Approved Professional Information for Medicines for Human Use: OFTAPAT

SCHEDULING STATUS

S2

1. NAME OF THE MEDICINE

OFTAPAT Eye Drops, solution

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Contains 1,11 mg/mL olopatadine hydrochloride equivalent to 1 mg/mL olopatadine, preserved with benzalkonium chloride 0,01 % (*m/v*).

For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Eye drops, solution.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

OFTAPAT is indicated for the temporary prevention of itching of the eye due to allergic conjunctivitis.

4.2 Posology and method of administration

Posology

Instil one drop of OFTAPAT in the conjunctival sac of the affected eye(s) twice daily.

Special populations

Elderly population

No dosage alteration in elderly patients is necessary.

Paediatric population

OFTAPAT may be used in paediatric patients (3 years of age and older) at the same posology as in adults.

Use in hepatic and renal impairment

OFTAPAT eye drops has not been studied in patients with renal or hepatic disease. However, a renal impairment study after oral dosing of olopatadine in patients with severe renal impairment indicates that a higher plasma concentration can be expected with olopatadine eye drops in this population. However, because of the low plasma exposure following topical ocular administration, no dose adjustment is necessary.

Hepatic metabolism represents a small fraction of olopatadine elimination. Therefore, hepatic impairment is not expected to alter the pharmacokinetics of olopatadine and no dose adjustment is necessary.

Method of administration

OFTAPAT is for ocular use only.

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 five minutes should be allowed between successive applications. Eye ointments should be administered last.

4.3 Contraindications

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

4.4 Special warnings and precautions for use

Hypersensitivity

OFTAPAT is an antiallergic/antihistaminic medicine and, although administered topically, is absorbed systemically. If signs of serious reactions or hypersensitivity occur, discontinue the use of this treatment.

Eye irritation

OFTAPAT contains benzalkonium chloride which may cause eye irritation.

Keratopathy

Benzalkonium chloride has also been reported to cause punctate keratopathy and/or toxic ulcerative keratopathy. Close monitoring is required with frequent or prolonged use in dry eye patients, or in conditions where the cornea is compromised.

Contact lenses

Benzalkonium is known to discolour soft contact lenses. To avoid contact with soft contact lenses, OFTAPAT should not be administered while wearing contact lenses.

Patients should be instructed to remove contact lenses prior to administration of the eye drop and wait at least 10 minutes after instillation before re-inserting contact lenses.

Excipient: benzalkonium chloride

OFTAPAT contains 0,1 mg benzalkonium chloride (a preservative) in each millilitre eye drop solution which is equivalent to 0,01 % (*m/v*).

As the possibility of adverse effects on the corneal permeability, and the danger of disruption of the corneal epithelium with prolonged or repeated usage of benzalkonium chloride preserved ophthalmological preparations, cannot be excluded, regular ophthalmological examination is required. Caution should be exercised in the use of benzalkonium chloride preserved topical medication over an extended period in patients with extensive ocular surface disease.

From the limited data available, there is no difference in the adverse event profile in children compared to adults. Generally, however, eyes in children show a stronger reaction for a given stimulus than the adult eye. Irritation may have an effect on treatment adherence in children.

4.5 Interaction with other medicines and other forms of interaction

No interaction studies with other medicines have been performed.

In vitro studies with olopatadine eye drops have shown that olopatadine did not inhibit metabolic reactions which involve cytochrome P-450 isozymes 1A2, 2C8, 2C9, 2C19, 2D6, 2E1 and 3A4. These results indicate that olopatadine is unlikely to result in metabolic interactions with other concomitantly administered active substances.

4.6 Fertility, pregnancy and lactation

Pregnancy

There are no or limited amount of data from the use of ophthalmic olopatadine in pregnant women.

Studies in animals have shown reproductive toxicity following systemic administration.

Olopatadine is not recommended during pregnancy and in women of childbearing potential not using contraception.

Breastfeeding

It is not known whether topical administration to humans could result in sufficient systemic absorption to produce detectable quantities in human breast milk. OFTAPAT is not recommended for breastfeeding mothers.

Fertility

Studies have not been performed to evaluate the effect of topical ocular administration of olopatadine on human fertility.

4.7 Effects on ability to drive and use machines

OFTAPAT has no or negligible influence on the ability to drive and use machines.

Temporary blurred vision or other visual disturbances may affect the ability to drive or use machines. If blurred vision occurs at instillation, the patient must wait until the vision clears before driving or using machinery.

4.8 Undesirable effects

a) **Summary of the safety profile**

The most frequent treatment-related adverse reaction was eye pain, reported at an overall incidence of 0,7 %.

b) Tabulated list of adverse reactions

The table below shows all adverse drug reactions (ADRs) observed during clinical trials and postmarket spontaneous reports with olopatadine.

System Organ Class	**Frequency**		
	Frequent	**Less Frequent**	**Not known**
Infections and infestations		rhinitis	
Immune system disorders			hypersensitivity, swelling face
Nervous system disorders	headache, dysgeusia	dizziness, hypoaesthesia	somnolence

Eye disorders	eye pain, eye irritation, dry eye, abnormal sensation in eyes	corneal erosion, corneal epithelium defect, corneal epithelium disorder, punctate keratitis, keratitis, corneal staining, eye discharge, photophobia, vision blurred, visual acuity reduced, blepharospasm, ocular discomfort, eye pruritus, conjunctival follicles, conjunctival disorder, foreign body sensation in eyes, lacrimation increased,	corneal oedema, eye oedema, eye swelling, conjunctivitis, mydriasis, visual disturbance, eyelid margin crusting

		erythema of eyelid, eyelid oedema, eyelid disorder, ocular hyperaemia	
Respiratory, thoracic and mediastinal disorders	nasal dryness		dyspnoea, sinusitis
Gastrointestinal disorders			nausea, vomiting
Skin and subcutaneous tissue disorders		contact dermatitis, skin burning sensation, dry skin	dermatitis, erythema
General disorders and administration site conditions	fatigue		asthenia, malaise

Cases of corneal calcification have been reported less frequently in association with the use of phosphate containing eye drops in some patients with significantly damaged corneas.

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 the "**6.04 Adverse Drug Reaction Reporting Form**", found online under SAHPRA's publications: https://www.sahpra.org.za/Publications/Index/8

4.9 Overdose

In the case of overdose, appropriate monitoring and management of the patient should be implemented.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Category and Class: A.15.4 Ophthalmic preparations, other.

Pharmacotherapeutic group: ophthalmologicals; decongestant and antiallergics; other antiallergics

ATC Code: S01EX09

Olopatadine is a selective and topically active anti-histaminic and mast-cell stabilising agent. Olopatadine prevents histamine-induced inflammatory cytokine production by human conjunctival epithelial cells.

5.2 Pharmacokinetic properties

Absorption

Olopatadine is absorbed systemically, as are other topically administered medicines. However, systemic absorption of topically applied olopatadine is minimal with plasma concentrations ranging from below the assay quantitation limit (< 0,5 ng/mL) up to 1,3 ng/mL. These concentrations are 50- to 200-fold lower than those following well tolerated oral doses.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

benzalkonium chloride

sodium chloride

anhydrous disodium phosphate

hydrochloric acid (to adjust pH)

sodium hydroxide (to adjust pH)

purified water for injection

6.2 Incompatibilities

In the absence of compatibility studies, this medicine must not be mixed with other medicine.

6.3 Shelf life

2 years.

Shelf-life after first opening

Discard four weeks after first opening.

6.4 Special precautions for storage

Store unopened container at or below 30 °C in the original packaging until required for use.

Opened container must be stored at or below 25 °C.

Do not use more than 28 days after opening.

6.5 Nature and contents of container

5 mL (fill volume 5 mL in a 5 mL bottle) ethylene oxide sterilized white LDPE bottle with natural LDPE nozzle and white HDPE cap.

6.6 Special precautions for disposal

No special requirements.

7. HOLDER OF CERTIFICATE OF REGISTRATION

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8. REGISTRATION NUMBER

53/15.4/0401

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

25 October 2022

10. DATE OF REVISION OF THE TEXT