AUSTRALIAN PRODUCT INFORMATION

BIMTOP®

bimatoprost eye drops

1 NAME OF THE MEDICINE

Bimatoprost

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

Each millilitre of eye drops contains 300 micrograms of bimatoprost as the active ingredient.

For the full list of excipients, see section 6.1 List of Excipients.

3 PHARMACEUTICAL FORM

BIMTOP is a clear, colourless aqueous solution.

4 CLINICAL PARTICULARS

4.1 THERAPEUTIC INDICATIONS

BIMTOP is indicated for the reduction of elevated intraocular pressure, or open angle glaucoma, as first line therapy or monotherapy or as adjunctive therapy to topical beta-blockers.

4.2 DOSE AND METHOD OF ADMINISTRATION

Monotherapy

The recommended dose is one drop of BIMTOP in the affected eye(s) once daily, administered in the evening.

Adjunctive Therapy

The recommended dose is one drop of BIMTOP in the affected eye(s) once daily, administered in the evening.

More frequent administration has not been shown to provide increased efficacy.

If more than one topical ophthalmic medication is to be used, the other medication should not be used within 5 minutes of using BIMTOP eye drops.

In order to minimise systemic absorption of BIMTOP eye drops, patients should be instructed to apply pressure to the tear duct immediately following administration of the drug.

To avoid contamination of the solution, keep container tightly closed. Do not touch dropper tip to any surface. Discard contents 4 weeks after opening the bottle. Contents are sterile if seal is intact.

4.3 CONTRAINDICATIONS

BIMTOP eye drops are contraindicated in patients with hypersensitivity to bimatoprost or to any component of the medication.

4.4 SPECIAL WARNINGS AND PRECAUTIONS FOR USE

Bimatoprost eye drops has not been studied in patients with heart block more severe than first degree or uncontrolled congestive heart failure. There have been a limited number of spontaneous reports of bradycardia or hypotension with bimatoprost eye drops. Bimatoprost eye drops should be used with caution in patients predisposed to low heart rate or low blood pressure.

Bimatoprost eye drops has not been studied in patients with compromised respiratory function and should therefore be used with caution in such patients. In clinical studies, in those patients with a history of a compromised respiratory function, no significant untoward respiratory effects have been seen.

During treatment with bimatoprost, darkening of the eyelid skin and gradual increased eyelash growth (lengthening, darkening and thickening) with no consequent untoward ocular effects have been observed.

Before treatment is initiated, patients should be informed of the possibility of prostaglandin analogue periorbitopathy (PAP) and increased iris pigmentation. Some of these changes may be permanent and may lead to impaired field of vision and differences in appearance between the eyes when only one eye is treated (see section 4.8 Adverse effects (Undesirable effects)).

There is the potential for hair growth to occur in areas where bimatoprost eye drops solution comes repeatedly in contact with the skin surface. Thus, it is important to apply bimatoprost eye drops as instructed and to avoid it running onto the cheek or other skin areas.

In bimatoprost eye drops studies in patients with glaucoma or ocular hypertension, it has been shown that more frequent exposure of the eye to more than one dose of bimatoprost daily may decrease the IOP-lowering effect. Patients using bimatoprost eye drops with other prostaglandin analogues should be monitored for changes to their intraocular pressure.

Bimatoprost eye drops should be used with caution in patients with active intraocular inflammations (e.g. uveitis) because the inflammation may be exacerbated.

Macular oedema, including cystoid macular oedema, has been reported during treatment with bimatoprost 0.03% ophthalmic solution for elevated IOP. Bimatoprost eye drops should be used with caution in aphakic patients, in pseudophakic patients with a torn posterior lens capsule, or in patients with known risk factors for macular oedema (e.g. intraocular surgery, retinal vein occlusions, ocular inflammatory disease and diabetic retinopathy).

Bimatoprost eye drops has not been studied in patients with inflammatory ocular conditions, neovascular, inflammatory, angle-closure glaucoma, congenital glaucoma or narrow-angle glaucoma.

Information for Patients

Bimatoprost eye drops eye drops contain the preservative benzalkonium chloride, which may be absorbed by and cause discolouration of soft (hydrophilic) contact lenses. Patients wearing soft contact lenses should be instructed to remove their contact lenses prior to instillation of bimatoprost eye drops and wait at least 15 minutes following administration before reinserting the contact lenses. Bimatoprost eye drops should not be administered while wearing contact lenses.

There have been reports of bacterial keratitis associated with the use of multidose containers of topical ophthalmic products. These containers had been inadvertently contaminated by patients who, in most cases, had a concurrent ocular disease. Patients with a disruption of the ocular epithelial surface are at greater risk of developing bacterial keratitis.

The tip of the bottle should not be allowed to contact the eye, surrounding structures, fingers or any other surface in order to avoid eye injury and contamination of the solution.

Use in Hepatic or Renal Impairment

Bimatoprost eye drops has not been studied in patients with renal or hepatic impairment and should therefore be used with caution in such patients.

Use in the Elderly

No dosage adjustment in elderly patients is necessary.

Paediatric Use

Safety and effectiveness in patients below 18 years of age have not been established.

Effects on Laboratory Tests

No data available.

4.5 INTERACTIONS WITH OTHER MEDICINES AND OTHER FORMS OF INTERACTIONS

No interaction studies have been performed.

No drug-drug interactions are anticipated in humans since systemic concentrations of bimatoprost are extremely low (less than 0.2 ng/mL) following ocular dosing. No effects on hepatic drug metabolising enzymes were observed in pre-clinical studies. Therefore, specific interaction studies with other medicinal products have not been performed with bimatoprost eye drops.

In clinical studies, bimatoprost eye drop was used concomitantly with a number of different ophthalmic beta-blocking agents without evidence of drug interactions.

Concomitant use of bimatoprost eye drops and anti-glaucoma agents other than topical beta- blockers has not been evaluated during adjunctive glaucoma therapy.

There is a potential for the IOP-lowering effect of prostaglandin analogues to be reduced in patients with glaucoma or ocular hypertension when used with other prostaglandin analogues.

4.6 FERTILITY, PREGNANCY AND LACTATION

Effects on Fertility

Bimatoprost did not affect fertility in male or female rats at oral doses up to 0.6 mg/kg/day corresponding to 30 – 50 times the expected human exposure (based on blood AUC calculated from total blood concentration).

Use in Pregnancy

Pregnancy category: B3

Bimatoprost and/or its metabolites crossed the placenta in rats. In embryo/fetal developmental studies in pregnant mice and rats, abortion was observed at oral doses of bimatoprost of 0.3 and 0.6 mg/kg/day, respectively, resulting in exposures 15 and 34 times the expected human exposure (based on blood AUC calculated from total blood concentration). Bimatoprost was not teratogenic at up to 0.6 mg/kg/day in mice or rats. At doses of ≥ 0.3 mg/kg/day PO in rats, approximately 20 times the expected human exposure, the gestation length was reduced, embryofetal losses and peri- and postnatal pup mortality were increased, and pup body weights were reduced.

There are no adequate and well-controlled studies in pregnant women. bimatoprost eye drops should not be used during pregnancy unless clearly necessary.

Use in Lactation

Bimatoprost was excreted in rat milk following PO administration. Increased pup mortality and depressed pup growth occurred when dams were treated PO with bimatoprost from gestation day 7 to lactation day 20 at ≥ 0.3 mg/kg/day, corresponding to exposures approximately 20 times the expected human exposure (based on blood AUC calculated from total blood concentration).

There are no data on the excretion of bimatoprost into human milk or on the safety of bimatoprost exposure in infants. Because many drugs are excreted in human milk, nursing women who use bimatoprost eye drops should stop breast feeding.

4.7 EFFECTS ON ABILITY TO DRIVE AND USE MACHINES

Based on the pharmacodynamic profile, bimatoprost is not expected to affect the 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)

In clinical studies, over 1,700 patients have been treated with bimatoprost eye drops.

In the two pivotal monotherapy trials (715 patients) the most frequently reported treatment- related adverse events were: conjunctival hyperaemia in up to 42%, growth of eyelashes in up to 36% and ocular pruritus in up to 14% of patients. The incidence of conjunctival hyperaemia at baseline was 25.1% and 17.8% in patients allocated to treatment with bimatoprost eye drops once daily and timolol twice daily, respectively. At 6 months, the incidence of patients with a greater than mild increase in conjunctival hyperaemia was 6.2% and 0.4% in patients treated with bimatoprost eye drops once daily and timolol twice daily, respectively. Less than 7% of patients discontinued due to any adverse event.

The following undesirable effects definitely, probably or possibly related to treatment were reported during clinical trials with bimatoprost eye drops. Most were ocular, mild to moderate, and none was serious:

Eye Disorders:

Very common (>10%): conjunctival hyperaemia, growth of eyelashes, ocular pruritus.

Common (<10%): allergic conjunctivitis, asthenopia, blepharitis, blepharal pigmentation, conjunctival oedema, corneal erosion, eye discharge, eyelash darkening, eyelid erythema, eyelid pruritus, eye pain, foreign body sensation, increased iris pigmentation, lacrimation increased, ocular burning, ocular dryness, ocular irritation, photophobia, pigmentation of periocular skin, superficial punctate keratitis, tearing, visual disturbance/blurred vision and worsening of visual acuity.

Uncommon (<1%): blepharospasm, eyelid oedema, eyelid retraction, iritis, retinal haemorrhage.

Nervous System Disorders:

Common (<10%): headache

Uncommon (<1%): depression, vertigo

Musculoskeletal and Connective Tissue Disorders:

Common (<10%): asthenia

Respiratory, Thoracic and Mediastinal Disorders:

Uncommon (<1%): infection (primarily colds and upper respiratory tract infections)

Skin and Subcutaneous Tissue Disorders:

Common (<10%): Skin hyperpigmentation

Uncommon (<1%): Hirsutism

Post-marketing Experiences:

In addition to what has been observed in clinical trials, the following adverse reactions have been identified during postmarketing use of bimatoprost eye drops. Because postmarketing reporting is voluntary and from a population of uncertain size, it is not possible to reliably estimate the frequency of these reactions:

Eye disorders: Prostaglandin analogue periorbitopathy, erythema (periorbital), eyelid oedema, macular oedema, ocular discomfort

Skin and subcutaneous tissue disorders: Hair growth abnormal, skin discolouration

Gastrointestinal disorders: Nausea

Nervous system disorders: Dizziness

Immune system disorders

Hypersensitivity reaction including signs and symptoms of eye allergy and allergic dermatitis

Vascular disorders: Hypertension

Respiratory, thoracic and mediastinal disorders: Asthma, exacerbation of asthma, dyspnoea

Description of selected adverse reactions:

Prostaglandin analogue periorbitopathy (PAP)

Prostaglandin analogues including bimatoprost can induce periorbital lipodystrophic changes which can lead to deepening of eyelid sulcus, eyelid ptosis, enophthalmos, eyelid retraction, involution of dermatochalasis and inferior scleral show. Changes are typically mild, can occur as early as one month after initiation of treatment with bimatoprost, and may cause impaired field of vision even in the absence of patient recognition. PAP is also associated with periocular skin hyperpigmentation or discoloration and hypertrichosis. All changes have been noted to be partially or fully reversible upon discontinuation or switch to alternative treatments.

Iris hyperpigmentation

Increased iris pigmentation is likely to be permanent. The pigmentation change is due to increased melanin content in the melanocytes rather than to an increase in the number of melanocytes. The long-term effects of increased iris pigmentation are not known. Iris colour changes seen with ophthalmic administration of bimatoprost may not be noticeable for several months to years. Typically, the brown pigmentation around the pupil spreads concentrically towards the periphery of the iris and the entire iris or parts become more brownish. Neither naevi nor freckles of the iris appear to be affected by treatment. At 12 months, the incidence of iris hyperpigmentation with bimatoprost 0.1 mg/ml eye drops, solution was 0.5%. At 12 months, the incidence with bimatoprost 0.3 mg/ml eye drops, solution was 1.5% and did not increase following 3 years treatment.

Reporting Suspected Adverse Effects

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 www.tga.gov.au/reporting-problems.

4.9 OVERDOSE

If overdosage occurs, treatment should be symptomatic and supportive.

Ophthalmic overdose: No case of overdose has been reported, and is unlikely to occur after ocular administration.

Systemic overdose resulting from accidental ingestion: If bimatoprost eye drops is accidentally ingested, the following information may be useful: in two-week oral rat and mouse studies, doses up to 250 mg/kg/day did not produce any toxicity. This dose expressed as mg/kg is 1,100 times higher than the accidental dose of 7.5mL bimatoprost 300 microgram/mL eye drops in a 10 kg child.

For information on the management of overdose, contact the Poisons Information Centre on 13 11 26 (Australia).

5 PHARMACOLOGICAL PROPERTIES

5.1 PHARMACODYNAMIC PROPERTIES

Mechanism of Action

Bimatoprost is a novel synthetic prostamide analogue with potent ocular hypotensive activity. It selectively mimics the effects of a newly discovered naturally occurring substance, prostamide. Prostamide is biosynthesised from anandamide by a pathway involving COX-2 but not COX-1, suggesting a new pathway that leads to the synthesis of endogenous lipid amides that lower intraocular pressure (IOP). Bimatoprost and prostamides differ from prostaglandins (PGs) in that prostamides are biosynthesized from a different precursor, anandamide; bimatoprost does not stimulate any previously described prostanoid receptor; it is not mitogenic; it does not contract the human uterus; and it is electrochemically neutral.

Bimatoprost reduces intraocular pressure in man by increasing aqueous humour outflow through the trabecular meshwork and enhancing uveoscleral outflow. Reduction of the intraocular pressure starts approximately 4 hours after the first administration and maximum effect is reached within approximately 8 to 12 hours. The duration of effect is maintained for at least 24 hours.

Clinical studies have shown mean intraocular pressure decreases of up to 9 mmHg.

Clinical Trials

Elevated IOP presents a major risk factor in the pathogenesis of glaucomatous visual field loss. The higher the level of intraocular pressure, the greater the likelihood of optic nerve damage and glaucomatous visual field loss. Bimatoprost has the action of lowering intraocular pressure with no clinically relevant effects on heart rate and blood pressure observed in clinical trials.

Monotherapy

The efficacy of bimatoprost eye drops was demonstrated in two multi-centre studies compared with timolol 0.5% after 6 months treatment in subjects with chronic glaucoma or ocular hypertension. In each, both once daily and twice daily bimatoprost was compared to twice daily timolol 0.5%. A total of 1198 patients were enrolled in the two studies with 474 receiving bimatoprost once daily, 483 receiving bimatoprost twice daily and 241 receiving timolol.

Table 1: Intraocular Pressure (mm Hg) ± SD in Individual Phase 3 Monotherapy Studies: Mean Baseline and Mean Changes from Baseline at Month 6

timepoint visit	Study 1			Study 2		
	Bimatoprost QD (N = 240)	**Bimatoprost BID (N = 240)**	**timolol (N = 122)**	**Bimatoprost QD (N = 234)**	**Bimatoprost BID (N = 243)**	**timolol (N = 119)**
Hour 0						
baseline	25.85 ± 3.18	26.10 ± 3.06	25.82 ± 2.94	26.05 ± 3.28	25.59 ± 3.15	25.71 ± 3.31
month 6	-7.88[a] ± 3.69	-7.00[b] ± 3.85	-6.27 ± 3.48	-8.69[a] ± 3.96	-7.30[b] ± 3.71	-6.63 ± 3.65
Hour 2						
baseline	24.64 ± 3.86	24.80 ± 3.95	24.01 ± 3.64	24.70 ± 3.51	24.39 ± 3.49	24.11 ± 3.44
month 6	-7.59[a] ± 4.47	-6.00[b] ± 4.36	-5.29 ± 3.93	-8.59[a] ± 3.60	-6.64[b] ± 3.88	-5.96 ± 3.78
Hour 8						

baseline	23.87 ± 3.99	23.92 ± 4.18	23.16 ± 3.88	23.73 ± 3.79	23.44 ± 3.76	23.30 ± 3.86
month 6	-6.88[a] ± 4.28	-5.55[a] ± 4.46	-4.17 ± 3.96	-7.14[a] ± 3.94	-6.14[a] ± 3.77	-4.96 ± 3.80

[a]Bimatoprost superior to timolol ($p \leq 0.05$); [b]Bimatoprost non-inferior to timolol.; N = number of patients at baseline

Bimatoprost eye drops administered once daily as monotherapy, have consistently shown clinically and statistically superior IOP reduction vs timolol 0.5% twice daily over a six month period. Mean IOP changes from baseline for bimatoprost once daily ranged from 6.88 to 7.88 mmHg in study 1 and 7.14 to 8.69 mmHg in study 2. These were superior to the decreases seen in the timolol group (4.17 to 6.27 mmHg and 4.96 to 6.63 mmHg respectively). Twice daily dosing did not show any increased efficacy compared to once daily dosing.

In addition to mean change from baseline, a frequency analysis of the IOP recorded at hour 0 at each visit was performed. In the two studies 46% and 52.5% of patients achieved an IOP of 17 mmHg or less (a commonly agreed 'target IOP') with bimatoprost once daily over the time period studied, compared to 25.4% and 29% in the timolol group. These results corroborate the statistical and clinical superiority of the once daily regimen over timolol seen at all visits.

Adjunctive Therapy

The ability of bimatoprost 0.03% eye drops to lower IOP when used as adjunctive therapy to topical beta-blocker monotherapy has been evaluated in two large scale multi-centre, randomised 3 month studies, involving 722 patients of which 489 received bimatoprost. The numbers and proportions of the different topical beta-blocking agents used in the studies were representative of clinical practice.

Table 2: Intraocular Pressure (mm Hg) ± SD in Individual Phase 3 Adjunctive Studies: Mean Baseline and Mean Changes from Baseline at Month 3

timepoint visit	**Study 1**			**Study 2**		
	Bimatoprost QD/BB (N = 153)	**Bimatoprost BID/BB (N = 146)**	**Latanoprost/BB (N = 138)**	**Bimatoprost QD/BB (N = 93)**	**Bimatoprost BID/BB (N = 97)**	**Vehicle/BB (N = 95)**
Hour 0						
baseline	25.02 ± 2.95	24.99 ± 2.51	25.17 ± 2.97	24.51 ± 2.50	24.64 ± 2.76	24.40 ± 2.90
month 3	-7.95[b] ± 3.81	-7.26[b] ± 3.48	-7.35 ± 3.74	-7.38[a] ± 4.72	-6.34[a] ± 3.86	-3.59 ± 3.46
Hour 2						
baseline	23.18 ± 3.68	23.11 ± 3.62	23.32 ± 3.34	22.22 ± 3.35	22.25 ± 3.86	21.54 ± 3.46
month 3	-7.03[b] ±.99	-5.33 ± 4.09	-6.39 ± 3.92	-6.45[a] ± 4.20	-4.73[a] ± 4.07	-2.29 ± 3.65
Hour 8						
baseline	22.42 ± 3.90	22.36 ± 4.03	23.05 ± 3.67	21.96 ± 3.04	22.15 ± 3.99	21.44 ± 3.48
month 3	-6.03[b] ± 4.15	-4.64 ± 4.25	-5.89 ± 3.91	-6.39[a] ± 3.77	-4.45[a] ± 4.23	-2.62 ± 3.64

[a]Bimatoprost superior to vehicle/timolol ($p \leq 0.001$); [b]Bimatoprost non-inferior to latanoprost/BB.; N = number of patients at baseline; BB = beta-blocker

Overall at month 3 in study 1, the mean decreases from baseline IOP at hours 0, 2 and 8 in patients treated with bimatoprost once daily/beta-blocker ranged from 6.03 to 7.95 mmHg. These were non-inferior to the decreases seen in the latanoprost/beta-blocker group (5.89 to 7.35 mmHg) at all time points.

Overall at month 3 in study 2, the mean decreases from baseline IOP at hours 0, 2 and 8 in patients treated with bimatoprost once daily/beta-blocker ranged from 6.39 to 7.38 mmHg. These were superior to the decreases seen in the vehicle/beta-blocker group (2.62 to 3.59 mmHg) at all time points. Bimatoprost once daily/beta-blocker showed superiority to vehicle/beta-blocker at all time points at all visits.

5.2 PHARMACOKINETIC PROPERTIES

Absorption

Bimatoprost penetrates the human cornea and sclera *in vitro*.

After once daily ocular administration of one drop of 0.03% bimatoprost to both eyes of 15 healthy subjects for two weeks, blood concentrations peaked within 10 minutes after dosing and declined to below the lower limit of detection (0.025 ng/mL) within 1.5 hours after dosing. Mean bimatoprost C max values were similar on days 7 and 14 at 0.0721 and 0.0822 ng/mL respectively. The mean AUC0-24hr values were also similar on days 7 and 14 at 0.0742 and 0.096ng.hr/mL respectively, indicating that a steady systemic exposure to bimatoprost was reached during the first week of ocular dosing. The systemic exposure of bimatoprost is very low with no accumulation over time.

Distribution

Bimatoprost is moderately distributed into body tissues with a steady state systemic volume of distribution in humans of 0.67 L/kg. In human blood, bimatoprost resides mainly in the plasma. The plasma protein binding of bimatoprost is approximately 90%.

Data from *in vitro* studies showed that the overall extent of melanin binding was not dependent on concentration and the binding was reversible.

Metabolism

Bimatoprost is the major circulating species in the blood once it reaches the systemic circulation following ocular dosing in humans. Bimatoprost then undergoes oxidation, N- deethylation and glucuronidation to form a diverse variety of metabolites.

Excretion

Bimatoprost is eliminated primarily by renal excretion. Up to 67% of an intravenous dose of radiolabeled bimatoprost administered to healthy volunteers was excreted in the urine, 25% of the dose was excreted via the faeces. The elimination half-life, determined after intravenous administration, was approximately 45 minutes, the total blood clearance of unchanged bimatoprost was 1.5 L/hr/kg.

After twice daily dosing, the mean AUC0-24hr value of 0.0634 ng.hr/mL for bimatoprost in the elderly (subjects 65 years or older) was statistically significantly higher than that of 0.0218 ng.hr/mL in young healthy adults, suggesting the existence of an age effect. However, this finding is not clinically relevant as systemic exposure for elderly and young subjects remained very low from ocular dosing. There was no accumulation of bimatoprost in the blood over time and the safety profile was similar in elderly and young patients.

5.3 PRECLINICAL SAFETY DATA

Ocular administration of bimatoprost in monkeys at concentrations of 0.03% or 0.1% once or twice daily for 1 year caused an increase in iris pigmentation and reversible dose-related periocular effects characterised by a prominent upper and/or lower sulcus and widening of the palpebral fissure. No associated increase in melanocyte number was observed with the pigmentation. It appears that the mechanism of increased iris

pigmentation is due to increased stimulation of melanin production in melanocytes and not to an increase in melanocyte number.

Periocular effects were also observed in an intravenous toxicity study at systemic exposures at least 235-fold higher than that observed in humans after ocular administration. No functional or microscopic changes related to the periocular effects were observed. The mechanism of action for the observed periocular changes is unknown.

Genotoxicity

Bimatoprost was not mutagenic or clastogenic in a bacterial mutation assay, in a mouse lymphoma test *in vitro* or in a mouse micronucleus test.

Carcinogenicity

Long-term studies in mice and rats revealed no evidence of carcinogenicity following oral (by gavage) administration of bimatoprost at doses up to 2 and 1 mg/kg/day, respectively. These doses resulted in systemic bimatoprost levels 85 – 95 times the maximum anticipated human exposure (based on blood AUC). In the rat carcinogenicity study, a dose-related increase in vacuolated corpora lutea was observed. The clinical relevance of this ovarian effect is unclear.

6 PHARMACEUTICAL PARTICULARS

6.1 LIST OF EXCIPIENTS

Benzalkonium chloride, citric acid monohydrate, dibasic sodium phosphate, hydrochloric acid, sodium chloride, sodium hydroxide, water for injections.

6.2 INCOMPATIBILITIES

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

6.3 SHELF LIFE

In Australia, information on the shelf life can be found on the public summary of the Australian Register of Therapeutic Goods (ARTG). The expiry date can be found on the packaging.

6.4 SPECIAL PRECAUTIONS FOR STORAGE

Store below 25°C. Discard contents 4 weeks after opening the bottle.

6.5 NATURE AND CONTENTS OF CONTAINER

Container type: Bottle (PP)

Pack sizes: 1, 3

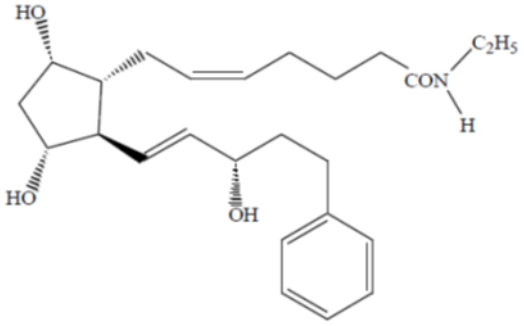
Some strengths, pack sizes and/or pack types may not be marketed.

6.6 SPECIAL PRECAUTIONS FOR DISPOSAL

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

6.7 PHYSICOCHEMICAL PROPERTIES

Chemical Structure



Bimatoprost (BIMTOP eye drops 300 microgram/mL) is a prostamide with potent ocular hypotensive activity. Bimatoprost is a white to off-white powder and is very soluble in ethyl alcohol and methyl alcohol and slightly soluble in water. BIMTOP is a clear, isotonic, colourless, sterile ophthalmic solution with an osmolality of approximately 290mOsmol/kg.

Chemical name: (Z)-7-[(1R,2R,3R,5S)-3,5-Dihydroxy-2-[(1E,3S)-3-hydroxy-5-phenyl-1-pentenyl]cyclopentyl]-N-ethyl-5-heptenamide

Molecular formula: $C_{25}H_{37}NO_4$

Molecular weight: 415.58

CAS Number

155206-00-1

7 MEDICINE SCHEDULE (POISONS STANDARD)

S4 (Prescription Only Medicine)

8 SPONSOR

Viatris Pty Ltd

Level 1, 30 The Bond

30 – 34 Hickson Road

Millers Point NSW 2000

www.viatris.com.au

Phone: 1800 274 276

9 DATE OF FIRST APPROVAL

18 April 2017

10 DATE OF REVISION

23 November 2022

Summary Table of Changes

Section Changed	Summary of New Information

4.4	Update to include prostaglandin analogue periorbitopathy (PAP).
4.8	Update under Post marketing experiences prostaglandin analogue periorbitopathy (PAP) and a description for PAP and iris hyperpigmentation under new heading Description of selected adverse reactions

BIMTOP® is a Viatris company trade mark

bimtop_pi\Nov22/00