PRODUCT MONOGRAPH

INCLUDING PATIENT MEDICATION INFORMATION

PrCLINDETS®

clindamycin solution in pledget 1% w/v (as clindamycin phosphate)

TOPICAL ACNE THERAPY

GlaxoSmithKline Inc.
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PRODUCT MONOGRAPH

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THERAPEUTIC CLASSIFICATION

TOPICAL ACNE THERAPY

ACTION AND CLINICAL PHARMACOLOGY

Although clindamycin phosphate is inactive *in vitro*, rapid *in vivo* hydrolysis converts this compound to the active antibiotic clindamycin. Clindamycin inhibits bacterial protein synthesis by binding to the 50S subunit of ribosomes. Clindamycin *in vitro* inhibits *Propionibacterium acnes*.

Bacterial resistance may develop to clindamycin. Resistance to clindamycin may be associated with resistance to erythromycin. Also, cross-resistance has been demonstrated between clindamycin and lincomycin. Following multiple topical applications of clindamycin phosphate at a concentration equivalent to 10 mg per mL in an isopropyl alcohol and water solution, very low levels of clindamycin are present in the serum (0-3 ng/mL) and less than 0.2% of the dose is recovered in urine as clindamycin.

INDICATIONS AND CLINICAL USE

CLINDETS® (clindamycin phosphate pledget) is indicated in the treatment of moderate acne vulgaris in people 13 years of age and older.

To reduce the development of drug-resistant bacteria and maintain the effectiveness of CLINDETS® and other antibacterial drugs, CLINDETS® should be used only to treat infections that are proven or strongly suspected to be caused by susceptible bacteria. When culture and susceptibility information are available, they should be considered in selecting or modifying antibacterial therapy. In the absence of such data, local

epidemiology and susceptibility patterns may contribute to the empiric selection of therapy.

CONTRAINDICATIONS

CLINDETS® (clindamycin phosphate pledget) is contraindicated in individuals with a history of hypersensitivity to preparations containing clindamycin or lincomycin, or any other component of the preparation. CLINDETS® is also contraindicated in patients with or with a history of regional enteritis or ulcerative colitis, or a history of antibiotic-associated colitis (including pseudomembranous colitis).

WARNINGS

Skin

FOR EXTERNAL USE ONLY. NOT FOR OPHTHALMIC USE. CLINDETS® (clindamycin phosphate pledget) is known to be a mild irritant in humans and animals. Avoid contact with eyes, mouth, lips, other mucous membranes, or areas of broken skin. In the event of sensitization or severe local irritation from CLINDETS ®, usage should be discontinued immediately, the solution carefully washed off, and appropriate therapy initiated.

The solution contains isopropyl alcohol. In the event of accidental contact with sensitive surfaces (eyes, abraded skin, mucous membranes), wash with large amounts of cool tap water.

Gastrointestinal

Clostridium Difficile-Associated Disease (CDAD)

Use of topical formulation of clindamycin results in absorption of clindamycin from the skin surface. *Clostridium difficile*-associated disease (CDAD), including pseudomembranous colitis has been reported with the use of topical, oral and parenteral administration of clindamycin (see ADVERSE REACTIONS). CDAD may

range in severity from mild diarrhea to fatal colitis. It is important to consider this diagnosis in patients who present with diarrhea, or symptoms of colitis, pseudomembranous colitis, toxic mega colon, or perforation of colon subsequent to the administration of any antibacterial agent. CDAD has been reported to occur 2 months after the administration of antibacterial agents.

Treatment with antibacterial agents may alter the normal flora of the colon and may permit overgrowth of *Clostridium difficile*. *Clostridium difficile* produces toxins A and B, which contribute to the development of CDAD. CDAD may cause significant morbidity and mortality.

If the diagnosis of CDAD is suspected or confirmed, appropriate therapeutic measures should be initiated. Mild cases of CDAD usually respond to discontinuation of antibacterial agents not directed against *Clostridium difficile*. In moderate to severe cases, consideration should be given to management with fluids and electrolytes, protein supplementation, and treatment with an antibacterial agent clinically effective against *Clostridium difficile*. Surgical evaluation should be instituted as clinically indicated, as surgical intervention may be required in certain severe cases.

Susceptibility/Resistance

Prescribing CLINDETS® in the absence of a proven or strongly suspected bacterial infection is unlikely to provide benefit to the patient and risks the development of drug-resistant bacteria.

PRECAUTIONS

General

The use of preparations containing antibiotics such as clindamycin may be associated with overgrowth of antibiotic resistant microorganisms including those initially sensitive to the drug. The treatment of acne with topical antibiotics is associated with the development of antimicrobial resistance in *Propionibacterium acnes* as well as other

bacteria (e.g. *Staphylococcus aureus*, *Streptococcus pyogenes*). The use of clindamycin may result in developing inducible resistance in these organisms. If this occurs, therapy should be discontinued and alternative acne therapy should be initiated. Resistance to clindamycin is often associated with resistance to erythromycin. It is therefore advisable to avoid concurrent use of the two agents either by topical or oral treatment.

Concomitant topical acne therapy should be used with caution since a possible cumulative irritancy effect may occur, especially with the use of peeling, desquamating or abrasive agents. If irritancy or dermatitis occurs, clindamycin should be discontinued.

Flammability

Due to the flammable nature of CLINDETS®, patients should avoid smoking or being near an open flame during application and immediately after use.

Use in Pregnancy

The safety of CLINDETS® during pregnancy has not been established. No adequate and well-controlled reproduction studies have been conducted with clindamycin in pregnant women. Systemic absorption of clindamycin following topical administration of clindamycin phosphate is less than 5%. Clindamycin readily crosses placental barrier. Animal reproduction studies have not been conducted with CLINDETS® (clindamycin phosphate pledget) and it is not known whether CLINDETS® can cause fetal harm when administered to pregnant women or can affect reproduction capacity. CLINDETS® should not be administered to a pregnant woman unless the potential benefits to the mother clearly outweigh the possible risks to the fetus.

Reproduction studies have been performed in rats and mice using subcutaneous and oral doses of clindamycin ranging from 100 to 600 mg/kg/day and have revealed no evidence of impaired fertility or harm to the fetus due to clindamycin (see TOXICOLOGY). Conclusions from such animal studies may not always be predictive of the effects on human reproduction.

Use in Nursing Mothers

The safety of CLINDETS® in nursing women has not been established. No adequate and well-controlled data in nursing women treated with clindamycin 1% (clindamycin as clindamycin phosphate) solution are available. It is not known if topically applied clindamycin is excreted in human milk following the topical use of CLINDETS®. Orally and parenterally administered clindamycin is excreted in breast milk. Because of the potential for serious adverse reactions in nursing infants, a decision should be made whether to discontinue nursing or to discontinue the CLINDETS® therapy to the mother. If used during lactation, clindamycin should not be applied to the breast area to avoid accidental ingestion by the infant.

Pediatric Use

Safety and effectiveness in the pediatric population under the age of 13 have not been established.

Drug Interactions

Clindamycin and erythromycin have been shown to be antagonistic *in vitro*.

Systemic clindamycin has been shown to have neuromuscular blocking properties that may enhance the action of other neuromuscular blocking agents. Therefore, it should be used with caution in patients receiving such agents.

ADVERSE REACTIONS

Clinical Trial Adverse Drug Reactions

The safety was assessed in 150 acne vulgaris patients from a placebo-controlled study in which CLINDETS® or placebo (vehicle) pledgets were applied twice daily over a period of 11 weeks. The number of patients with worsening scores of erythema, peeling and burning is presented in Table 1.

Table 1: Patients with worsening signs or symptoms of acne in a CLINDETS® Clinical Trial

Local Tolerance*						
Signs and Symptoms		Treatment	Number of Patients with Worsening Score			
			Week 2 n/N (%)	Week 5 n/N (%)	Week 8 n/N (%)	Week 11 n/N (%)
General disorders and administrative site conditions	Erythema	CLINDETS®	1/73 (1.4)	2/72 (2.8)	0	0
		Vehicle	1/72 (1.4)	2/70 (2.9)	0	0
	Peeling	CLINDETS®	2/73 (2.7)	2/72 (2.8)	1/73 (1.4)	0
		Vehicle	1/72 (1.4)	3/70 (4.3)	0	0
	Burning	CLINDETS®	4/73 (5.5)	1/72 (1.4)	2/73 (2.7)	1/73 (1.4)
		Vehicle	4/72 (5.6)	4/70 (5.7)	0	0

* Change from Baseline of Signs and Symptoms|

Number of patients reporting common (≥1%) treatment emergent adverse reactions are provided in Table 2.

Table 2: Most common drug related adverse reactions reported by ≥1% of patients in a CLINDETS® Clinical Trial

Adverse Drug Reaction		CLINDETS® % N=75	Vehicle % N=75
Nervous system disorders	Paresthesia	---	1.3
	Headache	1.3	---
Gastrointestinal disorders	Diarrhea	1.3	1.3
	Nausea	1.3	---

Additional adverse drug reactions reported in other clindamycin phosphate clinical trials

The following additional common adverse drug reactions (≥ 1%) have been reported in clinical trials involving other clindamycin phosphate formulations:

Skin and subcutaneous disorders: pruritus, rash, stinging, dryness, oiliness, small red bumps (including gram negative folliculitis pustules).

Immune system disorders: urticaria, whealing, swollen lips.

Gastrointestinal disorders: abdominal cramping.

Post-Market Adverse Drug Reactions

Immune system disorders: allergic reaction.

Gastrointestinal disorders: bloody diarrhea, colitis (including pseudomembranous colitis) (See WARNINGS, Gastrointestinal, CDAD).

SYMPTOMS AND TREATMENT OF OVERDOSAGE

For management of a suspected drug overdose, contact your regional Poison Control Centre.

Symptoms

Topically applied clindamycin phosphate from CLINDETS® can be absorbed in sufficient amounts to produce systemic gastrointestinal side effects including abdominal pain, nausea, vomiting and diarrhea (see WARNINGS). In the case of excessive application or accidental ingestion of CLINDETS®, the use of the pledgets should be discontinued for several days before resuming therapy (see WARNINGS).

CLINDETS® contains a significant quantity of isopropyl alcohol (44%). Systemic absorption of isopropyl alcohol should be considered a possibility in the event of accidental ingestion.

Treatment

No specific antidote is available. In the case of excessive application or accidental ingestion of CLINDETS® the application site should be washed off with lukewarm water and the use of the pledgets should be discontinued for several days before resuming therapy (see WARNINGS).

DOSAGE AND ADMINISTRATION

CLINDETS® (clindamycin phosphate pledget) should be applied to areas affected by acne twice daily, in the morning and at night. The area to be treated should be washed first with a mild soap or cleanser, rinsed well and patted dry. A thin film of medication should be applied avoiding the eyes and mouth. Each pledget should be removed from the foil immediately before use, used only once and then discarded.

Hands should be washed after application. CLINDETS® is not for oral, ophthalmic, or intravaginal use. Six to eight weeks of treatment may be required before a therapeutic effect is observed. Treatment should be discontinued if there has been no improvement or if the condition becomes worse.

Due to increased risk of antimicrobial resistance, the benefit of continuing treatment beyond 12 weeks should be evaluated.

Elderly

There are no specific recommendations for use in the elderly.

Renal impairment

No dosage adjustment is necessary. As percutaneous absorption is low following topical application, renal impairment is not expected to result in systemic exposure of clinical significance.

Hepatic impairment

No dosage adjustment is necessary. As percutaneous absorption is low following topical application, hepatic impairment is not expected to result in systemic exposure of clinical significance.

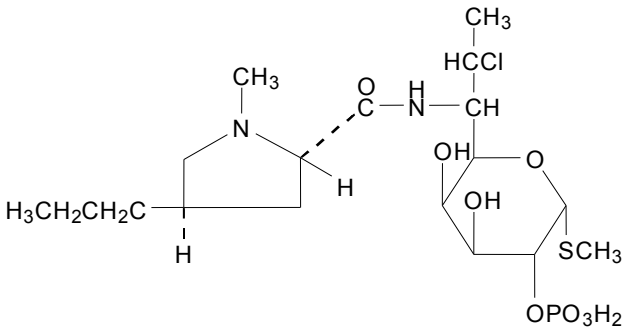
PHARMACEUTICAL INFORMATION

Drug Substance

Proper name: Clindamycin phosphate

Chemical name: methyl 7-chloro-6,7,8-trideoxy-6-(1-methyl-trans-4-propyl-L-2-pyrrolidinecarboxamido)-1-thio-L-threo-α-D-galacto-octopyranoside 2-(dihydrogen phosphate)

Structural formula:



Molecular formula: $C_{18}H_{34}ClN_2O_8PS$

Molecular weight: 504.96

Description: Clindamycin is a white to off-white, odourless or almost odourless, hygroscopic, crystalline powder with a bitter taste, soluble in water (1 in 2.5); slightly soluble in dehydrated alcohol and very slightly soluble in acetone. 1.2 g of clindamycin phosphate is approximately equivalent to 1 g of clindamycin base. Clindamycin phosphate has a melting point of 208° to 212°C and a pH of 3.5 - 4.5 (1% in water).

Composition

CLINDETS® contains clindamycin phosphate USP at a concentration equivalent to 1% w/v clindamycin in a vehicle of isopropyl alcohol, propylene glycol, and purified water. Each CLINDETS® pledget applicator is composed of viscose, polyolefin and nylon, and contains approximately 1 mL of clindamycin phosphate topical solution.

Stability and Storage Recommendations

Store between 15°C and 25°C. Do not freeze. Contents are flammable. Keep away from fire, flame or heat. Do not leave CLINDETS® in direct sunlight. Keep out of the sight and reach of children.

AVAILABILITY OF DOSAGE FORMS

Box of 60 individual pledgets. Each CLINDETS® pledget applicator contains approximately 1 mL of 1% w/v clindamycin (as phosphate) topical solution.

MICROBIOLOGY

Clindamycin is active against anaerobic gram-positive bacilli such as *Corynebacteria* but resistant subspecies of *Clostridium* may occur. Aerobic gram-negative bacteria are nearly all resistant to clindamycin. *In-vitro* susceptibility of *P. acnes* and related species to clindamycin is shown in Table 3.

Table 3: In-vitro susceptibility of *P. acnes* and related species to clindamycin (Hoeffler *et al*, 1976)

Species	No. of strains	Cumulative % of strains inhibited at MICs (mg/L)				
		<0.02	0.04	0.1	0.2	0.4
P.acnes	38	--	34	87	95	100
P.granulosum	15	7	87	93	100	--
P.avidum	16	--	56	69	81	100
C.minutissimum	3	--	--	--	100	--
C.parvum	1	--	--	--	100	–

Resistant strains of *P. acnes* (MIC ≥0.5mg/mL), reaching 48% in certain areas of the world, have been reported in recent years. Calculated clindamycin concentrations representing about of 600 mg/L in the epidermis have been reported following the topical application of clindamycin phosphate (see Pharmacology). Cross-resistance has been demonstrated between clindamycin and lincomycin. Cross resistance between clindamycin and erythromycin has also been identified.

In one study involving human volunteers who used an alcoholic topical 1% clindamycin phosphate solution for eleven days, average *P. acnes* counts were reduced by 81%. Concurrent measurement of free fatty acid levels did not show significant changes over time.

PHARMACOLOGY

Topical clindamycin phosphate seems less prone to be systemically absorbed than clindamycin hydrochloride. In one study involving humans it was found that less than 1% of a 20 mg dose (1 mL *b.i.d*.; 0.25 mg/kg/day) of clindamycin phosphate was absorbed and peak serum levels of only 1.7 ng/mL were reached. The vehicle used in this study was unspecified.

Clindamycin was not detected in urine samples from patients who used topical 1% clindamycin phosphate solution (50% v/v isopropyl alcohol) *b.i.d*. for eight weeks. If systemic absorption of clindamycin occurred, the amount excreted in urine was below the bioassay detectable limits of 0.25 ng/mL.

Extracted comedones from twenty subjects treated for four weeks with topical 1% clindamycin phosphate solution (50% v/v isopropyl alcohol) were assayed for free clindamycin. Comedones in 18 subjects contained clindamycin. In those comedones, the mean clindamycin content was 0.60 μg/mg; corresponding to the mean epidermis clindamycin concentration of approximately 600 mg/L.

Clindamycin concentrations in the mother, umbilical cord and neonate were assayed in 54 caesarean section human patients receiving perioperative clindamycin and gentamicin for prophylaxis. Each patient received 5.5 to 11.1 mg/kg of intravenous clindamycin. A half hour after the injection, the average level of clindamycin in the mother's blood was around 5.5 mg/L and gradually declined over six to eight hours. About twenty minutes after the injection, the peak concentration of clindamycin in the venous blood of the umbilical cord was 3 mg/L. Neonatal venous blood concentrations of clindamycin during the first six hours of life were below 2 mg/L. Amniotic fluid samples obtained thirty and sixty minutes after injection showed no antibiotics.

TOXICOLOGY

Acute animal toxicity

The systemic acute toxicity of clindamycin phosphate and clindamycin hydrochloride has been extensively studied in mice and rats. Results from these studies are summarized in Table 4.

Table 4: Acute toxicity of clindamycin

Species	Treatment	Route	LD_{50}	Observations
Mouse (ICR line white Swiss, 20 g)	Clindamycin HCl	*ip*	361 mg/kg	Depression and convulsions, death occurred 15 min to 4 days depending on the dose.
		iv	245 mg/kg	Depression and convulsions, death occurred 1-2 min after dose.
Rat (young adult TUC/SD, 175 g)	Clindamycin HCl	*po*	2618 mg/kg	Death in 1 to 2 days after treatment.
Rat (adult TUC/SD, 400 g)	Clindamycin HCl	*sc*	2618 mg/kg	Death in 1 to 2 days after treatment.
Rat (newborn TUC/SD, 6 g)	Clindamycin HCl	*sc*	245 mg/kg	
Rat (adult TUC/SD)	Clindamycin phosphate	*sc*	>2000 mg/kg	
Rat (newborn TUC/SD)	Clindamycin phosphate	*sc*	179 mg/kg	

Chronic animal toxicity

Chronic toxicity of clindamycin phosphate and clindamycin hydrochloride has been studied in a number of animal species. Results from these studies are summarized in Table 5.

Table 5: Chronic toxicity of clindamycin

Species	Treatment	Route	Length	Results
1. Chronic Toxicity				
Rat (Sprague-Dawley) n=10M	Clindamycin phosphate 120 mg/kg once daily	*sc*	6 days	SUBCUTANEOUS TOLERANCE Body weight and food conversion were regarded as comparable to the control group. Normal haematology and necropsy.
Rat (Sprague-Dawley) n=5M, 5F/ group	Clindamycin phosphate 30, 60, 90 mg/kg once daily	*sc*	1 month	SUBCUTANEOUS TOLERANCE 30 mg/kg for 30 days produced low grade inflammatory changes and were accompanied by focal necrosis. No systemic effects.
Dogs n=4/group	Clindamycin phosphate 60, 120 mg/kg 6 days a week twice daily	*iv*	1 month	INTRAVENOUS TOLERANCE No drug related effects and no deviation among the hemogram, blood chemistry and urinalyses were observed. There was no difference in haemolysis between treated dogs and control dogs. In Heinz body formation or increased fragility of erythrocytes were observed in blood samples of treated animals.
2. Dermal Toxicity				
Rat n=10/group	Clindamycin phosphate 3% aqueous solution, Dose: 50 to 72 mg/kg	Topical, abraded and intact skin	22 days	No skin changes, abrasions healed normally, females larger increase in body weight by 31.1% and 19.8% (abraded), haematology and organ weights normal.
Syrian Hamster n= 7/ group	Clindamycin HCl 0.1, 1, 10, 40 mg/day; 0.01 mg/day with and without 0.1% tretinoin	Topical	2 weeks or less	All hamsters given 40,10 and 1 mg died in less than 2 weeks, 50% mortality 0.1 mg, no mortality 0.01mg, mortality associated with clostridial toxin in cecal contents
Pig n=6 (one group)	Clindamycin HCl 3% *Aq.* solution, Dose: 7.33 to 10.26 mg/kg	Topical	22 days	No irritation
3. Photo toxicity				
Rats n=10M, 10F/group	Clindamycin HCl 0, 30, 100, 300, 600 mg/kg/day; exposed to sunlight once for 2.75 hr	*po*	8 months	No photo toxic reactions, excessive exposure produced severe periorbital inflammation in all groups

TERATOLOGY

Teratological studies were not conducted with CLINDETS® (clindamycin phosphate pledget).

Subcutaneous injections of clindamycin phosphate at 100 and 180 mg/kg/day (aqueous solution) on gestation days six through fifteen in ICR and CF1 mice and Sprague-Dawley rats had no detrimental effects on the litter weight, number of live and dead pups per litter and the number of resorptions per litter. Fetuses of rats and DV1 mice showed no sign of teratogenic activity as evidenced by examination for gross external, visceral and skeletal malformations. In fetus of ICR mice, a low incidence of cleft palate was observed. The incidence of cleft palate in the clindamycin phosphate treated litter was not significantly different from the incidence reported in the control litter.

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READ THIS FOR SAFE AND EFFECTIVE USE OF YOUR MEDICINE
PATIENT MEDICATION INFORMATION

^{Pr}CLINDETS®
clindamycin solution in pledget 1% w/v (as clindamycin phosphate)

Read this carefully before you start taking CLINDETS® and each time you get a refill. This leaflet is a summary and will not tell you everything about this drug. Talk to your healthcare professional about your medical condition and treatment and ask if there is any new information about CLINDETS®.

What is CLINDETS® used for?
CLINDETS® is used on the skin to treat moderate acne in people 13 years of age and older.

How does CLINDETS® work?
It helps to improve your acne by:
- slowing or stopping the growth of acne bacteria
- killing acne bacteria

Drugs like CLINDETS® treat only bacterial infections, not viral infections such as the common cold.

Using too much CLINDETS® or using it in the wrong way may cause:
- more bacteria to grow
- bacteria that will not be killed (resistance).
- it to not work in the future (resistance).

What are the ingredients in CLINDETS®
Medicinal ingredients: clindamycin as clindamycin phosphate USP.
Non-medicinal ingredients: isopropyl alcohol, propylene glycol and purified water.

CLINDETS® comes in the following dosage forms:
Topical pads (pledgets) that contain a solution of 1% clindamycin.

Do not use CLINDETS® if:
- You are allergic to:
  - clindamycin.
  - lincomycin.
  - Any of the other ingredients in CLINDETS®. See **What are the ingredients in CLINDETS®**.
- You have a history of:
  - inflammation of the small or large intestine (regional enteritis or colitis).
  - inflammatory bowel disease.
  - ulcers.
  - bloody, severe or long-lasting diarrhea after using antibiotics.

To help avoid side effects and ensure proper use, talk to your healthcare professional before you take CLINDETS®. Talk about any health conditions or problems you may have, including if you are:

- pregnant.
- planning to become pregnant.
- breast-feeding.
- planning to breast-feed.

If you do breast feed:

- do not apply to the breast area to prevent the infant from ingesting CLINDETS®.

Other warnings you should know about:

- For external use only.
- Keep CLINDETS® away from:
  - your eyes.
  - inside the nose.
  - mouth, lips, other mucous membranes.
  - areas of broken skin.
- If contact occurs, flush with water for at least 5 minutes. If discomfort continues, consult your healthcare professional.
- Avoid alcohol based solutions as they may irritate your skin.
- Do not use other acne medications unless your healthcare professional tells you to do so.
- **FLAMMABLE:** Avoid smoking or being near an open flame while you are applying CLINDETS® and immediately after you have used it.

Tell your healthcare professional about all the medicines you take, including any drugs, vitamins, minerals, natural supplements or alternative medicines.

The following may interact with CLINDETS®:

- medicines used to relax muscles when you are given an anaesthetic.
- erythromycin (an antibiotic).
- other acne medications.
- peeling agents used on the skin.
- abrasive agents used on the skin.

How to take CLINDETS®

- Do not use if the seal is broken.
- Adults and children 13 years of age and older: Apply to affected area twice daily, in the morning and night.
- Apply only to your skin.
- Six to eight (6-8) weeks of treatment may be required before improvement is seen.
- Use for the entire time as instructed, even if your acne begins to improve after a few days. Stopping your treatment early may result in the return of your acne.
- If your acne does not improve or becomes worse, contact your healthcare professional.

Instructions for applying CLINDETS®:

- Wait 30 minutes after shaving before applying CLINDETS®.
- Before you apply:
  - gently wash the area with a mild cleanser.
  - rinse with water.
  - pat dry.
- Gently apply CLINDETS® to lightly cover the entire affected area of your skin (face) with a thin layer. Avoid eyes, nostrils, mouth, lips, other mucous membranes or areas of broken skin.
- After applying:
  - wash your hands with soap and water.
- Discard CLINDETS® after use.

Overdose:

- If you apply too much, carefully wash it off and seek medical help.
- If you accidentally swallow CLINDETS®:
  - Rinse your mouth immediately with water.
  - Seek medical help.
  - You may get symptoms similar to when you take antibiotics by mouth (an upset stomach).
  - Keep in mind that this product contains a large amount of alcohol.

If you think you have taken too much CLINDETS®, contact your healthcare professional, hospital emergency department or regional Poison Control Centre immediately, even if there are no symptoms.

What are possible side effects from using CLINDETS®?

These are not all the side effects. If you have any side effects not listed here, contact your healthcare professional.

In the first few weeks you may notice your skin is:

- red or has small red bumps (rash).
- dry or itchy.
- numb or tingles.
- burning or stinging.
- peeling.

Stop treatment for a short time until your symptoms get better and then re-start treatment.

Other side effects may include:

- headache.
- diarrhea.
- nausea.

If you have severe diarrhea (bloody or watery), with or without fever, abdominal pain or tenderness, you may have *Clostridium difficile* colitis (bowel inflammation). If this occurs:

- stop treatment.
- contact your doctor right away.

Rare

Severe allergic reaction that includes:

- rash (hives).

swelling of face or lips, making it hard to breathe.

Inflammation of intestines (colitis) that includes:

- cramps.
- severe pain.
- bloating.
- diarrhea (bloody or watery) which may be severe or last a long time.
- nausea.

vomiting

Tell your healthcare professional if you have any side effect that bothers you or that does not go away.

Serious side effects and what to do about them			
Symptom / effect	Talk to your healthcare professional		Stop taking drug and get immediate medical help
	Only if severe	In all cases	
Rare **Severe allergic reaction** that includes: • rash (hives). • swelling of face or lips, making it hard to breathe.			✓
Inflammation of intestines (colitis) that includes: • cramps. • severe pain. • bloating. • diarrhea (bloody or watery) which may be severe or last a long time. • nausea. • vomiting.			✓

Tell your healthcare professional if you have any side effect that bothers you or that does not go away.

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;
- 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.

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.

Storage:
Store between 15ºC and 25ºC. Do not freeze. Contents are flammable. Keep CLINDETS® away from all sources of fire, flame and heat. Do not leave CLINDETS® in direct sunlight.

Keep this medication where children cannot reach it or see it.

If you want more information about CLINDETS®:

- Talk to your healthcare professional
- Find the full product monograph that is prepared for healthcare professionals and includes the latest available Patient Medication Information by visiting the Health Canada website; the manufacturer's website www.gsk.ca or by calling 1-800-387-7374.

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