SUMMARY OF PRODUCT CHARACTERISTICS

1. NAME OF MEDICINAL PRODUCT

Dexamethasone Sodium Phosphate 0.1 % w/v Eye Drops U.S.P. (XSONE)

2. QUALITATIVE AND QUANTITATIVE COMPOSITION
   Each ml contains 1.10 mg dexamethasone sodium phosphate equivalent to 1 mg dexamethasone phosphate. Excipients with known effects: contains 0.1 mg/ml of benzalkonium chloride. For the full list of excipients, see section 6.1.
3. PHARMACEUTICAL FORM

Eye drops, solution Clear colourless to pale yellow solution

4. CLINICAL PARTICULARS

4.1. Therapeutic indications

Eye, treatment of inflammatory conditions of the anterior segment of the eye complicated by infection caused by organisms sensitive to neomycin.

4.2. Posology and method of administration

Adults (including the elderly): One or two drops should be applied topically to the eye up to six times a day. Note: In severe conditions the treatment may be initiated with 1 or 2 drops every hour, the dosage should then be gradually reduced as the inflammation subsides. Children: The use of this medicine should be avoided in infants.

4.3. Contraindications

Hypersensitivity to the active substances or to any excipients listed in section 6. − Epithelial herpes simplex keratitis − Fungal or tuberculous eye infections − Personal and family history of glaucoma − Early stages of viral keratoconjunctivitis − Purulent infections of eyelids and eyes caused by neomycin resistant germs. Page 2 of 5

4.4. Special warnings and precautions

for use Special warnings Repeated instillation and/or eye drops prolonged use may lead to the resorption of active ingredients. In some patients, repeated instillation and/or eye drops prolonged use may lead to eye hypertonia and/or delay healing. Cushing syndrome and/or inhibition of the adrenal function related to the systemic absorption of ophthalmic dexamethasone might occur after an intensive continuous or long term treatment, in predisposed patients, including children and patients treated with CUP3A4 inhibitors (including ritonavir and cobicistat). In this case, the treatment should be stopped gradually.

Visual disorders

Visual disorders might occur during systemic or local corticotherapy. In case of blurred vision or any other visual symptom during corticotherapy, an ophthalmic examination is required notable to assess cataract, glaucoma, or rare damage as central serous chorioretinopathy. Sportsmen

(athletes) should be aware that this medicine contains an active substance which may induce a positive reaction to anti-doping tests.

Precautions for use

This eye drops solution is not intended for peri ocular or intra ocular injection. If more than one ophthalmic medicinal product is being used, the medicines must be administered 15 minutes apart. Sensitivity to topically applied neomycin sulphate may occur in some patients. If signs of serious reactions or hypersensitivity occur, the use of this medicine should be discontinued. In case of lack of improvement or in case of prolonged treatment, a medical supervision with microorganisms' susceptibility studies is indicated to detect resistance and to eventually adapt the treatment.

This kind of association is, in general, contraindicated following a simple ablation of superficial corneal foreign body. The use of corticosteroids in stroma herpes simplex required a close monitoring: the use of slit lamp examination is frequently required. As with others corticosteroids ophthalmic preparations, prolonged use requires an ophthalmic monitoring of cornea, of intraocular pressure and of crystalline lens. Cases of thinning of the cornea and cases of cataract have been reported after prolonged use of local steroids. In general, hereditary and degenerative ocular diseases are not adequately treated by this medicine. Page 3 of 5 Wearing contact lens during the treatment is not recommended due to adsorption risk of active ingredients and of preservative (benzalkonium).

4.5. Interaction with other medicinal products and other forms of interaction

CYP3A4 inhibitors (including ritonavir and cobistat) might decrease dexamethasone clearance causing an increase in the effects and inhibition of the adrenal function/Cushing syndrome. The combination should be avoided, except if the benefit is greater than the increased risk of systemic side effects of corticosteroids, in which case the patients should be monitored for the systemic effects of corticosteroids.

4.6. Fertility, pregnancy and lactation Pregnancy

XSONE is not recommended during pregnancy. There are no or limited amount of data from the use of this combination (dexamethasone, neomycin) in pregnant women. In clinical studies, foetal toxicity effects have been reported with systemic corticosteroids and aminoglycosides. Breastfeeding Breastfeeding is possible in case of short-term treatment (10 days). Breastfeeding is not recommended in case of prolonged treatment.

4.7. Effects on ability to drive and use machines

Instillation of this eye drop may cause transient blurring of vision. Warn patients not to drive or operate hazardous machinery until vision is clear.

4.8. Undesirable effects

Possible transient localised irritation: blurred vision, increased lacrimation, burning sensation, ocular hyperaemia Risk of cutaneous-conjunctiva hypersensitivity reactions. In case of

prolonged use: increase in intraocular pressure; lens opacification, superficial keratitis. In case of cornea or sclera ulceration, corticosteroids may delay healing and cause super infection. Side effects from the data obtained after the marketing (unknown frequency): The following undesirable effects were observed after the product has been launch on the market:

− Endocrinal disorders: Cushing syndrome, inhibition of the adrenal function (see section 4.4).

− Eye disorders: blurred vision (see section 4.4)

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal Page 4 of 5 product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system.

4.9. Overdose

No case of overdose has been reported. However, repeated instillation may lead to the resorption of active ingredients, ocular high-pressure induced by corticosteroids, lens opacification, superficial keratitis and delay healing. In patients receiving prolonged ophthalmic corticosteroid therapy, cornea, intraocular pressure and lens should be checked routinely and frequently. Cases of thinning of the cornea and cases of cataract have been reported after prolonged use of local steroids.

5. PHARMACOLOGICAL PROPERTIES

5.1. Pharmacodynamic properties

Pharmacotherapeutic group: ophthalmological; CORTICOSTEROIDS AND ANTIINFECTIVES IN COMBINATION ATC code: S01CA01 Dexamethasone is a steroidal anti-inflammatory drug. SUSCEPTIBILITY The prevalence of acquired resistance may vary geographically and with time for selected species and local information on resistance is desirable, particularly when treating severe infections. These data can only bring a direction on the probability of sensitivity of a bacterial strain to this antibiotic.

5.2. Pharmacokinetic properties

When given topically to the eye, dexamethasone is absorbed into the aqueous humour, cornea, iris, choroid, ciliary body and retina. Systemic absorption occurs but may be significant only at higher dosages or in extended paediatric therapy. Up to 90% of dexamethasone is absorbed when given by mouth; peak plasma levels are reached between 1 and 2 hours after ingestion and show wide individual variations. Dexamethasone sodium phosphate is rapidly converted to dexamethasone within the circulation. Up to 77% of dexamethasone is bound to plasma proteins, mainly albumin. This percentage, unlike cortisol, remains practically unchanged with increasing steroid concentrations. The mean plasma half life of dexamethasone is 3.6 ± 0.9h. Tissue distribution studies in animals show a high uptake of dexamethasone by the liver, kidney and adrenal glands; a volume of distribution has been quoted as 0.58 l/kg. In man, over 60% of

circulating steroids are excreted in the urine within 24 hours, largely as unconjugated steroid. Page 5 of 5 Dexamethasone also appears to be cleared more rapidly from the circulation of the foetus and neonate than in the mother; plasma dexamethasone levels in the foetus and the mother have been found in the ratio of 0.32:1.

5.3. Preclinical safety data

The use of corticosteroids, including XSONE, and its derivatives, in ophthalmology is well established. Little relevant toxicology has been reported, however, the breadth of clinical experience confirms its suitability as a topical ophthalmic agent.

6. PHARMACEUTICAL PARTICULARS

6.1. List of excipients

Hydroxy propyl methyl cellulose

Polysorbate 20

Sodium chloride

Benzalkonium chloride

Water for Injection

6.2. Incompatibilities

None known

6.3. Shelf-life

30 months After first opening: use within 28 days.

6.4. Special precautions for storage Do not store above 30°C and do not freeze.

6.5. Nature and contents of container 10mL and 5mL sealed transparent plastic ampoules, packed in baby cartons.

6.6. Special precautions for disposal and other handling Any unused medicinal product or waste material should be disposed of in accordance with local regulations in force. Use as directed by the physician. Keep out of reach of children.

7. MARKETING AUTHORISATION HOLDER

Abacus Parenteral Drugs Ltd. Uganda Block 191, Plot no.114, Kinga Mukono P. O. Box 31376, Kampala, Uganda.

8. MARKETING AUTHORISATION NUMBER

NDA/MAL/HDP/0077

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

04th May 2010

10. DATE OF REVISION OF THE TEXT

02nd December 2019