, the pharmacokinetics of topical corticosteroids are similar to systemically administered corticosteroids. Corticosteroids are bound to plasma proteins

corticosteroids. Corticosteroids are bound to plasma proteins In varying degrees. Corticosteroids are metabolized primarily in the liver and are then excreted by the kidneys. Some of the topical corticosteroids and their metabolites are also excreted topical corti into the bile

Istudies performed with clotrimazole and betamethasone dipropionate lotion indicate that this topical combination antifungal





CLINICAL STUDIES (Clotrimazole and Betamethasone Dipropionate Lot Dipropionate Lotion) In the treatment of tinea pedis twice daily for 4 weeks, clotrimazole

In the treatment of time apens twice daily for 4 weeks, clothmazole and betamethasone dipropionate lotion was shown to be superior, to vehicle in relieving symptoms of enythema, scaling, pruritus, and maceration at Week 2. Clotimazole and betamethasone dipropionate lotion was also shown to have a superior mycological cure rate compared to vehicle 2 weeks after discontinuation of treatment. It is unclear if the relief of symptoms at 2 weeks in this clinical study with clotimazole and betamethasone dipropionate lotion was due to the contribution of theramethasone dipropionate lotion was due to the contribution of betamethasone dipropionate, clotrimazole, or both

e treatment of tinea cruris twice daily for 2 weeks, clotrimazole and betamethesone during time damp to 2 weeks, outminated and betamethesone dipropionate lotion was shown to be superior, to vehicle in the relief of symptoms of erythema, scaling, and pruritus after 3 days. It is unclear if the relief of symptoms after 3 days in this clinical study with clotrimazole and betamethasone dipropionate lotion was due to the contribution of betamethasone propionate, clotrimazole, or both.

The comparative efficacy and safety of clotrimazole and betamethasone dipropionate lotion versus clotrimazole alone in uccannerurasume uprupuniate touon versus clotrimazole alone in a lotion vehicle have not been studied in the treatment of tinea pedis or tinea cruris or tinea corporis. The comparative efficacy and safety of clotrimazole and betamethasone dipropionate lotion and clotrimazole and betamethasone dipropionate cream have also not here utilided. also not been studied

INDICATIONS AND USAGE

INDICATIONS AND USAGE Clotimazole and betamethasone dipropionate lotion is indicated in patients 17 years and older for the topical treatment of symptomatic inflammatory tinea pedis, tinea cruris, and tinea corporis due to *Epidermophyton fubcum*. Effective treatment without the risks associated with topical corticosteroid use may be obtained using a topical antifungal agent that does not contain a corticosteroid, especially for noninflammatory tinea dipropionate lotion for the treatment of infections caused by zoophilic dermatophytes (e.g., *Microsporum canis*) has not been established. zoophilic de established.

CONTRAINDICATIONS

Coltrimazole and betamethasone dipropionate lotion is contraindicated in patients who are sensitive to clotrimazole, betamethasone dipropionate, other corticosteroids or imidazoles, or to any ingredient in this preparation

PRECAUTIONS General

Systemic absorption of topical corticosteroids can produce reversible hypothalamic-pituitary-adrenal (HPA) axis suppression with the potential for glucocorticosteroid insufficiency after withdrawal of treatment. Manifestations of Cushing's syndrome, hyperglycemia, and glucosuria can also be produced in some patients by systemic absorption of topical corticosteroids while on treatment

Conditions which augment systemic absorption include use over large surface areas, prolonged use, and use under occlusive dressings. Use of more than one corticosteroid-containing product arcsanges decidence tauto net consistent of animal product at the same time may increase total systemic glucocorticoid exposure. Patients applying clotrimazole and betamethasone dipropionate lotion to a large surface area or to areas under occlusion should be evaluated periodically for evidence of HPA axis

occlusion should be evaluated periodically for evidence of HPA axis, suppression. This may be done by using the ACTH stimulation, morning plasma cortisol, and urinary-free cortisol tests. If HPA axis suppression is noted, an attempt should be made to withdraw the drug, to reduce the frequency of application, or to substitute a less potent corticosteroid. Recovery of HPA axis function is generally prompt upon discontinuation of topical corticosteroids. Infrequently, signs and symptoms of glucocorticosteroid insufficiency may occur, requiring supnlemental systemic corticosteroids.

of glucocorticosterioria insufficiency may occur, requiring supplemental systemic corticosteroids. In a small study, clotrimazole and betamethasone dipropionate cream was applied using large dosages, 7 g daily for 14 days (BID) to the crural area of normal adult subjects. Three of the eight normal subjects on whom clotrimazole and betamethasone dipropionate cream was applied exhibited low morning plasma cortisol levels during treatment. One of these subjects had an entry of the cortison test. The effect on morning neares cortisol cortisol levels during treatment. Une of these subjects rata an abnormal Cortrosyn test. The effect on morning plasma cortisol was transient and subjects recovered one week after discontinuing dosing. In addition, two separate studies in pediatric patients demonstrated adrenal suppression as determined by cosyntropin

Construction of the second second

mass ratios (see PRECAUTIONS, Pediatric Use). If irritation develops, clotrimazole and betamethasone dipropionate Iotion should be discontinued and appropriate therapy instituted. THE SAFETY OF CLOTRIMAZOLE AND BETAMETHASONE DIPROPIONATE LOTION HAS NOT BEEN DEMONSTRATED IN THE TREATMENT OF DIAPER DERMANTITS. ADVERSE EVENTS CONSISTENT WITH CORTICOSTEROID USE HAVE BEEN OBSERVED IN PATIENTS TREATED WITH CLOTRIMAZOLE AND BETAMETHASONE DIPROPIONATE LOTION IN THE TREATMENT OF DIAPER DERMATITIS. THE USE OF CLOTRIMAZOLE AND BETAMETHASONE DIPROPIONATE LOTION IN THE TREATMENT OF DIAPER DERMATITIS IS NOT RECOMMENDED. RECOMMENDED.

Information for Patients

Patients using clotrimazole and betamethasone dipropionate lotion

- Patients using coolinitation and became insome opportunitie routing should receive the following information and instructions: 1. The medication is to be used as directed by the physician and is not recommended for use longer than the prescribed time period. It is for external use only. Avoid contact with the eyes, the mouth existence intermedicate
- period. It is for external use only. Avoid contact with the eyes, the mouth, or intravaginally. This medication is to be used for the full prescribed treatment time, even though the symptoms may have improved. Notify the physician if there is no improvement after 1 week of treatment for tinea cruris or tinea corporis, or after 2 weeks for tinea pedis



corticosteroid may have vasoconstrictor potencies in a range that is comparable to high-potency topical corticosteroids. Therefore, use is not recommended in patients less than 17 years of age, in diaper derma rmatitis, and under occlusion.

• Patient Information Leaflet Patient's Instructions for Use

Clotrimazole and Betamethasone Dipropionate Lotion

SHAKE LOTION WELL BEFORE EACH USE

Rx only

What is clotrimazole and betamethasone dipropionate lotion?

and betamethasone Clotrimazole dipropionate lotion is a medication used on the skin to treat fungal infections of the feet, groin, and body, as diagnosed by your doctor. Clotrimazole and betamethasone dipropionate lotion should be used for fungal infections that are inflamed and have symptoms of redness and/or itching. Talk to your doctor if your fungal infection does not have these symptoms. Clotrimazole and betamethasone dipropionate lotion contains a corticosteroid. Notify your doctor if you notice side effects with the use of clotrimazole betamethasone dipropionate lotion (see "What are the possible side effects of clotrimazole and betamethasone dipropionate lotion?" below). Clotrimazole and betamethasone dipropionate lotion is not to be used in the eyes, in the mouth, or in the vagina.

How does clotrimazole betamethasone dipropionate and lotion work?

Clotrimazole and betamethasone dipropionate lotion is a combination of an antifungal agent (clotrimazole) and a corticosteroid (betamethasone dipropionate). Clotrimazole

- It was prescribed. Other corticosteroid-containing products should not be used with clotrimazole and betamethasone dipropionate without first 4. talking with your physician.

Remove this portion before dispensing -----works against fungus. Betamethasone

dipropionate, a corticosteroid, is used to help relieve redness, swelling, itching, and other discomforts of fungal infections.

Who should NOT use clotrimazole and betamethasone dipropionate lotion? Clotrimazole and betamethasone dipropionate lotion is not recommended for use in patients under the age of 17 years. Clotrimazole and betamethasone dipropionate lotion is not recommended for use in diaper rash.

Patients who are sensitive to clotrimazole and betamethasone dipropionate, other corticosteroids or imidazoles, or any ingredients in the preparation should not use clotrimazole and betamethasone dipropionate lotion.

How should I use clotrimazole and betamethasone dipropionate lotion?

Gently massage sufficient clotrimazole and betamethasone dipropionate lotion into the affected and surrounding skin areas twice a day, in the morning and evening. Treatment for 2 weeks on the groin or on the body, and for 4 weeks on the feet is recommended. The use of clotrimazole and betamethasone dipropionate lotion for longer than 4 weeks is not recommended for any condition. Prolonged use of clotrimazole and betamethasone dipropionate lotion may lead to unwanted side effects.

What other important information should I know about clotrimazole and betamethasone dipropionate lotion?

 This medication is to be used for the full prescribed treatment time, even though the symptoms may have improved. Notify your doctor if there is no improvement after 1 week of treatment on the groin or body or after 2 weeks on the feet.

2) This medication should only be used for

The treated skin area should not be bandaged, covered, or wrapped so as to be occluded (see DOSAGE AND 5. ADMINISTRATION).

- 6. Any signs of local adverse reactions should be reported to your phys
- Patients should avoid sources of infection or reinfection
- 8. When using clotrimazole and betamethasone dipropionate
- lotion in the groin area, patients should use the medication for 2 weeks only, and apply the lotion sparingly. Patients should wear loose-fitting clothing. Notify the physician if the condition
- The set of clotrimazole and betamethasone dipropionate lotion has not been demonstrated in the treatment of diaper dermatitis. The use of clotrimazole and betamethasone dipropionate lotion in 9.

- he treatment of diaper dermatitis is not recommended.

Laboratory Tests

If there is a lack of response to clotrimazole and betamethasone dipropionate lotion, appropriate confirmation of the diagnosis, including possible mycological studies, is indicated before instituting another course of therapy. The following tests may be helpful in evaluating HPA axis

suppression due to the corticosteroid components: Urinary-free cortisol test Morning plasma cortisol test

- ACTH (cosyntropin) stimulation test

Carcinogenesis, Mutagenesis, Impairment of Fertility There are no adequate laboratory animal studies with either the

There are no adequate laboratory animal studies with either the combination of clotrimazole and betamethasone dipropionate or with either component individually to evaluate carcinogenesis. Betamethasone was negative in the bacterial mutagenicity assay (*Salmonella typhimurium* and *Escherichia coli*) and in the marmalian cell mutagenicity assay (*Clot*/*H*GPR). It was positive in the *in vitro* human lymphocyte chromosome aberration assay, and equivocal in the *in vivo* mouse bone marrow micronucleus assay. This pattern of response is similar to that of

decamethasone and hydrocortisone. Reproductive studies with betamethasone dipropionate carried out in rabbits at doses of 1.0 mg/kg by the intramuscular route and in mice up to 33 mg/kg by the intramuscular route indicated no impairment of fertility except for dose-related increases in fetal resorption rates in both species. These doses are approximately 15- and 38-fold the maximum human dose based on body surface

areas, respectively. In a combined study of the effects of clotrimazole on fertility, teratogenicity, and postnatal development, male and female rats were dosed orally (diet admitture) with levels of 5, 10, 25, or 50 mg/kg/day (approximately 1 to 8 times the maximum dose in a 60-kg adult based on body surface area) from 10 weeks point or mating until 4 weeks postpartum. No adverse effects on the duration of estrous cycle, fertility, or duration of pregnancy were noted. were noted.

Pregnancy Teratogenic Effects Pregnancy Category C

There have been no teratogenic studies performed in animals or humans with the combination of clotrimazole and betamethasone dipropionate. Corticosteroids are generally teratogenic in laboratory animals when administered at relatively low dosage levels.

Studies in pregnant rats with intravaginal doses up to 100 mg/kg (15 times the maximum human dose) revealed no evidence of fetotoxicity due to clotrimazole exposure.

No increase in fetal malformations was noted in pregnant rats receiving oral (gastric tube) clotrimazole doese up to 100 mg/ Kq/day during gestation Days 6 to 15. However, clotrimazole dosed at 100 mg/kg/day was embryotoxic (increased resorptions), etotoxic (reduced fetal weights), and maternally toxic (reduced body weight gain) to rats. Clotrimazole dosed at 200 mg/kg/day (30 times the maximum human dose) was maternally lethal, and therefore fetuses were not evaluated in this group. Also in this Study, does up to 50 mg/kg/date in this group. Also in this study, does up to 50 mg/kg/date (8 times the maximum human dose) had no adverse effects on dams or fetuses. However, in the combined fertility, teratogenicity, and postnatal development study described above, 50 mg/kg clotimazole, was associated with reduced maternal weight gain and reduced numbers of offspring reared to 4 weeks.

Oral clotrimazole doses of 25, 50, 100, and 200 mg/kg/day (2 to 15 times the maximum human does) were not teratogenic in mice. No evidence of maternal toxicity or embryotoxicity was seen in pregnant rabibits dosed orally with 60, 120, or 180 mg/kg/day (18 to 55 times the maximum human dose).

Betamethasone dipropionate has been shown to be teratogenic in rabbits when given by the intramuscular route at doses of 0.05 mg/kg. This dose is approximately one-fifth the maximum human The abnormalities observed included umbilical hernias, dose

Copenaiocele and cleft palates. Belamethasone dipropionate has not been tested for teratogenic potential by the dermal route of administration. Some controcesteroids have been shown to be teratogenic after dermal

There are no adequate and well-controlled studies in pregnant women of the teratogenic effects of topically applied corticosteroids. Therefore, clotrimazole and betamethasone dipropionate lotion should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers

Nursing Mothers Systemically administered corticosteroids appear in human milk and could suppress growth, interfere with endogenous corticosteroid production, or cause other untoward effects. It is not known whether topical administration of corticosteroids could result in sufficient systemic absorption to produce detectable quantities in human milk. Because many drugs are excreted in human milk, caution should be exercised when clotrimazole and betamethasone dipropionate lotion is administered to a mursina woman. nursing woman

Pediatric Use

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Adverse events consistent with corticosteroid use have been lobserved in patients under 12 years of age treated with clotrimazole and betamethasone dipropionate cream. In openstudies 17 of 43 (39.5%) uable nediatric natients Jadei studies, 17 of 43 (39.5%) evaluable pediatric patientis (aged 12 to 16 years old) using clotrimazole and betamethasone dipropionate cream for treatment of tinea pedis demonstrated ladrenal suppression as determined by cosyntropin testing. In another open-label study, 8 of 17 (47.1%) evaluable pediatric

patients (aged 12 to 16 years old) using clotrimazole and betamethasone dipropionate cream for treatment of tinea cruris demonstrated adrenal suppression as determined by cosyntropin DEPENDENT OF CONTRIMAZOLE AND BETAMETHASONE DIPROPIONATE LOTION IN THE TREATMENT OF PATIENTS UNDER 17 YEARS OF AGE OR PATIENTS WITH DIAPER DERMATITIS IS NOT RECOMMENDED.

Because of higher ratio of skin surface area to body mass, pediatric patients under the age of 12 years are at a higher risk with clotrimazole and betamethasone dipropionate lotion. The studies described above suggest that pediatric patients under the age of 17 years may also have this risk. They are at increased risk of developing Cushing's syndrome while on treatment and adrenal insufficiency after withdrawal of treatment. Adverse effects, including striae and growth retardation, have been reported with inappropriate use of clotrimazole and betamethasone dipropionate cream in infants and children (see **PRECAUTIONS** and **ADVERSE** REACTIONS)

REACTIONS). Hypothalamic-pituitary-adrenal (HPA) axis suppression, Cushing's is syndrome, linear growth retardation, delayed weight gain, and intracranial hypertension have been reported in children receiving topical corticosteroids. Manifestations of adrenal suppression in children include low plasma cortisol levels and absence of response to ACTH stimulation. Manifestations of intracranial hypertension include bulging fontanelles, headaches, and bilateral analitedness. papilledema.

Geriatric Use

Clinical studies of clotrimazole and betamethasone dipropionate Clinical sources of clouellactic and uberafietinessite uppopulate lotion did not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently from younger subjects. Postmarket adverse event reporting for clothimazole and betamethasone dipropionate cream in patients aged 65 and above includes reports of skin atrophy and rare reports of skin ulceration. Caution should be exercised with the use! of these corticosteroid-containing topical products on thinning skin. THE USE OF CLOTRIMAZOLE AND BETAMETHASONE DIPROPIONATE LOTION UNDER OCCLUSION, SUCH AS IN DIAPER DERMATITIS, IS NOT RECOMMENDED.

ADVERSE REACTIONS

Adverse reactions reported for clotrimazole and betamethasone dipropionate lotion in clinical trials were burning and dry skin in 1.6% of patients and stinging in less than 1% of patients.

1.6% of platients and stinging in less than 1% of patients. The following local adverse reactions have been reported with topical corticosteroids and may occur more frequently with the use of occlusive dressings. These reactions are listed in an approximate decreasing order of occurrence: itching, irritation, dryness, folliculitis, hypertrichosis, acnelform eruptions, hypopigmentation, perioral dermatitis, allergic contact dermatitis, maceration of the skin, secondary infection, skin atrophy, striae, miliaria, capillary fragility (ecchymoses), telangiectasia, and sensitization (local reactions upon repeated application of product). Systemic absorption of topical corticosteroids has produced reversible hypothalamic-plutiary-adrenal (HPA) axis suppression, manifestations of Cushing's syndrome, hyperglycemia, and glucosuria in some patients. Adverse reactions reported with the use of clotrimazole are as follows: erythema, stinging, blistering, peeling, edema, pruritus, urticaria, and general irritation of the skin.

urticaria, and general irritation of the skin.

OVERDOSAGE

Amounts greater than 45 mL/week of clotrimazole and betamethasone dipropionate lotion should not be used. Acute overdosage with topical application of clotrimazole and betamethasone dipropionate lotion is unlikely and would not be expected to lead to a life-threatening situation. Clotrimazole and betamethasone dipropionate lotion should not be used for longer than the prescribed time period.

that the presentee interpretation of the presentee of the PRECAUTIONS).

DOSAGE AND ADMINISTRATION Gently massage sufficient clotrimazole and betamethasone dipropionate lotion into the affected skin areas twice a day, in the

morning and evening. Clotrimazole and betamethasone dipropionate lotion should <u>not</u> be used longer than 2 weeks in the treatment of tinea corporis or tinea cruris, and amounts greater than 45 mL per week of clotrimazole and betamethasone dipropionate lotion should not be used. If a patient with time corporis or timea cruris shows no clinical improvement after near used of treatment with elektinearche and betamethasene one week of treatment with clotrimazole and betamethasone

dire week of idealineit with columbiate and examenazione and dipropionate lotion, the diagnosis should be reviewed. Clotrimazole and betamethasone dipropionate lotion should <u>not</u> be used longer than 4 weeks in the treatment of timea pedis and amounts greater than 45 mL per week of clotrimazole and betamethasone dipropionate lotion i should not be used. If a patient with tinea pedis shows no clinical improvement after 2 weeks of treatment with clotrimazole and betamethasone dipropionate lotion, the diagnosis should

be reviewed. Clotrimazole and betamethasone dipropionate lotion should not be used with occlusive dressings.

HOW SUPPLIED

Clotrimazole and Betamethasone Dipropionate Lotion is supplied in

Sournable and Bernel Telefactor (1997) and the supplied in 30-mL bottles (NDC 51672-1308-3); box of one. Store at 20° to 25°C (66° to 77°F) in the upright position only; [see USP Controlled Room Temperature]. SHAKE WELL BEFORE EACH USE.

Mfd by

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Remove this portion before dispensing

the disorder for which it was prescribed. 3) The treated skin area should not be bandaged or otherwise covered or wrapped.

4) Other corticosteroid-containing products should not be used with clotrimazole and betamethasone dipropionate lotion without first talking with your physician.

5) Any signs of side effects where clotrimazole

and betamethasone dipropionate lotion is applied should be reported to your doctor.

6) When using clotrimazole and betamethasone dipropionate lotion in the groin area, it is especially important to use the medication for 2 weeks only, and to apply the lotion sparingly. You should tell your doctor if your problem persists after 2 weeks. You should also wear loose-fitting clothing so as to avoid tightly covering the area where clotrimazole and betamethasone dipropionate lotion is applied.

7) This medication is not recommended for use in diaper rash.

What are the possible side effects of clotrimazole and betamethasone dipropionate lotion?

The following side effects have been reported with topical corticosteroid medications: itching, irritation, dryness, infection of the hair follicles, increased hair, acne, fragile blood vessels, spider veins, sensitization (local reactions upon repeated application of product), change in skin color, allergic skin reaction, skin thinning, and stretch marks. Hormone imbalance (adrenal suppression) was demonstrated in clinical studies in children.

Can clotrimazole and betamethasone dipropionate lotion be used if I am pregnant or plan to become pregnant or if I am nursing? _____

Before using clotrimazole and betamethasone dipropionate lotion, tell your doctor if you are pregnant or plan to become pregnant. Also, tell your doctor if you are nursing. How should clotrimazo

clotrimazole and betamethasone dipropionate lotion be stored?

and betamethasone Clotrimazole dipropionate lotion should be stored at 20° to 25°C (68° to 77°F) in the upright position only; [see USP Controlled Room Temperature]. Shake well before using clotrimazole and betamethasone dipropionate lotion.

General advice about prescription medicines

This medicine was prescribed for your particular condition. Only use clotrimazole and betamethasone dipropionate lotion to treat the condition for which your doctor has prescribed. Do not give clotrimazole and betamethasone dipropionate lotion to other people. It may harm them.

This leaflet summarizes the most important information about clotrimazole and betamethasone dipropionate lotion. If you would like more information, talk with your doctor. You can ask your pharmacist or doctor for information about clotrimazole and betamethasone dipropionate lotion that is written for health professionals.

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