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Worldwide Patient Product Information (WPPI)
Information For The Patient

About TIMOPTOL®

Santen

Please read this leaflet carefully before you start to take your medicine, even if you have just refilled your prescription. Some of the information in the previous leaflet may have changed.
Remember that your doctor has prescribed this medicine only for you. Never give it to anyone else.

What is TIMOPTOL?

TIMOPTOL® (timolol maleate) is a sterile eyedrop. Each mL of solution contains either 2.5 mg or 5 mg of timolol as the active ingredient.

Benzalkonium chloride is added as preservative.

TIMOPTOL 0.25% or TIMOPTOL 0.5% is available in vials containing 5 mL of solution.

Not all presentations may be available locally.

TIMOPTOL is an ophthalmic beta-blocking drug which lowers pressure in the eye.

Why has my doctor prescribed TIMOPTOL?

TIMOPTOL is prescribed to lower raised pressure in the eye in the treatment of glaucoma and/or ocular hypertension.

Elevated pressure in the eye may damage the optic nerve resulting in deterioration of vision and possible blindness. There generally are few symptoms that you can feel to tell you whether you have elevated pressure within your eye. Your doctor's examination is needed to determine this. If you have raised pressure in your eye, regular eye examinations and measurements of the pressure within your eyes will be necessary.

What should I know before or while using TIMOPTOL?

Who should not use TIMOPTOL?

Do not use TIMOPTOL if you:

- have now or have had in the past certain serious breathing problems such as asthma
- have chronic obstructive lung disease
- have certain heart diseases (such as slow or irregular heartbeats)
- are allergic to any of its ingredients

If you are not sure whether you should use TIMOPTOL, contact your doctor or pharmacist.

What should I tell my doctor before or while using TIMOPTOL?

Tell your doctor about any medical problems you have now or have had in the past:

- heart problems (such as coronary heart disease, heart failure or low blood pressure)
- heart rate disturbances (such as slow or irregular heartbeats)
- poor blood circulation problems (such as Raynaud's syndrome)
- lung or breathing problems (such as asthma or chronic obstructive lung disease)
- diabetes or other blood sugar problems
- thyroid disease

Tell your doctor before you have an operation that you are using TIMOPTOL, as it may change the effects of some medicines during anesthesia.

Also tell your doctor if you have allergies to any medications.

If you suspect that TIMOPTOL is causing an allergic reaction (for example, skin rash, or redness and itching of the eye), stop its use and contact your doctor immediately.

Tell your doctor if you develop an eye infection, receive an eye injury, have eye surgery, or develop a reaction including new or worsening symptoms.

If you wear soft contact lenses, you should consult your doctor before using TIMOPTOL.

Use in children.

TIMOPTOL may be used in children, if prescribed by your doctor, but is not recommended in newborns and infants. The usual dosage in children is 1 drop of timolol maleate ophthalmic solution 0.25% or Timoptol 0.5% (whichever your doctor prescribes) every 12 hours in the affected eye(s).

Use in pregnancy.

Tell your doctor if you are pregnant or intend to become pregnant. Your doctor will decide if you should use TIMOPTOL.

Use in breast-feeding.

Do not use TIMOPTOL while breast-feeding. If you intend to breast-feed, consult your doctor.

Can I use TIMOPTOL with other medicines?

Tell your doctor about all drugs, including other eyedrops, that you are using or plan to use, including those obtained without a prescription. This is particularly important if you are taking medicine to lower blood pressure or to treat heart disease, diabetes, or depression.

Can I drive or operate machinery while using TIMOPTOL?

There are side effects associated with this product that may affect your ability to drive or operate machinery (see **What undesirable effects may TIMOPTOL have?**).

What should I know about the inactive ingredients in TIMOPTOL?

TIMOPTOL contains benzalkonium chloride as a preservative. This preservative may be absorbed by soft contact lenses. If you wear soft contact lenses consult your doctor before using TIMOPTOL.

How should I use TIMOPTOL?

Your doctor will establish the appropriate dose and duration of treatment.

The usual starting dose is one drop of timolol maleate ophthalmic solution 0.25% in the affected eye(s) in the morning and in the evening. If your response is not adequate, your doctor may increase the dosage to one drop of TIMOPTOL 0.5% in the affected eye(s) in the morning and in the evening.

Your doctor may decide to begin treatment with one drop of timolol maleate ophthalmic solution 0.1% in the affected eye(s) in the morning and in the evening. If your response is not adequate, your doctor may increase the dose to one drop of timolol maleate ophthalmic solution 0.25% in the affected eye(s) in the morning and in the evening.

For some patients, if pressure in the eye is maintained at satisfactory levels, your doctor may prescribe TIMOPTOL to be used once a day.

Do not change the dose of the drug without consulting your doctor. If you must stop treatment, contact your doctor immediately.

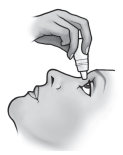
In some cases, your doctor may prescribe another medication, including other eyedrops, to use with TIMOPTOL to help lower the pressure in your eye(s).

TIMOPTOL

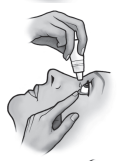
Do not allow the tip of the container to touch the eye or areas around the eye. It may become contaminated with bacteria that can cause eye infections leading to serious damage of the eye, even loss of vision. To avoid possible contamination of the container, keep the tip of the container away from contact with any surface. If you think your medication may be contaminated, or if you develop an eye infection, contact your doctor immediately concerning continued use of this bottle.

Instructions for Use:

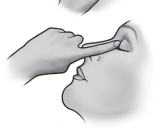
Do not use the bottle if the plastic safety strip around the neck is missing or broken. When opening the bottle for the first time, tear off the plastic safety strip.



1. Wash your hands
2. Open the bottle. Take special care that the tip of the dropper bottle does not touch your eye, the skin around your eye or your fingers.
3. Tilt your head backwards and hold the bottle upside down over the eye.
4. Pull the lower eyelid downwards and look up. Gently squeeze the bottle and let one drop fall into the space between the lower eyelid and the eye.



5. Press a finger into the corner of your eye, by the nose, or close your eyelids for 2 minutes. This helps to stop the medicine from getting into the rest of the body.
6. Repeat steps 3 to 5 with the other eye if instructed to do so by your doctor.
7. Put the cap back on and close the bottle tightly.



What should I do in case of an overdose?

If you put too many drops in your eye or swallow any of the contents of the bottle, among other effects, you may become light-headed, have difficulty breathing, or feel that your heart rate has slowed. Contact your doctor immediately.

What should I do if I miss a dose?

Use TIMOPTOL as prescribed by your doctor. If you miss a dose, use it as soon as possible. However, if it is almost time for the next dose, skip the missed dose and go back to your regular dosing schedule.

What undesirable effects may TIMOPTOL have?

Any medicine may have unintended or undesirable effects, so-called side effects. Although not all of these side effects may occur, if they do occur, you may need medical attention.

You may experience eye irritation, such as burning and stinging, dry eyes, redness of the eye, or visual changes, such as double vision. In addition, the following side effects may occur: ringing in your ears, headache, tiredness, dizziness, depression, insomnia, nightmares, memory loss, tingling, nausea, diarrhea, upset stomach, dry mouth, chest pain, fainting, palpitations, an irregular heartbeat, a slowing of your heart rate, swelling or coldness of your hands and feet, shortness of breath, cough, hair loss, rash, itching, or other more severe allergic-type reactions, muscle pain, sexual dysfunction and less desire to have sex.

Other side effects may also occur rarely, and some of these may be serious. Ask your doctor or pharmacist for more information about side effects. Both have a more complete list of side effects.

Please tell your doctor [or pharmacist] promptly about any of these or any other unusual symptom.

How can I learn more about TIMOPTOL and increased eye pressure or glaucoma?

You may obtain further information from your physician or pharmacist, who have more detailed information about TIMOPTOL and your eye condition.

How long can I keep my medicine?

Do not use this medicine after the date shown following EX (or EXP) on the container. Three letters or two numbers indicate the month; the last four digits indicate the year.

How should I store TIMOPTOL?

Store at or below 25°C. Protect from light. Discard 1 month after opening.

Keep all medicines safely away from children.

When was this package leaflet last revised?

This package leaflet was last revised in Apr-2021.

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PACKAGE INSERT
Ophthalmic Solution
TIMOPTOL®
(timolol maleate)

Santen

TIMOPTOL® (timolol maleate) reduces elevated and normal intraocular pressure whether or not associated with glaucoma. Elevated intraocular pressure is a major risk factor in the pathogenesis of glaucomatous visual field loss. The higher the level of intraocular pressure, the greater the likelihood of glaucomatous visual field loss and optic nerve damage.

Onset of action of TIMOPTOL is usually rapid, occurring approximately 20 minutes after topical application to the eye. Maximum reduction of intraocular pressure occurs in one to two hours. Significant lowering of intraocular pressure has been maintained for as long as 24 hours with timolol maleate ophthalmic solution 0.25 % or 0.5 % Ophthalmic Solution TIMOPTOL. This extended duration of action permits control of intraocular pressure over the usual sleeping hours. Repeated observations over a period of three years indicate that the intraocular pressure-lowering effect of TIMOPTOL is well maintained.

Timolol maleate is a nonselective β-adrenergic receptor blocking agent that does not have significant intrinsic sympathomimetic, direct myocardial depressant, or local anesthetic (membrane-stabilizing) activity.

The precise mechanism of action of TIMOPTOL in lowering intraocular pressure is not clearly established at this time, although a fluorescein study and tonography studies indicate that the predominant action may be related to reduced aqueous formation. However, in some studies a slight increase in outflow facility was also observed.

Unlike miotics, TIMOPTOL reduces intraocular pressure with little or no effect on accommodation or pupil size. Thus, changes in visual acuity due to increased accommodation are uncommon, and dim or blurred vision and night blindness produced by miotics are not evident. In addition, in patients with cataracts the inability to see around lenticular opacities when the pupil is constricted by miotics is avoided. When changing patients from miotics to TIMOPTOL a refraction might be necessary when these effects of the miotic have passed.

In clinical studies TIMOPTOL was generally effective in more patients and produced fewer and less severe side effects than either pilocarpine or epinephrine.

As with the use of other antiglaucoma drugs, diminished responsiveness to TIMOPTOL after prolonged therapy has been reported in some patients. However, in clinical studies in which 164 patients have been followed for at least three years, no significant difference in mean intraocular pressure has been observed after initial stabilization.

TIMOPTOL has also been used in patients with glaucoma wearing conventional hard contact lenses, and has generally been well tolerated. TIMOPTOL has not been studied in patients wearing lenses made with materials other than polymethylmethacrylate.

INDICATIONS

TIMOPTOL is indicated for the reduction of elevated intraocular pressure.

In clinical trials it has been shown to reduce intraocular pressure in:

- Patients with ocular hypertension
- Patients with chronic open-angle glaucoma
- Aphakic patients with glaucoma
- Some patients with secondary glaucoma
- Patients with narrow angles and a history of spontaneous or iatrogenically induced narrow-angle closure in the opposite eye in whom reduction of intraocular pressure is necessary (see PRECAUTIONS)

TIMOPTOL is also indicated as concomitant therapy in patients with pediatric glaucoma, who are inadequately controlled with other antiglaucoma therapy.

DOSAGE AND ADMINISTRATION

The usual starting dose is one drop of timolol maleate ophthalmic solution 0.25 % in the affected eye(s) twice a day. If the clinical response is not adequate, the dosage may be changed to one drop of 0.5 % solution in the affected eye(s) twice a day.

For a small proportion of patients one drop of timolol maleate ophthalmic solution 0.1 % in the affected eye(s) twice a day may be satisfactory. If the clinical response is not adequate with 0.1 % solution, the dosage should be increased to one drop of timolol maleate ophthalmic solution 0.25 % in the affected eye(s) twice a day.

If needed, concomitant therapy with other agent(s) for lowering intraocular pressure may be given with TIMOPTOL. The use of two topical beta-adrenergic blocking agents is not recommended (see PRECAUTIONS).

Since in some patients the pressure-lowering response to TIMOPTOL may require a few weeks to stabilize, evaluation should include a determination of intraocular pressure after approximately 4 weeks of treatment with TIMOPTOL.

If the intraocular pressure is maintained at satisfactory levels, many patients can be placed on once-a-day therapy.

When using nasolacrimal occlusion or closing eyelids for 2 minutes, the systemic absorption is reduced. This may result in an increase in local activity.

HOW TO TRANSFER PATIENTS FROM OTHER THERAPY

When a patient is transferred from another topical ophthalmic β-adrenergic blocking agent, that agent should be discontinued after proper dosing on one day and treatment with TIMOPTOL started on the following day with one drop of timolol maleate ophthalmic solution 0.25 % in the affected eye twice a day. The dose may be increased to one drop of 0.5 % TIMOPTOL twice a day if the clinical response is not adequate.

When a patient is transferred from a single antiglaucoma agent, other than a topical ophthalmic beta-adrenergic blocking agent, continue the agent already being used and add one drop of timolol maleate ophthalmic solution 0.25 % in each affected eye twice a day. On the following day, discontinue the previously used antiglaucoma agent completely and continue with TIMOPTOL. If a higher dosage of TIMOPTOL is required, substitute one drop of 0.5 % solution in each affected eye twice a day.

USE IN CHILDREN

The usual starting dose is one drop of timolol maleate ophthalmic solution 0.25 % in the affected eye(s) every 12 hours, in addition to other antiglaucoma medication. The dosage may be increased to one drop of 0.5 % solution in the affected eye(s) every 12 hours, if necessary. The use of TIMOPTOL is not recommended in premature infants or neonates.

CONTRAINDICATIONS

TIMOPTOL is contraindicated in patients with:

- Reactive airway disease, bronchial asthma or with a history of bronchial asthma, or severe chronic obstructive pulmonary disease
- Sinus bradycardia; sick sinus syndrome; sino-atrial block; second and third degree atrioventricular block; overt cardiac failure; cardiogenic shock
- Hypersensitivity to any component of this product

PRECAUTIONS

As with other topically applied ophthalmic drugs, this drug may be absorbed systemically.

The same adverse reactions found with systemic administration of β-adrenergic blocking agents may occur with topical administration.

CARDIO-RESPIRATORY REACTIONS

Cardiac failure should be adequately controlled before beginning therapy with TIMOPTOL. Patients with a history of cardiovascular disease, including cardiac failure, should be watched for signs of deterioration of these diseases, and pulse rates should be checked.

Due to its negative effect on conduction time, beta-blockers should be given with caution to patients with first degree heart block.

Respiratory reactions and cardiac reactions, including death due to bronchospasm in patients with asthma and rarely death in association with cardiac failure, have been reported following administration of TIMOPTOL.

In patients with mild/moderate chronic obstructive pulmonary disease (COPD), TIMOPTOL should be used with caution, and only if the potential benefit outweighs the potential risk.

VASCULAR DISORDERS

Patients with severe peripheral circulatory disturbance/disorders (e.g. severe forms of Raynaud's disease or Raynaud's syndrome) should be treated with caution.

MASKING OF HYPOGLYCEMIC SYMPTOMS IN PATIENTS WITH DIABETES MELLITUS

Beta-adrenergic blocking agents should be administered with caution in patients subject to spontaneous hypoglycemia or to diabetic patients (especially those with labile diabetes) who are receiving insulin or oral hypoglycemic agents. Beta-adrenergic blocking agents may mask the signs and symptoms of acute hypoglycemia.

MASKING OF THYROTOXICOSIS

Beta-adrenergic blocking agents may mask certain clinical signs of hyperthyroidism (e.g., tachycardia). Patients suspected of developing thyrotoxicosis should be managed carefully to avoid abrupt withdrawal of beta-adrenergic blocking agents which might precipitate a thyroid storm.

SURGICAL ANESTHESIA

The necessity or desirability of withdrawal of beta-adrenergic blocking agents prior to major surgery is controversial. If necessary during surgery, the effects of betaadrenergic blocking agents may be reversed by sufficient doses of adrenergic agonists.

OTHER

Patients who are already receiving a β-adrenergic blocking agent systemically and who are given TIMOPTOL should be observed for a potential additive effect either on the intraocular pressure or on the known systemic effects of β-blockade. The use of two topical β-adrenergic blocking agents is not recommended.

In patients with angle-closure glaucoma, the immediate objective of treatment is to reopen the angle. This requires constricting the pupil with a miotic. TIMOPTOL has little or no effect on the pupil. When TIMOPTOL is used to reduce elevated intraocular pressure in angle-closure glaucoma it should be used with a miotic and not alone.

Choroidal detachment has been reported with administration of aqueous suppressant therapy (e.g., timolol, acetazolamide) after filtration procedures.

TIMOPTOL contains the preservative benzalkonium chloride, which may be absorbed by soft contact lenses. Therefore, TIMOPTOL should not be administered while wearing soft contact lenses. The contact lenses should be removed before application of the drops and not be reinserted earlier than 15 minutes after use.

RISK FROM ANAPHYLACTIC REACTION

While taking β-blockers, patients with a history of atopy or a history of severe anaphylactic reaction to a variety of allergens may be more reactive to repeated challenge with such allergens, either accidental, diagnostic, or therapeutic. Such patients may be unresponsive to the usual doses of epinephrine used to treat anaphylactic reactions.

DRUG INTERACTIONS

Although TIMOPTOL used alone has little or no effect on pupil size, mydriasis resulting from concomitant therapy with TIMOPTOL and epinephrine has been reported occasionally.

Potentiated systemic beta-blockade (e.g., decreased heart rate) has been reported during combined treatment with CYP2D6 inhibitors (e.g. quinidine and SSRIs) and timolol.

The potential exists for additive effects and production of hypotension and/or marked bradycardia when TIMOPTOL is administered together with an oral calcium entry blocker, catecholamine-depleting drugs, antiarrhythmics, parasympathomimetics or β-adrenergic blocking agents.

Oral β-adrenergic blocking agents may exacerbate the rebound hypertension which can follow the withdrawal of clonidine.

Concomitant use of omidenepag isopropyl and drugs containing timolol is cautioned.

USE IN PREGNANCY

TIMOPTOL has not been studied in human pregnancy. The use of TIMOPTOL requires that the anticipated benefit be weighed against possible hazards.

NURSING MOTHERS

Timolol is detectable in human milk. Because of the potential for serious adverse reactions from TIMOPTOL in 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.

SIDE EFFECTS

TIMOPTOL is usually well tolerated. The following adverse reactions have been reported with ocular administration of this or other timolol maleate formulations, either in clinical trials or since the drug has been marketed.

Special Senses

Signs and symptoms of ocular irritation (e.g. burning, stinging, itching, tearing, redness), conjunctivitis, blepharitis, keratitis, decreased corneal sensitivity, and dry eyes. Visual disturbances, including refractive changes (due to withdrawal of miotic therapy in some cases), diplopia, ptosis, choroidal detachment following filtration surgery (see PRECAUTIONS), tinnitus, blurred vision, corneal erosion.

Cardiovascular

Bradycardia, arrhythmia, hypotension, syncope, heart block, cerebrovascular accident, cerebral ischemia, congestive heart failure, palpitation, cardiac arrest, edema, claudication, Raynaud's phenomenon, cold hands and feet, chest pain, cardiac failure.

Respiratory

Bronchospasm (predominantly in patients with pre-existing bronchospastic disease), respiratory failure, dyspnea, cough, shortness of breath.

Body as a Whole

Headache, asthenia, fatigue, chest pain.

Integumentary

Alopecia, psoriasiform rash or exacerbation of psoriasis, skin rash.

Hypersensitivity

Signs and symptoms of allergic reactions including angioedema, urticaria, localized and generalized rash, pruritus, anaphylactic reaction.

Nervous System/Psychiatric

Dizziness, depression, insomnia, nightmares, memory loss, syncope, cerebrovascular accident, cerebral ischemia, increase in signs and symptoms of myasthenia gravis, paresthesia, hallucination, nervousness.

Metabolism and nutrition disorders

Hypoglycaemia.

Digestive

Nausea, diarrhea, dyspepsia, dry mouth, abdominal pain, dysgeusia, vomitting.

Urogenital

Decreased libido, Peyronie's disease, sexual dysfunction, impotence.

Immunologic

Systemic lupus erythematosus.

Musculoskeletal

Myalgia, arthropathy

Eyes

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.

Potential Side Effects

Side effects reported in clinical experience with systemic timolol maleate may be considered potential side effects of ophthalmic timolol maleate.

OVERDOSAGE

There have been reports of inadvertent overdosage with TIMOPTOL resulting in systemic effects similar to those seen with systemic beta-adrenergic blocking agents such as dizziness, headache, shortness of breath, bradycardia, bronchospasm, and cardiac arrest.

AVAILABILITY

TIMOPTOL 0.5 % is supplied in 5ml bottle.
The bottle is made up of a white translucent low-density polyethylene bottle, a transparent dropper tip and a white cap.
Not all presentations may be available locally.

STORAGE

TIMOPTOL is a clear, colorless to light yellow solution.

Store at or below 25°C. Protect from light. Discard 1 month after opening.

MANUFACTURED BY

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