Loteprednol Etabonate Ophthalmic Suspension, 0.5% Sterile Ophthalmic Suspension

DESCRIPTION:
Loteprednol Etabonate Ophthalmic Suspension contains a sterile, topical anti-inflammatory corticosteroid for ophthalmic use. Loteprednol etabonate is a white to off-white powder. Loteprednol etabonate is represented by the following structural formula:

Chemical Name: cholorimethyl 17α-[(ethoxycarbonyl)oxy]-11b-hydroxy-3-oxandrosta-1,4-diene-17b-carboxylate

Each mL contains:
ACTIVE: Loteprednol Etabonate 5 mg (0.5%);
INACTIVES: Edetate disodium, glycerin, povidone K-30, purified water, sodium hydroxide and tyloxapol. Hydrochloric acid may be added to adjust the pH to 5.0-6.0. The suspension is essentially isotonic with a tonicity of 250 to 310 mOsm/kg.

Loteprednol etabonate is represented by the following structural formula:

\[
\text{C}_{17}\text{H}_{22}\text{O}_5\text{N}_{2}\text{Si} + \text{HS} + \text{Cl} = \text{C}_{17}\text{H}_{22}\text{O}_5\text{N}_{2}\text{SiHCl}\]

Mol. Wt. 456.56

Loteprednol etabonate is indicated for the treatment of steroid responsive inflammatory conditions of the palpebral and bulbar conjunctiva, cornea and anterior segment of the globe including epithelial herpes simplex keratitis (dendritic keratitis), vaccinia, and varicella, and also in mycobacterial infection of the eye and fungal diseases of ocular structures. Loteprednol etabonate is also contraindicated in individuals with known or suspected hypersensitivity to any of the ingredients of this preparation and to other corticosteroids.

INDICATIONS AND USAGE:
- **Uveitis:** Placebo-controlled studies showed that loteprednol etabonate was effective in reducing the signs and symptoms of giant papillary conjunctivitis after 1 week of treatment and continuing for up to 6 weeks while on treatment.
- **Giant Papillary Conjunctivitis:** Placebo-controlled clinical studies demonstrated that loteprednol etabonate was effective in reducing the signs and symptoms of allergic conjunctivitis during peak periods of pollen exposure.
- **Seasonal Allergic Conjunctivitis:** A placebo-controlled clinical study demonstrated that loteprednol etabonate was effective in reducing the signs and symptoms of allergic conjunctivitis during peak periods of pollen exposure.

CONTRAINDICATIONS:
Loteprednol etabonate, 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. Loteprednol etabonate is also contraindicated in individuals with known or suspected hypersensitivity to any of the ingredients of this preparation and to other corticosteroids.

WARNINGS:
Prolonged use of corticosteroids may result in glaucoma with damage to the optic nerve, defects in visual acuity and fields of vision, and in posterior subcapsular cataract formation. Steroids should be used with caution in the presence of glaucoma.

Prolonged use of corticosteroids may suppress the host response and thus increase the hazard of secondary ocular infections. In those diseases causing thinning of the cornea or sclera, perforations have been known to occur with the use of topical steroids. In acute purulent conditions of the eye, steroids may mask infection or enhance existing infection.

Use of oculer steroids may prolong the course and may exacerbate the severity of many viral infections of the eye (including herpes simplex). Employment of a corticosteroid medication in the treatment of patients with a history of herpes simplex requires great caution.

The use of steroids after cataract surgery may delay healing and increase the incidence of bleb formation.

PRECAUTIONS:
- **General:** For ophthalmic use only. The initial prescription and renewal of the medication order beyond 14 days 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.
- **Information for Patients:** This product is sterile when packaged. Patients should be advised not to allow the dropper tip to touch any surface, as this may contaminate the suspension. If pain develops, redness, itching or inflammation becomes aggravated, the patient should be re-evaluated.
- **Pregnancy:** Teratogenic effects: Pregnancy Category C. Loteprednol etabonate has been shown to be embryotoxic (delayed ossification) and teratogenic (increased incidence of meningocele, cleft palate and umbilical hernia at ≥50 mg/kg/day) and embryotoxicity (increased post-implantation losses at 100 mg/kg/day and decreased fetal body weight and skeletal ossification with ≥50 mg/kg/day). Treatment of rats with 0.5 mg/kg/day (6 times the maximum clinical dose) during organogenesis resulted in teratogenicity (absent innominate artery at ≥5 mg/kg/day doses, sphenoidal sinusitis and umbilical hernia at ≥50 mg/kg/day) and embryotoxicity (increased post-implantation losses at 100 mg/kg/day and decreased fetal body weight and skeletal ossification with ≥50 mg/kg/day). Treatment of rats with 0.5 mg/kg/day (6 times the maximum clinical dose) during organogenesis did not result in any reproductive toxicity. Loteprednol etabonate was maternally toxic (significantly reduced body weight gain during treatment) when administered to pregnant rats during organogenesis at doses of ≥5 mg/kg/day.

ADVERSE REACTIONS:
To report SUSPECTED ADVERSE REACTIONS, contact Hi-Tech Pharmaceuticals, Inc. at 1-800-262-9013 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Reactions associated with ophthalmic steroids include elevated intraocular pressure, which may be associated with optic nerve damage, visual acuity and field defects, posterior subcapsular cataract formation, secondary ocular infection from pathogens including herpes simplex, and perforation of the globe where there is thinning of the cornea or sclera.

Ocular adverse reactions occurring in 5-15% of patients treated with loteprednol etabonate ophthalmic suspension (0.2%-0.5%) in clinical studies included abnormal vision/blurring,
burning on instillation, chemosis, discharge, dry eyes, epiphora, foreign body sensation, itching, injection, and photophobia. Other ocular adverse reactions occurring in less than 5% of patients include conjunctivitis, corneal abnormalities, eyelid erythema, keratoconjunctivitis, ocular irritation/pain/discomfort, papillae, and uveitis. Some of these events were similar to the underlying ocular disease being studied.

Non-ocular adverse reactions occurred in less than 15% of patients. These include headache, rhinitis and pharyngitis.

In a summation of controlled, randomized studies of individuals treated for 28 days or longer with loteprednol etabonate, the incidence of significant elevation of intraocular pressure (≥10 mmHg) was 2% (15/901) among patients receiving loteprednol etabonate, 7% (11/164) among patients receiving 1% prednisolone acetate and 0.5% (3/583) among patients receiving placebo.

**DOSE AND ADMINISTRATION:**

SHAKE VIGOROUSLY BEFORE USING.

**Steroid Responsive Disease Treatment:** Apply one to two drops of loteprednol etabonate into the conjunctival sac of the affected eye four times daily. During the initial treatment within the first week, the dosing may be increased, up to 1 drop every hour, if necessary. Care should be taken not to discontinue therapy prematurely. If signs and symptoms fail to improve after two days, the patient should be re-evaluated (See PRECAUTIONS).

**Post-Operative Inflammation:** Apply one to two drops of loteprednol etabonate into the conjunctival sac of the operated eye four times daily beginning 24 hours after surgery and continuing throughout the first 2 weeks of the post-operative period.

**HOW SUPPLIED:**

Loteprednol Etabonate Ophthalmic Suspension, 0.5% is supplied in a plastic bottle with a controlled drop tip and a pink cap in the following sizes:

- 5 mL – NDC 50383-265-05
- 10 mL – NDC 50383-265-10
- 15 mL – NDC 50383-265-15

**DO NOT USE IF NECKBAND IMPRINTED WITH “SEALED FOR YOUR PROTECTION” IS NOT INTACT.**

**Storage:** Store upright between 15°–25°C (59°–77°F). DO NOT FREEZE.

**KEEP OUT OF REACH OF CHILDREN.**

Rx Only

Manufactured by: Akorn, Inc.

Amityville, NY 11701

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