**CLINICAL PHARMACOLOGY**

Gelrite is a purified anionic heteropolysaccharide derived from gellan gum. An aqueous solution of GELRITE, in the injection. Preservative: benzododecinium bromide 0.012%.

GELRITE gellan gum, tromethamine, mannitol, and water for injection. Preservative: benzododecinium bromide 0.012%.

**DESCRIPTION**

GELRITE is a purified anionic heteropolysaccharide derived from gellan gum. An aqueous solution of GELRITE, in the injection. Preservative: benzododecinium bromide 0.012%.

**INDICATIONS AND USAGE**

GELRITE is a sterile ophthalmic gel forming solution. This is indicated for the treatment of elevated intraocular pressure in patients with ocular hypertension or open angle glaucoma.

**CONTRAINDICATIONS**

GELRITE is contraindicated in patients with: (1) bronchial asthma, (a) history of anaphylactic reactions, (b) severe asthma; (2) hypothyroidism or hyperthyroidism; (3) corneal epithelial or stromal defects; (4) lactation; (5) breast feeding; (6) congenital or acquired glaucoma; (7) allergy to any gel forming agents; (8) cauterized or devascularized cornea; (9) secondary open angle glaucoma; (10) intraocular surgery within the previous 30 days; (11) ocular inflammation or infection; (12) contact lenses, especially silicone hydrogel lenses; (13) open angle glaucoma, angle-closure glaucoma or pseudoxof peeled adequate. (14) beta-blockers should be used with caution in patients with impaired cardiac function, impaired cerebrovascular insufficiency. If signs or symptoms suggesting reduced cerebral blood flow develop following initiation of therapy with TIMOPTIC-XE, alternative therapy should be considered. There have been reports of bacterial keratitis associated with the use of multiple-dose containers of topical ophthalmic products. These containers had been inadequately cleaned. In most cases, a contaminated product was used within 1 to 2 weeks of opening.

**PRECAUTIONS, INFORMATION FOR THE PATIENT**

Caution should be used in the coadministration of beta-blockers, calcium antagonists, and other cardiovascular drugs such as ACE inhibitors, ARBs, and beta-blockers, to avoid the risk of hypotension. The use of beta-blockers in patients with impaired cardiac function, impaired cerebrovascular insufficiency. If signs or symptoms suggesting reduced cerebral blood flow develop following initiation of therapy with TIMOPTIC-XE, alternative therapy should be considered. There have been reports of bacterial keratitis associated with the use of multiple-dose containers of topical ophthalmic products. These containers had been inadequately cleaned. In most cases, a contaminated product was used within 1 to 2 weeks of opening.

**WARNINGS**

Beta-Adrenergic receptor blocking agents may mask certain clinical signs (e.g., tachycardia of hyperthyroidism. Patients receiving antihypertensive medications should be carefully cautioned to avoid abrupt withdrawal of beta-adrenergic blocking agents that might precipitate a thyroid storm.

**PRECAUTIONS**

Due to the potential of beta-adrenergic blocking agents on blood pressure and pulse, these agents should be used with caution in patients with cardiovascular disease. If signs or symptoms suggesting reduced cerebral blood flow develop following initiation of therapy with TIMOPTIC-XE, alternative therapy should be considered. There have been reports of bacterial keratitis associated with the use of multiple-dose containers of topical ophthalmic products. These containers had been inadequately cleaned. In most cases, a contaminated product was used within 1 to 2 weeks of opening.

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In a recent study of TROXIVIRAN administration only, there was a statistically significant increase in the number of fatalities in patients treated with TROXIVIRAN. The study showed a 30% increase in mortality rates among patients treated with TROXIVIRAN compared to those treated with placebo. This result is consistent with the findings from a previous randomized controlled trial, which also reported a 25% increase in mortality rates among patients treated with TROXIVIRAN. However, further research is needed to confirm these findings.

In a separate study, TROXIVIRAN was found to be ineffective in the treatment of severe respiratory infections. The study involved 100 patients with severe respiratory infections, and the results showed no statistically significant difference in the resolution of symptoms between the TROXIVIRAN group and the placebo group. These findings are consistent with the results of a previous meta-analysis, which also failed to show a significant benefit of TROXIVIRAN in the treatment of respiratory infections.

In conclusion, the evidence suggests that TROXIVIRAN is not effective in the treatment of respiratory infections and may even increase mortality rates. Further research is needed to explore the mechanisms underlying these findings and to develop more effective treatment options for respiratory infections.