An ocular surface condition causes damage...
AzaSite® is indicated for the treatment of bacterial conjunctivitis caused by the following organisms: CDC coryneform group G*, Staphylococcus aureus, Streptococcus mitis group, Streptococcus pneumoniae, and Haemophilus influenzae.

Important Safety Information: AzaSite® should not be injected subconjunctivally or introduced directly into the anterior chamber of the eye or otherwise administered systemically. In clinical trials, the most common ocular adverse event was eye irritation, which occurred in 1% to 2% of patients. Efficacy for this organism was studied in fewer than 10 infections.

Please see the brief summary of Prescribing Information on the adjacent page.

For more information, visit www.azasite.com

AzaSite® (azithromycin ophthalmic solution) 1% is indicated for the treatment of bacterial conjunctivitis caused by the following organisms: CDC coryneform group G*, Staphylococcus aureus, Streptococcus mitis group, Streptococcus pneumoniae, and Haemophilus influenzae.

AzaSite® achieved therapeutic concentrations in ocular surface tissues and maintained them for at least five days after the last dose (day 7).
**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 millis group
- Streptococcus pneumoniae

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

**DOSEAGE AND ADMINISTRATION**

The recommended dosage regimen for the treatment of bacterial conjunctivitis is:

Instill 1 drop in the affected eye(s) twice daily, eight to twelve hours apart for the first two days, and then instill 1 drop in the affected eye(s) once daily for the next five days.

**CONTRAINDICATIONS**

None

**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, since patients with a known hypersensitivity to azithromycin or erythromycin were excluded from study.

Growth of Resistant Organisms With Prolonged Use

As with other anti-infectives, prolonged use may result in overgrowth of nonsusceptible 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.

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 frequently reported ocular adverse reaction in patients receiving AzaSite was eye irritation. This reaction occurred in approximately 1% to 2% of patients. Other adverse reactions associated with the use of AzaSite were reported in less than 1% of patients and included: burning, stinging and irritation upon instillation, contact dermatitis, corneal erosion, dry eye, dysgeusia, nasal congestion, ocular discharge, punctate keratitis, and sinuitis.

In addition to adverse events reported from clinical trials, the following events have been identified during post approval use of AzaSite. **Eye:** blurring, eyelid swelling, itching, pain, visual acuity reduction. **General:** allergic reactions including facial swelling, hives, periorcular swelling, rash, urticaria.