

## PROFESSIONAL INFORMATION

SCHEDULING STATUS: **S1**

### 1 NAME OF THE MEDICINE

**SKINOREN ACNE CREAM** 200 mg (20 % w/w) azelaic acid per 1 g cream.

### 2 QUALITATIVE AND QUANTITATIVE COMPOSITION

1 g SKINOREN ACNE CREAM contains 200 mg (20 % w/w) azelaic acid.

Excipients with known effect

Benzoic acid 2 mg/g cream (0,2 % w/w) (preservative)

Propylene glycol 125 mg/g cream

For full list of excipients, see section 6.1.

### 3 PHARMACEUTICAL FORM

Cream.

White opaque cream.

### 4 CLINICAL PARTICULARS

#### 4.1 Therapeutic indications

Topical treatment of mild to moderate acne vulgaris.

#### 4.2 Posology and method of administration

##### Posology

SKINOREN ACNE CREAM should be applied to the affected areas of the skin twice a day (mornings and evenings) and rubbed in gently.

Approximately 2,5 cm of cream is sufficient for the entire facial area.

Before SKINOREN ACNE CREAM is applied, the skin should be thoroughly cleaned with plain water and dried.

A mild skin-cleansing agent may be used.

It is important to continue to use SKINOREN ACNE CREAM regularly over the entire period of treatment.

The duration of use of SKINOREN ACNE CREAM can vary from patient to patient and also depends on the severity of the acne. In general, an improvement of the condition becomes apparent after about 4 weeks. To obtain the best results, SKINOREN ACNE CREAM should be used continuously over several months. There is clinical experience for a continuous application time period of up to one year.

In the event of intolerable skin irritation (see section 4.4) the amount of cream per application should be reduced or the frequency of use of SKINOREN ACNE CREAM should be reduced to once a day until the irritation ceases. If required, treatment might have to be temporarily interrupted for a few days.

### **Special populations**

#### *Geriatric patients*

No targeted studies have been performed in patients aged 65 and over.

#### *Patients with hepatic impairment*

No targeted studies have been performed in patients with hepatic impairment.

#### *Patients with renal impairment*

No targeted studies have been performed in patients with renal impairment.

### **Paediatric population**

Use in adolescents (12 to 18 years of age). Dose adjustment is not required when SKINOREN ACNE CREAM is administered to adolescents aged 12 to 18 years.

The safety and efficacy of SKINOREN ACNE CREAM in children below the age of 12 years have not been established.

## **Method of administration**

Cutaneous use.

## **4.3 Contraindications**

Hypersensitivity to the active substance or to any of the excipients of SKINOREN ACNE CREAM (see section 6.1).

Safety in pregnancy and lactation has not been established.

## **4.4 Special warnings and precautions for use**

For external use only.

Care must be taken when using SKINOREN ACNE CREAM to avoid contact with the eyes, mouth and other mucous membranes, and patients should be instructed accordingly. In the event of accidental contact, the eyes, mouth and/or affected mucous membranes should be washed with large amounts of water. If eye irritation persists, patient should consult a doctor. The hands should be washed after each application of SKINOREN ACNE CREAM.

Worsening of asthma in patients treated with azelaic acid has been reported during post-marketing surveillance.

SKINOREN ACNE CREAM contains 2 mg benzoic acid in each g. Benzoic acid may cause local irritation.

SKINOREN ACNE CREAM contains 125 mg propylene glycol in each g. Propylene glycol may cause skin irritation.

## **4.5 Interaction with other medicines and other forms of interaction**

No interactions studies have been performed.

## **4.6 Fertility, pregnancy and lactation**

### **Pregnancy**

Safety of SKINOREN ACNE CREAM during pregnancy has not been established (see section 4.3).

### Breastfeeding

Safety of SKINOREN ACNE CREAM during breastfeeding has not been established (see section 4.3).

Infants must not come into contact with treated skin/breast.

### Fertility

No data available.

### 4.7 Effects on ability to drive and use machines

SKINOREN ACNE CREAM has no influence on the ability to drive and use machines.

### 4.8 Undesirable effects

In clinical studies, most frequently observed side effects included application site burning, application site pruritus and application site erythema.

Frequencies of side effects observed in clinical studies and given in the table below are defined according to the MedDRA frequency convention: very common ( $\geq 1/10$ ); common ( $\geq 1/100, < 1/10$ ); uncommon ( $\geq 1/1000; < 1/100$ ); rare ( $\geq 1/10000, < 1/1000$ ).

System Organ Class	Very common	Common	Uncommon	Rare	Not known <sup>1</sup>
Skin and subcutaneous tissue disorder			Seborrhoea, acne, skin depigmentation	Cheilitis	Urticaria, rash
General disorders and administration	Application site burning, application	Application site exfoliation, application site	Application site paraesthesia, application site	Application site vesicles, application site	

<b>site conditions</b>	site pruritus, application site erythema	pain, application site dryness, application site discolouration, application site irritation	dermatitis, application site discomfort, application site oedema	eczema, application site warmth, application site ulcer	
<b>Immune system disorders</b>				Medicine hypersensitivity, worsening of asthma (see section 4.4)	Angioedema <sup>2</sup> , dermatitis contact <sup>2</sup> , eye swelling <sup>2</sup> , swelling face <sup>2</sup>

<sup>1</sup> These additional adverse reactions have been reported during post-marketing use of SKINOREN ACNE CREAM.

<sup>2</sup> May occur with hypersensitivity.

Generally, local skin irritation regresses in the course of treatment.

**Paediatric population:**

In clinical studies involving adolescents 12 to 18 years of age (454/1336; 34 %) the local tolerability of SKINOREN ACNE CREAM was similar in paediatric and adult patients.

*Reporting of suspected adverse reactions*

Reporting suspected adverse reactions after authorisation of the medicine 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

No known cases of azelaic acid overdosage resulting from topical administration of SKINOREN ACNE CREAM have been reported. Results from acute toxicity studies do not indicate that any risk of acute intoxication is to be expected following a single dermal application of an overdose (application over a large area under conditions favourable to absorption) or inadvertent ingestion. Due to the very low local and systemic toxicity of azelaic acid, intoxication is unlikely.

Treatment should be supportive and symptomatic.

## 5 PHARMACOLOGICAL PROPERTIES

### 5.1 Pharmacodynamic properties

A 13.12 Acne preparations

The antimicrobial property of azelaic acid and a direct influence on follicular hyperkeratosis are assumed to be the basis for the therapeutic efficacy of SKINOREN ACNE CREAM in acne.

Clinically, a significant reduction of the colonisation density of *Propionibacterium acnes* and a significant reduction in the fraction of free fatty acids in the skin surface lipids is observed.

*In vitro* and *in vivo*, azelaic acid inhibits the proliferation of keratinocytes and normalises the disturbed terminal epidermal differentiation processes in acne. In the rabbit ear model azelaic acid accelerates the comedolysis of tetradecane-induced comedones.

### 5.2 Pharmacokinetic properties

Azelaic acid penetrates into all layers of human skin after topical application of the cream. Penetration is faster into damaged skin than into intact skin. A total of 3,6 % of the dose applied is absorbed percutaneously after a single topical application of 1 g azelaic acid (5 g cream).

A portion of the azelaic acid absorbed through the skin is excreted in unchanged form with the urine. The remaining portion is broken down by  $\beta$ -oxidation into dicarboxylic acids with shorter chain length (C7, C5) which have likewise been found in the urine.

## **6 PHARMACEUTICAL PARTICULARS**

### **6.1 List of excipients**

Arlatone 983 S

Cetostearyl alcohol

PCL liquid

Propylene glycol

Glycerol 85 %

Glycerol monostearate 40-55

Benzoic acid

Purified water

### **6.2 Incompatibilities**

None known.

### **6.3 Shelf life**

3 years

After first opening of the container, the in-use shelf life is 6 months.

### **6.4 Special precautions for storage**

Store at or below 30 °C. For expiry date, please refer to the imprint on the pack. Keep well closed.

### **6.5 Nature and contents of container**

Tubes of 10, 20, 30 or 50 g. The tubes are made of aluminium and screw caps are made of high density polyethylene.

Not all pack sizes may be marketed.

### **6.6 Special precautions for disposal**

No special requirements.

## **7 HOLDER OF CERTIFICATE OF REGISTRATION**

Adcock Ingram Limited

1 New Road

Erand Gardens

Midrand, 1685

Customer Care: 0860 ADCOCK / 232625

## **8 REGISTRATION NUMBERS**

South Africa: W/13.12/228

## **9 DATE OF FIRST AUTHORISATION / RENEWAL OF THE AUTHORISATION**

30 September 1992

## **10 DATE OF REVISION OF THE TEXT**

25 May 2022

Namibia: NS1: 04/13.12/1438

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PI 073041 07/2022