

HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use **BEPOTASTINE BESILATE OPHTHALMIC SOLUTION** safely and effectively. See full prescribing information for **BEPOTASTINE BESILATE OPHTHALMIC SOLUTION**.

BEPOTASTINE BESILATE ophthalmic solution 1.5%, for topical ophthalmic use
Initial U.S. Approval: 2009

INDICATIONS AND USAGE

Bepotastine besilate ophthalmic solution is a histamine H₁ receptor antagonist indicated for the treatment of itching associated with allergic conjunctivitis. (1)

DOSAGE AND ADMINISTRATION

Instill one drop into the affected eye(s) twice a day. (2)
Remove contact lenses prior to instillation of bepotastine besilate ophthalmic solution. (2)

DOSAGE FORMS AND STRENGTHS

Ophthalmic solution containing bepotastine besilate, 15 mg/mL (1.5%). (3)

CONTRAINDICATIONS

Hypersensitivity to any component of this product. (4)

WARNINGS AND PRECAUTIONS

- Contamination of Solution: Do not touch the dropper tip to any surface. Keep bottle tightly closed when not in use. (5.1)
- Contact Lens Wear: Bepotastine besilate ophthalmic solution should not be used to treat contact lens-related irritation. (5.2)

ADVERSE REACTIONS

The most common adverse reaction occurring in approximately 25% of patients was a mild taste following instillation. Other adverse reactions which occurred in 2-5% of subjects were eye irritation, headache, and nasopharyngitis. (6.1)

To report SUSPECTED ADVERSE REACTIONS, contact **Somerset Therapeutics, LLC at 1-800-417-9175** or the FDA at **1-800-FDA-1088** or www.fda.gov/medwatch.

See 17 for PATIENT COUNSELING INFORMATION

Revised: 08/2024

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FULL PRESCRIBING INFORMATION**1 INDICATIONS AND USAGE**

Bepotastine besilate ophthalmic solution 1.5% is a histamine H₁ receptor antagonist indicated for the treatment of itching associated with signs and symptoms of allergic conjunctivitis.

2 DOSAGE AND ADMINISTRATION

Instill one drop of bepotastine besilate ophthalmic solution into the affected eye(s) twice a day.

Remove contact lenses prior to instillation of bepotastine besilate ophthalmic solution.

3 DOSAGE FORMS AND STRENGTHS

Ophthalmic solution containing bepotastine besilate 15 mg/mL (1.5%).

4 CONTRAINDICATIONS

Bepotastine besilate ophthalmic solution is contraindicated in patients with a history of hypersensitivity reactions to bepotastine or any of the other ingredients [see *Adverse Reactions* (6.2)].

5 WARNINGS AND PRECAUTIONS**5.1 Contamination of Tip and Solution**

To minimize contaminating the dropper tip and solution, advise the patient not to touch the eyelids or surrounding areas with the dropper tip of the bottle and to keep the bottle tightly closed when not in use.

5.2 Contact Lens Wear

Bepotastine besilate ophthalmic solution should not be used to treat contact lens-related irritation.

Bepotastine besilate ophthalmic solution should not be instilled while wearing contact lenses. Patient should remove contact lenses prior to instillation of bepotastine besilate ophthalmic solution, because benzalkonium chloride may be absorbed by soft contact lenses. Lenses may be reinserted after 10 minutes following administration of bepotastine besilate ophthalmic solution.

6 ADVERSE REACTIONS**6.1 Clinical Trials Experience**

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in clinical practice.

The most common reported adverse reaction occurring in approximately 25% of subjects was a mild taste following instillation. Other adverse reactions occurring in 2-5% of subjects were eye irritation, headache, and nasopharyngitis.

6.2 Post-Marketing Experience

Hypersensitivity reactions have been reported rarely during the post-marketing use of bepotastine besilate ophthalmic solution. Because these reactions are reported voluntarily from a population of unknown size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure. The hypersensitivity reactions may include itching, body rash, and swelling of lips, tongue and/or throat.

8 USE IN SPECIFIC POPULATIONS**8.1 Pregnancy****Risk Summary**

There are no available human data for the use of bepotastine besilate ophthalmic solution during pregnancy to inform any drug-associated risks.

Oral administration of bepotastine besilate to pregnant rats or rabbits during organogenesis or during the pre/postnatal period did not produce adverse embryofetal or offspring effects at clinically relevant systemic exposures. Maternal toxicity was observed in the rabbits at the lowest dose administered, 20 mg/kg/day (215 times the maximum recommended human ophthalmic dose, RHOD, on a mg/m² basis) [see *Data*].

The background risk of major birth defects and miscarriage for the indicated population is unknown. However, the background risk in the U.S. general population of major birth defects is 2 to 4%, and of miscarriage is 15 to 20%, of clinically recognized pregnancies.

Data**Animal Data**

In embryofetal development studies, oral administration of bepotastine besilate to pregnant rabbits throughout organogenesis did not produce teratogenic effects at maternal doses up to 500 mg/kg/day (approximately 5,400 times the maximum RHOD, on a mg/m² basis). A maternal no observed adverse effect level (NOAEL) was not identified in this study due to spontaneous abortion observed at the lowest dose tested, 20 mg/kg/day (approximately 215 times higher than the maximum RHOD, on a mg/m² basis). Oral administration of bepotastine besilate to pregnant rats throughout organogenesis produced skeletal anomalies at 1,000 mg/kg/day (5,400 times higher than the maximum RHOD, on a mg/m² basis), a dose that also produced maternal toxicity and lethality. No teratogenic effects were observed in rats at maternal doses up to 200 mg/kg/day (corresponding to an estimated blood plasma concentration 3,300 times higher than that anticipated in humans at the maximum RHOD). A maternal NOAEL was observed at 10 mg/kg/day (54 times higher than the maximum RHOD, on a mg/m² basis). Following a single 3 mg/kg oral dose in rats (16 times higher than the maximum RHOD, on a mg/m² basis), the concentration of radio-labeled bepotastine besilate was similar in fetal liver and maternal blood plasma. The concentration in other fetal tissues was one-third to one-tenth the concentration in maternal blood plasma.

In a pre/postnatal development study, oral administration of bepotastine besilate to rats during the perinatal and lactation periods produced an increase in stillbirths and decreased growth and development in offspring at a maternal dose of 1,000 mg/kg/day (5400 times higher than the maximum RHOD, on a mg/m² basis). There were no observed adverse effects on offspring of rats treated with 100 mg/kg/day (540 times higher than the maximum RHOD, on a mg/m² basis). Effects on parturition and maternal lethality were observed at 100 mg/kg/day and 1,000 mg/kg/day, respectively. A maternal NOAEL was observed at 10 mg/kg/day (54 times higher than the maximum RHOD, on a mg/m² basis).

8.2 Lactation**Risk Summary**

There are no data on the presence of bepotastine besilate ophthalmic solution in human milk, the effects on the breastfed infant or the effects on milk production.

The developmental and health benefits of breastfeeding should be considered, along with the mother's clinical need for bepotastine besilate ophthalmic solution, and any potential adverse effects on the breastfed infant from bepotastine besilate ophthalmic solution.

Animal Data

Following a single 3 mg/kg oral dose (16 times the maximum RHOD, on a mg/m² basis) of radio-labeled bepotastine besilate to nursing rats 11 days after delivery, the maximum concentration of radioactivity in milk was 0.40 mcg-eq/mL 1 hour after administration; at 48 hours after administration, the

radioactivity concentration was below detection limits. The milk radioactivity concentration was higher than the maternal blood plasma radioactivity concentration at each time of measurement. It is not known whether bepotastine besilate would be present in maternal milk following topical ocular administration.

8.4 Pediatric Use

Safety and efficacy of bepotastine besilate ophthalmic solution 1.5% have not been established in pediatric patients under 2 years of age. Efficacy in pediatric patients under 10 years of age was extrapolated from clinical trials conducted in pediatric patients greater than 10 years of age and from adults.

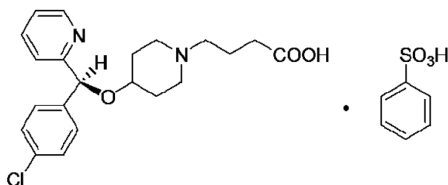
8.5 Geriatric Use

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

11 DESCRIPTION

Bepotastine besilate ophthalmic solution 1.5% is a sterile, topically administered drug for ophthalmic use. Each mL of bepotastine besilate ophthalmic solution contains 15 mg bepotastine besilate.

Bepotastine besilate is designated chemically as (+) -4-[[[(S)-p-chloro-alpha -2 pyridylbenzyl]oxy]-1-piperidine butyric acid monobenzenesulfonate. The chemical structure for bepotastine besilate is:



Bepotastine besilate is a white or pale yellowish crystalline powder. The molecular weight of bepotastine besilate is 547.06 daltons. Bepotastine besilate ophthalmic solution is supplied as a sterile, aqueous 1.5% solution, with a pH of 6.8.

The osmolality of bepotastine besilate ophthalmic solution 1.5% is approximately 290 mOsm/kg.

Each mL of bepotastine besilate ophthalmic solution 1.5% contains:

- Active: bepotastine besilate 15 mg (equivalent to 10.7 mg bepotastine)
- Preservative: benzalkonium chloride 0.005%
- Inactives: monobasic sodium phosphate dihydrate, sodium chloride, sodium hydroxide to adjust pH, and water for injection, USP.

12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action

Bepotastine is a topically active, direct H₁-receptor antagonist and an inhibitor of the release of histamine from mast cells.

12.3 Pharmacokinetics

Absorption: The extent of systemic exposure to bepotastine following topical ophthalmic administration of bepotastine besilate 1% and 1.5% ophthalmic solutions was evaluated in 12 healthy adults. Following one drop of 1% or 1.5% bepotastine besilate ophthalmic solution to both eyes four times daily (QID) for 7 days, bepotastine plasma concentrations peaked at approximately 1 to 2 hours post-instillation. Maximum plasma concentrations for the 1% and 1.5% strengths were 5.1 ± 2.5 ng/mL and 7.3 ± 1.9 ng/mL, respectively. Plasma concentrations at 24 hours post-instillation were below the quantifiable limit (2 ng/mL) in 11/12 subjects in the two dose groups.

Distribution: The extent of protein binding of bepotastine is approximately 55% and independent of bepotastine concentration.

Metabolism: *In vitro* metabolism studies with human liver microsomes demonstrated that bepotastine is minimally metabolized by CYP450 isozymes.

In vitro studies demonstrated that bepotastine besilate does not inhibit the metabolism of various cytochrome P450 substrates via inhibition of CYP3A4, CYP2C9, and CYP2C19. The effect of bepotastine besilate on the metabolism of substrates of CYP1A2, CYP2C8 and CYP2D6 was not studied. Bepotastine besilate has a low potential for drug interaction via inhibition of CYP3A4, CYP2C9, and CYP2C19.

Excretion: The main route of elimination of bepotastine besilate is urinary excretion (with approximately 75-90% excreted unchanged in urine).

13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

Carcinogenesis

Long-term dietary studies in mice and rats were conducted to evaluate the carcinogenic potential of bepotastine besilate. Bepotastine besilate did not significantly induce neoplasms in mice receiving a nominal dose of up to 200 mg/kg/day for 21 months, or in rats receiving a nominal dose of up to 97 mg/kg/day for 24 months. These dose levels correspond to systemic exposures approximately 350 and 200 times higher than that achieved at the RHOD, respectively.

The no observable adverse effect level for bepotastine besilate based on nominal dose levels in carcinogenicity tests were 18.7 to 19.9 mg/kg/day in mice and 9.6 to 9.8 mg/kg/day in rats (corresponding to systemic exposures approximately 60 and 20 times higher than that anticipated in humans at RHOD, respectively).

Mutagenesis

There was no evidence of genotoxicity in the Ames test (mutagenicity), in CHO cells (chromosome aberration), in mouse hepatocytes (unscheduled DNA synthesis), or in the mouse micronucleus test.

Impairment of Fertility

Oral administration of bepotastine to male and female rats at doses up to 1,000 mg/kg/day (5,400 times higher than the maximum RHOD, on a mg/m² basis) resulted in reduction in fertility index and surviving fetuses. Oral administration of bepotastine besilate produced no observed adverse effects on fertility or reproduction in rats at oral doses up to 200 mg/kg/day (corresponding to an estimated blood plasma concentration 3,300 times higher than that anticipated in humans at the RHOD).

14 CLINICAL STUDIES

Clinical efficacy was evaluated in two conjunctival allergen challenge (CAC) studies (237 patients). Bepotastine besilate ophthalmic solution 1.5% was more effective than its vehicle for relieving ocular itching induced by an ocular allergen challenge, both at a CAC 15 minutes post-dosing and a CAC 8 hours post-dosing of bepotastine besilate ophthalmic solution.

The safety of bepotastine besilate ophthalmic solution was evaluated in a randomized clinical study of 861 subjects over a period of 6 weeks.

16 HOW SUPPLIED/STORAGE AND HANDLING

Bepotastine besilate ophthalmic solution 1.5% is supplied in a white LDPE bottle with a white LDPE nozzle and a white HDPE cap in the following size:

5 mL – NDC 70069-711-01

10 mL – NDC 70069-712-01

STORAGE

Store at 15°C to 25°C (59°F to 77°F).

17 PATIENT COUNSELING INFORMATION

• Sterility of Dropper Tip

Advise patients not to touch the dropper tip to any surface, as this may contaminate the solution and to keep the bottle tightly closed when not in use.

• Concomitant Use of Contact Lenses

Advise patients not to wear a contact lens if their eye is red and that bepotastine besilate ophthalmic solution should not be used to treat contact lens-related irritation. Patients should also be advised to remove contact lenses prior to instillation of bepotastine besilate ophthalmic solution, which may be reinserted after 10 minutes following administration.

Manufactured for:

Somerset Therapeutics, LLC


Somerset, NJ 08873

Made in India

Code No.: KR/DRUGS/KTK/28/289/97

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ST-BPO/P/01

SOMERSET THERAPEUTICS LIMITED		ARTWORK APPROVAL FORM	
Product	Bepotastine Besilate Ophthalmic Solution 1.5%		
Specification:	Printed on 56-60 GSM Maplitho Paper Ink : Siegwerk (VEGA SPRINT PROCESS BLACK -60-922415-9.7560) / Toyo (TK ARIS BLACK)/ DIC India (Geos G Process Black - 120000000952) (Benzophenone free)		
	Style:	Black	
	Colours:	 Black	
	Dimension:	Open 127 x 320 mm (LxW) Folded 127 x 27 mm	
Item Code	1201019	Remarks	
Prepared by PDD	Verified by FD	Approved by Regulatory Affairs	Checked by Packing
		4 folds	Artwork Print Scaled to
		Checked by QA	Approved by QA

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