IRISH MEDICINES BOARD ACT 1995

MEDICINAL PRODUCTS(LICENSING AND SALE)REGULATIONS, 1998

(S.I. No.142 of 1998)

PPA1328/023/001
Case No: 2034068

The Irish Medicines Board in exercise of the powers conferred on it by the above mentioned Regulations hereby grants to

B & S Healthcare

Unit 4, Bradfield Road, **Ruislip**, **Middlesex**, **HA4 0NU**, **United Kingdom**

an authorisation, subject to the provisions of the said Regulations, in respect of the product

Dovonex 50 Micrograms/g Ointment

The particulars of which are set out in Part I and Part II of the attached Schedule. The authorisation is also subject to the general conditions as may be specified in the said Regulations as listed on the reverse of this document.

This authorisation, unless previously revoked, shall continue in force from **26/03/2007** until **31/08/2011**.

Signed on behalf of the Irish Medicines Board this

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A person authorised in that behalf by the said Board.

Part II

Summary of Product Characteristics

1 NAME OF THE MEDICINAL PRODUCT

Dovonex 50 micrograms/g Ointment

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

Each gram of ointment contains 50 micrograms of calcipotriol.
Excipients include propylene glycol
For a full list of excipients, see section 6.1.

3 PHARMACEUTICAL FORM

Ointment.

Product imported from France:
A faint translucent white to yellowish ointment.

4 CLINICAL PARTICULARS

4.1 Therapeutic Indications

Dovonex Ointment is indicated for the topical treatment of plaque psoriasis (psoriasis vulgaris). Dovonex ointment may also be used in combination with phototherapy, acitretin, cyclosporin or topical corticosteroids.

4.2 Posology and method of administration

Adults:

The ointment should be applied to the affected area once to twice daily. Twice daily application of the ointment is often preferred initially. Application of the ointment can be reduced to once daily when appropriate. Maximum weekly dose should not exceed 100g.
Twice daily application of Dovonex in combination with phototherapy, cyclosporin or acitretin and once daily application of Dovonex in combination with corticosteroids (e.g. administration of Dovonex in the morning and steroid in the evening) is effective and well tolerated.
The addition of Dovonex twice daily will enhance the efficacy and reduce the dosage of cyclosporin, acitretin and phototherapy.

Children:

Over 12 years: Dovonex Ointment should be applied to the affected area twice daily. Maximum weekly dose should not exceed 75g.
Aged 6 to 12 years: Dovonex Ointment should be applied to the affected area twice daily. Maximum weekly dose should not exceed 50g.
Under 6 years: There is limited experience of the use of Dovonex Ointment in this age group. A maximum safe dose has not been established.

4.3 Contraindications

Known hypersensitivity to any of the ingredients.
Due to the content of calcipotriol Dovonex is contraindicated in patients with known disorders of calcium metabolism.

4.4 Special warnings and precautions for use

Dovonex Ointment should not be used on the face. The patient must be instructed in correct use of the product to avoid application and accidental transfer to the face. Hands must be washed after each application.

Use of Dovonex® should be avoided in patients with severe renal failure or severe hepatic disorders.
The risk of hypercalcaemia is minimal when the dosage recommendations are followed.
Hypercalcaemia may occur if the maximum weekly dose (100 g) is exceeded. However, serum calcium is quickly normalised when treatment is discontinued.
Propylene glycol may cause skin irritation.

4.5 Interaction with other medicinal products and other forms of interaction

There is no interaction between calcipotriol and sunlight or UV light.

4.6 Pregnancy and lactation

Safety for use during human pregnancy has not yet been established, although studies in experimental animals have not shown teratogenic effects. Avoid use in pregnancy unless there is no safer alternative. It is not known whether calcipotriol is excreted in breast milk.

4.7 Effects on ability to drive and use machines

Does not apply.

4.8 Undesirable effects

Very common > 1/10
Common > 1/100 and <1/10
Uncommon > 1/1,000 and <1/100
Rare > 1/10,000 and <1/1,000
Very rare < 1/10,000
The most frequently reported undesirable effects are various skin reactions and in particular application site reactions. Hypercalcaemia and allergic reactions have been reported very rarely.
Based on clinical data for Dovonex Ointment undesirable effects occurred in approximately 15% of the patients.
Pruritus, skin irritation, burning and stinging sensation, dry skin, erythema and rash are common.
Contact dermatitis, eczema and aggravated psoriasis are uncommon.
Systemic effects after topical use may appear very rarely causing hypercalcaemia or hypercalciuria, cf. section 4.4.

Post-market data on Dovonex®cream, ointment and scalp solution
Transient changes in skin pigmentation, transient photosensitivity reactions and hypersensitivity reactions including urticaria, angioedema, periorbital or facial oedema have been reported very rarely.
Perioral dermatitis may occur rarely.

Based on post-marketing data the total 'reporting rate' of undesirable effect is very rare being approximately 1:10,000 treatment courses.
The undesirable effects are listed by MedDRA SOC and the individual undesirable effects are listed starting with the most frequently reported.

Skin and subcutaneous tissue disorders:

Pruritus
Skin burning sensation
Skin stinging sensation
Skin irritation
Skin dry
Erythema
Rash*
Eczema
Contact Dermatitis
Aggravated Psoriasis
Skin hyperpigmentation
Skin depigmentation
Photosensitivity reaction
Urticaria
Facial oedema
Periorbital oedema
Angioedema
* Various types of rash reactions such as scaly, erythematous, maculo-papular and pustular have been reported.

Metabolism and nutrition disorders:

Hypercalcaemia
Hypercalciuria

4.9 Overdose

Hypercalcaemia may occur in patients with plaque psoriasis who use more than 100g of Dovonex Ointment weekly and has been reported at lower doses in patients with generalised pustular or erythrodermic exfoliative psoriasis.

5 PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Calcipotriol is a vitamin D derivative. *In vitro* data suggest that calcipotriol induces differentiation and suppresses proliferation of keratinocytes but with less effect on calcium metabolism. This is the proposed basis for its effect in psoriasis.

5.2 Pharmacokinetic properties

Absorption through skin appears to be low but that which reaches the systemic circulation is rapidly metabolised to inactive substances.

5.3 Preclinical safety data

The effect on calcium metabolism is approximately 100 times less than that of the hormonally active form of vitamin D_3.

6 PHARMACEUTICAL PARTICULARS

6.1 List of excipients

disodium edetate
disodium phosphate dihydrate
D,L-alpha-tocopherol
liquid paraffin
macrogol-(2)-stearyl ether
propylene glycol
white soft paraffin
purified water

6.2 Incompatibilities

Not applicable.

6.3 Shelf Life

The shelf-life expiry date of this product shall be the date shown on the container and outer package of the product on the market in the country of origin.

6.4 Special precautions for storage

Do not store above 25°C.

6.5 Nature and contents of container

Lacquered aluminium tube with polyethylene screw cap. Pack sizes: 30g

6.6 Special precautions for disposal of a used medicinal product or waste materials derived from such medicinal product and other handling of the product

No special requirements.

7 Parallel Product Authorisation Holder

B&S Healthcare
Unit 4
Bradfield Road
Ruislip
Middlesex
HA4 0NU
United Kingdom

8 Parallel Product Authorisation Number

PPA 1328/23/1

9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of First Authorisation: 1st September 2006

10 DATE OF REVISION OF THE TEXT

February 2007