ANNEX I

SUMMARY OF PRODUCT CHARACTERISTICS

1. NAME OF THE MEDICINAL PRODUCT

Omidria 10 mg/mL + 3 mg/mL concentrate for solution for intraocular irrigation

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each 4 mL of solution in the vial contains phenylephrine hydrochloride equivalent to 40.6 mg (10.2 mg/mL) of phenylephrine and ketorolac trometamol equivalent to 11.5 mg (2.88 mg/mL) of ketorolac.

After dilution in 500 mL of irrigation solution, the solution contains 0.081 mg/mL of phenylephrine and of 0.023 mg/mL ketorolac.

For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Concentrate for solution for intraocular irrigation.

Clear, colourless to slightly yellow, solution with a pH: 6.3 ±0.3.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

Omidria is indicated in adults for maintenance of intraoperative mydriasis, prevention of intraoperative miosis and reduction of acute postoperative ocular pain in intraocular lens replacement surgery.

4.2 Posology and method of administration

Omidria must be administered in a controlled surgical setting by a qualified ophthalmological surgeon experienced in intraocular lens replacement surgery.

Posology

The recommended dose is 4.0 mL of Omidria diluted in 500 mL of irrigation solution administered by intraocular irrigation to the affected eye during surgery.

For instructions on dilution of the medicinal product before administration, see section 6.6.

Special populations

Renal or hepatic impairment
No formal studies have been conducted with Omidria in patients with renal or hepatic impairment. No dose adjustment or special considerations are anticipated for patients with renal or hepatic impairment (see section 5.2).

Elderly
The elderly population has been studied in clinical studies. No dose adjustment is required.

Paediatric population
The safety and efficacy of Omidria in children below the age of 18 years has not been established. No data are available.

Method of administration

Intraocular use.

Single use only.

Omidria has not been evaluated in the the absence of standard preoperative mydriatic and anesthetic agents. Preoperative antibiotic, anaesthetics, corticosteroid, mydriatic, and NSAID eye drops may be administered at the discretion of the treating ophthalmologist.

Before administering the medicinal product
Omidria must be diluted into 500 mL of irrigation solution before use. For dilution instructions, see section 6.6.

The Omidria-containing irrigation solution is intended to be used during the surgical procedure in the same manner that the standard irrigation solution would be used.

4.3 Contraindications

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

Patients with narrow-angle glaucoma.

4.4 Special warnings and precautions for use

This product must be diluted before intraocular use.

Omidria is indicated for addition to irrigation solution used during intraocular lens replacement procedures only.

Omidria is not indicated for undiluted use, intravitreal injection, general topical ophthalmic use, or non-ocular systemic use.

The safety and efficacy of Omidria has not been evaluated in patients with a history of uveitis, iris trauma, or alpha-adrenergic antagonist use.

The following warnings and precautions related to topical ophthalmic use of phenylephrine and ketorolac should be considered with the use of Omidria:

Cardiovascular reactions

There have been reports of serious cardiovascular reactions, including ventricular arrhythmias and myocardial infarctions, in patients using ophthalmic phenylephrine. These episodes, some fatal, have usually occurred in patients with pre-existing cardiovascular diseases.

Significant elevations in blood pressure have been reported following instillation of topical ocular phenylephrine. Anticipated systemic exposure is minimal and transient, however, caution should be used in treating patients with poorly controlled hypertension. The risk of blood pressure elevations may be increased in patients requiring prolonged surgery.

Hyperthyroidism and unstable cardiovascular disease should be addressed prior to surgery.

Cross-sensitivity

There is the potential for cross-sensitivity to acetylsalicylic acid, phenylacetic acid derivatives, and other non-steroidal anti-inflammatory drugs (NSAIDs). There have been reports of bronchospasm or exacerbation of asthma associated with the use of ketorolac ophthalmic solution in patients who either have a known hypersensitivity to aspirin/NSAIDs, or a past medical history of asthma. Therefore, use Omidria with caution in individuals who have previously exhibited sensitivities to these active substances.

The use of Omidria during intraocular lens replacement surgery may cause vision to be temporarily affected. (see section 4.7).

4.5 Interaction with other medicinal products and other forms of interaction

No interaction studies have been performed.

Intraocular metabolic interactions are unlikely because phenylephrine and ketorolac are removed from the anterior chamber by irrigation during the surgical procedure and by normal aqueous humour circulation postoperatively. The magnitude of the mydriatic effect of Omidria may be altered in patients who concurrently receive medicinal products that can affect pupil size, such as opioids (miotics) or non-sedating antihistamines (mydriatics).

Concomitant use of phenylephrine and atropine may enhance pressor effects and induce tachycardia in some patients. Phenylephrine may potentiate the cardiovascular depressant effects of some inhalation anesthetic medicinal products. In a pharmacokinetic study evaluating Omidria, systemic exposure to each of phenylephrine and ketorolac was minimal and transient. Therefore, no interaction is expected.

4.6 Fertility, pregnancy and lactation

Women of childbearing potential

Omidria is not recommended in women of childbearing potential not using contraception.

Pregnancy

There are no data from the use of Omidria in pregnant women. Omidria is not recommended during pregnancy.

Breast-feeding

It is not known whether phenylephrine is excreted in human milk. Ketorolac is excreted in human milk after systemic administration. A risk to the suckling child cannot be excluded. Omidria should not be used during breast-feeding.

Fertility

There are no adequate data from the use of phenylephrine hydrochloride or ketorolac trometamol on fertility in humans.

4.7 Effects on ability to drive and use machines

Omidria can have a major influence on the ability to drive and use machines. As vision may be temporarily affected following intraocular lens replacement in patients who receive Omidria, patients should be advised not to drive or use machines until vision is clear. See section 4.8 for further details regarding possible visual disturbances.

4.8 Undesirable effects

Summary of the safety profile

The safety profile of Omidria is based on data from 459 adult patients collected during clinical development obtained in randomised controlled trials. Adverse reactions reported in patients receiving Omidria were typical postoperative findings and most were mild to moderate in intensity and resolved without intervention or any residual effects. The most frequently reported adverse reactions were, eye pain (4.8%), anterior chamber inflammation (3.9%), conjunctival hyperaemia (2.2%), photophobia (1.7%), corneal oedema (1.3%) and inflammation (1.3%). Each of these same findings was reported at a similar frequency in patients receiving placebo.

Tabulated list of adverse reactions

The frequency of adverse reactions is defined as follows: 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), not known (cannot be estimated from the available data).

System Organ Class	Common	Uncommon
Nervous system disorders		Headache
Eye disorders	Eye pain Anterior chamber inflammation Conjunctival hyperaemia Corneal oedema Photophobia	Ocular discomfort Eye inflammation Eye irritation Conjunctival oedema Corneal disorder Mydriasis Vision blurred Visual acuity reduced Vitreous floaters Eye pruritus Eyelid pain Foreign body sensation in eyes Glare Intraocular pressure increased
Gastrointestinal disorders		Nausea
General disorders and administration site conditions	Inflammation	Pain

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

In case of accidental intracameral injection of the concentrated solution, the anterior chamber should be evacuated immediately and irrigated with standard ophthalmological irrigation solution.

Systemic overdose of phenylephrine may cause a rapid rise in blood pressure. It may also cause headache, anxiety, nausea, and vomiting, and ventricular arrhythmias. In the event of phenylephrine overdose, prompt injection of a rapidly acting alpha-adrenergic blocking agent, such as phentolamine, has been recommended.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: {Not yet assigned}, ATC code: {Not yet assigned}

Mechanism of action

The phenylephrine and ketorolac in Omidria act by distinct mechanisms, to maintain intraoperative mydriasis, to prevent intraoperative miosis, and to reduce acute postoperative pain. Phenylephrine is an α1-adrenergic receptor agonist and acts as a mydriatic agent by contracting the radial muscle of the iris, dilating the pupil with little or no cycloplegia. Vasoconstriction occurs in the conjunctival circulation and in other ocular vessels to the extent that they are exposed to drug.

Ketorolac is an NSAID that inhibits both cyclooxygenase enzymes (COX1 and COX2), reducing pain and inflammation by decreasing tissue concentrations of prostaglandins resulting from surgical trauma. Ketorolac, by inhibiting prostaglandin synthesis secondary to ocular surgical insult or direct mechanical stimulation of the iris, may also contribute to the prevention of surgically induced miosis.

Clinical efficacy and safety

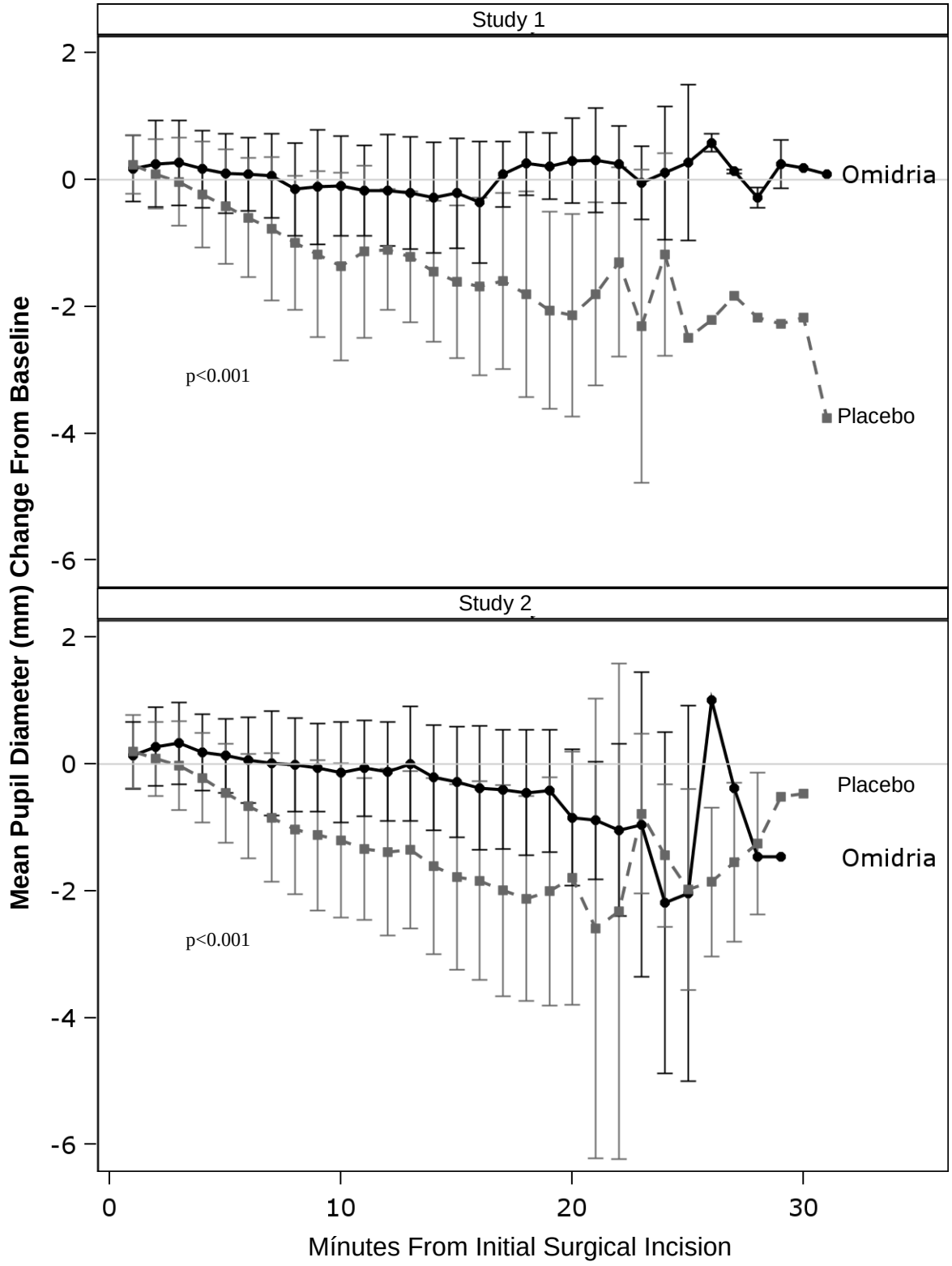
The efficacy and safety of Omidria was evaluated in two Phase 3, randomised, multicentre, double-masked, placebo-controlled clinical trials in 808 adult patients undergoing intraocular lens replacement. The population in the trials was 26 to 90 years of age (59% female, 41% male; 80% white, 12% black and 8% other race). Nineteen percent of cataracts were LOCS II Nuclear Grade 2 or 3. Fifty-three percent of patients had brown irides, 28% had blue irides, and 19% had irides of other colours.

Patients were randomised to either Omidria or placebo (1:1). All patients were treated with standardised preoperative topical mydriatic and anaesthetic agents. Pupil diameter was measured throughout the surgical procedure. Postoperative pain was evaluated by a self-administered 0-100 mm visual analogue scale (VAS).

Statistical tests for the change from baseline in pupil diameter (mm) during surgery were carried out with the Cochran-Mantel-Haenszel (CMH) test adjusted for the randomisation strata. In Study 1, the CMH weighted mean difference (Omidria – placebo) in the mean area-under-the curve (AUC) was 0.58 mm [95% confidence interval: 0.48, 0.68] ($P < 0.0001$). In Study 2, the CMH weighted mean difference (Omidria – placebo) in the mean AUC was 0.59 mm [95% confidence interval: 0.49, 0.69] ($P < 0.0001$).

Mydriasis was maintained in the Omidria -treated groups, while the placebo-treated groups experienced progressive constriction of the pupil (see figure).

Intraoperative pupil diameter (mm) change-from-baseline



Prevention of miosis was confirmed in a categorical analysis. In Study 1, only 4% of patients in the Omidria group compared to 23% of patients in the placebo group had a pupil diameter < 6 mm at the time of cortical clean-up, and 3% of patients in the Omidria group compared to 28% of patients in the placebo group had a pupil constriction ≥2.5 mm (P<0.0001 in both instances, Chi-Square test). In Study 2, only 4% of patients in the Omidria group compared to 23% of patients in the placebo group had a pupil diameter < 6 mm at cortical clean-up, and 1% of patients in the Omidria group compared to 27% of patients in the placebo group had a pupil constriction ≥2.5 mm (P<0.0001, Chi-Square test).

	Placebo	Omidria
Study 1 Analysis Set (n)	N=201 (n=180)	N=201 (n=184)
AUC change from baseline in pupil diameter (mm) during surgery (Co-primary endpoint) [Mean(SD)]	-0.5 (0.58)	0.1 (0.41)
Diameter < 6 mm at any time	85 (47%)	19 (10%)
Diameter < 6 mm at cortical clean-up	41 (23%)	7 (4%)
≥ 2.5 mm pupillary constriction	50 (28%)	6 (3%)
Study 2 Analysis Set (n)	N=204 (n=200)	N=202 (n=195)
AUC change from baseline in pupil diameter (mm) during surgery (Co-primary endpoint) [MeanSD)]	-0.5 (0.57)	0.1 (0.43)
Diameter < 6 mm at any time	76 (38%)	18 (9%)
Diameter < 6 mm at cortical clean-up	46 (23%)	8 (4%)
≥ 2.5 mm pupillary constriction	53 (27%)	2 (1%)

A significant reduction in ocular pain during the initial 10-12 hours postoperatively was also demonstrated. Statistical tests for pain as determined from the 100-mm VAS were carried out with a CMH test adjusted for the randomisation strata. In Study 1, the CMH weighted mean difference (Omidria – placebo) in the mean AUC was -5.20 mm [95% confidence interval: -7.31, -3.09] (P < 0.001). In Study 2, the CMH weighted mean difference (Omidria – placebo) in the mean AUC was -4.58 mm [95% confidence interval: -6.92, -2.24] (P < 0.001).

	Placebo	Omidria
Study 1 Analysis Set (n)	N=201 (n=201)	N=201 (n=201)
AUC 12 hour ocular pain VAS score (Co-primary endpoint) [Mean±SD]	9.2 ± 12.9	4.1 ± 8.07
Subjects with VAS = 0 at all times	28 (14%)	48 (24%)
Subjects with VAS ≥ 40 at any time	30 (15%)	13 (7%)
Study 2 Analysis Set (n)	N=204 (n=202)	N=202 (n=202)
AUC 12 hour ocular pain VAS score (Co-primary endpoint) [Mean±SD]	8.9 ± 15.19	4.3 ± 8.75
Subjects with VAS = 0 at all times	41 (20%)	56 (28%)
Subjects with VAS ≥ 40 at any time	27 (13%)	16 (8%)

Histologic examination in non-clinical toxicology studies demonstrated no treatment-related effects on the cornea and, in clinical trials with Omidria, no detrimental effects were observed on best-corrected visual acuity (BCVA). Endothelial cell counts were not conducted during the clinical studies.

Paediatric Population

The European Medicines Agency has deferred the obligation to submit the results of studies with Omidria in one or more subsets of the paediatric population in lens therapeutic procedures (see section 4.2 for information on paediatric use).

5.2 Pharmacokinetic properties

In a pharmacokinetic study evaluating Omidria, systemic exposure to both phenylephrine and ketorolac was minimal and transient.

Detectable phenylephrine plasma concentrations were observed in only one of 14 patients. The maximum concentration observed in this patient was 1.7 ng/mL, occurring after instillation of topical preoperative phenylephrine drops and prior to exposure to Omidria.

Ketorolac plasma concentrations were detected in 11 of 14 patients. The maximum ketorolac concentration seen was 4.2 ng/mL.

5.3 Preclinical safety data

Non-clinical data reported in the literature for the individual components in Omidria revealed no special hazard for humans based on conventional studies of safety pharmacology, repeated-dose toxicity, genotoxicity, carcinogenic potential, or toxicity to reproduction and development.

A single-dose toxicology study was conducted in African green monkeys exposed to ocular irrigation solutions containing the combination of phenylehphrine and ketorolac used during lens replacement surgery. No drug-related adverse events or pathological findings were observed, with combinations of phenylephrine and ketorolac in irrigation solution administered at concentrations up to 7200 µM phenylephrine and 900 µM ketorolac. These concentrations are over 10-fold higher than the concentration of each agent administered clinically in patients receiving Omidria.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Citric acid monohydrate
Sodium citrate dihydrate
Sodium hydroxide (for pH adjustment)
Hydrochloric acid (for pH adjustment)
Water for injection

6.2 Incompatibilities

This medicinal product must not be mixed with other medicinal products except those mentioned in section 6.6.

6.3 Shelf life

Unopened: 18 months

Once opened the product should be diluted immediately.

After dilution, chemical and physical in-use stability has been demonstrated for 6 hours at 25˚C. Use within 6 hours of dilution. From a microbiological point of view, the medicinal product should be used immediately. If not used immediately, in-use storage times and conditions prior to use are the responsibility of the user.

6.4 Special precautions for storage

Do not store above 25˚C.

Keep the vial in the outer carton in order to protect from light.

Following dilution do not store above 25˚C

6.5 Nature and contents of container

Colourless 5-mL type-I glass vial closed with a butyl rubber stopper and a polypropylene flip-off cap. Each single-use vial is packaged in a cardboard carton.

Multipack containing 10 (1 pack of 10) single-use vials.

6.6 Special precautions for disposal and other handling

To prepare Omidria for intraocular irrigation, dilute 4.0 mL of concentrate in 500 mL of standard ophthalmological irrigation solution.

The following instructions must be adhered to:

- The vial should be visually inspected for particulate matter. Only a clear, colourless to slightly yellow solution without visible particles should be used.
- Using aseptic technique, withdraw 4.0 mL of concentrate solution using an appropriate sterile needle.
- 4.0 mL of concentrate solution should be injected into a 500 mL bag /bottle of irrigation solution.
- The bag should be gently inverted in order to mix the solution. The solution should be used within 6 hours of preparation.
- The bag must be visually inspected for particulate matter. Only a clear, colourless solution without visible particles should be used.
- No other medicinal products should be added to the prepared irrigation solution.

The used vial and any unused irrigation solution must be discarded after single use in accordance with local requirements.

7. MARKETING AUTHORISATION HOLDER

Omeros London Limited
Berkeley Square
London, W1J 6BD
United Kingdom
Tel: +44 (0) 20 7887 6296
Fax: +44 (0) 20 7887 6001
eMail: regulatory@omeros.co.uk

8. MARKETING AUTHORISATION NUMBER(S)

EU/1/15/1018/001

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of first authorisation: <*date of EU Decision*>

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

Almac Pharma Services Limited
Seagoe Industrial Estate, Craigavon, Co. Armagh
BT63 5QD
N. Ireland

B. CONDITIONS OR RESTRICTIONS REGARDING SUPPLY AND USE

Medicinal product subject to restricted medical prescription (see Annex I: Summary of Product Characteristics, section 4.2).

C. OTHER CONDITIONS AND REQUIREMENTS OF THE MARKETING AUTHORISATION

- **Periodic Safety Update Reports**

The marketing authorisation holder shall submit the first periodic safety update report for this product within 6 months following authorisation. Subsequently, the marketing authorisation holder shall submit periodic safety update reports for this product in accordance with the requirements set out in the list of Union reference dates (EURD list) provided for under Article 107c(7) of Directive 2001/83/EC and 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 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.

If the dates for submission of a PSUR and the update of a RMP coincide, they can be submitted at the same time.

ANNEX III

LABELLING AND PACKAGE LEAFLET

A. LABELLING

PARTICULARS TO APPEAR ON THE OUTER PACKAGING

OUTER CARTON

1. NAME OF THE MEDICINAL PRODUCT

Omidria 10 mg/mL + 3 mg/mL concentrate for solution for intraocular irrigation
Phenylephrine/ketorolac

2. STATEMENT OF ACTIVE SUBSTANCE(S)

One 4 mL vial contains phenylephrine hydrochloride equal to 40.6 mg (10.2 mg/mL) phenylephrine and ketorolac trometamol equal to 11.5 mg (2.88 mg/mL) ketorolac.
After dilution, the solution contains 0.081 mg/mL phenylephrine and 0.023 mg/mL ketorolac.

3. LIST OF EXCIPIENTS

Excipients: citric acid monohydrate, sodium citrate dihydrate, sodium hydroxide/hydrochloric acid (for pH adjustment), water for injection

4. PHARMACEUTICAL FORM AND CONTENTS

Concentrate for solution for intraocular irrigation
Multipack: 10 (1 pack of 10) vials

5. METHOD AND ROUTE(S) OF ADMINISTRATION

Single use only.
Read the package leaflet before use.
Intraocular use after dilution.

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

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY

Use immediately after dilution.

8. EXPIRY DATE

EXP

9. SPECIAL STORAGE CONDITIONS

Do not store above 25˚C.
Keep the vial in the outer carton in order to protect from light.

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

Omeros London Limited
London, W1J 6BD
United Kingdom

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/15/1018/001

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY

--

15. INSTRUCTIONS ON USE

--

16. INFORMATION IN BRAILLE

Justification for not including Braille accepted.

PARTICULARS TO APPEAR ON THE OUTER PACKAGING

INTERMEDIATE CARTON

1. NAME OF THE MEDICINAL PRODUCT

Omidria 10 mg/mL+ 3 mg/mL concentrate for solution for intraocular irrigation
phenylephrine/ketorolac

2. STATEMENT OF ACTIVE SUBSTANCE(S)

One 4 mL vial contains phenylephrine hydrochloride equal to 40.6 mg phenylephrine and ketorolac trometamol equal to 11.5 mg ketorolac.
After dilution, the solution contains 0.081 mg/mL phenylephrine and 0.023 mg/mL ketorolac.

3. LIST OF EXCIPIENTS

Excipients: citric acid monohydrate, sodium citrate dihydrate, sodium hydroxide/hydrochloric acid (for pH adjustment), water for injection

4. PHARMACEUTICAL FORM AND CONTENTS

Concentrate for solution for intraocular irrigation
1 vial. Component of a multipack, cannot be sold separately.

5. METHOD AND ROUTE(S) OF ADMINISTRATION

Single use only.
Read the package leaflet before use.
Intraocular use after dilution.

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

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY

Use immediately after dilution.

8. EXPIRY DATE

EXP

9. SPECIAL STORAGE CONDITIONS

Do not store above 25˚C.
Keep the vial in the outer carton in order to protect from light.

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

Omeros London Limited
London, W1J 6BD
United Kingdom

12. MARKETING AUTHORISATION NUMBER(S)

EU/1/15/1018/001

13. BATCH NUMBER

Lot

14. GENERAL CLASSIFICATION FOR SUPPLY

-

15. INSTRUCTIONS ON USE

--

16. INFORMATION IN BRAILLE

Justification for not including Braille accepted.

MINIMUM PARTICULARS TO APPEAR ON SMALL IMMEDIATE PACKAGING UNITS

VIAL

1. NAME OF THE MEDICINAL PRODUCT AND ROUTE(S) OF ADMINISTRATION

Omidria 10 mg/mL + 3 mg/mL concentrate for solution for intraocular irrigation
phenylephrine/ketorolac

2. METHOD OF ADMINISTRATION

Intraocular use after dilution.
Single use only.
Read the package leaflet before use.

3. EXPIRY DATE

EXP

4. BATCH NUMBER

Lot

5. CONTENTS BY WEIGHT, BY VOLUME OR BY UNIT

6. OTHER

B. PACKAGE LEAFLET

Package leaflet: Information for the user

Omidria 10 mg/mL + 3 mg/mL concentrate for solution for intraocular irrigation
phenylephrine/ketorolac

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 nurse.
- If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in this leaflet. See section 4.

What is in this leaflet

1. What Omidria is and what it is used for

Omidria is a medicine used during surgery on the eye. It contains the active substances phenylephrine and ketorolac. Phenylephrine acts to keep the pupil dilated (widened). Ketorolac is a painkiller that belongs to the group called non-steroidal anti-inflammatory drugs (NSAIDS); it also helps stop the pupil from contracting (getting smaller).

Omidria is used in adults to rinse the eye during surgery to implant a new lens (part of the eye that focuses light passing through the pupil to allow you to see clearly). This is known as intraocular lens replacement. The medicine is used to keep the pupil dilated (widened) during surgery and to reduce eye pain after the procedure.

2. What you need to know before Omidria is used

Omidria must not be used:
- if you are allergic to phenylephrine or ketorolac or any of the other ingredients of this medicine (listed in section 6)
- if you have an eye condition called narrow-angle glaucoma.

Warnings and precautions
Talk to your doctor or nurse before Omidria is used if you:
- have heart disease
- have raised blood pressure
- have overactive thyroid glands (hyperthyroidism)
- are allergic to acetylsalicylic acid or other painkillers called non-steroidal anti-inflammatory drugs (NSAIDs)
- have asthma.

If any of the above applies to you, please inform your doctor. Your doctor will decide if Omidria is suitable for you.

Children and adolescents
Omidria should not be used in children and adolescents below the age of 18 as it has not been studied in these groups.

Other medicines and Omidria
Tell your doctor if you are taking, have recently taken or might take any other medicines.

- Especially, tell your doctor if you are taking atropine, a medicine used to dilate (widen) the pupil of the eye.Taking atropine at the same time as Omidria may increase blood pressure and cause the heart to beat faster in some patients.
- One of the active substances in Omidria can react with several types of anaesthetics. Your doctor will know about this. If your eye surgery will involve general anaesthesia, talk to your doctor about this.

Pregnancy and breast-feeding
If you are pregnant or breast-feeding, think that you may be pregnant or are planning to have a baby, ask your doctor for advice before taking this medicine.

Omidria should not be used during pregnancy. If you are able to become pregnant, you should be using suitable contraception before you are given Omidria.

Omidria should not be used during breast-feeding.

Driving and using machines
This medicine can have a major influence on the ability to drive and use machines. As your vision may be affected, you should not drive or use machines until your vision has cleared.

3. How Omidria is used

Omidria will be given to you in a hospital or clinic by a qualified doctor or surgeon who is specialised in eye surgery.

Omidria is used as a solution to rinse the eye (irrigation solution) during surgery to replace the lens.

If you are given more Omidria than you should have been
Phenylephrine, one of the active substances of Omidria, may cause a rapid rise in blood pressure if too much is given and enough passes into the blood to affect other parts of the body. It may also cause headache, anxiety, nausea, vomiting, and abnormal rapid heart rhythm.

Your doctor will monitor you for any signs or symptoms of side effects and will treat them if necessary.

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

4. Possible side effects

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

Side effects listed below are typically mild to moderate in intensity and usually resolve on their own without any long-term effects.

Side effects affecting the eye:
Common side effects (may affect up to 1 in 10 people):
- eye pain
- inflammation of the front of the eye

- red eyes
- swelling of the cornea (the clear layer over the front of the eye)
- sensitivity to light

Uncommon side effects (may affect up to 1 in 100 people):
- eye discomfort
- eye inflammation
- eye irritation
- eye redness
- problems with the cornea
- dilated pupil
- blurred vision
- reduction in sharpness of vision
- small, dark shapes moving in the field of vision
- itchy eyes
- eyelid pain
- sensation of foreign bodies in the eyes
- glare
- increased eye pressure

Side effects affecting the body:
Common side effects:
- inflammation

Uncommon side effects:
- nausea
- pain
- headache

Reporting of side effects
If you get any side effects, talk to your doctor. 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 Omidria is stored

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

Do not use this medicine after the expiry date which is stated on the carton after "EXP". The expiry date refers to the last day of that month.

Do not store above 25˚C. Store the vial in the original package to protect from light.

Do not use if the solution is cloudy, or if it contains particles.

The diluted solution is to be used within 6 hours after dilution.

Do not throw away any medicines via wastewater or 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 Omidria contains

The active substances are phenylephrine (as hydrochloride) and ketorolac (as trometamol).

Each 4.0 mL vial of solution contains 40.6 mg (10.2 mg/mL) of phenylephrine and 11.5 mg (2.88 mg/mL) of ketorolac.

The other ingredients are
- Citric acid monohydrate
- Sodium citrate dihydrate
- Sodium hydroxide (to adjust alkalinity level)
- Hydrochloric acid (to adjust acidity level)
- Water for injection

What Omidria looks like and contents of the pack

Clear, colourless to slightly yellow, sterile concentrate for solution for intraocular irrigation.

Supplied in a single-use vial designed to deliver 4.0 mL of concentrate for dilution into 500 mL of irrigation solution for ocular use. Colourless 5-mL type-1 glass vial closed with a butyl rubber stopper and a polypropylene flip-off cap.

Multipack contains 10 cartons, each carton contains one single-use vial.

Marketing Authorisation Holder
Omeros London Limited
Berkeley Square
London, W1J 6BD
United Kingdom
Tel: +44 (0) 20 7887 6296
Fax: +44 (0) 20 7887 6001
E-mail: regulatory@omeros.co.uk

Manufacturer
Almac Pharma Services Limited
Seagoe Industrial Estate, Craigavon, Co. Armagh
BT63 5QD
N. Ireland

For any information about this medicine, please contact the Marketing Authorisation Holder:

This leaflet was last revised in <*date of Commission Decision*>

The following information is intended for healthcare professionals only:

To prepare Omidria for intraocular irrigation, dilute 4.0 mL of Omidria concentrate in 500 mL of standard ophthalmological irrigation solution.

The following instructions must be adhered to:

- The vial should be visually inspected for particulate matter. Only a clear, colourless to slightly yellow solution without visible particles should be used.
- Using aseptic technique, withdraw 4.0 mL of concentrate solution using an appropriate sterile needle.
- 4.0 mL of concentrate solution should be injected into a 500 mL bag /bottle of irrigation solution.

- The bag should be gently inverted in order to mix the solution. The solution should be used within 6 hours of preparation.
- The bag must be visually inspected for particulate matter. Only a clear, colourless solution without visible particles should be used.
- No other medicinal products should be added to the prepared irrigation solution.

The used vial and any unused irrigation solution must be discarded after single use in accordance with local requirements.