AzaSITE® (azithromycin ophthalmic solution) 1%

With an erythromycin ointment shortage...

Consider AzaSite as a potential alternative for your patients with bacterial conjunctivitis¹⁻³

AzaSite[®] (azithromycin ophthalmic solution) 1% is a product to consider when looking to fill the gap caused by the erythromycin ophthalmic ointment (0.5%) supply shortage.¹⁻³

Why consider AzaSite?

- O The same macrolide class of antibiotic as erythromycin^{4,5}
- ⊘ A gel-forming drop that achieves significant concentrations in ocular tissues^{6,7}
- Indicated for the treatment of bacterial conjunctivitis caused by the following organisms: CDC coryneform group G*, Haemophilus influenzae, Staphylococcus aureus, Streptococcus mitis group, and Streptococcus pneumoniae⁴
 - The safety and effectiveness of AzaSite solution in pediatric patients below 1 year of age have not been established⁴
- ⊘ The recommended dosing regimen for AzaSite is 1 drop twice a day for 2 days, followed by 1 drop once a day for the next 5 days, for a total of 9 drops per affected eye⁴

AzaSite should be refrigerated until dispensed. Patients do not need to refrigerate AzaSite at home.⁴

*Efficacy for this organism was studied in fewer than 10 infections.⁴



Find more information on AzaSite at AzaSite.com



NDC 82584-307-03

(azithromycin ophthalmic solution) 1%

Rev. 05/22 TH50300

Rx Only

Sterile 2.5 mL

INDICATIONS AND USAGE

AzaSite® is indicated for the treatment of bacterial conjunctivitis caused by susceptible isolates of the following microorganisms: CDC coryneform group G*, Haemophilus influenzae, Staphylococcus aureus, Streptococcus mitis group, and Streptococcus pneumoniae.

* Efficacy for this organism was studied in fewer than 10 infections.

IMPORTANT SAFETY INFORMATION

Contraindication: Hypersensitivity to any component of this product.

Warnings and Precautions:

Topical Ophthalmic Use Only - NOT FOR INJECTION. AzaSite is indicated for topical ophthalmic use only, and should not be administered systemically, injected subconjunctivally, or introduced directly into the anterior chamber of the eye.

Anaphylaxis and Hypersensitivity with Systemic Use of Azithromycin. In patients receiving systemically administered azithromycin, serious allergic reactions, including angioedema, anaphylaxis, and dermatologic reactions including Stevens-Johnson syndrome and toxic epidermal necrolysis have been reported rarely in patients on azithromycin therapy. Although rare, fatalities have been reported. The potential for anaphylaxis or other hypersensitivity reactions should be considered based on known hypersensitivity to azithromycin when administered systemically.

Growth of Resistant Organisms with Prolonged Use. As with other anti-infectives, prolonged use may result in overgrowth of non-susceptible organisms, including fungi. If super-infection occurs, discontinue use and institute alternative therapy. Whenever clinical judgment dictates, the patient should be examined with the aid of magnification, such as slit-lamp biomicroscopy, and where appropriate, fluorescein staining.

Please see continued Important Safety Information on next page and full Prescribing Information at AzaSite.com/Pl.

Please help enhance compliance by sharing this usage information with patients

AzaSite is azithromycin formulated in DuraSite®, a viscous, gel-like delivery vehicle.6,7

Follow the steps below to use AzaSite correctly⁸:



Remove the white tamper-evident cap by turning it in a clockwise direction. Discard the white cap.



Holding the bottle upright, remove the tan cap. This will allow any excess pressure in the bottle to be released. Replace the tan cap on the bottle and close securely.



FLIP

Turn the closed bottle upside down.



WHIP

Shake hand firmly before each use to move the contents into the tip of the bottle.



Keeping the bottle upside down, remove the cap.



DRIP

With the bottle inverted, gently squeeze the bottle to instill 1 drop into each affected eye. Replace the cap and close securely.

Just remember-FLIP, WHIP, and DRIP.

Although AzaSite is located in the pharmacy refrigerator, it should be stored at room temperature once dispensed.⁴

IMPORTANT SAFETY INFORMATION (cont'd)

Avoidance of Contact Lenses. Patients should be advised not to wear contact lenses if they have signs or symptoms of bacterial conjunctivitis.

ADVERSE REACTIONS: The most common adverse reaction reported in patients was eye irritation (1-2% of patients).

Please see full Prescribing Information at AzaSite.com/Pl.

References: 1. Food and Drug Administration. Current drug shortages. Accessed December 4, 2023. https://www.accessdata.fda.gov/scripts/drugshortages/dsp_ ActiveIngredientDetails.cfm?AI=Erythromycin%20Ointment&st=c. 2. Centers for Disease Control and Prevention. Erythromycin ophthalmic ointment shortage. Accessed December 4, 2023. https://www.cdc.gov/std/treatment/drugnotices/FDA-Statement-Erythromycin-Ophthalmic-Ointment-7-8-2022-Final.pdf. 3. American Society of Health-System Pharmacists. Current drug shortages: Erythromycin ophthalmic ointment. Accessed December 1, 2023. https://www.shp.org/drugshortages/current-shortages/drug-shortage-detail.aspx?id=850. 4. AzaSite. Prescribing information. Thea Pharma Inc; 2022. 5. Erythromycin ophthalmic ointment prescribing information. Padagis US LLC. 2021. 6. Utine CA. Update and critical appraisal of the use of topical azithromycin ophthalmic 1% (AzaSite) solution in the treatment of ocular infections. *Clin Ophthalmol.* 2011;5:801-809. 7. Opitz DL, Harthan JS. Review of azithromycin ophthalmic infections. *Ophthalmol Eye Dis.* 2012;4:1-14. 8. AzaSite. Patient information. Thea Pharma Inc; 2022.

