PROFESSIONAL INFORMATION FOR

VORELLIX 5, 10, 15, 20 Film-coated tablets

SCHEDULING STATUS

S5

1. NAME OF THE MEDICINE

VORELLIX 5 film-coated tablets

VORELLIX 10 film-coated tablets

VORELLIX 15 film-coated tablets

VORELLIX 20 film-coated tablets

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

VORELLIX 5

Each film - coated tablet contains vortioxetine hydrobromide equivalent to 5 mg vortioxetine.

VORELLIX 10

Each film - coated tablet contains vortioxetine hydrobromide equivalent to 10 mg vortioxetine.

VORELLIX 15

Each film - coated tablet contains vortioxetine hydrobromide equivalent to 15 mg vortioxetine.

VORELLIX 20

Each film - coated tablet contains vortioxetine hydrobromide equivalent to 20 mg vortioxetine.

Contains sugar: 58,50 mg mannitol

For full list of excipients, see **section 6.1**

3. PHARMACEUTICAL FORM

VORELLIX 5: Pink coloured, almond shaped, biconvex, film-coated tablet debossed with “C5” on one side and “328” on the other side.

VORELLIX 10: Yellow coloured, almond shaped, biconvex, film-coated tablet debossed with “C10” on one side and “329” on the other side.

VORELLIX 15: Orange coloured, almond shaped, biconvex, film-coated tablet debossed with “C15” on one side and “543” on the other side.

VORELLIX 20: Reddish brown coloured, almond shaped, biconvex, film-coated tablet debossed with “C20” on one side and “331” on the other side.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

VORELLIX is indicated for the treatment of major depressive disorder and to reduce the risk of relapse.

4.2 Posology and method of administration

Posology

The starting and recommended dose of **VORELLIX** is 10 mg once daily. Depending on individual patient response, the dose may be increased to a maximum of 20 mg

daily or reduced to a minimum of 5 mg daily. If a dose increase is required, this should be in periods of not less than one week of the treatment. A dose decrease may be considered for patients who do not tolerate higher doses. **VORELLIX** can be taken without regard to meals. After the depressive symptoms resolve, treatment for at least 6 months is recommended for consolidation of the anti-depressive response.

Treatment discontinuation

Patients being treated with **VORELLIX** can abruptly stop taking **VORELLIX** without the need for a gradual reduction in dose.

Special populations

Elderly patients

The safety and efficacy of **VORELLIX** have been established in elderly patients. However, caution should be exercised when treating the elderly. Treatment should be initiated with 5 mg daily and, depending on the individual patient response, the dose may be increased to 10 mg daily. Limited data are available with doses exceeding 10 mg daily.

Renal Impairment

No dose adjustment is needed for patients with renal impairment or for patients with end-stage renal disease. However, caution should be exercised when treating patients with severe renal insufficiency

Hepatic Impairment

No dose adjustment is needed for patients with mild or moderate hepatic impairment. **VORELLIX** has not been studied in patients with severe hepatic impairment and caution should be exercised when prescribing to these patients.

Cytochrome P450 Inhibitors

Depending on individual patient response, a lower dose of **VORELLIX** may be considered if strong CYP2D6 inhibitors (e.g. bupropion, quinidine, fluoxetine, paroxetine) are added to **VORELLIX** treatment.

Cytochrome P450 Inducers

Depending on individual patient response, a dose adjustment of **VORELLIX** may be considered if a broad cytochrome P450 inducer (e.g. rifampicin, carbamazepine, phenytoin) is added to **VORELLIX** treatment

Paediatric population

The safety and efficacy of VORELLIX in children and adolescents aged less than 18 years have not been established. No data are available.

Method of administration

VORELLIX is for oral use.

The film-coated tablets can be taken with or without food.

4.3. Contraindications

- Hypersensitivity to vortioxetine or to any of the excipients listed in **section 6.1**.
- Concomitant use with nonselective monoamine oxidase inhibitors (MAOIs) or selective MAO-A inhibitors (see **section 4.5**).

4.4. Special warnings and precautions for use

Paediatric population

VORELLIX is not recommended for the treatment of depression in patients aged less than 18 years since the safety and efficacy of **VORELLIX** have not been established in this age group (see **section 4.2**). In clinical studies in children and adolescents treated with other antidepressants, suicide-related behaviour (suicide attempt and suicidal thoughts), and hostility (predominantly aggression, oppositional behaviour and anger) may be more frequently observed than in those treated with placebo.

Suicide, suicidal thoughts or clinical worsening

Depression is associated with an increased risk of suicidal thoughts, self-harm and suicide (suicide-related events). This risk continues until significant remission occurs. As improvement may not occur during the first few weeks or more of treatment with **VORELLIX**, patients should be closely monitored until such improvement occurs. It is general clinical experience that the risk of suicide may increase in the early stages of recovery. Patients with a history of suicide related events or those exhibiting a significant degree of suicidal ideation prior to commencement of treatment are known to be at greater risk of suicidal thoughts or suicide attempts and should receive careful

monitoring during treatment with **VORELLIX**. In adult patients with psychiatric disorders, an increased risk of suicidal behaviour with antidepressants, in patients less than 25 years old may be seen. Close supervision of patients and in particular those at high risk should accompany treatment with **VORELLIX** especially in early treatment and following dose changes. Patients (and caregivers of patients) should be alerted to the need to monitor for any clinical worsening, suicidal behaviour or thoughts and unusual changes in behaviour and to seek medical advice immediately if these symptoms present.

Seizures

Seizures are a potential risk with antidepressants, including **VORELLIX.** Therefore, **VORELLIX** should be introduced with caution in patients who have a history of seizures or in patients with unstable epilepsy. Treatment with **VORELLIX** should be discontinued in any patient who develops seizures or where there is an increase in seizure frequency.

Serotonin syndrome or neuroleptic malignant syndrome

Serotonin Syndrome (SS) or Neuroleptic Malignant Syndrome (NMS), potentially life-threatening conditions, may occur with **VORELLIX.** The risk of SS or NMS is increased with concomitant use of serotonergic medicines (including triptans), with medicines which impair metabolism of serotonin (including MAOIs), antipsychotics and

other dopamine antagonists. Patients should be monitored for the emergence of signs and symptoms of SS or NMS (see **sections 4.3** and **4.5**).

Serotonin syndrome symptoms may include mental status changes (e.g. agitation, hallucinations, coma), autonomic instability (e.g. tachycardia, labile blood pressure, hyperthermia), neuromuscular aberrations (e.g. hyperreflexia, incoordination) and/or gastrointestinal symptoms (e.g. nausea, vomiting, diarrhoea). If this occurs, treatment with **VORELLIX** should be discontinued immediately and symptomatic treatment should be initiated.

Hyponatremia

Hyponatremia, probably due to inappropriate antidiuretic hormone secretion (SIADH), has been reported with the use of antidepressants with serotonergic effect (SSRIs/SNRIs). Caution should be exercised in patients at risk, such as the elderly, cirrhotic patients or patients concomitantly treated with medications known to cause hyponatremia.

Discontinuation of **VORELLIX** should be considered in patients with symptomatic hyponatremia and appropriate medical intervention should be instituted.

Activation of hypomania or mania

VORELLIX treatment should be used with caution in patients with a history of mania/ hypomania and should be discontinued in any patient entering a manic phase.

Haemorrhage

Bleeding abnormalities, such as ecchymoses, purpura and other haemorrhagic events such as gastrointestinal or gynecological bleeding may occur with **VORELLIX**. Caution is advised in patients taking anticoagulants and /or medicines known to affect platelet function, e.g. atypical antipsychotics and phenothiazines, most tricyclic antidepressants, non-steroidal anti-inflammatory drugs (NSAIDs) or aspirin (see **section 4.5**), and in patients with known bleeding tendencies/disorders.

Co-administration with cytochrome P450 Inhibitors

Co-administration of **VORELLIX** and bupropion may result in a higher incidence of adverse reactions when bupropion is added to **VORELLIX** than when **VORELLIX** is added to bupropion. Depending on individual patient response, a lower dose of **VORELLIX** may be considered if strong CYP2D6 inhibitors (e.g. bupropion, quinidine, fluoxetine, paroxetine) are added to **VORELLIX** treatment (see **section 4.2** and **4.5**)

Aggression/ agitation

Patients treated with antidepressants, including vortioxetine, may also experience feelings of aggression, anger, agitation and irritability. Patient's condition and disease status should be closely monitored. Patients (and caregivers of patients) should be alerted to seek medical advice, if aggressive/agitated behaviour emerges or aggravates.

Glaucoma

Mydriasis has been reported in association with use of antidepressants, including vortioxetine. This mydriatic effect has the potential to narrow the eye angle resulting in increased intraocular pressure and angle-closure glaucoma.

Caution is advised when prescribing vortioxetine to patients with increased intraocular pressure, or those at risk of acute narrow-angle glaucoma.

VORELLIX contains mannitol which may have a laxative affect.

4.5 Interaction with other medicines and other forms of interaction

Vortioxetine is extensively metabolised in the liver primarily through oxidation and subsequent glucuronic acid conjugation. *In vitro*, the cytochrome P450 isozymes CYP2D6, CYP3A4/5, CYP2C19, CYP2C9, CYP2A6, CYP2C8 and CYP2B6 are involved in the metabolism of vortioxetine (see **section 5.2**).

Potential for other medicines to affect vortioxetine

Monoamine Oxidase Inhibitors (MAOIs)

Due to the risk of serotonin syndrome, **VORELLIX** is contraindicated in any combination with MAOIs. **VORELLIX** must not be initiated for at least 14 days after discontinuation of treatment with an MAOI. **VORELLIX** must be discontinued for at least 14 days before starting treatment with an MAOI (see **section 4.3**)

Linezolid

The antibiotic linezolid is a weak MAOI and should not be given to patients treated with **VORELLIX.** Close monitoring for serotonin syndrome is necessary if used concomitantly (see **section 4.4**).

Serotonergic medicines

Co-administration of antidepressants with medicines with a serotonergic effect (e.g. pethidine, tramadol, sumatriptan and other triptans) may lead to serotonin syndrome (see **section 4.4**).

St. John's Wort

Concomitant use of antidepressants with serotonergic effect, and herbal remedies containing St. John's Wort (Hypericum perforatum) may result in a higher incidence of adverse reactions including serotonin syndrome (see **section 4.4**).

Medicines lowering the seizure threshold

Antidepressants with serotonergic effect including **VORELLIX** can lower the seizure threshold. Caution is advised when concomitantly using **VORELLIX** and other medicines capable of lowering the seizure threshold e.g. antidepressants (tricyclics, SSRIs, SNRIs), neuroleptics (phenothiazines, thioxanthenes and butyrophenones), mefloquin, bupropion and tramadol (see **section 4.4**).

ECT (electroconvulsive therapy)

There is no data available with concurrent administration of **VORELLIX** and ECT, therefore caution is advisable.

Cytochrome P450 inhibitors

The exposure to vortioxetine may increase by 2,3-fold for AUC when **VORELLIX** 10 mg/day is co-administered with bupropion (a strong CYP2D6 inhibitor) 150 mg twice daily for 14 days. The co-administration may result in a higher incidence of adverse reactions when bupropion is added to **VORELLIX** than when **VORELLIX** is added to bupropion.

Depending on individual patient response, a lower dose of **VORELLIX** may be considered if strong CYP2D6 inhibitors (e.g. bupropion, quinidine, fluoxetine, paroxetine) are added to **VORELLIX** treatment (see **section 4.2**).

If **VORELLIX** 10 mg/ day is co-administered following 6 days of ketoconazole 400 mg/day (a CYP3A4/5 and P-glycoproteln inhibitor), a 1,3-fold increase in vortioxetine AUC may be observed. No dose adjustment is needed.

If **VORELLIX** 10 mg/day is co-administered following 6 days of fluconazole 200 mg/day (a CYP2C9, CYP2C19 and CYP3A4/5 inhibitor), a 1,5-fold increase in AUC may be observed. No dose adjustment is needed.

There may be no inhibitory effect of 40 mg single dose omeprazole (CYP2C19 inhibitor) on the multiple dose pharmacokinetics of **VORELLIX** (10 mg/day).

Cytochrome P450 inducers

If a single dose of **VORELLIX** 20 mg is co-administered following 10 days of rifampicin 600 mg/day (a broad Inducer of CYP isozymes), a 72 % decrease in AUC of vortioxetine may be observed. Depending on individual patient response, a dose adjustment may be considered if a broad cytochrome P450 inducer (e.g. rifampicin, carbamazepine, phenytoin) is added to **VORELLIX** treatment (see **section 4.2**).

Aspirin

There may be no effect of multiple doses of aspirin 150 mg/day on multiple dose pharmacokinetics of **VORELLIX** 10 mg/day.

Anticoagulants and antiplatelet medicines

No significant effects may be observed in INR, prothrombin or plasma R-/S-warfarin values following co-administration of **VORELLIX** 10 mg/day for 14 days with stable doses of warfarin. Also, no significant inhibitory effect, on platelet aggregation may be observed if aspirin 150 mg/day is co-administered following 14 days of **VORELLIX** 10 mg/day administration. However, caution should be exercised when **VORELLIX** is combined with oral anticoagulants or antiplatelet medicines due to a potential increased risk of bleeding attributable to a pharmacodynamic interaction (see **section 4.4**).

Alcohol

There may be no significant additional impairment in cognitive function for **VORELLIX** single doses of 20 and 40 mg following co-administration with a single dose of ethanol 0,6 g/kg. However, the combination with alcohol is not advisable.

Diazepam

There may be no significant impairment, in cognitive function for **VORELLIX** following co-administration of **VORELLIX** 10 mg/day with a single 10 mg dose of diazepam.

Oral contraceptives

There may be no significant effects in the levels of sex hormones following co-administration of **VORELLIX** 10 mg/day with a combined oral contraceptive (ethinyl estradiol 30 µg/ levonorgestrel 150 µg) for 21 days.

Cytochrome P450 substrates

In vitro, vortioxetine did not show any relevant potential for inhibition or induction of cytochrome P450 isozymes (see **section 5.2**). No inhibitory effect of **VORELLIX** (10 mg/day for 14 days) was observed for the cytochrome P450 isozymes CYP2C19 (omeprazole, diazepam), CYP2C9 (warfarin), CYP3A4 /5 (ethinylestradiol), or CYP2B6 (bupropion). In a study, no inhibitory effect of **VORELLIX** 10 mg/day for 14 days was observed for CYP2C9 (tolbutamide), CYP1A2 (caffeine), CYP3A4/5 (midazolam), or CYP2D6 (dextromethorphan).

Lithium, tryptophan

No clinically relevant effect was observed during steady-state lithium exposure following co-administration with **VORELLIX10** mg/day for 14 days. However, there have been reports of enhanced effects when antidepressants with serotonergic effect such as **VORELLIX** have been given together with lithium or tryptophan, therefore concomitant use of **VORELLIX** with these medicines should be undertaken with caution.

Interference with urine screens

There have been reports of false positive results in urine enzyme immunoassays for methadone in patients who have taken vortioxetine. Caution should be exercised in the interpretation of positive urine screen results, and confirmation by an alternative analytical technique (e.g., chromatographic methods) should be considered.

4.6 Fertility, pregnancy and lactation

Pregnancy

VORELLIX's safety and efficacy in pregnant women has not been established. The following symptoms may occur in the new-born after maternal use of **VORELLIX** in later stages of pregnancy: respiratory distress, cyanosis, apnoea, seizures, temperature instability, feeding difficulty, vomiting, hypoglycaemia, hypertonia, hypotonia, hyperreflexia, tremor, jitteriness, irritability, lethargy, constant crying, somnolence and difficulty sleeping.

These symptoms could be due to either discontinuation effects or excess serotonergic activity. In a majority of instances, such complications begin immediately or soon (< 24 hours) after delivery. Epidemiological data have suggested that the use of SSRIs in pregnancy, particularly in late pregnancy, may increase the risk of persistent pulmonary hypertension in the new-born (PPHN). Although no studies have investigated the association of PPHN to **VORELLIX** treatment, this potential risk cannot be ruled out taking into account the related mechanism of action (increase in serotonin concentrations).

Breastfeeding

The safety of **VORELLIX** in breastfeeding women has not been established.

Vortioxetine and/ or its metabolites are excreted into the milk of lactating rats. It is expected that vortioxetine will be excreted in to human milk.

A risk to the suckling child cannot be excluded.

Fertility

The impact on human fertility has not been observed.

4.7 Effects on ability to drive and use machines

Patients should exercise caution when driving or operating hazardous machinery, especially when starting treatment with **VORELLIX** or when changing the dose.

4.8 Undesirable effects

The following adverse events have been reported:

Immune system disorders

Frequency unknown:	*Anaphylactic reaction*

Metabolism and nutrition disorders

Frequent:	Decreased appetite
Frequency unknown:	Hyponatraemia

Psychiatric disorders

Frequent:	Abnormal dreams
Less frequent:	Bruxism
Frequency unknown:	Insomnia, agitation, aggression

Nervous system disorders

Frequent:	Dizziness
Frequency unknown:	Serotonin Syndrome

Eye disorders

Less frequent:	Mydriasis (which may lead to acute narrow angle glaucoma)

Vascular disorders

Less frequent:	Flushing
Frequency unknown:	Haemorrhage (including contusion, ecchymosis, epistaxis, gastrointestinal or vaginal bleeding)

Gastrointestinal disorders

Frequent:	Nausea, diarrhoea, constipation, vomiting

Skin and subcutaneous tissue disorders

Frequent:	Generalised pruritus
Less frequent:	Night sweats
Frequency unknown:	*A*ngioedema, urticaria, rash

Description of selected adverse reaction

Elderly patients

For doses ≥ 10 mg vortioxetine once daily, the withdrawal rate may be higher in patients ≥ 65 years. For doses of 20 mg vortioxetine once daily, the incidences of nausea and constipation may be higher in patients aged ≥ 65 years then in patients < 65 years (see **section 4.4**).

Sexual dysfunction:

VORELLIX may cause sexual dysfunction especially at the 20 mg dose. Difficulties with satisfaction of orgasm and ease of sexual arousal may be the most prevalent manifestation.

Class effect:

There is an increased risk of bone fractures in patients 50 years of age and older receiving a medicine from related pharmacological classes of antidepressants (SSRIs and TCAs).

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 professionals are asked to report any suspected adverse reactions to SAHPRA via "**6.04 Adverse Drug Reaction Reporting Form**", found online under SAHPRA's publications: https://www.sahpra.org.za/Publications/Index/8 or to Cipla **:** drugsafetysa@cipla.com

4.9 Overdose

There is limited experience with **VORELLIX** overdose. Ingestion of 40 to 75 mg **VORELLIX** may cause an aggravation of the following adverse reactions: nausea, postural dizziness, diarrhoea, abdominal discomfort, generalised pruritus, somnolence and flushing. Management of overdose should consist of treating clinical symptoms and relevant monitoring. Medical follow-up in a specialised environment is recommended.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: A 1.2 Psychoanaleptics (antidepressants)

Mechanism of action

The mechanism of action of vortioxetine is suggested to be related to its multimodal activity, which is a combination of modulation of receptor activity and inhibition of the serotonin (5-HT) transporter. Studies have shown that vortioxetine is a 5-HT_3, 5-HT_7

and 5-HT_{1D} receptor antagonist, 5-HT_{1B} receptor partial agonist, 5-HT_{1A} receptor agonist and inhibitor of the 5-HT transporter. The exact contribution is unclear regarding the individual targets to the observed pharmacodynamic profile is unclear. However, data from non-clinical 5-HT receptor and transporter occupancy studies coupled with neuronal firing and microdialysis studies suggest that the targets interact in a complex fashion, leading to modulation of neurotransmission in several systems, including serotonin, norepinephrine (noradrenaline), dopamine, histamine, acetylcholine, gamma butyric acid (GABA) and glutamate systems within the forebrain.

5.2 Pharmacokinetic properties

Absorption

Vortioxetine is slowly, but well absorbed after oral administration and the peak plasma concentration is reached within 7 to 11 hours. Following multiple dosing of 5, 10, or 20 mg/ day, mean C_{max} values may be 9 to 33 ng/mL. The absolute bioavailability is 75 %. Food has no effect on the Pharmacokinetics (see **section 4.2**).

Distribution

The mean volume of distribution (Vss) is 2 600 L, indicating extensive extravascular distribution. Vortioxetine is highly bound to plasma proteins (98 to 99 %) and the binding appears to be independent of vortioxetine plasma concentrations.

Biotransformation

Vortioxetine is extensively metabolised in the liver, primarily through oxidation and subsequent glucuronic acid conjugation. *In vitro*, the cytochrome P450 isozymes

CYP2D6, CYP3A4/5, CYP2C19, CYP2C9, CYP2A6, CYP2CB and CYP2B6 are involved in the metabolism of vortioxetine.

No inhibitory or inducing effect of vortioxetine was observed *in vitro* for the CYP isozymes CYP1A2, CYP2A6, CYP2B6, CYP2C8, CYP2C9, CYP2C19, CYP2D6, CYP2E1, or CYP3A4/5.

Vortioxetine is a poor P-gp substrate and inhibitor.

The major metabolite of vortioxetine is pharmacologically inactive.

Elimination

The mean elimination half-life and oral clearance are 66 hours and 33 L/h, respectively. An estimated 2/3 of inactive vortioxetine metabolites are excreted in the urine and 1/3 in the faeces. Only negligible amounts of vortioxetine are excreted in the faeces unchanged. Steady-state plasma concentrations are achieved in approximately 2 weeks.

Linearity/non-linearity

The pharmacokinetics were shown to be linear and time independent in the dose range studied (2,5 to 60 mg/day). In accordance with the half-life, the accumulation index is 5 to 6 based on AUC 0-24h following multiple doses of 5 to 20 mg/day.

Special patient populations

Elderly

In elderly healthy subjects (aged ≥ 65 years), the exposure to vortioxetine increased up to 27 % (Cmax and AUC) compared to young healthy control subjects (aged ≤ 45 years) after multiple doses of 10 mg/day. Caution should therefore be exercised when treating the elderly (see **section 4.2**).

Renal impairment

After a single dose of 10 mg vortioxetine, renal impairment estimated using the Cockcroft-Gault formula caused modest exposure increases (up to 30 %), compared to health match controls. In patients with end-stage renal disease, only a small fraction of vortioxetine was lost during dialysis (AUC and Cmax were 13 % and 27 % lower) following a single 10 mg dose of vortioxetine. No dose adjustment is needed (see **section 4.2**).

Hepatic impairment

After a single dose of 10 mg vortioxetine, no impact of mild or moderate hepatic impairment (Child-Pugh Criteria A or B) was observed on the pharmacokinetics of vortioxetine (changes in AUC were less than 10%). No dose adjustment is needed. Vortioxetine has not been studied in patients with severe hepatic impairment and caution should be exercised when prescribing to these patients (see **section 4.2**).

CYP2D6 poor metabolisers

The plasma concentrations of vortioxetine were approximately two times higher in CYP2D6 poor metabolisers than in extensive metabolisers. Depending on the individual patient response, a dose adjustment may be required.

Pharmacokinetic/ pharmacodynamic relationship

There is a curve-linear concentration-response relationship between the plasma concentrations of vortioxetine after single and multiple doses of 2,5 to 60 mg/day and the occupancy of the 5-HT transporter in the brain.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

VORELLIX 5 film-coated tablets

Tablet core

Amino methacrylate copolymer

Colloidal silicon dioxide

Mannitol (Pearlitol SD 200)

Microcrystalline cellulose

Sodium starch glycolate (type A)

Magnesium aluminometasilicate

Magnesium stearate (Vegetable Grade)

Tablet coating

Hypromellose

Macrogol

Titanium dioxide

Iron oxide red

VORELLIX 10 film-coated tablets

Tablet core

Amino methacrylate copolymer

Colloidal silicon dioxide

Mannitol (Pearlitol SD 200)

Microcrystalline cellulose

Sodium starch glycolate (type A)

Magnesium aluminometasilicate

Magnesium stearate (Vegetable Grade)

Tablet coating

Hypromellose

Macrogol

Titanium dioxide

Iron oxide yellow

VORELLIX 15 film-coated tablets

Tablet core

Amino methacrylate copolymer

Colloidal silicon dioxide

Mannitol (Pearlitol SD 200)

Microcrystalline cellulose

Sodium starch glycolate (type A)

Magnesium aluminometasilicate

Magnesium stearate (Vegetable Grade)

Tablet coating

Hypromellose

Macrogol

Titanium dioxide

Iron oxide red

Iron oxide yellow

VORELLIX 20 film-coated tablets

Tablet core

Amino methacrylate copolymer

Colloidal silicon dioxide

Mannitol (Pearlitol SD 200)

Microcrystalline cellulose

Sodium starch glycolate (type A)

Magnesium aluminometasilicate

Magnesium stearate (Vegetable Grade)

Tablet coating

Hypromellose

Macrogol

Titanium dioxide

Iron oxide red

6.2 Incompatibilities

Not applicable

6.3 Shelf life

2 years.

6.4 Special precautions for storage

Store at or below 25°C

KEEP OT OF THE REACH OF CHILDREN

6.5 Nature and contents of container

VORELLIX 5, 10, 15 and 20:50 cc HDPE container with 33 mm child resistant closure (blue) and silica gel bag 2,0 g containing 30 or 90 tablets per carton or 200 cc HDPE container with 38 mm white screw cap and silica gel bag 5,0 g containing 500 tablets per carton.

Not all pack sizes may be marketed.

6.6 Special precautions for disposal and other handling

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

7. HOLDER OF CERTIFICATE OF REGISTRATION

CIPLA MEDPRO (PTY) LTD.

Building 9, Parc du Cap,

Mispel Street,

Belville, 7530,

RSA

Company Contact Details

Customer Care: 080 222 6662

8. REGISTRATION NUMBER(S)

VORELLIX 5: 53/1.2/0699

VORELLIX 10: 53/1.2/0700

VORELLIX 15: 53/1.2/0701

VORELLIX 20: 53/1.2/0702

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of first authorisation: 27 July 2021

10. DATE OF REVISION OF THE TEXT