

ALLNEX-S

Eye Drops

Composition

Olopatadine hydrochloride 0.2% (2 mg/mL)

Action

Olopatadine is an inhibitor of the release of histamine from the mast cell and a relatively selective histamine H1-antagonist that inhibits the in vivo and in vitro type 1 immediate hypersensitivity reaction including inhibition of histamine induced effects on human conjunctival epithelial cells. Olopatadine is devoid of effects on alpha-adrenergic, dopamine and muscarinic type 1 and 2 receptors.

Pharmacokinetics

Olopatadine is absorbed systemically, as are other topically administered medicinal products. 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. From oral pharmacokinetic studies, the half-life of olopatadine in plasma was approximately eight to 12 hours, and elimination was predominantly through renal excretion. Approximately 60-70% of the dose was recovered in the urine as active substance. Two metabolites, the mono-desmethyl and the N-oxide, were detected at low concentrations in the urine.

Since olopatadine is excreted in urine primarily as unchanged active substance, impairment of renal function alters the pharmacokinetics of olopatadine with peak plasma concentrations 2.3-fold greater in patients with severe renal impairment (mean creatinine clearance of 13.0 ml/min) compared to healthy adults. Following a 10 mg oral dose in patients undergoing haemodialysis (with no urinary output), plasma olopatadine concentrations were significantly lower on the haemodialysis day than on the non-haemodialysis day suggesting olopatadine can be removed by haemodialysis.

Studies comparing the pharmacokinetics of 10 mg oral doses of olopatadine in young (mean age 21 years) and elderly (mean age 74 years) showed no significant differences in the plasma concentrations (AUC), protein binding or urinary excretion of unchanged parent drug and metabolites.

A renal impairment study after oral dosing of olopatadine has been performed in patients with severe renal impairment. The results indicate that a somewhat higher plasma concentration can be expected with olopatadine in this population. Since plasma concentrations following topical ocular dosing of olopatadine are 50-to 200-fold lower than after well-tolerated oral doses, dose adjustment is not expected to be necessary in the elderly or in the renally impaired population. Liver metabolism is a minor route of elimination. Dose adjustment is not expected to be necessary with hepatic impairment.

Indications

Allnex-S is indicated for the treatment of ocular itching associated with allergic conjunctivitis.

Contraindications

Contraindicated in persons with a known hypersensitivity to olopatadine hydrochloride or any components.

Warnings

Not for injection

Allnex-S for topical use only and not for injection or oral use.

Adverse Reactions

Symptoms similar to cold syndrome and pharyngitis were reported at an incidence of approximately 10%.

The following adverse experiences have been reported in 5% or less of patients:

Ocular: blurred vision, burning or stinging, conjunctivitis, dry eye, foreign body sensation, hyperemia, hypersensitivity, keratitis, lid edema, pain and ocular pruritus.

Non-ocular: asthenia, back pain, flu syndrome, headache, increased cough, infection, nausea, rhinitis, sinusitis and taste perversion.

Post Marketing Experience

The following adverse reactions have been reported during clinical studies with Olopatadine solution 0.2% Eye Drops 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.

Eye disorders

Uncommon ($\geq 0.1\%$ to $< 1\%$): punctate keratitis, keratitis, eye pain, dry eye, eyelid oedema, eye pruritus, eye discharge, ocular hyperaemia, eyelid margin crusting, ocular discomfort

Rare ($\geq 0.01\%$ to $< 0.1\%$): photophobia, vision blurred, erythema of eyelid

Nervous system disorders

Uncommon ($\geq 0.1\%$ to $< 1\%$): headache, dysgeusia

Rare ($\geq 0.01\%$ to $< 0.1\%$): dizziness

Respiratory, thoracic and mediastinal disorders

Uncommon ($\geq 0.1\%$ to $< 1\%$): nasal dryness

Gastrointestinal disorders:

Rare ($\geq 0.01\%$ to $< 0.1\%$): dry mouth

Skin and subcutaneous tissue disorders:

Rare ($\geq 0.01\%$ to $< 0.1\%$): dermatitis contact

General disorders and administration site conditions:

Uncommon ($\geq 0.1\%$ to $< 1\%$): fatigue

Additional adverse reactions identified from post-marketing surveillance include the following. Frequencies cannot be estimated from the available data.

Eye disorders

Lacrimation increased

Immune system disorders

Hypersensitivity

Gastrointestinal disorders

Nausea

Precautions

Wearing of contact lenses: patients whose eyes are red should not wear contact lenses at all. Patient whose eyes are not red should wait 15 minutes after instilling the drops before inserting soft contact lenses

Pregnancy

Category C

Olopatadine was found not to be teratogenic in rats and rabbits. However, rats treated at 600 mg/kg/day, or 93,750 times the MROHD and rabbits treated at 400 mg/kg/day, or 62,500 times the MROHD, during organogenesis showed a decrease in live fetuses. There are, however, no adequate and well controlled studies in pregnant women. Because animal studies are not always predictive of

human responses, this drug should be used in pregnant women only if the potential benefit to the mother justifies the potential risk to the embryo or fetus.

Nursing Mothers

Olopatadine has been identified in the milk of nursing rats following oral administration. It is not known whether topical ocular administration could result in sufficient systemic absorption to produce detectable quantities in the human breast milk. Nevertheless, caution should be exercised when olopatadine hydrochloride ophthalmic solution 0.1% is administered to a nursing mother.

Pediatric Use

Safety and effectiveness in pediatric patients below the age of 3 years have not been established.

Geriatric Use

No overall differences in safety or effectiveness have been observed between elderly and younger patients.

Drug Interactions

No information provided.

Dosage and Administration

The recommended dose is one drop in each affected eye once a day.

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 to ten minutes should be allowed between successive applications.

Presentation

Dropper bottle of 2.5 ml