ANNEX I

SUMMARY OF PRODUCT CHARACTERISTICS

1. NAME OF THE MEDICINAL PRODUCT

Vevizye 1 mg/mL eye drops, solution

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

One mL of solution contains 1 mg of ciclosporin.

For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Eye drops, solution
Clear, colourless solution.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

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

4.2 Posology and method of administration

Treatment should be initiated and supervised by an ophthalmologist.

Posology

The recommended dose is one drop (corresponding to 0.01 mg ciclosporin) twice daily to be applied to each eye approximately 12 hours apart.

If a dose is missed, treatment should be continued with the next dose as normal. Patients should be advised not to instil more than one drop in each eye.

Elderly patients
No dose adjustment is required for elderly patients.

Paediatric population
There is no relevant use of ciclosporin in the paediatric population for the indication of dry eye disease.

Method of administration

For ocular use only.

Patients should be instructed to first wash their hands. Patients should be advised not to allow the dropper tip to touch the eye or any other surface, as this may contaminate the solution.

If more than one topical ophthalmic medicinal product is being used, the medicinal products should be administered at least 15 minutes apart (see section 4.4). For patients who wear contact lenses, please refer to section 4.4.

4.3 Contraindications

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

Ocular or peri-ocular malignancies or premalignant conditions.

Active or suspected ocular or periocular infections.

4.4 Special warnings and precautions for use

Monitoring

Regular examinations of the eye are recommended for topical ocular ciclosporin therapy, e.g. within 3 months after treatment initiation and thereafter approximately every 6 months.

Glaucoma

There is limited experience with ciclosporin in the treatment of patients with ocular hypertension or glaucoma. Regular clinical monitoring should be exercised when treating patients receiving glaucoma medication and ciclosporin eye drops.

Contact lenses

Vevizye should not be administered while wearing contact lenses. If contact lenses are worn, they should be removed prior to the administration of the solution. Lenses may be reinserted 15 minutes following administration of Vevizye.

Effects on the immune system

Ophthalmic medicinal products, which affect the immune system, including ciclosporin, may affect host defence against local infections and malignancies. In case of signs of an eye infection the patient should seek medical advice.

4.5 Interaction with other medicinal products and other forms of interaction

No interaction studies have been performed with Vevizye.

No systemic interactions are expected, since ciclosporin does not become systemically available after use of Vevizye. Co-administration of eye drops containing corticosteroids could potentiate the effects of ciclosporin on the immune system (see section 4.4).

4.6 Fertility, pregnancy and lactation

Pregnancy

There are no data from the use of Vevizye in pregnant women.

Animal studies 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 Vevizye.

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

Breast-feeding

No effects on the breastfed newborn/infant are anticipated since the systemic exposure of the breast-feeding woman to ciclosporin in Vevizye is negligible. As a precautionary measure, it is preferable to avoid the use of Vevizye during breast-feeding.

Fertility

There is no data on the effects of Vevizye on human fertility.
No effects on fertility are anticipated since the systemic exposure to ciclosporin is negligible.

4.7 Effects on ability to drive and use machines

Vevizye has mild influence on the ability to drive and use machines. If transient blurred vision occurs at instillation, the patient should wait until the vision has cleared before driving or using machines.

4.8 Undesirable effects

Summary of the safety profile

The most common adverse reactions are instillation site reactions (8.1%) followed by blurred vision (0.8%). Instillation site reactions were more common in patients ≥ 65 years of age as compared to younger patients.

Tabulated list of adverse reactions

The following adverse reactions listed below were observed in clinical studies.

Adverse reactions are presented below according to MedDRA system organ classification (SOC and preferred term level). They are ranked according to frequency: 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).

Table 1: Adverse reactions

System organ class	Frequency	Adverse reactions
General disorders and administration site conditions	Common	Instillation site pain (burning)
Eye disorders	Uncommon	Vision blurred, Eye irritation, Eye pain, Eye erythema, Visual acuity reduced, Eye pruritus

Description of selected adverse reactions:

Instillation site pain (reported as burning) (7.9%) was the most frequently reported adverse reaction associated with the use Vevizye during clinical trials. Other instillation site reactions such as erythema or pruritus occurred at lower frequency (0.1%). All instillation site reactions are typically mild and transient.

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 unlikely to occur after ocular administration. If overdose with Vevizye occurs, treatment should be symptomatic.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

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

Mechanism of action

Ciclosporin is a calcineurin inhibitor with anti-inflammatory and immunosuppressant properties. Calcineurin inhibition leads to various secondary effects (a) blockage of the opening of the mitochondrial permeability transition pore (MPTP) thereby inhibiting activation of caspases in the mitochondria, which in turn blocks apoptosis of inflamed conjunctival cells and restores goblet cell density (b) in activated T cells on the ocular surface MPTP are opened, resulting in the activation of apoptosis (c) the nuclear factor kappa B (NFκB) translocation and the mitogen-activated protein kinase pathway is blocked, inhibiting the transcription and secretion of inflammatory cytokines and subsequent T cell recruitment.

The spreading properties of the water-free vehicle reduce friction and thereby contribute to the efficacy.

Clinical efficacy and safety

The efficacy of Vevizye for the treatment of dry eye disease was assessed by two randomised, multi-centre, double-masked, vehicle-controlled studies (ESSENCE-1 and ESSENCE-2). Both studies included moderate to severe dry eye disease (DED) patients as defined by total corneal staining (tCFS) score of ≥ 10 on the National Eye Institute (NEI) scale, unanaesthetised Schirmer's test score between 1 and 10 mm, total lissamine green conjunctival score of ≥ 2 and the presence of symptoms.

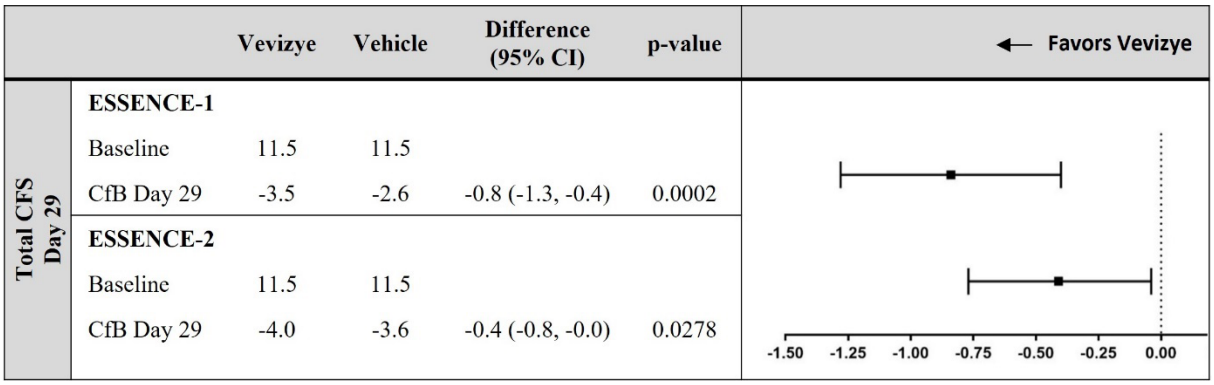
In the ESSENCE-1 study, 328 patients were randomised in a 1:1 ratio to Vevizye (N=162) or vehicle (N=166) twice daily for 3 months. In the ESSENCE-2 study, 834 patients were randomised in a 1:1 ratio to receive Vevizye (N=423) or vehicle (N=411) twice daily for 1 month.

The change from baseline in tCFS score at Day 29 was the primary endpoint in both trials. tCFS score was the sum score (range 0-15) of the 5 cornea subregions (inferior, superior, central, nasal, and temporal), each region was rated by the investigator using the National Eye Institute (NEI) scale from grade 0 (no staining) to grade 3 (heavy staining). Primary symptom endpoints were ocular surface disease index (OSDI, range 0-100) in ESSENCE-1 and dryness score (visual analogue scale, range 0-100) in ESSENCE-2. Key secondary endpoints included tCFS score at Day 15, tCFS responders defined as ≥ 3 grades improvement, conjunctival lissamine green staining score (Oxford sum of temporal and nasal; range 0-10) at Day 29, central corneal fluorescein staining score (cCFS [National Eye Institute scale; range 0-3]), and blurred vision score (visual analogue scale, range 0-100) and Schirmer responder at Day 85 in ESSENCE-1 and Day 29 in ESSENCE-2.

The majority of patients in this clinical program were female (73%), the mean (standard deviation [SD]) age was 58 (15.2) years and 38% were 65 years and older. The mean (SD) baseline tCFS score was 11.5 (1.35), the mean (SD) baseline cCFS score was 2.1 (0.60), the mean (SD) baseline conjunctival lissamine green staining score was 3.9 (1.71), the mean (SD) baseline unanaesthetised Schirmer's tear test score was 5.0 mm (2.83), the mean (SD) baseline OSDI was 47.1 (19.23), and the mean (SD) baseline dryness score was 69.9 (15.43).

At Day 29, a statistically significant reduction in tCFS favouring Vevizye was observed in both studies (see Figure 1).

Figure 1: Mean change (SD) from baseline in tCFS at Day 29



CFS = corneal fluorescein staining; CfB= change from baseline

Responder analyses showed that the proportion of patients with a clinically meaningful tCFS improvement of ≥ 3 grades at Day 29 was statistically significantly different and favouring Vevizye in both studies at Day 29 (see Table 2).

Table 2: Percent of patients achieving ≥ 3 Grades improvement in total corneal fluorescein staining score (tCFS) at Day 29 in studies in patients with dry eye disease

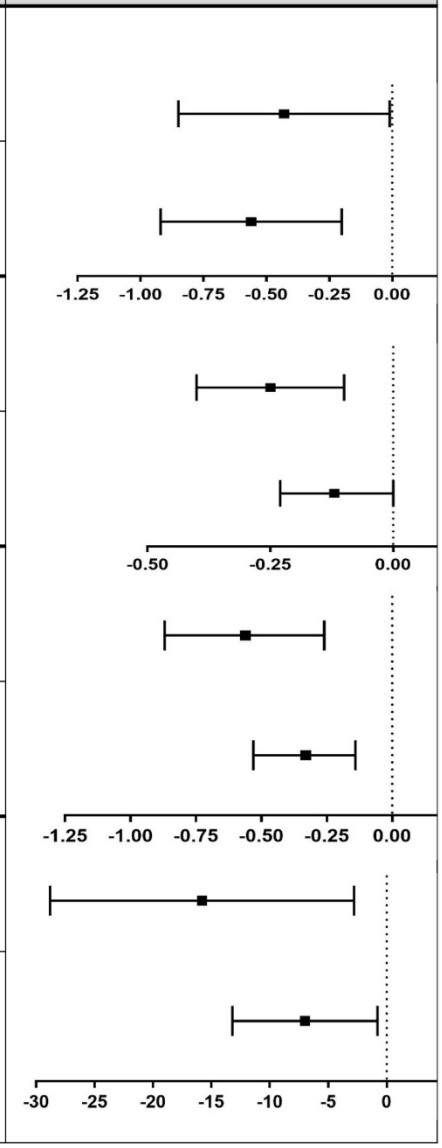
	ESSENCE-1		ESSENCE-2	
	Vevizye	**Vehicle**	**Vevizye**	**Vehicle**
Number of subjects at Day 29	157	165	409	395
≥ 3 grades improvement in tCFS at Day 29 (% of subjects)	52.9%	40.6%	71.6%	59.7%
Difference (95% CI)	12.3% (1.3%, 23.0%)		12.6% (6.0%, 19.3%)	
p-value	0.0337		0.0002	

In ESSENCE-1, the second hierarchically tested primary symptom endpoint change from baseline in OSDI at Day 29 showed numerical improvement in the Vevizye group (least squares [LS] mean -8.8) but did not reach statistical significance when compared to vehicle (LS mean -6.8) (p=0.2634).
In ESSENCE-2, the second hierarchically tested primary symptom endpoint, dryness score, improved statistically significantly compared to baseline in both groups: Vevizye LS mean -12.2 and vehicle LS mean -13.6 the between group difference was not significant (p=0.3842).

All other key secondary ocular surface sign endpoints (tCFS at Day 15, conjunctival staining at Day 29 and central corneal staining at Day 29) showed statistically significant effects favouring Vevizye in both studies (see Figure 2).
In addition, patients with significant central staining scores at baseline treated with Vevizye showed statistically significantly larger reductions in the blurred vision score at Day 29 compared to this group of patients treated with vehicle in both studies (see Figure 2).

Figure 2: Mean change (SD) from baseline in key secondary endpoints in both pivotal studies

		Vevizye	Vehicle	Difference (95% CI)	p-value
Total CFS Day 15	**ESSENCE-1**				
	Baseline	11.5	11.5		
	CfB Day 15	-2.5	-2.0	-0.4 (-0.8, -0.0)	0.0434
	ESSENCE-2				
	Baseline	11.5	11.5		
	CfB Day 15	-3.5	-3.0	-0.6 (-0.9, -0.2)	0.0022
Central CFS Day 29	**ESSENCE-1**				
	Baseline	2.0	2.0		
	CfB Day 29	-0.8	-0.5	-0.2 (-0.4, -0.1)	0.0008
	ESSENCE-2				
	Baseline	2.1	2.1		
	CfB Day 29	-0.8	-0.7	-0.1 (-0.2, 0.00)	0.0410
Conjunctival Staining Day 29	**ESSENCE-1**				
	Baseline	4.2	4.4		
	CfB Day 29	-1.1	-0.5	-0.6 (-0.9, -0.3)	0.0003
	ESSENCE-2				
	Baseline	3.7	3.8		
	CfB Day 29	-1.2	-0.9	-0.3 (-0.5, -0.1)	0.0009
Blurred Vision Day 29*	**ESSENCE-1**				
	Baseline	51.6	52.7		
	CfB Day 29	-17.7	-2.0	-15.8 (-28.8; -2.8)	0.0183
	ESSENCE-2				
	Baseline	58.8	52.5		
	CfB Day 29	-11.7	-4.6	-7.0 (-13.2, -0.8)	0.0262



* Subgroup with high central staining; CFS = corneal fluorescein staining; CfB= change from baseline

Statistically significantly higher proportions of responders to Schirmer`s tear test in the active arm compared to vehicle were demonstrated in ESSENCE-1 at Day 85 (Δ 6.74% [95% CI 0.50-12.98%] p=0.0344) and in ESSENCE-2 at Day 29 (Δ 3.92% [95% CI 0.02%-7.82%] p=0.0487).

A total of 202 patients who completed ESSENCE 2 entered an open label extension study for 12 months (ESSENCE-2-OLE). Eligible patients receive Vevizye bilaterally twice-daily for 1 additional year. More than 80% of the patients where responder (≥ 3 grades in tCFS) after 4 weeks and this response was maintained throughout observation period.

Paediatric population

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

5.2 Pharmacokinetic properties

Pharmacokinetics of ciclosporin was investigated in 47 volunteers from two clinical studies. Blood concentrations of ciclosporin after single or multiple dose administration of Vevizye could not be measured as all analysed samples had values below the lower limit of quantification (0.100 ng/mL).

The physiochemical properties of the vehicle enhance local distribution and bioavailability of ciclosporin.

5.3 Preclinical safety data

Non-clinical data carried out with Vevizye formulation and based on ciclosporin scientific literature reveal no special hazard for humans based on conventional safety pharmacology, repeated dose toxicity studies, genotoxicity, carcinogenic potential, toxicity to reproduction and development as no systemic exposure for ciclosporin has been shown.

Non-clinical data for the excipient perfluorobutylpentane reveal no special hazard for humans based on conventional studies of safety pharmacology, repeated dose toxicity, and genotoxicity.

Environmental risk assessment studies have shown that the excipient perfluorobutylpentane has the potential to be persistent.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Perfluorobutylpentane
Ethanol, anhydrous

6.2 Incompatibilities

In the absence of compatibility studies, this medicinal product must not be mixed with other medicinal products.

6.3 Shelf life

2 years.

Vevizye can be used 4 weeks after first opening of the bottle. Bottle should be kept tightly closed when not in use.

6.4 Special precautions for storage

Do not store above 25 °C.
Do not freeze or refrigerate.

6.5 Nature and contents of container

Vevizye 1 mg/mL eye drops, solution are supplied in a multidose translucent polypropylene bottle with a translucent polyethylene tip and a white polyethylene cap with tamper-evident ring.

Carton containing one or three 5 mL bottles with 2 mL fill.

Not all pack sizes may be marketed.

6.6 Special precautions for disposal and handling

This medicinal product may pose a risk to the environment (see section 5.3). Pharmaceutical waste should not be disposed of via the toilet or sink. Unused medicinal product or waste material should be disposed of in accordance with local requirements.

7. MARKETING AUTHORISATION HOLDER

Laboratoires Théa
Zone Industrielle du Brézet
12 rue Louis Blériot
63100 Clermont-Ferrand
France

8. MARKETING AUTHORISATION NUMBER

EU/1/24/1857/001 1 bottle of 2 mL
EU/1/24/1857/002 3 bottles of 2 mL

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of first authorisation: 19 september 2024

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(S) RESPONSIBLE FOR BATCH RELEASE

Name and address of the manufacturer responsible for batch release

HWI Development GmbH
Strassburger Strasse 77
77767 Appenweier, Germany

Or

Siegfried El Masnou S.A.
Calle Camil Fabra 58
08320 El Masnou, Spain

The printed package leaflet of the medicinal product must state the name and address of the manufacturer responsible for the release of the concerned batch.

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 (PSURs)**

The requirements for submission of PSURs for this medicinal product are set out in the list of Union reference dates (EURD list) provided for under Article 107c(7) of Directive 2001/83/EC and any subsequent updates published on the European medicines web-portal.

The marketing authorisation holder (MAH) shall submit the first PSUR for this product within 6 months following authorization.

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

- **Risk management plan (RMP)**

The marketing authorisation holder (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.

ANNEX III

LABELLING AND PACKAGE LEAFLET

A. LABELLING

PARTICULARS TO APPEAR ON THE OUTER PACKAGING

OUTER CARTON

1. NAME OF THE MEDICINAL PRODUCT

Vevizye 1 mg/mL eye drops, solution
ciclosporin

2. STATEMENT OF ACTIVE SUBSTANCE(S)

1 mL of solution contains 1 mg of ciclosporin.

3. LIST OF EXCIPIENTS

Excipients: perfluorobutylpentane, ethanol anhydrous.

4. PHARMACEUTICAL FORM AND CONTENTS

Eye drops, solution
1 x 2 mL
3 x 2 mL

5. METHOD AND ROUTE(S) OF ADMINISTRATION

For ocular use.
Read the package leaflet before use.
Remove contact lenses before 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

8. EXPIRY DATE

EXP
Discard 4 weeks after first opening.

Open date:

9. SPECIAL STORAGE CONDITIONS

Do not store above 25 °C.

Do not freeze or refrigerate.

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

Laboratoires Théa
Zone Industrielle du Brézet
12 rue Louis Blériot
63100 Clermont-Ferrand
France

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/24/1857/001 1 bottle of 2 mL
EU/1/24/1857/002 3 bottles of 2 mL

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

VEVIZYE

17. UNIQUE IDENTIFIER – 2D BARCODE

2D barcode carrying the unique identifier included.

18. UNIQUE IDENTIFIER - HUMAN READABLE DATA

PC
SN
NN

MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS

BOTTLE LABEL

1. NAME OF THE MEDICINAL PRODUCT AND ROUTE(S) OF ADMINISTRATION

Vevizye 1 mg/mL eye drops, solution
ciclosporin
Ocular use

2. METHOD OF ADMINISTRATION

3. EXPIRY DATE

EXP

4. BATCH NUMBER

Lot

5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT

2 mL

6. OTHER

B. PACKAGE LEAFLET

Package leaflet: Information for the patient

Vevizye 1 mg/mL eye drops, solution
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 Vevizye is and what it is used for

Vevizye contains the active substance ciclosporin. Ciclosporin belongs to a group of medicines known as immunosuppressants. These are medicines used to reduce inflammation.

Vevizye is used to treat adults with dry eye disease (including inflammation of the cornea, the transparent layer in front of the eye that covers the iris). It is used in patients whose disease has not sufficiently improved despite treatment with tear substitutes (artificial tears).

Treatment response generally occurs after 4 weeks of therapy, when the symptoms and ocular surface damage associated with dry eye disease are reduced.

2. What you need to know before you use Vevizye

Do not use Vevizye if you
- are allergic to ciclosporin or any of the other ingredients of this medicine (listed in section 6)
- have a cancer or precancerous condition in or around the eye
- have an infection in or around the eye

Warnings and precautions

The use of Vevizye eye drops has not been studied in people wearing contact lenses. If you wear contact lenses, remove them before using this medicine; you can reinsert them 15 minutes after you have used the eye drops. See section 3 How to use Vevizye.

You should visit your doctor after about 3 months of therapy start and thereafter about every six months to assess the effect of Vevizye. Tell your doctor if you have glaucoma and receive glaucoma therapy.

If you experience any signs of a local infection (redness, eye discharge) please contact your doctor.

Children and adolescents
Vevizye is not used in children and adolescents under 18 years.

Other medicines and Vevizye
Tell your doctor or pharmacist if you are using, have recently used or might use any other medicines.

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.

Vevizye is not recommended during pregnancy, unless the benefit for the mother outweighs the potential risk for the unborn child.

Vevizye is not recommended when breast-feeding.

Driving and using machines
Your vision may be temporarily blurred immediately after using this medicine. If this happens, wait until your vision clears before you drive or use machines.

3. How to use Vevizye

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 1 drop in each eye twice daily, approximately 12 hours apart.

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

- Wash your hands before using Vevizye.
- Do not use Vevizye if the tamper-evident ring of a new unopened bottle is not intact.
- After first opening, the tamper-evident ring of the cap remains on the bottle neck.
- The Vevizye dropper tip must not touch your eyes to avoid injury or contamination of the medicine; also keep the dropper tip from touching your fingers or other surfaces.
- If you are using Vevizye with other eye medicines, wait at least 15 minutes between using Vevizye and the other eye medicine.
- If you wear contact lenses, remove them before using Vevizye. Wait for at least 15 minutes after using the eye drops before placing them back in your eyes.

Administration

Step 1)	Remove the white cap from the bottle	
Step 2)	Gently squeeze the bottle in upright position and keep it squeezed	
Step 3)	Turn the bottle upside down and release pressure	
Step 4)	Tilt your head. Use your finger to pull down the lower eyelid. Squeeze bottle gently while still in upside down position to release one drop (0.01 mL) in the first eye	
Step 5)	Repeat Step 4 for second eye	
Step 6)	Place the white cap back on the bottle and keep the bottle tightly closed when not in use	

Due to the properties of the solution you may not feel when the drop falls into your eye. If it helps, you can use a mirror or ask another person to check when the drop is released from the dropper tip. Do not take a second drop because you did not feel the first falling into your eye. Only take another drop if the first misses your eye (for instance, when you feel it land on your skin).

If you use more Vevizye than you should
Do not put in any more drops into that eye until it is time for your next regular dose. If you have not done so, you can put an eye drop into your other eye.

If you forget to use Vevizye
Continue with the next dose as scheduled. Do not use a double dose to make up for the forgotten dose. Do not use more than 1 drop twice daily per eye.

If you stop using Vevizye
Do not stop treatment without talking to your doctor, as symptoms may return when you stop taking Vevizye.

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.

Common (may affect up to 1 in 10 people)
- burning upon drop instillation in the eye (instillation site pain)

Uncommon (may affect up to 1 in 100 people)
- blurred vision
- eye irritation
- eye reddening (eye erythema)
- eye pain
- reduced clarity of vision (visual acuity reduced [temporarily])
- eye itching (pruritus)

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 Vevizye

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 bottle after EXP. The expiry date refers to the last day of that month.

Do not store above 25 °C.
Do not freeze or refrigerate.

This medicine can be used for up to 4 weeks after first opening of the bottle; after this discard this medicine, even if the bottle is not empty. The bottle must be kept tightly closed when not in use. Do not use this medicine if you notice signs of deterioration.

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 Vevizye contains
- The active substance is ciclosporin.
  One mL of solution contains 1 mg of ciclosporin.
- The other ingredients are perfluorobutylpentane and ethanol anhydrous.

What Vevizye looks like and contents of the pack
Vevizye 1 mg/mL is a clear, colourless eye drops, solution.

Each multidose bottle contains 2 mL eye drops. A pack contains one or three bottles.

Not all pack sizes may be marketed.

Marketing Authorisation Holder
Laboratoires Théa
Zone Industrielle du Brézet

12 rue Louis Blériot
63100 Clermont-Ferrand
France

Manufacturer
HWI Development GmbH
Strassburger Strasse 77
77767 Appenweier
Germany

Or

Siegfried El Masnou S.A.
Calle Camil Fabra 58
08320 El Masnou
Spain

This leaflet was last revised in

Detailed information on this medicine is available on the European Medicines Agency website: http://www.ema.europa.eu.