PROFESSIONAL INFORMATION

SCHEDULING STATUS: **S3**

1. NAME OF THE MEDICINE

Soolantra 10 mg/g cream

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

One gram of cream contains 10 mg of ivermectin.

Excipients with known effect

One gram of cream contains:

35 mg of cetyl alcohol, 25 mg of stearyl alcohol, 20 mg of propylene glycol, 2 mg oleyl alcohol

Preservatives:

- methyl parahydroxybenzoate (E218) 0,20 % (w/w)
- propyl parahydroxybenzoate (E216) 0,10 % (w/w)
- phenoxyethanol 1,00 % (w/w)

For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Cream.

White to pale yellow hydrophilic cream.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

Soolantra is indicated for the topical treatment of moderate to severe inflammatory lesions of papulopustular rosacea in adult patients.

4.2 Posology and method of administration

Posology

One application a day at bedtime, to the affected areas of the face for up to 4 months. The treatment course may be repeated.

In case of no improvement after 3 months, the treatment should be discontinued.

Special populations

Renal impairment

Safety in patients with renal impairment has not been established.

Hepatic impairment

Safety in patients with hepatic impairment has not been established.

Elderly patients (≥ 65 years of age)

No dosage adjustment is necessary in the elderly population (see also section 4.8).

Paediatric population

The safety and efficacy of Soolantra in children and adolescents aged less than 18 years have not been established. No data is available.

Method of administration

Cutaneous use only.

Cutaneous application of a pea-size amount of Soolantra to each of the affected areas of the face (forehead, chin, nose, and each cheek), which corresponds to a maximum recommended daily dose of 1 g in total weight. Soolantra should be spread as a thin layer across the affected areas, avoiding the eyelids, eyes, lips, mouth and mucosal surfaces. Maximum total cutaneous dose of Soolantra 1% cream per day is 1 gram which is equivalent to 10 mg ivermectin.

Soolantra should be applied only to the face, and is not for oral, ophthalmic, intranasal or intravaginal use.

Hands should be washed after applying Soolantra.

Cosmetics may be applied after Soolantra has dried.

4.3 Contraindications

Hypersensitivity to the active substance or to any of the excipients listed in section 6.1.

Pregnancy and Lactation (see Section 4.6)

4.4 Special warnings and precautions for use

Patients may experience transient aggravation of rosacea, which usually resolves within 1 week under continuation of the treatment due to a reaction to the dying Demodex mites.

In case of severe worsening with a strong dermal reaction, the treatment should be discontinued.

Soolantra contains:

- cetyl alcohol and stearyl alcohol which may cause local skin reactions (e.g. contact dermatitis),
- methyl parahydroxybenzoate (E218) and propyl parahydroxybenzoate (E216) which may cause allergic reactions (possibly delayed),
- and propylene glycol which may cause skin irritation.

4.5 Interaction with other medicines and other forms of interaction

No interaction studies have been performed (see section 5.2 for Biotransformation).

Concomitant use of Soolantra with other topical or systemic medicines for the treatment of rosacea has not been investigated.

In vitro studies have shown that ivermectin is primarily metabolised by CYP3A4. Consequently, caution is advised when ivermectin is administered concomitantly with potent CYP3A4 inhibitors as the plasma exposure may be significantly increased.

4.6 Fertility, pregnancy and lactation

Pregnancy

Safety of topical use of Soolantra in pregnancy has not been established. Soolantra should not be used in pregnancy.

There are no or a limited amount of data from the topical use of ivermectin in pregnant women. Oral reproductive toxicity studies have shown that ivermectin is teratogenic in rats (cleft palates) and rabbits (carpal flexures and low birth weight) (see section 5.3). Although the systemic exposure in humans following the topical administration of ivermectin is relatively low at the proposed posology, and the systemic exposure that may cause harm to the embryo/developing foetus is unknown, a possible safety concern for the human foetus cannot be excluded.

Breastfeeding

Women breastfeeding their babies should not be treated with Soolantra.

Excretion of Ivermectin in human milk following topical administration has not been evaluated. In pharmacokinetic/toxicology studies done with oral ivermectin in nursing female rats, ivermectin was excreted in the milk and neonatal toxicity was observed in the litters. Because of the potential for serious adverse reactions with Soolantra Cream in the breastfed infants, a decision should be made whether to discontinue nursing or to discontinue Soolantra taking into account the benefit of breastfeeding for the child and the benefit of therapy for the mother.

Fertility

No human data on the effect of ivermectin on fertility are available. In rats, there was no effect on mating or fertility with ivermectin treatment.

4.7 Effects on ability to drive and use machines

Soolantra has no or negligible influence on the ability to drive and use machines.

4.8 Undesirable effects

Summary of the safety profile

The most commonly reported adverse reactions are skin burning sensation, skin irritation, pruitus and dry skin, all occurring in 1% or less of patients treated with ivermectin in clinical trials. They are typically mild to moderate in severity, and usually decrease when treatment is continued.

No meaningful differences in the safety profile were observed between subjects 18 to 65 years and subjects ≥65 years of age

Tabulated summary of adverse reactions

The adverse reactions are classified by System Organ Class and frequency, using the following convention: very common (≥ 1/10), common (≥ 1/100 to < 1/10), uncommon (≥ 1/1,000 to < 1/100), rare (≥ 1/10,000 to <1/1,000), very rare (< 1/10,000), not known (cannot be estimated from the available data) and were reported with Soolantra in clinical studies (see Table 1).

Table 1 – Adverse reactions

MedDRA system organ class	**Frequency**	**Undesirable effects**
Skin and subcutaneous tissue disorders	Common	Skin burning sensation
	Uncommon	Skin irritation, pruritus, dry skin Rosacea aggravation*
	Not known*	Erythema Dermatitis contact (allergic or irritant) Swelling face
Investigations	Not known	Transaminases increased*

* Adverse reaction reported from post-marketing data.

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of Soolantra is important. It allows continued monitoring of the benefit/risk balance of the medicine. Health care providers are asked to report any suspected adverse reactions to SAHPRA via the "**6.04 Adverse Drug Reactions Reporting Form**", found online under SAHPRA's publications: https://www.sahpra.org.za/Publications/Index/8

4.9 Overdose

In overdose, side effects can be precipitated and/or be of increased severity (see Section 4.8). Soolantra should be stopped. Treatment is symptomatic and supportive (see below).

In accidental or significant exposure to unknown quantities of veterinary formulations of ivermectin in humans, either by ingestion, inhalation, injection, or exposure to body surfaces, the following adverse

effects have been reported most frequently: rash, oedema, headache, dizziness, asthenia, nausea, vomiting, and diarrhoea. Other adverse effects that have been reported include: seizure, ataxia, dyspnea, abdominal pain, paresthesia, urticaria, and contact dermatitis.

In case of accidental ingestion, symptomatic and supportive therapy, if indicated, should include parenteral fluids and electrolytes, respiratory support (oxygen and mechanical ventilation if necessary) and pressor agents if clinically significant hypotension is present. Induction of emesis as soon as possible, followed by purgatives and other routine anti-poison measures, may be indicated if needed to prevent absorption of ingested material.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Category and class: A.13.12 Dermatological preparations - Others

Mechanism of action

Ivermectin is a member of the avermectin class of medicnes. Avermectin has anti-inflammatory effects by inhibiting lipopolysaccharide-induced production of inflammatory cytokines. Anti-inflammatory properties of cutaneous ivermectin have been observed in animal models of skin inflammation. Ivermectin also causes death of parasites, primarily through binding selectively and with high affinity to glutamate-gated chloride channels, which occur in invertebrate nerve and muscle cells. The mechanism of action of Soolantra in treating the inflammatory lesions of rosacea is not known but may be linked to anti-inflammatory effects of ivermectin as well as causing the death of Demodex mites that have been reported to be a factor in inflammation of the skin.

Clinical efficacy and safety

Ivermectin applied once daily at bedtime was evaluated in the treatment of inflammatory lesions of rosacea in two randomised, double-blind, vehicle-controlled clinical studies, which were identical in design. The studies were conducted in 1371 subjects aged 18 years and older who were treated once daily for 12 weeks with either ivermectin or vehicle.

Overall, 96% of subjects were Caucasian and 67% were female. Using the 5-point Investigator Global Assessment (IGA) scale, 79% of subjects were scored as moderate (IGA=3) and 21% scored as severe (IGA= 4) at baseline.

The co-primary efficacy endpoints in both clinical studies were the success rate based on the IGA outcome (percentage of subjects “clear” and “almost clear” at Week 12 of the study) and absolute change from baseline in inflammatory lesion counts. The IGA scale is based on the following definitions:

Grade	**Score**	**Clinical Description**
Clear	0	No inflammatory lesions present, no erythema
Almost Clear	1	Very few small papules/pustules, very mild erythema present
Mild	2	Few small papules/pustules, mild erythema
Moderate	3	Several small or large papules/pustules, moderate erythema
Severe	4	Numerous small and/or large papules/pustules, severe erythema

The results from both clinical studies demonstrated that ivermectin applied once daily for 12 weeks was statistically superior to vehicle cream in terms of IGA success rate and absolute change in inflammatory lesion counts ($p<0.001$, see table 3 and Figure 1, Figure 2, Figure 3 and Figure 4).

The following table and figures present efficacy outcomes from both studies.

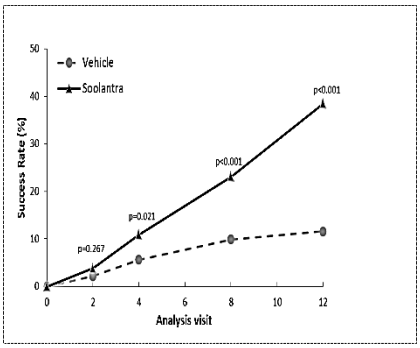
Table 3: Efficacy Results

Investigator Global Assessment	**Study 1**		**Study 2**	
	Ivermectin (N=451)	**Vehicle (N=232)**	**Ivermectin (N=459)**	**Vehicle (N=229)**
Number (%) of Subjects Clear or Almost Clear in the IGA at Week 12	173 (38.4)	27 (11.6)	184 (40.1)	43 (18.8)
Inflammatory Lesions				
Mean Inflammatory Lesion Count at Baseline	31.0	30.5	33.3	32.2
Mean Inflammatory Lesion Count at Week 12	10.6	18.5	11.0	18.8

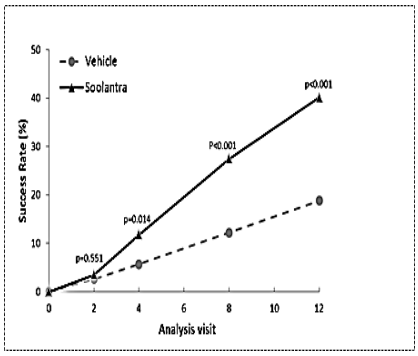
Mean Absolute Change (%Change) in Inflammatory Lesion Count from Baseline at Week 12	-20.5 (-64.9)	-12.0 (-41.6)	-22.2 (-65.7)	-13.4 (-43.4)

Figures 1 and 2: IGA Success Rates Over Time in weeks

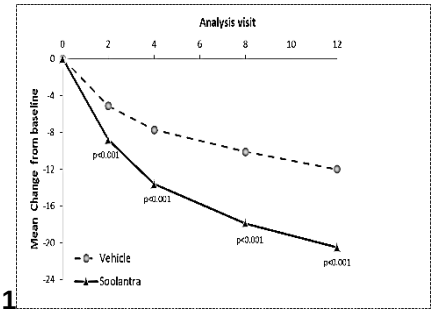
Study 1



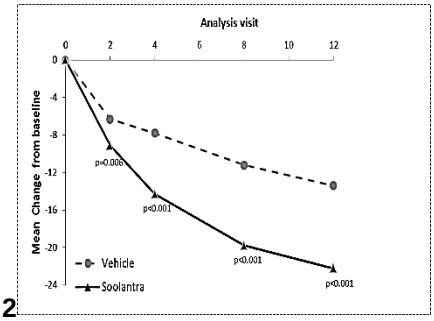
Study 2



Figures 3 and 4: Mean Absolute Change in Inflammatory Lesion Counts from Baseline Over Time in weeks



Study 1



Study 2

Ivermectin was statistically superior to vehicle cream on the co-primary efficacy endpoints with a time to onset of efficacy of 4 weeks of treatment ($p<0.05$).

IGA was assessed during the 40-week extension of the two clinical studies and the percentages of subjects treated with ivermectin achieving an IGA score of 0 or 1 continued to increase up to Week 52. The Success Rate (IGA=0 or 1) at Week 52 was 71% and 76% in Studies 1 and 2, respectively.

Approximately 300 subjects aged 65 years and older were treated over all clinical trials with ivermectin. No meaningful differences in the efficacy and safety profile were observed between elderly subjects and subjects 18 to 65 years of age.

The safety profile, as described in section 4.8, remained stable over conditions of long-term use as observed in long-term treatments up to one year.

5.2 Pharmacokinetic properties

Absorption

The absorption of ivermectin from Soolantra was evaluated in a clinical trial in adult subjects with severe papulopustular rosacea under maximal use conditions. At steady state (after 2 weeks of treatment), the highest mean (± standard deviation) plasma concentrations of ivermectin peaked within 10 ±8 hours post-dose (C_{max}: 2.1 ± 1.0 ng/mL range: 0.7 - 4.0 ng/mL) and the highest mean (± standard deviation) AUC_{0-24hr} was 36± 16 ng.hr/mL (range: 14-75ng.hr/mL). Ivermectin systemic exposure levels reached a plateau by two weeks of treatment (steady state conditions). In the longer treatment durations of the Phase 3 studies, ivermectin systemic exposure levels were similar to those observed after two weeks of treatment. At steady state conditions, the ivermectin systemic exposure levels (AUC_{0-24hr}:36 ±16 ng.hr/mL) were lower than those obtained following a single 6-mg oral dose of ivermectin in healthy volunteers (AUC_{0-24hr}:134 ± 66 ng.hr/mL).

Distribution

An in vitro study demonstrated that ivermectin is greater than 99% bound to plasma proteins and is bound primarily to human serum albumin. No significant binding of ivermectin to erythrocytes was observed.

Biotransformation

In vitro studies using human hepatic microsomes and recombinant CYP450 enzymes have shown that ivermectin is primarily metabolized by CYP3A4.

In vitro studies show that ivermectin does not inhibit the CYP450 isoenzymes 1A2, 2A6, 2B6, 2C8, 2C9, 2C19, 2D6, 3A4, 4A11 or 2E1. Ivermectin does not induce CYP450 enzyme expression (1A2, 2B6, 2C9 or 3A4) in cultured human hepatocytes.

Two major metabolites of ivermectin were identified in a maximal use clinical pharmacokinetic study and assessed during Phase 2 clinical studies (3''-O-demethyl ivermectin and 4a-hydroxy ivermectin). Similar to the parent compound, metabolites reached steady state conditions by 2 weeks of treatment, with no

evidence of accumulation up to 12 weeks. Furthermore, the metabolites systemic exposures (estimated with C_{max} and AUC) obtained at steady state were much lower than those observed following oral administration of ivermectin.

Elimination

The terminal half-life averaged 6 days (mean: 145 hours, range 92-238 hours) in patients receiving a once daily cutaneous application of the medicinal product for 28 days, in the maximal use clinical pharmacokinetic study. Elimination is absorption-dependent following topical treatment with ivermectin. Pharmacokinetics of ivermectin have not been studied in patients with renal and hepatic impairment.

5.3 Preclinical safety data

Repeat-dose studies up to 9 months via dermal application of ivermectin 10 mg/g cream in minipigs have not shown toxic effects or local toxicity at systemic exposure levels comparable to clinical exposure.

Ivermectin is not genotoxic in a battery of in vitro and in vivo tests. A 2-year carcinogenicity study via dermal application of ivermectin 10 mg/g cream in mice did not show any increased tumour incidence. Hepatocellular benign adenoma was reported in a 2-year oral carcinogenicity study in the male Wistar rats. The clinical relevance of this finding is unknown.

Reproductive toxicity studies after oral administration of ivermectin showed teratogenic effects in rats (cleft palates) and rabbits (carpal flexures) at high doses (exposure margin to the NOAEL at least 70-fold compared to the clinical exposure).

The neonatal toxicity in oral rat studies was not related to in utero exposure but to postnatal exposure through maternal milk which resulted in high levels of ivermectin in the brain and in plasma of offspring. Ivermectin 10 mg/g cream has evidence of being skin irritant, sensitising and photosensitising in Guinea pigs, but is not phototoxic.

Environmental Risk Assessment (ERA)

Ivermectin is very toxic for invertebrates and a risk has been identified for the aquatic, sediment and the terrestrial compartment. Care should be taken in order to prevent environmental contamination, in particular in the aquatic media.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Glycerol

Isopropyl palmitate

Carbomer

Dimeticone

Disodium edetate

Citric acid monohydrate

Cetyl alcohol

Stearyl alcohol

Macrogol cetostearyl ether

Sorbitan stearate

Methyl parahydroxybenzoate (E218)

Propyl parahydroxybenzoate (E216)

Phenoxyethanol

Propylene glycol

Oleyl alcohol

Sodium hydroxide (for pH-adjustment);

Purified water

6.2 Incompatibilities

Not applicable

6.3 Shelf life

2 years

After first opening: use within 6 months.

6.4 Special precautions for storage

Store at or below 30 °C.

This medicinal product does not require any special storage conditions.

6.5 Nature and contents of container

Polyethylene (PE)/Aluminium (Al)/ Polyethylene (PE) laminated plastic white tubes with:

- A white high density polyethylene (HDPE) head and polypropylene (PP) child resistant closure for the 15 g, 30 g, 45 g or 60 g tubes
- A polypropylene (PP) white cap for the 2 g tubes (non child resistant closure)

Pack sizes: 1 tube of 2 g, 15 g, 30 g, 45 g or 60 g.

Not all pack sizes may be marketed.

6.6 Special precautions for disposal

Mitigation measures should be taken in order to prevent or reduce contamination, in particular the aquatic media.

Any unused medicinal product or waste material should be disposed of in accordance with local requirements.

7. HOLDER OF CERTIFICATE OF REGISTRATION

Galderma Laboratories South Africa (Pty) Ltd

Nicol Main Office Park,

Block C, First Floor,

Futurespace,

2 Bruton Road,

Bryanston,

2191

8. REGISTRATION NUMBER

49/13.12/0906

9. DATE OF FIRST AUTHORISATION

16 March 2021

10. DATE OF REVISION OF THE TEXT