

ANNEX I
SUMMARY OF PRODUCT CHARACTERISTICS

1. NAME OF THE MEDICINAL PRODUCT

IKERVIS 1 mg/mL eye drops, emulsion

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

One mL of emulsion contains 1 mg of ciclosporin.

Excipient with known effect:

One mL of emulsion contains 0.05 mg cetalkonium chloride (see section 4.4).

For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Eye drops, emulsion.

Milky white emulsion.

4. CLINICAL PARTICULARS

4.1 Therapeutic indication

Treatment of severe keratitis in adult patients with dry eye disease, which has not improved despite treatment with tear substitutes (see section 5.1).

4.2 Posology and method of administration

IKERVIS treatment must be initiated by an ophthalmologist or a healthcare professional qualified in ophthalmology.

Posology

Adults

The recommended dose is one drop of IKERVIS once daily to be applied to the affected eye(s) at bedtime.

Response to treatment should be reassessed at least every 6 months.

If a dose is missed, treatment should be continued on the next day as normal. Patients should be advised not to instil more than one drop in the affected eye(s).

Elderly patients

The elderly population has been studied in clinical studies. No dose adjustment is required.

Patients with renal or hepatic impairment

The effect of IKERVIS has not been studied in patients with hepatic or renal impairment. However, no special considerations are needed in these populations.

Paediatric population

There is no relevant use of IKERVIS in children and adolescents aged below 18 in the treatment of severe keratitis in adult patients with dry eye disease, which has not improved despite treatment with tear substitutes.

Method of administration

Ocular use.

Precautions to be taken before administering the medicinal product

Patients should be instructed to first wash their hands.

Prior to administration, the single-dose container should be gently shaken.

For single use only. Each single-dose container is sufficient to treat both eyes. Any unused emulsion should be discarded immediately.

Patients should be instructed to use nasolacrimal occlusion and to close the eyelids for 2 minutes after instillation, to reduce the systemic absorption. This may result in a decrease in systemic undesirable effects and an increase in local activity (see section 4.4).

If more than one topical ophthalmic medicinal product is being used, the medicinal products must be administered at least 15 minutes apart. IKERVIS should be administered last (see section 4.4).

4.3 Contraindications

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

Active or suspected ocular or peri-ocular infection.

4.4 Special warnings and precautions for use

IKERVIS has not been studied in patients with a history of ocular herpes and should therefore be used with caution in such patients.

Contact lenses

Patients wearing contact lenses have not been studied. Careful monitoring of patients with severe keratitis is recommended. Contact lenses should be removed before instillation of the eye drops at bedtime and may be reinserted at wake-up time.

Concomitant therapy

There is limited experience with IKERVIS in the treatment of patients with glaucoma. Caution should be exercised when treating these patients concomitantly with IKERVIS, especially with beta-blockers which are known to decrease tear secretion.

Effects on the immune system

Medicinal products, which affect the immune system, including ciclosporin, may affect host defences against infections and malignancies.

Co-administration of IKERVIS with eye drops containing corticosteroids could potentiate the effects of IKERVIS on the immune system (see section 4.5).

Excipient

IKERVIS contains cetalkonium chloride which may cause eye irritation.

4.5 Interaction with other medicinal products and other forms of interaction

No interaction studies have been performed with IKERVIS.

Combination with other medicinal products that affect the immune system

Co-administration of IKERVIS with eye drops containing corticosteroids could potentiate the effects of ciclosporin on the immune system (see section 4.4).

4.6 Fertility, pregnancy and lactation

Women of childbearing potential/contraception in females

IKERVIS is not recommended in women of childbearing potential not using effective contraception.

Pregnancy

There is no data from the use of IKERVIS in pregnant women.

Studies in animals have shown reproductive toxicity following systemic administration of ciclosporin at exposure considered sufficiently in excess of the maximum human exposure indicating little relevance to the clinical use of IKERVIS.

IKERVIS is not recommended during pregnancy unless the potential benefit to the mother outweighs the potential risk to the foetus.

Breast-feeding

Following oral administration, ciclosporin is excreted in breast milk. There is insufficient information on the effects of ciclosporin in newborns/infants. However, at therapeutic doses of ciclosporin in eye drops, it is unlikely that sufficient amounts would be present in breast milk. A decision must be made whether to discontinue breast-feeding or to discontinue/abstain from IKERVIS therapy taking into account the benefit of breast-feeding for the child and the benefit of therapy for the woman.

Fertility

There is no data on the effects of IKERVIS on human fertility.

No impairment of fertility has been reported in animals receiving intravenous ciclosporin (see section 5.3).

4.7 Effects on ability to drive and use machines

IKERVIS has moderate influence on the ability to drive and use machines.

This medicinal product may induce temporary blurred vision or other visual disturbances which may affect the ability to drive or use machines (see section 4.8). Patients should be advised not to drive or use machines until their vision has cleared.

4.8 Undesirable effects

Summary of the safety profile

In four clinical studies including 532 patients who received IKERVIS and 398 who received IKERVIS vehicle (control), IKERVIS was administered at least once a day in both eyes, for up to one year. The most common adverse reactions were eye pain (19%), eye irritation (17.8%), lacrimation (6.2%), ocular hyperaemia (5.5%) and eyelid erythema (1.7%) which were usually transitory and occurred during instillation.

The majority of adverse reactions reported in clinical studies with the use of IKERVIS were ocular and mild to moderate in severity.

Tabulated list of adverse reactions

The following adverse reactions listed below were observed in clinical studies. They are ranked according to system organ class and classified according to 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), or not known (cannot be estimated from the available data).

Infections and infestations	Uncommon	Keratitis bacterial, herpes zoster ophthalmic.
Eye disorders	Common	Erythema of eyelid, lacrimation increased, ocular hyperaemia, vision blurred, eyelid oedema, conjunctival hyperaemia, eye irritation, eye pain.
	Uncommon	Conjunctival oedema, lacrimal disorder, eye discharge, eye pruritus, conjunctival irritation, conjunctivitis, foreign body sensation in eyes, deposit eye, keratitis, blepharitis, corneal decompensation, chalazion, corneal infiltrates, corneal scar, eyelid pruritus, iridocyclitis.
General disorders and administration site conditions	Very common	Instillation site pain.
	Common	Instillation site irritation, instillation site erythema, instillation site lacrimation.
	Uncommon	Instillation site reaction, instillation site discomfort, instillation site pruritus, instillation site foreign body sensation.

Description of selected adverse reactions

Instillation site pain was a frequently reported local adverse reaction associated with the use of IKERVIS during clinical trials. It is likely to be attributable to ciclosporin.

One case of severe epithelial erosion of the cornea identified as corneal decompensation by the investigator resolved without sequelae was reported.

Patients receiving immunosuppressive therapies, including ciclosporin, are at increased risk of infections. Both generalised and localised infections can occur. Pre-existing infections may also be aggravated (see section 4.3). Cases of infections have been reported uncommonly in association with the use of IKERVIS. To reduce the systemic absorption, see section 4.2.

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via **the national reporting system** listed in [Appendix V](#).

4.9 Overdose

A topical overdose is not likely to occur after ocular administration. If overdose with IKERVIS occurs, treatment should be symptomatic and supportive.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Ophthalmologicals, other ophthalmologicals, ATC code: S01XA18.

Mechanism of action and pharmacodynamic effects

Ciclosporin (also known as ciclosporin A) is a cyclic polypeptide immunomodulator with immunosuppressant properties. It has been shown to prolong survival of allogeneic transplants in animals and significantly improved graft survival in all types of solid organ transplantation in man. Ciclosporin has also been shown to have an anti-inflammatory effect. Studies in animals suggest that ciclosporin inhibits the development of cell-mediated reactions. Ciclosporin has been shown to inhibit the production and/or release of pro-inflammatory cytokines, including interleukin 2 (IL-2) or T-cell growth factor (TCGF). It is also known to up-regulate the release of anti-inflammatory cytokines. Ciclosporin appears to block the resting lymphocytes in the G0 or G1 phase of the cell cycle. All available evidence suggests that ciclosporin acts specifically and reversibly on lymphocytes and does not depress haematopoiesis or has any effect on the function of phagocytic cells..

In patients with dry eye disease, a condition that may be considered to have an inflammatory immunological mechanism, following ocular administration, ciclosporin is passively absorbed into T-lymphocyte infiltrates in the cornea and conjunctiva and inactivates calcineurin phosphatase. Ciclosporin-induced inactivation of calcineurin inhibits the dephosphorylation of the transcription factor NF-AT and prevents NF-AT translocation into the nucleus, thus blocking the release of pro-inflammatory cytokines such as IL-2.

Clinical efficacy and safety

The efficacy and safety of IKERVIS were evaluated in two randomised, double-masked, vehicle-controlled clinical studies in adult patients with dry eye disease (keratoconjunctivitis sicca) who met the International Dry Eye Workshop (DEWS) criteria.

In the 12 month, double-masked, vehicle controlled, pivotal clinical trial (SANSIKA study), 246 Dry Eye Disease (DED) patients with **severe** keratitis (defined as a corneal fluorescein staining (CFS) score of 4 on the modified Oxford scale) were randomised to one drop of IKERVIS or vehicle daily at bedtime for 6 months. Patients randomised to the vehicle group were switched to IKERVIS after 6 months. The primary endpoint was the proportion of patients achieving by Month 6 at least a two-grade improvement in keratitis (CFS) and a 30% improvement in symptoms, measured with the Ocular Surface Disease Index (OSDI). The proportion of responders in the IKERVIS group was 28.6%, compared to 23.1% in the vehicle group. The difference was not statistically significant ($p=0.326$).

The severity of keratitis, assessed using CFS, improved significantly from baseline at Month 6 with IKERVIS compared to vehicle (mean change from baseline was -1.81 with IKERVIS vs. -1.48 with vehicle, $p=0.037$). The proportion of IKERVIS-treated patients with a 3-grade improvement in CFS score at Month 6 (from 4 to 1) was 28.8%, compared to 9.6% of vehicle-treated subjects, but this was a post-hoc analysis, which limits the robustness of this outcome. The beneficial effect on keratitis was maintained in the open phase of the study, from Month 6 and up to Month 12.

The mean change from baseline in the 100-point OSDI score was -13.6 with IKERVIS and -14.1 with vehicle at Month 6 ($p=0.858$). In addition, no improvement was observed for IKERVIS compared to vehicle at Month 6 for other secondary endpoints, including ocular discomfort score, Schirmer test, use of concomitant artificial tears, investigator's global evaluation of efficacy, tear break-up time, lissamine green staining, quality of life score, and tear osmolarity.

A reduction in the ocular surface inflammation assessed with Human Leukocyte Antigen-DR (HLA-DR) expression (an exploratory endpoint), was observed at Month 6 in favour of IKERVIS ($p=0.021$).

In the 6 month, double-masked, vehicle controlled, supportive clinical trial (SICCANOVE study), 492 DED patients with **moderate to severe** keratitis (defined as a CFS score of 2 to 4) were also randomised to IKERVIS or vehicle daily at bedtime for 6 months. The co-primary endpoints were the change in CFS score, and the change in global score of ocular discomfort unrelated to study medication instillation, both measured at Month 6. A small but statistically significant difference in CFS improvement was observed between the treatment groups at Month 6 in favour of IKERVIS (mean change from baseline in CFS -1.05 with IKERVIS and -0.82 with vehicle, $p=0.009$).

The mean change from baseline in ocular discomfort score (assessed using a Visual Analogic Scale) was -12.82 with IKERVIS and -11.21 with vehicle (p=0.808).

In both studies, no significant improvement of symptoms was observed for IKERVIS compared to vehicle after 6 months of treatment, whether using a visual analogue scale or the OSDI.

In both studies one third of the patients in average had Sjögren's syndrome; as for the overall population, a statistically significant improvement in CFS in favour of IKERVIS was observed in this subgroup of patients.

Paediatric population

The European Medicines Agency has waived the obligation to submit the results of studies with IKERVIS in all subsets of the paediatric population for dry eye disease (see section 4.2 for information on paediatric use).

5.2 Pharmacokinetic properties

Formal pharmacokinetic studies have not been conducted in humans with IKERVIS.

Blood concentrations of IKERVIS were measured using a specific high-pressure liquid chromatography-mass spectrometry assay. In 374 patients from the two efficacy studies, plasma concentrations of ciclosporin were measured before administration and after 6 months (SICCANOVE study and SANSIKA study) and 12 months of treatment (SANSIKA study). After 6 months of ocular instillation of IKERVIS once per day, 327 patients had values below the lower limit of detection (0.050 ng/mL) and 35 patients were below the lower limit of quantification (0.100 ng/mL). Measurable values not exceeding 0.206 ng/mL were measured in eight patients, values considered to be negligible. Three patients had values above the upper limit of quantification (5 ng/mL) however they were already taking oral ciclosporin at a stable dose, which was allowed by the studies' protocol. After 12 months of treatment, values were below the low limit of detection for 56 patients and below the low limit of quantification in 19 patients. Seven patients had measurable values (from 0.105 to 1.27 ng/mL), all considered to be negligible values. Two patients had values above the upper limit of quantification, however they were also on oral ciclosporin at a stable dose since their inclusion in the study.

5.3 Preclinical safety data

Non-clinical data reveal no special hazard for humans based on conventional studies of safety pharmacology, repeated dose toxicity, phototoxicity and photoallergy, genotoxicity, carcinogenic potential, toxicity to reproduction and development.

Effects in non-clinical studies were observed only with systemic administration or at exposures considered sufficiently in excess of the maximum human exposure indicating little relevance to clinical use.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Medium-chain triglycerides
Cetalkonium chloride
Glycerol
Tyloxapol

Poloxamer 188
Sodium hydroxide (to adjust pH)
Water for injections

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

3 years.

6.4 Special precautions for storage

Do not freeze.

After opening of the aluminium pouches, the single-dose containers should be kept in the pouches in order to protect from light and avoid evaporation. Any opened individual single-dose container with any remaining emulsion should be discarded immediately after use.

6.5 Nature and contents of container

IKERVIS is supplied in 0.3 mL single-dose, low-density polyethylene (LDPE) containers presented in a sealed laminate aluminium pouch.

One pouch contains five single-dose containers.

Pack sizes: 30 and 90 single-dose containers.

Not all pack sizes may be marketed.

6.6 Special precautions for disposal

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

7. MARKETING AUTHORISATION HOLDER

SANTEN S.A.S.
Bâtiment Genavenir IV
1 rue Pierre Fontaine
F-91058 Evry Cedex
France

8. MARKETING AUTHORISATION NUMBERS

EU/1/15/990/001

EU/1/15/990/002

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of first authorisation:

10. DATE OF REVISION OF THE TEXT

Detailed information on this medicinal product is available on the website of the European Medicines Agency <http://www.ema.europa.eu>.

ANNEX II

- A. MANUFACTURER(S) RESPONSIBLE FOR BATCH RELEASE**
- B. CONDITIONS OR RESTRICTIONS REGARDING SUPPLY AND USE**
- C. OTHER CONDITIONS AND REQUIREMENTS OF THE MARKETING AUTHORISATION**
- D. CONDITIONS OR RESTRICTIONS WITH REGARD TO THE SAFE AND EFFECTIVE USE OF THE MEDICINAL PRODUCT**

A. MANUFACTURER RESPONSIBLE FOR BATCH RELEASE

Name and address of the manufacturer responsible for batch release

EXCELVISION
27 RUE DE LA LOMBARDIERE, ZI LA LOMBARDIERE
07100 ANNONAY
France

B. CONDITIONS OR RESTRICTIONS REGARDING SUPPLY AND USE

Medicinal product subject to restricted medical prescription (see Annex I: Summary of Product Characteristics, section 4.2).

C. OTHER CONDITIONS AND REQUIREMENTS OF THE MARKETING AUTHORISATION

• Periodic Safety Update Reports

The marketing authorisation holder shall submit the first periodic safety update report for this product within 6 months following authorisation. Subsequently, the marketing authorisation holder shall submit periodic safety update reports for this product in accordance with the requirements set out in the list of Union reference dates (EURD list) provided for under Article 107c(7) of Directive 2001/83/EC and published on the European medicines web-portal.

D. CONDITIONS OR RESTRICTIONS WITH REGARD TO THE SAFE AND EFFECTIVE USE OF THE MEDICINAL PRODUCT

• Risk Management Plan (RMP)

The MAH shall perform the required pharmacovigilance activities and interventions detailed in the agreed RMP presented in Module 1.8.2 of the Marketing Authorisation and any agreed subsequent updates of the RMP.

An updated RMP should be submitted:

- At the request of the European Medicines Agency;
- Whenever the risk management system is modified, especially as the result of new information being received that may lead to a significant change to the benefit/risk profile or as the result of an important (pharmacovigilance or risk minimisation) milestone being reached.

If the dates for submission of a PSUR and the update of a RMP coincide, they can be submitted at the same time.

- **Conditions or restrictions with regard to the safe and effective use of medicinal product to be implemented by the member states**

Not applicable.

ANNEX III
LABELLING AND PACKAGE LEAFLET

A. LABELLING

PARTICULARS TO APPEAR ON THE OUTER PACKAGING

OUTER CARTON

1. NAME OF THE MEDICINAL PRODUCT

IKERVIS 1 mg/mL eye drops, emulsion
ciclosporin

2. STATEMENT OF ACTIVE SUBSTANCE

1 mL of emulsion contains 1 mg of ciclosporin.

3. LIST OF EXCIPIENTS

Excipients: medium-chain triglycerides, cetalkonium chloride, glycerol, tyloxapol, poloxamer 188, sodium hydroxide (to adjust pH) and water for injections.
See leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

Eye drops, emulsion.
30 single-dose containers
90 single-dose containers

5. METHOD AND ROUTE OF ADMINISTRATION

Single use only.
Read the package leaflet before use.
Ocular use.

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY

Remove contact lenses before use.

8. EXPIRY DATE

EXP

Discard any opened individual single-dose container with any remaining emulsion immediately after use.

9. SPECIAL STORAGE CONDITIONS

Do not freeze.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

SANTEN S.A.S.
Bâtiment Genavenir IV
1 rue Pierre Fontaine
F-91058, Evry cedex
France

12. MARKETING AUTHORISATION NUMBERS

EU/1/15/990/001

EU/1/15/990/002

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY

Medicinal product subject to medical prescription.

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

ikervis

MINIMUM PARTICULARS TO APPEAR ON BLISTERS OR STRIPS

POUCH LABEL

1. NAME OF THE MEDICINAL PRODUCT

IKERVIS 1 mg/mL eye drops, emulsion
ciclosporin

2. NAME OF THE MARKETING AUTHORISATION HOLDER

SANTEN S.A.S.

3. EXPIRY DATE

EXP

4. BATCH NUMBER

Lot

5. OTHER

Ocular use.

5 single-dose containers.

Single use only.

Do not freeze.

See leaflet for further information.

After opening of the aluminium pouches, the single-dose containers should be kept in the pouches in order to protect from light and avoid evaporation.

Discard any opened individual single-dose container with any remaining emulsion immediately after use.

**MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS
SINGLE-DOSE CONTAINER LABEL**

1. NAME OF THE MEDICINAL PRODUCT

IKERVIS 1 mg/mL eye drops, emulsion
ciclosporin

2. METHOD OF ADMINISTRATION

Ocular use

3. EXPIRY DATE

EXP

4. BATCH NUMBER

Lot

5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT

6. OTHER

0.3 mL

B. PACKAGE LEAFLET

Package leaflet: Information for the patient

IKERVIS 1 mg/mL, eye drops, emulsion ciclosporin

Read all of this leaflet carefully before you start using this medicine because it contains important information for you.

- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor or pharmacist.
- This medicine has been prescribed for you only. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.
- If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. See section 4.

What is in this leaflet

1. What IKERVIS is and what it is used for
2. What you need to know before you use IKERVIS
3. How to use IKERVIS
4. Possible side effects
5. How to store IKERVIS
6. Contents of the pack and other information

1. What IKERVIS is and what it is used for

IKERVIS contains the active ingredient, ciclosporin. Ciclosporin belongs to a group of medicines known as immunosuppressive agents that are used to reduce inflammation.

IKERVIS is used to treat adults with severe keratitis (inflammation of the cornea, the transparent layer in the front part of the eye). It is used in those patients who have dry eye disease, which has not improved despite treatment with tear substitutes (artificial tears).

Talk to a doctor if you do not feel better or if you feel worse.

You should visit your doctor at least every 6 months to assess the effect of IKERVIS.

2. What you need to know before you use IKERVIS

Do NOT use IKERVIS

- if you are allergic to ciclosporin or to any of the other ingredients of this medicine (listed in section 6).
- if you have an eye infection.

Warnings and precautions

Only use IKERVIS for dropping in your eye(s).

Talk to your doctor or pharmacist before using IKERVIS

- if you have previously had an eye infection by the herpes virus that might have damaged the transparent front part of the eye (cornea).
- if you are taking any medicines containing steroids.
- if you are taking any medicines to treat glaucoma.

Contact lenses can further damage the transparent front part of the eye (cornea). Therefore, you should remove your contact lenses at bedtime before using IKERVIS; you can reinsert them when you wake up.

Children and adolescents

IKERVIS should not be used in children and adolescents below 18 years old.

Other medicines and IKERVIS

Tell your doctor or pharmacist if you are using, have recently used or might use any other medicine.

Talk to your doctor if you are using eye drops containing steroids with IKERVIS as these might increase the risk of side effects.

IKERVIS eye drops should be used **at least 15 minutes** after any other eye drops are used.

Pregnancy and breast-feeding

If you are pregnant or breast-feeding, think you may be pregnant or are planning to have a baby, ask your doctor or pharmacist for advice before using this medicine.

Ikervis **should not be used** if you are pregnant.

If you could become pregnant you must use contraception while using this medicine.

IKERVIS is likely to be present in breast milk in very small amounts. If you are breast feeding talk to your doctor before using this medicine.

Driving and using machines

Your vision may be blurred immediately after using IKERVIS eye drops. If this happens, wait until your vision clears before you drive or use machines.

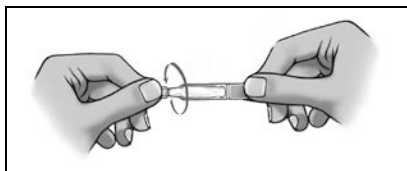
3. How to use IKERVIS

Always use this medicine exactly as your doctor or pharmacist has told you. Check with your doctor or pharmacist if you are not sure.

The recommended dose is one drop in each affected eye, once daily at bedtime.

Instructions for use

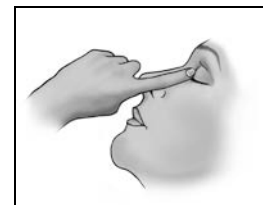
Follow these instructions carefully and ask your doctor or pharmacist if there is anything you do not understand.



1



2



3

- Wash your hands.
- If you wear contact lenses, take them out at bedtime before using the drops; you can reinsert them when you wake up.

- Open the aluminium pouch, which contains 5 single-dose containers.
- Take one single-dose container from the aluminium pouch and twist off the cap (**picture 1**).
- Gently shake the single dose container prior to use
- Pull down your lower eyelid (**picture 2**).
- Tilt your head back and look up at the ceiling.
- Gently squeeze one drop of the medicine onto your eye. Make sure you do not touch your eye with the tip of the single-dose container.
- Blink a few times so that the medicine covers your eye.
- After using IKERVIS, press a finger into the corner of your eye by the nose and close gently the eyelids for 2 minutes (**picture 3**). This helps to stop IKERVIS getting into the rest of the body.
- If you use drops in both eyes, repeat the steps for your other eye.
- Discard the single dose container as soon as you have used it, even if there is still some liquid left in it.
- The remaining single-dose containers should be kept in the aluminium pouch.

If a drop misses your eye, try again.

If you use more IKERVIS than you should, rinse your eye with water. Do not put in any more drops until it is time for your next regular dose.

If you forget to use IKERVIS, continue with the next dose as planned. Do not use a double dose to make up for the forgotten dose. Do not use more than one drop each day in the affected eye(s).

If you stop using IKERVIS without speaking to your doctor, the inflammation of the transparent front part of your eye (known as keratitis) will not be controlled and could lead to impaired vision.

If you have any further questions on the use of this medicine, ask your doctor or pharmacist.

4. Possible side effects

Like all medicines, this medicine can cause side effects, although not everybody gets them.

The following side effects have been reported:

The most common side effects are in and around the eyes.

Very common (may affect more than 1 in 10 people)

Pain when the drops are put into the eye.

Common (may affect up to 1 in 10 people)

Irritation, redness, and increase in tears when the drops are put into the eye, redness of the eyelid, watery eyes, eye redness, blurred vision. Swelling of the eyelid, redness of the conjunctiva (thin membrane covering the front part of the eye), eye irritation, eye pain.

Uncommon (may affect up to 1 in 100 people)

Uncommon side effects related to the eye:

Discomfort, itching or irritation in or around the eye including feeling that there is something in the eye.

Irritation or swelling of the conjunctiva (thin membrane covering the front part of the eye), eye allergy, tear disorder, eye discharge, inflammation of the iris (coloured part of the eye) or eyelid, deposits in the eye, bacterial infection or inflammation of the cornea (transparent front part of the eye), abrasion to the outer layer of the cornea, whitish patches on the cornea, cyst in the eyelid, itching in the eyelid, painful rash around the eye caused by the herpes zoster virus.

Reporting of side effects

If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via **the national reporting system** listed in [Appendix V](#). By reporting side effects you can help provide more information on the safety of this medicine.

5. How to store IKERVIS

Keep this medicine out of the sight and reach of children.

Do not use this medicine after the expiry date which is stated on the outer carton, the aluminium pouch and on the single-dose containers after “EXP”. The expiry date refers to the last day of that month.

Do not freeze.

After opening of the aluminium pouches, the single-dose containers should be kept in the pouches in order to protect from light and avoid evaporation. Discard any opened individual single-dose container with any remaining emulsion immediately after use.

Do not throw away any medicines via wastewater or household waste. Ask your pharmacist how to throw away medicines you no longer use. These measures will help protect the environment.

6. Contents of the pack and other information

What IKERVIS contains

- The active substance is ciclosporin. One millilitre of IKERVIS contains 1 mg of ciclosporin.
- The other ingredients are medium-chain triglycerides, cetalkonium chloride, glycerol, tyloxapol, poloxamer 188, sodium hydroxide (to adjust pH) and water for injections.

What IKERVIS looks like and contents of the pack

IKERVIS is a milky white eye drops emulsion.

It is supplied in single-dose containers made of a low-density polyethylene (LDPE).

Each single-dose container contains 0.3 mL eye drops, emulsion.

The single-dose containers are wrapped in a sealed aluminium pouch.

Pack sizes: 30 and 90 single-dose containers.

Not all pack sizes may be marketed.

Marketing Authorisation Holder

SANTEN S.A.S.
Bâtiment Genavenir IV
1 rue Pierre Fontaine
F-91058 Evry Cedex
France

Manufacturer

EXCELVISION
Rue de la Lombardière
ZI la Lombardière
F-07100 Annonay
France

For any information about this medicine, please contact the local representative of the Marketing Authorisation Holder:

Deutschland

SANTEN GmbH

Tel: +49 (0)89 84 80 78-0

Suomi/Finland

SANTEN Oy

Puh/Tel: +358 3 284 8111

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This leaflet was last revised in

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