

PRODUCT INFORMATION

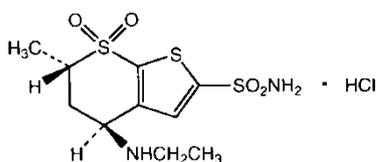
TRUSOPT®

NAME OF THE MEDICINE

dorzolamide hydrochloride

Chemical Structure

Its empirical formula is C₁₀H₁₇N₂O₄S₃Cl and its structural formula is:



CAS Number

130693-82-2

DESCRIPTION

TRUSOPT (dorzolamide hydrochloride eye drops) is a novel carbonic anhydrase inhibitor formulated for topical ophthalmic use. Unlike oral carbonic anhydrase inhibitors, TRUSOPT, which is administered topically, exerts its effects directly in the eye.

TRUSOPT Eye Drops contain dorzolamide hydrochloride, which is described chemically as: (4*S*, 6*S*)-4-ethylamino-5,6-dihydro-6-methyl-4*H*-thieno[2,3-*b*]thiopyran-2-sulfonamide 7,7-dioxide monohydrochloride. Dorzolamide hydrochloride is optically active.

The specific rotation is α_{405}^{25} (C=1, water) = ~ -17°.

Dorzolamide hydrochloride has a molecular weight of 360.9 and a melting point of about 275°C. It is a white to off-white, free flowing crystalline powder, which is soluble in water and slightly soluble in methanol and ethanol.

PHARMACOLOGY

Clinical Pharmacology

Carbonic anhydrase (CA) is an enzyme found in many tissues of the body including the eye. It catalyzes the reversible reaction involving the hydration of carbon dioxide and the dehydration of carbonic acid. In humans, carbonic anhydrase exists as a number of isoenzymes, the most active being carbonic anhydrase II (CA-II) found primarily in red blood cells (RBCs) but also in other tissues. Inhibition of carbonic anhydrase in the ciliary processes of the eye decreases aqueous humor secretion,

presumably by slowing the formation of bicarbonate ions with subsequent reduction in sodium and fluid transport. The result is a reduction in intraocular pressure (IOP).

TRUSOPT eye drops contain dorzolamide hydrochloride, a potent inhibitor of human carbonic anhydrase II. Following topical ocular administration, TRUSOPT reduces elevated intraocular pressure, whether or not associated with glaucoma. Elevated intraocular pressure is a major risk factor in the pathogenesis of optic nerve damage and glaucomatous visual field loss. TRUSOPT does not cause pupillary constriction and reduces intraocular pressure without the side effects such as night blindness and accommodative spasm. TRUSOPT has minimal or no effect on pulse rate or blood pressure. In clinical studies for up to one year in patients with glaucoma or ocular hypertension (baseline IOP ≥ 23 mm Hg), the IOP-lowering effect of TRUSOPT was approximately 3 to 5mm Hg throughout the day. However, as with other IOP lowering drugs, diminished responsiveness after prolonged therapy has been observed in some patients.

Topically applied beta-adrenergic blocking agents also reduce IOP by decreasing aqueous humour secretion but by a different mechanism of action. Studies have shown that when TRUSOPT is added to a topical beta-blocker, additional reduction in IOP is observed; this finding is consistent with the reported additive effects of beta-blockers and oral carbonic anhydrase inhibitors.

Pharmacokinetics/Pharmacodynamics

Unlike oral carbonic anhydrase inhibitors, topical administration of dorzolamide hydrochloride allows for the drug to exert its effects directly in the eye at substantially lower doses and therefore with less systemic exposure. In clinical trials, this resulted in a reduction in IOP without the acid-base disturbances or alterations in electrolytes characteristic of oral carbonic anhydrase inhibitors.

When topically applied, dorzolamide reaches the systemic circulation. To assess the potential for systemic carbonic anhydrase inhibition following topical administration, drug and metabolite concentrations in RBCs and plasma and carbonic anhydrase inhibition in RBCs were measured. Dorzolamide accumulates in RBCs during chronic dosing as a result of selective binding to CA-II while extremely low concentrations of free drug in plasma are maintained. The parent drug forms a single N-desethyl metabolite that inhibits CA-II less potently than the parent drug but also inhibits a less active isoenzyme (CA-I). The metabolite also accumulates in RBCs where it binds primarily to CA-I. Dorzolamide binds moderately to plasma proteins (approximately 33%). Dorzolamide is primarily excreted unchanged in the urine; the metabolite is also excreted in urine. After dosing ends, dorzolamide washes out of RBCs nonlinearly, resulting in a rapid decline of drug concentration initially, followed by a slower elimination phase with a half-life of about four months.

To simulate the maximum systemic exposure after long term topical ocular administration, dorzolamide was given orally to eight healthy subjects for up to 20 weeks. The oral dose of 4 mg/day closely approximates the maximum amount of drug delivered by topical ocular administration of TRUSOPT 2% t.i.d. Steady state was reached within 13 weeks, and the following observations were noted:

- in plasma, concentrations of dorzolamide and metabolite were generally below the assay limit of quantitation (15nM) indicating almost no free drug or metabolite;

- in RBCs, dorzolamide concentrations approached the binding capacity of CA-II (20-25 μM) and metabolite concentrations approached 12-15 μM , well below the binding capacity of CA-I (125-155 μM);
- in RBCs, CA-II activity was inhibited 94-96% and total carbonic anhydrase activity was inhibited 81-88%. This was below the > 99% inhibition of CA-II activity and 96% inhibition of total carbonic anhydrase activity in RBCs that are anticipated to be necessary for a pharmacological effect on renal function and respiration, respectively.

In a subset of 71 patients in a large clinical study (N=333) of TRUSOPT t.i.d. in patients with elevated IOP, dorzolamide and metabolite concentrations and carbonic anhydrase inhibition in RBCs were measured after approximately six and twelve months of treatment. The pharmacokinetic results were consistent with those observed at steady state in the oral pharmacokinetic study in terms of CA-II inhibition. Although in this study several patients 65 years of age and older with renal impairment (estimated CrCl 30-60 mL/min) had higher metabolite concentrations in RBCs, no meaningful differences in carbonic anhydrase inhibition and no clinically significant systemic side effects were directly attributable to this finding.

INDICATIONS

TRUSOPT Eye Drops are indicated in the treatment of elevated intraocular pressure in patients with ocular hypertension or open-angle glaucoma.

CONTRAINDICATIONS

TRUSOPT is contraindicated in patients who are hypersensitive to any component of this product.

PRECAUTIONS

TRUSOPT has not been studied in patients with severe renal impairment (CrCl < 30 mL/min). Because TRUSOPT and its metabolite are excreted predominantly by the kidney, TRUSOPT is not recommended in such patients.

The management of patients with acute angle-closure glaucoma requires therapeutic interventions in addition to ocular hypotensive agents. TRUSOPT has not been studied in patients with acute angle-closure glaucoma.

TRUSOPT has not been studied in patients with hepatic impairment and should therefore be used with caution in such patients.

TRUSOPT is a sulphonamide and although administered topically, is absorbed systemically. Therefore the same types of adverse reactions that are attributable to sulphonamides may occur with topical administration, including severe reactions such as Stevens-Johnson syndrome and toxic epidermal necrolysis. The safety of TRUSOPT has not been demonstrated in patients with known hypersensitivity to sulphonamides. If signs of serious reactions or hypersensitivity occur, discontinue the use of this preparation.

In clinical studies, local ocular adverse effects, primarily conjunctivitis and lid reactions, were reported with chronic administration of TRUSOPT. Some of these reactions had the clinical appearance and course of an allergic-type reaction that resolved upon discontinuation of drug therapy. If such reactions are observed, discontinuation of treatment with TRUSOPT should be considered.

There is a potential for an additive effect on the known systemic effects of carbonic anhydrase inhibition in patients receiving an oral carbonic anhydrase inhibitor and TRUSOPT. The concomitant administration of TRUSOPT and oral carbonic anhydrase inhibitors has not been studied and is not recommended.

Choroidal detachment has been reported with administration of dorzolamide after filtration procedures.

There are potential side effects of TRUSOPT that may affect some patients' ability to drive and use machines (See ADVERSE EFFECTS).

TRUSOPT Eye Drops contains the preservative benzalkonium chloride, which may be absorbed by soft contact lenses. Therefore, TRUSOPT should not be administered while wearing soft contact lenses. The contact lenses should be removed before application of the drops and not be reinserted earlier than 15 minutes after use.

There is an increased potential for developing corneal oedema in patients with low endothelial cell counts. Precautions should be used when prescribing TRUSOPT to this group of patients.

There have been reports of bacterial keratitis associated with the use of multiple dose containers of topical ophthalmic products. These containers had been inadvertently contaminated by patients who, in most cases, had a concurrent corneal disease or a disruption of the ocular epithelial surface.

Patients should be instructed to avoid allowing the tip of the dispensing container to contact the eye or surrounding structures.

Patients should also be instructed that ocular solutions, if handled improperly, can become contaminated by common bacteria known to cause ocular infections. Serious damage to the eye and subsequent loss of vision may result from using contaminated solutions.

Patients should also be advised that if they develop an intercurrent ocular condition (e.g. trauma, ocular surgery or infection), or any ocular reactions, particularly conjunctivitis and lid reactions, they should immediately seek their physician's advice concerning the continued use of the product.

If more than one topical ophthalmic drug is being utilised, the drugs should be administered at least ten minutes apart.

MUTAGENESIS, CARCINOGENESIS AND IMPAIRMENT OF FERTILITY

In a 2 year study of dorzolamide administered orally to male and female rats, urinary bladder papillomas were seen in male rats in the highest dosage group of 20mg/kg/day. No treatment-related tumours were seen in a 21 month study in male and female mice given oral doses up to 75 and 37.5mg/kg/day, respectively.

The increased incidence of urinary bladder papillomas seen in the high dose male rats appears to be a class effect of carbonic anhydrase inhibitors in rats. Rats are particularly prone to developing papillomas in response to foreign bodies, compounds causing crystalluria and diverse sodium salts.

No changes in bladder urothelium were seen in dogs given oral dorzolamide hydrochloride for 1 year at doses of 2mg/kg/day or in monkeys given 20µL of 3% dorzolamide hydrochloride topically to the eye b.i.d for 1 year.

Dorzolamide showed no mutagenic potential in a series of standard assays for gene mutations, chromosomal damage and DNA damage.

In reproduction studies of dorzolamide hydrochloride in rats, there were no adverse effects on the reproductive capacity of males or females at oral doses up to 15 and 7.5mg/kg/day.

USE IN PREGNANCY Category B3

Developmental toxicity studies with dorzolamide hydrochloride in rabbits at oral doses of ≥ 2.5 mg/kg/day (fetal red blood cell C_{max} was approximately twice the maternal red blood cell C_{max} after the recommended human ophthalmic dose) revealed malformations of the vertebral bodies. These malformations occurred at doses that caused metabolic acidosis with decreased body weight gain in dams and decreased fetal weights. No treatment-related malformations were seen at 1mg/kg/day. There were no treatment related fetal malformations in developmental toxicity studies with dorzolamide hydrochloride in rats at oral doses up to 10mg/kg/day. There are no adequate and well controlled studies in pregnant women. TRUSOPT should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

USE IN LACTATION

In a study of dorzolamide hydrochloride in lactating rats, decreases in body weight gain in offspring were seen during lactation after an oral dose of 7.5mg/kg/day. A slight delay in postnatal development (incisor eruption, vaginal canalization and eye opening), secondary to lower fetal body weight, was noted.

It is not known whether this drug is excreted in human milk. A decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

PAEDIATRIC USE

Safety and effectiveness in children have not been established as there have been no trials in children.

USE IN THE ELDERLY

Of the total number of patients in clinical studies of TRUSOPT, 44% were 65 years of age and over, while 10% were 75 years of age and over. No overall differences in effectiveness or safety were observed between these patients and younger patients, but greater sensitivity of some older individuals to the product cannot be ruled out.

INTERACTIONS WITH OTHER MEDICINES

Specific drug interaction studies have not been performed with TRUSOPT Eye Drops. In clinical studies, TRUSOPT was used concomitantly with the following medications without evidence of adverse interactions: timolol ophthalmic solution, betaxolol ophthalmic solution and systemic medications, including ace-inhibitors,

calcium channel blockers, diuretics, non-steroidal anti-inflammatory drugs including aspirin, and hormones (e.g. estrogen, insulin, thyroxine).

TRUSOPT is a carbonic anhydrase inhibitor and although administered topically, is absorbed systemically. TRUSOPT should not be used concomitantly with oral carbonic anhydrase inhibitors.

In clinical studies, TRUSOPT was not associated with acid-base disturbances. However, these disturbances have been reported with oral carbonic anhydrase inhibitors and have in some instances, resulted in drug interactions (e.g. toxicity associated with high-dose salicylate therapy). Therefore, the potential for such drug interactions should be considered in patients receiving TRUSOPT.

ADVERSE EFFECTS

TRUSOPT was evaluated in more than 1400 individuals in controlled and uncontrolled clinical studies. In long term studies of 1108 patients treated with TRUSOPT as monotherapy or as adjunctive therapy with an ophthalmic beta-blocker, the most frequent cause of discontinuation (approximately 3%) from treatment with TRUSOPT was drug-related ocular adverse effects consistent with allergic-type reactions, primarily conjunctivitis and lid reactions (see PRECAUTIONS). Such reactions occurred approximately 7% overall in the clinical trials.

In clinical studies, the most common ocular complaints were burning and stinging, blurred vision, itching and tearing. Bitter taste was also frequently reported. Local symptoms considered clinically important by investigators appear as adverse experiences in the listing below.

Adverse experiences reported during clinical studies as drug-related (possibly, probably, or definitely) in 1-5% of patients on TRUSOPT were (in decreasing order of frequency):

- Ocular: Burning and stinging, conjunctivitis, eyelid inflammation, eye itching, eyelid irritation;
- Systemic: Headache, bitter taste, nausea, asthenia/fatigue.

In addition, iridocyclitis and rash were each reported rarely. Also, there was one report of urolithiasis.

The following adverse reactions have been reported in post-marketing experience:

Hypersensitivity: signs and symptoms of local reactions including palpebral reactions and systemic allergic reactions including angioedema, bronchospasm, urticaria and pruritus

Nervous System: dizziness, paraesthesia

Ocular: pain, redness, transient myopia (which resolved upon discontinuation of therapy), superficial punctate keratitis, eyelid crusting, choroidal detachment following filtration surgery

Skin/Mucous Membranes: contact dermatitis, epistaxis, throat irritation, dry mouth, Stevens-Johnson syndrome, toxic epidermal necrolysis

Respiratory: dyspnoea

Urogenital: urolithiasis

TRUSOPT was not associated with clinically meaningful electrolyte disturbances.

DOSAGE AND ADMINISTRATION

When used as monotherapy, the dose is one drop of TRUSOPT in the affected eye(s) three times daily.

When used as adjunctive therapy with an ophthalmic beta-blocker, the dose is one drop of TRUSOPT in the affected eye(s) two times daily.

When substituting TRUSOPT for another ophthalmic antiglaucoma agent, discontinue the other agent after usual dosing on one day, and start TRUSOPT on the next day.

If more than one topical ophthalmic drug is being used, the drugs should be administered at least ten minutes apart.

Systemic absorption of drugs from ophthalmic solutions may be minimised by pressure on the tear-duct immediately after application.

OVERDOSAGE

Treatment should be symptomatic and supportive. Electrolyte imbalance, development of an acidotic state, and possible central nervous system effects may occur. Serum electrolyte levels particularly potassium) and blood pH levels should be monitored.

Significant lethality was observed in female rats and mice after single oral doses of dorzolamide hydrochloride of 11,369 mg/m² (1927 mg/kg) and 3960 mg/m² (1320 mg/kg), respectively.

Contact the Poisons Information Centre for advice on management.

PRESENTATION AND STORAGE CONDITIONS

TRUSOPT Eye Drops are supplied as a sterile, isotonic, buffered, slightly viscous, aqueous solution of dorzolamide hydrochloride. Each mL of TRUSOPT 2% contains 20 mg dorzolamide (22.3 mg of dorzolamide hydrochloride). Supplied in 5mL plastic containers.

TRUSOPT also contains hydroxyethylcellulose, mannitol, sodium citrate, sodium hydroxide, and benzalkonium chloride as the preservative.

Store TRUSOPT Eye Drops below 30°C. Protect from light.

NAME AND ADDRESS OF THE SPONSOR

Mundipharma Pty Limited
88 Phillip Street
Sydney NSW 2000

Further information may be obtained from Mundipharma's Medical Information Department 1800 188 009.

POISON SCHEDULE OF THE MEDICINE

Schedule 4 – Prescription only medicine.

DATE OF FIRST INCLUSION IN THE AUSTRALIAN REGISTER OF THERAPEUTIC GOODS (THE ARTG)

28 November 1995

DATE OF MOST RECENT AMENDMENT

22 April 2016

Orbis AU-3308