



## Cornea Subspecialty Day at AAO will go “back to basics”

### This year's subspecialty day to focus on evidence-based practice

**T**his year's Cornea Subspecialty Day on Saturday, November 14 at the American Academy of Ophthalmology (AAO) annual meeting is titled “Show Me the Evidence! Back to Basics and Beyond.” The program directors are **Shahzad I. Mian, MD**, Ann Arbor, Mich., **Stephen C. Kaufman, MD**, New York, and **Bennie Jeng, MD**, Baltimore. Dr. Kaufman and Dr. Jeng shared why it's important to attend this year's Cornea Subspecialty Day at AAO and what sessions they are especially looking forward to.

### The goal

The goal of Cornea Subspecialty Day is to provide attendees with the latest information from experts about new or commonly misunderstood medical and surgical treatments of cornea and anterior segment disorders, Dr. Kaufman said. “We want everyone who attends Cornea Subspecialty Day to leave the meeting with practical information that they can use today in their clinical practice.”

The idea of what the program directors are trying to put together this year is reflected in the title, Dr. Jeng said. “We're trying to go back to the basics to talk about the evidence that guides us in what we do,” he said. “The major overlying theme is evidence-based practice.” He added that he's also particularly excited about bringing up some of the controversies in ophthalmology.

### Why should people attend?

Cornea Subspecialty Day is usually attended by cornea specialists and comprehensive ophthalmologists, but there are also other subspecialists who simply

# Subspecialty Day

# AAO<sup>®</sup>

# 2015

## November 13–14

want to update their cornea and anterior segment knowledge base, Dr. Kaufman said. “We have assembled an impressive list of experts who will cover a vast array of useful, clinically relevant topics,” he said. “Each session will include didactic lectures with case studies to illustrate practical points.”

There is a lot of information that physicians may not be up to date on just by reading the literature, Dr. Jeng said. “This is an excellent cross section of what is hot now in cornea,” he said. “If you have missed anything in the last year, it should all be covered here.”

### Major theme

There are so many new, revised, and misunderstood topics in cornea and the anterior segment that it can be difficult for physicians to obtain current, clear, and accurate information, Dr. Kaufman said. “At this year's Cornea Subspecialty Day, we will look at these topics with an emphasis on evidence-based information,” he said. “We will separate

the hype and hard-sell from the evidence-based facts.”

The idea, Dr. Jeng said, is to present the data, not necessarily to say what's right, but at least to get the data straight.

### Not to be missed

Dr. Kaufman said that he often receives questions about herpes simplex and varicella zoster viruses. “Our first session of the day will cover prevention, diagnosis, and treatments and will discuss and clarify new concepts and treatment techniques for these common viral infections,” he said. Case presentations on the topic will also show physicians how to implement these concepts into clinical practice, including a discussion of the VZV vaccination.

There will be a session on new treatment paradigms for autoimmune and inflammatory conditions commonly encountered in the office, Dr. Kaufman said, as well as a session to address controversies in the treatment of corneal

*continued on page 3*



# Cornea Society

*Advancing the treatment of corneal disease*

## President's Message

Dear Cornea Society members,

**J**ust as the glow of World Cornea Congress VII (WCC VII) has begun to fade, we are coming out with the *Cornea* Journal WCC VII Special Supplement. This massive task was expertly spearheaded by **Kathy Colby, MD**. The supplement includes peer-reviewed, full-length manuscripts from 6 of the keynote speakers and shorter clinical communications from 6 of the free paper speakers who participated in the WCC “Highlights” symposium at the 2015 ASCRS•ASOA Symposium & Congress that followed the WCC. I thank the authors for their fine manuscripts and Kathy for working so hard to make this supplement a reality. We are also in the process of uploading audio and video content from the WCC VII to the Cornea Society website so you can experience sessions you were not able to see live.

As I have written here previously, last fall's Cornea Fellows Educational Summit chaired by **Elmer Tu, MD**, **Barry Lee, MD**, and Dr. Colby was such a success that we are doing it again this year in Tampa from October 16–18. The program chairs for the 2015 meeting are Dr. Lee, Dr. Colby, and **Deepinder Dhaliwal, MD**. The faculty includes **Esen Akpek, MD**, **Tony Aldave, MD**, **Jessica Ciralsky, MD**, **Bennie Jeng, MD**, Dr. Tu, and myself. This year we will host an expanded wet lab that will include creating femtosecond laser LASIK flaps, KPro assembly, suturing and using sealants, and a variety of endothelial keratoplasty insertion techniques. This program has been very highly received by the fellows since the Cornea Society began running it several years ago. In fact, it gets some of the highest ratings of any meeting we know of.

Our plans for the American Academy of Ophthalmology (AAO) meeting in Las Vegas in November are shaping up nicely. The Combined Cornea Society and Eye Bank Association of America Fall Educational Symposium will be held on Friday, November 13 from 8:30 a.m.–4:30 p.m. at Caesar's Palace. In addition to the educational program, we will be awarding the Dohlman Award to **Roger F. Steinert, MD**, and the Troutman Cornea Award to **Mark A. Greiner, MD**, for his paper that appeared in *Cornea*, “Diabetes Mellitus Increases Risk of Unsuccessful Graft Preparation in Descemet Membrane Endothelial Keratoplasty: A Multicenter Study.” Please visit the Cornea Society website to register for the program.

The Cornea Fellowship Director Breakfast that we sponsor will also be that morning at 7:30 a.m. at Caesar's Palace. The Society business meeting is scheduled for mid-morning during the Fall Educational Symposium; all members are invited to attend. I would strongly encourage members with thesis to nominate someone for the Board of Directors. Nomination materials were sent to current members with thesis in August, and the deadline for nominations is September 21.

The DJ party has become a “not-to-miss” social event of the AAO meeting. Dr. Aldave and **Terry Kim, MD**, will reprise their roles as star DJs. It will be held at the Vanity Night Club in the Hard Rock Hotel from 9 p.m.–1 a.m. on Friday, November 13, and this year we will co-sponsor it with ASCRS and *EyeWorld*. Be on the lookout for your special invitation.

The Cornea Society will once again be co-sponsoring Cornea Subspecialty Day on Saturday, November 14. “Show Me the Evidence! Back to Basics and Beyond” looks to be a fantastic session organized by program directors **Stephen Kaufman, MD**, Dr. Jeng, and **Shahzad Mian, MD**. The Cornea Society symposium at AAO titled, “Glaucoma and the Anterior Segment: Coexistence in Harmony or with Harm?” will be on Monday, November 16 from 8:30–10:30 a.m. and will be highlighted by **Elisabeth Cohen, MD**'s Castroviejo Lecture. While the Cornea Society is busy with activities throughout the year, our docket seems especially full at the AAO meeting. I hope you're a part of it.

I wish you a wonderful fall and look forward to seeing you in Vegas!

Sincerely,  
Christopher J. Rapuano, MD  
President



**Christopher J. Rapuano, MD**

## Cornea journal report

The Cornea Society's journal, *Cornea*, has received an increasing number of high quality submissions. Currently about 25 new papers are submitted each week. As our acceptance rate remains about 30%, we will include more papers in each issue as needed to publish those of high quality.

An upcoming supplement will include the keynote addresses from the

World Cornea Congress VII, along with abstracts and selected free papers. The annual Kyoto Cornea Club Proceedings supplement will also be published this Fall. These papers are peer-reviewed and provide thorough updates on important advances in corneal research.

Because of the increasing number of submissions, we have been asking for additional help from our current reviewers. We greatly appreciate the insight they

provide to help select the best papers and to improve them by suggesting revisions. We welcome additional reviewers. If you would like to become a reviewer for *Cornea*, please send details about your areas of expertise and contact information to [lburke@corneasociety.org](mailto:lburke@corneasociety.org). **CN**

–Alan Sugar MD,  
editor-in-chief, *Cornea*

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infections, such as whether steroids should be used in bacterial infections, what is the best antifungal medication, and more. "The last session of the morning will spotlight cornea controversies, addressing anterior segment topics that are commonly debated in the literature and at scientific meetings," he said.

The afternoon programming will begin with a session involving new initial treatments for Stevens-Johnson syndrome that can make a significant difference in the course of the disorder. This will be followed by a discussion of other ocular surface disorders, he said. "The final key sessions of the day will provide a discussion by an expert panel of cornea controversies and what the evidence-based medicine shows."

Dr. Jeng said he is particularly interested to hear the discussion in the sessions where different procedures will be compared. There will be a discussion of DMEK vs. ultra thin DSAEK and a comparison of DALK vs. PK.

### Is there a certain approach to this year's meeting?

Dr. Jeng said they are incorporating a lot of elements that have gotten positive feedback in previous years. This includes case presentations and panel discussions, as well as the concept of point/counterpoint. "We have a nice list of outstanding speakers and leaders in the field who will guide us in this," he said.

"This year's Cornea Subspecialty Day program is a program with new information, presented by experts, who will express their personal opinions in the framework of the evidence-based medical data," Dr. Kaufman said. "Additionally, case studies will be presented in each session to provide practical examples for cornea specialists, comprehensive ophthalmologists, and others." The program is designed to highlight new diagnostic techniques and treatments to clarify commonly confusing topics and sort out contradictory information by experts in their field, he said. **CN**

## Altmetrics coming to corneajrnl.com

What are altmetrics? "Altmetrics" refers to alternatives to the traditional metrics—citations, impact factor—that are used to gauge the scientific impact of journal articles. The term is generally used to describe the mentions of scientific output in social media, traditional media, and online reference managers. Complementary to traditional citation-based analysis, altmetrics offer a fuller picture of article impact.

### Altmetrics benefit authors and editors

Authors care about what people say about their work. Increasingly they need to demonstrate the impact and attention that their articles are generating beyond just citations. Altmetrics:

- are more immediate than traditional metrics
- reduce the reliance on impact factor as a primary gauge for a journal's influence
- have become a standard in OA publishing and necessary for clinical titles

Editors can quickly identify commentary where a response is required. Stay tuned to check out altmetrics on [corneajrnl.com](http://corneajrnl.com). **CN**

The Cornea Society launched a new web portal to highlight selected Invited Speakers and Free Papers presented at World Cornea Congress VII. Cornea Society VideoEd content is free and available at: [VideoEd.CorneaSociety.org](http://VideoEd.CorneaSociety.org).



Save the Date  
July 8-9, 2020

Cornea Society News – published quarterly by the Cornea Society



# WORLD CORNEA VIII CONGRESS

## WCC special supplement to be published this fall

We are pleased to announce that this fall, the journal *Cornea* will publish a special supplement from the World Cornea Congress (WCC) VIII, which took place April 15–17, 2015. For 3 days, some 1,700 corneal specialists representing more than 70 countries gathered in San Diego for a spectacular program of keynote lectures, invited talks, free papers, and electronic posters. The bright sunshine, brilliant blue skies, and temperate breezes were outdone only by the quality of the presentations and the camaraderie of the delegates. The supplement, which will be available at the upcoming American Academy of Ophthalmology (AAO) meeting in November 2015, will include peer-reviewed, full-length manuscripts from 6 of the keynote speakers and shorter clinical communications from 6 of the free paper speakers who participated in the WCC “Highlights” symposium at the 2015 ASCRS•ASOA Symposium & Congress that followed the WCC.

In this supplement, **Charles McGhee, MD**, will provide a fascinating historical perspective on keratoconus, including current theories of pathogenesis, and a discussion of various therapeutic options. **Edward Holland, MD**, will review the seminal events in our current understanding of the basic biology of the limbus, as well as state-of-the-art surgical management of the blinding conditions associated with limbal dysfunction. The revolution in the treatment of endothelial dysfunction treatment will be discussed by **Francis Price, MD**, along with possible future directions in this area. **Ken Nischal, MD**, has proposed a new classification scheme to define corneal opacification in neonates based upon pathophysiology and genetics, rather than by appearance only, which will be described in detail in a beautifully illustrated paper. Herpes zoster ophthalmicus (HZO) and the Zoster Eye Disease Study, a multicenter study proposed to assess the ability of long-term systemic valacyclovir to reduce ophthalmic complications of HZO, will be covered by **Elisabeth Cohen, MD**, who has been a tireless advocate in this area. **Roberto Pineda, MD**, will detail lessons learned during his decades of work trying to reduce the burden of corneal blindness in the developing world and will provide a roadmap that we all can use to get involved in this vital effort.

In addition to this upcoming supplement, the Cornea Society website will soon feature online content from the meeting, which will be available to society members. Check the website [www.corneasociety.org](http://www.corneasociety.org) for more details. Finally, please mark your calendars for WCC VIII, our first international meeting, on July 8–9, 2020 in Singapore. **CN**

–Kathryn Colby, MD, PhD,  
editor, WCC supplement to *Cornea*



# Singapore 2020

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# FALL EDUCATIONAL SYMPOSIUM

## LAS VEGAS 2015

### FRIDAY, NOVEMBER 13

**CALL FOR PAPERS AND REGISTRATION NOW OPEN**

[CorneaSociety.org](http://CorneaSociety.org) | [RestoreSight.org](http://RestoreSight.org)



**Cornea Society**  
*Advancing the treatment of corneal disease*



**EYE BANK  
ASSOCIATION  
OF AMERICA**

# AAO and Cornea Society joint symposium to honor 2015 Cornea Society Castroviejo Awardee

## Glaucoma and the Anterior Segment: Coexistence in Harmony or With Harm

*Combined meeting with the Cornea Society*

Corneal blindness and glaucoma remain major causes of blindness around the world. Unfortunately, surgical treatments for corneal disorders often lead to glaucoma. Similarly, medical and surgical treatments for glaucoma often lead to anterior segment complications. Can these two conditions actually coexist in harmony? The symposium will discuss various types of keratoplasty outcomes in the setting of glaucoma, as well as review the best modes of glaucoma treatment in the setting of keratoplasty. The symposium will conclude with the Castroviejo Lecture by **Elisabeth Cohen, MD**.

**Date and time:** Monday, November 16, 2015, 8:30 a.m.–10:30 a.m.

**Location:** Sands Expo/Venetian

**Room:** Hall D

**Topic:** Cornea, External Disease

**Chairs:**

William Barry Lee, MD

Christopher J. Rapuano, MD

8:30 a.m.	<b>Introduction</b>	William Barry Lee, MD
8:32 a.m.	<b>The Impact of Glaucoma on the Corneal Endothelium</b>	Jennifer Y. Li, MD
8:42 a.m.	<b>The Effect of Glaucoma Drops on the Ocular Surface</b>	James D. Brandt, MD
8:52 a.m.	<b>Mitomycin C: Pain or Gain?</b>	Thomas P. Lindquist, MD
9:02 a.m.	<b>Glaucoma in Pediatric Corneal Disease: Special Considerations</b>	Gerald W. Zaidman, MD, FACS
9:12 a.m.	<b>Uncontrolled Glaucoma After Keratoplasty: What Can You Do?</b>	Nathan M. Radcliffe, MD
9:22 a.m.	<b>Keratoplasty After Glaucoma Treatment: Survive or Dive?</b>	Marianne O. Price, PhD
9:32 a.m.	<b>Endothelial Keratoplasty Survival in Glaucoma</b>	Roni M. Shtein, MD
9:42 a.m.	<b>Management of Glaucoma Following Keratoprosthesis</b>	Kathryn A. Colby, MD, PhD
9:52 a.m.	<b>Q&amp;A</b>	
9:58 a.m.	<b>CASTROVIEJO LECTURE</b>	
9:58 a.m.	<b>Introduction to Castroviejo Lecturer</b>	Christopher J. Rapuano, MD
10:00 a.m.	<b>Castroviejo Lecture: Herpes Zoster</b>	Elisabeth J. Cohen, MD
10:30 a.m.	<b>Conclusion</b>	William Barry Lee, MD
10:30 a.m.	<b>End of Session</b>	

## Business meeting announcement

The Cornea Society business meeting will take place on Friday, November 13, during the Cornea Society/Eye Bank Association of America Fall Educational Symposium at Caesar's Palace in Las Vegas. All members are invited to attend.

Check the Society website for updates: [www.CorneaSociety.org](http://www.CorneaSociety.org). **CN**

**2016**  
**CORNEA DAY**

Sponsored by the Cornea Society and ASCRS

**SAVE THE DATE**

**New Orleans**  
**FRIDAY, MAY 6**

**CORNEADAY.ORG**



# ILEVRO<sup>®</sup>

(nepafenac ophthalmic suspension) 0.3%

## BRIEF SUMMARY OF PRESCRIBING INFORMATION

### INDICATIONS AND USAGE

ILEVRO<sup>®</sup> Suspension is indicated for the treatment of pain and inflammation associated with cataract surgery.

### DOSAGE AND ADMINISTRATION

#### Recommended Dosing

One drop of ILEVRO<sup>®</sup> Suspension should be applied to the affected eye one-time-daily beginning 1 day prior to cataract surgery, continued on the day of surgery and through the first 2 weeks of the postoperative period. An additional drop should be administered 30 to 120 minutes prior to surgery.

#### Use with Other Topical Ophthalmic Medications

ILEVRO<sup>®</sup> Suspension may be administered in conjunction with other topical ophthalmic medications such as beta-blockers, carbonic anhydrase inhibitors, alpha-agonists, cycloplegics, and mydriatics. If more than one topical ophthalmic medication is being used, the medicines must be administered at least 5 minutes apart.

### CONTRAINDICATIONS

ILEVRO<sup>®</sup> Suspension is contraindicated in patients with previously demonstrated hypersensitivity to any of the ingredients in the formula or to other NSAIDs.

### WARNINGS AND PRECAUTIONS

#### Increased Bleeding Time

With some nonsteroidal anti-inflammatory drugs including ILEVRO<sup>®</sup> Suspension, there exists the potential for increased bleeding time due to interference with thrombocyte aggregation. There have been reports that ocularly applied nonsteroidal anti-inflammatory drugs may cause increased bleeding of ocular tissues (including hyphemas) in conjunction with ocular surgery. It is recommended that ILEVRO<sup>®</sup> Suspension be used with caution in patients with known bleeding tendencies or who are receiving other medications which may prolong bleeding time.

#### Delayed Healing

Topical nonsteroidal anti-inflammatory drugs (NSAIDs) including ILEVRO<sup>®</sup> Suspension, may slow or delay healing. Topical corticosteroids are also known to slow or delay healing. Concomitant use of topical NSAIDs and topical steroids may increase the potential for healing problems.

#### Corneal Effects

Use of topical NSAIDs may result in keratitis. In some susceptible patients, continued use of topical NSAIDs may result in epithelial breakdown, corneal thinning, corneal erosion, corneal ulceration or corneal perforation. These events may be sight threatening. Patients with evidence of corneal epithelial breakdown should immediately discontinue use of topical NSAIDs including ILEVRO<sup>®</sup> Suspension and should be closely monitored for corneal health. Postmarketing experience with topical NSAIDs suggests that patients with complicated ocular surgeries, corneal denervation, corneal epithelial defects, diabetes mellitus, ocular surface diseases (e.g., dry eye syndrome), rheumatoid arthritis, or repeat ocular surgeries within a short period of time may be at increased risk for corneal adverse events which may become sight threatening. Topical NSAIDs should be used with caution in these patients.

Postmarketing experience with topical NSAIDs also suggests that use more than 1 day prior to surgery or use beyond 14 days post surgery may increase patient risk and severity of corneal adverse events.

#### Contact Lens Wear

ILEVRO<sup>®</sup> Suspension should not be administered while using contact lenses.

### ADVERSE REACTIONS

Because clinical studies are conducted under widely varying conditions, adverse reaction rates observed in the clinical studies of a drug cannot be directly compared to the rates in the clinical studies of another drug and may not reflect the rates observed in practice.

#### Ocular Adverse Reactions

The most frequently reported ocular adverse reactions following cataract surgery were capsular opacity, decreased visual acuity, foreign body sensation, increased intraocular pressure, and sticky sensation. These events occurred in approximately 5 to 10% of patients.

Other ocular adverse reactions occurring at an incidence of approximately 1 to 5% included conjunctival edema, corneal edema, dry eye, lid margin crusting, ocular discomfort, ocular hyperemia, ocular pain, ocular pruritus, photophobia, tearing and vitreous detachment.

Some of these events may be the consequence of the cataract surgical procedure.

#### Non-Ocular Adverse Reactions

Non-ocular adverse reactions reported at an incidence of 1 to 4% included headache, hypertension, nausea/vomiting, and sinusitis.

### USE IN SPECIFIC POPULATIONS

#### Pregnancy

#### Teratogenic Effects.

**Pregnancy Category C:** Reproduction studies performed with nepafenac in rabbits and rats at oral doses up to 10 mg/kg/day have revealed no evidence of teratogenicity due to nepafenac, despite the induction of maternal toxicity. At this dose, the animal plasma exposure to nepafenac and amfenac was approximately 70 and 630 times human plasma exposure at the recommended human topical ophthalmic dose for rats and 20 and 180 times human plasma exposure for rabbits, respectively. In rats, maternally toxic doses  $\geq 10$  mg/kg were associated with dystocia, increased postimplantation loss, reduced fetal weights and growth, and reduced fetal survival.

Nepafenac has been shown to cross the placental barrier in rats. There are no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, ILEVRO<sup>®</sup> Suspension should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

#### Non-teratogenic Effects.

Because of the known effects of prostaglandin biosynthesis inhibiting drugs on the fetal cardiovascular system (closure of the ductus arteriosus), the use of ILEVRO<sup>®</sup> Suspension during late pregnancy should be avoided.

#### Nursing Mothers

ILEVRO<sup>®</sup> Suspension is excreted in the milk of lactating rats. It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when ILEVRO<sup>®</sup> Suspension is administered to a nursing woman.

#### Pediatric Use

The safety and effectiveness of ILEVRO<sup>®</sup> Suspension in pediatric patients below the age of 10 years have not been established.

#### Geriatric Use

No overall differences in safety and effectiveness have been observed between elderly and younger patients.

### NONCLINICAL TOXICOLOGY

#### Carcinogenesis, Mutagenesis, Impairment of Fertility

Nepafenac has not been evaluated in long-term carcinogenicity studies. Increased chromosomal aberrations were observed in Chinese hamster ovary cells exposed *in vitro* to nepafenac suspension. Nepafenac was not mutagenic in the Ames assay or in the mouse lymphoma forward mutation assay. Oral doses up to 5,000 mg/kg did not result in an increase in the formation of micronucleated polychromatic erythrocytes *in vivo* in the mouse micronucleus assay in the bone marrow of mice. Nepafenac did not impair fertility when administered orally to male and female rats at 3 mg/kg.

### PATIENT COUNSELING INFORMATION

#### Slow or Delayed Healing

Patients should be informed of the possibility that slow or delayed healing may occur while using nonsteroidal anti-inflammatory drugs (NSAIDs).

#### Avoiding Contamination of the Product

Patients should be instructed to avoid allowing the tip of the dispensing container to contact the eye or surrounding structures because this could cause the tip to become contaminated by common bacteria known to cause ocular infections. Serious damage to the eye and subsequent loss of vision may result from using contaminated solutions.

Use of the same bottle for both eyes is not recommended with topical eye drops that are used in association with surgery.

#### Contact Lens Wear

ILEVRO<sup>®</sup> Suspension should not be administered while wearing contact lenses.

#### Intercurrent Ocular Conditions

Patients should be advised that if they develop an intercurrent ocular condition (e.g., trauma, or infection) or have ocular surgery, they should immediately seek their physician's advice concerning the continued use of the multi-dose container.

#### Concomitant Topical Ocular Therapy

If more than one topical ophthalmic medication is being used, the medicines must be administered at least 5 minutes apart.

#### Shake Well Before Use

Patients should be instructed to shake well before each use. U.S. Patent Nos. 5,475,034; 6,403,609; and 7,169,767.

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# Broad Managed Care Coverage<sup>1</sup>

## THE NUMBER OF DAILY DOSES DECLINES, BUT THE EFFICACY DOESN'T

ILEVRO<sup>®</sup> Suspension dosed once daily post-op has been shown to be noninferior to NEVANAC<sup>®</sup> (nepafenac ophthalmic suspension) 0.1% dosed three times daily for the resolution of inflammation and pain associated with cataract surgery.<sup>2,3</sup>

One drop of ILEVRO<sup>®</sup> Suspension should be applied once daily beginning 1 day prior to cataract surgery through 14 days post-surgery, with an additional drop administered 30 to 120 minutes prior to surgery.<sup>2</sup>

Use of ILEVRO<sup>®</sup> Suspension more than 1 day prior to surgery or use beyond 14 days post-surgery may increase patient risk and severity of corneal adverse events.<sup>2</sup>

Available in 1.7 mL and new 3 mL fill sizes

### INDICATIONS AND USAGE

ILEVRO<sup>®</sup> Suspension is a nonsteroidal, anti-inflammatory prodrug indicated for the treatment of pain and inflammation associated with cataract surgery.

### IMPORTANT SAFETY INFORMATION

#### Contraindications

ILEVRO<sup>®</sup> Suspension is contraindicated in patients with previously demonstrated hypersensitivity to any of the ingredients in the formula or to other NSAIDs.

#### Warnings and Precautions

- Increased Bleeding Time – With some nonsteroidal anti-inflammatory drugs including ILEVRO<sup>®</sup> Suspension there exists the potential for increased bleeding time. Ocularly applied nonsteroidal anti-inflammatory drugs may cause increased bleeding of ocular tissues (including hyphema) in conjunction with ocular surgery.
- Delayed Healing – Topical nonsteroidal anti-inflammatory drugs (NSAIDs) including ILEVRO<sup>®</sup> Suspension may slow or delay healing. Concomitant use of topical NSAIDs and topical steroids may increase the potential for healing problems.
- Corneal Effects – Use of topical NSAIDs may result in keratitis. In some patients, continued use of topical NSAIDs may result in epithelial breakdown, corneal thinning, corneal erosion, corneal ulceration or corneal perforation. These events may be sight threatening. Patients with evidence of corneal epithelial breakdown should immediately discontinue use.

Patients with complicated ocular surgeries, corneal denervation, corneal epithelial defects, diabetes mellitus, ocular surface diseases (e.g., dry eye syndrome), rheumatoid arthritis, or repeat ocular surgeries within a short period of time may be at increased risk for corneal adverse events which may become sight threatening. Topical NSAIDs should be used with caution in these patients.

Use more than 1 day prior to surgery or use beyond 14 days post-surgery may increase patient risk and severity of corneal adverse events.

- Contact Lens Wear – ILEVRO<sup>®</sup> Suspension should not be administered while using contact lenses.

#### Adverse Reactions

The most frequently reported ocular adverse reactions following cataract surgery occurring in approximately 5 to 10% of patients were capsular opacity, decreased visual acuity, foreign body sensation, increased intraocular pressure, and sticky sensation.

For additional information about ILEVRO<sup>®</sup> Suspension, please refer to the brief summary of prescribing information on adjacent page.

References: 1. Formulary data provided by Pinsonault Associates, LLC, PathfinderRx, June 2014. 2. ILEVRO<sup>®</sup> Suspension prescribing information. 3. NEVANAC<sup>®</sup> Suspension prescribing information.

For more resources for eye care professionals, visit [MYALCON.COM/ILEVRO](http://MYALCON.COM/ILEVRO)