SUMMARY OF PRODUCT CHARACTERISTICS

1. Name of the Medical Product

Product Name : Unibrom (Bromfenac Ophthalmic Solution 0.09 % w/v)

Strength :

Each mL contains:

Bromfenac Sodium Sesquihydrate … 1.035 mg

Equivalent to Bromfenac Free acid … 0.9 mg

Pharmaceutical Dosage Form : Eye drops

2. Qualitative & Quantitative Composition:

Each mL contains:

Bromfenac Sodium Sesquihydrate … 1.035 mg

Equivalent to Bromfenac free acid … 0.9 mg

Benzalkonium Chloride USPNF … 0.005% w/v (As preservative)

Sterile Aqueous Vehicle … q.s.

For a full list of excipients, see section 6.1 of SmPC

3. Pharmaceutical Form:

Ophthalmic Solution (Eye drops)

Yellow to faint yellowish-orange coloured, clear solution, free from visible particles

4. Clinical Particulars

4.1 Therapeutic Indications:

Unibrom is indicated in adults for the treatment of postoperative ocular inflammation following cataract extraction

4.2 Posology and Method of administration:

Use in adults, including the elderly

The dose is one drop of Unibrom in the affected eye(s) twice daily, beginning the next day after cataract surgery and continuing through the first 2 weeks of the postoperative period. The treatment should not exceed 2 weeks as safety data beyond this is not available.

Bromfenac Ophthalmic Solution has not been studied in patients with hepatic disease or renal impairment.

Paediatric population

The safety and efficacy of bromfenac in paediatric patients has not been established. No data are available.

Method of administration

For ocular use.

If more than one topical ophthalmic medicinal product is being used, each one should

be administered at least 5 minutes apart.
To prevent contamination of the dropper-tip and solution, care must be taken not to touch
the eyelids, surrounding areas or other surfaces with the dropper-tip of the bottle

4.3 Contraindications:

Hypersensitivity to bromfenac or to any of the excipients, or to other non-steroidal anti-inflammatory medicinal products (NSAIDs).
Bromfenac Ophthalmic Solution is contraindicated in patients in whom attacks of asthma,
urticaria or acute rhinitis are precipitated by acetylsalicylic acid or by other medicinal products with prostaglandin synthetase inhibiting activity.

4.4 Special warning and precautions for use:

All topical NSAIDs may slow or delay healing like topical corticosteroids. Concomitant use of NSAIDs and topical steroids may increase the potential for healing problems.

Cross-sensitivity
There is the potential for cross-sensitivity to acetylsalicylic acid, phenylacetic acid derivatives, and other NSAIDs. Therefore, treating individuals who have previously exhibited sensitivities to these medicinal products has to be avoided.

Susceptible persons
In susceptible patients, continued use of topical NSAIDs, including bromfenac may result in epithelial breakdown, corneal thinning, corneal erosion, corneal ulceration or corneal perforation. These events may be sight threatening. Patients with evidence of corneal epithelial breakdown should immediately discontinue use of topical NSAIDs and should
be closely monitored for corneal health. Consequently in at risk patients concomitant use of ophthalmic corticosteroids with NSAIDs may lead to a higher risk of corneal adverse events.

Postmarketing experience
Postmarketing experience with topical NSAIDs suggests that patients with complicated ocular surgeries, corneal denervation, corneal epithelial defects, diabetes mellitus and ocular surface diseases e.g. dry eye syndrome, rheumatoid arthritis or repeat ocular surgeries within a short period of time may be at increased risk for corneal adverse reactions which may become sight threatening. Topical NSAIDs should be used with caution in these patients.

There have been reports that ophthalmic NSAIDs may cause increased bleeding of ocular tissues (including hyphaema) in conjunction with ocular surgery. Bromfenac Ophthalmic

Solution should be used with caution in patients with known bleeding tendencies or who are receiving other medicinal products which may prolong bleeding time.

It has been observed in rare cases that upon withdrawal of Bromfenac Ophthalmic

Solution, a flare-up of the inflammatory response, e.g. in the form of macular oedema, due to the cataract operation may occur.

Ocular infection
An acute ocular infection may be masked by the topical use of anti-inflammatory medicinal products.

Use of contact lenses
In general, contact lens wear is not recommended during the postoperative period
following cataract surgery. Therefore, patients should be advised not to wear contact lenses during treatment with Bromfenac Ophthalmic Solution.

Excipients
Since Bromfenac Ophthalmic Solution contains benzalkonium chloride, close monitoring is required with frequent or prolonged use.
Benzalkonium chloride is known to discolour soft contact lenses. Contact with soft contact lenses must be avoided.
Benzalkonium chloride has been reported to cause eye irritation, punctuate keratopathy and/or toxic ulcerative keratopathy.
Bromfenac Ophthalmic Solution contains sodium sulphite which may cause allergic-type
reactions including anaphylactic symptoms and life-threatening or less severe asthmatic episodes in susceptible patients.

4.5 Interactions with other medicinal products and other forms of Interactions :

No interaction studies have been performed. No interactions with antibiotic eye drops
used in conjunction with surgery have been reported.

4.6 Pregnancy and Lactation:

Pregnancy
There are no adequate data from the use of bromfenac in pregnant women. Studies in animals have shown reproductive toxicity. The potential risk for humans is unknown. Since the systemic exposure in non-pregnant women is negligible after treatment with Bromfenac Ophthalmic Solution, the risk during pregnancy could be considered low. However, because of the known effects of prostaglandin biosynthesis-inhibiting medicinal products on the foetal cardiovascular system (closure of ductus arteriosus), the use of Bromfenac Ophthalmic Solution during third trimester pregnancy should be avoided. The use of Bromfenac Ophthalmic Solution is in general not recommended during pregnancy unless the benefit outweighs the potential risk.

Breast-feeding
It is unknown whether bromfenac or its metabolites are excreted in human milk. Animal studies have shown excretion of bromfenac in the milk of rats following very high oral doses. No effects on the breastfed newborn/infant are anticipated since the systemic exposure of the breastfeeding woman to bromfenac is negligible. Bromfenac Ophthalmic

Solution can be used during breast-feeding.

Fertility
No effects of bromfenac on the fertility were observed in animal studies. In addition the systemic exposure to bromfenac is negligible; for this reason no pregnancy testing or
contraceptive measures are required.

4.7 Effects on ability to drive and use machine:

Bromfenac Ophthalmic Solution has minor influence on the ability to drive and use
machines. Transient blurring of vision may occur on instillation. If blurred vision occurs at instillation patients should be advised to refrain from driving or using machines until
vision is clear.

4.8 Undesirable Effects:

Summary of the safety profile
Based on clinical data available, a total of 3.4% of patients experienced one or more adverse reactions. The most common or most important reactions in the pooled studies were abnormal sensation in eye (0.5%), corneal erosion (mild or moderate) (0.4%), eye pruritus (0.4%), eye pain (0.3%) and eye redness (0.3%). Corneal adverse reactions were only observed in the Japanese population. Adverse reactions rarely led to withdrawal, with a total of 8 (0.8%) patients who prematurely discontinued treatment in a study due to an adverse reaction. These comprised 3 (0.3%) patients with mild corneal erosion, 2 (0.2%) patients with eyelid oedema and 1 (0.1%) patient each with abnormal sensation in eye, corneal oedema, or eye pruritus.

Tabulated list of adverse reactions
The following adverse reactions were classified according to the following convention: 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). Within each frequency grouping, adverse reactions are presented in order of decreasing seriousness.

The table below describes adverse reactions by system organ class and frequency.

MedDRA system organ class	**Frequency**	**Adverse reactions**
Eye disorders	Uncommon	Visual acuity reduced Haemorrhagic retinopathy Corneal epithelium defect** Corneal erosion (mild or

		moderate) Corneal epithelium disorder Corneal oedema Retinal exudates Eye pain Eyelid bleeding Vision blurred Photophobia Eyelid oedema Eye discharge Eye pruritus Eye irritation Eye redness Conjunctival hyperaemia Abnormal sensation in eye Ocular discomfort
	Rare	Corneal perforation* Corneal ulcer* Corneal erosion, serious* Scleromalacia* Corneal infiltrates* Corneal disorder * Corneal scar*
Respiratory, thoracic and mediastinal disorders	Uncommon	Epistax is Cough Nasal sinus drainage
	Rare	Asthma*
General disorders and administrative site conditions	Uncommon	Face swelling

*Serious reports from post-marketing experience of more than 20 million patients
** Observed with four times daily dose
Patients with evidence of corneal epithelial breakdown should be instructed to immediately discontinue use of Bromfenac Ophthalmic Solution and should be monitored closely for corneal health.

Reporting of suspected Adverse reactions:
Healthcare professionals are requested to report any suspected adverse reactions to the respective National Regulatory Authorities.

4.9 Overdosage:

No abnormal findings or adverse reactions of clinical concern were noted upon administration of two drops 2mg/ml solution four times a day for the period of up to 28 days. Accidental administration of more than one drop should not result in increased topical exposure as excessive volume would rinse out of the eye due to limited conjunctival sac capacity.

There is practically no risk of adverse effects due to accidental oral ingestion. Ingestion of the 5 ml bottle content corresponds to an oral dose of less than 5 mg bromfenac, which is 30 times lower than daily dose of bromfenac oral formulation formerly used.

If Bromfenac Ophthalmic Solution is accidentally ingested, fluids should be taken to dilute the medicinal product.

5. Pharmacological properties

5.1 Pharmacodynamic Properties:

Pharmacotherapeutic group: Ophthalmological, Antiinflammatory agents, non-steroids. ATC Code: S01BC11

Mechanism of action
Bromfenac is a non-steroidal anti-inflammatory drug (NSAID) that has anti-inflammatory activity which is thought to be due to its ability to block prostaglandin synthesis by inhibiting primarily cyclooxygenase 2 (COX-2). Cyclooxygenase 1 (COX-1) is only inhibited to a small extent.
In vitro, bromfenac inhibited the synthesis of prostaglandins in the rabbit iris ciliary body. The IC50-values were lower for Bromfenac (1.1 µM) than for indometacin (4.2 µM) and pranoprofen (11.9 µM)
Bromfenac at concentrations of 0.02%, 0.05%, 0.1% and 0.2% inhibited almost all signs of ocular inflammation in an experimental uveitis model in rabbits.

5.2 Pharmacokinetics Properties:

Absorption
Bromfenac efficiently permeates the cornea of cataract patients: A single dose resulted in a mean peak aqueous humour concentrations of 79±68 ng/ml at 150-180 minutes

after dosing. Concentrations were maintained for 12 hours in aqueous humour with measurable levels up to 24 hours in major ocular tissues including the retina. Following twice daily dosing with bromfenac eye drops plasma concentrations were not quantifiable.

Distribution

Bromfenac shows high binding to plasma proteins. In vitro, the 99.8% were bound to proteins in human plasma.

No biological relevant melanin binding was observed in vitro.

Studies in rabbits using radio-labelled bromfenac have demonstrated that highest concentrations after topical administration are observed in the cornea followed by the conjunctiva and the aqueous humour. Only low concentrations were observed in the lens and vitreous.

Biotransformation

In vitro studies indicate that bromfenac is mainly metabolized by CYP2C9, which is absent in both iris-ciliary body and retina/choroid and the level of this enzyme in the cornea is less than 1% compared to the corresponding hepatic level.

In orally treated humans unchanged parent compound is the major component in plasma. Several conjugated and unconjugated metabolites have been identified with the cyclic amide being the major urinary metabolite.

Elimination

After ocular administration the half-life of bromfenac in aqueous humour is 1.4 h indicating rapid elimination.

After oral administration of 14C-bromfenac to healthy volunteers, urinary excretion was found to be the major route of radioactive excretions, accounting for approximately 82%

while faecal excretion represented approximately 13% of the dose.

5.3 Preclinical Safety data:

Non-clinical data reveal no special hazard for humans based on conventional studies of safety, pharmacology, 'repeated-dose' toxicity, genotoxicity and carcinogenic potential. However, 0.9 mg/kg/day in rats at oral doses (900 times the recommended ophthalmic dose) caused embryo-foetal lethality, increased neonatal mortality, and reduced postnatal growth. Pregnant rabbits treated orally with 7.5 mg/kg/day (7500 times the recommended ophthalmic dose) caused increased post-implantation loss.

Animal studies have shown excretion of bromfenac in breast milk when applied orally at

doses of 2.35 mg/kg which is 2350 times the recommended ophthalmic dose.

However, following ocular administration plasma levels were not detectable.

6. Pharmaceutical particulars

6.1 List of Excipients:

Benzalkonium Chloride, Boric Acid, Disodium Edetate, Polysorbate 80, Povidone, Borax, Anhydrous Sodium Sulfite, Sodium Hydroxide and water for Injection.

6.2 Incompatibilities: Not Applicable

6.3 Shelf life: 2 Years (unopened). 4 weeks after first opening.

6.4 Special Precautions for storage: Store below 30°C. Protect from light.

Use this Solution within 4 weeks after opening the vial and discard the unused contents.

6.5 Nature and contents of container:

5 mL solution in LDPE vial. Such vial in a carton along with the pack insert.

6.6 Special precautions for disposal: Not applicable

7. Marketing Authorization Holder:

Ajanta Pharma Limited Ajanta
House,
Charkop, Kandivli (West),
Mumbai- 400 067,
India

Manufacturing Site Address :

Ajanta Pharma Limited
At: N-118, 118/1, 119, 119/1, 119/2, 113 MIDC, Tarapur, Boisar, Dist. Palghar-401506, Maharashtra State, India

Manufacturing Site Address :

Ajanta Pharma Limited
At: Mirza-Palashbari Road, Village – Kokjhar, Kamrup (R), Guwahati, Assam-781128, India

8. Marketing Authorization Numbers:

H2017/CT4105/007

9. Date of first registration /renewal of the registration:

16 Mar, 2017

10. Date of revision of text:

May, 2025