SCHEDULING STATUS

S4

1. NAME OF THE MEDICINE

SPERSADEX COMP®, dexamethasone disodium phosphate 1 mg/mL and chloramphenicol 5 mg/mL, sterile eye drops

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Dexamethasone disodium phosphate	1 mg/mL
Chloramphenicol	5 mg/mL

For full list of excipients, see section 6.1

3. PHARMACEUTICAL FORM

Sterile eye drops

A cloudy solution which is no more than pale yellowish and has a characteristic odour.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

Acute purulent conjunctivitis; fresh inflammation of the superficial and deeper corneal layers and corneal ulceration. Keratitis disciformis and the more deep-seated forms of post-herpetic keratitis (possibly together with HERPIDU). Allergic conjunctivitis, allergic blepharitis. Acute and chronic iritis and iridocyclitis.

4.2 Posology and method of administration

One drop, 1 to 4 times daily, into the lower eyelid.

Method of administration

Topical

4.3 Contraindications

- Hypersensitivity to the active substances, chloramphenicol or dexamethasone or to any of the excipients of SPERSADEX COMP® listed in section 6.1
- Fresh herpes simplex cornealis
- Tubercular processes involving the conjunctiva, the cornea and the anterior uvea

- Mycoses
- Glaucoma
- Severe blood disorders due to bone marrow depression and hepatic dysfunctions (see section 4.8)
- Family history of bone marrow depression
- Newborn infants (0 to 27 days old).

4.4 Special warnings and precautions for use

The local use of dexamethasone over a prolonged period may lead in some cases to secondary glaucoma and the development of complicated cataract (see section 4.3). To be used, therefore, under strict medical supervision. Because of the possibility of inducing corneal abscess, fungal keratopathy or glaucoma, the patient should be referred to an ophthalmologist if the eye has not responded within 48 hours.

Long term use of glucocorticoids as contained in SPERSADEX COMP® can cause an increase in the intraocular pressure (IOP). IOP should therefore be monitored regularly.

Soft contact lenses should be removed at instillation and should not be reinserted after 15 minutes.

In general, caution is required when administering corticosteroids such as SPERSADEX COMP® to infants under 2 years of age.

In severe infections topical use of chloramphenicol such as SPERSADEX COMP®, should be supplemented with appropriate systemic treatment.

Aplastic anaemia has, rarely, followed topical use of chloramphenicol as contained in SPERSADEX COMP® eye drops and, whilst this hazard is an uncommon one, it should be borne in mind when the benefits of SPERSADEX COMP® are assessed.

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

Care should be taken to ensure that the eye is not infected before SPERSADEX COMP® is used.

Cushing's syndrome and/or adrenal suppression associated with systemic absorption of ocular dexamethasone as contained in SPERSADEX COMP®, may occur after intensive or long-term continuous therapy in predisposed patients, including children and patients treated with CYP3A4 inhibitors (including ritonavir). In these cases, treatment should be progressively discontinued.

Visual disturbance may occur with systemic and topical corticosteroid (e.g., SPERSADEX COMP®) use. If a patient presents with symptoms such as blurred vision or other visual disturbances, the patient should be considered for referral to an ophthalmologist for evaluation of possible causes which may include cataract, glaucoma or rare diseases such as central serous chorioretinopathy (CSCR) which have been reported after use of systemic and topical corticosteroids.

SPERSADEX COMP® contains phosphates which may lead to corneal deposits or corneal opacity when topically administered. It should be used with caution in patients presenting with compromised cornea and in instances where the patient is receiving polypharmacy with other phosphate containing eye medications (see section 4.5 and 4.8).

4.5 Interaction with other medicines and other forms of interaction

SPERSADEX COMP® should not be administered simultaneously with bactericidal substances which may inhibit bacteriostatic antibiotics (penicillins, cephalosporins, gentamicin, tetracyclines, polymyxin B, vancomycin, sulphadiazine), nor during concomitant systemic therapy with medicines that impair haematopoiesis, sulphonylureas, coumarin derivatives, hydantoins or methotrexate (precautionary measure).

The risk of increased intraocular pressure associated with prolonged corticosteroid therapy (e.g., SPERSADEX COMP®) may be more likely to occur with concomitant use of anticholinergics, especially atropine and related compounds, in patients predisposed to acute angle closure.

The risk of corneal deposits or corneal opacity may be more likely to occur in patients presenting with compromised cornea and receiving polypharmacy with other phosphate containing eye medicines.

The therapeutic efficacy of dexamethasone as in SPERSADEX COMP® may be reduced by phenytoin, phenobarbitone, ephedrine and rifampicin.

Glucocorticoids may increase the need for salicylates as plasma salicylate clearance is increased.

CYP3A4 inhibitors (including ritonavir): may decrease dexamethasone clearance resulting in increased defects and adrenal suppression/Cushing's syndrome. The combination should be avoided unless the benefit outweighs the increased risk of systemic corticosteroid side-effects, in which case patients should be monitored for systemic corticosteroid effects.

Not to be used with soft contact lenses.

4.6 Fertility, pregnancy and lactation

Pregnancy

Safety for use in pregnancy has not been established.

Breastfeeding

Topically applied dexamethasone as contained in SPERSADEX COMP® is not recommended in breastfeeding mothers, as it is possible that traces of dexamethasone may enter the breast milk.

Safety for use in lactation has not been established.

4.7 Effects on ability to drive and use machines

May cause transient blurring of vision on instillation. Patients should not drive or operate hazardous machinery unless vision is clear.

4.8 Undesirable effects

MedDRA Systems Organ Class	**Frequency**	**Description**
Blood and lymphatic system disorders		
Unknown frequency		Bone marrow depression, aplastic anaemia and death, pale skin, weakness, increased heart rate, breathlessness, headache, pain, fever, infection, bruises may be a sign a severe blood disorder.
Endocrine disorders		

Unknown frequency	Cushing's syndrome, adrenal suppression may occur due to the use of ocular dexamethasone (see section 4.4), systemic effects with excessive use of steroid eye drops.
Eye disorders	
Unknown frequency	Contact allergy, cataract, perforation of cornea and glaucoma, blurred vision, perforations of the globe have been known to occur Cases of corneal calcification have been reported very rarely in association with the use of phosphate containing eye drops in some patients with significantly damaged corneas.
General disorders and administration site conditions	
Unknown frequency	Burning upon instillation, stinging, redness or watering of the eyes, transient irritation, itching and dermatitis.

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicine is important. It allows continued monitoring of the benefit/risk balance of the medicine. Healthcare providers are asked to report any suspected adverse reactions to SAHPRA via the "**6.04 Adverse Drug Reactions Reporting Form**", found online under SAHPRA's publications: https://www.sahpra.org.za/Publications/Index/8.

4.9 Overdose

If a rise of intraocular pressure occurs, the treatment has to be discontinued (see section 4.3).

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

A.15.3 Ophthalmic preparations - Combination antibiotics and/or sulphonamides and corticosteroid. Antibiotic-corticosteroid.

ATC code: S01CB01 Corticosteroids/anti-infectives/mydriatics in combination

Dexamethasone is one of the most potent corticosteroids; it is 5 – 14 times more potent than prednisolone and 25 - 75 times more potent than cortisone and hydrocortisone. Of paramount importance with regard to local therapy is the fact that dexamethasone is over 2 000 times more soluble than hydrocortisone or prednisolone. Thanks to the addition of chloramphenicol, a broad-spectrum antibiotic, this combination yields excellent results in inflammation of the anterior uvea (iritis, iridocyclitis).

5.2 Pharmacokinetic properties

Chloramphenicol penetrates readily into the cornea and therapeutically effective concentrations in the range of 3-6 microgram/mL can already be detected in the aqueous humor 15-30 minutes after local administration. The half-life is 3-5 hours. In the inflamed eye, the retention time is expected to be substantially shorter.

Following a single application of 5 µl of a 0,1 % 14C-labelled dexamethasone phosphate solution to rabbit eyes, maximal concentrations of 15 microgram/g and 1 microgram/g were found in the cornea and aqueous humor respectively.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Boric acid
Tromethamine
Methylhydroxypropylcellulose
Polyethylene glycol 400
Thiomersal (Preservative) 0,002 % *m/v*
Alpha Tocopherol acetate
Sterile water

6.2 Incompatibilities

Not to be used with soft contact lenses.

6.3 Shelf life

36 months

6.4 Special precautions for storage

Store at 2 - 8 °C (in a refrigerator).
DO NOT USE MORE THAN 30 DAYS AFTER OPENING.

6.5 Nature and contents of container

SPERSADEX COMP® is packed in a 5 mL white LDPE plastic dropper bottle with a LLDPE dropper insert and a white HDPE screw cap.

6.6 Special precautions for disposal and other handling

Close the bottle immediately after use.

Do not use more than 30 days after opening (see section 6.4).

7. HOLDER OF CERTIFICATE OF REGISTRATION

Adcock Ingram Limited

1 New Road

Erand Gardens

Midrand, 1685

Customer Care: 0860 ADCOCK / 232625

8. REGISTRATION NUMBER

H 1278 (Act 101/1965)

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

12/03/81

10. DATE OF REVISION OF THE TEXT

16/02/2022

Namibia: NS2 14/15.3/0293

Botswana: S2 B9323470

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