When it comes to ocular surface inflammation,

FLAREX® IS A PROVEN WINNER.

The power of Pred Forte* (prednisolone acetate ophthalmic suspension, USP) 1%
with the safety of FML*,[1] (fluorometholone ophthalmic suspension, USP) 0.1%

Ask your representative for FLAREX samples

INDICATIONS AND USAGE
FLAREX® (fluorometholone acetate ophthalmic suspension) is indicated for use in the treatment of steroid-responsive inflammatory conditions of the palpebral and bulbar conjunctiva, cornea, and anterior segment of the eye.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS
Contraindicated in acute superficial herpes simplex keratitis, vaccinia, varicella, and most other viral diseases of the cornea and conjunctiva; mycobacterial infection of the eye; fungal diseases; acute purulent untreated infections, which like other diseases caused by microorganisms, may be masked or enhanced by the presence of the steroid; and in those persons who have known hypersensitivity to any component of this preparation.

Please see additional Important Safety Information on page 6 and the full Prescribing Information.

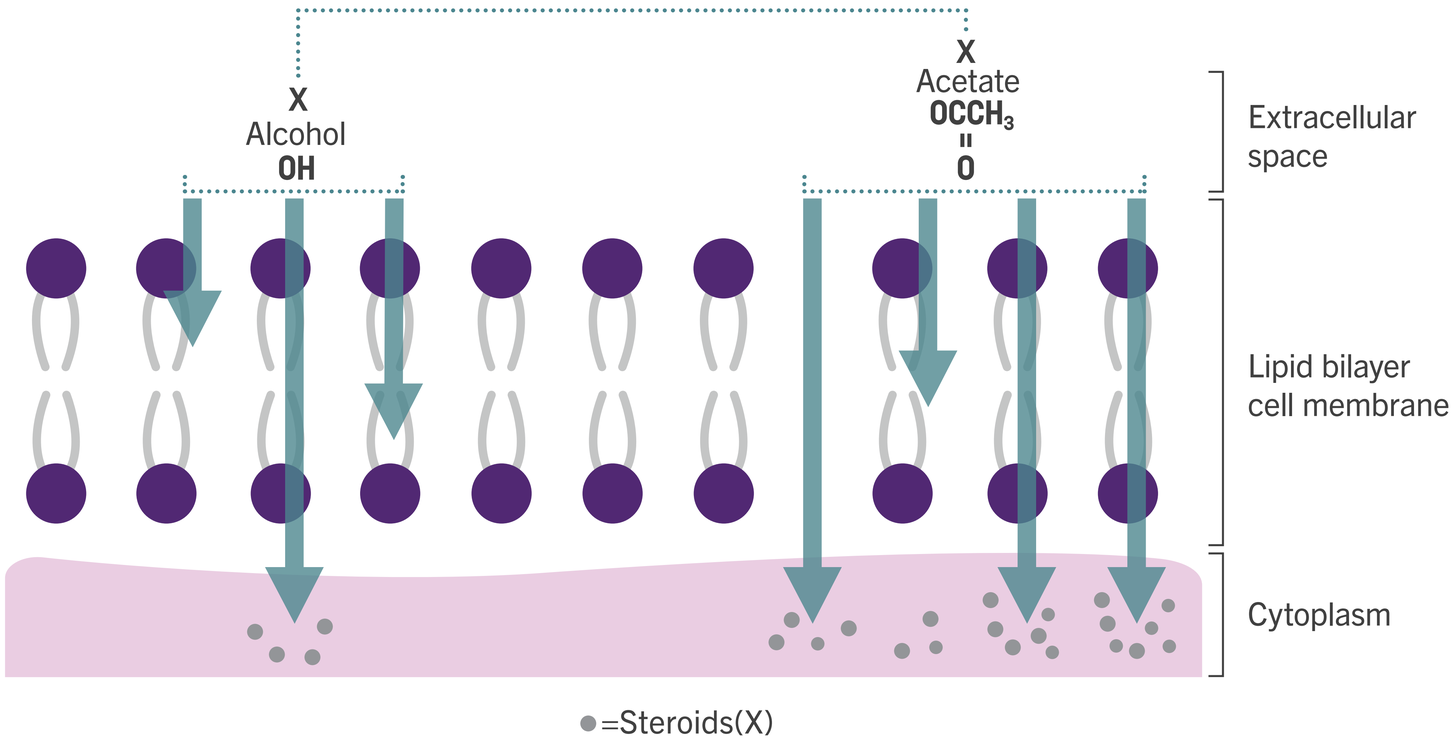
Flarex®
(fluorometholone acetate ophthalmic suspension) 0.1%

NOT ALL FLUOROMETHOLONE PRODUCTS ARE THE SAME

FLAREX® contains fluorometholone acetate while FML contains alcohol[2,3]

- The acetate base in FLAREX was chosen for its lipophilicity–to provide enhanced corneal penetration over preparations with an alcohol base[4,5,6]
- Fluorometholone acetate has been shown to reduce inflammation more effectively than fluorometholone alcohol and has efficacy similar to prednisolone acetate[7,8]

Steroids must cross the lipid bilayer of the cell membrane in order to reach the nucleus and exert their effect.[9]



FLAREX is a steroid ester and the only acetate derivative of fluorometholone.[2,10]

IMPORTANT SAFETY INFORMATION (cont.)

WARNINGS AND PRECAUTIONS

Topical Ophthalmic Use Only: Not for injection.

Intraocular Pressure Increase: Prolonged use may result in glaucoma, damage to the optic nerve, and defects in visual acuity and visual field. It is advisable that the intraocular pressure be checked frequently.

Cataracts: Use of corticosteroids may result in cataract formation.

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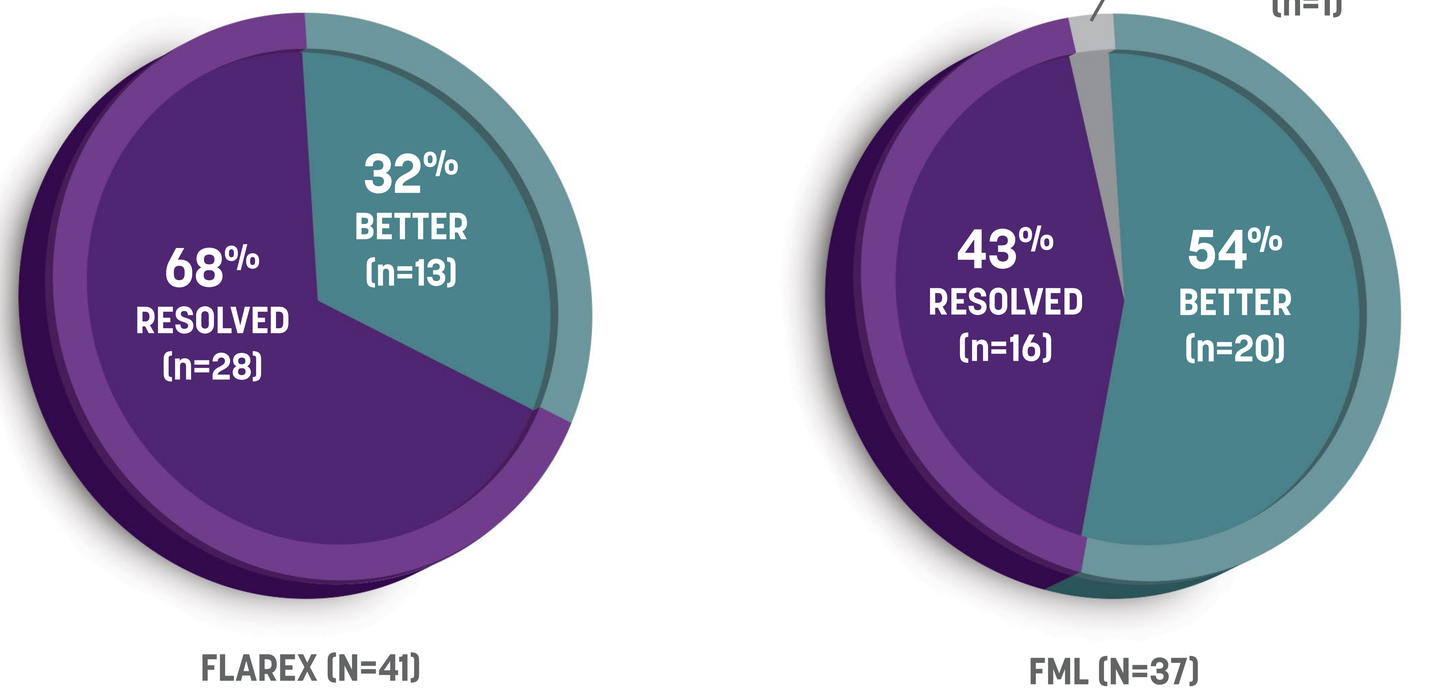
Flarex®
(fluorometholone acetate ophthalmic suspension) 0.1%

FLAREX® RESOLVED OCULAR SURFACE INFLAMMATION MORE RAPIDLY AND EFFECTIVELY[1]

FLAREX was significantly more effective than FML (*P*=0.03)[1,a]

In under 2 weeks, ocular surface inflammation was resolved in 68% of patients using FLAREX vs 43% using FML in the clinical trial.[1]



The rate of inflammation resolution was significantly better with FLAREX vs FML in the pivotal trial (P=0.05)[1]

Consider FLAREX for the treatment of additional conditions associated with ocular surface inflammation, such as surgical procedures including LASIK, PRK, corneal cross-linking, and other ocular surface surgical procedures.[2,10,11,12]

WARNINGS AND PRECAUTIONS (cont.)

Delayed Healing: Topical ophthalmic corticosteroids may slow corneal wound healing. In those diseases causing thinning of the cornea or sclera, perforation has been known to occur with chronic use of topical steroids.

Viral Infections: Use in the treatment of herpes simplex infection requires great caution.

Bacterial Infections: Use of corticosteroids may suppress the host response and thus aid in the establishment of secondary ocular infections. Acute purulent infections of the eye may be masked or exacerbated by the presence of steroid medication.

[a]STUDY DESIGN: The efficacy and safety of FLAREX were evaluated in two identical, randomized, double-blind clinical trials. In one trial of 78 patients with ocular surface inflammation (eg, conjunctivitis, episcleritis, scleritis) in one or both eyes, patients administered either FLAREX (n=41) or fluorometholone alcohol (n=37) every 2 hours for the first 2 days and then every 4 hours thereafter, with signs and symptoms of inflammation assessed at Days 1, 3, 8, and 13. In a separate but identical trial in 82 patients with ocular surface inflammation, patients administered either FLAREX (n=37) or prednisolone acetate 1.0% (n=45). At each visit, investigators determined if signs and symptoms in the involved eye were resolved, improved, unchanged, or worsened. If a patient was rated as signs and symptoms resolved before the end of the study, steroid drops were discontinued and the patient was considered to have completed the trial.[1]

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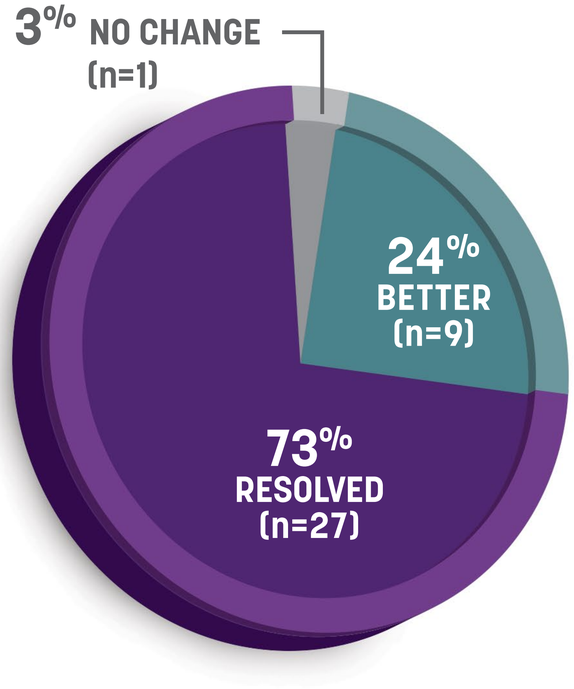
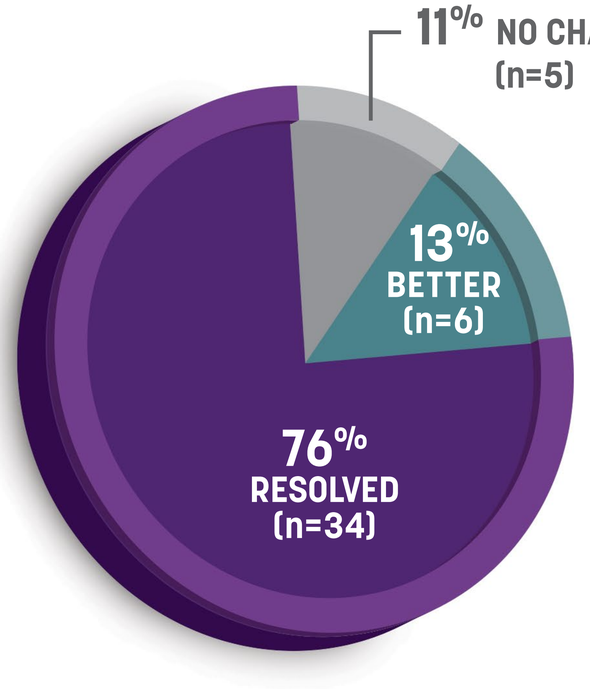
(fluorometholone acetate ophthalmic suspension) 0.1%

FLAREX® TREATS INFLAMMATION WITH THE POWER YOU REQUIRE

In the clinical trial, FLAREX demonstrated effectiveness in resolving ocular surface inflammation[1,a]



FLAREX (N=37)



Pred Forte (N=45)

In a pooled analysis of patients,

97% had resolution or improvement of inflammation with FLAREX.

89% had resolution or improvement with Pred Forte[1].

These results indicate similar efficacy, with no statistically significant difference between FLAREX and Pred Forte (P=0.49)[1].

NO PATIENTS EXPERIENCED WORSENING OF SIGNS AND SYMPTOMS IN EITHER TREATMENT GROUP.[1]

WARNINGS AND PRECAUTIONS (cont.)

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

[a]STUDY DESIGN: The efficacy and safety of FLAREX were evaluated in two identical, randomized, double-blind clinical trials. In one trial of 78 patients with ocular surface inflammation (eg, conjunctivitis, episcleritis, scleritis) in one or both eyes, patients administered either FLAREX (n=41) or fluorometholone alcohol (n=37) every 2 hours for the first 2 days and then every 4 hours thereafter, with signs and symptoms of inflammation assessed at Days 1, 3, 8, and 13. In a separate but identical trial in 82 patients with ocular surface inflammation, patients administered either FLAREX (n=37) or prednisolone acetate 1.0% (n=45). At each visit, investigators determined if signs and symptoms in the involved eye were resolved, improved, unchanged, or worsened. If a patient was rated as signs and symptoms resolved before the end of the study, steroid drops were discontinued and the patient was considered to have completed the trial.[1]

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Flarex®
(fluorometholone acetate ophthalmic suspension) 0.1%

START YOUR PATIENTS TODAY!

FLAREX® Samples are Available for Immediate Trial

A Harrow sales representative can supply you with convenient sample bottles of FLAREX so that you can start therapy right away...

- **While patients are still in your office**
- **Before patients have their prescription filled**
- **To help encourage adherence to therapy**

WARNINGS AND PRECAUTIONS (cont.)

Contamination: Do not touch dropper tip to any surface as this may contaminate the suspension.

Contact Lens Wear: Contact lenses should be removed during instillation of FLAREX but may be reinserted after 15 minutes.

Temporarily Blurred Vision: Vision may be temporarily blurred following dosing with FLAREX. Care should be exercised in operating machinery or driving a motor vehicle.

ADVERSE REACTIONS

Glaucoma with optic nerve damage, visual acuity and field defects, cataract formation, secondary ocular infection following suppression of host response, and perforation of the globe may occur.

Please see additional Important Safety Information on page 6 and the full Prescribing Information.

Flarex®
(fluorometholone acetate ophthalmic suspension) 0.1%

FLAREX® (FLUOROMETHOLONE ACETATE OPHTHALMIC SUSPENSION) 0.1%

IMPORTANT SAFETY INFORMATION

INDICATIONS AND USAGE
FLAREX® (fluorometholone acetate ophthalmic suspension) is indicated for use in the treatment of steroid-responsive inflammatory conditions of the palpebral and bulbar conjunctiva, cornea, and anterior segment of the eye.

CONTRAINDICATIONS
Contraindicated in acute superficial herpes simplex keratitis, vaccinia, varicella, and most other viral diseases of the cornea and conjunctiva; mycobacterial infection of the eye; fungal diseases; acute purulent untreated infections, which like other diseases caused by microorganisms, may be masked or enhanced by the presence of the steroid; and in those persons who have known hypersensitivity to any component of this preparation.

WARNINGS AND PRECAUTIONS

Topical Ophthalmic Use Only: Not for injection.

Intraocular Pressure Increase: Prolonged use may result in glaucoma, damage to the optic nerve, and defects in visual acuity and visual field. It is advisable that the intraocular pressure be checked frequently.

Cataracts: Use of corticosteroids may result in cataract formation.

Delayed Healing: Topical ophthalmic corticosteroids may slow corneal wound healing. In those diseases causing thinning of the cornea or sclera, perforation has been known to occur with chronic use of topical steroids.

Viral Infections: Use in the treatment of herpes simplex infection requires great caution.

Bacterial Infections: Use of corticosteroids may suppress the host response and thus aid in the establishment of secondary ocular infections. Acute purulent infections of the eye may be masked or exacerbated by the presence of steroid medication.

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

Contamination: Do not touch dropper tip to any surface as this may contaminate the suspension.

Contact Lens Wear: Contact lenses should be removed during instillation of FLAREX but may be reinserted after 15 minutes.

Temporarily Blurred Vision: Vision may be temporarily blurred following dosing with FLAREX. Care should be exercised in operating machinery or driving a motor vehicle.

ADVERSE REACTIONS
Glaucoma with optic nerve damage, visual acuity and field defects, cataract formation, secondary ocular infection following suppression of host response, and perforation of the globe may occur.

Postmarketing Experience: The following reaction has been identified during postmarketing use of FLAREX in clinical practice. Because reactions are reported voluntarily from a population of unknown size, estimates of frequency cannot be made. The reaction, which has been chosen for inclusion due to either its seriousness, frequency of reporting, possible causal connection to FLAREX, or a combination of these factors, includes dysgeusia.

Flarex®
(fluorometholone acetate ophthalmic suspension) 0.1%

Please see the full Prescribing Information.

References: 1. Leibowitz HM, Hyndiuk RA, Lindsey C, et al. Fluorometholone acetate: clinical evaluation in the treatment of external ocular inflammation. *Ann Ophthalmol.* 1984;16(12):1110-1115. **2**. FLAREX® [package insert]. Fort Worth, TX: Eyevance Pharmaceuticals, LLC; 2019. **3**. Fluorometholone (FML®), Rx List. Accessed April 23, 2021. https://www.rxlist.com/fluorometholone-drug.htm#description. **4.** Sendrowski DP, Jaanus SD, Semes LP, Stern ME. Anti-inflammatory drugs. In: Bartlett JD, Jaanus SD, eds. *Clinical Ocular Pharmacology*. 5th ed. St Louis, MO: Butterworth-Heinemann, an imprint of Elsevier Inc; 2008:221-244. **5**. Cakanac CJ. Topical steroids 101. *Review of Optometry.* Published April 15, 2005. Accessed April 23, 2021. https://www.reviewofoptometry.com/article/topical-steroids-101. **6**. Sterling J, Whyte DeMarco H. Steroid wars: new drugs challenge old habits. *Review of Optometry.* Published March 15, 2020. Accessed April 23, 2021. https://www.reviewofoptometry.com/article/steroid-wars-new-drugs-challenge-oldhabits# Footnotes. **7.** Brujic M, Brujic S. Know risk and benefits of ocular steroid use. *Optometry Times*. 2021;13(3): 28-30. **8**. Cutolo CA, Barabino S, Bonzano C, Traverso CE. The use of topical corticosteroids for treatment of dry eye syndrome. *Ocul Immunol Inflamm*. 2019;27(2):266-275. **9**. Atkovska A, Klinger J, Oberwinkler J, et al. Rationalizing steroid interactions with lipid membranes: conformations, partitioning, and kinetics. *ACS Cent Sci*. 2018; 4:1155–1165. **10**. Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations. US Department of Health and Human Services, Food and Drug Administration. Accessed April 25, 2021. https://www.accessdata.fda.gov/scripts/cder/ob/search_product.cfm. **11**. Charters L. Ocular surface inflammation: vicious cycle of ocular surface disruption. *Ophthalmology Times*. October 16, 2019. Accessed May 19, 2021. https://www.ophthalmologytimes.com/view/ocular-surface-inflammation-vicious-cycle-ocular-surface-disruption. **12**. Perez VL, Stern ME, Pflugfelder SC. Inflammatory basis for dry eye disease flares. *Exp Eye Res*. 2020;201:108294. **13**. Wei Y, Asbell PA. The core mechanism of dry eye disease (DED) is inflammation. *Eye Contact Lens*. 2014;40(4):248–256.

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Flarex®
(fluorometholone acetate ophthalmic suspension) 0.1%

FLAREX® IS A PROVEN WINNER

- **FLAREX** interrupts the vicious cycle of ocular surface inflammation[12,13]
- **FLAREX** suppresses and controls acute flares[12]

USE FLAREX TO TREAT OCULAR SURFACE INFLAMMATION AND ACUTE FLARES

For the treatment of ocular surface inflammation

- FLAREX was significantly more effective than FML in the resolution of external non-infectious inflammatory conditions of the eye (*P*=0.03)[1]
- FLAREX had comparable, non-inferior efficacy to Pred Forte in the treatment of external non-infectious inflammatory conditions of the eye[1]

The power of Pred Forte* (prednisolone acetate ophthalmic suspension, USP) 1%
with the safety of FML*,[1] (fluorometholone ophthalmic suspension, USP) 0.1%

IMPORTANT SAFETY INFORMATION ***(continued)***

ADVERSE REACTIONS

Glaucoma with optic nerve damage, visual acuity and field defects, cataract formation, secondary ocular infection following suppression of host response, and perforation of the globe may occur.

Postmarketing Experience: The following reaction has been identified during postmarketing use of FLAREX in clinical practice. Because reactions are reported voluntarily from a population of unknown size, estimates of frequency cannot be made. The reaction, which has been chosen for inclusion due to either its seriousness, frequency of reporting, possible causal connection to FLAREX, or a combination of these factors, includes dysgeusia.

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HARROW®
Your patients. Our purpose.

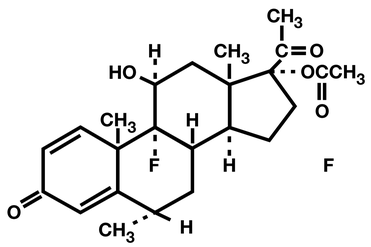
Flarex®
(fluorometholone acetate ophthalmic suspension) 0.1%

Flarex®

(fluorometholone acetate ophthalmic suspension) 0.1%

Sterile

DESCRIPTION: FLAREX® (fluorometholone acetate ophthalmic suspension) is a corticosteroid prepared as a sterile topical ophthalmic suspension. The active ingredient, fluorometholone acetate, is a white to creamy white powder with an empirical formula of $C_{24}H_{31}FO_5$ and a molecular weight of 418.5. Its chemical name is 9-fluoro-11β, 17-dihydroxy-6α-methylpregna-1, 4-diene-3, 20-dione 17-acetate. The chemical structure of Fluorometholone Acetate is presented here:



Each mL contains: Active: fluorometholone acetate 1 mg (0.1%). **Preservative:** benzalkonium chloride 0.01%. **Inactives:** sodium chloride, monobasic sodium phosphate, edetate disodium, hydroxyethyl cellulose, tyloxapol, hydrochloric acid and/or sodium hydroxide (to adjust pH), and purified water. The pH of the suspension is approximately 7.3, with an osmolality of approximately 300 mOsm/kg.

CLINICAL PHARMACOLOGY: Corticosteroids suppress the inflammatory response to inciting agents of mechanical, chemical or immunological nature. No generally accepted explanation of this steroid property has been advanced. Corticosteroids cause a rise in intraocular pressure in susceptible individuals. In a small study, FLAREX (fluorometholone acetate ophthalmic suspension) demonstrated a significantly longer average time to produce a rise in intraocular pressure than did dexamethasone phosphate; however, the ultimate magnitude of the rise was equivalent for both drugs and in a small percentage of individuals a significant rise in intraocular pressure occurred within three days.

INDICATIONS AND USAGE: FLAREX (fluorometholone acetate ophthalmic suspension) is indicated for use in the treatment of steroid responsive inflammatory conditions of the palpebral and bulbar conjunctiva, cornea, and anterior segment of the eye.

CONTRAINDICATIONS: Contraindicated in acute superficial herpes simplex keratitis, vaccinia, varicella, and most other viral diseases of cornea and conjunctiva; mycobacterial infection of the eye; fungal diseases; acute purulent untreated infections, which like other diseases caused by microorganisms, may be masked or enhanced by the presence of the steroid; and in those persons who have known hypersensitivity to any component of this preparation.

WARNINGS: FOR TOPICAL OPHTHALMIC USE ONLY. NOT FOR INJECTION. Use in the treatment of herpes simplex infection requires great caution. Prolonged use may result in glaucoma, damage to the optic nerve, defect in visual acuity and visual field, cataract formation and/or may aid in the establishment of secondary ocular infections from pathogens due to suppression of host response. Acute purulent infections of the eye may be masked or exacerbated by presence of steroid medication. Topical ophthalmic corticosteroids may slow corneal wound healing. In those diseases causing thinning of the cornea or sclera, perforation has been known to occur with chronic use of topical steroids. It is advisable that the intraocular pressure be checked frequently.

PRECAUTIONS:

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

Information for Patients: Do not touch dropper tip to any surface, as this may contaminate the suspension. The preservative in FLAREX® (fluorometholone acetate ophthalmic suspension), benzalkonium chloride, may be absorbed by soft contact lenses. Contact lenses should be removed during instillation of FLAREX (fluorometholone acetate ophthalmic suspension) but may be reinserted 15 minutes after instillation.
Patients should be advised that their vision may be temporarily blurred following dosing with FLAREX (fluorometholone acetate ophthalmic suspension). Care should be exercised in operating machinery or driving a motor vehicle.

Carcinogenesis, Mutagenesis, Impairment of Fertility: No studies have been conducted in animals or in humans to evaluate the possibility of these effects with fluorometholone.

Pregnancy: Fluorometholone has been shown to be embryocidal and teratogenic in rabbits when administered at low multiples of the human ocular dose. Fluorometholone was applied ocularly to rabbits daily on days 6-18 of gestation, and dose-related fetal loss and fetal abnormalities including cleft palate, deformed rib cage, anomalous limbs and neural abnormalities such as encephalocele, craniorachischisis, and spina bifida were observed. There are no adequate and well controlled studies of fluorometholone in pregnant women, and it is not known whether fluorometholone can cause fetal harm when administered to a pregnant woman. Fluorometholone should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers: Systemically administered corticosteroids appear in human milk and could suppress growth, interfere with endogenous corticosteroid production, or cause other untoward effects. It is not known whether topical administration of corticosteroids could result in sufficient systemic absorption to produce detectable quantities in human milk. Because many drugs are excreted in human milk, caution should be exercised when FLAREX (fluorometholone acetate ophthalmic suspension), is administered to a nursing woman.

Pediatric Use: Safety and effectiveness in pediatric patients have not been established.

Geriatric Use: No overall differences in safety or effectiveness have been observed between elderly and younger patients.

ADVERSE REACTIONS: Glaucoma with optic nerve damage, visual acuity and field defects, cataract formation, secondary ocular infection following suppression of host response, and perforation of the globe may occur.
Postmarketing Experience: The following reaction has been identified during post-marketing use of FLAREX® (fluorometholone acetate ophthalmic suspension) in clinical practice. Because reactions are reported voluntarily from a population of unknown size, estimates of frequency cannot be made. The reaction, which has been chosen for inclusion due to either its seriousness, frequency of reporting, possible causal connection to FLAREX, or a combination of these factors, includes: dysgeusia.

DOSAGE AND ADMINISTRATION: Shake Well Before Using. One to two drops instilled into the conjunctival sac(s) four times daily. During the initial 24 to 48 hours the dosage may be safely increased to two drops every two hours. If no improvement after two weeks, consult physician. Care should be taken not to discontinue therapy prematurely.

HOW SUPPLIED: FLAREX (fluorometholone acetate ophthalmic suspension) is supplied in white low density polyethylene (LDPE) bottles, with natural LDPE dispensing plugs and pink polypropylene closures. The product is supplied as 5mL in an 8 mL bottle.

5 mL: NDC 71776-100-05

STORAGE: Store upright between 2°C -25°C (36°F -77°F).
Protect from freezing.

Manufactured for:
Eyevance Pharmaceuticals, LLC
Fort Worth, TX 76102 USA

9017774 (0819)
FLA-PI-2019-001-01-01

eyevance® pharmaceuticals