Ofloxacin Ophthalmic Solution 0.3% is a sterile ophthalmic solution. It is a fluorinated carboxyquinolone anti-infective for topical ophthalmic use.

**INDICATIONS AND USAGE**

Cross-resistance has been observed between ofloxacin and other fluoroquinolones. There is generally no cross-resistance between ofloxacin and other classes of antibacterial agents such as beta-lactams or aminoglycosides. Ofloxacin has been shown to be active against most strains of the following organisms both in vitro and clinically, in conjunctival and/or corneal ulcer infections as described in the INDICATIONS AND USAGE section.

**CLINICAL PHARMACOLOGY**

**Microbiology:** Ofloxacin has in vitro activity against a broad range of gram-positive and gram-negative aerobic and anaerobic bacteria. Ofloxacin is thought to exert a bactericidal effect on susceptible bacterial cells by inhibiting DNA gyrase, an essential bacterial enzyme which is a critical catalyst in the duplication, transcription, and repair of bacterial DNA.

**Serum, urine and tear concentrations of ofloxacin were measured in 30 healthy women at various time points during a 10 1/2 day dosing period.** Maximum serum concentration increased from 1.1 ng/mL on day one to 1.9 ng/mL on day 11 after QID dosing for 10 1/2 days. Maximum serum concentrations after 10 days of topical ophthalmic dosing were more than 1000 times lower than those reported after standard oral doses of ofloxacin.

**CLINICAL STUDIES:** In a randomized, double-masked, multicenter clinical trial, Ofloxacin Ophthalmic Solution was superior to its vehicle after 2 days of therapy. Clinical success rate for the ofloxacin treated group versus 25% (17/67) for the placebo treated group after 2 days of therapy. Microbiological outcomes for the same clinical trial demonstrated an eradication rate for causative pathogens of 65% (41/63) for the ofloxacin treated group versus 53% (34/64) for the placebo treated group after 2 days of therapy. Please note that microbiologic eradication does not always correlate with clinical outcome in anti-infective trials.

**Ophthalmic Solution every 30 minutes. Ofloxacin was excreted in the urine primarily unmodified.** Corneal tissue concentrations of 4.4 mcg/mL were observed four hours after beginning topical ocular application of two drops of Ofloxacin Ophthalmic Solution. Tear ofloxacin concentrations ranged from 5.7 to 31 mcg/mL during the 40 minute period following the last dose on day 11. Mean tear concentration measured four hours after topical ophthalmic dosing was 9.2 mcg/mL.

**INACTIVES:** sodium chloride and purified water. Hydrochloric Acid and/or Sodium Hydroxide may be added to adjust pH. Ofloxacin Ophthalmic Solution is unbuffered and formulated with a pH of 6.4 (range: 6.0 to 6.8). It has an osmolality of 300 mOsm/kg. Ofloxacin is a fluorinated 4-quinolone which differs from other fluorinated 4-quinolones in that there is a six member (pyridobenzoxazine) ring from positions 1 to 8 of the basic ring structure. PRESERVATIVE ADDED: benzalkonium chloride (0.005%)
Ofloxacin Ophthalmic Solution: Solution is contraindicated in patients with a history of hypersensitivity to ofloxacin, to other quinolones, or to any of the components in this medication.

NOTES:  CONTAINTERS
Ofloxacin Ophthalmic Solution should not be injected subconjunctivally, nor should it be introduced directly into the anterior chamber of the eye.

Serious and occasionally fatal hypersensitivity (anaphylactic) reactions, some following the first dose, have been reported in patients receiving systemic quinolones, including ofloxacin. Some reactions were accompanied by cardiovascular collapse, loss of consciousness, angioedema (including laryngeal, pharyngeal or facial edema), airway obstruction, dyspnea, urticaria, and anaphylactic or anaphylactoid reactions. A rare occurrence of Stevens-Johnson syndrome, which progressed to toxic epidermal necrolysis, has been reported in a patient who was receiving topical ophthalmic ofloxacin. If an allergic reaction to ofloxacin occurs, discontinue the drug. Serious acute hypersensitivity reactions may require immediate emergency treatment.

Oxygen and airway management, including intubation should be administered as clinically indicated.

PRECAUTIONS
General: As with other anti-infectives, prolonged use may result in overgrowth of nonsusceptible organisms, including fungi. If superinfection occurs discontinue use and institute appropriate therapy. Whenever clinical judgment dictates, the patient should be examined with the aid of magnification, such as slit lamp biomicroscopy and, where appropriate, fluorescein staining. Ofloxacin should be discontinued at the first appearance of a skin rash or any other sign of hypersensitivity reaction.

The systemic administration of quinolones, including ofloxacin, has led to lesions or erosions of the cartilage in weight-bearing joints and other signs of arthropathy in immature animals of various species. Ofloxacin, administered systemically at 33 mg/kg/day in young dogs (equivalent to 10 times the maximum recommended daily adult ophthalmic dose) has been associated with these types of effects.

Information for Patients: Avoid contaminating the applicator tip with material from the eye, fingers or other source.

Systemic quinolones, including ofloxacin, have been associated with hypersensitivity reactions, even following a single dose. Discontinue use immediately and contact your physician at the first sign of a rash or allergic reaction.

Drug Interactions: Specific drug interaction studies have not been conducted with Ofloxacin Ophthalmic Solution. However, the systemic administration of some quinolones has been shown to elevate plasma concentrations of theophylline, interfere with the metabolism of caffeine, and enhance the effects of the oral anticoagulant warfarin and its derivatives, and has been associated with transient elevations in serum creatinine in patients receiving cyclosporine concomitantly.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Long term studies to determine the carcinogenic potential of ofloxacin have not been conducted.

Ofloxacin was not mutagenic in the Ames test, in vitro and in vivo genotoxic assay, mouse chromosomal aberration assay (Chinese hamster and human cells), unscheduled DNA synthesis (UDS) assay using human fibroblasts, the dominant lethal assay, or mouse micronucleus assay. Ofloxacin was positive in the in vivo test, using rat hepatocytes, and the mouse lymphoma assay. In fertility studies in rats, ofloxacin did not affect male or female fertility or morphology or reproductive performance at oral dosing up to 360 mg/kg/day (equivalent to 4000 times the maximum recommended daily ophthalmic dose).

Pregnancy: Teratogenic Effects. Pregnancy Category C: Ofloxacin has been shown to have an embryocidal effect in rats and in rabbits when given in doses of 180 mg/kg/day (equivalent to 9000 times the maximum recommended daily ophthalmic dose) and 150 mg/kg/day (equivalent to 1800 times the maximum recommended daily ophthalmic dose). These dosages resulted in decreased fetal body weight and increased fetal mortality in rats and rabbits, respectively. Minor fetal skeletal variations were reported in rats receiving doses of 810 mg/kg/day. Ofloxacin has not been shown to be teratogenic at doses as high as 810 mg/kg/day and 150 mg/kg/day when administered to pregnant rats and rabbits, respectively.

Nonteratogenic Effects: Additional studies in rats with doses up to 360 mg/kg/day during late gestation showed no adverse effect on fetal development, labor, delivery, lactation, neonatal viability, or growth of the newborn.

There are, however, no adequate and well-controlled studies in pregnant women. Ofloxacin Ophthalmic Solution should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers: In nursing women a single 200 mg oral dose resulted in concentrations of ofloxacin in milk which were similar to those found in plasma. It is not known whether ofloxacin is secreted in human milk following topical ophthalmic administration. Because of the potential for serious adverse reactions from ofloxacin in nursing infants, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

Pediatric Use: Safety and effectiveness in infants below the age of one year have not been established.

Quinolones, including ofloxacin, have been shown to cause arthropathy in immature animals after oral administration; however, topical ophthalmic administration of ofloxacin to immature animals has not shown any arthropathy. There is no evidence that the ophthalmic dosage form of ofloxacin has any effect on weight bearing joints.

Geriatric Use: No overall differences in safety or effectiveness have been observed between elderly and younger patients.

ADVERSE REACTIONS
Ophthalmic Use: The most frequently reported drug-related adverse reaction was transient ocular burning or discomfort. Other reported reactions include reaction to ointment in contact lenses, respiratory, cutaneous, gastrointestinal, and central nervous system effects. Reports of does of stieff and nausea have been received.

To report SUSPECTED ADVERSE REACTIONS, contact Bausch + Lomb, a division of Valeant Pharmaceuticals North America LLC at 1-800-321-4576 or FDA at 1-800 FDA-1088 or www.fda.gov/medwatch.

DOSEAGE AND ADMINISTRATION
The recommended dosage regimen for the treatment of bacterial conjunctivitis is:

Days 1/2: Instill one to two drops every two to four hours in the affected eye(s).

Days 3 through 7: Instill one to two drops four times daily.

The recommended dosage regimen for the treatment of bacterial corneal ulcer is:

Days 1/2: Instill one to two drops into the affected eye every 30 minutes, while awake.

Awaken at approximately four and six hours after retiring and instill one to two drops.

Days 3 through 7: Instill one to two drops hourly, while awake.

Days 7 to 9: Instill one to two drops, four times daily.

The recommended dosage regimen for the treatment completion is:

DO NOT USE IF IMPRINTED “Protective Seal” WITH YELLOW INSIGNIA IS NOT INTACT.

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The recommended dosage regimen for the treatment of bacterial conjunctivitis is:

Days 1/2: Instill one to two drops every two to four hours in the affected eye(s).

Days 3 through 7: Instill one to two drops four times daily.

The recommended dosage regimen for the treatment of bacterial corneal ulcer is:

Days 1/2: Instill one to two drops into the affected eye every 30 minutes, while awake.

Awaken at approximately four and six hours after retiring and instill one to two drops.

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HUMAN PHARMACOLOGY
Ophthalmic Solution 0.3% is supplied sterile in plastic dropper bottles with ten caps in the following sizes:

0.5 mL: NDC 24208-434-05
10 mL: NDC 24208-434-40

STORAGE
Store at 15°-25°C (59°-77°F).

KEEP OUT OF REACH OF CHILDREN.

FOR OPHTHALMIC USE ONLY

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