

MICRO LABS LIMITED, INDIA

SUMMARY OF PRODUCT CHARACTERISTICS

MOXIFLOXACIN HYDROCHLORIDE EYE DROPS, SOLUTION 0.5% w/v (MICROMOX)



1. NAME OF THE MEDICINAL PRODUCT

Micromox

2. QUALITY AND QUANTITATIVE COMPOSITION

Moxifloxacin Hydrochloride USP 5.45mg

Equivalent to Moxifloxacin base5.0mg

Water for injection USP..... q.s to 1ml

For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Eye drops, solution

4. CLINICAL PARTICULARS

4.1 Therapeutic indications:

Topical treatment of purulent bacterial conjunctivitis, caused by moxifloxacin susceptible strains. Consideration should be given to official guidance on the appropriate use of antibacterial agents.

4.2 Posology and method of administration:

Use in adults including the elderly (≥ 65 years)

The dose is one drop in the affected eye(s) 3 times a day.

The infection normally improves within 5 days and treatment should then be continued for a further 2-3 days. If no improvement is observed within 5 days of initiating therapy, the diagnosis and/or treatment should be reconsidered.

The duration of treatment depends on the severity of the disorder and on the clinical and bacteriological course of infection.

Paediatric patients

No dosage adjustment is necessary.

Use in hepatic and renal impairment

No dosage adjustment is necessary.

Method of administration

For ocular use only. Not for injection. Moxifloxacin 0.5%w/v eye drops, solution should not be injected subconjunctivally or introduced directly into the anterior chamber of the eye.



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.

In order to prevent the drops from being absorbed via the nasal mucosa, particularly in new-born infants or children, the nasolacrimal ducts should be held closed for 2 to 3 minutes with the fingers after administering the drops. After cap is removed, if tamper evident snap collar is loose, remove before using the product.

If more than one topical ophthalmic medicinal product is being used, the medicinal products must be administered at least 5 minutes apart. Eye ointments should be administered last.

4.3 Contraindications:

Hypersensitivity to the active substance, to other quinolones, or to any of the excipients

4.4 Special warning and precautions:

In patients receiving systemically administered quinolones, serious and occasionally fatal hypersensitivity (anaphylactic) reactions have been reported, some following the first dose. Some reactions were accompanied by cardiovascular collapse, loss of consciousness, angioedema (including laryngeal, pharyngeal or facial oedema), airway obstruction, Dyspnoea, urticaria, and itching.

If an allergic reaction to Moxifloxacin occurs, discontinue use of the medicinal product. Serious acute hypersensitivity reactions to moxifloxacin or any other product ingredient may require immediate emergency treatment. Oxygen and airway management should be administered where clinically indicated.

As with other anti-infective, prolonged use may result in overgrowth of non-susceptible organisms, including fungi. If super infection occurs, discontinue use and institute alternative therapy.

Tendon inflammation and rupture may occur with systemic fluoroquinolones therapy including moxifloxacin, particularly in older patients and those treated concurrently with corticosteroids. Following ophthalmic administration of Moxifloxacin plasma concentrations of moxifloxacin are much lower than after therapeutic oral doses of moxifloxacin, however, caution should be exercised and treatment with Moxifloxacin should be discontinued at the first sign of tendon inflammation.

Moxifloxacin should not be used for the prophylaxis or empiric treatment of gonococcal conjunctivitis, including gonococcal ophthalmic neonatorum, because of the prevalence of fluoroquinolones-resistant *Neisseria gonorrhoea*. Patients with eye infections caused by *Neisseria gonorrhoea* should receive appropriate systemic treatment.

Patients should be advised not to wear contact lenses if they have signs and symptoms of a bacterial ocular infection.



Paediatric population

Data are very limited to establish efficacy and safety of VIGAMOX in the treatment of conjunctivitis in neonates. Therefore use of this medicinal product to treat conjunctivitis in neonates is not recommended.

Neonates with ophthalmia neonatorum should receive appropriate treatment for their condition, e.g. systemic treatment in cases caused by Chlamydia trachomatis or Neisseria gonorrhoeae.

The medicinal product is not recommended for the treatment of Chlamydia trachomatis in patients less than 2 years of age as it has not been evaluated in such patients. Patients older than 2 years of age with eye infections caused by Chlamydia trachomatis should receive appropriate systemic treatment.

4.5 Interactions with Other Medicaments

No specific interaction studies have been performed with Moxifloxacin 0.5% w/v eye drops, solution. Given the low systemic concentration of moxifloxacin following topical ocular administration of the medicinal product, drug interactions are unlikely to occur.

4.6 Fertility, pregnancy and lactation

Pregnancy

There are no adequate data from the use of Moxifloxacin in pregnant women. However, no effects on pregnancy are anticipated since the systemic exposure to moxifloxacin is negligible. The medicinal product can be used during pregnancy.

Lactation

It is unknown whether moxifloxacin/metabolites are excreted in human milk. Animal studies have shown excretion of low levels in breast milk after oral administration of moxifloxacin. However, at therapeutic doses of Moxifloxacin no effects on the suckling child are anticipated. The medicinal product can be used during breast-feeding.

Fertility

Studies have not been performed to evaluate the effect of ocular administration of Moxifloxacin on fertility.

4.7 Effects on ability to drive and use machine:

Moxifloxacin has no or negligible influence on the ability to drive and use machines, however, as with any eye drops, temporary blurred vision or other visual disturbances may affect the ability to drive or use machines. If



blurred vision occurs at instillation, the patient should wait until their vision clears before driving or using machinery.

4.8 Undesirable effects:

Summary of the safety profile

In clinical studies involving 2,252 patients, Moxifloxacin was administered up to 8 times a day, with over 1,900 of these patients receiving treatment 3 times daily. The overall safety population that received the medicinal product consisted of 1,389 patients from the United States and Canada, 586 patients from Japan and 277 patients from India. No serious ophthalmic or systemic undesirable effects related to the medicinal product were reported in any of the clinical studies. The most frequently reported treatment-related undesirable effects with the medicinal product were eye irritation and eye pain, occurring at an overall incidence of 1 to 2%. These reactions were mild in 96% of those patients who experienced them, with only 1 patient discontinuing therapy as a result.

The following adverse reactions are classified according to the following 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 $< 1/1,000$), very rare ($< 1/10,000$) or not known (cannot be estimated from the available data). Within each frequency grouping, undesirable effects are presented in decreasing order of seriousness.

System Organ Classification	Frequency	Adverse reactions
Blood and lymphatic system disorders	Rare	haemoglobin decreased
Immune system disorders	Not known	hypersensitivity
Nervous system disorders	Uncommon Rare Not known	headache paresthesia dizziness
Eye disorders	Common Uncommon Rare Not known	eye pain, eye irritation punctate keratitis, dry eye, conjunctival haemorrhage, ocular hyperaemia, eye pruritus, eyelid oedema, ocular discomfort, corneal epithelium defect, corneal disorder, conjunctivitis, blepharitis, eye swelling, conjunctival oedema, vision blurred, visual acuity reduced, asthenopia, erythema of eyelid



		endophthalmitis, ulcerative keratitis, corneal erosion, corneal abrasion, intraocular pressure increased, corneal opacity, corneal infiltrates, corneal deposits, eye allergy, keratitis, corneal oedema, photophobia, eyelid oedema, lacrimation increased, eye discharge, foreign body sensation in eyes
Cardiac disorders	Not known	palpitations
Respiratory, thoracic and mediastinal disorders	Rare Not known	nasal discomfort, Pharyngolaryngeal pain, sensation of foreign body (throat) Dyspnoea
Gastrointestinal disorders	Uncommon Rare Not known	dysgeusia vomiting nausea
Hepatobiliary disorders	Rare	alanine aminotransferase increased, gamma-glutamyltransferase increased
Skin and subcutaneous tissue disorders	Not known	erythema, rash, pruritus, urticaria

Description of selected adverse reactions

Serious and occasionally fatal hypersensitivity (anaphylactic) reactions, some following first dose, have been reported in patients receiving systemic quinolone therapy. Some reactions were accompanied by cardiovascular collapse, loss of consciousness, angioedema (including laryngeal, pharyngeal or facial oedema), airway obstruction, Dyspnoea, urticaria and itching.

Ruptures of the shoulder, hand, Achilles, or other tendons that required surgical repair or resulted in prolonged disability have been reported in patients receiving systemic fluoroquinolones. Studies and post marketing experience with systemic quinolones indicate that a risk of these ruptures may be increased in patients receiving corticosteroids, especially geriatric patients and in tendons under high stress, including Achilles tendon.

Paediatric population



In clinical trials, Moxifloxacin has shown to be safe in paediatric patients, including neonates. In patients under 18 years old, the two most frequent adverse reactions were eye irritation and eye pain, both occurring at an incidence rate of 0.9%.

Based on data from clinical trials involving paediatric patients, including neonates, the type and severity of adverse reactions in the paediatric population are similar to those in adults.

4.9 Overdose:

The limited holding capacity of the conjunctival sac for ophthalmic products practically precludes any overdosing of the medicinal product.

The total amount of moxifloxacin in a single container is too small to induce adverse effects after accidental ingestion.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic Properties:

Pharmacotherapeutic group: Ophthalmologicals; anti-infective, other anti-infective, ATC code: S01A E07

Mode of Action:

Moxifloxacin, a fourth-generation fluoroquinolones, inhibits the DNA gyrase and topoisomerase IV required for bacterial DNA replication, repair, and recombination.

Resistance:

Resistance to fluoroquinolones, including moxifloxacin generally occurs by chromosomal mutations in genes encoding DNA gyrase and topoisomerase IV. In Gram-negative bacteria, moxifloxacin resistance can be due to mutations in *mar* (multiple antibiotic resistances) and the *qnr* (quinolone resistance) gene systems. Resistance is also associated with expression of bacteria efflux proteins and inactivating enzymes. Cross-resistance with beta-lactams, macrolides and aminoglycosides is not expected due to differences in mode of action.

COMMONLY SUSCEPTIBLE SPECIES
Aerobic Gram-positive micro-organisms: <i>Corynebacterium</i> species including <i>Corynebacterium diphtheriae</i> <i>Staphylococcus aureus</i> (methicillin susceptible) <i>Streptococcus pneumoniae</i> <i>Streptococcus pyogenes</i>



Streptococcus viridans Group

Aerobic Gram-negative micro-organisms:

Enterobacter cloacae

Haemophilus influenzae

Klebsiella oxytoca

Moraxella catarrhalis

Serratia marcescens

Anaerobic micro-organisms:

Propionibacterium acnes

Other micro-organisms:

Chlamydia trachomatis

SPECIES FOR WHICH ACQUIRED RESISTANCE MAY BE A PROBLEM

Aerobic Gram-positive micro-organisms:

Staphylococcus aureus (methicillin resistant)

Staphylococcus, coagulase-negative species (methicillin resistant)

Aerobic Gram-negative micro-organisms:

Neisseria gonorrhoea

Other micro-organisms:

None

INHERENTLY RESISTANT ORGANISMS

Aerobic Gram-negative micro-organisms:

Pseudomonas aeruginosa

Other micro-organisms:

None

5.2 Pharmacokinetic Properties:

Following topical ocular administration of Moxifloxacin, moxifloxacin was absorbed into the systemic circulation. Plasma concentrations of moxifloxacin were measured in 21 male and female subjects who received bilateral topical ocular doses of the medicinal product 3 times a day for 4 days. The mean steady-state C_{max} and AUC were 2.7 ng/ml and 41.9 ng•hr/ml, respectively. These exposure values are approximately 1,600 and 1,200 times lower than the mean C_{max} and AUC reported after therapeutic 400 mg oral doses of moxifloxacin. The plasma half-life of moxifloxacin was estimated to be 13 hours.