AUSTRALIAN PRODUCT INFORMATION
APO- CHLORAMPHENICOL (CHLORAMPHENICOL) EYE DROPS

1 NAME OF THE MEDICINE

Chloramphenicol.

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

APO-Chloramphenicol eye drops contain chloramphenicol 5 mg/mL

Excipients with known effect

Phenylmercuric nitrate

For the full list of excipients see section **6.1 List of excipients.**

3 PHARMACEUTICAL FORM

Eye drops.

A bright colourless to faint yellow aqueous solution, practically clear.

4 CLINICAL PARTICULARS

4.1 THERAPEUTIC INDICATIONS

For the treatment of bacteria conjunctivitis. For use under medical supervision only in the treatment of other superficial ocular infections caused by chloramphenicol sensitive organisms.

4.2 DOSE AND METHOD OF ADMINISTRATION

Dosage

Adults and children 2 years of age and over: Instil 1 or 2 drops in the affected eye(s) every 2 to 6 hours for 2 to 3 days. The interval between applications may then be increased. Blinking following eye drop instillation discourages the intraocular penetration of a drug which minimises therapeutic effect and maximises systemic toxicity. Nasolacrimal occlusion (NLO) and eyelids closure (ELC) improves intraocular penetration and decreases systemic absorption.

Instructions to Patients

Continue treatment for at least 48 hours after the eye appears normal. Do not use for more than 5 days in total except on medical advice.

The systemic absorption of chloramphenicol eye drops can be minimised by applying gentle pressure on the tear-duct for a few minutes immediately after application.

To minimise contamination, do not allow the dropper to contact the surface of the eye. Discard the medicine within 4 weeks of opening.

If symptoms worsen at any time or if your eye infection does not start to improve within 48 hours, seek immediate medical advice.

Do not use in children under two years of age except on medical advice.

Contact lens wearers should not use this medicine except on the advice of a doctor or optometrist – see section **4.4 Special warnings and precautions for use - Contact lens wearers**. Contact lenses should not be worn during the course of chloramphenicol treatment. If wearing hard or disposable contact lenses, patients can start using their contact lenses again after successfully completing the course of treatment. If wearing soft contact lenses, patients should wait 24 hours after successfully completing the course of treatment before starting to use their lenses again.

4.3 CONTRAINDICATIONS

History of hypersensitivity and/or toxic reaction to chloramphenicol or any other component of the medication.

4.4 SPECIAL WARNINGS AND PRECAUTIONS FOR USE

Discontinue promptly if sensitisation or irritation occurs.

Bone marrow hypoplasia, including aplastic anaemia and death, has been rarely reported following local application of chloramphenicol. Chloramphenicol should be used with caution in patients who have been identified as having an individual or family history of blood disorders.

Chloramphenicol should not be used when less potentially dangerous agents would be expected to provide effective treatment.

Ophthalmic agents may retard corneal wound healing.

The use of this antibiotic, as with other antibiotics, may result in the overgrowth of nonsusceptible organisms, including fungi. If infections caused by nonsusceptible organisms appear during therapy, its use should be discontinued and appropriate measures should be taken. In all serious infections, the topical use of chloramphenicol should be supplemented by appropriate systemic medication.

APO- choramphenicol should not be recommended for OTC use under the following circumstances:

- Photophobia
- Severe pain in the eye or pain and swelling around the eye
- Loss of, reduced or blurred vision
- Restriction of eye movement
- Cloudy cornea
- Copious yellow-green purulent discharge that accumulates after being wiped away
- Contact lens wear
- Abnormal pupils
- Injury to the eye or suspicion of a foreign body in the eye
- History of welding without eye protection immediately prior to onset of symptoms
- Glaucoma
- Dry eye syndrome

- Patient is using other eye preparations at the time of presentation
- Patient has had eye surgery or laser treatment in the past six months
- Individual or family history of bone marrow problems
- Recent overseas travel
- Patient has had similar symptoms in the past
- Patient feels unwell
- Children under the age of 2 years except on medical advice
- Use for longer than 5 days unless on medical advice

In these cases, referral to a doctor or optometrist is required.

Contact lens wearers

Contact lens wearers should not use APO- chloramphenicol except on the advice of a doctor or pharmacist. Contact lens wearers are at greater risk of eye infections and the use of antibiotic / antibacterial ophthalmic preparations while wearing contact lenses can result in delayed diagnosis of potentially sight-threatening conditions. Further, it is more likely that the eye infections in contact lens wearers will not be susceptible to chloramphenicol (for example, gram negative infections such as *Pseudomonas aeruginosa*, some gram positive bacterial infections, or *Acanthamoeba* infections).

If the doctor or optometrist has prescribed the patient to use chloramphenicol eye drops, the patient should be advised not to wear contact lenses during the course of chloramphenicol treatment. If wearing hard or disposable contact lenses, patients can start using their lenses again after successfully completing the course of treatment. If wearing soft contact lenses, patients should wait after 24 hours after successfully completing a course of treatment before starting to use their lenses again.

Use in the elderly

No data available.

Paediatric use

No data available.

Effects on laboratory tests

No data available.

4.5 INTERACTIONS WITH OTHER MEDICINES AND OTHER FORMS OF INTERACTIONS

Systemically absorbed/administered forms of chloramphenicol have been known to interact with certain drugs.

4.6 FERTILITY, PREGNANCY AND LACTATION

Effects on fertility

No data available.

Use in pregnancy

Category A

There are no studies to establish the safety of this drug in pregnancy. Systemically absorbed/ administered forms of chloramphenicol enter the fetal circulation and are distributed into breast milk. If given systemically to the mother shortly before parturition or while breastfeeding, chloramphenicol may cause bone marrow suppression of the neonate or the 'grey baby syndrome', characterised by cyanosis and hypothermia, owing to the limited glucuronidating capacity of the neonate's liver. However, limited absorption following ophthalmic use at the recommended dosage is generally not expected to pose a risk to the fetus or neonate.

Use in lactation

See **Use in pregnancy**.

4.7 EFFECTS ON ABILITY TO DRIVE AND USE MACHINES

The effects of this medicine on a person's ability to drive and use machines were not assessed as part of its registration.

4.8 ADVERSE EFFECTS (UNDESIRABLE EFFECTS)

Chloramphenicol is absorbed systemically from the eye and toxicity has been reported following chronic exposure. Dose related toxicity following a single ocular exposure is unlikely. The following clinical adverse experiences have been observed with the use of chloramphenicol. More serious side effects (indicated by *) have been reported in patients sensitive to chloramphenicol and are causes for discontinuing the medication. The adverse reactions are listed by system organ class and frequency (Common: ≥1% and <10%, Uncommon: ≥0.1% and <1%, Not known: Cannot be estimated from available data).

Blood and lymphatic system disorders

Not known: Blood disorder (see section **4.4 Special warnings and precautions for use**).

Immune system disorders

Uncommon: Hypersensitivity

Not known: Anaphylactic reaction*, reaction to drug excipients.

Nervous system disorders

Uncommon: Burning sensation

Eye disorders

Common: Eye swelling, ocular hyperaemia.

Skin and subcutaneous tissue disorders

Not known: Angioedema*, urticaria*, rash vesicular and rash maculopapular*, pruritus.

General disorders and administration site conditions

Not known: Local irritation may include subjective symptoms of itching or burning, fever*, similar sensitivity reactions to other materials in topical preparations also may occur, pyrexia*.

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 and contact Apotex Medical Information Enquiries/Adverse Drug Reaction Reporting on 1800 195 055.

4.9 OVERDOSE

Accidental ingestion of the drug is unlikely to cause any toxicity due to the low content of antibiotic.

Each mL of Chloramphenicol Eye Drops contains 19 mg of borax/ boric acid as buffer. It is advisable to keep medication out of reach of children. If accidentally ingested by infants or young children, a local Poisons Information Centre should be contacted. As there is individual variability in the pharmacokinetics of chloramphenicol in infants and children, monitor plasma levels. Levels exceeding 25 microgram/mL are frequently considered toxic. If irritation, pain, swelling, lacrimation or photophobia occurs after undesired eye contact, the exposed eye(s) should be irrigated with copious amounts of room temperature water for at least 15 minutes. If symptoms persist after 15 minutes of irrigation, an ophthalmological examination should be considered.

For information on the management of overdose, contact the Poisons Information Centre on 131126 (Australia).

5 PHARMACOLOGICAL PROPERTIES

5.1 PHARMACODYNAMIC PROPERTIES

Mechanism of action

Chloramphenicol is a broad spectrum antibiotic originally isolated from *Streptomyces venezuelae*. It is primarily bacteriostatic and acts by inhibition of protein synthesis by interfering with the transfer of activated amino acids from soluble RNA to ribosomes.

Clinical trials

This section is not relevant to this product information.

5.2 PHARMACOKINETIC PROPERTIES

Chloramphenicol is found in measurable amounts in the aqueous humour following local application to the eye. Chloramphenicol is rapidly absorbed from the gastrointestinal tract when given by mouth and widely distributed throughout most body tissues and fluids. It is inactivated primarily in the liver by glucuronyl transferase and excreted mainly in the urine.

5.3 PRECLINICAL SAFETY DATA

Genotoxicity

No data available.

Carcinogenicity

No data available.

6 PHARMACEUTICAL PARTICULARS

6.1 LIST OF EXCIPIENTS

- Water for injections
- boric acid
- borax
- phenylmercuric nitrate as the preservative

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

Unopened: Store below 2°C and 8°C. Refrigerate, do not freeze. Opened: Store below 25°C for up to a month.

6.5 NATURE AND CONTENTS OF CONTAINER

APO-Chloramphenicol Chloromycetin eye drops 5 mg/mL; 10 mL (plastic dropper bottle with lid to pierce the bottle on the initial use).

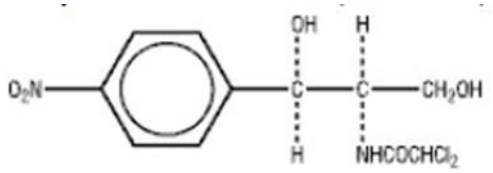
6.6 SPECIAL PRECAUTIONS FOR DISPOSAL

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

6.7 PHYSICOCHEMICAL PROPERTIES

Chloramphenicol is a white to greyish white or yellowish white, fine crystalline powder or fine crystals, needles or elongated plates. Soluble 1:400 of water, 1:2.5 of alcohol, and 1:7 of propylene glycol; freely soluble in acetone and ethyl acetate; slightly soluble in ether. A 2.5% suspension in water has a pH of 4.5 to 7.5.

Chemical structure



Chemical name 2,2-dichloro-N- [(αR,βR)-β-hydroxy -α-hydroxymethyl -4-nitrophenethyl] acetamide

Molecular formula: $C_{11}H_{12}Cl_2N_2O_5$

Molecular weight: 323.1

CAS number 56-75-7

7 MEDICINE SCHEDULE (POISONS STANDARD)

S3 – Pharmacist Only Medicine

8 SPONSOR

Apotex Pty Ltd
16 Giffnock Avenue
Macquarie Park NSW 2113
Australia

Tel: (02) 8877 8333
Web: www1.apotex.com/au

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9 DATE OF FIRST APPROVAL

14 April 2014

10 DATE OF REVISION

13 June 2019

Summary table of changes

Section Changed	Summary of new information
All	Reformatted product information; minor editorial changes
2, 4.3, 4.4, 4.6, 6.1, 6.7, 8	Minor editorial changes
4.2, 4.4, 4.8	Safety related update