EYSUVIS™
(loteprednol etabonate ophthalmic suspension) 0.25%

THE
# FIRST AND ONLY FDA APPROVED
**RX MEDICATION SPECIFICALLY INDICATED FOR THE SHORT-TERM TREATMENT (UP TO 2 TWO WEEKS) OF THE SIGNS AND SYMPTOMS OF DRY EYE DISEASE**

| | |
|---|---|
| **Dosage Form and Strength** | Ophthalmic suspension containing 2.5 mg/mL of loteprednol etabonate |
| **How Supplied** | Supplied in a white, low-density polyethylene dropper bottle with a controlled-drop, linear low-density polyethylene tip, a pink high-density polyethylene cap, and a white low-density polyethylene tamper-evident overcap in the following size: **8.3 mL in a 10 mL bottle** |
| **NDC Code** | NDC 71571-333-83 |
| **Wholesale Order Number** | • Cardinal Health: **5687124**<br>• McKesson: **1585116**<br>• AmerisourceBergen: **10251924** |
| **WAC** | Per 10 mL bottle: **$465.00** |

WAC=wholesale acquisition cost

### Storage and Handling

- Do not use if tamper-evident overcap seal is not intact
- The white tamper-evident overcap can be thrown away. Retain the pink cap and keep the bottle tightly closed when not in use
- Store upright at 15°C to 25°C (59°F to 77°F). Do not freeze

## 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

### Contraindication:

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.

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

# KALA IS COMMITTED TO PATIENT ACCESS

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I SAVE PATIENT ACCESS PROGRAM

**For eligible patients whose prescriptions for EYSUVIS are covered by commercial insurance**, use of the co-pay card may reduce co-payment responsibility to **AS LITTLE AS $40***

**For eligible patients whose prescriptions for EYSUVIS are not covered by commercial insurance**, use of the co-pay card may reduce the cost of EYSUVIS to **AS LITTLE AS $75***

**Note:** Offer NOT valid for prescriptions that may be reimbursed under a federal or state healthcare program, including Medicare, Medicaid, or any other similar federal or state health care program, including any state pharmacy assistance program.

*Restrictions and conditions apply.

## IMPORTANT SAFETY INFORMATION (cont'd)

### 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.

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.**

kala PHARMACEUTICALS

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