

# SUMMARY OF PRODUCT CHARACTERISTICS

## 1 NAME OF THE MEDICINAL PRODUCT

Minims Cyclopentolate Hydrochloride 0.5%.  
Minims Cyclopentolate Hydrochloride 1%.

## 2 QUALITATIVE AND QUANTITATIVE COMPOSITION

Clear, colourless, sterile eye drops containing cyclopentolate hydrochloride BP 0.5% w/v.  
Clear, colourless, sterile eye drops containing cyclopentolate hydrochloride BP 1% w/v.

## 3 PHARMACEUTICAL FORM

Single-use, sterile eye drops.

## 4 CLINICAL PARTICULARS

### 4.1 Therapeutic indications

As a topical mydriatic and cycloplegic.

### 4.2 Posology and method of administration

*Adults (including the elderly):*

Instil dropwise into eye according to the recommended dosage.

One or two drops as required. Maximum effect is induced in 30 - 60 minutes after instillation.

For refraction and examination of the back of the eye: 1 drop of solution, which may be repeated after five minutes, is usually sufficient.

For anterior and posterior uveitis (if associated with signs of anterior uveitis) and for the breakdown of posterior synechiae: 1 - 2 drops are instilled every 6 - 8 hours.

Resistance to cycloplegia can occur in young children, in patients with dark skin and/or patients with dark irides, therefore, the strength of cyclopentolate used should be adjusted accordingly.

Children

< 3 months: Not recommended

3 months - 12 years: 1 drop of a 1% solution to each eye.  
12 years - adult: 1 drop of 0.5% solution to each eye repeated after 10 minutes if necessary.  
Children should be observed for 45 minutes after instillation.

### **4.3 Contraindications**

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

Use in patients with narrow-angle glaucoma or those with a tendency towards glaucoma e.g., patients with a shallow anterior chamber (see section 4.4).

Use in children with organic brain syndromes, including congenital or neuro-developmental abnormalities, particularly those predisposing to epileptic seizures

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

Tachycardia and cardiac symptoms are sometimes observed therefore the product should only be used with caution in patients with cardiovascular disease (e.g. tachycardias, heart failure).

Caution should be observed when cyclopentolate is administered to patients with epilepsy, ataxia, dementia, rhinitis sicca, gastrointestinal obstruction, toxic megacolon, myasthenia gravis, and obstructive urinary tract disorders.

Recovery of accommodation occurs within 24 hours (see section 4.7 and 5.1).

Caution is also advised in hyperaemia as increased systemic absorption may occur.

Systemic absorption may be reduced by compressing the lacrimal sac at the medial canthus for a minute during and following the instillation of the drops. (This blocks the passage of the drops via the naso lacrimal duct to the wide absorptive area of the nasal and pharyngeal mucosa. It is especially advisable in children).

Caution is advised in case of open-angle glaucoma. Because of the risk of precipitating angle-closure glaucoma in the elderly and others prone to raised intraocular pressure, an estimate of the depth of the anterior chamber should be made before use, particularly if therapy is likely to be intense or protracted (see section 4.3).

#### *Paediatric population*

Extreme caution is advised for use in individuals susceptible to belladonna alkaloids because of the increased risk of systemic toxicity. Atropine-like effects have been reported as side effects. The product should be used with caution in infants under the age of 1 year due to the increased risk of systemic toxicity.

Consider withholding feeding for four (4) hours after examination. Observe infants closely for at least 30 minutes.

Convulsions in children have also been reported in association with the use of cyclopentolate (see section 4.8).

#### *Necrotic colitis in premature children*

Particular caution should be observed for use in children because cases of necrotic colitis have been reported following administration of cyclopentolate eye drops in premature babies (see section 4.8). Early symptoms may include, but are not limited to, bradycardia, vomiting, food intolerance, increased stomach residues, abdominal distension, and bloody stools. In such a case, immediate medical evaluation is needed.

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

Since systemic cyclopentolate effects cannot be excluded even with topical application, the anticholinergic effects of other pharmaceuticals with anticholinergic activity could be increased (including but not limited to: antihistamines, butyrophenones, phenothiazines, tricyclic and tetracyclic antidepressants, amantadine, quinidine, disopyramide, oxybutynin).

Cyclopentolate may interfere with the ocular anti-hypertensive action of carbachol, pilocarpine, or ophthalmic cholinesterase inhibitors.

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

The safety for use in pregnancy and lactation has not been established, therefore, use only when considered essential by the physician.

#### **Pregnancy**

There are no or limited amount of data from the use of cyclopentolate in pregnant women. Animal studies are insufficient with respect to reproductive toxicity.

As a precautionary measure, it is preferable to avoid the use of cyclopentolate eye drops during pregnancy.

#### **Breast-feeding**

It is not known how much cyclopentolate passes into breast milk. Infants can be very sensitive to anticholinergics. Therefore, the preparation should not be used during breastfeeding.

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

Cyclopentolate has major influence on the ability to drive and use machines. Cyclopentolate may cause transient blurring of vision on instillation. Warn patients not to drive or operate hazardous machinery until vision is clear.

### **4.8 Undesirable effects**

Adverse reactions are listed in the table in frequency categories under MedDRA system/organ classes. The frequency of adverse reactions is defined using the following convention:

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	Adverse reaction
Eye disorders	
Not known	Eye irritation, accommodation disorder, eye pain, ocular hyperaemia, vision blurred, increased intraocular pressure, conjunctivitis
Gastrointestinal disorders	
Not known	Abdominal distension <sup>a</sup> , constipation, dry mouth, nausea, vomiting, necrotising colitis <sup>b</sup>
Immune system disorders	
Rare	Allergic reaction
Not known	Hypersensitivity (both local and systemic hypersensitivity reactions)
Nervous system disorders	
Not known	Gait disturbance, dizziness, convulsions <sup>c</sup> , seizures <sup>c</sup> , cerebellar dysfunction, somnolence
Psychiatric disorders	
Not known	Hallucination, abnormal behaviour <sup>d</sup> , psychotic disorder <sup>d</sup> ,
Cardiac disorders	
Not known	Arrhythmia, bradycardia, cardiopulmonary failure <sup>d</sup> , palpitations, tachycardia
Vascular disorders	
Not known	Flushing
Skin and subcutaneous tissue disorders	
Not known	Dry skin, rash <sup>d</sup>
Renal and urinary disorders	
Not known	Urinary retention

- Cases of abdominal distension have been reported in infants.
- Necrotising colitis has been reported in preterm infants.
- Convulsions and seizures have been reported in children.
- Abnormal behaviour, psychotic disorders, cardiopulmonary failure and rash have been reported in the paediatric population.

Systemic cyclopentolate toxicity is dose-related and would be less likely to occur following administration of 0.5% solution than following instillation of 1% solution. Children are, however, more susceptible to such reactions than 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 at: [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

Overdose is rare but symptoms can include those mentioned in Section 4.8 above.

### Symptoms

In isolated cases, ocular topical application of eye drops containing cyclopentolate can lead to central nervous system disorders and general systemic manifestations, especially in children.

- a) Central nervous manifestations: abnormal behaviour (restlessness, incoherent speech, disorientation), hallucinations, memory loss, gait disturbance, seizures, somnolence.
- b) General systemic manifestations: dry mouth, flushing, tachycardia, increase in temperature, urinary blockage.

### Treatment

Treatment is supportive and symptomatic.

## **5. PHARMACOLOGICAL PROPERTIES**

### **5.1 Pharmacodynamic properties**

Pharmacotherapeutic group: Ophthalmologicals, mydriatics and cycloplegics, Anticholinergics  
ATC code: S01FA04

Cyclopentolate hydrochloride is a synthetic tertiary amine, antimuscarinic compound with actions similar to atropine.

### **5.2 Pharmacokinetic properties**

As a group, the synthetic tertiary amine antimuscarinic compounds are well absorbed following oral administration. Cyclopentolate may be absorbed systemically either by transcorneal absorption, direct topical absorption through the skin or by absorption from the nasal or naso lacrimal system.

### **5.3 Preclinical safety data**

There are no preclinical data of relevance to the prescriber which are additional to that already included in other sections of the SPC.

## **6. PHARMACEUTICAL PARTICULARS**

### **6.1 List of excipients**

Hydrochloric acid  
Purified water

### **6.2 Incompatibilities**

None known.

### **6.3 Shelf life**

15 months.

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

Store below 25°C. Do not freeze. Protect from light.

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

A sealed, conical shaped container fitted with a twist and pull-off cap. Each Minims unit is overwrapped in an individual polypropylene/paper pouch. Each container holds approximately 0.5ml of solution.

#### **6.6 Special precautions for disposal and other handling**

Each Minims unit should be discarded after a single use.

### **7 MARKETING AUTHORISATION HOLDER**

Bausch & Lomb UK Limited  
Bausch & Lomb House  
106 London Road  
Kingston-Upon-Thames  
Surrey, UK  
KT2 6TN

### **8 MARKETING AUTHORISATION NUMBERS**

Minims Cyclopentolate Hydrochloride 0.5%: PL 03468/0070  
Minims Cyclopentolate Hydrochloride 1%: PL 03468/0071

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

Date of first Authorisation: 17 June 1987  
Date of Renewal of Authorisation:  
Minims Cyclopentolate Hydrochloride 0.5%: 17 June 1992  
Minims Cyclopentolate Hydrochloride 1%: 25 July 1997

### **10 DATE OF REVISION OF THE TEXT**

09/04/2024