

PAZEO® Ophthalmic Solution 0.7% (olopatadine as olopatadine hydrochloride)

1. NAME OF THE MEDICINAL PRODUCT

PAZEO Ophthalmic Solution 0.7% (olopatadine as olopatadine hydrochloride)

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Active: olopatadine hydrochloride ophthalmic solution 7.76 mg/ml eqv olopatadine 7mg/ml (0.7%)

Preservative: benzalkonium chloride

Excipients: Hydroxypropyl-Gamma-Cyclodextrin, Povidone, Polyethylene Glycol, Hypromellose, Boric Acid, Mannitol, , Sodium Hydroxide, Hydrochloric Acid, Purified Water

3. PHARMACEUTICAL FORM

Eye Drops, solution

Colorless to light yellow solution

4. CLINICAL PARTICULARS

4.1 Therapeutic Indications

PAZEO is indicated for the treatment of ocular itching associated with allergic conjunctivitis.

4.2 Posology and method of administration

One drop in each affected eye once daily.

Pediatric Use

The safety and effectiveness has been established in pediatric patients 2 years of age and above.

Geriatric Use

No dosage adjustment in elderly patients is necessary.

Special populations

Olopatadine Eye Drops, Solution has not been studied in patients with renal or hepatic disease. However, no dosage adjustment is expected to be necessary in hepatic or renal impairment.

Method of administration

- For topical ocular use only. Not for injection or oral use.
- After the bottle cap is removed, if the tamper evident snap collar is loose, remove before using the product.
- To prevent contamination of the dropper tip and solution, care must be taken not to touch the eyelids, surrounding areas, or other surfaces with the dropper tip of the bottle.
- Keep the bottle tightly closed when not in use.

- In case of concomitant therapy with other topical ocular medicines, an interval of 5 minutes should be allowed between successive applications. Eye ointments should be administered last.
- Patients should be advised not to wear a contact lens if their eye is red.

4.3. Contraindications

Hypersensitivity to the active substance or to any of the excipients.

4.4 Special warnings and precautions for use

Olopatadine Eye Drops, Solution (0.7%) contains benzalkonium chloride which may cause eye irritation and is known to discolour soft contact lenses. Avoid contact with soft contact lenses. Patients must be instructed to remove contact lenses prior to application of Olopatadine Eye Drops, Solution and wait at least 15 minutes before reinsertion.

4.5 Interaction with other medicinal products and other forms of interaction

No clinically relevant interactions have been described.

4.6 Fertility, Pregnancy and lactation

Fertility

Studies have not been performed to evaluate the effect of administration of Olopatadine Eye Drops, Solution on human fertility. Effects in non-clinical fertility studies in male and female animals were observed only at dosages considered sufficiently in excess of the maximum human exposure indicating little relevance to clinical use (See Section 5.3).

No effects on human fertility are anticipated since systemic exposure to Olopatadine is negligible by the topical ocular route (AUC_{0-6} of 9.7 ng*hr/mL in humans administered 1 drop of Olopatadine Eye Drops, Solution (0.7%) in both eyes once daily for 6.5 days).

Olopatadine Eye Drops, Solution can be used by women of childbearing potential.

Pregnancy

There are no or limited amount of data from the use of Olopatadine Eye Drops, Solution in pregnant women. Effects in non-clinical reproduction and developmental toxicity studies were observed only at exposures considered sufficiently in excess of the maximum human exposure indicating little relevance to clinical use (See Section 5.3).

No effects during pregnancy are anticipated since systemic exposure to Olopatadine is negligible by the topical ocular route (AUC_{0-6} of 9.7 ng*hr/mL in humans administered 1 drop of Olopatadine Eye Drops, Solution (0.7%) in both eyes once daily for 6.5 days).

Before prescribing Olopatadine Eye Drops, Solution to a pregnant woman, a physician should weigh the benefit of administration to the woman to the risk of the fetus (see 5.2 Pharmacokinetic Properties and 5.3 Preclinical Safety Data).

Breast-feeding

Available pharmacodynamic/toxicological data in animals have shown excretion of Olopatadine/metabolites in milk following high dose systemic Olopatadine administration (See Section 5.3). Radioactivity has been identified in the milk of nursing rats at concentrations of 0.33 to 4.28 times that of plasma concentrations (1,184 ng*hr/mL AUC₀₋₂₄ in lactating rat plasma) following a 1 mg/kg oral administration of ¹⁴C-Olopatadine.

Based upon the low level of Olopatadine present in human plasma following topical ocular administration (AUC₀₋₆ of 9.7 ng*hr/mL in humans administered 1 drop of Olopatadine Eye Drops, Solution (0.7%) in both eyes once daily for 6.5 days), the concentration of Olopatadine potentially present in breast milk is expected to be negligible. However, as there is no data available on the concentration of Olopatadine/metabolites in human milk following topical ocular administration, a risk to the suckling child cannot be excluded.

Patients should be informed that antihistamines may affect the milk production of a nursing mother. Before prescribing Olopatadine Eye Drops, Solution to a nursing mother, a physician should weigh the benefit of administration to the mother to the risk of the breastfeeding child (see 5.2 Pharmacokinetic Properties and 5.3 Preclinical Safety Data).

4.7. Effects on ability to drive and use machines

Olopatadine is a non-sedating anti-histamine. Temporary blurred vision after drop use, or other visual disturbances may affect the ability to drive or use machines. If blurred vision occurs after instillation, the patient must wait until the vision clears before driving or using machinery.

4.8. Undesirable Effects

Clinical Studies

The following adverse reactions have been reported during clinical studies with Olopatadine Eye Drops, Solution (0.7%) and are classified according to the subsequent convention: very common ($\geq 1/10$), common ($\geq 1/100$ to $<1/10$), uncommon ($\geq 1/1,000$ to $<1/100$), rare ($\geq 1/10,000$ to $<1/1,000$) and very rare ($<1/10,000$). Within each frequency-grouping, adverse reactions are presented in order of decreasing seriousness.

System Organ Classification	MedDRA Preferred Term (v. 17.0)
Nervous system disorders	<i>Common:</i> dysgeusia <i>Uncommon:</i> headache
Eye disorders	<i>Common:</i> dry eye, vision blurred, abnormal sensation in eye <i>Uncommon:</i> eye pain, eye irritation, eye pruritus, ocular hyperaemia, eyelid margin crusting
Respiratory, thoracic and mediastinal disorders	<i>Uncommon:</i> dry throat

4.9. Overdose

Due to the characteristics of this preparation, no toxic effects are to be expected with an ocular overdose of this product, nor in the event of accidental ingestion of the contents of one bottle.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: ophthalmologicals; decongestant and antiallergics; other antiallergics

ATC code: S01GX09

Olopatadine is a potent selective antiallergic/antihistaminic agent that exerts its effects through multiple distinct mechanisms of actions. It antagonizes histamine (the primary mediator of allergic response in humans) and prevents histamine induced inflammatory cytokine production by human conjunctival epithelial cells. Data from in vitro studies suggest that it may act on human conjunctival mast cells to inhibit the release of pro-inflammatory mediators. In patients with patent nasolacrimal ducts, topical ocular administration of Olopatadine Eye Drops, Solution was suggested to reduce the nasal signs and symptoms that frequently accompany seasonal allergic conjunctivitis. It does not produce a clinically significant change in pupil diameter.

5.2 Pharmacokinetic properties

Absorption

Olopatadine Eye Drops, Solution was absorbed into the eye and reached maximal levels (C_{max}) within 30 minutes to 2 hours (T_{max}) in ocular tissues following bilateral single topical ocular instillation of 1 drop of increasing dose strengths of Olopatadine Eye Drops, Solution (0.15%, 0.2% and 0.7%) in Male New Zealand White (NZW) Rabbits. Plasma levels of Olopatadine were low (C_{max} < 20 ng/mL) following bilateral topical ocular administration of Olopatadine Eye Drops, Solution (0.15%, 0.2%, 0.7%) to rabbits.

In the humans, plasma levels following topical ocular administration of Olopatadine Eye Drops, Solution (2 drops of 0.1% in both eyes, four times-daily, 4 days; 2 drops of 0.15% in both eyes, twice daily, 14 days; 2 drops of 0.2% in both eyes, twice daily, 7 days; 1 drop of 0.77% in each eye for 7 days) and oral administration of Olopatadine (20 mg, twice daily, 13.5 days) are shown in Table 5.2.-1. Compared with the oral administration exposure on Day 12, the mean exposure estimates show Olopatadine C_{max} (1.64 ng/mL) and AUC₀₋₁₂ (9.68 ng*h/mL) after multiple 0.77% topical ocular doses was 184-fold and 102-fold lower than the C_{max} (302 ng/mL) and AUC₀₋₁₂ (987 ng*h/mL) after multiple 20 mg oral doses of Olopatadine. These data indicate that topical ocular doses of Olopatadine Eye Drops, Solution (0.7%) has a wide margin of safety since it resulted in a systemic exposure that is much lower than that after oral doses of 20 mg Olopatadine.

Comparison of Olopatadine plasma concentration after topical ocular dosing and oral dosing

Route of administration	Dosage	C _{max} (ng/mL) Mean ± SD	AUC (ng*hr/mL) Mean ± SD
-------------------------	--------	---------------------------------------	-----------------------------

Topical ocular	1 drop of 0.77% in both eyes once daily, 6.5 days	1.64 ± 0.889	9.68 ± 4.42
	2 drops of 0.1% in both eyes, 4 times-daily, 4 days	0.565 ± 0.463	1.95 ± 1.28* ¹
	2 drops of 0.15% in both eyes, twice-daily, 14 days	0.76 ± 0.31	-* ²
	2 drops of 0.2% in both eyes, twice-daily, 7 days	0.736 ± 0.327	3.63 ± 1.70* ³
Oral	20 mg tablet, twice-daily, 13.5 days	302 ± 53	987 ± 146* ³

*1: AUC₀₋₆ *2: Not calculated because of insufficiency of samples *3: AUC₀₋₁₂ mean estimates from Day 12

Distribution

Studies in rabbits show ocular tissues associated with the site of dosing i.e., conjunctiva and cornea, had the highest concentrations of Olopatadine after bilateral single topical ocular instillation of 1 drop of increasing dose strengths of Olopatadine Eye Drops, Solution (0.15%, 0.2% and 0.7%) in Male New Zealand White (NZW) Rabbits. Olopatadine concentrations in aqueous humor, choroids, ICB and lens increases with increasing concentrations of Olopatadine Eye Drops, Solution. Studies conducted in pigmented Dutch belted rabbits indicated a low degree of binding to melanin pigmented tissues.

Biotransformation/Metabolism

Studies have not been conducted to investigate the metabolism of Olopatadine in ocular tissues since toxicology and clinical studies have shown it to be safe and effective. The major metabolites of Olopatadine following oral administration in humans are N-desmethyl Olopatadine (M1) and Olopatadine N-oxide (M3). N-desmethyl Olopatadine (M1) is almost exclusively demethylated by the cytochrome P-450 isozyme 3A4 (CYP3A4). Olopatadine was not an inhibitor of cytochrome P-450 isozymes and therefore drug-drug interactions due to metabolic interactions were not expected.

In the humans after topical ocular administration, N-desmethyl metabolite of Olopatadine (M1) was not quantifiable (≤ 0.050 ng/mL) in plasma sample in all subjects.

Excretion/Elimination

Studies have not been conducted to investigate the excretion of Olopatadine in the urine or feces after topical ocular instillation. In rats after 14_c oral administration, Olopatadine was rapidly eliminated from the body primarily by urinary excretion and biotransformation (metabolism). In humans, urinary excretion of unchanged drug was the major route of elimination.

Studies conducted to investigate the elimination of Olopatadine in rabbits showed concentrations of Olopatadine in various ocular tissues (aqueous humor, choroid, conjunctiva, cornea, and ICB) over the dose strengths (0.1 to 0.7% Olopatadine Eye Drops, Solution) declined with a half-life of less than 4.65 hours.

In humans, the systemic plasma half-life was less than 3 hours.

Linearity/Non-Linearity

In a single dose study, Olopatadine showed a dose proportional increasing in exposure (C_{max} and AUC) in ocular tissues after topical ocular instillation.

5.3 Preclinical safety data

Non-clinical data reveal no special hazard for humans treated with Olopatadine Eye Drops, Solution at concentrations up to and including 0.7% based on conventional studies of safety pharmacology, repeated dose toxicity, genotoxicity, and carcinogenic potential.

Effects in non-clinical reproductive and developmental toxicity studies were observed only at exposures considered sufficiently in excess of the maximum human exposure indicating little relevance to clinical use.

Oral doses of up to 400 mg/kg/day (~40,000-fold higher than the prescribed dose in a 50 kg adult treated with the highest concentration of Olopatadine Eye Drops, Solution commercially available, 0.7%). resulted in some general toxicity, but had no effect on fertility and general reproductive parameters when either males or females were treated prior to and through mating. No effects were observed on embryo-fetal development in rats or rabbits treated with Olopatadine orally, by gavage, at doses of up to 600 mg/kg/day and 400 mg/kg/day, respectively. Peri- and postnatal toxicity studies in rats demonstrated maternal toxicity, and reduced pup survival and weights at the highest dose of 600 mg/kg/day (~60,000-fold higher than the prescribed dose in a 50 kg adult treated with the highest concentration of Olopatadine Eye Drops, Solution commercially available, 0.7%), administered to the dam during late gestation and the lactation period. Pup viability and weight gain were also reduced at dose levels of 60 and 200 mg/kg/day. Olopatadine has been detected in the milk of nursing rats following oral administration.

6. PHARMACEUTICAL PARTICULARS

6.1. List of Excipients

Hydroxypropyl-Gamma-Cyclodextrin

Povidone

Polyethylene Glycol

Hypromellose

Boric Acid

Mannitol

Benzalkonium Chloride

Sodium Hydroxide

Hydrochloric Acid

Purified Water

6.2. Incompatibilities

None known.

6.3. Shelf Life

0.5 mL and 2.5 mL

24 months

Discard 4 weeks after opening.

6.4. Special Precautions for Storage

Do not Store above 30°C

6.5. Nature and Contents of Container

Low density polyethylene (LDPE) DROP-TAINER bottle with LDPE dispensing plug and polypropylene closure.

Other available fill sizes include:

4 mL bottle containing 0.5 mL solution

4 mL bottle containing 2.5 mL solution

Carton contains 1 bottle.

6.6. Instructions for Use and Handling <and Disposal>

No special requirements.

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

6.7. Manufacturer

See folding box

(Information issued: May 2015.SIN.v1)

Novartis Pharma AG, Basel, Switzerland