

# **AUSTRALIAN PRODUCT INFORMATION**

## **FML<sup>®</sup> (FLUOROMETHOLONE) EYE DROPS**

### **1. NAME OF THE MEDICINE**

FML<sup>®</sup> fluorometholone 1 mg/mL eye drops

### **2. QUALITATIVE AND QUANTITATIVE COMPOSITION**

FML<sup>®</sup> eye drops contain fluorometholone 1 mg/mL (0.1%).

For the full list of excipients, see Section 6.1 List of excipients.

### **3. PHARMACEUTICAL FORM**

A topical anti-inflammatory glucocorticoid eye drop.

### **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 order to minimise systemic absorption of FML<sup>®</sup> eye drops, apply pressure to the tear duct immediately following administration of the drug.

#### **4.3 Contraindications**

FML<sup>®</sup> 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 constituents of this medication.

#### **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 ophthalmic 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 tissue 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 tip 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<sup>®</sup>, 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<sup>®</sup> before reinserting soft contact lenses.

**Use in the elderly:**

No data available.

**Paediatric use:**

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

**Effects on laboratory tests:**

No data available.

## **4.5 Interactions with other medicines and other forms of interactions**

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

## **4.6 Fertility, pregnancy and lactation**

### **Effects on fertility:**

No data available.

### **Use in pregnancy:**

Category B3

There are no adequate well-controlled studies in pregnant women. Fluorometholone has been shown to be teratogenic, fetotoxic 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<sup>®</sup> 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 corticosteroid production, or cause other untoward effects. Because of the potential for serious adverse reactions in nursing infants from fluorometholone, 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 Adverse effects (Undesirable effects)**

### **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 disturbances, 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, 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 administrative site disorders:**

Rare occurrences of systemic hypercorticism

Reporting suspected adverse reactions after registration 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 at <http://www.tga.gov.au/reporting-problems>.

## **4.9 Overdose**

Should an excess amount of drops be inadvertently administered, flush the eyes with water.

For information on the management of overdose, contact the Poison Information Centre on 131126 (Australia).

## **5. PHARMACOLOGICAL PROPERTIES**

### **5.1 Pharmacodynamic properties**

**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 A2 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 A2. 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.

**Clinical trials**

No data available.

### **5.2 Pharmacokinetic Properties**

No data available.

### **5.3 Preclinical Safety Data**

**Genotoxicity**

No data available.

**Carcinogenicity**

No data available.

## 6 PHARMACEUTICAL PARTICULARS

### 6.1 List of excipients

LIQUIFILM<sup>®</sup> (polyvinyl alcohol) 1.4%, benzalkonium chloride 0.004%, disodium edetate, sodium chloride, monobasic sodium phosphate, dibasic sodium phosphate heptahydrate, polysorbate 80, purified water and sodium hydroxide if needed to adjust pH.

### 6.2 Incompatibilities

Incompatibilities were either not assessed or not identified as part of the registration of this medicine.

### 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 contents of container

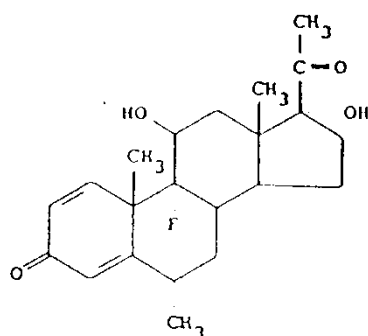
A sterile suspension in 5 mL plastic dropper bottles.

### 6.6 Special precautions for disposal

In Australia, any unused medicine or waste material should be disposed of by taking to your local pharmacy.

### 6.7 Physicochemical properties

#### Chemical structure:



#### Chemical Name:

9-fluoro-11β,17-dihydroxy-6α-methyl pregna-1,4-diene-3,20-dione.

#### Empirical formula:

C<sub>22</sub>H<sub>29</sub>FO<sub>4</sub>

**CAS Number:**

426-13-1

**7. MEDICINE SCHEDULE (POISONS STANDARD)**

S4: Prescription Only Medicine

AUST R 23212

**8 SPONSOR**

Allergan Australia Pty. Ltd.

810 Pacific Highway

Gordon NSW 2072

ABN: 85 000 612 831

**9 DATE OF FIRST APPROVAL**

10 October 1991

**10 DATE OF REVISION**

18 April 2018

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## Summary table of changes

| Section changed | Summary of new information   |
|-----------------|--|
|                 | The PI has been reformatted in line with the TGA's approved form for PIs. Additional mandatory headings and standard text have been included to the PI line with the TGA's approved form for PIs.  |
|                 | Minor editorial changes, including typographical and grammatical amendments, implemented throughout the PI to ensure legibility of this document.  |
| 4.4             | Addition of precaution in line 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 effects in this section have been moved under the appropriate MedDRA SOC in line with CCDS v4.0 and v5.0 and the TGA Approved form for product information. Furthermore, an additional Adverse Effect has been included under the sub-heading "Eye disorders" in line with CCDS v4.0 and 5.0.<br><br>Addition of mandatory text as per the TGA Approved form for product information |
| 4.9             | Addition of mandatory text as per the TGA Approved form for product information  |
| 6.1             | Excipient names have been updated in line with the TGA's Updated Medicine Ingredient Names.  |
| 6.6             | Addition of mandatory text as per the TGA Approved form for product information  |
| 6.7             | CAS Number included to PI  |