ANNEX I

SUMMARY OF PRODUCT CHARACTERISTICS

1. NAME OF THE MEDICINAL PRODUCT

TRAVATAN 40 micrograms/mL eye drops, solution

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each mL of solution contains 40 micrograms of travoprost.

Excipient(s) with known effect

Each mL of solution contains polyquaternium-1 (POLYQUAD) 10 microgram, propylene glycol 7.5 mg, polyoxyethylene hydrogenated castor oil 40 (HCO-40) 2 mg (see section 4.4.)

For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Eye drops, solution. (eye drops)

Clear, colourless solution.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

Decrease of elevated intraocular pressure in adult patients with ocular hypertension or open-angle glaucoma (see section 5.1).

Decrease of elevated intraocular pressure in paediatric patients aged 2 months to < 18 years with ocular hypertension or paediatric glaucoma (see section 5.1).

4.2 Posology and method of administration

Posology

Use in adults, including elderly population
The dose is one drop of TRAVATAN in the conjunctival sac of the affected eye(s) once daily. Optimal effect is obtained if the dose is administered in the evening.

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 medicinal product is being used, the medicinal products must be administered at least 5 minutes apart (see section 4.5).

If a dose is missed, treatment should be continued with the next dose as planned. The dose should not exceed one drop in the affected eye(s) daily.

When substituting another ophthalmic antiglaucoma medicinal product with TRAVATAN, the other medicinal product should be discontinued and TRAVATAN should be started the following day.

Hepatic and renal impairment
TRAVATAN has been studied in patients with mild to severe hepatic impairment and in patients with mild to severe renal impairment (creatinine clearance as low as 14 ml/min). No dosage adjustment is necessary in these patients (see section 5.2).

Paediatric population
TRAVATAN can be used in paediatric patients from 2 months to < 18 years at the same posology as in adults. However, data in the age group 2 months to < 3 years (9 patients) is limited (see section 5.1).

The safety and efficacy of TRAVATAN in children below the age of 2 months have not been established. No data are available.

Method of Administration

For ocular use.

For patients who wear contact lenses, please refer to section 4.4.

The patient should remove the protective overwrap immediately prior to initial use. 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 of the bottle.

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

Eye colour change

TRAVATAN may gradually change the eye colour by increasing the number of melanosomes (pigment granules) in melanocytes. Before treatment is instituted, patients must be informed of the possibility of a permanent change in eye colour. Unilateral treatment can result in permanent heterochromia. The long term effects on the melanocytes and any consequences thereof are currently unknown. The change in iris colour occurs slowly and may not be noticeable for months to years. The 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; however, it has also been observed in patients with brown eyes. Typically, the brown pigmentation around the pupil spreads concentrically towards the periphery in affected eyes, but the entire iris or parts of it may be become more brownish. After discontinuation of therapy, no further increase in brown iris pigment has been observed.

Periorbital and eye lid changes

In controlled clinical trials, periorbital and/or eyelid skin darkening in association with the use of TRAVATAN has been reported in 0.4% of patients. Periorbital and lid changes including deepening of the eyelid sulcus have also been observed with prostaglandin analogues.

TRAVATAN may gradually change eyelashes in the treated eye(s); these changes were observed in about half of the patients in clinical trials and include: increased length, thickness, pigmentation, and/or number of lashes. The mechanism of eyelash changes and their long term consequences are currently unknown.

TRAVATAN has been shown to cause slight enlargement of the palpebral fissure in studies in the monkey. However, this effect was not observed during the clinical trials and is considered to be species specific.

There is no experience of TRAVATAN in inflammatory ocular conditions; nor in neovascular, angle-closure, narrow-angle or congenital glaucoma and only limited experience in thyroid eye disease, in open-angle glaucoma of pseudophakic patients and in pigmentary or pseudoexfoliative glaucoma. TRAVATAN should therefore be used with caution in patients with active intraocular inflammation.

Aphakic patients

Macular oedema has been reported during treatment with prostaglandin F2a analogues. Caution is recommended when using Travatan in aphakic patients, pseudophakic patients with a torn posterior lens capsule or anterior chamber lenses, or in patients with known risk factors for cystoid macular oedema.

Iritis/uveitis

In patients with known predisposing risk factors for iritis/uveitis, TRAVATAN should be used with caution.

Contact with the skin

Skin contact with TRAVATAN must be avoided as transdermal absorption of travoprost has been demonstrated in rabbits.

Prostaglandins and prostaglandin analogues are biologically active materials that may be absorbed through the skin. Women who are pregnant or attempting to become pregnant should exercise appropriate precautions to avoid direct exposure to the contents of the bottle. In the unlikely event of coming in contact with a substantial portion of the contents of the bottle, thoroughly cleanse the exposed area immediately.

Contact lenses

Patients must be instructed to remove contact lenses prior to application of TRAVATAN and wait 15 minutes after instillation of the dose before reinsertion.

Excipients

TRAVATAN contains propylene glycol which may cause skin irritation.
TRAVATAN contains polyoxyethylene hydrogenated castor oil 40 which may cause skin reactions.

Paediatric population

Efficacy and safety data in the age group 2 months to < 3 years (9 patients) is limited (see section 5.1). No data are available for children below the age of 2 months.

In children < 3 years old that mainly suffer from PCG (primary congenital glaucoma), surgery (e.g. trabeculotomy/goniotomy) remains the first line treatment.

No long-term safety data are available in the paediatric population.

4.5 Interaction with other medicinal products and other forms of interaction

No interaction studies have been performed.

4.6 Fertility, pregnancy and lactation

Women of child-bearing potential/contraception

TRAVATAN must not be used in women of child bearing age/potential unless adequate contraceptive measures are in place (see section 5.3).

Pregnancy

Travoprost has harmful pharmacological effects on pregnancy and/or the fetus/new-born child. TRAVATAN should not be used during pregnancy unless clearly necessary.

Breastfeeding

It is unknown whether travoprost from the eye drops is excreted in human breast milk. Animal studies have shown excretion of travoprost and metabolites in breast milk. The use of TRAVATAN by breast-feeding mothers is not recommended.

Fertility

There are no data on the effects of TRAVATAN on human fertility. Animal studies showed no effect of travoprost on fertility at doses more than 250 times the maximum recommended human ocular dose.

4.7 Effects on ability to drive and use machines

TRAVATAN has no or negligible influence on the ability to drive and use machines, however as with any eye drop, temporary blurred vision or other visual disturbances may affect the ability to drive or use machines. If blurred vision occurs at instillation, the patient must wait until the vision clears before driving or using machines.

4.8 Undesirable effects

Summary of the safety profile

In clinical trials with TRAVATAN, the most common adverse reactions were ocular hypearemia and iris hyperpigmentation, occurring in approximately 20% and 6% of patients respectively.

Tabulated list of adverse reactions

The following adverse reactions are classified according to the following convention: very common (≥1/10), common (≥1/100 to <1/10), uncommon (≥1/1,000 to <1/100), rare (≥1/10,000 to<1/1,000), very rare <1/10,000), or not known (frequency cannot be estimated from the available data). Within each frequency group, adverse reactions are presented in decreasing order of seriousness. The adverse reactions were obtained from clinical studies and post-marketing data with TRAVATAN.

System Organ Class	Frequency	Adverse Reactions
Immune system disorders	Uncommon	hypersensitivity, seasonal allergy
Psychiatric disorders	Not known	depression, anxiety, insomnia
Nervous system disorder	Uncommon	headache
	Rare	dizziness, visual field defect, dysgeusia

Eye disorders	Very common	ocular hyperaemia
	Common	iris hyperpigmentation, eye pain, ocular discomfort, dry eye, eye pruritus, eye irritation
	Uncommon	corneal erosion, uveitis, iritis, anterior chamber inflammation, keratitis, punctate keratitis, photophobia, eye discharge , blepharitis, erythema of eyelid, periorbital oedema, eyelids pruritus, visual acuity reduced, vision blurred, lacrimation increased, conjunctivitis, ectropion, cataract, eyelid margin crusting, growth of eyelashes
	Rare	iridocyclitis, ophthalmic herpes simplex, eye inflammation, photopsia, eczema eyelids, conjunctival oedema, halo vision, conjunctival follicles, hypoaesthesia eye, trichiasis, meibomianitis, anterior chamber pigmentation, mydriasis, asthenopia, eyelash hyperpigmentation, eyelash thickening
	Not known	macular oedema, lid sulcus deepened
Ear and labyrinth disorders	Not known	vertigo, tinnitus
Cardiac disorders	Uncommon	palpitations
	Rare	heart rate irregular, heart rate decreased
	Not known	chest pain, bradycardia, tachycardia, arrhythmia
Vascular disorders	Rare	blood pressure diastolic decreased, blood pressure systolic increased, hypotension, hypertension
Respiratory, thoracic and mediastinal disorders	Uncommon	cough, nasal congestion, throat irritation
	Rare	dyspnoea, asthma, respiratory disorder, oropharyngeal pain, dysphonia, rhinitis allergic, nasal dryness
	Not known	asthma aggravated, epistaxis
Gastrointestinal disorders	Rare	peptic ulcer reactivated, gastrointestinal disorder, constipation, dry mouth
	Not known	diarrhoea, abdominal pain, nausea, vomiting
Skin and subcutaneous tissue disorders	Uncommon	skin hyperpigmentation (periocular), skin discolouration, hair texture abnormal, hypertrichosis
	Rare	dermatitis allergic, dermatitis contact, erythema, rash, hair colour changes, madarosis
	Not known	pruritus, hair growth abnormal
Musculoskeletal and connective tissue disorders	Rare	musculoskeletal pain, arthralgia
Renal and urinary disorders	Not known	dysuria, urinary incontinence
General disorders and administration site conditions	Rare	asthenia
Investigations	Not known	prostatic specific antigen increased

Paediatric population

In a 3 month phase 3 study and a 7 days pharmacokinetic study, involving 102 paediatric patients exposed to TRAVATAN, the types and characteristics of adverse reactions reported were similar to what has been observed in adult patients. The short-term safety profiles in the different paediatric subsets were also similar (see section 5.1). The most frequent adverse reactions reported in the paediatric population were ocular hyperaemia (16.9%) and growth of eyelashes (6.5%). In a similar 3 month study in adult patients, these events occurred at an incidence of 11.4% and 0.0%, respectively.

Additional adverse drug reactions reported in paediatric patients in the 3 month paediatric study (n=77) compared to a similar trial in adults (n=185) included erythema of eyelid, keratitis, lacrimation increased, and photophobia all reported as single events with an incidence of 1.3% versus 0.0% seen 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 national reporting system listed in Appendix V.

4.9 Overdose

No cases of overdose have been reported. A topical overdose is not likely to occur or to be associated with toxicity. A topical overdose of TRAVATAN may be flushed from the eye(s) with lukewarm water. Treatment of a suspected oral ingestion is symptomatic and supportive.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Ophthalmologicals-antiglaucoma preparations and miotics-prostaglandin analogues, ATC code: S01E E04

Mechanism of action

Travoprost, a prostaglandin $F_{2\alpha}$ analogue, is a highly selective full agonist which has a high affinity for the prostaglandin FP receptor, and reduces the intraocular pressure by increasing the outflow of aqueous humour via trabecular meshwork and uveoscleral pathways. Reduction of the intraocular pressure in man starts about 2 hours after administration and maximum effect is reached after 12 hours. Significant lowering of intraocular pressure can be maintained for periods exceeding 24 hours with a single dose.

Clinical efficacy and safety

In a clinical trial, patients with open-angle glaucoma or ocular hypertension who were treated with TRAVATAN (polyquaternium-preserved) dosed once-daily in the evening demonstrated 8 to 9 mmHg reductions (approximately 33%) in intraocular pressure from 24 to 26 mmHg baseline. Data on adjunctive administration of TRAVATAN with timolol 0.5% and limited data with brimonidine 0.2% were collected during clinical trials that showed an additive effect of TRAVATAN with these glaucoma medications. No clinical data are available on adjunctive use with other ocular hypotensive medications.

Secondary pharmacology

Travoprost significantly increased optic nerve head blood flow in rabbits following 7 days of topical ocular administration (1.4 micrograms, once-daily).

TRAVATAN preserved with polyquaternium-1 induced minimal ocular surface toxicity, compared to eye drops preserved with benzalkonium chloride, on cultured human corneal cells and following topical ocular administration in rabbits.

Paediatric population

The efficacy of TRAVATAN in paediatric patients from 2 months to less than 18 years of age was demonstrated in a 12-week, double-masked clinical study of travoprost compared with timolol in 152 patients diagnosed with ocular hypertension or paediatric glaucoma. Patients received either travoprost 0.004% once daily or timolol 0.5% (or 0.25% for subjects younger than 3 years old) twice daily. The primary efficacy endpoint was the intraocular pressure (IOP) change from baseline at Week 12 of the study. Mean IOP reductions in the travoprost and timolol groups were similar (see Table 1).

In the age groups 3 to < 12 years (n=36) and 12 to < 18 years (n=26), mean IOP reduction at Week 12 in the travoprost group was similar to that in the timolol group. Mean IOP reduction at Week 12 in the 2 months to < 3 years of age group was 1.8 mmHg in the travoprost group and 7.3 mmHg in the timolol group. IOP reductions for this group were based on only 6 patients in the timolol group and 9 patients in the travoprost group where 4 patients in the travoprost group versus 0 patients in the timolol group had no relevant mean IOP reduction at Week 12. No data are available for children less than 2 months old.

The effect on IOP was seen after the second week of treatment and was consistently maintained throughout the 12 week period of study for all age groups.

Table 1 Comparison of Mean IOP Change from Baseline (mmHg) at Week 12

Travoprost		**Timolol**			
N	**Mean (SE)**	**N**	**Mean (SE)**	**Mean Difference[a]**	**(95% CI)**
53	-6.4 (1.05)	60	-5.8 (0.96)	-0.5	(-2.1, 1.0)

SE = Standard Error; CI = Confidence Interval;
[a]Mean difference is Travoprost – Timolol. Estimates based on least squares means derived from a statistical model that accounts for correlated IOP measurements within patient where primary diagnosis and baseline IOP stratum are in the model.

5.2 Pharmacokinetic properties

Absorption

Travoprost is an ester prodrug. It is absorbed through the cornea where the isopropyl ester is hydrolysed to the active free acid. Studies in rabbits have shown peak concentrations of 20 ng/mL of the free acid in aqueous humour one to two hours after topical dosing of TRAVATAN. Aqueous humour concentrations declined with a half-life of approximately 1.5 hours.

Distribution

Following topical ocular administration of TRAVATAN to healthy volunteers, low systemic exposure to active free acid was demonstrated. Peak active free acid plasma concentrations of 25 pg/mL or less were observed between 10 and 30 minutes post-dose. Thereafter, plasma levels declined rapidly to below the 10 pg/mL assay quantitation limit before 1 hour post-administration. Due to the low plasma concentrations and rapid elimination following topical dosing, the elimination half-life of active free acid in man could not be determined.

Biotransformation

Metabolism is the major route of elimination of both travoprost and the active free acid. The systemic metabolic pathways parallel those of endogenous prostaglandin $F_{2\alpha}$ which are characterised by reduction of the 13-14 double bond, oxidation of the 15-hydroxyl and β-oxidative cleavages of the upper side chain.

Elimination

Travoprost free acid and its metabolites are mainly excreted by the kidneys. TRAVATAN has been studied in patients with mild to severe hepatic impairment and in patients with mild to severe renal impairment (creatinine clearance as low as 14 ml/min). No dosage adjustment is necessary in these patients.

Paediatric population

A pharmacokinetic study in paediatric patients aged 2 months to < 18 years demonstrated very low plasma exposure to travoprost free acid, with concentrations ranging from below the 10 pg/mL assay limt of quantitation (BLQ) to 54.5 pg/mL. In 4 previous systemic pharmacokinetic studies in adult populations, travoprost free acid plasma concentrations ranged from BLQ to 52.0 pg/mL. While most of the plasma data across all studies was non-quantifiable, making statistical comparisons of systemic exposure across age groups unfeasible, the overall trend shows that plasma exposure to travoprost free acid following topical administration of TRAVATAN is extremely low across all age groups evaluated.

5.3 Preclinical safety data

In ocular toxicity studies in monkeys, administration of travoprost at a dose of 0.45 microgram, twice a day, was shown to induce increased palpebral fissure. Topical ocular administration of travoprost to monkeys at concentrations of up to 0.012% to the right eye, twice daily for one year resulted in no systemic toxicity.

Reproduction toxicity studies have been undertaken in rat, mice and rabbit by systemic route. Findings are related to FP receptor agonist activity in uterus with early embryolethality, post-implantation loss, foetotoxicity. In pregnant rat, systemic administration of travoprost at doses more than 200 times the clinical dose during the period of organogenesis resulted in an increased incidence of malformations. Low levels of radioactivity were measured in amniotic fluid and foetal tissues of pregnant rats administered ^{3}H-travoprost. Reproduction and development studies have demonstrated a potent effect on foetal loss with a high rate observed in rats and mice (180 pg/ml and 30 pg/ml plasma, respectively) at exposures 1.2 to 6 times the clinical exposure (up to 25 pg/ml).

Environmental Risk Assessment (ERA)

Travoprost is considered a persistent, bioaccumulative and toxic (PBT) substance. Hence, despite the very small amounts of travoprost used by patients in eye drops, a risk to the environment cannot be excluded.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Polyquaternium-1
Polyoxyethylene hydrogenated castor oil 40 (HCO-40)
Boric acid (E284)
Mannitol (E421)
Sodium chloride
Propylene glycol (E1520)
Sodium hydroxide and/or hydrochloric acid (for pH-adjustment)
Purified water

6.2 Incompatibilities

None known.

Specific *in vitro* interaction studies were performed with TRAVATAN and medicinal products containing thiomersal. No evidence of precipitation was observed.

6.3 Shelf life

2 years.

Discard 4 weeks after first opening.

6.4 Special precautions for storage

This medicinal product does not require any special storage conditions.

6.5 Nature and contents of container

4 mL oval Polypropylene (PP) or Low Density Polyethylene (LDPE) bottle and PP or LDPE dispensing plug with a PP screw cap, presented in an overwrap. Each 4 mL bottle will contain 2.5 mL of solution.

Cartons containing 1 or 3 bottles.
Not all pack sizes may be marketed.

6.6 Special precautions for disposal

Any unused medicinal product or waste material should be disposed of in accordance with local requirements. It should be noted that travoprost is considered a PBT substance (see section 5.3).

7. MARKETING AUTHORISATION HOLDER

Novartis Europharm Limited
Vista Building
Elm Park, Merrion Road
Dublin 4
Ireland

8. MARKETING AUTHORISATION NUMBERS

EU/1/01/199/001-004

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of first authorisation: 27 November 2001
Date of latest renewal: 06 October 2006

10. DATE OF REVISION OF THE TEXT

Detailed information on this medicinal product is available on the website of the European Medicines Agency http://www.ema.europa.eu

ANNEX II

A. MANUFACTURER(S) RESPONSIBLE FOR BATCH RELEASE

B. CONDITIONS OR RESTRICTIONS REGARDING SUPPLY AND USE

C. OTHER CONDITIONS AND REQUIREMENTS OF THE MARKETING AUTHORISATION

D. CONDITIONS OR RESTRICTIONS WITH REGARD TO THE SAFE AND EFFECTIVE USE OF THE MEDICINAL PRODUCT

A. MANUFACTURER(S) RESPONSIBLE FOR BATCH RELEASE

Name and address of the manufacturer(s) responsible for batch release

Novartis Farmacéutica, S.A.
Gran Via de les Corts Catalanes, 764
08013 Barcelona
Spain

Novartis Manufacturing NV
Rijksweg 14
2870 Puurs-Sint-Amands
Belgium

Novartis Pharma GmbH
Roonstraße 25
D-90429 Nuremberg
Germany

Siegfried El Masnou, S.A.
Camil Fabra 58
El Masnou
08320 Barcelona
Spain

Novartis Pharma GmbH
Sophie-Germain-Strasse 10
90443 Nuremberg
Germany

The printed package leaflet of the medicinal product must state the name and address of the manufacturer responsible for the release of the concerned batch.

B. CONDITIONS OR RESTRICTIONS REGARDING SUPPLY AND USE

Medicinal product subject to medical prescription.

C. OTHER CONDITIONS AND REQUIREMENTS OF THE MARKETING AUTHORISATION

- **Periodic safety update reports (PSURs)**

The requirements for submission of PSURs for this medicinal product are set out in the list of Union reference dates (EURD list) provided for under Article 107c(7) of Directive 2001/83/EC and any subsequent updates published on the European medicines web-portal.

D. CONDITIONS OR RESTRICTIONS WITH REGARD TO THE SAFE AND EFFECTIVE USE OF THE MEDICINAL PRODUCT

- **Risk management plan (RMP)**

The marketing authorisation holder (MAH) shall perform the required pharmacovigilance activities and interventions detailed in the agreed RMP presented in Module 1.8.2 of the marketing authorisation and any agreed subsequent updates of the RMP.

An updated RMP should be submitted:
- At the request of the European Medicines Agency;
- Whenever the risk management system is modified, especially as the result of new information being received that may lead to a significant change to the benefit/risk profile or as the result of an important (pharmacovigilance or risk minimisation) milestone being reached.

ANNEX III

LABELLING AND PACKAGE LEAFLET

A. LABELLING

PARTICULARS TO APPEAR ON THE OUTER PACKAGING

CARTON FOR SINGLE BOTTLE 2.5 ml + CARTON FOR 3x2.5 ml BOTTLES

1. NAME OF THE MEDICINAL PRODUCT

TRAVATAN 40 micrograms/mL eye drops, solution
travoprost

2. STATEMENT OF ACTIVE SUBSTANCE

1 mL of solution contains 40 micrograms of travoprost

3. LIST OF EXCIPIENTS

Polyquaternium-1, polyoxyethylene hydrogenated castor oil 40 (HCO-40), boric acid, mannitol, sodium chloride, propylene glycol, sodium hydroxide and/or hydrochloric acid (to adjust pH) and purified water.

See leaflet for further information.

4. PHARMACEUTICAL FORM AND CONTENTS

Eye drops, solution

1 bottle of 2.5 mL
3 bottles of 2.5 mL

5. METHOD AND ROUTE OF ADMINISTRATION

Read the package leaflet before use.
Ocular use

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

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY

8. EXPIRY DATE

EXP
Discard 4 weeks after first opening.
Opened:
Opened (1):
Opened (2)
Opened (3)

9. SPECIAL STORAGE CONDITIONS

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

Novartis Europharm Limited
Vista Building
Elm Park, Merrion Road
Dublin 4
Ireland

12. MARKETING AUTHORISATION NUMBERS

EU/1/01/199/001	1 x 2.5 mL – PP Bottle
EU/1/01/199/002	3 x 2.5 mL – PP Bottle
EU/1/01/199/003	1 x 2.5 mL – LDPE Bottle
EU/1/01/199/004	3 x 2.5 mL – LDPE Bottle

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY

Medicinal product subject to medical prescription

15. INSTRUCTIONS ON USE

16 INFORMATION IN BRAILLE

Travatan

17. UNIQUE IDENTIFIER-2D BARCODE

2D barcode carrying the unique identifier included.

18. UNIQUE IDENTIFIER – HUMAN READABLE DATA

PC
SN
NN

MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS

BOTTLE LABEL

1. NAME OF THE MEDICINAL PRODUCT AND ROUTE OF ADMINISTRATION

TRAVATAN 40 micrograms/mL eye drops
travoprost
Ocular use

2. METHOD OF ADMINISTRATION

3. EXPIRY DATE

EXP

4. BATCH NUMBER

Lot

5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT

2.5 mL

6. OTHER

MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS

OVERWRAP

1. NAME OF THE MEDICINAL PRODUCT AND ROUTE OF ADMINISTRATION

TRAVATAN 40 micrograms/mL eye drops
travoprost
Ocular use

2. METHOD OF ADMINISTRATION

Read the package leaflet before use.

3. EXPIRY DATE

EXP
Discard 4 weeks after first opening

4. BATCH NUMBER

Lot

5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT

2.5 mL

6. OTHER

B. PACKAGE LEAFLET

Package leaflet: Information for the user

TRAVATAN 40 micrograms/mL eye drops, solution
travoprost

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 pharmacist.
- This medicine has been prescribed for you 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 get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet, See section 4.

What is in this leaflet

1. What TRAVATAN is and what it is used for

TRAVATAN **contains travoprost,** one of a group of medicines called **prostaglandin analogues**. It works by reducing the pressure in the eye. It may be used on its own or with other drops e.g. beta-blockers, which also reduce pressure.

TRAVATAN **is used to reduce high pressure in the eye in adults, adolescents and children from 2 months old onward.** This pressure can lead to an illness called **glaucoma.**

2. What you need to know before you use TRAVATAN

Do not use TRAVATAN

- **If you are allergic** to travoprost or any of the other ingredients of this medicine (listed in section 6).

Ask your doctor for advice if this applies to you.

Warning and Precautions

- TRAVATAN **may increase** the length, thickness, colour and/or number of your **eyelashes**. Changes in the eyelids including unusual hair growth or in the tissues around the eye have also been observed.
- TRAVATAN may **change the colour of your iris** (the coloured part of your eye). This change may be permanent. A change in the colour of the skin around the eye may also occur.
- If you have had **cataract surgery**, talk to your doctor before you use TRAVATAN.
- If you have current or previous history of an **eye inflammation** (iritis and uveitis), talk to your doctor before you use TRAVATAN.
- TRAVATAN may rarely cause **breathlessness** or **wheezing** or increase the symptoms of **asthma**. If you are concerned about changes in your breathing pattern when using TRAVATAN advise your doctor as soon as possible.
- Travoprost may be **absorbed through the skin. If any** of the medicinal product comes into **contact with the skin,** it should be **washed off** straight away. This is especially important in women who are pregnant or are attempting to become pregnant.
- If you wear soft contact lenses, do not use the drops with your lenses in. After using the drops wait 15 minutes before putting your lenses back in.

Children and adolescents

TRAVATAN can be used in children from 2 months to < 18 years at the same dose as for adults. Use of TRAVATAN is not recommended to those children under 2 months of age.

Other medicines and TRAVATAN

Tell your doctor or pharmacist if you are taking or have recently taken or used any other medicines.

Pregnancy, breast feeding and fertility

Do not use TRAVATAN if you are pregnant. If you think that you may be pregnant speak with your doctor right away. If you could become pregnant you must use adequate contraception whilst you use TRAVATAN.

Do not use TRAVATAN if you are breast feeding. TRAVATAN may get into your milk.

Ask your doctor for advice before taking any medicine

Driving and using machines

You may find that your vision is blurred for a time just after you use TRAVATAN. Do not drive or use machines until this has worn off.

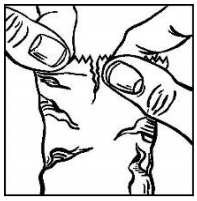
TRAVATAN contains **hydrogenated castor oil** and **propylene glycol** which may cause skin reactions and irritation.

3. How to use TRAVATAN

Always use this medicine exactly as your doctor or the doctor treating your child has told you. You should check with your doctor, the doctor treating your child or pharmacist if you are not sure.

The recommended dose is
One drop in the affected eye or eyes, once a day - in the evening.
Only use TRAVATAN in both eyes if your doctor told you to. Use it for as long as your doctor or the doctor treating your child told you to.

Only use TRAVATAN for dropping in your or your child's eye(s).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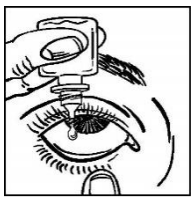
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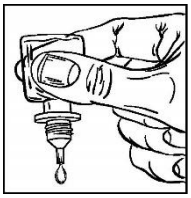
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- Immediately before using a bottle for the first time, tear open the overwrap pouch, take the bottle out (**picture 1**) and write the date of opening on the carton in the space provided
- Wash your hands
- Twist off the cap
- Hold the bottle, pointing down, between your thumb and fingers
- Tilt your head or your child's head gently back. Pull down the eyelid with a clean finger, until there is a 'pocket' between the eyelid and the eye. The drop will go in here (**picture 2**)
- Bring the bottle tip close to the eye. Use a mirror if it helps
- **Do not touch the eye or eyelid, surrounding areas or other surfaces with the dropper.** It could infect the drops
- Gently squeeze the bottle to release one drop of TRAVATAN at a time. (**picture 3**)
- After using TRAVATAN, keep the eyelid closed, apply gentle pressure by pressing a finger into the corner of the eye, by the nose (**picture 4**) for at least 1 minute. This helps to stop TRAVATAN getting into the rest of the body
- If you use drops in both eyes, repeat the steps for the other eye
- Close the bottle cap firmly immediately after use
- Only use one bottle at a time. Do not open the pouch until you need to use the bottle.

If a drop misses the eye, try again.

If you or your child are using other eye preparations such as eye drop or eye ointment, wait for at least 5 minutes between putting in TRAVATAN and the other eye preparations.

If you or your child receive more TRAVATAN than you should
Rinse all the medicine out with warm water. Don't put in any more drops until it's time for the next regular dose.

If you forget to use TRAVATAN
Continue with the next dose as planned. **Do not use a double dose** to make up for a forgotten dose. Never use more than one drop in the affected eye(s) in a single day.

If you stop using TRAVATAN
Do not stop using TRAVATAN without first speaking to your doctor or the doctor treating your child, the pressure in your eye or your child's eye will not be controlled which could lead to loss of sight.

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

Now turn over ▸

4. Possible side effects

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

You can usually carry on using the drops, unless the side effects are serious. If you're worried, talk to a doctor or pharmacist. Do not stop taking TRAVATAN without speaking to your doctor.

The following side effects have been seen with TRAVATAN

Very common: may affect more than 1 in 10 people

***Effects in the eye*:** eye redness,

Common: may affect up to 1 in 10 people

Effects in the eye: changes in the colour of the iris (coloured part of the eye), eye pain, eye discomfort, dry eye, itchy eye, eye irritation.

Uncommon: may affect up to 1 in 100 people

Effects in the eye*:* corneal disorder, eye inflammation, iris inflammation, inflammation inside the eye, eye surface inflammation with/out surface damage, sensitivity to light, eye discharge, eyelid inflammation, eyelid redness, swelling around the eye, eyelid itching, blurred vision, increased tear production, infection or inflammation of the conjunctiva (conjunctivitis), abnormal turning outward of the lower eyelid, clouding of the eye, eyelid crusting, growth of eyelashes.

General side effects*:* increased allergic symptoms, headache, irregular heart beat, cough, stuffy nose, throat irritation, darkening of skin around the eye (s), skin darkening, abnormal hair texture, excessive hair growth.

Rare: may affect up to 1 in 1,000 people

Effects in the eye*:* perception of flashing lights, eczema of the eyelids, abnormally positioned eyelashes that grow back toward the eye, eye swelling, reduced vision, halo vision, decreased eye sensation, inflammation of the glands of the eyelids, pigmentation inside the eye, increase in pupil size, eyelash thickening, change in eyelash colour, tired eyes.

General side effects: eye viral infection, dizziness, bad taste, irregular or decreased heart rate, increased or decreased blood pressure, shortness of breath, asthma, nasal allergy or inflammation, nasal dryness, voice changes, gastrointestinal discomfort or ulcer, constipation, dry mouth, redness or itching of the skin, rash, hair colour change, loss of eyelashes, joint pain, musculoskeletal pain, generalised weakness.

Not known: frequency cannot be estimated from the available data

Effects in the eye: inflammation of the back of the eye, eyes appear more inset.

General side effects: depression, anxiety, insomnia, sensation of false movement, ringing in ears, chest pain, abnormal heart rhythm, increased heart beat, worsening of asthma, diarrhea, nose bleeds, abdominal pain, nausea, vomiting, itching, abnormal hair growth, painful or involuntary urination, increase in prostate cancer marker.

In children and adolescents, the most common side effects seen with TRAVATAN are eye redness and growth of eyelashes. Both side effects were observed with a higher incidence in children and adolescents compared to adults.

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

5. How to store TRAVATAN

Keep this medicine out of the sight and reach of children.

Do not use TRAVATAN after the expiry date which is stated on the bottle and the box after "EXP". The expiry date refers to the last day of the month.

This medicine does not require any special storage conditions.

You must throw away the bottle 4 weeks after you first opened it, to prevent infections, and use a new bottle. Write down the date you opened it in the space on the carton box.

Do not throw away medicine via wastewater or in 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 TRAVATAN contains

The active substance is travoprost 40 micrograms/ml.

The other ingredients are Polyquaternium-1, polyoxyethylene hydrogenated castor oil 40, propylene glycol, sodium chloride, boric acid, mannitol and purified water. Tiny amounts of hydrochloric acid or sodium hydroxide are added to keep acidity levels (pH levels) normal.

What TRAVATAN looks like and contents of the pack
TRAVATAN is a liquid (a clear, colourless solution) supplied in a pack containing a 4 ml plastic bottle with a screw cap. Each bottle contains 2.5 mL of travoprost eye drops and each bottle is placed in a pouch.
Pack sizes: 1 or 3 bottles.
Not all pack sizes may be marketed.

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Other sources of information
Detailed information on this medicine is available on the European Medicines Agency web site: http://www.ema.europa.eu.