

## **SUMMARY OF PRODUCT CHARACTERISTICS**

### **1 NAME OF THE MEDICINAL PRODUCT**

Eyflox 5 mg/ml eye drops, solution

### **2 QUALITATIVE AND QUANTITATIVE COMPOSITION**

One ml of eye drops, solution, contains 5.12 mg of levofloxacin hemihydrate equivalent to 5 mg of levofloxacin.

For the full list of excipients, see section 6.1.

### **3 PHARMACEUTICAL FORM**

Eye drops, solution.

Clear, light yellow to greenish-yellow solution, practically free of visible particulate matter.

Isotonic solution adjusted to physiological pH-value range.

### **4 CLINICAL PARTICULARS**

#### **4.1 Therapeutic indications**

Eyflox 5 mg/ml eye drops are indicated for the topical treatment of bacterial external ocular infections in patients  $\geq 1$  year of age caused by levofloxacin susceptible microorganisms (see also sections 4.4 and 5.1).

Considerations should be given to official guidance on the appropriate use of antibacterial agents.

Eyflox is indicated in adults, children aged  $\geq 1$  year to 12 years and adolescents aged 12 to 18 years.

#### **4.2 Posology and method of administration**

##### Posology

For all patients instil one to two drops in the affected eye(s) every two hours up to 8 times per day while awake for the first two days and then four times daily on days 3 through 5.

If different topical ocular medications are used concomitantly, at least a 15-minute interval is required between instillations.

To prevent contaminating the dropper tip and solution, the dropper tip should not come into contact with the eyelids or surrounding areas.

The duration of treatment depends on the severity of the disorder and on the clinical and bacteriological course of infection. The usual treatment duration is 5 days.

Safety and efficacy in the treatment of corneal ulcer and ophthalmia neonatorum has not been established.

Levofloxacin is not recommended for use in children below age 1 year due to a lack of data on safety and efficacy.

#### *Use in the elderly*

No adjustment of dosage is required.

#### *Paediatric population*

The posology is the same in adults and children aged  $\geq 1$  year.

The safety and efficacy of Levofloxacin in children aged  $\geq 1$  year have been established.

The safety and efficacy of Levofloxacin in children  $< 1$  year have not yet been established. No data are available.

#### Method of administration

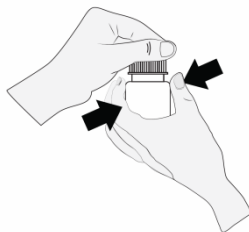
Ocular use.

#### *Before instillation of the eye drops*

- Users should be instructed to wash their hands before opening the bottle.
- Users should also be instructed to not use this medicine if they notice that the tamper-proof seal on the bottle neck is broken before they first use it.
- When used for the first time, before delivering a drop to the eye, the patient should practise using the dropper bottle by squeezing it slowly to deliver one drop away from the eye.
- When the patient is confident they can deliver one drop at a time, the patient should adopt a position that is the most comfortable for the instillation of the drops (the patient can sit down, lie on their back, or stand in front of a mirror).

#### *Instillation*

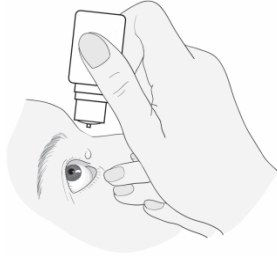
1. The bottle should be held directly below the cap and the cap should be turned to open the bottle. To avoid contamination of the solution, the tip of the bottle must not touch anything.



2. The patient should tilt their head backwards and hold the bottle above their eye.

3. The patient should pull the lower eyelid down and look up. The bottle should be squeezed gently in the middle and a drop should be allowed to fall into the patient's eye. Please note that there might be a few seconds delay between squeezing and the drop coming out. The bottle must not be squeezed too hard.

Patients should be instructed to seek advice from their doctor, pharmacist or nurse if they are not sure how to administer their medicine.



4. The patient should blink a few times so that the drop spreads over their eye.

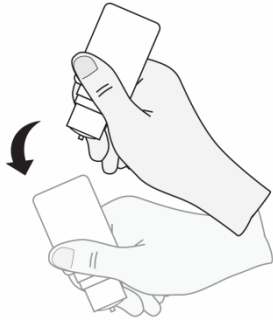


5. After using Eyflox, the patient should be instructed to press a finger into the corner of the eye, by the nose for a few minutes. This helps to stop the eye drops getting into the rest of the body.



6. Instructions 2. – 5. should be repeated for delivery into the other eye, if required. The patient should be clearly instructed if one eye only requires treatment, and if so, which eye is affected.

7. After each use and prior to recapping, the bottle should be shaken once in a downwards direction, without touching the dropper tip, in order to remove any residual liquid on the tip. This is necessary in order to ensure delivery of subsequent drops.



8. At the end of the 28-day in-use shelf life of the medicine, there will be some levofloxacin left in the bottle. Using the excess medicine remaining in the bottle after the patient has completed the course of treatment should not be attempted. Patients must not use the eye drops for longer than 28 days after first opening the bottle.

### **4.3 Contraindications**

Hypersensitivity to the active substance levofloxacin, to other quinolones or to any of the excipients listed in section 6.1.

### **4.4 Special warnings and precautions for use**

Eyflox 5 mg/ml eye drops must not be injected sub-conjunctivally. The solution should not be introduced directly into the anterior chamber of the eye.

Systemic fluoroquinolones have been associated with hypersensitivity reactions, even following a single dose. If an allergic reaction to levofloxacin occurs, discontinue the medication.

As with other anti-infectives, prolonged use may result in overgrowth of non-susceptible organisms, including fungi. If worsening of infection occurs, or if a clinical improvement is not noted within a reasonable period, discontinue use and institute alternative therapy. Whenever clinical judgement dictates, the patient should be examined with the aid of magnification, such as slit-lamp biomicroscopy, and, where appropriate, fluorescein staining.

Patients with external bacterial ocular infections should not wear contact lenses.

Patients with a history of contact hypersensitivity to silver should not use this product as dispensed drops may contain traces of silver.

Tendon inflammation and rupture may occur with systemic fluoroquinolone therapy including levofloxacin, particularly in older patients and those treated concurrently with corticosteroids. Therefore, caution should be exercised and treatment with Eyflox should be discontinued at the first sign of tendon inflammation (see section 4.8).

#### **Paediatric population**

The special warnings and precautions for use are the same in adults and children aged  $\geq 1$  year.

#### **4.5 Interaction with other medicinal products and other forms of interaction**

Specific drug interaction studies have not been conducted with levofloxacin eye drops.

Since maximum plasma concentrations of levofloxacin after ocular administration are at least 1000 times lower than those reported after standard oral doses, interactions mentioned for systemic use are unlikely to be clinically relevant when using Eyflox 5 mg/ml eye drops.

If different topical ocular medications are used concomitantly, at least a 15-minute interval is required between instillations.

##### Paediatric population

No interaction studies have been performed.

#### **4.6 Fertility, pregnancy and lactation**

##### Pregnancy

There are no adequate data from the use of levofloxacin in pregnant women. Animal studies do not indicate direct or indirect harmful effects with respect to reproductive toxicity (see section 5.3). The potential risk for humans is unknown.

Eyflox 5 mg/ml eye drops should be used during pregnancy only if the potential benefit justifies the potential risk to the foetus.

##### Breastfeeding

Levofloxacin is excreted in human milk. However, at therapeutic doses of Levofloxacin no effects on the suckling child are anticipated. Eyflox 5 mg/ml eye drops should be used during lactation only if the potential benefit justifies any potential risk to the nursing child.

##### Fertility

Levofloxacin caused no impairment of fertility in rats at exposures considerably in excess of the maximum human exposure after ocular administration (see section 5.3).

#### **4.7 Effects on ability to drive and use machines**

Levofloxacin has minor influence on the ability to drive and use machines.

If there are any transient effects on vision, the patient should be advised to wait until this clears before driving or operating machinery.

#### **4.8 Undesirable effects**

Approximately 10% of patients can be expected to experience adverse reactions. The reactions are usually graded as mild or moderate, are transient, and are generally restricted to the eye.

##### Tabulated list of adverse reactions

The following undesirable effects assessed as definitely, probably or possibly related to treatment were reported during clinical trials and post-marketing experience with levofloxacin containing eye drops.

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  $< 1/1,000$ ); very rare ( $< 1/10,000$ ); not known (cannot be estimated from the available data).

| System organ Class                                     | Frequency  | Adverse reaction   |
|--|--|--|
| <i>Immune system disorders</i>                         | Rare   | Extra-ocular allergic reactions, including skin rash.  |
|  | Very rare  | Anaphylaxis.   |
| <i>Nervous system disorders</i>                        | Uncommon   | Headache.  |
| <i>Eye disorders</i>                                   | Common   | Ocular burning, decreased vision and mucous strand.  |
|  | Uncommon   | Lid matting, chemosis, conjunctival papillary reaction, lid oedema, ocular discomfort, ocular itching, ocular pain, conjunctival injection, conjunctival follicles, ocular dryness, lid erythema, and photophobia.<br>No corneal precipitates were observed in clinical studies. |
| <i>Respiratory, thoracic and mediastinal disorders</i> | Uncommon   | Rhinitis   |
|  | Very rare, not known (cannot be estimated from the available data) | Laryngeal oedema   |

Ruptures of the shoulder, hand, Achilles, or other tendons that required surgical repair or resulted in prolonged disability have been reported in patients receiving systemic fluoroquinolones. Studies and post marketing experience with systemic quinolones indicate that a risk of these ruptures may be increased in patients receiving corticosteroids, especially geriatric patients and in tendons under high stress, including Achilles tendon (see section 4.4).

#### Paediatric population

Frequency, type and severity of adverse reactions in children are expected to be the same as in adults.

#### 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 Yellow Card Scheme (Website: [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard) or search for MHRA Yellow Card in the Google Play or Apple App Store).

## 4.9 Overdose

The total amount of levofloxacin in a bottle of eye drops is too small to induce toxic effects after an accidental oral intake. If considered necessary, the patient can be observed clinically and supportive measures can be undertaken. After a local overdose with Eyflox 5 mg/ml eye drops, the eyes can be flushed with clean (tap) water at room temperature.

#### Paediatric population

Actions to be taken in case of overdose are the same in adults and in children aged  $\geq 1$  year.

## **5 PHARMACOLOGICAL PROPERTIES**

### **5.1 Pharmacodynamic properties**

Pharmacotherapeutic group: Ophthalmologicals, antiinfectives, fluoroquinolones.

ATC code: S01AE05.

Levofloxacin is the L-isomer of the racemic drug substance ofloxacin. The antibacterial activity of ofloxacin resides primarily in the L-isomer.

#### Mechanism of action

As a fluoroquinolone antibacterial agent, levofloxacin inhibits bacterial type II topoisomerases – DNA gyrase and topoisomerase IV. Levofloxacin preferentially targets DNA gyrase in Gram-negative bacteria and topoisomerase IV in Gram-positive bacteria.

#### Mechanisms of resistance

Bacterial resistance to levofloxacin can develop primarily due to two main mechanisms, namely a decrease in the intrabacterial concentration of a drug, or alterations in a drug's target enzymes. Target site alteration results from mutations in the chromosomal genes encoding the DNA gyrase (*gyrA* and *gyrB*) and topoisomerase IV (*parC* and *parE*; *grlA* and *grlB* in *Staphylococcus aureus*). Resistance due to low intrabacterial drug concentration follows either from altered outer-membrane porins (OmpF) leading to reduced entry of fluoroquinolones in Gram-negative bacteria or from efflux pumps. Efflux-mediated resistance has been described in pneumococci (PmrA), staphylococci (NorA), anaerobes, and Gram-negative bacteria. Finally, plasmid-mediated resistance to quinolones (determined by the *qnr* gene) has been reported in *Klebsiella pneumoniae* and in *E. coli*.

#### Cross-resistance

Cross-resistance between fluoroquinolones may occur. Single mutations may not result in clinical resistance, but multiple mutations generally do result in clinical resistance to all drugs within the fluoroquinolone class. Altered outer-membrane porins and efflux systems may have a broad substrate specificity, targeting several classes of antibacterial agents and leading to multiresistance.

#### Break points

MIC breakpoints separating susceptible from intermediately susceptible organisms and intermediately susceptible from resistant organisms according to breakpoint of EUCAST (European Committee on Antimicrobial Susceptibility Testing) are as follows:

*Pseudomonas* spp., *Staphylococcus* spp., *Streptococcus* A,B,C,G:

Susceptible  $\leq 1$  mg/L, resistant  $> 2$  mg/L

*Streptococcus pneumoniae*: Susceptible  $\leq 2$  mg/L, resistant  $> 2$  mg/L  
*Haemophilus influenzae*, *Moraxella catarrhalis*: Susceptible  $\leq 1$  mg/L, resistant  $> 1$  mg/L  
 All other pathogens: Susceptible  $\leq 1$  mg/L, resistant  $> 2$  mg/L

#### Antibacterial spectrum

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. Therefore, the information presented provides only an approximate guidance on probabilities as to whether microorganisms will be susceptible to levofloxacin or not. As necessary, expert advice should be sought when the local prevalence of resistance is such that the utility of the agent in at least some types of infections is questionable.

Only those bacterial species that are commonly responsible for external ocular infections, such as conjunctivitis, are presented here in the following table.

Antibacterial spectrum – susceptibility category and resistance characteristics according to EUCAST

|  |  |
|--|--|
| <b>Category I: Commonly susceptible species</b>                            |  |
| <b>Aerobic Gram-positive micro-organisms</b>                               |  |
| <i>Staphylococcus aureus</i> (MSSA)*                                       |  |
| <i>Streptococcus pneumoniae</i>  |  |
| <i>Streptococcus pyogenes</i>  |  |
| Viridans group streptococci  |  |
| <b>Aerobic Gram-negative micro-organisms</b>                               |  |
| <i>Escherichia coli</i>  |  |
| <i>Haemophilus influenzae</i>  |  |
| <i>Moraxella catarrhalis</i>   |  |
| <i>Pseudomonas aeruginosa</i>  | (Community isolates)   |
| <b>Other micro-organisms</b>   |  |
| <i>Chlamydia trachomatis</i>   | (Treatment of patients with chlamydial conjunctivitis requires concomitant systemic antimicrobial treatment) |
| <b>Category II: Species for which acquired resistance may be a problem</b> |  |
| <b>Aerobic Gram-positive micro-organisms</b>                               |  |
| <i>Staphylococcus aureus</i> (MRSA)**                                      |  |
| <i>Staphylococcus epidermidis</i>  |  |
| <b>Aerobic Gram-negative micro-organisms</b>                               |  |
| <i>Pseudomonas aeruginosa</i>  | (Hospital isolates)  |

\* MSSA = methicillin-susceptible strains of *Staphylococcus aureus*

\*\* MRSA = methicillin-resistant strains of *Staphylococcus aureus*

Resistance data presented in the table are based on the results of a multicentre surveillance study (Ophthalmic Study) on the prevalence of resistance among bacterial isolates obtained from patients with eye infections in Germany, June – November 2004.

Organisms have been classified as levofloxacin-susceptible based on in-vitro susceptibility and plasma concentrations reached after systemic therapy. Topical therapy achieves higher peak concentrations than found in plasma. However, it is not known if or how the kinetics of the drug after topical application to the eye may modify the antibacterial activity of levofloxacin.

#### Paediatric population

Pharmacodynamic properties are the same in adults and children aged  $\geq 1$  year.

## **5.2 Pharmacokinetic properties**

After ocular instillation, levofloxacin is well maintained in the tear-film.

In a healthy-volunteer study, mean tear-film concentrations of levofloxacin measured four and six hours after topical dosing were 17.0 and 6.6  $\mu\text{g/ml}$ , respectively. Five of six subjects studied had concentrations of 2  $\mu\text{g/ml}$  or above at 4 hours post dose. Four of the six subjects maintained this concentration at 6 hours post dose.

The penetration of topically applied Levofloxacin 5 mg/ml and ofloxacin 3 mg/ml eye drops into the aqueous humour of 35 patients undergoing cataract surgery was investigated. One drop of either drug was administered four times into the eye to be operated (1 hour, 45 min, 30 min and 15 min before the operation). The mean concentration of levofloxacin in the aqueous humour was statistically significantly higher than that of ofloxacin ( $p=0.0008$ ). In fact, it was approximately twice as high as that of ofloxacin ( $1139.9 \pm 717.1$  ng/ml vs.  $621.7 \pm 368.7$  ng/ml).

Levofloxacin concentration in plasma was measured in 15 healthy adult volunteers at various time points during a 15-day course of treatment with Levofloxacin 5 mg/ml eye drops solution. The mean levofloxacin concentration in plasma 1 hour post-dose ranged from 0.86 ng/ml on Day 1 to 2.05 ng/ml on Day 15. The highest maximum levofloxacin concentration of 2.25 ng/ml was measured on Day 4 following 2 days of dosing every 2 hours for a total of 8 doses per day. Maximum levofloxacin concentrations increased from 0.94 ng/ml on Day 1 to 2.15 ng/ml on Day 15, which is more than 1000 times lower than those reported after standard oral doses of levofloxacin.

As yet, the plasma concentrations of levofloxacin reached after application to infected eyes are not known.

## **5.3 Preclinical safety data**

Preclinical effects were observed only at exposures considerably in excess of the maximum human exposure after instillation of Levofloxacin 5 mg/ml eye drops, indicating little relevance to clinical use.

Gyrase inhibitors have been shown to cause growth disorders of weight bearing joints in animal studies.

In common with other fluoroquinolones, levofloxacin showed effects on cartilage (blistering and cavities) in rats and dogs after high oral doses.

A cataractogenic potential cannot be ruled out due to the lack of specific investigations.

Visual disorders in animals cannot be ruled out with certainty on the basis of the present data.

#### Reproductive toxicity

Levofloxacin was not teratogenic in rats at oral doses as high as 810 mg/kg/day.

Since levofloxacin has been shown to be completely absorbed, the kinetics are linear.

No differences were noted in the pharmacokinetic parameters between single and multiple oral doses. Systemic exposure in rats dosed at 810 mg/kg/day is

approximately 50,000 times greater than that achieved in humans after doses of 2

drops of Levofloxacin 5 mg/ml eye drops to both eyes. In rats the highest dose caused increased foetal mortality and delayed maturation coincident with maternal toxicity.

No teratogenic effect was observed when rabbits were dosed orally with up to 50

mg/kg/day or when dosed intravenously as high as 25 mg/kg/day. Levofloxacin

caused no impairment of fertility in rats at oral doses as high as 360 mg/kg/day,

resulting in approximately 16,000 times higher plasma concentrations than reached after 8 ocular doses in humans.

#### Genotoxicity

Levofloxacin did not induce gene mutations in bacterial or mammalian cells, but did

induce chromosome aberrations in Chinese hamster lung (CHL) cells in vitro at or

above 100 µg/ml in the absence of metabolic activation. *In-vivo* tests did not show

any genotoxic potential.

#### Phototoxic potential

Studies in the mouse after both oral and intravenous dosing showed levofloxacin to have phototoxic activity only at very high doses. Neither cutaneous photosensitising

potential nor skin phototoxic potential were observed after application of a 3%

ophthalmic solution of levofloxacin to the shaven skin of guinea pigs. Levofloxacin

did not show any genotoxic potential in a photomutagenic assay, and it reduced

tumour development in a photocarcinogenicity assay.

#### Carcinogenic potential

In a long-term carcinogenicity study in rats, levofloxacin exhibited no carcinogenic or

tumorigenic potential following daily dietary administration of up to 100 mg/kg/day

for 2 years.

#### Environmental Risk Assessment (ERA)

The calculated predicted environmental concentration (PEC<sub>Surfacewater</sub>) for

Levofloxacin 5 mg/ml eye drops is below the action limit 0.01 µg/l and levofloxacin

LogKow-value is below action limit 4.5.

It is highly unlikely that Levofloxacin 5 mg/ml eye drops would represent a risk to the environment because no other environmental concerns are apparent for this product and its active substance levofloxacin.

## **6 PHARMACEUTICAL PARTICULARS**

### **6.1 List of excipients**

Sodium chloride  
Sodium hydroxide or hydrochloric acid for pH adjustment  
Water for Injections

### **6.2 Incompatibilities**

In the absence of compatibility studies, this medicinal product must not be mixed with other medicinal products.

### **6.3 Shelf life**

36 months.

After first opening: to be used within 28 days.

### **6.4 Special precautions for storage**

Store below 25°C. Keep the bottle in the outer carton in order to protect from light.  
Keep the bottle tightly closed.

### **6.5 Nature and contents of container**

Eyflox 5 mg/ml eye drops, solution is presented as a clear, light yellow to greenish- yellow solution in a white opaque LDPE bottle and white Novelia nozzle (HDPE and silicone) and sealed with a white HDPE cap.

The following pack sizes are available: 1 x 5ml

### **6.6 Special precautions for disposal**

No special requirements for disposal.

Any unused medicinal product or waste material should be disposed of in accordance with local requirements.

**7      MARKETING AUTHORISATION HOLDER**

Aspire Pharma Ltd  
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**8      MARKETING AUTHORISATION NUMBER(S)**

PL35533/0137

**9      DATE OF FIRST AUTHORISATION/RENEWAL OF THE  
AUTHORISATION**

04/06/2025

**10     DATE OF REVISION OF THE TEXT**

04/06/2025