

LOCALIZED TREATMENT FOR OSTEOARTHRITIS KNEE PAIN WITH A NOVEL INTRA-ARTICULAR FORMULATION

Join us as presenter **BRANDON JONES, PA** describes the clinical data supporting approval for **ZILRETTA®** (triamcinolone acetonide extended-release injectable suspension) as an intra-articular treatment for Osteoarthritis of the Knee (OAK) pain.

DATE

Tuesday, June 04, 2019 06:30 - 08:00
PM EDT

FACULTY

Brandon Jones, PA-C
Associated Orthopedics
Johnson City, TN

LOCATION

Cafe Lola
1805 N Roan St B-1
Johnson City, TN 37601

ZILRETTA is not interchangeable with other formulations of injectable triamcinolone acetonide.

Please RSVP your attendance to: **Jaime Beaver**, jbeaver@flexiontherapeutics.com
or via phone at (865) 599-3618.

This program is sponsored by Flexion Therapeutics, Inc.

Attention New Jersey-licensed HCPs: New Jersey law prohibits prescribers from accepting meals valued at more than \$15. If you would like to have dinner as part of this event, you will be able to order off of the menu and a separate check will be presented to you for the full cost of your meal. You are also welcome to attend the program without eating the meal. Please indicate your preference when you RSVP to the sales representative.

INDICATION AND IMPORTANT SAFETY INFORMATION

Indication

ZILRETTA® (triamcinolone acetonide extended-release injectable suspension) is indicated as an intra-articular injection for the management of osteoarthritis pain of the knee.

Limitation of Use: ZILRETTA is not intended for repeat administration.*

Contraindication

ZILRETTA is contraindicated in patients who are hypersensitive to triamcinolone acetonide, corticosteroids, or any components of the product.

Please see Important Safety Information continued on the reverse and accompanying full [Prescribing Information](#).

 **Zilretta®**
triamcinolone acetonide extended release
injectable suspension 32 mg

INDICATION AND IMPORTANT SAFETY INFORMATION (CONT)

Warnings and Precautions

- **Intra-articular Use Only:** ZILRETTA® (triamcinolone acetonide extended-release suspension) has not been evaluated and should not be administered by epidural, intrathecal, intravenous, intraocular, intramuscular, intradermal, or subcutaneous routes. Serious events have been reported with epidural and intrathecal administration of corticosteroids and none are approved for this use. ZILRETTA should not be considered safe for epidural or intrathecal administration.
- **Hypersensitivity Reactions:** Rare instances of anaphylaxis, including serious cases, have occurred in patients with hypersensitivity to corticosteroids.
- **Joint Infection and Damage:** A marked increase in pain accompanied by local swelling, restriction of joint motion, fever, and malaise are suggestive of septic arthritis. Examine joint fluid to exclude a septic process. If diagnosis is confirmed, institute appropriate antimicrobial therapy. Avoid injecting corticosteroids into a previously infected or unstable joint. Intra-articular administration may result in damage to joint tissues.
- **Increased Risk of Infections:** Infection with any pathogen in any location of the body may be associated with corticosteroid use. Corticosteroids may increase the susceptibility to new infection and decrease resistance and the ability to localize infection.
- **Alterations in Endocrine Function:** Corticosteroids can produce reversible hypothalamic-pituitary-adrenal axis suppression, with potential for adrenal insufficiency after withdrawal of treatment, which may persist for months. In situations of stress during that period, institute corticosteroid replacement therapy.
- **Cardiovascular and Renal Effects:** Corticosteroids can cause blood pressure elevation, salt and water retention, and increased potassium excretion. Monitor patients with congestive heart failure, hypertension, and renal insufficiency for edema, weight gain, and electrolyte imbalance. Dietary salt restriction and potassium supplementation may be needed.
- **Increased Intraocular Pressure:** Corticosteroid use may be associated with increased intraocular pressure. Monitor patients with elevated intraocular pressure for potential treatment adjustment.
- **Gastrointestinal Perforation:** Corticosteroid administration may increase risk of gastrointestinal perforation in patients with certain GI disorders and fresh intestinal anastomoses. Avoid corticosteroids in these patients.
- **Alterations in Bone Density:** Corticosteroids decrease bone formation and increase bone resorption. Special consideration should be given to patients with or at increased risk of osteoporosis prior to treatment.
- **Behavior and Mood Disturbances:** Corticosteroids may cause adverse psychiatric reactions. Prior to treatment, special consideration should be given to patients with previous or current emotional instability or psychiatric illness. Advise patients to immediately report any behavior or mood disturbances.

Adverse Reactions

The most commonly reported adverse reactions (incidence $\geq 1\%$) in clinical studies included sinusitis, cough, and contusions.

Please see accompanying full [Prescribing Information](#).

*The efficacy and safety of repeat administration of ZILRETTA have not been evaluated.

Learn more at Zilretta.com/hcp

