

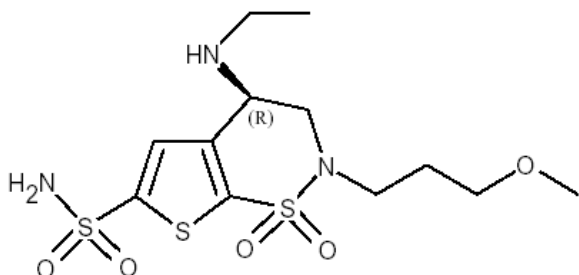
PRODUCT INFORMATION

NAME OF THE MEDICINE

BrinzoQuin™ (brinzolamide) Eye Drops 1.0%

DESCRIPTION

BrinzoQuin Eye Drops 1.0% contain brinzolamide. The chemical structure of brinzolamide is:



Molecular weight: 383.51

Empirical formula: C₁₂H₂₁N₃O₅S₃

Chemical name: (R)-4-(Ethylamino)-3,4-dihydro-2-(3-methoxypropyl)-2H-thieno[3,2-e]-1,2-thiazine-6-sulfonamide-1,1-dioxide

CAS Number: 138890-62-7

Brinzolamide is presented as white to off-white crystals or powder. Brinzolamide is very slightly soluble in water at neutral pH.

BrinzoQuin Eye Drops 1.0% have been formulated as a sterile, preserved suspension for topical application to the eye.

BrinzoQuin Eye Drops 1.0% contain 10.0 mg/mL brinzolamide, together with sodium chloride, tyloxapol, mannitol, carbomer (974P), disodium edetate and purified water. The solution is preserved with benzalkonium chloride (0.1 mg/mL).

PHARMACOLOGY

Pharmacokinetics:

Following topical ocular administration, brinzolamide is absorbed into the systemic circulation. Due to its high affinity for carbonic anhydrase II (CA-II), brinzolamide distributes extensively into the red blood cells (RBCs) and exhibits a long half-life in whole blood (approximately 111 days). In humans, the metabolite N-desethyl brinzolamide is formed, which also binds to CA and accumulates in RBCs. This metabolite binds mainly to CA-I in the presence of brinzolamide. In plasma, both parent brinzolamide and N-desethyl brinzolamide concentrations are low and generally below assay quantitation limits.

(<10 ng/mL). Binding to plasma proteins is not extensive (approximately 60%). Brinzolamide is eliminated predominantly in the urine as unchanged drug. N-Desethyl brinzolamide is also found in the urine along with lower concentrations of the N-desmethoxypropyl and O-desmethyl metabolites.

An oral pharmacokinetic study was conducted in which healthy volunteers received 1 mg capsules of brinzolamide twice daily for up to 32 weeks. This regimen provided a higher systemic exposure rate than topical ocular administration of brinzolamide eye drops 1.0% dosed in both eyes three times daily, and simulated systemic drug and metabolite concentrations similar to those achieved with long-term topical dosing. RBC CA activity was measured to assess the degree of systemic CA inhibition.

Brinzolamide saturation of RBC CA-II was achieved within 4 weeks (RBC concentrations of approximately 20 µM). N-Desethyl brinzolamide accumulated in RBCs to steady state within 20-28 weeks reaching concentrations ranging from 6-30 µM. The inhibition of total RBC CA activity at steady state was approximately 70-75%, which is below that expected to adversely affect renal function or respiration in healthy subjects.

An oral pharmacokinetic study was conducted in which subjects with mild to moderate renal impairment (creatinine clearance of 30-60 mL/minute) received 1 mg capsules of brinzolamide twice daily for up to 54 weeks. By week 4 of treatment, parent drug RBC concentrations ranged from approximately 20 to 40 µM and showed little subsequent change. At steady-state, parent drug and N-desethyl metabolite RBC concentrations ranged from 22.0 to 46.1 and 17.1 to 88.6 µM, respectively. Metabolite RBC concentrations, but not those of parent drug, showed a significant ($p<0.05$) increase with decreasing creatinine clearance. Total RBC CA activity, but not CA-II activity, showed a significant decrease as creatinine clearance decreased. In spite of the greater inhibition of total CA activity in subjects showing the highest degree of renal impairment, all subjects showed <90% total CA inhibition at steady-state. This is below the 99% or greater inhibition associated with systemic adverse effects.

In a topical ocular study, patients with open-angle glaucoma or ocular hypertension received brinzolamide 1.0% either two or three times daily for up to 18 months. Steady-state concentrations of brinzolamide were reached for most subjects within 6-9 months, while steady state for the N-desmethyl metabolite was reached within 12 to 18 months. At steady-state, brinzolamide RBC concentrations were similar to those found in the oral study, but levels of the N-desmethyl metabolite were lower. Carbonic anhydrase activity was approximately 40-70% of per-dose levels, indicating a degree of inhibition that was substantially lower than that observed orally and unlikely to elicit systemic side effects.

Pharmacodynamics

Brinzolamide is a carbonic anhydrase inhibitor. When instilled in the eye, BrinzoQuin Eye Drops 1.0% have the action of reducing elevated intraocular pressure, whether or not accompanied by glaucoma.

Glaucoma is defined as an optic neuropathy resulting in optic nerve head damage and visual field loss. The pathogenesis of glaucoma is multi-factorial, however, the primary risk factors are considered to be sustained elevated intraocular pressure and poor ocular perfusion. The ocular hypotensive action of brinzolamide is mediated through inhibition of carbonic anhydrase in the ciliary processes of the eye which decreases aqueous humour secretion, presumably by slowing the formation of bicarbonate ions with subsequent reduction in sodium and fluid transport.

Carbonic anhydrase is an enzyme found in many tissues of the body, including the eye. Carbonic anhydrase catalyses 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 CA-II, found

primarily in red blood cells (RBCs), but also in other tissues. Brinzolamide is an inhibitor of carbonic anhydrase II (CA-II), the predominant iso-enzyme in the eye, with an *in vitro* IC₅₀ of 3.2 nM and a K_i of 0.13 nM against CA-II. Brinzolamide has also been shown to have a low affinity for 34 receptors or second messenger systems, indicating selectivity for CA-II.

CLINICAL TRIALS

In two randomised, double-masked studies of 3 month duration, monotherapy with brinzolamide eye drops 1.0% produced a significant reduction in intraocular pressure when dosed twice daily; this intraocular pressure reduction was equivalent to that of dorzolamide 2% dosed three times daily (see below). No additional clinically or statistically significant benefit was evident following administration of brinzolamide eye drops 1.0% three times daily.

Average % Reduction, Absolute	Intraocular Pressure		Reduction
	Reduction in mm Hg (n)		
	10 AM	6 PM	
Study 1			
Brinzolamide eye drops 1.0% twice daily*	-16.7%, -4.2 (109)	-15.3%, -3.7 (107)	
Dorzolamide 2% three times daily*	-20.1%, -4.9 (112)	-18.2%, -4.3 (111)	
Study 2			
Brinzolamide eye drops 1.0% twice daily*	-21.8%, -5.7 (144)	-18.9%, -4.8 (142)	
Dorzolamide 2% three times daily*	-23.0%, -5.9 (146)	-21.2%, -5.4 (145)	
Timolol maleate 0.5% twice daily*	-24.3%, -6.3 (61)	-21.4%, -5.5 (60)	

*No clinically or statistically significant difference between treatments

In a long-term (18 month study) comparing brinzolamide eye drops 1.0% (n=94) with timolol maleate 0.5% (n=49; both twice daily), the mean absolute changes in intraocular pressure (mm Hg) at 18 months were -4.0 (95% CI: -4.6, -3.4) and -5.5 (95% CI: -6.4, -4.7) respectively. Eighty-one patients completed the study; the results indicated that the intraocular pressure lowering effect of brinzolamide eye drops 1.0% does not diminish over time.

Thirty volunteers with a diagnosis of asthma or chronic obstructive pulmonary disease were enrolled in a masked, cross-over design study to compare the acute effects of brinzolamide eye drops 1.0% versus timolol maleate 0.5% on pulmonary function as measured by forced expiratory volume in one second (FEV1). Within 15 minutes of the instillation of a single drop of timolol maleate 0.5%, statistically significant decreases in mean FEV1 were observed (compared to both baseline and brinzolamide eye drops 1.0%); these continued for up to 3 hours following instillation. No effect was observed on FEV1 following the instillation of brinzolamide 1.0%.

Two masked, well-controlled studies, each of one-week duration, were designed to compare the comfort of brinzolamide 1.0% twice daily to dorzolamide eye drops 2.0% three times daily. Each of these studies indicated that a significantly greater ($p < 0.001$) percentage of patients experienced no discomfort following repeated instillation of brinzolamide 1.0%, as tabulated below.

	Percent Patients Experiencing No Discomfort (n)	
	Brinzolamide eye drops 1.0% BID	Dorzolamide eye drops 2.0% TID
Study 4	71.2 (37)	19.6 (10)
Study 5	81.3 (39)	17.0 (8)

Concomitant therapy

Two Phase IV clinical studies assessed the efficacy and safety of AZOPT Eye Drops when added concomitantly to prostaglandins (i.e. travoprost and latanoprost). The available data support a lowering of IOP when AZOPT Eye Drops are added to these agents.

One 12-week, double-masked, randomised study in which 215 patients with ocular hypertension or primary open-angle glaucoma were enrolled, was conducted. A total of 201 patients were randomised and 192 were included in the per protocol analysis. The primary objective of the study was to compare the efficacy and safety of brinzolamide 1% and timolol 0.5%, each administered twice daily when added to travoprost 0.004% administered once daily in the evening. Patients who were considered inadequately controlled on monotherapy (travoprost, latanoprost or bimatoprost) were eligible to be enrolled in this study. The primary endpoint was mean diurnal IOP.

There was no statistically significant difference in mean diurnal IOP at 12 weeks between the treatment groups (18.1 mm Hg vs 18.1 mm Hg in the brinzolamide and timolol groups, respectively). The mean reductions in diurnal IOP were 3.4 mm Hg and 3.2 mm Hg for the brinzolamide and timolol groups, respectively. Overall, the efficacy of brinzolamide 1%, as concomitant therapy, was comparable to concomitant therapy with timolol 0.5%. There was a higher incidence of local adverse effects (conjunctival hyperaemia, burning or foreign body sensation) with brinzolamide than with timolol; however, the differences were not statistically significant.

A second, open-label 12-week study was conducted in 82 patients with open-angle glaucoma or ocular hypertension. A total of 79 patients were evaluable for the intent-to-treat analysis. Patients, requiring additional IOP-lowering from a baseline of travoprost eye drops, received brinzolamide 1% concomitantly. The primary efficacy endpoint was the mean reduction in IOP at 12 weeks.

There was a mean reduction of 3.9 mm Hg after 4 weeks and 4.2 mm Hg after 12 weeks. Overall, 43 patients (60.6%) had an IOP below 18 mm Hg at the conclusion of the study.

Additional studies have been published concerning IOP control (Tsukamoto *et al.* J. Ocular Pharmacol. Ther. 21:170-173, 2005, Tsukamoto *et al.* J. Ocular Pharmacol. Ther. 21: 395-399, 2005). These studies suggest that brinzolamide might be added to dual therapy (latanoprost plus beta blocker) or substituted for dorzolamide in triple therapy.

When used twice daily, adjunctively to latanoprost and timolol maleate 0.5% for 8 weeks, AZOPT Eye Drops 1.0% provided an additional intraocular pressure lowering effect. This was equivalent to dorzolamide 1% dosed thrice daily adjunctively to latanoprost and timolol maleate 0.5% (Tsukamoto *et al.* J. Ocular Pharmacol. Ther. 21:170-173, 2005). When used twice daily, adjunctively to timolol maleate 0.5% for 3 months, brinzolamide eye drops 1.0% provided an additional intraocular pressure lowering effect. This was equivalent to dorzolamide 2% dosed twice daily adjunctively to timolol maleate 0.5% (see below). No additional clinically or statistically significant benefit was evident following administration of brinzolamide eye drops 1.0% three times daily.

Average % Reduction, Absolute	Intraocular Pressure		Reduction
	Reduction in mm Hg (n)		
	9 AM	11 PM	
Study 3			
Brinzolamide eye drops 1.0% twice daily*	-17.1%, -4.3 (101)	-19.9%, -4.9 (102)	
Dorzolamide 2% three times daily*	-16.6%, -4.3 (105)	-20.8%, -5.0 (103)	

*No clinically or statistically significant difference between treatments

During this study, up to 89.3% (at peak) receiving brinzolamide eye drops 1.0% in combination with timolol maleate 0.5% achieved an intraocular pressure reduction ≥ 5 mm Hg or had their intraocular pressure reduced to ≤ 21 mm Hg. These results were equivalent to those seen with dorzolamide eye drops 2.0% in combination with timolol maleate 0.5% (85.4%).

INDICATIONS

BrinzoQuin Eye Drops 1.0% are indicated to decrease intraocular pressure in:

- ocular hypertension
- open-angle glaucoma.

CONTRAINDICATIONS

BrinzoQuin Eye Drops 1.0% are contraindicated in patients with a known hypersensitivity to brinzolamide, sulfonamides or any of the excipients (see DESCRIPTION).

BrinzoQuin Eye Drops 1.0% are also contraindicated in patients with severe renal impairment and in patients with hyperchloraemic acidosis.

PRECAUTIONS

Not for injection or oral ingestion

The management of patients with acute angle-closure glaucoma requires therapeutic interventions in addition to ocular hypotensive agents. BrinzoQuin Eye Drops 1.0% have not been studied in patients with acute angle-closure glaucoma.

Brinzolamide is a sulfonamide and, although administered topically, is absorbed systemically. The same types of adverse reactions or hypersensitivity that are attributable to sulfonamides may, therefore, occur with topical administration. BrinzoQuin Eye Drops 1.0% should be discontinued if signs of serious reactions or hypersensitivity occur.

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 BrinzoQuin Eye Drops 1.0%. The concomitant administration of BrinzoQuin Eye Drops 1.0% and oral carbonic anhydrase inhibitors has not been studied and is not recommended.

Acid-base disturbances have been reported with oral carbonic anhydrase inhibitors. Use with caution in patients with risk of renal impairment because of the possible risk of metabolic acidosis.

The possible role of brinzolamide on corneal endothelial function has not been investigated in patients with compromised corneas (particularly in patients with low endothelial cell count). Careful monitoring of patients with compromised corneas, such as patients with diabetes mellitus or corneal dystrophies, is recommended.

BrinzoQuin Eye Drops 1.0% contains benzalkonium chloride which may cause eye irritation and is known to discolour soft contact lenses. Avoid contact with soft contact lenses. Patients must be instructed to remove contact lenses prior to application of BrinzoQuin Eye Drops 1.0% and wait at least 15 minutes before reinsertion.

Use in Pregnancy

CATEGORY B3

Studies in animals with brinzolamide have shown reproductive toxicity following systemic administration. Radioactivity was found to cross the placenta and was present in the foetal tissues and blood following oral administration of ¹⁴C-brinzolamide to pregnant rats.

Developmental toxicity studies in rabbits at oral doses up to 6 mg/kg/day brinzolamide produced maternal toxicity at 6 mg/kg/day and a significant increase in the number of foetal variations, such as accessory skull bones; at 1 and 6 mg/kg/day the incidence was only slightly higher than seen historically. In rats, statistically significant decreased body weights of foetuses from dams receiving oral doses of 18 mg/kg/day during gestation were proportional to the reduced maternal weight gain, with no statistically significant effects on organ or tissue development. No treatment-related malformations were seen.

No studies of the use of ophthalmic brinzolamide have been conducted in pregnant women. BrinzoQuin Eye Drops 1.0% should be used during pregnancy only if the potential benefit justifies the potential risk to the foetus.

Use in Lactation

Studies in animals have shown that following oral administration brinzolamide is excreted in breast milk. Following oral administration of ¹⁴C-brinzolamide to lactating rats, radioactivity was found in milk at concentrations below those in the blood and plasma. Decreases in pup bodyweights were observed at 15 mg/kg/day in a pre-and postnatal study in which rats were given brinzolamide by oral gavage at doses up to 15 mg/kg/day.

It is not known whether brinzolamide is excreted in human milk following topical ocular administration. Because many drugs are excreted in human milk and because of the potential for serious adverse reactions in nursing infants from brinzolamide, 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.

Use in the Elderly

In clinical studies conducted with brinzolamide 1.0%, the probability of having an adverse reaction was independent of age. No differences in patients experiencing adverse reactions were noted when patients less than 65 years of age were compared to patients greater than 65 years of age. There are no modifications to the recommended dosing regimen for elderly patients.

Paediatric Use

The safety and effectiveness of BrinzoQuin Eye Drops 1.0% in paediatric patients have not been established.

Hepatic / Renal Impairment

BrinzoQuin Eye Drops 1.0% have not been studied in patients with hepatic impairment. Caution should, therefore, be exercised if a decision is made to commence therapy with BrinzoQuin Eye Drops 1.0% in such patients.

BrinzoQuin Eye Drops 1.0% have not been studied in patients with severe renal impairment (CrCl < 30 mL/min) or in patients with hyperchloraemic acidosis. Brinzolamide and its main metabolite are

predominantly excreted by the kidney; BrinzoQuin Eye Drops 1.0% are, therefore, contraindicated in such patients (see CONTRAINDICATIONS).

Carcinogenicity, mutagenicity, impairment of fertility

A two year bioassay, in which rats were dosed by oral gavage at doses up to 8 mg/kg/day brinzolamide revealed no evidence of a carcinogenic effect. A similar study conducted in mice (0, 1, 3 and 10 mg/kg/day brinzolamide dosed by oral gavage) also showed that brinzolamide was non-carcinogenic. The mouse study did, however, reveal a statistically significant increase in urinary bladder tumours in female mice given 10 mg/kg/day orally for 24 months. Dose-related proliferative changes in the urinary bladder were observed in female mice at all dose levels and among males at 10 mg/kg/day. The elevated bladder tumour incidence was due to the increased incidence of a tumour considered to be unique to mice.

Genotoxicity studies with brinzolamide did not demonstrate any mutagenic potential in one *in vitro* (Ames assay) or chromosomal damage in an *in vivo* assay (micronucleus formation). Brinzolamide did induce forward mutations in the mouse lymphoma assay *in vitro*, with, but not without metabolic activation. Brinzolamide was negative in a sister chromatid exchange assay in mice.

A fertility and early embryonic study, in which male and female rats were dosed by oral gavage with brinzolamide at doses up to 18 mg/kg/day, showed no effects on fertility or reproductive capacity. Studies have not been performed to evaluate the effect of topical ocular administration of brinzolamide on human fertility.

Contact Lenses

If patients continue to wear soft (hydrophilic) contact lenses while under treatment with BrinzoQuin Eye Drops 1.0%, they should remove their lens(es) *prior* to instilling BrinzoQuin Eye Drops 1.0% in the affected eye(s) and should not insert their lens(es) until 15 minutes after instillation of the eye drops.

Effects on ability to drive and use machines

As with other ophthalmic medications, patients should be advised to exercise caution if they experience transient blurred vision or other visual disturbances following instillation of eye drops; patients should wait until their vision clears before driving or using machinery.

Additionally, nervous system disorders have been reported with the use of the product which may affect the ability to drive or use machines (see ADVERSE EFFECTS).

INTERACTIONS WITH OTHER MEDICINES

Specific drug interaction studies have not been performed with BrinzoQuin Eye Drops 1.0%. In clinical studies, however, brinzolamide 1.0% were used concomitantly with the following medications without evidence of adverse interactions:

- timolol maleate eye drops, systemic medications including ACE inhibitors, calcium-channel blockers, diuretics, non-steroidal anti-inflammatory drugs including aspirin, and hormones (e.g. oestrogen, insulin, thyroxine).

Association between BrinzoQuin Eye Drops 1.0% and miotics or adrenergic agonists has not been fully evaluated during adjunctive glaucoma therapy.

Brinzolamide is a carbonic anhydrase inhibitor and, although administered topically, is absorbed systemically. In clinical studies, brinzolamide was not associated with acid-base disturbances. These disturbances have, however, 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). The potential for such drug interactions should, therefore, be considered in patients receiving BrinzoQuin Eye Drops 1.0%.

There is potential for an additive effect on the known systemic effects of carbonic anhydrase inhibition in patients receiving an oral carbonic anhydrase inhibitor and BrinzoQuin Eye Drops 1.0%. The concomitant administration of BrinzoQuin Eye Drops 1.0% and oral carbonic anhydrase inhibitors is not recommended.

ADVERSE EFFECTS

In well-controlled clinical studies, undesirable effects related to brinzolamide 1.0% were non-serious, generally mild to moderate, and usually did not lead to discontinuation of therapy. Tabulated adverse reaction data (considered to be possibly, probably or definitely related to treatment), providing comparisons to placebo and other active comparators (to an incidence 1% or greater), which have been generated from all clinical studies with brinzolamide 1.0%, are provided below.

Uncommon ophthalmic events (incidence $<1\%$ and $\geq 0.1\%$) not detailed in the table below included blepharitis, conjunctivitis, lid margin crusting, sticky sensation, eye fatigue, abnormal vision, keratopathy, keratoconjunctivitis, corneal staining, eye disorder, photophobia, diplopia, meibomitis, vision changes, irritation, glare and lid disorder.

Uncommon non-ocular events (incidence $<1\%$ and $\geq 0.1\%$) not detailed in the table below included:

Body as a whole:	chest pain, asthenia and pain.
Digestive:	dry mouth, nausea, dyspepsia, diarrhoea, gastrointestinal disturbance.
Nervous:	paraesthesia, depression, dizziness, dream abnormality, hypertonia, agitation, amnesia, depersonalisation, nervousness.
Respiratory:	dyspnoea, pharyngitis, bronchitis, dry nose, epistaxis.
Skin and appendages:	dermatitis, alopecia, urticaria, pruritus.
Special senses:	tinnitus.
Urogenital:	kidney pain, impotence.

Tabulated Adverse Reaction Data Comparing Incidence (%) Figures					
Adverse Events	Brinz 1.0%	Brinz 1.0% + Tim 0.5%	Dorz 2%	Tim 0.5%	Placebo
	N = 1227	N = 204	N = 524	N = 252	N = 116
Ocular					
Blurred Vision	5.0	4.9	1.3	2.8	1.7
Discomfort	2.5	1.5	11.1	4.4	2.6
Foreign body sensation	1.8	1.0	0.6	0.8	-
Hyperaemia	1.2	0.5	1.9	0.8	0.9
Dry eye	1.1	-	0.4	-	0.9
Pain	1.0	0.5	0.4	1.2	0.9
Discharge	1.0	0.5	-	-	0.9
Pruritus	0.9	-	1.1	1.2	1.7
Keratitis	0.7	-	-	1.2	-
Tearing	0.2	-	1.3	-	-

Non-ocular					
<u>Body as a whole</u>					
Headache	1.3	0.5	1.3	0.8	0.9
<u>Respiratory</u>					
Rhinitis	0.2	-	1.0	-	-
Dyspnoea	0.2	-	-	2.0	-
Asthma	-	1.0	-	0.8	-
<u>Special Senses</u>					
Taste Perversion	5.5	4.4	5.2	-	0.9
Brinz = Brinzolamide Tim = Timolol maleate Dorz = Dorzolamide - = Not reported					

Post Marketing Experience

The following adverse reactions have been reported during clinical studies with BrinzoQuin Eye Drops 1.0% and are classified according to the subsequent convention: very common ($\geq 1/10$), common ($\geq 1/100$ to $<1/10$), uncommon ($\geq 1/1,000$ to $<1/100$), rare ($\geq 1/10,000$ to $<1/1,000$) and very rare ($<1/10,000$). Within each frequency-grouping, adverse reactions are presented in order of decreasing seriousness.

Eye disorders

Common ($\geq 1\%$ to $< 10\%$): vision blurred, eye irritation, eye pain, dry eye, eye discharge, ocular discomfort, ocular hyperaemia.

Uncommon ($\geq 0.1\%$ to $< 1\%$): corneal erosion, punctate keratitis, keratitis, conjunctivitis, conjunctivitis allergic, blepharitis, visual acuity reduced, photophobia, asthenopia, periorbital oedema, eye pruritus, lacrimation increased, eyelid margin crusting.

Rare ($\geq 0.01\%$ to $< 0.1\%$): corneal oedema, diplopia, reduced visual acuity, photopsia, hypoaesthesia eye, periorbital oedema.

Psychiatric disorders

Uncommon ($\geq 0.1\%$ to $< 1\%$): depression.

Rare ($\geq 0.01\%$ to $< 0.1\%$): insomnia.

Nervous system disorders

Common ($\geq 1\%$ to $< 10\%$): headache, dysgeusia.

Uncommon ($\geq 0.1\%$ to $< 1\%$): dizziness, paresthesia.

Rare ($\geq 0.01\%$ to $< 0.1\%$): memory impairment, somnolence.

Cardiac disorders

Rare ($\geq 0.01\%$ to $< 0.1\%$): angina pectoris, heart rate irregular.

Respiratory, thoracic and mediastinal disorders

Uncommon ($\geq 0.1\%$ to $< 1\%$): dyspnoea, epistaxis, rhinorrhoea, oropharyngeal pain, upper airway cough syndrome, throat irritation.

Rare ($\geq 0.01\%$ to $< 0.1\%$): bronchial hyperreactivity, upper respiratory tract congestion, sinus congestion, nasal congestion, cough, nasal dryness.

Gastrointestinal disorders

Uncommon ($\geq 0.1\%$ to $< 1\%$): nausea, diarrhoea, dyspepsia, abdominal discomfort, dry mouth.

Skin and subcutaneous tissue disorders

Uncommon ($\geq 0.1\%$ to $< 1\%$): rash.

Rare ($\geq 0.01\%$ to $< 0.1\%$): urticaria, alopecia, pruritus generalised.

General disorders and administration site conditions

Uncommon ($\geq 0.1\%$ to $< 1\%$): fatigue, irritability.

Rare ($\geq 0.01\%$ to $< 0.1\%$): feeling jittery, asthenia.

Additional adverse reactions identified from post-marketing surveillance include the following. Frequencies cannot be estimated from the available data.

Eye disorders

Medication residue.

Ear and labyrinth disorders

Tinnitus.

Nervous system disorders

Hypoaesthesia.

Vascular disorders

Blood pressure decreased.

Metabolism and nutrition disorders

Decreased appetite.

Musculoskeletal and connective tissue disorders

Arthralgia.

General disorders and administration site conditions:

Chest pain.

DOSAGE AND ADMINISTRATION

BrinzoQuin Eye Drops 1.0% should be shaken well prior to use.

Instil one drop of BrinzoQuin Eye Drops 1.0% in the conjunctival sac of the affected eye(s) twice daily.

When substituting BrinzoQuin Eye Drops 1.0% for another ophthalmic anti-glaucoma agent, discontinue the other agent after a full day of correct dosing; BrinzoQuin Eye Drops 1.0% should be used on the next day.

Concomitant therapy

BrinzoQuin 1% Eye Drops have been used concomitantly with other agents e.g. travoprost, latanoprost, timolol (see CLINICAL TRIALS). In case of concomitant therapy with other agents, the eye drops should be administered with an interval of at least five minutes.

Patients should be advised:

- that instillation of eye drops may cause initial discomfort (see ADVERSE EFFECTS);
- and
- to apply pressure to the tear duct for two minutes immediately after administration in order to minimise systemic absorption.

OVERDOSAGE

No information on systemic overdose is available in humans. Treatment should be symptomatic and supportive. Electrolyte imbalance, development of an acidotic state, and possible nervous system effects may occur. Serum electrolyte levels (particularly potassium) and blood pH levels should be monitored.

A topical overdose of BrinzoQuin 1.0% may be flushed from the eyes with warm tap water.

In Australia, contact Poisons Information Centre on 13 11 26 for advice on management.

PRESENTATION AND STORAGE CONDITIONS

BrinzoQuin Eye Drops 1.0% 5 mL DROP-TAINER[®] dispenser.

(AUST R 99179).

Store below 25°C.

Discard container 4 weeks after opening.

Consumer Medicine Information is supplied with this product.

NAME AND ADDRESS OF SPONSOR

Novartis Pharmaceuticals Australia Pty Limited

ABN 18 004 244 160

54 Waterloo Road

Macquarie Park NSW 2113.

POISON SCHEDULE OF THE MEDICINE

Prescription Only Medicine (Schedule 4).

DATE OF FIRST INCLUSION IN THE ARTG

20 May 2004.

DATE OF MOST RECENT AMENDMENT

5 July 2017

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