SUMMARY OF PRODUCT CHARACTERISTICS

1. NAME OF THE MEDICINAL PRODUCT

DRASOTER-T 0.004% + 0.5% eye drops, solution
Sterile

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each 1 ml contains;
Active substance:
Travoprost ..... 0.04 mg
Timolol maleate ..... 6.83 mg (equivalent to 5 mg timolol)

Excipient(s):
Benzalkonium chloride ..... 0.020 mg
Propylene glycol ..... 5 mg
PEG-40 hydrogenated castor oil ..... 1 mg
For excipients, see Section 6.1.

3. PHARMACEUTICAL FORM

Eye drops.
Clear and colorless solution, free from particles

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

DRASOTER-T is indicated for the reduction of elevated intraocular pressure (IOP) in patients with open-angle glaucoma or ocular hypertension who have responded inadequately to topical beta-blockers or prostaglandin analogues (see section 5.1).

4.2 Posology and method of administration

Posology/frequency and duration of administration:
One drop of DRASOTER-T is administered into the conjunctival sac of the affected eye/eyes once daily, morning or evening. It should be administered at the same time each day.

Nasolacrimal occlusion or gentle closure of the eyelids for 2 minutes is recommended following application. This may reduce the systemic absorption of the ocularly administered medicinal product and may reduce systemic adverse effects.

If more than one ophthalmic medicinal product is being used, at least 5 minutes should be allowed between applications (see section 4.5).

If an application is missed, treatment should be continued with the next drop at the normally scheduled time. Application should not be applied to the affected eye more than once daily.

If switching from another ophthalmic antiglaucoma agent to DRASOTER-T is necessary, the other product should be discontinued and DRASOTER-T should be initiated the following day.

Patients should be instructed to remove their contact lenses before applying DRASOTER-T and to wait 15 minutes after instillation before reinserting their contact lenses (See section

4.4).

Method of administration:
For ocular use.
The patient should remove the sachet immediately before use. To prevent contamination of the dropper tip and solution, care should be taken to avoid touching the eyelids or other areas with the tip of the bottle.

Additional information on special populations:
Renal/Hepatic impairment:
Travoprost/timolol eye drops or timolol 5 mg/ml eye drops have not been studied in patients with hepatic or renal impairment.

Travoprost has been studied in patients with moderate to severe hepatic impairment and moderate to severe renal impairment (creatinine clearance as low as 14 ml/min). No dose adjustment is necessary for these patients.

Pediatric population:
The efficacy and safety of DRASOTER-T in patients under 18 years of age have not been established and there is insufficient data.

Geriatric population:
No special dosage adjustment is necessary. It is the same as for use in adults.

4.3 Contraindications

- In patients with known hypersensitivity to travoprost, timolol, or any of the excipients listed in section 6.1.
- In patients with hypersensitivity to other beta-blockers.
- In patients with bronchial asthma or a history of bronchial asthma, reactive airway disease, including severe chronic obstructive pulmonary disease.
- Sick sinus syndrome, including sinus bradycardia, sinoatrial block uncontrolled by a pacemaker, or second- or third-degree atrioventricular block.
- Contraindicated in significant heart failure or cardiogenic shock.
- Contraindicated in severe allergic rhinitis and corneal dystrophies.

4.4 Special warnings and precautions for use

Systemic Effects
Like other topically applied ophthalmic agents, travoprost and timolol are absorbed systemically. The same cardiovascular, pulmonary, and other adverse effects seen with systemic administration of beta-adrenergic blockers may occur due to the beta-adrenergic content of timolol. The incidence of systemic adverse drug reactions following topical ophthalmic administration is lower than with systemic administration. See section 4.2 for information on how to reduce systemic absorption.

Cardiac disorders
Beta-blocker therapy should be carefully evaluated in patients with cardiovascular disease (e.g., coronary heart disease, Prinzmetal's angina, and heart failure) and hypotension, and treatment with other active agents should be considered. Patients with cardiovascular disease should be monitored for adverse effects and signs of worsening of these conditions.

Beta-blockers should be administered only with caution to patients with first-degree heart block due to their negative effects on conduction time.

Vascular disorders
Patients with severe peripheral circulatory disorders (e.g., severe Raynaud's disease or Raynaud syndrome) should be treated with caution.

Respiratory disorders
Respiratory reactions, including deaths due to bronchospasm, have been reported in asthmatic patients following the administration of some ophthalmic beta-blockers. DRASOTER-T should be used with caution in patients with mild to moderate chronic obstructive pulmonary disease (COPD) only if the potential benefit outweighs the potential risk.

Hypoglycemia/Diabetes
Beta-blockers should be used with caution in patients with spontaneous hypoglycemia or labile diabetes because they may mask the signs and symptoms of acute hypoglycemia.

Muscle weakness
Exacerbation of muscle weakness, consistent with some myasthenic symptoms (diplopia, ptosis, and generalized weakness), has been reported with the use of beta-adrenergic receptor blocking agents.

Corneal diseases
Ophthalmic beta-blockers may cause dry eyes. Patients with corneal diseases should be treated with caution.

Choroidal detachment
Choroidal detachment has been reported with the use of aqueous suppressant therapy (e.g., timolol, acetazolamide) after filtration procedures.

Other beta-blocking agents
The effect on intraocular pressure or the known effects of systemic beta-blockade may be enhanced when timolol is administered to patients already receiving a systemic beta-blocking medicinal product. The response of these patients should be closely observed. Concomitant use of two topical beta-adrenergic blocking agents is not recommended (see section 4.5).

Surgical anesthesia
Beta-blocking ophthalmologic preparations may block the effects of systemic beta-agonists such as adrenaline. The anesthesiologist should be informed when the patient is taking timolol.

Hyperthyroidism
Beta-blockers may mask the symptoms of hyperthyroidism.

Skin contact
Prostaglandins and prostaglandin analogs are biologically active substances that can be absorbed through the skin. Women who are pregnant or attempting to become pregnant should take appropriate precautions to avoid direct exposure to the contents of the bottle. In the unlikely

event of contact with a significant portion of the bottle contents, the exposed area should be thoroughly cleaned immediately.

Anaphylactic Reactions
While beta-adrenergic receptor blocking agents are used, patients with a history of atopy or severe anaphylactic reactions to various allergens may be unresponsive to the usual doses of adrenaline used to treat anaphylactic reactions.

Concomitant treatment
Timolol may interact with some medicinal products (see section 4.5).

The use of two topical prostaglandins is not recommended.

Ocular Effects
Travoprost may alter eye color over time by increasing the number of melanosomes (pigment granules) in melanocytes. Patients should be informed of this permanent change in eye color before initiating treatment. Unilateral treatment may cause permanent heterochromia. The long-term effects and consequences on melanocytes are not fully known. The change in iris color occurs gradually and may not be noticeable for months or years. The change in eye color is more pronounced in patients with mixed-color eyes, e.g., brown-blue, gray-brown, yellow-brown, and green-brown; however, it has also been observed in patients with brown eyes. In affected eyes, the brown pigmentation, particularly around the pupil, expands concentrically toward the periphery, although the entire iris or some areas may become browner. No further increase in brown iris pigment has been observed after discontinuation of treatment.

In controlled clinical studies, darkening of the periorbital and/or eyelid skin has been reported with travoprost use.

Eyelid changes, including deepening of the periorbital and eyelid fossae, have been observed with prostaglandin analogs.

Travoprost may progressively alter the eyelashes in the applied eye; these changes have been observed in approximately half of patients in clinical studies; they include changes in eyelash length, thickness, color, and/or number. The mechanism of these eyelash changes and their long-term consequences are unknown.

Travoprost has been observed to cause slight widening of the palpebral fissure in monkey studies. However, this effect has not been observed in clinical studies and is considered species-specific.

DRASOTER-T has not been evaluated in inflammatory ocular conditions or in neovascular, angle-closure, narrow-angle, or congenital glaucoma, and there is limited experience in thyroid eye diseases, open-angle glaucoma in pseudophakic patients, and pigmentary or pseudoexfoliative glaucoma.

Macular edema has been reported with treatment with prostaglandin $F2_a$ analogs. Caution is advised when using DRASOTER-T in aphakic patients, pseudophakic patients with ruptured posterior lens capsule or posterior chamber lenses, or patients with known risk factors for cystoid macular edema.

DRASOTER-T should be used with caution in patients with known predisposing risk factors for iritis/uveitis and in patients with active intraocular inflammation.

DRASOTER-T may cause dry eyes, so this should be taken into consideration in patients with corneal disease.

DRASOTER-T contains benzalkonium chloride. It may cause eye irritation. Avoid contact with soft contact lenses. Remove contact lenses before application and wait at least 15 minutes before reinserting. It is known to discolor soft contact lenses.

The propylene glycol contained in DRASOTER-T may cause skin irritation.

The PEG-40 hydrogenated castor oil contained in DRASOTER-T may cause skin reactions.

4.5 Interaction with other medicinal products and other forms of interaction
Specific drug interaction studies have not been conducted with travoprost or timolol.

There is the potential for additive effects resulting in hypotension and/or pronounced bradycardia when ophthalmic beta-blocker solution is administered concomitantly with oral calcium channel blockers, beta-adrenergic blocking agents, antiarrhythmics (including amiodarone), digitalis glycosides, parasympathomimetics, or guanethidine.

Beta-blockers may potentiate the hypertensive reaction resulting from abrupt withdrawal of clonidine.

Enhancement of systemic beta-blockade (e.g., slow heart rate, depression) has been reported with concomitant use of CYP2D6 inhibitors (e.g., quinidine, fluoxetine, paroxetine) and timolol.

Mydriasis has been reported rarely with the concomitant use of ophthalmic beta-blockers and adrenaline (epinephrine).

Beta-blockers may enhance the hypoglycaemic effect of antidiabetic agents. Beta-blockers may mask the signs and symptoms of hypoglycaemia (see Section 4.4).

4.6 Pregnancy and lactation
General recommendation
Pregnancy category: C

Women of childbearing potential / Birth control (Contraception)
DRASOTER-T should not be used in women of childbearing potential unless adequate contraceptive methods are being used (see Section 5.3).

Pregnancy
Travoprost has harmful pharmacological effects on pregnancy and/or the fetus/newborn. There are no adequate studies on the use of travoprost eye drops in pregnant women. Animal studies with travoprost have shown reproductive toxicity (see section 5.3). The potential risk for humans is unknown.

Epidemiological studies have not shown malformation-causing effects, but do indicate a risk of intrauterine growth retardation when beta-blockers are administered orally. Additionally, signs and symptoms of beta-blockade (e.g., bradycardia, hypotension, respiratory distress, and hypoglycemia) have been observed in neonates when beta-blockers are administered until birth. If DRASOTER-T is administered until birth, the neonate should be carefully monitored during the first days of life.

DRASOTER-T should not be used during pregnancy unless clearly necessary. For information on how to reduce systemic absorption, see section 4.2.

Lactation
It is unknown whether travoprost in eye drops is excreted in human milk. Animal studies have shown that travoprost and its metabolites are excreted in breast milk. Timolol is excreted in breast milk and has the potential to cause serious adverse reactions in the breastfed infant. However, at therapeutic doses of timolol in eye drops, it is unlikely that sufficient amounts would be present in breast milk to cause clinical symptoms of beta-blockade in the infant. See section 4.2 for information on how to reduce systemic absorption.

DRASOTER-T is not recommended for use in breastfeeding women.

Reproductive ability/Fertility
DRASOTER-T has no known effects on fertility. Animal studies have shown no effect of travoprost on fertility at doses up to 75 times the maximum recommended human eye dose, while timolol showed no effect at this dose level.

4.7 Effects on ability to drive and use machines
DRASOTER-T has no or negligible effect on the ability to drive and use machines.

As with other eye drops, temporary blurring of vision or other visual disturbances may occur. If blurring of vision occurs after application, wait until the blurring of vision resolves before driving or operating machinery.

4.8 Undesirable effects
In clinical trials involving 2,170 patients treated with travoprost/timolol, the most frequently reported treatment-related adverse reaction was ocular hyperemia (12.0%).

The following adverse reactions were reported as treatment-related and were classified as very common (≥1/10), common (≥1/100 to <1/10), uncommon (≥1/1,000 to <1/100), rare (≥1/10,000 to <1/1,000), very rare (<1/10,000), or not known (cannot be estimated from the available data). Within each frequency grouping, adverse reactions are presented in order of decreasing seriousness.

Immune system disorders
Uncommon: Hypersensitivity

Psychiatric disorders
Rare: Nernousness
Not known: Depression

Nervous system disorders
Uncommon: Headache, dizziness
Not known: Cerebrovascular accident, syncope, paraesthesia

Eye disorders
Very common: Ocular hyperemia
Common: Punctate keratitis, eye pain, visual disturbance, vision blurred, dry eye, eye pruritus, ocular discomfort, eye irritation
Uncommon: Keratitis, iritis, conjunctivitis, anterior chamber inflammation, blepharitis, photophobia, visual acuity reduced, asthenopia, eye swelling, lacrimation increased, erythema of eyelid, growth of eyelashes, eye allergy, conjunctival oedema, eyelid oedema
Rare: Corneal erosion, meibomianitis, conjunctival hemorrhage, eyelid margin crusting, trichiasis, distichiasis
Not known: Macular edema, eyelid ptosis, lid sulcus deepened, iris hyperpigmentation, corneal disorder

Cardiac disorders
Uncommon: Bradycardia
Rare: Arrhythmia, heart rate irregular
Not known: Cardiac failure, tachycardia, chest pain, palpitations

Vascular disorders
Uncommon: Hypotension, hypertension
Not known: Oedema peripheral

Respiratory, thoracic, and mediastinal disorders
Uncommon: Dyspnea, postnasal drip
Rare: Dysphonia, bronchospasm, cough, throat irritation, oropharyngeal pain, nasal discomfort
Not known: Asthma

Gastrointestinal disorders
Not known: Dysgeusia

Hepatobiliary disorders
Rare: Alanine aminotransferase increased, aspartate aminotransferase increased

Skin and subcutaneous tissue disorders
Uncommon: Dermatitis contact, hypertrichosis, skin hyperpigmentation (periocular)
Rare: Urticaria, skin discolouration, alopecia
Not known: Rash

Musculoskeletal, connective tissue, and bone disorders
Rare: Pain in extremity

Kidney and urinary tract disorders
Rare: Chromaturia

General disorders and administration site conditions
Rare: Thirst, fatigue

The adverse reactions listed below have been reported post-marketing. They are derived from spontaneous reports, and their frequency cannot be estimated. Therefore, the frequency grouping is classified as not known:

Additional adverse reactions observed with one of the active ingredients of DRASOTER-T that may also occur with DRASOTER-T.

Travoprost:
Immune system disorders
Seasonal allergy

Psychiatric disorders
Anxiety, insomnia

Eye disorders
Uveitis, conjunctival follicles, eye discharge, periorbital oedema, eyelids pruritus, ectropion, cataract, iridocyclitis, ophthalmic herpes simplex, eye inflammation, photopsia, eczema eyelids, halo vision, hypoaesthesia eye, anterior chamber pigmentation, mydriasis, eyelash hyperpigmentation, eyelash thickening, visual field defect

Ear and labyrinth disorders
Vertigo, tinnitus

Vascular disorders
Blood pressure diastolic decreased, blood pressure systolic increased

Respiratory, thoracic and mediastinal disorders
Asthma aggravated, rhinitis allergic, epistaxis, respiratory disorder, nasal congestion, nasal dryness

Gastrointestinal disorders
Peptic ulcer reactivated, gastrointestinal disorder, diarrhoea, constipation, dry mouth, abdominal pain, nausea, vomiting

Skin and subcutaneous tissue disorders
Skin exfoliation, hair texture abnormal, dermatitis allergic, hair colour changes, madarosis, pruritus, hair growth abnormal, erythema

Musculoskeletal and connective tissue disorders
Musculoskeletal pain, arthralgia

Renal and urinary disorders
Dysuria, urinary incontinence

General disorders and administration site conditions
Asthenia

Investigations
Prostatic specific antigen (PSA) increased

Timolol:
Like other topically applied ophthalmic medicinal products, timolol is absorbed into the systemic circulation. This may cause undesirable effects similar to those seen with systemic beta-blocking agents. Additional listed adverse reactions include reactions seen within the class of ophthalmic beta-blockers. The incidence of systemic advers drug reactions after topical ophthalmic administration is lower than for systemic administration. For information on how to reduce systemic absorption, see section 4.2.

Immune system disorders
Systemic allergic reactions including angioedema, urticaria, localized and generalized rash, pruritus, anaphylaxis

Metabolism and nutrition disorders
Hypoglycaemia

Psychiatric disorders
Insomnia, nightmare, memory loss

Nervous system disorders
Cerebral ischaemia, increases in signs and symptoms of myasthenia gravis

Eye disorders
Ocular irritation (e.g. burning, stinging, itching, tearing, redness), choroidal detachment following filtration surgery (see section 4.4), decreased corneal sensitivity, diplopia

Cardiac disorders
Oedema, congestive heart failure, atrioventricular block, cardiac arrest

Vascular disorders
Raynaud's phenomenon, cold hands and feet

Gastrointestinal disorders
Diarrhoea, nausea, dyspepsia, dry mouth, abdominal pain, vomiting

Skin and subcutaneous tissue disorders
Psoriasiform rash or exacerbation of psoriasis

Musculoskeletal and connective tissue disorders
Myalgia

Reproductive system and breast disorders
Sexual dysfunction, decreased libido

General disorders and administration site conditions
Asthenia

Reporting of suspected adverse reactions
Reporting suspected adverse reactions after authorization of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system.

4.9 Overdose and treatment
A topical overdose with travoprost/timolol is unlikely to occur or be associated with toxicity.

In the event of accidental ingestion, symptoms of overdose due to systemic beta-blockade may include bradycardia, hypotension, bronchospasm, and heart failure.

If overdose occurs with DRASOTER-T, treatment should be symptomatic and supportive. Timolol is not readily dialyzable.

5. PHARMACOLOGICAL PROPERTIES
5.1 Pharmacodynamic properties
Pharmacotherapeutic group: Ophthalmologicals - antiglaucoma preparations and miotics
ATC code: S01ED51

Mechanism of action
DRASOTER-T contains two active ingredients: travoprost and timolol maleate. These two components reduce intraocular pressure through complementary mechanisms of action, and their combined effects result in greater intraocular pressure reduction compared to the effects of either component alone.

Travoprost, a prostaglandin $F_{2\alpha}$ analogue, is a full agonist which is highly selective and has a high affinity for the prostaglandin FP receptor and reduces the intraocular pressure by increasing the outflow of aqueous humour via trabecular meshwork and uveoscleral pathways. Reduction of intraocular pressure in man starts within approximately two hours after administration and maximum effect is reached after 12 hours. Significant lowering of intraocular pressure can be maintained for periods exceeding 24 hours with a single dose.

Timolol maleate is a non-selective adrenergic blocking agent that has no intrinsic sympathomimetic, direct myocardial depressant or membrane-stabilising activity. Tonography and fluorophotometry studies in man suggest that its predominant action is related to reduced aqueous humour formation and a slight increase in outflow facility.

Secondary pharmacology
Travoprost significantly increased optic nerve head blood flow in rabbits following 7 days of topical ocular administration (1.4 micrograms once daily).

Pharmacodynamic effects
Clinical effects
In a twelve-month, controlled clinical study in patients with open-angle glaucoma or ocular hypertension and baseline mean IOP of 25-27 mmHg, the mean IOP-lowering effect of travoprost/timolol dosed once daily in the morning was 8-10 mmHg. The non-inferiority of travoprost/timolol as compared to Latanoprost 50 micrograms/ml + timolol 5 mg/ml in the

mean IOP reduction was demonstrated across all time-points at all visits.

In a three-month, controlled clinical study in patients with open-angle glaucoma or ocular hypertension and baseline mean IOP of 27-30 mmHg the mean IOP-lowering effect of travoprost/timolol dosed once daily in the morning was 9-12 mmHg and was up to 2 mmHg greater than that of travoprost 40 micrograms/ml dosed once daily in the evening and 2-3 mmHg greater than that of timolol 5 mg/ml dosed twice daily. A statistically superior reduction in morning mean IOP (8 AM, 24 hours after the last dose of travoprost/timolol) was observed compared to travoprost at all visits throughout the study.

In two three-month, controlled clinical studies in patients with open-angle glaucoma or ocular hypertension and baseline mean IOP of 23-26 mmHg, the mean IOP-lowering effect of travoprost/timolol dosed once daily in the morning was 7-9 mmHg. Mean IOP reductions were noninferior, although numerically lower, to those achieved by concomitant therapy with travoprost 40 micrograms/ml dosed once daily in the evening and timolol 5 mg/ml dosed once daily in the morning.

Inclusion criteria were common across the studies, with the exception of the IOP entry criteria and response to previous IOP therapy. The clinical development of travoprost/timolol included both patients naive and on therapy. Insufficient responsiveness to monotherapy was not an inclusion criterion.

Existing data suggest that evening dosing might have some advantages as regards mean intraocular pressure reduction. Consideration should be given to patient convenience and their likely compliance when recommending morning vs. evening dosing.

5.2 Pharmacokinetic properties

General characteristics

Absorption:

Travoprost and timolol are absorbed through the cornea. Travoprost is a prodrug that undergoes rapid ester hydrolysis in the cornea to the active free acid. Following once daily administration of travoprost/timolol PQ in healthy subjects (N=22) for 5 days, travoprost free acid was not quantifiable in plasma samples from the majority of subjects (94.4%) and generally was not detectable one hour after dosing. When measurable (≥ 0.01 ng/mL, the assay limit of quantitation), concentrations ranged from 0.01 to 0.03 ng/mL. The mean timolol steady-state C_{max} was 1.34 ng/mL and T_{max} was approximately 0.69 hours after once-daily administration of travoprost/timolol.

Distribution:

Travoprost free acid can be measured in the aqueous humour during the first few hours in animals and in human plasma only during the first hour after ocular administration of travoprost/timolol. Timolol can be measured in human aqueous humour after ocular administration of timolol and in plasma for up to 12 hours after ocular administration of travoprost/timolol.

Biotransformation:

Metabolism is the major route of elimination of both travoprost and the active free acid. The systemic metabolic pathways parallel those of endogenous prostaglandin $F_{2\alpha}$ which are characterised by reduction of the 13-14 double bond, oxidation of the 15-hydroxyl and β-

oxidative cleavages of the upper side chain.

Timolol is metabolised by two pathways. One route yields an ethanolamine side chain on the thiadiazole ring and the other gives an ethanolic side chain on the morpholine nitrogen and a second similar side chain with a carbonyl group adjacent to the nitrogen. The plasma half-life ($t_{1/2}$) of timolol is 4 hours after ocular administration of travoprost/timolol.

Elimination:
Travoprost free acid and its metabolites are mainly excreted by the kidneys. Less than 2% of an ocular dose of travoprost was recovered in urine as free acid. Timolol and its metabolites are primarily excreted by the kidneys. Approximately 20% of a timolol dose is excreted in the urine unchanged and the remainder excreted in urine as metabolites.

5.3 Preclinical safety data
In monkeys, administration of travoprost/timolol twice daily was shown to induce increased palpebral fissure and to increase iris pigmentation similar to that observed with ocular administration of prostanoids.

Travoprost
Topical ocular administration of travoprost to monkeys at concentrations of up to 0.012% to the right eye twice daily for one year resulted in no systemic toxicity.

Reproduction toxicity studies with travoprost have been undertaken in rats, mice and rabbits using the systemic route. Findings are related to FP receptor agonist activity in uterus with early embryolethality, post-implantation loss and foetotoxicity. In pregnant rats, systemic administration of travoprost at doses more than 200 times the clinical dose during the period of organogenesis resulted in an increased incidence of malformations. Low levels of radioactivity were measured in amniotic fluid and foetal tissues of pregnant rats administered ^{3}H-travoprost. Reproduction and development studies have demonstrated a potent effect on foetal loss with a high rate observed in rats and mice (180 pg/ml and 30 pg/ml plasma, respectively) at exposures 1.2 to 6 times the clinical exposure (up to 25 pg/ml).

Timolol
Non-clinical data reveal no special hazard for humans with timolol based on conventional studies of safety pharmacology, repeated dose toxicity, genotoxicity and carcinogenic potential. Reproduction toxicity studies with timolol showed delayed foetal ossification in rats with no adverse reactions on postnatal development (7000 times the clinical dose) and increased foetal resorptions in rabbits (14000 times the clinical dose).

6. PHARMACEUTICAL PARTICULARS
6.1 List of excipients
Benzalkonium chloride
Propylene glycol
PEG-40 hydrogenated castor oil
Boric acid
Sodium chloride
Mannitol
Sodium hydroxide
Hydrochloric acid

Water for injection

6.2 Incompatibilities
There is not enough data.

6.3 Shelf life
24 months

6.4 Special precautions for storage
Store at room temperature below 25°C.
Once opened, the bottle should be used within 4 weeks, provided it is stored at room temperature below 25°C.

6.5 Nature and contents of container
The primary packaging material for our product is a transparent, low-density polyethylene bottle with a dropper and a yellow, twist-off polypropylene cap, containing 2.5 ml of solution. One bottle, inside a peelable sachet, is presented in a box along with the package leaflet. Each box contains one sachet.

6.6 Special precautions for disposal and other handling
Any unused medicinal product or waste material should be disposed of in accordance with local requirement. No special precautions are required for using this product.

Do not throw away expired or unused medications! Dispose of them in the collection system in accordance with local requirements.

7. MARKETING AUTHORIZATION HOLDER
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8. MARKETING AUTHORISATION NUMBER(S)
2019/15

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION
Date of first authorisation: 11.01.2019
Date of latest renewal:

10. DATE OF REVISION OF THE SPC