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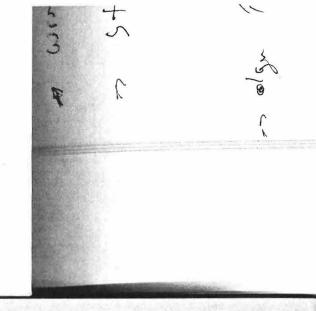
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OPHTHALMIC PRODUCTS

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OPHTHALMIC PRODUCTS

For information on Alcon ophthalmic products, consult the PDR For Ophthalmology. See a complete listing of products in the Manufacturers' Index section of this book. For information, literature, samples or service items contact Alcon Sales Services.

ALOMIDE® 0.1%

(Lodoxamide Tromethamine Ophthalmic Solution)

white, crystalline, water-soluble powder with a molecular weight of 553.91. The chemical structure is presented below:

Structural Formula:

N,N'-(2-chloro-5-cyano-m-phenylene)dioxamic acid tromethamine salt
Empirical Formula: C₁₉H₂₈O₁₂N₅Cl
Each mL of ALOMIDE® Ophthalmic Solution contains: Ac-

tive: 1.78 mg lodoxamide tromethamine equivalent to 1 mg lodoxamide. Preservative: benzalkonium chloride 0.007%. Inactive: mannitol, hydroxypropyl methylcellulose 2910, sodium citrate, citric acid, edetate disodium, tyloxapol, hydrochloric acid and/or sodium hydroxide (adjust pH), and purified water

CLINICAL PHARMACOLOGY

CLINICAL PHARMACOLOGY

Lodoxamide tromethamine is a mast cell stabilizer that inhibits the in vivo Type 1 immediate hypersensitivity reaction. Lodoxamide therapy inhibits the increases in cutaneous vascular permeability that are associated with reagin or IgE and antigen-mediated reactions.

In vitro studies have demonstrated the ability of lodoxamide to stabilize rodent mast cells and prevent antigen-stimulated release of histamine. In addition, lodoxamide prevents the release of other mast cell inflammatory mediators (i.e., SRS-A, slow-reacting substances of anaphylaxis, also known as the peptidoleukotrienes) and inhibits eosinophil chemotaxis. Although lodoxamide's precise mechanism of action is unknown, the drug has been reported to prevent calcium influx into mast cells upon antigen stimulation.

Lodoxamide has no intrinsic vasoconstrictor, antihistaminic, cyclooxygenase inhibition, or other anti-inflammatory activity.

ity.
The disposition of ¹⁴C-lodoxamide was studied in six healthy The disposition of $^{14}\text{C-lodoxamide}$ was studied in six healthy adult volunteers receiving a 3 mg (50 μ Ci) oral dose of lodoxamide. Urinary excretion was the major route of elimination. The elimination half-life of $^{14}\text{C-lodoxamide}$ was 8.5 hours in urine. In a study conducted in twelve healthy adult volunteers, topical administration of ALOMIDE® 0.1% (Lodoxamide Tromethamine Ophthalmic Solution), one drop in each eye four times per day for ten days, did not result in any measurable lodoxamide plasma levels at a detection limit of 2.5 ng/mL. 2.5 ng/mL.

INDICATIONS AND USAGE

ALOMIDE® Ophthalmic Solution 0.1% is indicated in the treatment of the ocular disorders referred to by the terms vernal keratoconjunctivitis, vernal conjunctivitis, and

CONTRAINDICATIONS

Hypersensitivity to any component of this product.

WARNINGS

Not for injection. As with all ophthalmic preparations containing benzalkonium chloride, patients should be instructed not to wear soft contact lenses during treatment with ALOMIDE® Ophthalmic Solution.

PRECAUTIONS

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PRECAUTIONS

General: Patients may experience a transient burning or stinging upon instillation of ALOMIDE® Ophthalmic Solution. Should these symptoms persist, the patient should be advised to contact the prescribing physician.

Carcinogenesis, Mutagenesis, Impairment of Fertility:

A long-term study with Iodoxamide tromethamine in rats (two-year oral administration) showed no neoplastic or tumorigenic effects at doses 100 mg/kg/day (more than 5000 times the proposed human clinical dose). No evidence of mutagenicity or genetic damage was seen in the Ames Salmonella Assay, Chromosomal Aberration in CHO Cells Assay, or Mouse Forward Lymphoma Assay. In the BALB/c-3T3 Cells Transformation Assay, some increase in the number of transformed foci was seen at high concentrations (greater than 4000 µg/mL). No evidence of impairment of reproductive function was shown in laboratory animal studies.

Pregnancy: Pregnancy Category B. Reproduction studies with Iodoxamide tromethamine administered orally to rats and rabbits in doses of 100 mg/kg/day (more than 5000 times the proposed human clinical dose) produced no evidence of developmental toxicity. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, ALOMIDE® 0.1% (Lodoxamide Tromethamine Ophthalmic Solution) should be used during pregnancy only if clearly needed.

Nursing Mothers: It is not known whether Iodoxamide

nancy only if clearly needed.

Nursing Mothers: It is not known whether lodoxamide tromethamine is excreted in human milk. Because many

drugs are excreted in human milk, caution should be exercised when ALOMIDE® Ophthalmic Solution 0.1% is ad-

ministered to nursing women.

Pediatric Use: Safety and effectiveness in pediatric patients below the age of 2 have not been established.

ADVERSE REACTIONS

ADVERSE REACTIONS
During clinical studies of ALOMIDE® Ophthalmic Solution 0.1%, the most frequently reported ocular adverse experiences were transient burning, stinging, or discomfort upon instillation, which occurred in approximately 15% of the subjects. Other ocular events occurring in 1 to 5% of the subjects included ocular itching/pruritus, blurred vision, dryeye, tearing/discharge, hyperemia, crystalline deposits, and foreign body sensation. Events that occurred in less than 1% of the subjects included corneal erosion/ulcer, scales on lid/lash, eye pain, ocular edema/swelling, ocular warming sensation, ocular fatigue, chemosis, corneal abrasion, anterior chamber cells, keratopathy/keratitis, blepharitis, allergy, sticky sensation, and epitheliopathy. Nonocular events reported were headache (1.5%) and (at less than 1%) heat sensation, dizziness, somnolence, nausea, stomach discomfort, sneezing, dry nose, and rash.

OVERDOSAGE

OVERDOSAGE
There have been no reports of ALOMIDE® 0.1% (Lodoxamide Tromethamine Ophthalmic Solution) overdose following topical ocular application. Accidental overdose of an oral preparation of 120 to 180 mg of lodoxamide resulted in a temporary sensation of warmth, profuse sweating, diarrhea, light-headedness, and a feeling of stomach distension; no permanent adverse effects were observed. Side effects reported following systemic oral administration of 0.1 mg to 10.0 mg of lodoxamide include a feeling of warmth or flushing, headache, dizziness, fatigue, sweating, nausea, loose stools, and urinary frequency/urgency. The physician may consider emesis in the event of accidental ingestion.

DOSAGE AND ADMINISTRATION

The dose for adults and children greater than two years of age is one to two drops in each affected eye four times daily

HOW SUPPLIED

ALOMIDE® Ophthalmic Solution 0.1% is supplied as follows: 10 mL in plastic ophthalmic DROP-TAINER® dispenser.

10 mL: NDC 0065-0345-10

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STORAGE

Store at 15°C-27°C (59°F-80°F).

Federal (USA) law prohibits dispensing without prescrip-

BETOPTIC® (betaxolol hydrochloride) 0.5% as base Sterile Ophthalmic Solution

DESCRIPTION

BETOPTIC® Sterile Ophthalmic Solution contains betaxolol hydrochloride, a cardioselective beta-adrenergic recep-tor blocking agent, in a sterile isotonic solution. Betaxolol hydrochloride is a white, crystalline powder, soluble in wa-ter, with a molecular weight of 343.89. The chemical struc-ture is presented below:

Empirical Formula:

C₁₈H₂₉NO₃·HCl
Chemical Name:

(±)-1-[p-[2-(Cyclopropylmethoxy)ethyl]phenoxy]-3-(isopropylamino)-2-propanol hydrochloride.
Each mL of BETOPTIC Ophthalmic Solution (0.5%) contains: Active: 5.6 mg betaxolol hydrochloride equivalent to betaxolol base 5 mg. Preservative: Benzalkonium Chloride 0.01%. Inactives: Edetate Disodium, Sodium Chloride, Hydrochloric Acid and/or Sodium Hydroxide (to adjust pH), and Purified Water.

CLINICAL PHARMACOLOGY

Betaxolol HCl, a cardioselective (beta-1-adrenergic) receptor blocking agent, does not have significant membrane-stabilizing (local anesthetic) activity and is devoid of intrinsic sympathomimetic action. Orally administered beta-adrenergic blocking agents reduce cardiac output in healthy subjects and patients with heart disease. In patients with severe impairment of myocardial function, beta-adrenergic receptor antagonists may inhibit the sympathetic stimulatory effect necessary to maintain adequate cardiac function.

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Consult 1996 supplements and future editions for revisions