

IT'S TIME FOR A DISCUSSION WITH YOUR PATIENTS ABOUT **DRY EYE FLARES**

In recent, major surveys most patients with Dry Eye reported suffering Dry Eye Flares.^{1-3*} However, many patients don't share their experience with Dry Eye Flares with their eye care professional (ECP).^{4†}



POTENTIAL QUESTIONS TO HELP UNCOVER DRY EYE FLARES AND DETERMINE IF A PATIENT IS A CANDIDATE FOR EYSUVIS:

- 1.** Do you ever experience Dry Eye Flares, which are periods of time when your Dry Eye symptoms get worse? This may mean that some of the time your eyes feel fine or have a lower level of symptoms and other times you develop symptoms (such as dryness, burning, itchiness, or stinging) or have more severe symptoms.
- 2.** In the last few months can you remember a time that you had a Dry Eye Flare and your eyes felt worse for a period of a few days to a couple weeks?
- 3.** Have you noticed any particular triggers that cause you to have Dry Eye Flares? Potential triggers for Dry Eye Flares include seasonal allergies, A/C use, digital screen time, air travel, contact lens wear, or medications.
- 4.** Many patients tell me that when Dry Eye Flares occur they want quick relief but also want to treat the underlying cause. Does that sound like you too?

DISCUSS DRY EYE FLARES WITH ALL OF YOUR PATIENTS WITH DRY EYE.

*Data based on:

- Study of Dry Eye Sufferers conducted by Multi-sponsors Surveys, Inc; trended series; 2018 study (N=751)²; 2020 study (N=774)³
- 2018 Lieberman Dry Eye Patient Survey (N=297)^{1,2}

†Based on 2020 Reason Research, LLC ECP Survey (N=101 OPHs and N=100 OPTs).

INDICATION

EYSUVIS is a corticosteroid indicated for the short-term (up to two weeks) treatment of the signs and symptoms of dry eye disease.

IMPORTANT SAFETY INFORMATION

Contraindications:

EYSUVIS, as with other ophthalmic corticosteroids, is contraindicated in most viral diseases of the cornea and conjunctiva including epithelial herpes simplex keratitis (dendritic keratitis), vaccinia, and varicella, and also in mycobacterial infection of the eye and fungal diseases of ocular structures.

Warnings and Precautions:

Delayed Healing and Corneal Perforation: Topical corticosteroids have been known to delay healing and cause corneal and scleral thinning. Use of topical corticosteroids in the presence of thin corneal or scleral tissue may lead to perforation. The initial prescription and each renewal of the medication order should be made by a physician only after examination of the patient with the aid of magnification, such as slit lamp biomicroscopy, and, where appropriate, fluorescein staining.

Please see additional Important Safety Information on reverse and accompanying full Prescribing Information.


EYSUVIS[™]
(loteprednol etabonate
ophthalmic suspension) 0.25%

CHOOSE EYSUVIS AS YOUR FIRST-LINE Rx SHORT-TERM TREATMENT FOR PATIENTS WHO SUFFER EPISODICALLY WITH DRY EYE FLARES

CONDITIONS THAT MAY NEED A SHORT-TERM TREATMENT INCLUDE:

- **PATIENTS ON ARTIFICIAL TEARS** who experience episodic Dry Eye Flares
- **INDUCTION THERAPY** for patients being placed on chronic treatment
- **BREAKTHROUGH DRY EYE FLARES** for patients on chronic therapy
- Treatment of Dry Eye **BEFORE** cataract or refractive surgery
- Dry Eye Flares due to **CATARACT OR REFRACTIVE SURGERY**

IMPORTANT SAFETY INFORMATION (cont'd)

Warnings and Precautions (cont'd):

Intraocular Pressure (IOP) Increase: Prolonged use of corticosteroids may result in glaucoma with damage to the optic nerve, as well as defects in visual acuity and fields of vision. Corticosteroids should be used with caution in the presence of glaucoma. Renewal of the medication order should be made by a physician only after examination of the patient and evaluation of the IOP.

Cataracts: Use of corticosteroids may result in posterior subcapsular cataract formation.

Bacterial Infections: Use of corticosteroids may suppress the host response and thus increase the hazard of secondary ocular infections. In acute purulent conditions, corticosteroids may mask infection or enhance existing infection.

Viral Infections: Use of a corticosteroid medication in the treatment of patients with a history of herpes simplex requires great caution. Use of ocular corticosteroids may prolong the course and may exacerbate the severity of many viral infections of the eye (including herpes simplex).

Fungal Infections: Fungal infections of the cornea are particularly prone to develop coincidentally with long-term local corticosteroid application. Fungus invasion must be considered in any persistent corneal ulceration where a corticosteroid has been used or is in use.

Adverse Reactions:

The most common adverse drug reaction following the use of EYSUVIS for two weeks was instillation site pain, which was reported in 5% of patients.

Please see accompanying full Prescribing Information.

References: 1. Brazzell RK, Zickl L, Farrelly J, et al. Prevalence and characteristics of dry eye flares: a patient questionnaire survey. Presented at: AAO 2019: October 12-15, 2019; San Francisco, CA. 2. Brazzell RK, Zickl L, Farrelly J, et al. Prevalence and characteristics of symptomatic dry eye flares: results from patient questionnaire surveys. Poster presented at: AAOPT 2019: October 23-27, 2019; Orlando, FL. 3. 2020 Study of Dry Eye Sufferers. Conducted by Multi-sponsor Surveys, Inc. 4. Data on file. Kala Pharmaceuticals. Watertown, MA.



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