SUMMARY OF PRODUCT CHARACTERISTICS

1. NAME OF THE MEDICINAL PRODUCT

<Product Name> 50 micrograms/ml eye drops, solution in unit dose container

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each ml of solution contains 50 micrograms of latanoprost.

For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Eye drops, solution
The solution is a clear colourless liquid with a pH of approximately 6.7 and osmolality of approximately 280mOsm Kg^{-1}.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

Reduction of elevated intraocular pressure in patients with open angle glaucoma and ocular hypertension.

Reduction of elevated intraocular pressure in paediatric patients with elevated intraocular pressure and paediatric glaucoma.

4.2 Posology and method of administration

Posology

Recommended dosage for adults (including the elderly)
Recommended therapy is one eye drop in the affected eye(s) once daily. Optimal effect is obtained if <Product Name> is administered in the evening.

The dosage of <Product Name> should not exceed once daily since it has been shown that more frequent administration decreases the intraocular pressure lowering effect.

If one dose is missed, treatment should continue with the next dose as normal.

Paediatric population
<Product Name> eye drops may be used in paediatric patients at the same posology as in adults. No data are available for preterm infants (less than 36 weeks gestational age). Data in the age group < 1 year (4 patients) are limited (see section 5.1).

Method of Administration
Ocular use.

As with any eye drops, to reduce possible systemic absorption, it is recommended that the lachrymal sac be compressed at the medial canthus (punctal occlusion) for one minute. This should be performed immediately following the instillation of each drop.

Contact lenses should be removed before instillation of the eye drops and may be reinserted after 15 minutes.

If more than one topical ophthalmic medicinal product is being used, they should be administered at least five minutes apart.

4.3 Contraindications

Hypersensitivity to the active substance or to any of the excipients listed in section 6.1.

4.4 Special warnings and precautions for use

Latanoprost may gradually change eye colour by increasing the amount of brown pigment in the iris. Before treatment is instituted, patients should be informed of the possibility of a permanent change in eye colour. Unilateral treatment can result in permanent heterochromia.

This change in eye colour has predominantly been seen in patients with mixed coloured irides, i.e. blue-brown, grey-brown, yellow-brown and green-brown. In studies with latanoprost, the onset of the change is usually within the first 8 months of treatment, rarely during the second or third year, and has not been seen after the fourth year of treatment. The rate of progression of iris pigmentation decreases with time and is stable for five years. The effect of increased pigmentation beyond five years has not been evaluated. In an open 5-year latanoprost safety study, 33% of patients developed iris pigmentation (see section 4.8). The iris colour change is slight in the majority of cases and often not observed clinically. The incidence in patients with mixed colour irides ranged from 7 to 85%, with yellow-brown irides having the highest incidence. In patients with homogeneously blue eyes, no change has been observed and in patients with homogeneously grey, green or brown eyes, the change has only rarely been seen.

The colour change is due to increased melanin content in the stromal melanocytes of the iris and not to an increase in number of melanocytes. Typically, the brown pigmentation around the pupil spreads concentrically towards the periphery in affected eyes, but the entire iris or parts of it may become more brownish. No further increase in brown iris pigment has been observed after discontinuation of treatment. It has not been associated with any symptom or pathological changes in clinical trials to date.

Neither naevi nor freckles of the iris have been affected by treatment. Accumulation of pigment in the trabecular meshwork or elsewhere in the anterior chamber has not been observed in clinical trials. Based on 5 years clinical experience, increased iris pigmentation has not been shown to have any negative clinical sequelae and latanoprost can be continued if iris pigmentation ensues. However, patients should be monitored regularly and if the clinical situation warrants, latanoprost treatment may be discontinued.

There is limited experience of latanoprost in chronic angle closure glaucoma, open angle glaucoma of pseudophakic patients and in pigmentary glaucoma. There is no experience of latanoprost in inflammatory and neovascular glaucoma or inflammatory ocular conditions. Latanoprost has no or little effect on the pupil, but there is no experience in acute attacks of closed angle glaucoma. Therefore, it is recommended that latanoprost should be used with caution in these conditions until more experience is obtained.

There are limited study data on the use of latanoprost during the peri-operative period of cataract surgery. <Product Name> should be used with caution in these patients.

Latanoprost should be used with caution in patients with a history of herpetic keratitis, and should be avoided in cases of active herpes simplex keratitis and in patients with a history of recurrent herpetic keratitis specifically associated with prostaglandin analogues.

Reports of macular oedema have occurred (see section 4.8) mainly in aphakic patients, in pseudophakic patients with torn posterior lens capsule or anterior chamber lenses, or in patients with known risk factors for cystoid macular oedema (such as diabetic retinopathy and retinal vein occlusion). Latanoprost should be used with caution in aphakic patients, in pseudophakic patients with torn posterior lens capsule or anterior chamber lenses, or in patients with known risk factors for cystoid macular oedema.

In patients with known predisposing risk factors for iritis/uveitis, <Product Name> can be used with caution.

There is limited experience from patients with asthma, but some cases of exacerbation of asthma and/or dyspnoea were reported in post marketing experience. Asthmatic patients should therefore be treated with caution until there is sufficient experience, see also section 4.8.

Periorbital skin discolouration has been observed, the majority of reports being in Japanese patients. Experience to date shows that periorbital skin discolouration is not permanent and in some cases has reversed while continuing treatment with latanoprost.

Latanoprost may gradually change eyelashes and vellus hair in the treated eye and surrounding areas; these changes include increased length, thickness, pigmentation, number of lashes or hairs and misdirected growth of eyelashes. Eyelash changes are reversible upon discontinuation of treatment.

Paediatric population
Efficacy and safety data in the age group < 1 year (4 patients) are very limited (see section 5.1). No data are available for preterm infants (less than 36 weeks gestational age).

In children from 0 to < 3 years old that mainly suffers from PCG (Primary Congenital Glaucoma), surgery (e.g.trabeculotomy/goniotomy) remains the first line treatment.

Long-term safety in children has not yet been established.

4.5 Interaction with other medicinal products and other forms of interaction

Definitive drug interaction data are not available.

There have been reports of paradoxical elevations in intraocular pressure following the concomitant ophthalmic administration of two prostaglandin analogues. Therefore, the use of two or more prostaglandins, prostaglandin analogues or prostaglandin derivatives is not recommended.

Paediatric population
Interaction studies have only been performed in adults.

4.6 Fertility, pregnancy and lactation

Pregnancy

The safety of this medicinal product for use in human pregnancy has not been established. It has potential hazardous pharmacological effects with respect to the course of pregnancy, to the unborn or the neonate. Therefore,<Product Name> is not recommended during pregnancy.

Breast-feeding
Latanoprost and its metabolites may pass into breast milk and <Product Name> should therefore not be used in breast feeding women or breast feeding should be stopped.

Fertility
Latanoprost has not been found to have any effect on male or female fertility in animal studies (see section 5.3).

4.7 Effects on ability to drive and use machines

<Product Name> has minor influence on the ability to drive and use machines.
In common with other eye preparations, instillation of eye drops may cause transient blurring of vision. Until this has resolved, patients should not drive or use machines.

4.8 Undesirable effects

a. Summary of the safety profile
The majority of adverse events relate to the ocular system. In an open 5-year latanoprost safety study, 33% of patients developed iris pigmentation (see section 4.4). Other ocular adverse events are generally transient and occur on dose administration.

b. Tabulated list of adverse reactions
Adverse events are categorized by frequency as follows:
Very common (≥1/10)
Common (≥ /100 to <1/10)
Uncommon (≥1/1,000 to <1/100)
Rare (≥1/10,000 to <1/1,000)
Very rare (<1/10,000)
Not known (cannot be estimated from the available data)

System organ class	***Frequency convention***	
Infections and Infestations	*Not known:*	Herpetic keratitis
Nervous System Disorders	*Not known:*	Headache, dizziness
Eye disorders	*Very common:*	Increased iris pigmentation; mild to moderate conjunctival hyperaemia, eye irritation (burning grittiness, itching, stinging and foreign body sensation); eyelash and vellus hair changes (increased length, thickness, pigmentation and number) (vast majority of reports in Japanese population).
	Common:	Transient punctate epithelial erosions, mostly without symptoms; blepharitis; eye pain, photophobia.
	Uncommon:	Eyelid oedema: dry eye; keratitus; vision blurred; conjunctivitis.
	Rare:	Iritis/uveitis (the majority of reports in patients with concomitant predisposing factors); macular oedema; symptomatic corneal oedema and erosions; periorbital oedema; misdirected eyelashes sometimes resulting in eye irritation; extra row of cilia at the aperture of the meibomian glands (distichiasis).
	Very rare:	Periorbital and lid changes resulting in deepening of the eyelid sulcus

	Not known:	Iris cyst
Cardiac disorders	*Very rare:*	Unstable angina
	Not known:	Palpitations
Respiratory, Thoracic and Mediastinal Disorders	*Rare:*	Asthma, asthma exacerbation and dyspnoea.
Skin and Subcutaneous Tissue Disorders	*Uncommon:*	Skin rash.
	Rare:	Localised skin reaction on the eyelids; darkening of the palpebral skin of the eyelids.
Musculoskeletal and Connective Tissue Disorders	*Not known:*	Myalgia; Arthralgia
General Disorders and Administration Site Conditions	*Very rare:*	Chest pain. Cases of corneal calcification have been reported very rarely in association with the use of phosphate containing eye drops in some patients with significantly damaged corneas.

c. Description of selected adverse reactions

No information is provided.

d. Paediatric Population
In two short term clinical trials (≤ 12 weeks), involving 93 (25 and 68) paediatric patients the safety profile was similar to that in adults and no new adverse events were identified. The short term safety profiles in the different paediatric subsets were also similar (see section 5.1). Adverse events seen more frequently in the paediatric population as compared to adults are: nasopharyngitis and pyrexia.

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 product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system.

<the national reporting system per country will be addressed at national phase>

4.9 Overdose

Apart from ocular irritation and conjunctival hyperaemia, no other ocular side effects are known if latanoprost is overdosed.

If latanoprost is accidentally ingested the following information may be useful: One bottle contains 125 micrograms latanoprost. More than 90% is metabolised during the first pass through the liver. Intravenous infusion of 3 micrograms/kg in healthy volunteers produced mean plasma concentrations 200 times higher than during clinical treatment and induced no symptoms, but a dose of 5.5-10 micrograms/kg caused nausea, abdominal pain, dizziness, fatigue, hot flushes and sweating. In monkeys, latanoprost has been infused intravenously in doses of up to 500 micrograms/kg without major effects on the cardiovascular system.

Intravenous administration of latanoprost in monkeys has been associated with transient bronchoconstriction. However, in patients with moderate bronchial asthma, bronchoconstriction was not induced by latanoprost when applied topically on the eyes in a dose of seven times the clinical dose of latanoprost.
If overdose with latanoprost occurs, treatment should be symptomatic.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group; Antiglaucoma preparations and miotics, prostaglandin analogues, (ATC code): S01EE01

Mechanism of action
The active substance latanoprost, a prostaglandin $F_{2\alpha}$ analogue, is a selective prostanoid FP receptor agonist which reduces the intraocular pressure by increasing the outflow of aqueous humour. Reduction of the intraocular pressure in man starts about three to four hours after administration and maximum effect is reached after eight to twelve hours. Pressure reduction is maintained for at least 24 hours.

Studies in animals and man indicate that the main mechanism of action is increased uveoscleral outflow, although some increase in outflow facility (decrease in outflow resistance) has been reported in man.

Pharmacodynamic effects
Pivotal studies have demonstrated that latanoprost is effective as monotherapy. In addition, clinical trials investigating combination use have been performed. These include studies that show that latanoprost is effective in combination with beta-adrenergic antagonists (timolol). Short-term (1 or 2 weeks) studies suggest that the effect of latanoprost is additive in combination with adrenergic agonists (dipivalyl epinephrine), oral carbonic anhydrase inhibitors (acetazolamide) and at least partly additive with cholinergic agonists (pilocarpine).

Clinical efficacy and safety
Clinical trials have shown that latanoprost has no significant effect on the production of aqueous humour. Latanoprost has not been found to have any effect on the blood-aqueous barrier.

Latanoprost has no or negligible effects on the intraocular blood circulation when used at the clinical dose and studied in monkeys. However, mild to moderate conjunctival or episcleral hyperaemia may occur during topical treatment.

Chronic treatment with latanoprost in monkey eyes, which had undergone extracapsular lens extraction, did not affect the retinal blood vessels as determined by fluorescein angiography.

Latanoprost has not induced fluorescein leakage in the posterior segment of pseudophakic human eyes during short-term treatment.

Latanoprost in clinical doses has not been found to have any significant pharmacological effects on the cardiovascular or respiratory system.

Paediatric population
The efficacy of latanoprost in paediatric patients ≤ 18 years of age was demonstrated in a 12-week, double-masked clinical study of latanoprost compared with timolol in 107 patients diagnosed with ocular hypertension and paediatric glaucoma. Neonates were required to be at least 36 weeks gestational age. Patients received either latanoprost 0.005% once daily or timolol 0.5% (or optionally 0.25% for subjects younger than 3 years old) twice daily. The primary efficacy endpoint was the mean reduction in intraocular pressure (IOP) from baseline at Week 12 of the study. Mean IOP reductions in the latanoprost and timolol groups were similar. In all age groups studied (0 to <3 years, 3 to < 12 years and 12 to 18 years of age) the mean IOP reduction at Week 12 in the latanoprost group was similar to that in the timolol

group. Nevertheless, efficacy data in the age group 0 to < 3 years were based on only 13 patients for latanoprost and no relevant efficacy was shown from the 4 patients representing the age group 0 to < 1 year old in the clinical paediatric study. No data are available for preterm infants (less than 36 weeks gestational age).

IOP reductions among subjects in the primary congenital/infantile glaucoma (PCG) subgroup were similar between the latanoprost group and the timolol group. The non-PCG (e.g. juvenile open angle glaucoma, aphakic glaucoma) subgroup showed similar results as the PCG subgroup.

The effect on IOP was seen after the first week of treatment (see table) and was maintained throughout the 12 week period of study, as in adults.

Table: IOP reduction (mmHg) at week 12 by active treatment group and baseline diagnosis

	Latanoprost N=53		**Timolol N=54**	
Baseline Mean (SE)	27.3 (0.75)		27.8 (0.84)	
Week 12 Change from Baseline Mean[†](SE)	-7.18 (0.81)		-5.72 (0.81)	
p -value vs. timolol	0.2056			
	PCG N=28	**Non-PCG N=25**	**PCG N=26**	**Non-PCG N=28**
Baseline Mean (SE)	26.5 (0.72)	28.2 (1.37)	26.3 (0.95)	29.1 (1.33)
Week 12 Change from Baseline Mean[†](SE)	-5.90 (0.98)	-8.66 (1.25)	-5.34 (1.02)	-6.02 (1.18)
p -value vs. timolol	0.6957	0.1317		

SE: standard error.
[†]Adjusted estimate based on an analysis of covariance (ANCOVA) model.

5.2 Pharmacokinetic properties

Latanoprost (mw 432.58) is an isopropyl ester prodrug which per se is inactive, but after hydrolysis to the acid of latanoprost becomes biologically active.

Absorption
The prodrug is well absorbed through the cornea and all drug that enters the aqueous humour is hydrolysed during the passage through the cornea.

Distribution
Studies in man indicate that the peak concentration in the aqueous humour is reached about two hours after topical administration. After topical application in monkeys, latanoprost is distributed primarily in the anterior segment, the conjunctivae and the eyelids. Only minute quantities of the drug reach the posterior segment.

Biotransformation
There is practically no metabolism of the acid of latanoprost in the eye. The main metabolism occurs in the liver. The half life in plasma is 17 minutes in man.

Elimination
The main metabolites, the 1,2-dinor and 1,2,3,4-tetranor metabolites, exert no or only weak biological activity in animal studies and are excreted primarily in the urine.

Paediatric population
An open-label pharmacokinetic study of plasma latanoprost acid concentrations was undertaken in 22 adults and 25 paediatric patients (from birth to < 18 years of age) with

ocular hypertension and glaucoma. All age groups were treated with latanoprost 0.005%, one drop daily in each eye for a minimum of 2 weeks. Latanoprost acid systemic exposure was approximately 2-fold higher in 3 to < 12 years olds and 6-fold higher in children < 3 years old compared with adults, but a wide safety margin for systemic adverse effects was maintained (see section 4.9). Median time to reach peak plasma concentration was 5 minutes post-dose across all age groups. The median plasma elimination half-life was short (< 20 minutes), similar for paediatric and adult patients, and resulted in no accumulation of latanoprost acid in the systemic circulation under steady-state conditions.

5.3 Preclinical safety data

The ocular as well as systemic toxicity of latanoprost has been investigated in several animal species. Generally, latanoprost is well tolerated with a safety margin between clinical ocular dose and systemic toxicity of at least 1000 times. High doses of latanoprost, approximately 100 times the clinical dose/kg body weight, administered intravenously to unanaesthetised monkeys have been shown to increase the respiration rate probably reflecting bronchoconstriction of short duration. In animal studies, latanoprost has not been found to have sensitising properties.

In the eye, no toxic effects have been detected with doses of up to 100 micrograms/eye/day in rabbits or monkeys (clinical dose is approximately 1.5 micrograms/eye/day). In monkeys, however, latanoprost has been shown to induce increased pigmentation of the iris.

The mechanism of increased pigmentation seems to be stimulation of melanin production in melanocytes of the iris with no proliferative changes observed. The change in iris colour may be permanent.

In chronic ocular toxicity studies, administration of latanoprost 6 micrograms/eye/day has also been shown to induce increased palpebral fissure. This effect is reversible and occurs at doses above the clinical dose level. The effect has not been seen in humans.

Latanoprost was found negative in reverse mutation tests in bacteria, gene mutation in mouse lymphoma and mouse micronucleus test. Chromosome aberrations were observed *in vitro* with human lymphocytes. Similar effects were observed with prostaglandin $F_{2\alpha}$, a naturally occurring prostaglandin and indicates that this is a class effect.

Additional mutagenicity studies on *in vitro*/*in vivo* unscheduled DNA synthesis in rats were negative and indicate that latanoprost does not have mutagenic potency. Carcinogenicity studies in mice and rats were negative.

Latanoprost has not been found to have any effect on male or female fertility in animal studies. In the embryotoxicity study in rats, no embryotoxicity was observed at intravenous doses (5, 50 and 250 micrograms/kg/day) of latanoprost. However, latanoprost induced embryolethal effects in rabbits at doses of 5 micrograms/kg/day and above.

The dose of 5 micrograms/kg/day (approximately 100 times the clinical dose) caused significant embryofoetal toxicity characterised by increased incidence of late resorption and abortion and by reduced foetal weight.

No teratogenic potential has been detected.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Sodium dihydrogen phosphate monohydrate
Disodium phosphate anhydrous
Sodium Chloride
Water for injection

6.2 Incompatibilities

In vitro studies have shown that precipitation occurs when eye drops containing thiomersal are mixed with latanoprost. If such medicinal products are used, the eye drops should be administered with an interval of at least five minutes.

6.3 Shelf life

Shelf life: 3 years
Shelf life after opening of the pouch: 7 days
After opening of the unit dose container: use immediately and discard the unit dose container after use.

6.4 Special precautions for storage

Store in a refrigerator (2 °C - 8 °C).
After opening of the pouch: Store below 25 °C.
For storage conditions after first opening of the medicinal product, see section 6.3.

6.5 Nature and contents of container

Unit dose containers (0.2 ml) of low density polyethylene without additives, slightly opaque and thermally sealed.
5 unit dose containers are contained in a pouch of PET/Al/PE. The pouch is inserted in the carton.

Pack sizes:
15, 30, 45, 60, 90, 120 unit dose containers of 0.2ml
Not all pack sizes may be marketed.

6.6 Special precautions for disposal and other handling

No special requirements

7. MARKETING AUTHORISATION HOLDER

<[To be completed nationally]>

8. MARKETING AUTHORISATION NUMBER(S)

<[To be completed nationally]>

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

<[To be completed nationally]>

10. DATE OF REVISION OF THE TEXT

<[To be completed nationally]>

Package leaflet: Information for the patient

<Product Name> 50 micrograms/ml Eye drops, solution in unit dose container

Latanoprost

Read all of this leaflet carefully before you start using this medicine because it contains important information for you.

- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor or the doctor treating your child, pharmacist or nurse.
- This medicine has been prescribed for you or for your child only. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.
- If you, or your child, get any side effects, talk to your doctor or the doctor treating your child, pharmacist or nurse. This includes any possible side effects not listed in this leaflet. See section 4.

What is in this leaflet:

1. What <Product Name> is and what it is used for
2. What you need to know before you use <Product Name>
3. How to use <Product Name>
4. Possible side effects
5. How to store <Product Name>
6. Contents of the pack and other information

1. What <Product Name> is and what it is used for

<Product Name> contains Latanoprost and it belongs to a group of medicines known as prostaglandin analogues. It works by increasing the natural outflow of fluid from inside the eye into the blood stream.

<Product Name> is used to treat conditions known as **open angle glaucoma** and **ocular hypertension**. Both of these conditions are linked with an increase in the pressure within your eye, eventually affecting your eye sight.

<Product Name> is also used to treat increased eye pressure and glaucoma in all ages of children and babies.

2. What you need to know before you use <Product Name>

<Product Name> can be used in adult men and women (including the elderly) and in children from birth to 18 years of age. It has not been investigated in prematurely born infants (less than 36 weeks gestation).

Do not use <Product Name>

- if you are allergic to latanoprost or any of the other ingredients of this medicine (listed in section 6)
- if you are pregnant or trying to become pregnant
- if you are breast feeding.

Warnings and precautions
Talk to your doctor, or the doctor treating your child, pharmacist or nurse before using <Product Name>:

- if you or your child are about to have or have had eye surgery (including cataract surgery)
- If you or your child suffer from eye problems (such as eye pain, irritation or inflammation, blurred vision)
- if you or your child suffers from dry eyes.
- if you or your child have severe asthma, or your asthma is not well controlled.
- if you or your child wear contact lenses. You can still use <Product Name>, but follow the instruction for contact lens wearers in section 3.
- if you have suffered or are currently suffering from a viral infection of the eye caused by the herpes simplex virus (HSV).

Other medicines and <Product Name>
Tell your doctor, the doctor treating your child or pharmacist if you are taking, have recently taken or might take any other medicines.
<Product Name> may interact with other medicines and therefore the use of two or more prostaglandins, prostaglandin analogues or prostaglandin derivatives is not recommended.

Pregnancy and breast-feeding
If you are pregnant or breast-feeding, think you may be pregnant or are planning to have a baby, ask your doctor or pharmacist for advice before taking this medicine.
<Product Name> should not be used during pregnancy or breast-feeding.

Driving and using machines
When you use <Product Name> you might have blurred vision, for a short time. If this happens to you, **do not drive** or use any tools or machines until your vision becomes clear again.

3. How to use <Product Name>

Always take this medicine exactly as your doctor or the doctor treating your child or pharmacist has told you. Check with your doctor or pharmacist if you are not sure.

The recommended dose for adults (including the elderly) and children is one drop once a day in the affected eye(s). The best time to do this is in the evening.

The unit dose container must be used right after opening; any residual product must be discarded.

Do not use <Product Name> more than once a day, because the effect of treatment can be reduced if used more frequently.

Use <Product Name> as instructed by your doctor or by the doctor treating your child until they tell you to stop.

Contact lens wearers
If you or your child, wear contact lenses, they should be removed before using <Product Name>. After using <Product Name> you should wait 15 minutes before putting your contact lenses back into the eye.

Instructions for use:

1. Wash your hands and sit or stand comfortably.
2. Twist off the cap of the unit dose container.
3. Use your finger to gently pull down the lower eyelid of your affected eye.
4. Place the tip of the unit dose container close to, but not touching your eye.
5. Squeeze the unit dose container gently so that only one drop goes into your eye, then release the lower eyelid.
6. Press a finger against the corner of the affected eye by the nose. Hold for 1 minute whilst keeping the eye closed.
7. Repeat in your other eye if your doctor has told you to do this.
8. Discard unit dose container

If you use <Product Name> with other eye drops.
Wait for at least 5 minutes between using <Product Name> and taking other eye drops.

If you use more <Product Name> than you should
If you put too many drops into the eye, it may lead to some minor irritation in the eye and the eyes may water and turn red. This should pass, but if you are worried contact your doctor or the doctor treating your child for advice.

Contact your doctor as soon as possible if you or your child swallows <Product Name> accidentally.

If you forget to use <Product Name>
Carry on with the usual dosage at the usual time. Do not take a double dose to make up for a forgotten dose. If you are unsure about anything talk to your doctor or pharmacist.

If you stop using <Product Name>
You should speak to your doctor or the doctor treating your child if you want to stop taking <Product Name>.

If you have any further questions on the use of this medicine ask your doctor, pharmacist or nurse.

4. Possible side effects

Like all medicines, this medicine can cause side effects, although not everybody gets them.

The following are known side effects of using latanoprost:

Very common: *may affect more than 1 in 10 people*
- A gradual change in your eye colour by increasing the amount of brown pigment in the coloured part of the eye known as the iris. If you have mixed-colour eyes (blue-brown, grey-brown, yellow-brown or green-brown) you are more likely to see this change than if you have eyes of one colour (blue, grey, green or brown eyes). Any changes in your eye colour may take years to develop although it is normally seen within 8 months of treatment. The colour change may be permanent and may be more noticeable if you use <Product Name> in only one eye. There appears to be no problems associated with the change in eye colour. The eye colour change does not continue after <Product Name> treatment is stopped.
- Redness of the eye.
- Eye irritation (a feeling of burning, grittiness, itching, stinging or the sensation of a foreign body in the eye.

- A gradual change to eyelashes of the treated eye and the fine hair around the treated eye, seen mostly in people of Japanese origin. These changes involve an increase of the colour (darkening), length, thickness and number of your eye lashes.

Common: *may affect up to 1 in 10 people*
- Irritation or disruption to the surface of the eye, eyelid inflammation (blepharitis) and eye pain and light sensitivity (photophobia).

Uncommon: *may affect up to 1 in 100 people*
- Eyelid swelling, dryness of the eye, inflammation or irritation of the surface of the eye (keratitis), blurred vision and conjunctivitis.
- Skin rash.

Rare: *may affect up to 1 in 1,000 people*
- Inflammation of the iris, the coloured part of the eye (iritis/uveitis); swelling of the retina (macular oedema), symptoms of swelling or scratching/damage to the surface of the eye, swelling around the eye (periorbital oedema), misdirected eyelashes or an extra row of eyelashes.
- Skin reactions on the eyelids, darkening of the skin of the eyelids.
- Asthma, worsening of asthma and shortness of breath (dyspnoea).

Very rare: *may affect up to 1 in 10,000 people*
- Worsening of angina in patients who also have heart disease, chest pain, sunken eye appearance (eye sulcus deepening.
- Patients have also reported the following side-effects: fluid filled area within the coloured part of the eye (iris cyst), headache, dizziness, palpitations, muscle pain, joint pain and developing a viral infection of the eye caused by the herpes simplex virus (HSV).

In very rare cases, some patients with severe damage to the clear layer at the front of the eye (the cornea) have developed cloudy patches on the cornea due to calcium build-up during treatment.

Side effects seen more often in children compared to adults are runny itchy nose and fever.

Reporting of side effects
If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in this leaflet. You can also report side effects directly via the national reporting system. By reporting side effects you can help provide more information on the safety of this medicine.

<the national reporting system per country will be addressed at national phase>

5. How to store <Product Name>

- Keep this medicine out of the sight and reach of children.
- Do not use this medicine after the expiry date which is stated on the label after EXP. The expiry date refers to the last day of that month.
- Store in a refrigerator (2 °C - 8 °C); after opening of the pouch: Store below 25 °C.
- Do not throw away any medicines via wastewater or household waste. Ask your pharmacist how to throw away medicines you no longer use. These measures will help protect the environment.

6. Contents of the pack and other information

What <Product Name> contains

- The active substance is 50 micrograms/ml of latanoprost.
- The other ingredients are sodium dihydrogen phosphate monohydrate, disodium phosphate anhydrous, sodium chloride, water for injection.

What <Product Name> looks like and contents of the pack

<Product Name> is a clear, colourless sterile eye drop solution in unit dose containers. Each unit dose container contains 0.2 ml eye drops.

<Product Name> is available in packs of 15, 30, 45, 60, 90, 120 unit dose containers of 0.2ml Not all pack sizes may be marketed.

Marketing Authorisation Holder and Manufacturer

<To be completed nationally>

This medicinal product is authorised in the Member States of the EEA under the following names:

<To be completed nationally>

This leaflet was last revised in MM/YYYY.

PARTICULARS TO APPEAR ON THE OUTER PACKAGING

Carton

1. NAME OF THE MEDICINAL PRODUCT

<Product Name> 50 micrograms/ml Eye drops, solution in unit dose container

Latanoprost

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each ml of solution contains 50 micrograms of latanoprost

3. LIST OF EXCIPIENTS

Excipients:
Sodium dihydrogen phosphate monohydrate, disodium phosphate anhydrous, sodium chloride, water for injection.

See leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

Eye drops, solution
15 unit dose containers of 0.2ml
30 unit dose containers of 0.2ml
45 unit dose containers of 0.2ml
60 unit dose containers of 0.2ml
90 unit dose containers of 0.2ml
120 unit dose containers of 0.2ml

5. METHOD AND ROUTE(S) OF ADMINISTRATION

Ocular use
Read the package leaflet before use.

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY

8. EXPIRY DATE

EXP:

9. SPECIAL STORAGE CONDITIONS

Store in a refrigerator (2 °C - 8 °C).
After opening of the pouch: Store below 25 °C for max 7 days.
Use immediately after opening.
Discard unused product.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

<[To be completed nationally]>

12. MARKETING AUTHORISATION NUMBER(S)

<[To be completed nationally]>

13. BATCH NUMBER

Lot:

14. GENERAL CLASSIFICATION FOR SUPPLY

<[To be completed nationally]>

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

<Product Name> 50µg/ml

MINIMUM PARTICULARS TO APPEAR THE ALUMINIUM POUCH

Aluminium Pouch

1. NAME OF THE MEDICINAL PRODUCT

<Product Name> 50 micrograms/ml Eye drops, solution in unit dose container

Latanoprost

2. NAME OF THE MARKETING AUTHORISATION HOLDER

<[To be completed nationally]>

3. EXPIRY DATE

EXP:

4. BATCH NUMBER

Lot:

5. OTHER

5 unit dose containers containing 0.2 ml each
Store in a refrigerator (2 °C - 8 °C).
After opening of the pouch: Store below 25 °C for max 7 days.
Use immediately after opening.
Discard unused product.

MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS

Printed on vial

1. NAME OF THE MEDICINAL PRODUCT AND ROUTE(S) OF ADMINISTRATION

LATANOPROST
50 µg /ml

2. METHOD OF ADMINISTRATION

3. EXPIRY DATE

EXP: MM/YYYY

4. BATCH NUMBER

Lot:

5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT

6. OTHER