In solution, ALPHAGAN® P (Brimonidine Tartrate Ophthalmic Solution) 0.15% is clear, greenish-yellow colour, its osmolality is of 250-350 mOsm/kg and a pH of 6.4.

Each ml of ALPHAGAN® P contains:
Brimonidine Tartrate 0.15% w/v
Purified Water q.s.
Stabilized Oxychloro Complex (Purite®) 0.06% w/v
Other excipients: Sodium Carboxy Methyl Cellulose 0.5% w/v, Sodium Chloride 0.95% w/v, Potassium Chloride 0.14% w/v, Calcium dihydrogen Phosphate 0.02% w/v, Magnesium Hydroxide Chloride 0.006% w/v

CLINICAL PHARMACOLOGY: Mechanism of action: ALPHAGAN® P is a alpha 2 adrenergic receptor agonist. It has a peak ocular hypotensive effect within 2 hours post-dose. Besides, fluorophotometric studies in animal and human subjects suggest that Brimonidine Tartrate has a dual mechanism of action by reducing aqueous humor production and increasing uveoscleral outflow.

Pharmacokinetics: After oral administration of either a 0.1% or 0.2% solution, plasma concentrations peaked within 0.5 to 2.5 hours. Plasma concentrations were half-life of approximately 2 hours. In humans, systemic metabolism of Brimonidine is extensive. It is metabolized primarily by the liver. Urinary excretion is the major route of elimination of the drug and its metabolites. Approximately 67% of a orally administered radioactive dose was eliminated within 120 hours, with 74% found in the urine.

Clinical Evaluation: Elevated IOP is a major risk factor in glaucomatous field loss. The higher the level of IOP the greater the likelihood of optic nerve damage and visual field loss. Brimonidine Tartrate has the action of lowering intraocular pressure with minimal effect on ocular hemodynamics. Two clinical studies were conducted to evaluate the safety, efficacy and acceptability of ALPHAGAN® P (Brimonidine Tartrate Ophthalmic Solution) 0.15% compared with ALPHAGAN® P (Brimonidine Tartrate Ophthalmic Solution) 0.2%, administered three-times daily in patients with open-angle glaucoma or ocular hypertension. Those results indicated that ALPHAGAN® P (Brimonidine Tartrate Ophthalmic Solution) 0.15% is comparable to ALPHAGAN® P (Brimonidine Tartrate Ophthalmic Solution) 0.2% and effectively lowers IOP in patients with open-angle glaucoma or ocular hypertension.

INDICATIONS AND USAGE: ALPHAGAN® P is indicated for the lowering of intraocular pressure in patients with open-angle glaucoma or ocular hypertension.

CONTRAINDICATIONS: ALPHAGAN® P is contraindicated in patients with hypersensitivity to Brimonidine tartrate or any component of the formulation. It is also contraindicated in patients receiving monoamine oxidase (MAO) inhibitor therapy.

PRECAUTIONS: General: Although ALPHAGAN® P had a minimal effect on the blood pressure of patients in clinical studies, caution should be exercised in treating patients with severe cardiovascular disease. ALPHAGAN® P has not been studied in patients with psychiatric, neurological or systemic diseases. ALPHAGAN® P should be used with caution in patients with depression, cerebrovascular or coronary insufficiency. Raynaud’s phenomenon, orthostatic hypotension, or thromboembolic obliterative arterial disease. Patents prescribed ALP, IOP lowering medication should be routinely monitored for IOP.

Information: For Patients: As with other drugs in the class, ALPHAGAN® P may cause fatigue and drowsiness in some patients. Patients who engage in hazardous activities should be cautioned of the potential for a decrease in mental alertness.

Drug Interactions: Although specific drug interaction studies have not been conducted with ALPHAGAN® P, the possibility of an additive or potentiating effect with CNS depressants (alcohol, barbiturates, opiates, sedatives or anesthetics) should be considered. Alpha-sympathetics, as a class, may reduce pulse and blood pressure. Caution in using concomitant drugs such as beta-blockers (ophthalmic and systemic), antidepressants, antihistamines, and/or cardiac glycosides is advised. Patients should be advised to avoid the hypotensive effect of systemic clonidine. It is not known whether the concurrent use of these agents with ALPHAGAN® P in humans can lead to resultant interference with the IOP lowering effect. No data on the level of circulating catecholamines after ALPHAGAN® P administration are available. Cautions, however, would be advised in patients taking biologicals which can affect the metabolism and outflow of circulating amines. Carcinogenesis, Mutagenesis and Impairment of Fertility: No compound-related carcinogenic effects were observed in either mice or rats following a 21 months and 24 months study, respectively. In these studies, dietary administration of Brimonidine tartrate at doses up to 2.6 mg/kg in mice and 1.0 mg/kg in rats achieved 89 and 95 times the plasma drug concentration estimated in humans treated with one drop of ALPHAGAN® P, both eyes 3 times per day. Brimonidine tartrate was not mutagenic or carcinogenic in a series of in vitro and in vivo studies including the Ames test, chromosomal aberration assay in Chinese Hamster Ovary (CHO) cells, a post-embryonic development and cytogenetic studies in mice and dominant lethal assay.

Pregnancy: Teratogenic effects: Pregnancy Category B: Reproductive studies performed in rats with oral doses of 0.56 mg/kg revealed no evidence of impaired performance of the fetus due to ALPHAGAN® P dosing at this production exposure that is 185 times higher than the exposure seen in humans following multiple ophthalmic doses. There are no adequate and well controlled studies in pregnant women. In animal studies, Brimonidine crossed the placenta and entered into the fetal circulation to a limited extent. ALPHAGAN® P should be used during pregnancy only if the potential benefit to the mother justifies the potential risk to the fetus.

Nursing Mothers: It is not known whether this drug is excreted in human milk. Although in animal studies Brimonidine tartrate was excreted in breast 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.

Pediatric Use: Ophthalmic use: Brimonidine tartrate ophthalmic solution is not recommended for use in pediatric patients under the age of 2 years.

Geriatric Use: Overall, elderly patients treated with ALPHAGAN® P developed no unusual safety or effectiveness adverse events. However, geriatric patients may be at higher risk than young adults of developing age-related visual disturbances. Events occurring in approximately 1.4% of subjects included: allergic reaction, asthma, blepharitis, conjunctivitis, conjunctival hyperemia and eye pruritus. Adverse events occurring in approximately 5-15% of the subjects included: burning sensation, conjunctival hyperemia, conjunctival hyperemia, conjunctivitis, conjunctival papules, conjunctiva hemorrhagic, conjunctivitis, cough, dizziness, dryness, eye discharge, eye irritation, eye pain, eyelid edema, eyelid swelling, exudates, follicular conjunctivitis, foreign body sensation, hair loss, frenge phagocytosis, photophobia, rash, rhinitis, skin infarction and visual field defect occurred in 1% of subjects. Adverse events occurring in approximately 15% of subjects included: allergic reaction, blepharitis, conjunctivitis, conjunctival hemorrhagic, conjunctivitis, cough, dizziness, dryness, eye discharge, eye irritation, eye pain, eyelid edema, eyelid swelling, exudates, follicular conjunctivitis, foreign body sensation, hair loss, frenge phagocytosis, photophobia, rash, rhinitis, skin infarction and visual field defect occurred in 1% of subjects. Adverse events occurring in approximately 15% of subjects included: allergic reaction, blepharitis, conjunctivitis, conjunctival hemorrhagic, conjunctivitis, cough, dizziness, dryness, eye discharge, eye irritation, eye pain, eyelid edema, eyelid swelling, exudates, follicular conjunctivitis, foreign body sensation, hair loss, frenge phagocytosis, photophobia, rash, rhinitis, skin infarction and visual field defect occurred in 1% of subjects.

OVERDOSAGE: No information is available on overdosage in humans. Treatment of an oral overdose includes supportive and symptomatic therapy, a patent airway should be maintained.

DOSAGE AND ADMINISTRATION: The recommended dose is one drop of ALPHAGAN® P (Brimonidine Tartrate ophthalmic solution) 0.15% in the affected eye(s) three times daily, approximately 8 hours apart.

HOW SUPPLIED: ALPHAGAN® P (Brimonidine tartrate ophthalmic solution) 0.15% w/v, available in 5 ml plastic dropper bottles.

MEDICINE: Keep out of reach of children.

Marketed by: Allergan India Private Limited

Manufactured/Instituted by: Parimal Healthcare Limited

Plot No: 67-70, Sector 2, Piphu Pura-454 775, Dist. Dhar, Madhya Pradesh

Registered Trade Mark: A 235931

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