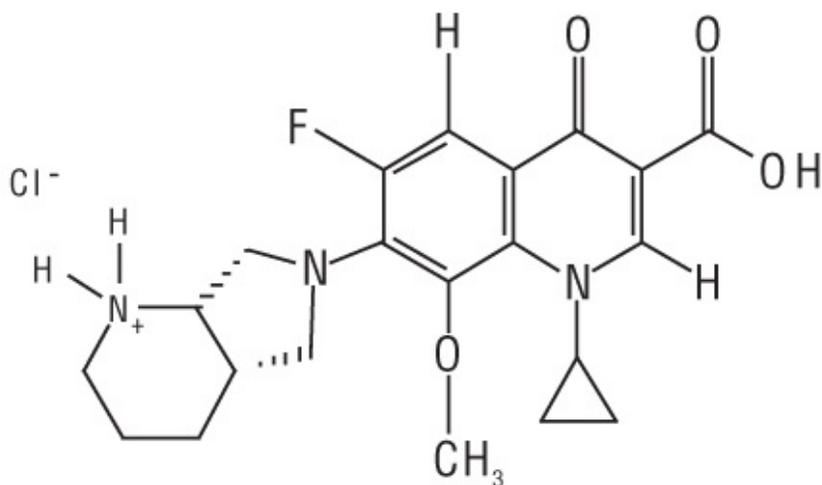


VIGAMOX- moxifloxacin hydrochloride solution
Rebel Distributors Corp

VIGAMOX®
(moxifloxacin hydrochloride ophthalmic solution)
0.5% as base

DESCRIPTION

VIGAMOX® (moxifloxacin HCl ophthalmic solution) 0.5% is a sterile ophthalmic solution. It is an 8-methoxy fluoroquinolone anti-infective for topical ophthalmic use.



$C_{21}H_{24}FN_3O_4 \cdot HCl$

Mol Wt 437.9

Chemical Name:

1-Cyclopropyl-6-fluoro-1,4-dihydro-8-methoxy-7-[(4aS,7aS)-octahydro-6H-pyrrolo[3,4-b]pyridin-6-yl]-4-oxo-3-quinolinecarboxylic acid, monohydrochloride.

Moxifloxacin hydrochloride is a slightly yellow to yellow crystalline powder. Each mL of VIGAMOX® solution contains 5.45 mg moxifloxacin hydrochloride equivalent to 5 mg moxifloxacin base.

Contains: Active: Moxifloxacin 0.5% (5 mg/mL); **Inactives:** Boric acid, sodium chloride, and purified water. May also contain hydrochloric acid/sodium hydroxide to adjust pH to approximately 6.8.

VIGAMOX® solution is an isotonic solution with an osmolality of approximately 290 mOsm/kg.

CLINICAL PHARMACOLOGY

Pharmacokinetics: Plasma concentrations of moxifloxacin were measured in healthy adult male and female subjects who received bilateral topical ocular doses of VIGAMOX® solution 3 times a day. The mean steady-state C_{max} (2.7 ng/mL) and estimated daily exposure AUC (45 ng·hr/mL) values were 1,600 and 1,000 times lower than the mean C_{max} and AUC reported after therapeutic 400 mg oral doses of moxifloxacin. The plasma half-life of moxifloxacin was estimated to be 13 hours.

Microbiology:

Moxifloxacin is an 8-methoxy fluoroquinolone with a diazabicyclononyl ring at the C7 position. The antibacterial action of moxifloxacin results from inhibition of the topoisomerase II (DNA gyrase) and topoisomerase IV. DNA gyrase is an essential enzyme that is involved in the replication, transcription and repair of bacterial DNA. Topoisomerase IV is an enzyme known to play a key role in the partitioning of the chromosomal DNA during bacterial cell division.

The mechanism of action for quinolones, including moxifloxacin, is different from that of macrolides, aminoglycosides, or tetracyclines. Therefore, moxifloxacin may be active against pathogens that are resistant to these antibiotics and these antibiotics may be active against pathogens that are resistant to moxifloxacin. There is no cross-resistance between moxifloxacin and the aforementioned classes of antibiotics. Cross resistance has been observed between systemic moxifloxacin and some other quinolones.

In vitro resistance to moxifloxacin develops via multiple-step mutations. Resistance to moxifloxacin occurs *in vitro* at a general

frequency of between 1.8×10^{-9} to $< 1 \times 10^{-11}$ for Gram-positive bacteria.

Moxifloxacin has been shown to be active against most strains of the following microorganisms, both *in vitro* and in clinical infections as described in the INDICATIONS AND USAGE section:

Aerobic Gram-positive microorganisms:

Corynebacterium species*

*Micrococcus luteus**

Staphylococcus aureus

Staphylococcus epidermidis

Staphylococcus haemolyticus

Staphylococcus hominis

*Staphylococcus warneri**

Streptococcus pneumoniae

Streptococcus viridans group

Aerobic Gram-negative microorganisms:

*Acinetobacter lwoffii**

Haemophilus influenzae

*Haemophilus parainfluenzae**

Other microorganisms:

Chlamydia trachomatis

*Efficacy for this organism was studied in fewer than 10 infections.

The following *in vitro* data are also available, **but their clinical significance in ophthalmic infections is unknown**. The safety and effectiveness of VIGAMOX® solution in treating ophthalmological infections due to these microorganisms have not been established in adequate and well-controlled trials.

The following organisms are considered susceptible when evaluated using systemic breakpoints. However, a correlation between the *in vitro* systemic breakpoint and ophthalmological efficacy has not been established. The list of organisms is provided as guidance only in assessing the potential treatment of conjunctival infections. Moxifloxacin exhibits *in vitro* minimal inhibitory concentrations (MICs) of 2 µg/ml or less (systemic susceptible breakpoint) against most (≥ 90%) of strains of the following ocular pathogens.

Aerobic Gram-positive microorganisms:

Listeria monocytogenes

Staphylococcus saprophyticus

Streptococcus agalactiae

Streptococcus mitis

Streptococcus pyogenes

Streptococcus Group C, G and F

Aerobic Gram-negative microorganisms:

Acinetobacter baumannii

Acinetobacter calcoaceticus

Citrobacter freundii

Citrobacter koseri

Enterobacter aerogenes

Enterobacter cloacae

Escherichia coli

Klebsiella oxytoca

Klebsiella pneumoniae

Moraxella catarrhalis

Morganella morganii

Neisseria gonorrhoeae

Proteus mirabilis

Proteus vulgaris

Pseudomonas stutzeri

Anaerobic microorganisms:

Clostridium perfringens

Fusobacterium species

Prevotella species

Propionibacterium acnes

Other microorganisms:

Chlamydia pneumoniae

Legionella pneumophila

Mycobacterium avium

Mycobacterium marinum

Mycoplasma pneumoniae

Clinical Studies

In two randomized, double-masked, multicenter, controlled clinical trials in which patients were dosed 3

times a day for 4 days, VIGAMOX® solution produced clinical cures on day 5-6 in 66% to 69% of patients treated for bacterial conjunctivitis. Microbiological success rates for the eradication of the baseline pathogens ranged from 84% to 94%. Please note that microbiologic eradication does not always correlate with clinical outcome in anti-infective trials.

INDICATIONS AND USAGE

VIGAMOX® solution is indicated for the treatment of bacterial conjunctivitis caused by susceptible strains of the following organisms:

Aerobic Gram-positive microorganisms:

Corynebacterium species*

*Micrococcus luteus**

Staphylococcus aureus

Staphylococcus epidermidis

Staphylococcus haemolyticus

Staphylococcus hominis

*Staphylococcus warneri**

Streptococcus pneumoniae

Streptococcus viridans group

Aerobic Gram-negative microorganisms:

*Acinetobacter lwoffii**

Haemophilus influenzae

*Haemophilus parainfluenzae**

Other microorganisms:

Chlamydia trachomatis

*Efficacy for this organism was studied in fewer than 10 infections.

CONTRAINDICATIONS

VIGAMOX® solution is contraindicated in patients with a history of hypersensitivity to moxifloxacin, to other quinolones, or to any of the components in this medication.

WARNINGS

NOT FOR INJECTION.

VIGAMOX® solution should not be injected subconjunctivally, nor should it be introduced directly into the anterior chamber of the eye.

In patients receiving systemically administered quinolones, including moxifloxacin, serious and occasionally fatal hypersensitivity (anaphylactic) reactions have been reported, some following the first dose. Some reactions were accompanied by cardiovascular collapse, loss of consciousness, angioedema (including laryngeal, pharyngeal or facial edema), airway obstruction, dyspnea, urticaria, and itching. If an allergic reaction to moxifloxacin occurs, discontinue use of the drug. Serious acute hypersensitivity reactions may require immediate emergency treatment. Oxygen and airway management should be administered as clinically indicated.

PRECAUTIONS

General

As with other anti-infectives, prolonged use may result in overgrowth of non-susceptible organisms, including fungi. If superinfection occurs, discontinue use and institute alternative therapy. Whenever clinical judgment dictates, the patient should be examined with the aid of magnification, such as slit-lamp biomicroscopy, and, where appropriate, fluorescein staining.

Patients should be advised not to wear contact lenses if they have signs and symptoms of bacterial conjunctivitis.

Information for Patients

Avoid contaminating the applicator tip with material from the eye, fingers or other source.

Systemically administered quinolones including moxifloxacin have been associated with hypersensitivity reactions, even following a single dose. Discontinue use immediately and contact your physician at the first sign of a rash or allergic reaction.

Drug Interactions

Drug-drug interaction studies have not been conducted with VIGAMOX® solution. *In vitro* studies indicate that moxifloxacin does not inhibit CYP3A4, CYP2D6, CYP2C9, CYP2C19, or CYP1A2 indicating that moxifloxacin is unlikely to alter the pharmacokinetics of drugs metabolized by these cytochrome P450 isozymes.

Carcinogenesis, Mutagenesis, Impairment of Fertility

Long term studies in animals to determine the carcinogenic potential of moxifloxacin have not been performed. However, in an accelerated study with initiators and promoters, moxifloxacin was not carcinogenic in rats following up to 38 weeks of oral dosing at 500 mg/kg/day (approximately 21,700 times the highest recommended total daily human ophthalmic dose for a 50 kg person, on a mg/kg basis).

Moxifloxacin was not mutagenic in four bacterial strains used in the Ames *Salmonella* reversion assay. As with other quinolones, the positive response observed with moxifloxacin in strain TA 102 using the same assay may be due to the inhibition of DNA gyrase. Moxifloxacin was not mutagenic in the CHO/HGPRT mammalian cell gene mutation assay. An equivocal result was obtained in the same assay when v79 cells were used. Moxifloxacin was clastogenic in the v79 chromosome aberration assay, but it did not induce unscheduled DNA synthesis in cultured rat hepatocytes. There was no evidence of genotoxicity *in vivo* in a micronucleus test or a dominant lethal test in mice.

Moxifloxacin had no effect on fertility in male and female rats at oral doses as high as 500 mg/kg/day, approximately 21,700 times the highest recommended total daily human ophthalmic dose. At 500 mg/kg orally there were slight effects on sperm morphology (head-tail separation) in male rats and on the estrous cycle in female rats.

Pregnancy

Teratogenic Effects

Pregnancy Category C: Moxifloxacin was not teratogenic when administered to pregnant rats during organogenesis at oral doses as high as 500 mg/kg/day (approximately 21,700 times the highest recommended total daily human ophthalmic dose); however, decreased fetal body weights and slightly delayed fetal skeletal development were observed. There was no evidence of teratogenicity when pregnant Cynomolgus monkeys were given oral doses as high as 100 mg/kg/day (approximately 4,300 times the highest recommended total daily human ophthalmic dose). An increased incidence of smaller fetuses was observed at 100 mg/kg/day.

Since there are no adequate and well-controlled studies in pregnant women, VIGAMOX® solution should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers

Moxifloxacin has not been measured in human milk, although it can be presumed to be excreted in human milk. Caution should be exercised when VIGAMOX® solution is administered to a nursing mother.

Pediatric Use

The safety and effectiveness of VIGAMOX® solution in infants below 1 year of age have not been established.

There is no evidence that the ophthalmic administration of VIGAMOX® solution has any effect on weight bearing joints, even though oral administration of some quinolones has been shown to cause arthropathy in immature animals.

Geriatric Use

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

ADVERSE REACTIONS

The most frequently reported ocular adverse events were conjunctivitis, decreased visual acuity, dry eye, keratitis, ocular discomfort, ocular hyperemia, ocular pain, ocular pruritus, subconjunctival hemorrhage, and tearing. These events occurred in approximately 1-6% of patients.

Nonocular adverse events reported at a rate of 1-4% were fever, increased cough, infection, otitis media, pharyngitis, rash, and rhinitis.

DOSAGE AND ADMINISTRATION

Instill one drop in the affected eye 3 times a day for 7 days.

HOW SUPPLIED

VIGAMOX® solution is supplied as a sterile ophthalmic solution in Alcon's DROP-TAINER® dispensing system consisting of a natural low density polyethylene bottle and dispensing plug and tan polypropylene closure. Tamper evidence is provided with a shrink band around the closure and neck area of the package.

3 mL bottle - **NDC** 21695-968-03

Storage: Store at 2°C - 25°C (36°F - 77°F).

Rx Only

Manufactured by

Alcon Laboratories, Inc.

Fort Worth, Texas 76134 USA

Licensed to Alcon, Inc. by Bayer HealthCare AG.

U.S. PAT. NO. 4,990,517; 5,607,942; 6,716,830

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Repackaged by:

Rebel Distributors Corp

Thousand Oaks, CA 91320

PRINCIPAL DISPLAY PANEL

Peel Peel Peel Peel

PHYSICIAN PARTNER
A DIVISION OF REBEL DISTRIBUTORS CORP.

NDC 21695-968-03

Vigamox 0.5%
3ml Ophthalmic Solution

Each ml contains: Moxifloxacin HCl
5.45mg, equivalent to Moxifloxacin 5mg.

See package insert

Product ID: RV096803

RX#Master RX Only Mfr. By: Alcon Laboratories, Inc. 6201 South Freeway Fort Worth, TX 76134 USA

Distributed by: Physician Partner, Thousand Oaks, CA 91320 www.physicianpartner.com
Store at controlled room temperature 15°-30°C (59°-86°F) Keep medication out of the reach of children.

VIGAMOX

moxifloxacin hydrochloride solution

Product Information

Product Type	HUMAN PRESCRIPTION DRUG	Item Code (Source)	NDC:21695-968(NDC:0065-4013)
Route of Administration	OPHTHALMIC		

Active Ingredient/Active Moiety

Ingredient Name	Basis of Strength	Strength
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MOXIFLOXACIN HYDROCHLORIDE (UNII: C53598599T) (MOXIFLOXACIN - UNII:U188XYD42P)	MOXIFLOXACIN	5 mg in 1 mL
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Inactive Ingredients

Ingredient Name	Strength
BORIC ACID (UNII: R57ZHV85D4)	
SODIUM CHLORIDE (UNII: 451W47IQ8X)	
WATER (UNII: 059QF0K00R)	
HYDROCHLORIC ACID (UNII: QTT17582CB)	
SODIUM HYDROXIDE (UNII: 55X04QC32I)	

Packaging

#	Item Code	Package Description	Marketing Start Date	Marketing End Date
1	NDC:21695-968-03	3 mL in 1 BOTTLE, PLASTIC		

Marketing Information

Marketing Category	Application Number or Monograph Citation	Marketing Start Date	Marketing End Date
NDA	NDA021598	05/07/2003	

Labeler - Rebel Distributors Corp (118802834)

Establishment

Name	Address	ID/FEI	Business Operations
Rebel Distributors Corp		118802834	RELABEL, REPACK

Revised: 9/2011

Rebel Distributors Corp