NOVARTIS

TRAVATAN®

(travoprost)

40 µg/ml eye drops solution

Professional Information

Document status:	Final
Approval date:	28 April 2026

SCHEDULING STATUS:

1. NAME OF THE MEDICINE

TRAVATAN® Eye Drops, 40 µg/ml solution

2. QUALITATIVE AND QUATITATIVE COMPOSITION

TRAVATAN® contains 40 µg of travoprost per ml in a sterile ophthalmic solution.

Amount of travoprost per one drop:

One drop of solution contains approximately 1.06 micrograms of travoprost.

Preservative: polyquaternium-1 (POLYQUAD) 0,001 % (m/v).

For full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Eye drops, solution. Clear, colourless to pale yellow.

4. CLINICAL PARTICULARS

4.1 Therapeutic Indications

Reduction of elevated intraocular pressure in patients with open-angle glaucoma or other ocular hypertension as monotherapy or as adjunctive therapy.

Safety and efficacy beyond three months has not been established.

4.2 Posology and method of administration

Posology

The recommended dose in adults including the elderly:

One drop of TRAVATAN® in the conjunctival sac of the affected eye(s) once daily in the evening.

If more than one topical ophthalmic medicinal product is being used, the medicines must be administered at least 5 minutes apart.

If a dose is missed, treatment should be continued with the next dose as planned. The dose should not exceed one drop in the affected eye(s) daily.

When substituting another ophthalmic anti-glaucoma agent with TRAVATAN®, discontinue the other agent and start the following day with TRAVATAN®.

Special populations

Hepatic and renal impairment:

TRAVATAN® has been studied in patients with mild to severe hepatic impairment and in patients with mild to severe renal impairment (creatinine clearance as low as 14 ml/min). No dosage adjustment is necessary in these patients.

Method of administration

- For ocular use
- 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.
- The patient should remove the protective over-wrap immediately prior to initial use.
- Since travoprost is a biologically active material and since it may be absorbed through the skin, women who are pregnant or attempting to become pregnant should exercise appropriate precautions to avoid direct exposure to the contents of the bottle. In case of accidental contact with the contents of the bottle, thoroughly cleanse the exposed area immediately.
- Nasolacrimal occlusion or gently closing the eyelid after administration is recommended. This may reduce the systemic absorption of medicinal products administered via the ocular route and result in a decrease in systemic adverse reactions.

4.3 Contraindications

- Hypersensitivity to travoprost or any of the excipients of TRAVATAN®.
- Pregnant women or women attempting to become pregnant, as teratogenicity has been demonstrated in experimental animals.
- Breast-feeding women.
- Children, as safety and efficacy has not been proven.

Use in children and adolescents:

The efficacy and safety of TRAVATAN® Eye Drops in patients below the age of 18 has not been established and its use is not recommended in these patients until further data becomes available.

Women of childbearing potential:

TRAVATAN® must not be used in women who may become pregnant unless adequate contraceptive measures are in place.

Nursing women:

Animal studies indicate that travoprost and its metabolites may pass into breast milk and TRAVATAN® must therefore not be used in breast-feeding women.

4.4 Special warnings and precautions for use

- TRAVATAN® has been reported to cause changes to pigmented tissues. The most frequently reported changes have been increased pigmentation of the iris and periorbital tissue (eyelid) and increased pigmentation and growth of eyelashes. These changes may be permanent.
- TRAVATAN® may gradually change eye colour, increasing the amount of brown pigmentation in the iris by increasing the number of melanosomes (pigment granules) in melanocytes. The long-term effect on the melanocytes and the consequences of potential injury to the melanocytes and/or deposition of pigment granules to other

areas of the eye are currently unknown. The change in iris colour occurs slowly and may not be noticeable for months to years. Patients should be informed of the possibility of iris colour change. Iris pigmentation changes may be more noticeable in patients with mixed-coloured irises, i.e., blue-brown, grey-brown, yellow-brown and green-brown; however, it has also been observed in patients with brown eyes. The colour change is believed to be due to increased melanin content in the stromal melanocytes of the iris. The exact mechanism of action is unknown at this time. Typically, the brown pigmentation around the pupil spreads concentrically towards the periphery in affected eyes, but the entire iris or parts of it may become more brownish. Until more information about increased brown pigmentation is available, patients should be examined regularly, and depending on the situation, treatment may be stopped if increased pigmentation ensues.

- Eyelid skin darkening has been reported in association with the use of TRAVATAN®.
- TRAVATAN® may gradually change eyelashes in the treated eye; these changes include increased length, thickness, pigmentation and/or number of eyelashes.
- Patients who are expected to receive treatment in only one eye should be informed about the potential for increased brown pigmentation of the iris, periorbital and/or eyelid tissue and eyelashes of the treated eye, and thus heterochromia between the eyes. They should also be advised of the potential for a disparity between the eyes in length, thickness and/or number of eyelashes.
- TRAVATAN® contains propylene glycol which may cause skin irritation.
- TRAVATAN® contains polyoxyethylene hydrogenated castor oil 40 (HCO-40) which may cause skin irritation.
- In patients with known predisposing risk factors for iritis/uveitis, TRAVATAN® can be used with caution.

- There have been reports of bacterial keratitis associated with the use of multiple-dose containers of topical ophthalmic products. These containers had been inadvertently contaminated by patients who, in most cases, had a concurrent corneal disease or a disruption of the epithelial surface (see the How to use TRAVATAN® section of the Patient Information Leaflet).
- Macular oedema, including cystoid macular oedema, has been reported during treatment with TRAVATAN®. These reports have mainly occurred in aphakic patients, pseudophakic patients with a torn posterior lens capsule, or in patients with known risk factors for macular oedema. TRAVATAN® should be used with caution in these patients.
- TRAVATAN® has not been evaluated for the treatment of angle closure, inflammatory or neovascular glaucoma.
- Treatment with TRAVATAN® may lead to exacerbation of asthma.
- TRAVATAN® should not be administered while wearing contact lenses. Contact lenses should be removed prior to the administration of TRAVATAN® and may be reinserted 15 minutes following administration.

4.5 Interaction with other medicines and other forms of interaction

Data on adjunctive administration of TRAVATAN® with timolol and with brimonidine eye drops confirmed the additive effect of TRAVATAN® with these glaucoma medications. No data are available on adjunctive use with other ocular hypotensive medications. Data on concomitant administration with brimonidine are limited. Interactions of TRAVATAN® with other medications have not been specifically evaluated.

4.6 Fertility, pregnancy and lactation

Women of childbearing potential/ Contraception in males and females

TRAVATAN® must not be used in women who may become pregnant unless adequate contraceptive measures are in place. Please refer to section 4.3.

Male contraception measures are not considered necessary.

Pregnancy

Travoprost has harmful pharmacological effects on pregnancy and/or the foetus/new-born child. TRAVATAN® is contraindicated in pregnancy (see section 4.3).

Breastfeeding

It is unknown whether travoprost from the eye drops is excreted in human breast milk. Animal studies have shown excretion of travoprost and metabolites in breast milk. The use of TRAVATAN® by breast-feeding mothers is contraindicated (see section 4.3).

Fertility

Women of child-bearing potential/contraception:

TRAVATAN must not be used in women of child-bearing age/potential unless adequate contraceptive measures are in place (see section 5.3).

Animal studies showed no effect of travoprost on fertility at doses more than 250 times the maximum recommended human ocular dose.

4.7 Effects on ability to drive and use machines

TRAVATAN has no or negligible influence on the ability to drive and use machines, however as with any eye drop, temporary blurred vision or other visual disturbances may affect the ability to drive or use machines. If blurred vision occurs at instillation, the patient must wait until the vision clears before driving or using machines

Patients treated with TRAVATAN must not drive or use machines while they are presenting with any of the following: iris hyperpigmentation, eye pain, ocular discomfort, dry eye, eye pruritus, eye irritation and blurred vision.

4.8 Undesirable effects

a. Summary of safety profile

In 2 clinical trials involved in the development of TRAVATAN® (polyquaternium-1-preserved), 201 patients were exposed for up to 3 months. The most frequently reported treatment-related undesirable effect with TRAVATAN® (polyquaternium-1 preserved) was hyperaemia of the eye (18,9 %), which included ocular or conjunctival hyperaemia. One patient (0,5 %) discontinued the study.

The following undesirable effects were assessed to be treatment-related with TRAVATAN® monotherapy and are classified according to the following convention: very common (≥ 1/10); common (≥ 1/100, < 1/10); uncommon (≥ 1/1 000, < 1/100); rare (≥ 1/10 000, < 1/1 000); very rare (≤ 1/10 000) or not known (frequency cannot be estimated from the available data). Within each frequency grouping, undesirable effects are presented in decreasing order of seriousness.

b. Tabulated summary of adverse reactions

System Organ Classification	Adverse reaction
Immune system disorders	*Uncommon:* hypersensitivity, seasonal allergy.
Psychiatric disorders	*Not known:* depression, anxiety, insomnia
Nervous system disorders	*Uncommon:* headache
	Rare: dizziness, visual field defect, dysgeusia
Eye disorders	*Very common:* ocular hyperaemia
	Common: iris hyperpigmentation, eye pain, ocular discomfort, dry eye, eye pruritus, eye irritation
	Uncommon: corneal erosion, uveitis, iritis, anterior chamber inflammation, keratitis, punctate keratitis, photophobia, eye discharge, blepharitis, erythema of eyelid, periorbital oedema, eyelids pruritus, visual acuity reduced, vision blurred, lacrimation increased, conjunctivitis, ectropion, cataract, eyelid margin crusting, growth of eyelashes
	Rare: iridocyclitis, ophthalmic herpes simplex, eye inflammation, photopsia, eczema eyelids, conjunctival oedema, halo vision, conjunctival follicles, hypoaesthesia eye, trichiasis, meibomianitis, anterior chamber pigmentation, mydriasis, asthenopia, eyelash hyperpigmentation, eyelash thickening
	Not known: macular oedema, lid sulcus deepened
Ear and labyrinth disorders	*Not known:* vertigo, tinnitus
Cardiac disorders	*Uncommon:* palpitations
	Rare: heart rate irregular heart rate decreased

System Organ Classification	**Adverse reaction**
	Not known: chest pain, bradycardia, tachycardia, dysrhythmia
Vascular disorders	*Rare:* diastolic blood pressure decreased, systolic blood pressure increased, hypotension, hypertension
Respiratory, thoracic and mediastinal disorders	*Uncommon:* cough, nasal congestion, throat irritation
	Rare: dyspnoea, asthma, respiratory disorder, oropharyngeal pain, dysphonia, rhinitis allergic, nasal dryness
	Not known: epistaxis
Gastrointestinal disorders	*Rare:* peptic ulcer reactivated, gastrointestinal disorder, constipation, dry mouth
	Not known: diarrhoea, abdominal pain, nausea, vomiting
Skin and subcutaneous tissue disorders	*Uncommon:* skin hyperpigmentation (periocular), skin discolouration, hair texture abnormal, hypertrichosis
	Rare: dermatitis allergic, dermatitis contact, erythema, rash, hair colour changes, madarosis
	Not known: pruritus, hair growth abnormal
Musculoskeletal and connective tissue disorders	*Rare:* musculoskeletal pain, arthralgia
Renal and urinary disorders	*Not known:* dysuria, urinary incontinence

System Organ Classification	Adverse reaction
General disorders and administration site conditions	*Rare:* asthenia
Investigations	*Not known:* prostatic specific antigen increased

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. Health care providers are asked to report any suspected adverse reactions to SAHPRA via the Med Safety APP (Medsafety X SAHPRA) and eReporting platform (who-umc.org) found on SAHPRA website.

4.9 Overdose

No cases of overdose have been reported. A topical overdose is not likely to occur or to be associated with toxicity. A topical overdose of TRAVATAN® may be flushed from the eye(s) with lukewarm water. Treatment of suspected oral ingestion is symptomatic and supportive. If overdosage with TRAVATAN® occurs, treatment should be symptomatic.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: A.15.4 Ophthalmic preparations, other.

ATC code: S01EX

Mechanism of action

Travoprost, a prostaglandin F2α analogue, is a selective agonist with an affinity for the prostaglandin FP-receptor. Travoprost reduces the intraocular pressure by increasing the outflow of aqueous humour via trabecular meshwork and uveoscleral pathways. Reduction of the intraocular pressure in man starts about 2 hours after administration and maximum effect is reached after 12 hours. Significant lowering of intraocular pressure can be maintained for periods exceeding 24 hours with a single dose.

Clinical efficacy and safety

In a clinical trial, patients with open-angle glaucoma or ocular hypertension who were treated with TRAVATAN (polyquaternium-preserved) dosed once-daily in the evening demonstrated 8 to 9 mmHg reductions (approximately 33%) in intraocular pressure from 24 to 26 mmHg baseline. Data on adjunctive administration of TRAVATAN with timolol 0.5% and limited data with brimonidine 0.2% were collected during clinical trials that showed an additive effect of TRAVATAN with these glaucoma medications. No clinical data are available on adjunctive use with other ocular hypotensive medications.

5.2 Pharmacokinetic properties

Travoprost is an ester prodrug. It is absorbed through the cornea where the isopropyl ester is hydrolysed to the free acid. Metabolism is the major route of elimination of both travoprost and the active free acid.

The systemic metabolic pathways parallel those of endogenous prostaglandin F2α, which are characterised by reduction of the 13-14 double bond, oxidation of the 15-hydroxyl and β-oxidative cleavages of the upper side chain.

Following topical ocular administration of travoprost to healthy volunteers, low systemic exposure to active free acid was demonstrated. Peak active free acid plasma concentrations of 25 pg/ml or less were observed within 30 minutes post-dose. Thereafter, plasma levels declined rapidly. Due to the low plasma concentrations and rapid elimination following topical dosing, the elimination half-life of active free acid in man could not be determined.

5.3 Preclinical safety data:

In ocular toxicity studies in monkeys, administration of travoprost at a dose of 0.45 microgram, twice a day, was shown to induce increased palpebral fissure. Topical ocular administration of travoprost to monkeys at concentrations of up to 0.012% to the right eye, twice daily for one year resulted in no systemic toxicity.

Reproduction toxicity studies have been undertaken in rat, mice and rabbit by systemic route. Findings are related to FP receptor agonist activity in uterus with early embryolethality, post-implantation loss, foetotoxicity. In pregnant rat, systemic administration of travoprost at doses more than 200 times the clinical dose during the period of organogenesis resulted in an

increased incidence of malformations. Low levels of radioactivity were measured in amniotic fluid and foetal tissues of pregnant rats administered ^{3}H-travoprost. Reproduction and development studies have demonstrated a potent effect on foetal loss with a high rate observed in rats and mice (180 pg/ml and 30 pg/ml plasma, respectively) at exposures 1.2 to 6 times the clinical exposure (up to 25 pg/ml).

Environmental risk assessment (ERA)

Travoprost is considered a persistent, bioaccumulative and toxic (PBT) substance. Hence, despite the very small amounts of travoprost used by patients in eye drops, a risk to the environment cannot be excluded.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Polyquaternium-1	0.01 mg/ml
Boric acid (E284)	3 mg/ml
Mannitol (E421)	3 mg/ml
Polyoxyethylene hydrogenated castor oil 40 (HCO-40)	2 mg/ml
Propylene glycol	7.5 mg/ml
Sodium chloride	3.5 mg/ml
Sodium hydroxide and/or hydrochloric acid	adjust pH to 6.8
Purified water	QS to 1 ml

6.2 Incompatibilities

Not applicable

6.3 Shelf life

24 months

6.4 Special precautions for storage

Store at or below 25 °C.

Do not use more than 4 weeks after opening.

6.5 Nature and contents of container

4 ml oval bottle containing 2,5 ml solution, with dispensing plug and screw cap, all polypropylene, placed into a pouch.

6.6 Special precautions for disposal

No specific requirements for disposal

7. HOLDER OF CERTIFICATE OF REGISTRATION

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8. REGISTRATION NUMBER

36/15.4/0333

9. DATE OF FIRST AUTHORISATION/RENEWAL OF AUTHORISATION

06 June 2014

10. DATE OF REVISION OF THE TEXT

28 April 2026