INVELTYS™
(loteprednol etabonate ophthalmic suspension) 1%

You are invited to attend a Promotional Education Program

Overcoming Barriers in the Treatment of Inflammation and Pain Following Ocular Surgery

PRESENTED BY:
Neel Desai, MD
Eye Institute of West Florida
Largo, FL

Monday, April 29, 2019
6:30PM

Fleming's Prime Steakhouse
1960 Chain Bridge Road
McLean, VA 22102

Please RSVP on or before April 22, 2019 at http://wg.pharmagin.com/reg/KIL190030.

If you have any questions contact Tamar Kasbarian at 518-221-1112 or Tamar.Kasbarian@kalarx.com.

This program is sponsored by Kala Pharmaceuticals. No CME/CE credit will be provided. Only physicians and health care professionals involved in providing patient care or product recommendations may attend this educational program. Attendance by guests or spouses is not permitted.

Please note your name and the value of any meal/refreshment will be reported as required by federal and state laws.

Kala Pharmaceuticals is subject to laws that restrict to whom we may provide food and beverage in connection with this program. To meet these obligations, Kala Pharmaceuticals does not provide food or beverages to anyone that is a healthcare practitioner licensed in Minnesota, New Jersey or Vermont; employed by the federal government or affiliated with the US Department of Veterans Affairs or Department of Defense; employed by the state of Colorado, Connecticut, Kentucky or Louisiana; or is on a formulary committee for the District of Columbia.

Indication
INVELTYS (loteprednol etabonate ophthalmic suspension) 1% is indicated for the treatment of post-operative inflammation and pain following ocular surgery.

Important Safety Information
INVELTYS 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 Important Safety Information continued on back and accompanying Full Prescribing Information.

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Important Safety Information (Continued)

Prolonged use of corticosteroids may result in glaucoma with damage to the optic nerve, defects in visual acuity and fields of vision. If this product is used for 10 days or longer, IOP should be monitored.

Use of corticosteroids may result in posterior subcapsular cataract formation.

Use of steroids after cataract surgery may delay healing and increase the incidence of bleb formation. In those diseases causing thinning of the cornea or sclera, perforations have been known to occur with the use of topical steroids. The initial prescription and 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.

Prolonged use of corticosteroids may suppress the host response and thus increase the hazard of secondary ocular infections. In acute purulent conditions, steroids may mask infection or enhance existing infection.

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

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.

In clinical trials, the most common adverse drug reactions were eye pain (1%) and posterior capsular opacification (1%). These reactions may have been the consequence of the surgical procedure.

Please see accompanying Full Prescribing Information.

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