Perfectha Lidocaine®

Summary of Safety and Clinical Performance

(SSCP – Switzerland only)

PERFECTHA LIDOCAINE.MDD.SSCP.01

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HEALTHCARE PROFESSIONAL SECTION

This Summary of Safety and Clinical Performance (SSCP) is intended to provide public access to an updated summary of the main aspects of the safety and clinical performance of Perfectha Lidocaine.

The SSCP is not intended to replace the Instructions for Use (IFU) as the main document to ensure the safe use of the device, nor is it intended to provide diagnostic or therapeutic suggestions to intended users or patients.

The following information is intended for users/healthcare professionals. Following this information there is a summary intended for patients.

1 IDENTIFICATION DEVICE AND MANUFACTURER

1.1 Trade Name

Perfectha Lidocaine®

1.2 Legal Manufacturer

The Legal Manufacturer, is:

Sinclair France S.A.S located at:

8 Chemin Du Jubin
69570 Dardilly
France

1.3 Basic UDI-DI

Perfectha Deep Lidocaine: 506003304271809612140 40KM
Perfectha Derm Lidocaine: 506003304362718096121 40N4
Perfectha Finelines Lidocaine: 506003304271809612140 60KT
Perfectha Subskin Lidocaine: 506003304180961214091 91JX

1.4 Medical device nomenclature

GMDN 47887, Dermal tissue reconstructive material, microbe-derived, anaesthetic

1.5 Classification

Medical Device Directive (MDD) 93/42/EEC (as amended) Annex IX, Medical Device Class III, Rule 8 & Rule 13. Perfectha Lidocaine is therefore a Medical Device Class III.

1.6 CE Marking

Under Annex IX of Medical Device Directive (MDD) 93/42/EEC the Perfectha Lidocaine range of devices has been CE marked since 2021.

1.7 Swiss Authorised Representative

Sinclair Pharma GmbH, Heidelberg (Deutschland) located at:
Zweigniederlassung Gossau SG
Industriestrasse 149, 9200 Gossau SG

1.8 Notified Body

Szutest Uygunluk Degerlendirme A.S.
Tatlisu Mah.
Akif Inan Sk. No: 1
Ümraniye 34774 -Istanbul, Turkey

Notified Body Number: 2195

2 INTENDED USE OF THE DEVICE

2.1 Intended Purpose

Perfectha Lidocaine is a resorbable hyaluronic acid (HA) with 0.3% (w/w) lidocaine hydrochloride gel implant which is intended for reconstructive purposes in the treatment of facial lipoatrophy, or morphological asymmetry associated with the aging process or other underlying conditions. It is intended for intradermal, deep and superficial subcutaneous application, and supraperiosteal injection.

It is supplied in a sterile, single-use syringe with cross-linked hyaluronic acid gel and lidocaine hydrochloride.

2.2 Indication

As per section 2.1, Intended Purpose.

2.2.1 Target Population

Perfectha lidocaine is intended to be used in adult patients (over 18) whom are not pregnant or breast feeding and deemed appropriate for treatment by the healthcare professional.

2.3 Contraindications

Refer to the IFU (available on request).

3 DEVICE DESCRIPTION

3.1 Device Description

Perfectha Lidocaine is an implantable, resorbable, sterile cross-linked hyaluronic acid (HA) gel of non-animal origin with 0.3% (w/w) lidocaine hydrochloride. Each device in the Perfectha Lidocaine family is designed for different application areas and/or depths, consequently the devices are provided with the needle best suited for use in its intended application area.

Lidocaine hydrochloride 0.3% (w/w) is integrated into the product to help reduce the sensation of pain during injection and therefore a pre-injection additional anaesthetic step is not required unless determined by the healthcare professional. Lidocaine hydrochloride enables post-injection pain to subside quickly, with minimal discomfort experienced (Philipp-Dormston et al. 2014).

The application areas are detailed in Table 1.

Table 1 Product Range Description

Product	Application areas
Perfectha Finelines Lidocaine	For intradermal injection. Filling of superficial lines and depressions, i.e., periorbital and peribuccal fine lines. For use in the tear troughs by injection into the supraperiosteal Perfectha Lidocaine.
Perfectha Derm Lidocaine	For superficial subcutaneous injection. Filling of medium lines and depressions, i.e., nasolabial folds and marionette lines, for lip enhancement and scars.
Perfectha Deep Lidocaine	For subcutaneous injection. Filling of deep lines and depressions, i.e., nasolabial folds and marionette lines. Also indicated for moderate contouring and volumisation in areas such as cheekbones, chin, jawline, temples, nose, sub-orbicularis oculi fat (SOOF) and for lip augmentation.
Perfectha Subskin Lidocaine	For deep subcutaneous to supraperiosteal injection. For significant loss of volume in areas such as the cheekbones, chin, jawline, temples, forehead, bridge of the nose and hands.

3.2 Product History

Refer to section 1.6.

3.3 Accessories

Perfectha Lidocaine Finelines and Perfectha Lidocaine Derm are supplied 30G needles, Perfectha Lidocaine Deep is supplied with 27G needles and Perfectha Lidocaine Subskin is supplied with 25G needles, which are purchased as CE marked devices.

3.4 Combinations

Perfectha Lidocaine is not required to be used in combination with any other device to meet its intended purpose. It is considered a stand-alone device.

4 RISKS and WARNINGS

4.1 Residual Risks and Undesirable Effects

The warning instructions have been applied following a comprehensive risk assessment which has been carried out in accordance with the latest and relevant international standard, ISO 14971 and no residual risks remain.

Perfectha Lidocaine devices have been deemed suitable for use in adults based on the safety profile of the products and their equivalents with an acceptable risk when weighed against the performances intended.

4.1.1 Side Effects/ Adverse Events

Refer to the IFU (available on request).

4.2 Warnings and Precautions

4.2.1 Warnings

Refer to the IFU (available on request).

4.2.2 Precautions for Use

Refer to the IFU (available on request).

4.3 Field Safety Corrective Action (FSCA) / Field Safety Notice (FSN)

Perfectha Lidocaine has not been the subject of any FSCA’s or FSN’s to date.

5 SUMMARY OF CLINICAL EVALUATION

5.1 Summary of Clinical Data from Equivalent Devices

The data presented within the Clinical Evaluation Report (CER) is based on an analysis of available clinical literature and post market clinical data relevant to the intended use and the clinical experience of Perfectha Lidocaine and/ or products with similar design characteristics.

Equivalent devices are identified from literature and detailed within the report, and are based on their clinical equivalence, critical attributes, technical and biological equivalence. Clinical studies on the identified devices demonstrated clinical efficacy, and safety and performance of the devices are confirmed.

5.2 Summary of Clinical Data of the Device

Studies assessing the safety and performance of Perfectha devices provide pivotal data supporting the device range and its equivalents. Summary information from studies on Perfectha is shown in Table 2.

Table 2 Perfectha clinical studies

Study (n)	Products	Duration of Effect
Kalil et al. (2011) (n=20)	Derm	Upper lip margin Nasolabial folds (12 months)
Laboratoire ObvieLine, (2006) (n=40)	Derm and Deep	Sulcus of labial commissure Lips Nasolabial folds (180 days)
Laboratoire ObvieLine, (2006a) (n=204)	Deep	Marked nasolabial folds (6 months)
Laboratoire ObvieLine, 2007 (n=54)	Derm and Deep	Nasolabial folds Sulcus of labial commissure Labial contour (Minimum 3 months)
Resende et al. (2008) (n=1,366)	Derm and Restylane	Nasolabial folds, lips, ear lobes, cheeks, other (8-12 months)
De Arruda et al. (2008) (n=33)	Derm and Deep	Nasolabial folds Lips (Minimum 3 months)
Regazzini and Fares (2008) (n=126)	Subskin	Chin Cheeks (18 months)
Ami (2009) (n=36)	Subskin	Malar Chin correction (18 months)
Pinzon et al. (2010) (n=30)	SubSkin	Moderate, severe, and extreme nasolabial folds (9 months)
Talarico et al. (2010) (n=87)	Derm	Nasolabial folds and lip correction (6 months)

MDD requires an evaluation of safety and efficacy of the devices to be certified. The CER is performed based on MDD Annex X MEDDEV-Guideline 2.7/1. “Evaluation of Clinical Data”.

Studies on the predecessor product Perfectha and equivalent devices have demonstrated effectiveness in a variety of facial conditions or hand rejuvenation with reported effectiveness ranging from 6 months to 3 years with (yearly touch-ups) at 3 years follow-up (Skeie et al. 2010). Following administration of dermal

fillers, pain remains the most common patient complaint (Smith and Cockerham, 2011). HA fillers alone may be associated with discomfort and reduce patient satisfaction with the procedure. Consequently, addition of anaesthetic into the HA gel preparation aids to alleviate this.
Perfectha Lidocaine has an acceptable benefit/risk profile according to current knowledge/ state of the art in the medical fields concerned and according to available medical alternatives.

5.3 Post Market Clinical Follow Up (PMCF)

Apart from the inclusion of 0.3% lidocaine, Perfectha Lidocaine is identical to the equivalent products within the established Perfectha range. Consequently, the clinical data that supports the safety and efficacy of the primary mode of action of Perfectha Lidocaine in the intended use is considered to be equally valid to support the safety and efficacy of Perfectha Lidocaine for the same intended use. Further post market studies for Perfectha Lidocaine are planned.

6 THERAPEUTIC ALTERNATIVES

6.1 Age related volume loss

Dermal filler is a minimally invasive technique that offers a non-permanent alternative to more permanent fillers, laser treatments, or more involved surgical procedures. Dermal fillers, and injectable medical devices are commonly used for facial rejuvenation. Most dermal fillers are passive space filling agents and can be used in facial augmentation, whether used solely or combined (Sherman, 2009).

Since the introduction of the first dermal fillers to the USA in 1981, the practice of minimally invasive facial rejuvenation has grown exponentially. In 2010, US physicians performed more than 1 million injectable HA treatments alone (Breithaupt et al. 2012).

A systematic review on the safety and effectiveness of soft tissue fillers was conducted. The evidence indicated that soft-tissue fillers were effective and well tolerated for correcting nasolabial folds, other moderate to severe wrinkles and folds, and volume loss in cheeks (Hanke et al., 2011).

6.2 HIV Facial lipoatrophy

HIV-associated lipoatrophy affects 40-80% of patients treated with first-generation antiretroviral drugs and still affects a considerable number of HIV-infected patients. The most stigmatizing aspects of HIV-associated lipoatrophy are the cosmetically disfiguring changes affecting facial appearance and leading decreased quality of life, diminished self-esteem, and progressive social withdrawal; occasionally, these changes contribute to a reduction in patients' adherence to antiretroviral therapy, therefore seriously endangering their health. Treatment strategies for HIV-associated facial lipoatrophy include soft tissue augmentation procedures performed using autologous fat grafting or injectable dermal fillers (Becker, 2015).

Social isolation and low self-acceptance may cause depression. Decreased quality of life associated with lipodystrophy may lead to rejection of therapy by patients. HIV-associated lipodystrophy constitutes a threat to human health and life. Applying an optimal method of treatment reduces the stigma associated with facial lipodystrophy and significantly improves patients' quality of life (Szczerkowska-Dobosz et al. 2015).

A systematic review assessed the safety and effectiveness of all filler agents for aesthetic treatment of HIV facial lipoatrophy and provided evidence-based recommendations. HA had intermediate elasticity and viscosity and was able to provide high volumisation properties. Both calcium hydroxylapatite and HA only required one treatment and provided immediate visible improvement, which helped minimise health care and patient cost. HA dermal fillers were an effective and safe treatment and had the advantages of achieving immediate results. These results suggest that HA fillers are safe and effective and similar results would be expected for Perfectha Lidocaine (Jagdeo et al., 2015).

6.3 Atrophic Scars

The treatment of atrophic scars is difficult and dermal filler materials provide a simple alternative with immediate results (Hasson, 2010). Scar formation is an inevitable result of surgery and trauma that results in full thickness epidermal loss (Shilpa et al. 2016).

Acne scars are present in 95% of patients with acne and can cause profound psychosocial morbidity. Dermal fillers are commonly used for facial soft tissue augmentation, and there is increasing interest in their use for the treatment of acne scars, particularly for the atrophic subtype. The evidence for the use of temporary, semi-permanent and permanent fillers for acne scars have been investigated following four studies associated with the use of HA fillers in acne scarring. All studies demonstrated improvement in acne scar appearance with minimal or transient side effects (Forbat, 2017).

Kravvas and Al-Niaimi (2017) assessed the efficacy and adverse reactions of commonly used treatments against post-acne scarring, by assessing the effects of dermal fillers in five studies. All studies supported the safety and efficacy of the dermal fillers like Perfectha Lidocaine and indicates they would be a safe and effective option for the treatment of acne scars.

6.4 Conditions resulting in upper eyelid margin asymmetry

HA dermal fillers can be placed centrally in the subconjunctival levator-muller plane. Alternatively, the injection could be given through the skin. However, it may be more difficult to find the levator plane, because the needle cannot be visualised, and the proper plane is very thin. Care should be taken with levator injections because the globe is in close proximity in this region (Mancini et al. 2011).

7 SUGGESTED PROFILE AND TRAINING FOR USERS

Perfectha Lidocaine should only be used by a trained health care professional. The IFU states that ‘This product may be administered only by a registered healthcare professional in accordance with local regulations.’ and ‘This device is designed to be injected by a healthcare professional who has been specifically trained in injection techniques for dermal filler procedures. The healthcare professional's technical competence is crucial to the success of the treatment’.

Additional training materials are available on request from Sinclair Pharmaceuticals Ltd.

8 APPLIED STANDARDS

Table 3 details the applied standards referenced for the device.

Table 3 Applied Standards

Directives
MDD 93/42/EEC (as amended)
EU Regulation No 207/2012
Standards
EN ISO 13485
EN ISO 10993-3
EN ISO 10993-5
EN ISO 10993-9
EN ISO 10993-11
EN ISO 10993-12
EN ISO 10993-13
EN ISO 10993-17
EN ISO 11137-1 & 2
EN ISO 17665-1
EN 556-1
ISO 80369-7
ISO 10993-1
EN ISO 10993-6
EN ISO 10993-10
EN ISO 10993-16
EN ISO 10993-18
EN ISO 11135
EN ISO 11138-1, 3, 7
EN ISO 11607-1 & 2
EN ISO 11737-1
EN ISO 14155
EN ISO 14630
EN ISO 14644-1
EN ISO 14971
ISO 15223-1
EN ISO 15378
EN 17141
ISO/TS 17665-2
EN 1041:2008+A1
EN 62366-1
EN ISO 7864
ISO 639-1
Guidelines
MEDDEV 2.1/1
MEDDEV 2.4/1
MEDDEV 2.7/1
MEDDEV 2.12/2
MEDDEV 2.12/1
ICH guidelines Q1A
GHTF SG5/N2R8

European Pharmacopoeia
Ph.Eur. 2.9.20
Ph.Eur. 2.2.3
Ph.Eur. 2.2.10
Ph.Eur. 2.6.14
Ph.Eur. 2.6.1
Ph.Eur 0002
Ph.Eur. 1472
Ph.Eur. 0227
Ph.Eur. 0193
Ph.Eur. 0194
Ph.Eur. 0602
Ph.Eur. 0169
Ph.Eur. 0008
Ph.Eur. 0677
Ph.Eur. 3.1.8
Ph.Eur. 3.2.1
Ph.Eur. 3.2.2
Ph.Eur. 3.2.9
Ph.Eur 5.1.10
Ph.Eur. 3.3.8

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9 CONCLUSION

Perfectha Lidocaine has an acceptable benefit/risk profile according to current knowledge/the state of the art in the medical fields concerned and according to available medical alternatives. Studies on the predecessor product range Perfectha and equivalent devices have demonstrated safety and effectiveness.

The information supplied with the device is reflective of the safe and effective use in its intended applications, the intended purpose and risk reduction measures are acceptable.

10 REFERENCES

Ami LP. (2009)' Effectiveness and safety of Perfectha Derm SubSkin in malar and chin esthetic contours'. *Unpublished*.

Becker, M.; Balague, N. (2015) 'Hyaluronic Acid Filler in HIV-Associated Facial Lipoatrophy: Evaluation of Tissue Distribution and Morpholy with MRI'. In: Dermatology, 230(4), pp: 367:74. DOI: 10.1159/000379747.

Breithaupt AD, Custis T, Beddingfield F. (2012) 'Next-Generation Dermal Fillers and Volumizers. Cosmet Dermatol' vol. 25, pp. 184-191.

De Arruda LHF, Rocha FT, Rocha A (2008) 'Studying the satisfaction of patients on the outcome of an aesthetic dermatological filler treatment'. *Journal of Cosmetic Dermatology* 7(4), pp: 246–250

Forbat, E.; Ali, F.R. (2017) 'The role of fillers in the management of acne scars'. *In: Clin Exp Dermatol.* DOI:10.1111/ced.13058.

Hasson, A; Romero, WA. (2010) 'Treatment of facial atrophic scars with Esthelis, a hyaluronic acid filler with polydense cohesive matrix CPM'. *In: Journal of Drugs in Dermatology, 9, 10.*

Hanke CW, Rohrich RJ, Busso M et al. (2011) 'Facial Soft-Tissue Fillers: Assessing the State of the Science conference-Proceedings report'. 64(4 SupPerfectha Lidocaine): S66-85.

Jagdeo J, Ho D, Lo A, Carruthers A (2015) 'A systematic review of filler agents for aesthetic treatment of HIV facial lipoatrophy (FLA)'. *J Am Acad Dermatol*. 73(6), p: 1040-54.

Kalil CLPV, Caramori APA, Balkey MD (2011) 'Evaluation of the duration of injectable hyaluronic acid in nasolabial folds and perioral rhytids'. *Surg Cosmet Dermatol* 3(2), pp:112-5.

Kravvas G, Al-Niaimi F (2017) 'A systematic review of treatments for acne scarring. Part 1: Non-energy-based techniques. Scars, Burns and Healing'. 3:2059513117695312.

Laboratoire Obvieline. (2006) 'Observational study of facial outcomes with Perfectha Derm and Perfectha Deep for the treatment of nasolabial folds, lips, sulcus of the labial commissure'. (See DC.PFD.3, Study 1).

Laboratoire Obvieline. (2006a) 'Evaluation of timeframes, ease of use and the incidence of adverse effects'. Study period between 2004 and 2006. (See DC.PFD.3, Study 2).

Laboratoire ObvieLine (2007) 'Evaluation of the efficacy, safety and duration of treatment of Perfectha Derm and Perfecth Deep'. Study period between 2006 and 2007. (See DC.PFD.3, Study 3).

Mancini R, Khadavi NM, Goldberg RA. (2011) 'Nonsurgical management of upper eyelid margin asymmetry using hyaluronic acid gel filler'. *Ophthalmic Plastic and Reconstructive Surgery* 27(1), pp: 1-3

Philipp-Dormston WG, Eccleston D, De Boulle K, Hilton S, van den Elzen H, Nathan M. (2014) 'A prospective, observational study of the volumizing effect of open-label aesthetic use of Juvéderm Voluma with Lidocaine in mid-face area'. *Journal of Cosmetic Laser Therapy* 16(4), p: 171-9.

Pinzon A, Fares J, Rivera L. (2010) 'Safety and Effectiveness of non-animal stabilized hyaluronic acid filler (Perfectha Derm Subskin) for nasolabial folds correction'. *Study period from March 2010 to December 2010*

Regazzini DV, Fares J. (2008) 'A prospective study of evaluation of the results achieved with the application of a new gel of hyaluronic acid non animal origin (Perfectha Derm sub skin) for malar and mental enhancement'. *Unpublished. Study period from October 2006 to April 2008.*

Resende VCL, Haddad A, Regazzini DV et al. (2008) 'Late evaluation of 1366 cases of dermal filler with hyaluronic acid implant in the face'. *Rev. Bras. Cir. Plas. 23* (suppl.): 34.

Shilpa, K, Sacchidanand, S, Leelavathy, B, Shilpashree, P, Divya, G, Ranjitha, R, Lakshmi, D (2016) 'Outcome of Dermal Grafting in the Management of Atrophic Facial Scars'. *Journal of Cutaneous and Aesthetic Surgery*, 9(4), p: 244–248.

Skeie L, Bugge H, Negaard A, Bergersen BM. (2010) 'Large particle hyaluronic acid for the treatment of facial lipoatrophy in HIV-positive patients: 3-year follow-up study'. *HIV Med.* 11(3), pp: 170-7.

Smith L, Cockerham K (2011) 'Hyaluronic acid dermal fillers: can adjunctive lidocaine improve patient satisfaction without decreasing efficacy or duration? Patient Preference and Adherence' 14(5), pp: 133-9

Szczerkowska -Dobosz, A., Olszewska, B., Lemańska, M., Purzycka-Bohdan, D., & Nowicki, R. (2015). 'Acquired facial lipoatrophy: pathogenesis and therapeutic options. Advances in Dermatology and Allergology/Postępy Dermatologii I Alergologii', 32(2), pp: 127–133.

Talarico S, Hassun KM, de Oliveira Monteiro E et al. (2010) 'Safety and efficacy evaluation of a new hyaluronic acid based filler in the treatment of nasolabial folds and lips outline'. *Surg Cosmet Dermatol.* 2 (2), pp:83-6 (See DC.PFD.3, Intradermal Study 6).