NEW ZEALAND DATA SHEET

1. PRODUCT NAME

FML® 0.1% w/v eye drops

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Fluorometholone 1 mg/mL (0.1% w/v)

For the full list of excipients, see Section 6.1.

3. PHARMACEUTICAL FORM

A topical anti-inflammatory glucosteroid ophthalmic suspension.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

For steroid responsive inflammation of the palpebral and bulbar conjunctiva, cornea and anterior segment of the globe.

4.2 Dose and method of administration

Bottle should be shaken before use.

1 to 2 drops instilled into the conjunctival sac two to four times daily. During the initial 24 to 48 hours, the dosage may be safely increased to 2 drops every hour. Care should be taken not to discontinue therapy prematurely. In chronic conditions, withdrawal of treatment should be carried out by gradually decreasing the frequency of applications.

In order to minimise systemic absorption of FML® eye drops, apply pressure to the tear duct immediately following administration of the drug.

Use in children:
Safety and effectiveness have not been demonstrated in children under 2 years of age.

4.3 Contraindications

FML® is contraindicated in patients with:

- acute superficial (or epithelial) *Herpes simplex* keratitis (dendritic keratitis),
- fungal diseases of ocular structures,
- vaccinia, varicella, mycobacterial infection of the eye and most other viral diseases of the cornea and conjunctiva,
- tuberculosis of the eye,
- hypersensitivity to the active substance or to any of the excipients listed in section 6.1.

4.4 Special warnings and precautions for use

Steroid medication in the treatment of patients with a history of *Herpes simplex* keratitis requires great caution. Frequent slit lamp microscopy is mandatory (see Contraindications).

Eye drops containing a corticosteroid should not be used for more than 10 days except under strict opthalmic supervision with regular checks for intraocular pressure.

Prolonged use may cause increased intraocular pressure in susceptible individuals resulting in glaucoma, with damage to the optic nerve, defects in visual acuity and fields of vision; posterior subcapsular cataract formation and delayed wound healing; or may aid in the establishment of secondary ocular infections from fungi or viruses liberated from ocular tissues. Steroids should be used with caution in the presence of glaucoma; intraocular pressure should be checked frequently.

Various ocular diseases and long-term use of topical corticosteroids have been known to cause corneal and scleral thinning. Use of topical corticosteroids in the presence of thin corneal or scleral tissues may lead to perforation.

Acute purulent untreated infection of the eye may be masked or activity enhanced by the presence of steroid medication.

As fungal infections of the cornea are particularly prone to develop coincidentally with long-term local steroid application, fungal invasion must be suspected in any persistent corneal ulceration where a steroid has been used or is in use. Fungal cultures should be taken when appropriate.

Intraocular pressure should be checked frequently.

Visual disturbance may be reported with systemic and topical corticosteroid use. If a patient presents with symptoms such as blurred vision or other visual disturbances, consider evaluating for possible causes which may include cataract, glaucoma or rare diseases such as central serous chorioretinopathy (CSCR) which have been reported after use of systemic and topical corticosteroids.

Information for patients:

To prevent eye injury or contamination, care should be taken to avoid touching the bottle to the eye or to any other surface. The use of the bottle by more than one person may spread infection. Keep the bottle tightly closed when not in use. Keep out of the reach of children.

The preservative in FML®, benzalkonium chloride, may be absorbed by and cause discolouration of soft contact lenses. Patients wearing soft contact lenses should be instructed to remove contact lenses prior to administration of the solution and wait at least 15 minutes after instilling FML® eye drops before reinserting soft contact lenses.

4.5 Interaction with other medicines and other forms or interactions

Although the systemic exposure is expected to be low with topical ophthalmic corticosteriod administration, co-treatment with CYP3A inhibitors may increase the risk of systemic corticosteroid-related side-effects.

4.6 Fertility, pregnancy and lactation

***Use in pregnancy**:*

Category B3

Fluorometholone has been shown to be teratogenic, foetotoxic and embryocidal in rabbits when given in doses approximating the human dose and above. Safety of the use of topical steroids during pregnancy has not been established. Fluorometholone was ocularly applied to both eyes of pregnant rabbits on days 6 to 18 of gestation. A significant dose-related increase in foetal abnormalities and in foetal loss was observed.

FML® should be used with caution during pregnancy only if the potential benefit outweighs the potential risk to the foetus.

Use in lactation:
It is not known whether topical ophthalmic administration of corticosteroids could result in sufficient systemic absorption to produce detectable quantities in breast milk. Systemically administered corticosteroids appear in human milk and could suppress growth, interfere with endogenous production or cause other untoward effects. Because of the potential for serious adverse reactions in nursing infants from flurometholone, 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.

4.7 Effects on ability to drive and use machines

As with any ocular medication, if transient blurred vision occurs at instillation, the patient should wait until the vision clears before driving or using machinery.

4.8 Undesirable effects

Postmarketing Experience:

The following adverse reactions have been identified during postmarketing use of FML®. Because postmarketing reporting is voluntary and from a population of uncertain size, it is not possible to reliably estimate the frequency of these reactions.

Immune system disorders:
Hypersensitivity

Nervous system disorders:
Dysgeusia

Eye disorders:
Elevation of intraocular pressure (IOP) with possible development of glaucoma, and optic nerve damage, loss of visual acuity or defects in fields of vision, eye irritation, conjunctival/ocular hyperaemia, eye pain, visual disturbance, foreign body sensation, eyelid oedema, blurred vision, eye discharge, eye pruritus, lacrimation increased, eye oedema/eye swelling, mydriasis, cataract (including posterior subcapsular cataract formation), ulcerative keratitis, ocular infection (including bacterial fungal and viral infections) and punctate keratitis. The following have also been reported after the use of topical corticosteroids; secondary ocular infection from pathogens liberated from ocular tissues and perforation of the globe where there is thinning of the cornea or sclera.

Skin and subcutaneous tissue disorders:
Rash and delayed wound healing

General disorders and administration site disorders:
Rare occurrences of systemic hypercorticoidism

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 https://nzphvc.otago.ac.nz/reporting/.

4.9 Overdose

If accidentally ingested, drink fluids to dilute. Should an excess amount of drops be inadvertently administered, flush the eyes with water.

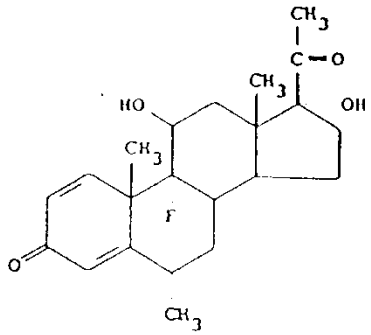
For advice on the management of overdose please contact the National Poisons Centre on 0800 POISON (0800 764766).

5. PHARMACOLOGICAL PROPERTIES

Chemical Name:
9-fluoro-11β,17-dihydroxy-6∝-methyl pregna-1,4-diene-3,20-dione

Empirical formula:
$C_{22}H_{29}FO_4$

Structural Formula:
Fluorometholone



5.1 Pharmacodynamic properties

Pharmacotherapeutic group:
Corticosteroids

Mechanism of action:
Inhibition of the inflammatory response to inciting agents of mechanical, chemical or immunological nature. No generally accepted explanation of this steroid property has been advanced. However, corticosteroids are thought to act by the induction of phospholipase A_2

inhibitory proteins, collectively called lipocortins. It is postulated that these proteins control the biosynthesis of potent mediators of inflammation such as prostaglandins and leukotrienes by inhibiting the release of their common precursor arachidonic acid. Arachidonic acid is released from membrane phospholipids by phospholipase A_2. Corticosteroids are capable of producing a rise in intraocular pressure. In clinical studies on patient's eyes treated with both dexamethasone and fluorometholone suspensions, fluorometholone demonstrated a lower propensity to increase intraocular pressure than dexamethasone.

6. PHARMACEUTICAL PARTICULARS

61. List of excipients

Preservative:
benzalkonium chloride 0.004%

Inactives:
LIQUIFILM® (polyvinyl alcohol) 1.4%, disodium edetate, sodium chloride, sodium phosphate monobasic monohydrate, sodium phosphate dibasic heptahydrate, polysorbate 80, purified water and sodium hydroxide if needed to adjust pH.

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

3 years.
Discard unused contents 4 weeks after opening.
Contents are sterile if seal is intact.

6.4 Special precautions for storage

Store below 25°C. Protect from freezing. Store upright.

6.5 Nature and content of container

A sterile suspension in 5 mL plastic dropper bottles.

6.6 Special precautions for disposal

No special requirements for disposal.

7. MEDICINE SCHEDULE

Prescription Only Medicine.

8. SPONSOR

Allergan New Zealand Limited,
Corner of Manu Tapu Drive and Joseph Hammond Place
Auckland International Airport
Mangere, Auckland

New Zealand
Toll free telephone: 0800 659 912

9. DATE OF FIRST APPROVAL

April 1972

10. DATE OF REVISION OF THE TEXT

December 2017

SUMMARY TABLE OF CHANGES

Sections changed	Summary of new information
All headings amended to align to Medsafe's updated DS requirements and sections within the Data Sheet have been moved under the appropriate headings in line with Medsafe's updated DS requirements.	
Minor editorial changes, including typographical and grammatical amendments, implemented throughout the DS to ensure legibility of this document.	
4.3	Amended the contraindication relating to hypersensitivity in line with Medsafe's requirements.
4.4	Addition of precaution in with CCDS v5.0
4.5	Addition of Interactions with other medicines in line with CCDS v4.0 and v5.0
4.8	MedDRA SOC headings added and adverse events moved under the appropriate MedDRA SOC in line with CCDS v4.0, v5.0 and Medsafe's updated DS requirements. Addition of information relating to "Reporting of suspected adverse reactions" in line with Medsafe's updated DS requirements.
4.9	Addition of information relating to the management of overdose in line with Medsafe's updated DS requirements.
5.1	Addition of Pharmacotherapeutic group in line with Medsafe's updated DS requirements.
6.2	Additional information included in line with Medsafe's updated DS requirements.
6.6	Additional information included in line with Medsafe's updated DS requirements.
9	Addition of Date of First Approval of FML® in line with Medsafe's updated DS requirements.