

The Secretary
Scheduling Secretariat
GPO Box 9848
Canberra ACT 2601

Dear Sir or Madam,

**Re: Consultation: Proposed amendments to the Poisons Standard - ACMS #29:
ADAPALENE**

We refer to the notice inviting public comment under Regulation 42ZCZK of the *Therapeutic Goods Regulations* and wish to add the following comments in support of the proposed scheduling amendments for Adapalene.

Adapalene, a topical retinoid for the treatment of moderate comedo, papular and pustular acne, shows similar efficacy to 0.025% tretinoin gel, 0.05% tretinoin cream and 0.05% isotretinoin cream, but is generally better tolerated than other retinoids.^[1] A meta-analysis of a series of studies concluded that adverse reactions to adapalene occurred at a significantly lower frequency and were less severe than for tretinoin.^[2] The most common adverse events, erythema, dry skin, pruritus, desquamation, stinging/burning, are generally mild and typically resolve after several weeks, or upon ceasing treatment.^[1]

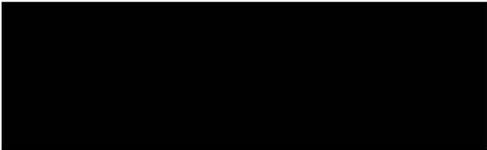
The primary concern regarding the use of adapalene is its potential teratogenicity. It has been shown to cause fetal skeletal deformation in animals at high topical doses,^[3] and for this reason, is contraindicated among women who are pregnant (especially during the early stages of pregnancy) or intend to become pregnant during treatment. Although this is a serious side-effect to consider, it is no reason to limit supply to prescription only. There is no distinct advantage in having this warning delivered by a doctor as opposed to a pharmacist. Indeed, being at the point of supply, pharmacists are in a better position to discuss in detail the directions for use, along with potential side-effects and contraindications.

Summary

We believe that Adapalene is an excellent candidate for downscheduling, given its good efficacy and tolerability compared to other retinoids. Adverse events are generally mild and transient, and the Appendix M entry suitably addresses concerns about the ingredient's potential teratogenicity by ensuring the risks surrounding use during pregnancy are discussed with the pharmacist.

On this basis, and noting the reasons put forward by the applicant, Ego Pharmaceuticals:

- Supports the proposal to establish a Schedule 3 entry for Adapalene
- Supports the inclusion of Adapalene in Appendix H
- Supports the proposal to establish an Appendix M entry for Adapalene



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References

1. Waugh J, Noble S, Scott L. Adapalene: a review of its use in the treatment of acne vulgaris. *Drugs* 2004;64(13):1465–1478.
2. Jain S. Topical tretinoin or adapalene in acne vulgaris: an overview. *J Dermatol Treat* 2004;15:200–207.
3. Adapalene topical Use During Pregnancy [Internet]. *Drugs.com*2019 [cited 2020 Feb 6]; Available from: <https://www.drugs.com/pregnancy/adapalene-topical.html>