1.3.1.1.1 PROFESSIONAL INFORMATION

SCHEDULING STATUS S4

1 NAME OF THE MEDICINE

VANTADERM CREAM, 1 mg/g cream

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

VANTADERM CREAM contains 1 mg (0,1 % *m/m*) methylprednisolone aceponate per gram cream (corresponding to 0,792 mg methylprednisolone base per 1 g cream).

List of excipients with known effect:

VANTADERM CREAM contains preservatives: Benzyl alcohol 1 % *m/m*, cetostearyl alcohol 3 % *m/m* and butylhydroxytoluene 0,006 % *m/m* (also an antioxidant); see section 4.4.

For a full list of excipients, see section 6.1.

3 PHARMACEUTICAL FORM

VANTADERM CREAM is a homogeneous white to off-white spreadable cream for topical administration.

4 CLINICAL PARTICULARS

4.1 Therapeutic indications

Endogenous eczema (atopic dermatitis, neurodermatitis), contact eczema, dyshidrotic and other eczemas.

4.2 Posology and method of administration

FOR EXTERNAL USE ONLY.

The VANTADERM CREAM formulation appropriate to the skin condition is applied thinly once per day to the diseased areas of skin.

In general, the duration of use should not exceed 12 weeks in adults and 4 weeks in children.

The respective bases are of major importance to the therapeutic effect of the VANTADERM CREAM formulations.

VANTADERM CREAM

As a low-fat formulation with a high water content, VANTADERM CREAM is particularly suitable for acute and weeping stages of eczema, for very greasy skin and for use on exposed or hairy parts of the body.

If the skin dries out excessively under protracted use of VANTADERM CREAM, a switch should be made to a fattier formulation.

4.3 Contraindications

- Hypersensitivity to methylprednisolone aceponate or to any of the excipients listed in 6.1.

- Tuberculous or syphilitic processes in the area to be treated; virus diseases (e.g. herpes simplex, vaccinia, chickenpox, shingles).
- VANTADERM CREAM must not be applied to the face if rosacea, ulcers, atrophic skin diseases, acne vulgaris or perioral dermatitis are present.
- Corticosteroids have been shown to be teratogenic in animals following dermal application. As these substances are absorbed percutaneously, teratogenicity following topical application cannot be excluded. Therefore, [PROPRIETARY NAME] should not be used during pregnancy (see section 4.6).
- Children under four months due to lack of experience.

4.4 Special warnings and precautions for use

Potent topical corticosteroid preparations, such as VANTADERM CREAM, should not be applied to any skin crease areas.

Reduced potency and/or frequency of application of topical corticosteroid should be considered, especially in the case of long-term treatment.

Special precaution is advised on the prolonged application of VANTADERM CREAM to sensitive areas such as the face and genitals, with duration of treatment to be addressed with the patient.

VANTADERM CREAM should not be allowed to come into contact with the eyes, deep open wounds and mucosae.

VANTADERM CREAM should be used with caution in nursing mothers.

Regular review should be made of the necessity for continuing therapy.

If signs of hypersensitivity develop, VANTADERM CREAM should be discontinued and appropriate treatment instituted.

Long-term continuous treatment with VANTADERM CREAM should be avoided as far as possible as this may cause atrophic changes in the skin leading to thinning, striae, loss of elasticity, telangiectasia and ecchymoses. These changes are particularly likely to occur on the face and when occlusive dressings are used. Acneiform skin conditions can occur under therapy with potent corticosteroids. Treatment should be discontinued if symptoms such as cutaneous atrophy occur (see also section 4.8).

Long-term continuous or inappropriate use of VANTADERM CREAM can result in the development of rebound flares after stopping treatment. There are reports of flares manifesting as dermatitis with intense redness, stinging, and burning that can spread beyond the initial treatment area (see also section 4.8).

Underuse of VANTADERM CREAM can prolong treatment duration and increase the risk of certain adverse effects.

Systemic absorption of topically applied corticosteroids may occur, particularly under the following conditions: when large quantities are used, or when application is made to wide areas of the body, or to damaged skin, when potent topical corticosteroids are used, and when the occlusive dressing technique is applied. Depression of the hypothalamic-pituitary adrenal (HPA) axis with consequent suppression of the adrenal gland may occur. These effects are most

likely to be severe in infants and children. Growth may be retarded and a Cushingoid state may be produced (see 'Special populations' below). Benign increased intracranial pressure has been reported.

If a secondary microbial skin infection is present suitable concomitant antimicrobial therapy should be instituted. If fungal infections are present, a topically active antimycotic should be applied. Any spread of infection may require withdrawal of topical corticosteroid therapy.

VANTADERM CREAM should be used with particular caution in facial dermatoses, and only for short periods. A steroid rosacea-like facies may be produced. If rosacea or perioral dermatitis is present, VANTADERM CREAM must not be applied to the face (see section 4.3).

VANTADERM CREAM should not be used in the nappy areas in infants for flexural eruptions, and ideally it should not be applied to infants and young children.

The treatment of psoriasis with VANTADERM CREAM may provoke the pustular form of the disease.

Glaucoma may also develop from using VANTADERM CREAM (e.g. after large-dose or extensive application over a prolonged period, application under occlusive dressings, or application to skin around or near the eyes).

Some of the excipients in VANTADERM CREAM may reduce the effectiveness of latex products such as condoms and diaphragms.

Visual disturbance

Visual disturbance may be reported with systemic and topical corticosteroid use. If a patient presents with symptoms such as blurred vision or other visual disturbances, the patient should be considered for referral to an ophthalmologist for evaluation of possible causes which may include cataract, glaucoma or rare diseases such as central serous chorioretinopathy (CSCR) which have been reported after use of systemic and topical corticosteroids.

Special populations

Elderly

No data are available.

Paediatric use

In infants and children, plastic pants and napkins may act as occlusive dressings and increase absorption. Because of children's larger skin surface area to bodyweight ratio, paediatric patients may demonstrate greater susceptibility to topical corticosteroid-induced hypothalamic-pituitary axis (HPA) axis suppression and Cushing's syndrome than adults. Chronic/long-term corticosteroid therapy may interfere with growth and development of children. Use of topical corticosteroids in children should be limited to the least amount required for therapeutic effect

Effects on laboratory tests

No data available.

Excipient information

Benzyl alcohol may cause allergic reactions.

Cetostearyl alcohol and butylhydroxytoluene may cause local skin reactions (e.g. contact dermatitis).

Butylhydroxytoluene may also cause irritation in the eyes and mucous membranes.

4.5 Interaction with other medicines and other forms of interaction

No specific information exists on interactions with other medicines.

4.6 Fertility, pregnancy and lactation

Pregnancy

There is no adequate data from the use of VANTADERM CREAM in pregnant women; VANTADERM CREAM should therefore not be used during pregnancy (see section 4.3).

Methylprednisolone aceponate had shown embryonic and/or teratogenic effects in animals. Epidemiological data suggest that there could possibly be an increased risk of oral clefts among newborns of women who were treated with glucocorticosteroids during the first trimester of pregnancy.

Reduced placental and birth weight have been recorded in animals and humans after long-term treatment with topical corticosteroids.

The possibility of suppression of the adrenal cortex in the new-born baby after long-term treatment must be considered.

Breastfeeding

It is not known whether topical administration of VANTADERM CREAM could result in sufficient systemic absorption of methylprednisolone aceponate to produce detectable quantities in human milk. Therefore, caution should be exercised when VANTADERM CREAM is administered to a woman who is breastfeeding her baby.

Nursing mothers should avoid treatment over large areas, prolonged use or occlusive dressings. VANTADERM CREAM should not be applied to the chest area during breast feeding to avoid possible ingestion by infants.

Fertility

No information available.

4.7 Effects on ability to drive and use machines

VANTADERM CREAM has no effect on the ability to drive or use machines.

4.8 Undesirable effects

Summary of the safety profile

The most frequently reported side effects are burning and pruritus at the application site with VANTADERM CREAM.

Tabulated list of adverse reactions

System organ class/ Frequency	**Adverse reactions**
Immune system disorders	

Less frequent:	Hypersensitivity
Eye disorders	
Frequency not known:	Vision blurred
Skin and subcutaneous tissue disorders	
Less frequent:	Pyoderma, skin fissures, telangiectasia, skin atrophy, fungal skin infection, acne
Frequency not known:	Rebound flares after long-term treatment is discontinued, i.e., dermatitis with intense redness, stinging and burning that can spread beyond the initial treatment area.
General disorders and administration site conditions	
Frequent:	Application site burning, application site pruritus
Less frequent:	Application site dryness, application site erythema, application site vesicles, application site folliculitis, application site rash, application site paraesthesia, application site cellulitis, application site oedema, application site irritation

Class effects:

Systemic effects due to absorption may occur when topical preparations containing corticoids, such as VANTADERM CREAM, are applied.

The following additional local side effects may occur with topical corticoids in general, including VANTADERM CREAM: folliculitis, skin atrophy, skin striae,

hypertrichosis, perioral dermatitis, skin discolouration.

Paediatric population

No specific data are available on adverse events in the paediatric population.

For precautions in paediatric use, see section 4.4 *"Special populations"*.

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. Healthcare providers are asked to report any suspected adverse reactions to SAHPRA via the Med Safety APP (Medsafety X SAHPRA) and e-Reporting platform (who-ucmc.org) found on the SAHPRA website.

4.9 Overdose

Excessive dosing may occur with prolonged or intensive topical use. Refer to section 4.8 for further information.

If any symptoms of overdosage occur, treatment must be discontinued.

5 PHARMACOLOGICAL PROPERTIES

A 13.4.1 Corticosteroids with or without anti-infective agents.

Pharmacotherapeutic group: Corticosteroids, potent (group III) ATC code: D07AC14

5.1 Pharmacodynamic properties

After topical application, VANTADERM CREAM has anti-inflammatory, anti-pruritic and vasoconstrictive actions.

The mechanism of action of methylprednisolone aceponate is not completely understood. It is known that methylprednisolone aceponate binds to the intracellular glucocorticoid receptor as does the principal metabolite 6α-methylprednisolone-17-propionate, which is formed by cleavage in the skin. The steroid-receptor complex binds to certain regions of DNA, inducing anti-inflammatory, anti-pruritic and vasoconstrictive effects.

Binding of methylprednisolone aceponate or its metabolites to the steroid receptor results in the induction of lipomodulin synthesis. Lipomodulin, a protein secondary messenger (also known as lipocortin 1 and rnacrocortin) inhibits release of arachidonic acid which in turn inhibits the formation of inflammatory mediators, such as prostaglandins and leukotrienes.

The immunosuppressive action of glucocorticoids can be explained in part by their inhibitory effects on chemotaxis (inhibition of leukotriene synthesis). Glucocorticoids also have antimitotic activity, which is not well understood.

The vasoconstrictive activity of glucocorticoids results from the inhibition of prostaglandin synthesis. Prostaglandins have vasodilatory actions. Glucocorticoids also potentiate the vasoconstrictive effect of adrenaline.

5.2 Pharmacokinetic properties

Absorption

Methylprednisolone aceponate (MPA) is bioavailable when applied topically.

When applied topically the concentration of methylprednisolone aceponate is highest in the outer layer of the epidermis (stratum corneum) and decreases progressively in the deeper strata.

The degree of percutaneous absorption depends on the state of the skin, the formulation and the conditions of application (open/occlusion) (see section 4.4).

Distribution

The systemic effects of methylprednisolone aceponate are minimal in both man and animals following application of a topically effective dose. After treatment of large areas in patients with skin disorders, the plasma cortisol values remain within the normal range; circadian cortisol rhythm is maintained and no reduction of cortisol has been ascertained in 24-hour urine.

Biotransformation

Methylprednisolone aceponate is hydrolysed in the epidermis and dermis to the principal metabolite, 6a-methylprednisolone-17-propionate. This metabolite binds to the intracellular glucocorticoid receptor with higher affinity than methylprednisolone aceponate. The binding of 6a-methylprednisolone-l 7-propionate to the receptor is an indicator of "bioactivation" in the skin.

After absorption into the systemic circulation, the primary hydrolysis product of methylprednisolone aceponate, 6a-methylprednisolone- 17-propionate, is rapidly conjugated with glucuronic acid, and as a result, inactivated.

Elimination

The principal metabolites of methylprednisolone aceponate are eliminated primarily via the kidneys. The half-life is about 16 hours. Following intravenous administration, excretion via the urine and faeces was complete within 7 days.

There is no accumulation of methylprednisolone aceponate or metabolites in the body.

6 PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Glycerol 85 %

Disodium edetate

Purified water

Benzyl alcohol 1 % *m/m* (preservative)

Hard fat (e.g. Softisan 378)

Cetostearyl alcohol 3 % *m/m* (antioxidant and preservative)

Glycerol monostearate 40–55 %

Hard fat (e.g. Witepsol 35 II)

Macrogol stearate 40

Butylhydroxytoluene 0,006 % *m/m* (preservative)

Decyl oleate.

6.2 Incompatibilities

None known.

6.3 Shelf life

Shelf life: 18 months

After first opening of the tube, the in-use stability is 6 months.

6.4 Special precautions for storage

Store at or below 25 °C. Keep the tube tightly closed. After first opening of the tube, the in-use stability is 6 months.

Do not refrigerate or freeze.

6.5 Nature and contents of container

Tubes containing 15, 20, 25, 30, 50, 60, or 100 g of cream.

Tubes are made of pure aluminium; with interior wall coated with epoxy resin, and with an epoxy based external coating, fold seal ring is made of polyamide-based heat sealable material. The screw cap is made of high-density polyethylene (HDPE).

The tubes are packed into cardboard boxes (one tube per box) together with the Patient Information Leaflet (PIL).

Not all pack sizes may be marketed.

6.6 Special precautions for disposal

None

7 HOLDER OF THE CERTIFICATE OF REGISTRATION

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8 REGISTRATION NUMBER(S)

58/13.4.1/0152.151

9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of registration: 25 November 2025

10 DATE OF REVISION OF THE TEXT

Not applicable.