

**ISOPTO CARPINE (pilocarpine hydrochloride)**

10mg/mL, 20mg/mL and 40mg/mL sterile ophthalmic solution

**Basic Succinct Statement**

**CODE: BSS 34907-4; APPR 02 OCT 17**

**This material is only meant for Healthcare Professionals**

## ISOPTO CARPINE

**Important note:** Before prescribing, consult full prescribing information.

**Presentation:** Droptainer\* dispenser. 1 ml of solution contains 10 mg, 20 mg or 40 mg pilocarpine hydrochloride and 0.1 mg benzalkonium chloride as preservative.

**Indications:** To control intraocular pressure in chronic simple glaucoma. In acute glaucoma it may be used alone prior to emergency surgery, or in combination with other miotics or carbonic anhydrase inhibitors. Patients can be maintained on ISOPTO CARPINE ophthalmic solution as long as intraocular tension is controlled and there is no visual deterioration as indicated by changes in the visual field.

**Dosage and administration:** 2 drops topically in the eye(s) 3 times daily or as directed by a physician. The safety and efficacy have not been established in children and patients with hepatic or renal impairment. ♦**For ocular use.** After cap is removed, if tamper evident snap collar is loose, remove before using product. To prevent contamination of the dropper tip and solution care must be taken not to touch the eyelids, surrounding areas or other surfaces with the dropper tip. Keep the bottle tightly closed when not in use. Nasolacrimal occlusion or gently closing the eyelid after administration is recommended. This may reduce the systemic absorption of medicinal products administered via the ocular route and result in a decrease in systemic adverse reactions. If more than one topical ophthalmic product is being used, the products must be administered at least 5 minutes apart. Eye ointments should be administered last.

**Contraindications:** ♦Hypersensitivity to the active substance or to any of the excipients. ♦Contraindicated in conditions where pupillary constriction is undesirable such as acute iritis or anterior uveitis.

**Warnings and Precautions:** ♦Retinal detachment has been reported when miotics are used in susceptible individuals, such as young patients with myopia or patients with history of retinal detachment. Fundus examination is advised prior to initiation of treatment with ISOPTO CARPINE ophthalmic solution. ♦Miotics should be avoided in acute inflammatory diseases of the anterior chamber. ♦A paradoxical rise in intraocular pressure may be observed in patients with severely compromised trabecular outflow. ♦Caution is advised in the presence of corneal or conjunctival damage to avoid excessive penetration which can produce systemic toxicity. ♦ISOPTO CARPINE ophthalmic solution should be used with caution in patients with acute cardiac failure, bronchial asthma, peptic ulcer, hyperthyroidism, gastrointestinal spasm, Parkinson's disease, urinary tract obstruction, recent myocardial infarction, hypertension and hypotension due to the risk of exacerbating these conditions. ♦Contact dermatitis may develop after prolonged use. ♦ISOPTO CARPINE ophthalmic solution 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 the application of ISOPTO CARPINE and wait at least 15 minutes before reinsertion. ♦**Ability to drive and use machines:** It may cause blurred vision and difficulty in dark adaptation. Patients should be advised to exercise caution while driving at night or while performing hazardous tasks in poor light.

**Adverse drug reactions:** ♦ **Very common (more than 10%):** headache, vision blurred. ♦ **Common (1 to 10%):** dizziness, visual acuity reduced (caused by ciliary muscle spasm), eye pain, photopsia, vitreous floaters, eye irritation, ocular hyperaemia, nausea. ♦ **Uncommon (0.1 to 1%):** retinal tear, vitreous haemorrhage, eyelid oedema, miosis, vitreous detachment, glare, foreign body sensation in eyes. ♦ **Not known:** hypersensitivity, intraocular pressure increased, corneal oedema, vomiting.