



CLOTRIMAZOLE 2% Vaginal cream 30 g



Pharmacological information:

CLOTRIMAZOLE 2% CREAM treats vaginal fungal infections.

Composition: Each gram contains:

Clotrimazole.....20 mg
Excipients q.s.

Dose: Adults and adolescents: administer a 5.0 g dose intravaginally with an applicator once a day, preferably at bedtime for 6 days or according to medical prescription.

Precautions: Clotrimazole should be used carefully on patients who have shown any hypersensitivity to other azole antimycotics, including miconazole, itraconazole or fluconazole. Patients with diabetes mellitus, under chemotherapy or who are immunosuppressed, should ask their physician before starting the treatment with clotrimazole. Inform your physician or pharmacist if you are using or have recently used other medicaments, even if they are medicinal plants or were acquired without a prescription.

Contraindications: Hypersensitivity to any of the components in the composition.

Secondary effects: It has been observed, although not frequently, that some reactions on the application area might occur, such as redness, stinging or burning, blisters, local pain or discomfort, peeling, itching, swelling and generalized exanthem.

Warnings: If you are pregnant or nursing, might be pregnant or are trying to get pregnant, ask your physician or pharmacist before using this medicament. During the first three months of pregnancy, the physician will evaluate the benefits of using the medicament before its administration.

Route of administration: Vaginal.

Presentation: Vaginal cream in 30g tube, with 6 applicators.

How to use:

1. Fill the special applicator that comes with the cream to the indicated level.
2. Lay on your back with your knees up and apart.
3. Softly introduce the applicator into the vagina and push the plunger to release the medicament. If there is any resistance, do not try to push it deep inside.
4. Retire the applicator.

Storage conditions:

Keep in a cool and dry place (below 30°C), protect from light.
Keep out of reach of children.

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