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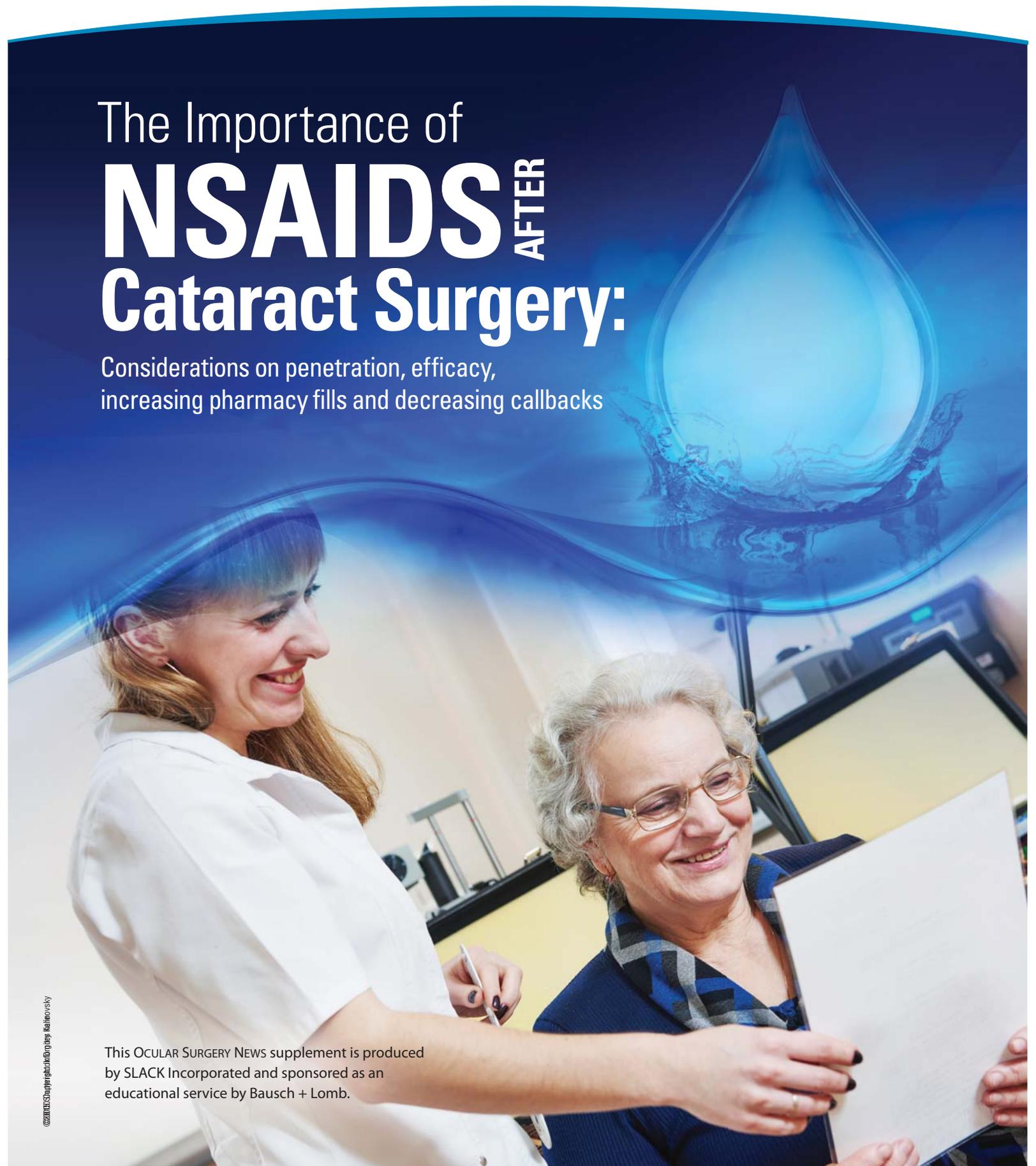
SEPTEMBER 25, 2015

# The Importance of **NSAIDS** AFTER Cataract Surgery:

Considerations on penetration, efficacy,  
increasing pharmacy fills and decreasing callbacks

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## Introduction

Because the goal of cataract surgery is to improve vision for patients, ophthalmologists need more than just a quality IOL and the latest surgical tools on hand. For patients who have inflammation and/or pain after cataract surgery, surgeons should prescribe an NSAID that inhibits cyclooxygenase enzymes and also penetrates the cornea.

OCULAR SURGERY NEWS, with the support of Bausch + Lomb, gathered leading ophthalmologists during the 2015 American Society of Cataract and Refractive Surgery annual meeting to discuss the use of PROLENSA® (bromfenac ophthalmic solution, Bausch + Lomb) 0.07% in terms of corneal penetration, potency, anti-inflammatory efficacy and pain reduction. Topics include Prolelsa's performance in clinical trials, the benefits of using the product in relationship to its cost and tactics for increasing pharmacy fills and decreasing callbacks.

I thank the faculty members for their participation, as well as Bausch + Lomb, for sponsoring this OCULAR SURGERY NEWS supplement. For more educational materials on this topic, visit [Healio.com/Ophthalmology/Education-Lab](http://Healio.com/Ophthalmology/Education-Lab).

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# The Importance of NSAIDs after Cataract Surgery:

Considerations on penetration, efficacy, increasing pharmacy fills and decreasing callbacks

**Douglas A. Katsev, MD:** With cataract surgery being so prevalent in the U.S., surgeons need access to the latest ophthalmic medications that effectively treat inflammation and pain. However, patients may not always receive the appropriate drugs, which may contribute to future complications.

Are outcomes affected by not effectively treating inflammation after cataract surgery?

**John R. Wittpenn, MD:** Recurring or breakthrough inflammation is a risk if not properly addressed postoperatively. Once inflammation starts, the prostaglandin cascade is triggered and becomes more difficult to control.

Although NSAIDs are indicated for the treatment of postoperative inflammation, I urge clinicians to contemplate the reasons that resonate most with patients as to why it is necessary to eliminate inflammation as quickly as possible.

**Rajesh K. Rajpal, MD:** Surveys over the past 10 to 15 years show that the percentage of physicians who now use both a corticosteroid and an NSAID to control inflammation after cataract surgery is increasing; currently, 40.2% use both drugs 1 day postoperatively.<sup>1</sup>

**Carlos Buznego, MD:** Delayed visual recovery is an important reason to quickly eliminate inflammation. NSAIDs that cause burning and stinging may make some patients less likely to use them as prescribed, thus putting them at a higher risk for delayed visual recovery. Unfortunately, when outcomes are not as good as those that a friend or family member experienced, patients may place the blame on their surgeons when, in fact, the poor outcome is due to poor compliance.

**Inder Paul Singh, MD:** Patient satisfaction depends on good outcomes. In my practice, my colleagues and

I survey patients, asking them, “At what stage postoperatively did you discuss your outcomes with friends and family?” Interestingly, the answer is not at day 1 or after 1 month, but the vast majority say it is after 1 week. If patients do not use the drops physicians prescribe to them, they may be at a greater risk for ocular surface issues and unresolved inflammation and thus, dissatisfaction postoperatively.<sup>2</sup>

**Katsev:** During a conversation with a colleague, I learned that approximately 15% of his patients return with breakthrough inflammation while on dropless therapies, compared with 0% of my patients returning with breakthrough pain and inflammation using my current branded drop regimen.

**Mitchell A. Jackson, MD:** Therapies may not necessarily be “dropless,” however, in the sense that some patients may still have to purchase generic anti-inflammatory eye drops when breakthrough inflammation occurs.

Rebound inflammation is a particularly unwelcome scenario in the comanagement setting because ophthalmologists have less control over what other physicians may prescribe when this occurs, and less control over the frequency of follow-up visits. It is during this time that inflammation can progress significantly, leaving the patient at risk for sight-threatening conditions such as cystoid macular edema, especially if the referring optometrist does not have a macular ocular coherence tomography device in the office.

**P. Dee Stephenson, MD, FACS:** As the founder of a boutique practice, I am always worried about how patients perceive their total experience with cataract surgery. In my opinion, breakthrough inflammation is unacceptable, especially for patients who receive premium IOLs.

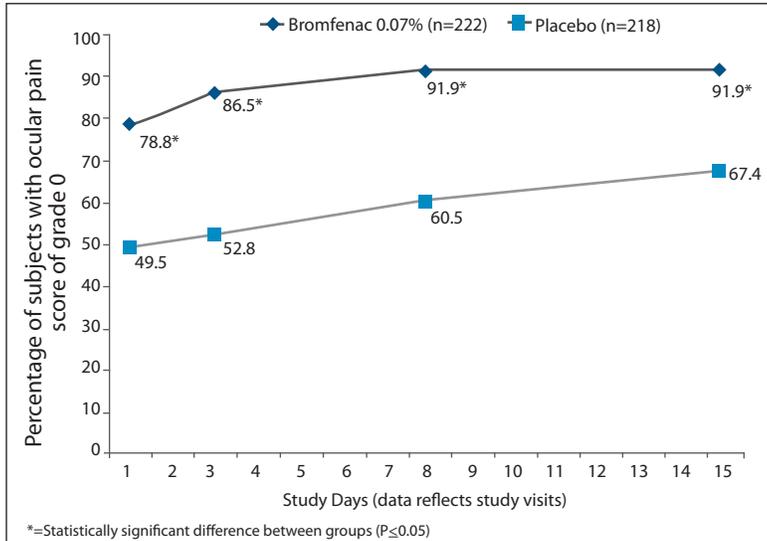
## IMPORTANT RISK INFORMATION ABOUT PROLENSA

### Indications and Usage:

PROLENSA (bromfenac ophthalmic solution) 0.07% is a nonsteroidal anti-inflammatory drug (NSAID) indicated

for the treatment of postoperative inflammation and reduction of ocular pain in patients who have undergone cataract surgery.

For additional information about PROLENSA, please refer to the full prescribing information on page 14.



**Figure 1.** Percentage of ocular pain scores of grade 0 at study visits 1, 3, 8 and 15. Reprinted from Ophthalmology, 121/1, Walters TR, Goldberg DF, Peace JH, Gow JA; Bromfenac Ophthalmic Solution 0.07% Once Daily Study Group, Once Daily Study Group. Bromfenac ophthalmic solution 0.07% dosed once daily for cataract surgery: results of 2 randomized controlled trials, 25-33, Copyright (2014), with permission from Elsevier.

**Table. Ocular Inflammation Grading Scale for the Calculation of the Summed Ocular Inflammation Score**

Anterior Chamber Cells		Anterior Chamber Flare	
Grade	Cell Count	Grade	Flare Count
0	0	0	Complete absence
0.5	1-5 cells (trace)	1	Very slight (barely detectable)
1	6-15	2	Moderate (iris and lens clear)
2	16-25	3	Marked (iris and lens hazy)
3	26-50	4	Intense (fibrin clot)
4	>50		

Reprinted from Ophthalmology, 121/1, Walters TR, Goldberg DF, Peace JH, Gow JA; Bromfenac Ophthalmic Solution 0.07% Once Daily Study Group, Once Daily Study Group. Bromfenac ophthalmic solution 0.07% dosed once daily for cataract surgery: results of 2 randomized controlled trials, 25-33, Copyright (2014), with permission from Elsevier.

**Cynthia Matossian, MD, FACS:** Patients who opt for premium IOLs have paid out of pocket for advanced technology or astigmatism-correction options, so additional visits for postoperative or rebound inflammation create a less-than-optimal surgical experience.

**Katsev:** Many patients undergoing cataract surgery with modern tools and techniques mistakenly expect

to experience little to no pain. They may also complain about the pain they experience if surgeons do not administer an effective NSAID in the first few postoperative hours.

**Wittpen:** Pain in those first few postoperative hours makes a significant difference in the level of patient satisfaction. However, my patients rarely mention postoperative pain under my current NSAID treatment regimen, as also evidenced by Walters and colleagues whose study showed that 78.8% of patients treated with once-daily doses of Prolensa (bromfenac ophthalmic solution, Bausch + Lomb) 0.07% were pain-free at day 1, according to ocular pain scores (Figure 1).<sup>3</sup>

**Rajpal:** Conversely, far fewer patients in that study's placebo group were pain-free at postoperative visits.<sup>3</sup> The primary endpoint was complete clearance of inflammation, with success considered to be zero cells in the anterior chamber as determined by the summed ocular inflammation score (SOIS; Table). The secondary endpoint was pain control. Patients in the Prolensa arm dosed once a day achieved greater control of inflammation and pain, a nearly twofold difference vs. placebo (Figures 2 and 3).

**Buznego:** Walters and colleagues measured these pain scores by asking patients to indicate their pain/discomfort levels on a 10-cm line (0 to 100 mm).<sup>3</sup> Even if patients marked their pain at 1 mm, they were recorded as having pain, and only a pain score of 0 was reported in the study. For surgeons not using non-steroidals, or for those using generics, minimal pain may not seem like a dramatic difference than no pain. However, complaints of pain are not only bad for the patient, but for ophthalmic practices as well, because they ultimately can result in fewer word-of-mouth referrals. Such complaints slow down chair time and patient flow when surgeons must stop to discuss pain management options. In addition, technicians' work is slowed because of the amount of calls fielded from unsatisfied patients. Therefore, attempting to achieve patient pain scores of 0 will maximize satisfaction as well as increase referrals to surgeons' offices.

**Matossian:** The patient's perspective of his or her surgical course can vary from that of the surgeon. Surgeons

**IMPORTANT RISK INFORMATION ABOUT PROLENSA**

**Dosage and Administration**

Instill one drop into the affected eye once daily beginning 1 day prior to surgery, continued on the day

of surgery, and through the first 14 days post surgery.

**Warnings and Precautions**

- Sulfite allergic reactions — PROLENSA contains

focus on visual acuity or IOL centration, whereas patients may focus on pain during the immediate postoperative period. In fact, nearly 35% of patients complain of some degree of pain in the immediate postoperative period [QUERY: PLEASE PROVIDE REFERENCE],<sup>4</sup> which may taint their perception of the surgical experience. Adding an NSAID to the postoperative regimen will not only help control pain but also inflammation.<sup>3</sup>

**Jackson:** Going forward, the FDA requires any ophthalmic drug to be equal to or better than placebo in seven criteria of the Ocular Comfort Grading Assessment (OCGA), under which symptoms are graded on a scale of 0 to 3 (0 = none; 1 = mild; 2 = moderate; 3 = severe).<sup>3</sup> Symptoms include pain, tearing, itching, foreign-body sensation, photophobia, discharge and haziness; patients rated these symptoms within 1 hour of instilling the drop. Pain was the main criterion from the OCGA integrated into the study by Walters and colleagues and, as discussed, more patients were pain-free at each follow-up visit using Prolensa vs. placebo.<sup>3</sup>

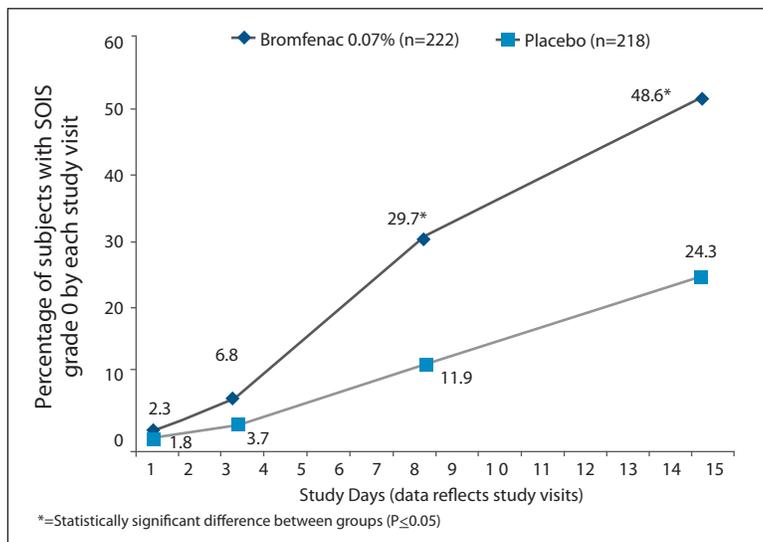
**Prescribing Prolensa (bromfenac ophthalmic solution) 0.07%**

**Katsev:** In your opinion, why is Prolensa effective in reducing inflammation and pain vs. placebo or generic formulations?

**Buznego:** Many systemic nonsteroidals work well at reducing general pain and inflammation, but topical ophthalmic NSAIDs have the added challenge of penetrating the lipid bilayer of the cornea. Some drug manufacturers have increased concentrations in an attempt to aid penetration, but doing so often may increase the number of adverse events. [QUERY: PLEASE PROVIDE REFERENCE]

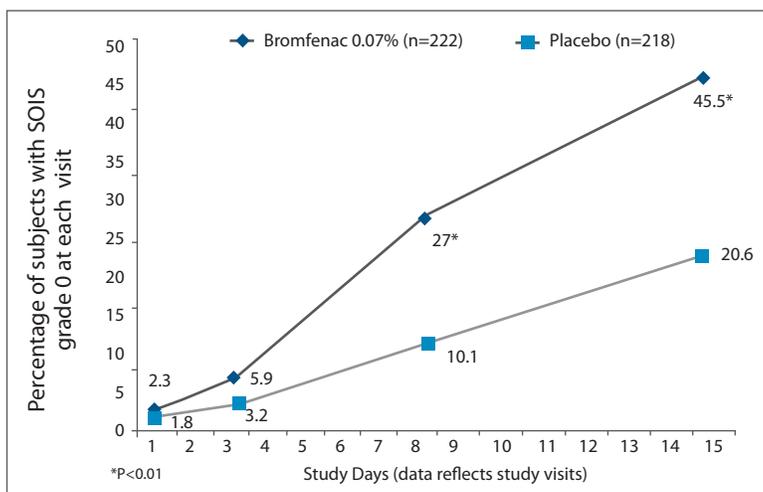
The bromfenac molecule present in Prolensa allows for better penetration into ocular tissues, as does its pH of 7.8, which is closer to physiologic pH than other topical NSAIDs.<sup>3,5,6</sup> Furthermore, some laboratory studies show that bromfenac is still present in ocular tissues several days after a single dose, which provides indirect evidence of effective absorption and thus, increases the duration of anti-inflammatory effect.<sup>3</sup>

**Wittpenn:** Penetration through the lipid bilayer of the cornea is dependent on the entire formulation of the



**Figure 2.** Percentage of summed ocular inflammation scores (SOIS) of grade 0 by study visits 1, 3, 8 and 15.

Reprinted from Ophthalmology, 121/1, Walters TR, Goldberg DF, Peace JH, Gow JA; Bromfenac Ophthalmic Solution 0.07% Once Daily Study Group, Once Daily Study Group. Bromfenac ophthalmic solution 0.07% dosed once daily for cataract surgery: results of 2 randomized controlled trials, 25-33, Copyright (2014), with permission from Elsevier.



**Figure 3.** Percentage of summed ocular inflammation scores (SOIS) of grade 0 at study visits 1, 3, 8 and 15.

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drop. However, non-ionic molecules do not easily penetrate the cornea. These molecules are found in brand-name and generic NSAIDs, yet generic formulations are

**IMPORTANT RISK INFORMATION ABOUT PROLENSA**

sodium sulfite, which may cause allergic-type reactions, including anaphylactic shock symptoms and life-threatening or less severe asthmatic episodes in certain susceptible people. The overall

prevalence of sulfite sensitivity in the general population is unknown and probably low. Sulfite sensitivity is seen more frequently in asthmatic than in nonasthmatic people

For additional information about PROLENSA, please refer to the full prescribing information on page 14.



**“In addition to lowering pH, there are various ways to achieve more effective penetration, including bromine halogenation and increasing residence time on the cornea.”**

— MITCHELL A. JACKSON, MD

not required by the FDA to demonstrate pH bioequivalency. pH determines the amount of ionized and non-ionized molecules; the more ionization that takes place, the less medication that is available to penetrate the eye. Therefore, topical NSAID formulations should strive to maximize the amount of non-ionized molecules, as these are the most lipophilic.

In essence, a generic NSAID may contain the same active ingredient as a branded version, but higher pH is preventing it from penetrating the cornea.

**Jackson:** It has been difficult to lower pH to the point where non-ionic molecules penetrate the relatively hydrophobic cornea. In addition to lowering pH, there are various ways to achieve more effective penetration, including bromine halogenation and increasing residence time on the cornea. All of these components work together to also increase patient compliance when they are prescribed Prolensa.<sup>3</sup>

**Stephenson:** I have observed that Prolensa’s near-physiologic pH makes the drop more comfortable for my patients than generic NSAIDs.<sup>†</sup> This bioequivalency not only better facilitates penetration at a lower concentration, but it also improves Prolensa’s safety profile.<sup>3</sup>

**Matossian:** I am impressed with how well the bromfenac molecule controls inflammation. In addition to Prolensa being a once-daily drop,<sup>3</sup> the solution promotes uniform dosing without the need to shake the bottle.<sup>7</sup> I am confident that when a patient removes the bottle from his or her purse or pocket and instills the drop into the eye, each drop delivers a predictable amount of medication.

#### **†Warning: Adverse Events**

*The most commonly reported adverse reactions following use of PROLENSA following cataract surgery include: anterior chamber inflammation, foreign body sensation, eye pain, photophobia, and vision blurred. These reactions were reported in 3% to 8% of patients.*

**Wittpenn:** The bromine element also enhances efficacy by binding to cyclooxygenase (COX)-1 and COX-2 enzymes to prevent the prostaglandin cascade.<sup>3</sup>

**Stephenson:** I have found Prolensa’s bromine element to be helpful prior to femtosecond laser-assisted cataract surgery because it controls the prostaglandin release and decreases miosis after creating the capsulotomy, which aids in a safer overall procedure.<sup>8</sup>

**Jackson:** Furthermore, bromfenac’s in vitro half maximal inhibitory concentration (IC<sub>50</sub>) data are similar to that of MIC<sub>50</sub> data with antibiotics, in that the lower the inhibitory concentration, the more potent the NSAID, which is important when it comes to COX inhibition and mediators of inflammation in the ciliary body, such as prostaglandin E2. [QUERY: PLEASE PROVIDE REFERENCE]

#### **Dosing**

**Katsev:** How do you dose Prolensa?

**Rajpal:** I start my patients on it 1 day preoperatively, and dose it once a day throughout the perioperative period.<sup>9</sup>

**Matossian:** I also introduce it preoperatively, and then on a once-a-day protocol.<sup>9</sup> This way, patients also gain practice in drop instillation before surgery.

**Stephenson:** I dose Prolensa 1 day before surgery, on the day of surgery prior to laser-assisted cataract surgery or manual cataract removal and once a day post-operatively.<sup>9</sup> This once-daily regimen helps to eliminate breakthrough inflammation and pain, while also increasing patient compliance.<sup>3</sup>

**Jackson:** Also, Prolensa is not a prodrug, which would require conversion to an active form via hydrolase in the tear film. This enzymatic conversion is different from patient to patient, so not everyone receives the same amount of active drug.

**Singh:** With prodrugs, the potential exists for more

#### IMPORTANT RISK INFORMATION ABOUT PROLENSA

- Slow or delayed healing — All topical NSAIDs 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
- Potential for cross-sensitivity — Caution should be used when treating individuals who have

For additional information about PROLENSA, please refer to the full prescribing information on page 14.

active and inactive medication remaining on the surface of the eye longer and potentially causing toxic effects [QUERY: PLEASE PROVIDE REFERENCE]. Medications that are not prodrugs absorb more quickly and leave less on the surface.

**Rajpal:** My patients have found Prolensa to be tolerable as well, because the solution is not a thick vehicle.<sup>†</sup> Conversely, my patients taking alternatives with thicker formulations have complained of postoperative blurring that lasts a few seconds, a few minutes or a few hours.

**Jackson:** The new 3-mL bottle size is another advantage for patients who have difficulty instilling drops into the eye. Its larger size ensures that patients have enough medication to last through the entire duration of treatment.

**Warnings and precautions**

**Katsev:** Should patients be aware of any warnings or precautions related to Prolensa?

**Wittpenn:** I recently spoke to a pharmacist about a patient who could not use Prolensa because of a sulfite allergy.<sup>4</sup>

**Buznego:** I have not had any patients allergic to sulfite; this type of allergy is uncommon, often associated with an asthma-like reaction.

**Jackson:** Bleeding is a risk with NSAIDs as a class, including Prolensa.<sup>9</sup> NSAIDs block thromboxane A2, which is needed for platelet aggregation, possibly leading to subconjunctival hemorrhages or spontaneous hyphema in rare cases.<sup>2</sup>

**Buznego:** These patients may also be on a systemic anticoagulation regimen that could further inhibit platelet function.

**Rajpal:** However, with proper monitoring, I typically do not require that patients stop systemic anticoagulation

while taking Prolensa, nor am I worried about adding a topical NSAID in this situation.

**Matossian:** Similarly, I do not ask my patients to discontinue their systemic anticoagulation therapy while on once-daily Prolensa during the perioperative period. To my knowledge, none of my patients has experienced any adverse systemic issues while using Prolensa.

**Patient and staff counseling:  
Cost, pharmacy fills and callbacks**

*Patient counseling*

**Katsev:** How do you counsel your patients about prescribing Prolensa over generic medications to ensure pharmacy fills? Also, in what ways do you convey the overall investment in postoperative care?

**Wittpenn:** In general, 84% of medications dispensed in the U.S. are generic.<sup>10</sup> Oral medications have become predominantly generic, and most of our colleagues in other specialties feel that the generic formulations are suitable. In ophthalmology, however, branded medication is preferred because, unlike oral medications that are filtered through the stomach, ophthalmic medications act directly on the ocular surface without a filter.

I attended a symposium at the 2015 American Society of Cataract and Refractive Surgery annual meeting during which the following audience response question was asked: “How important do you think branded medication is compared to generic?” I was pleasantly surprised to learn that more than 85% of attendees prefer a brand name, and that branded ophthalmic medication is now mainstream.<sup>11</sup> [QUERY: PLEASE PROVIDE TITLE OF SESSION AND SPEAKER(S).]

**Kenneth J. Rosenthal, MD, FACS:** It is key that the conversation with patients begins with surgeons explaining the importance of postoperative medications and that, although the bottle is small, the medicine contained within is essential during perioperative care. Incidentally, I use the word “medication,” not “drop,” so that patients realize that I am not giving them something more akin to artificial tears.

**†Warning: Adverse Events**

*The most commonly reported adverse reactions following use of PROLENSA following cataract surgery include: anterior chamber inflammation, foreign body sensation, eye pain, photophobia, and vision blurred. These reactions were reported in 3% to 8% of patients.*

**IMPORTANT RISK INFORMATION ABOUT PROLENSA**

previously exhibited sensitivity to acetylsalicylic acid, phenylacetic acid derivatives, and other NSAIDs

- Increased bleeding time — There have been reports that ocularly applied NSAIDs may cause increased bleeding of ocular tissues (including hyphemas) in conjunction with ocular surgery. Use

For additional information about PROLENSA, please refer to the full prescribing information on page 14.

If the patient understands its importance, I then segue to the significance of using the particular branded medication that I prescribe. I explain the high-quality, component parts of the surgical experience that I provide, from biometry to premium surgical equipment and IOLs, and that Prolensa is also a key component. However, it may be expensive, even with coupons, based on the average retail price in local pharmacies.

I try to set expectations by saying, “You have one chance to do this right. If you opt for a generic NSAID and come back with postoperative inflammation and pain, it may be too late to treat you with the branded medication.” In addition, I stress that treatment will last only a brief period of time and is not a lifetime expense.

**Matossian:** After my patients and I have discussed and selected the best IOL match for their eyes, I look my patients in the eyes and say, “I am going to do my best for you, but in turn, you have to promise me that you are going to do your best. That means using the recommended medications properly.” Verbal responses of “Yes” or “I will try” means patients understand the responsibilities that I am asking of them.

From there, patients visit the surgical coordinator who discusses the importance of branded medications and provides any coupons available to help cover the cost. Overall, I have few patients who do not use the branded medicines that I prescribe.

**Rosenthal:** Clear communication is imperative for patients to achieve good surgical outcomes. Physicians understand the pathophysiology behind inflammation and pain, but patients tend to simplify these surgical side effects to mere redness and discomfort. If surgeons do not explain that inflammation is essentially tissue damage that can cause permanent damage and affect their eyesight, then patients will never understand the importance of choosing the proper medication.

**Singh:** So much of the experience is education and creating an interaction that leads to trust between

the physician and the patient. Patients trust surgeons to provide specific surgical outcomes, but postoperatively, some of the responsibility must fall on patients. To help patients assume responsibility, surgeons must create avenues for education in the office to give them enough understanding of the importance of taking these medications.

**Buznego:** Burning and stinging is not a chief complaint in bromfenac, as was shown in clinical trials where the burning and stinging rate was equivalent to that of placebo.<sup>3</sup> I use this scenario as a teaching opportunity to explain the benefits of branded medications: patients are dosed once a day vs. three to four times, and the rate of burning and stinging is minimal.<sup>9,12†</sup>

**Rajpal:** Many patients read the package inserts of other NSAIDs, so I try to educate them on the potential corneal complications that are listed and explain why I prefer branded medication.

**Wittpenn:** I like to tell patients about a patient who was referred to me in the past; she had been prescribed a branded NSAID yet opted for a different drop because it was covered under her drug plan. She then went on to have significant ocular surface issues and was told to see a cornea specialist. I spent the next 2.5 months correcting the problem and restoring her vision back to 20/20. She questioned why her previous ophthalmologist never educated her about the difference between medications and said she would have spent the extra money for Prolensa postoperatively had she known the risks. These types of “after-the-fact” stories help me to educate my other patients on the importance of branded NSAIDs.

**Singh:** I am precise in my surgical abilities, so I need the same precision postoperatively. However, I find it difficult to spend a lot of time explaining the differences to my patients, so I created a form for them to read and take to the pharmacist. It lists the characteristics, objective differences and possible outcomes of taking Prolensa vs. other NSAIDs,

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## IMPORTANT RISK INFORMATION ABOUT PROLENSA

PROLENSA with caution in patients with known bleeding tendencies or who are receiving other medications that may prolong bleeding time

- Keratitis and corneal reactions — Use of topical NSAIDs may result in keratitis. Patients with evidence of corneal epithelial breakdown should immediately discontinue use of topical NSAIDs

For additional information about PROLENSA, please refer to the full prescribing information on page 14.

and it shows them that there is no true generic form of Prolensa. My surgical coordinator is educated about the difference as well and is available to our patients to answer any questions.

**Katsev:** Physicians may not want to discuss cost or coupon programs with patients, but they still want to provide the best patient experience; that is where staff can get involved. Physicians can demonstrate how important Prolensa is during postoperative care by sharing viewpoints with staff and educating them about the differences between branded and generic NSAIDs.

**Singh:** It takes extra time and effort to deal with callbacks from pharmacies and patients about Prolensa, and I have found that the morale of the office improves when staff members understand the reasons physicians prefer branded medications and the ramifications for patients of receiving a generic formulation instead.

#### *Staff counseling*

**Katsev:** I find that the staff likes working with the physicians in my practice because they are collectively involved in achieving good results and satisfying patients.

In what other ways do you educate your staff about generic vs. branded medications?

**Matossian:** I spend 1 hour per week educating my office staff with a formal training session that includes the front desk team and technicians. I create a weekly agenda and include topics, such as why I recommend branded vs. generic medications, customer service, and help them understand the importance of following medication protocols. These meetings empower the staff because they learn the reasons behind my recommendations.

I also arrange time for the technicians to meet with pharmaceutical representatives, either one-on-one or as a group, to learn about specific drugs and the coupons they offer to help patients save money. These sessions often occur over lunch.

**Jackson:** At the end of each day, my staff and I hold a meeting to discuss any issues, good or bad that arose, whether it was filling a prescription, patient

wait time or concerns about insurance/copay cards. Each staff member gets approximately 60 seconds to speak, and in 15 minutes, we learn what happened during the day and can immediately implement solutions for the next day, if necessary.



**“I have found that the morale of the office improves when staff members understand the reasons physicians prefer branded medications and the ramifications for patients of receiving a generic formulation instead.”**

— INDER PAUL SINGH, MD

**Singh:** I hold a monthly staff meeting with a new topic on the agenda each time we gather. In a recent meeting, we discussed specific brand-name vs. generic medications so that the technicians and surgical coordinator could gain a better understanding of the effects of inactive ingredients, excipients and tolerability profile of each formulation.

**Wittpenn:** Prolensa is my NSAID of choice, and I am a strong proponent of branded medications. However, since January 2015 I have noticed a marked increase of calls from patients and pharmacists wanting to substitute Prolensa with a generic. To help decrease callbacks, I began educating my technicians about the new Medicare Part D program and the availability of coupons. Yet, they had several difficult questions about the process and did not have the appropriate time to dedicate to our patients, leading us to rethink our approach to financial discussions as a whole. Therefore, I made the decision to leave our technicians in charge of medical issues and appoint our surgical coordinators to help patients navigate the complexities of insurance matters, cost concerns and coupon programs, in addition to scheduling tasks. Any callbacks received from here on out will first be directed to them, and questions about medical issues are forwarded to me or my technicians.

#### *Managing costs*

**Katsev:** How do you explain the high out-of-pocket expense of Prolensa to your patients? How effective are copay cards and coupons at reducing costs?

## IMPORTANT RISK INFORMATION ABOUT PROLENSA

and should be closely monitored for corneal health. Patients with complicated ocular surgeries, corneal denervation, corneal epithelial defects, diabetes mellitus, ocular surface diseases (eg, dry

eye disease), 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. Postmarketing

For additional information about PROLENSA, please refer to the full prescribing information on page 14.



**“I prescribe Prolensa during the first appointment and have patients bring the drops with them when they return for preoperative testing so I can confirm before surgery that they have the correct drops.”**

— RAJESH K. RAJPAL, MD

**Wittpenn:** When patients with prescription drug plans assume they will pay little out of pocket for their medication, or if they are accustomed to taking generics, it can be difficult to manage expectations and justify the expense of Prolensa.

When cost comes up in discussions with patients, I liken the expense to needing a car’s brakes and rotors replaced at the mechanic. Most likely, people will spend more for brakes that are less likely to fail vs. spending less for ones that have a track record for failure and/or continuous, more costly maintenance in the future.

**Katsev:** I relate the cost of Prolensa to the out-of-pocket expense for the premium IOL packages that I offer. Although I am proactive in trying to provide an effective medication, I care about what our patients have to pay for it. With the availability of coupons, I can help my patients save money while also improving postoperative outcomes.

**Matossian:** When my patients complain about the cost of their eye medication, I quickly remind them that these postoperative medications are for a short duration; they are not going to remain on them for life, like anti-hypertensive or diabetes medications.

**Stephenson:** The most difficult step is convincing patients to use branded medications. Once they understand the differences between drops, most of my patients opt for Prolensa. Fortunately, Bausch + Lomb offers several coupon programs to help patients manage costs. In addition, I have worked with some online pharmacies that accept coupons and provide better pricing than traditional pharmacies.

**Buznego:** Surgeons make every effort to provide the best quality care via surgical tools and techniques, so the key is to extend the positive patient experience

with premium pharmaceuticals. A once-a-day anti-inflammatory medication that controls pain without stinging is critical to success.

One important step that the pharmaceutical industry has taken is providing manufacturer’s coupons, which my practice has used for a long time. However, the coupons are useless for the majority of patients with cataracts because Medicare does not accept them.

Now that Bausch + Lomb has added a new Medicare Part D coupon program for Prolensa to their armamentarium, my Medicare and Medicare Advantage patients can take advantage of the savings that other insured and cash-paying patients have enjoyed. With this coupon, patients will pay no more than \$60 for a 3-mL bottle of Prolensa that will last them through the postoperative period.

### Callbacks

**Katsev:** How do you manage pharmacy and patient callbacks in your practice? What can physicians do to minimize them?

**Stephenson:** Callbacks from both patients and pharmacies have increased exponentially in my office. Since then, I have adopted and incorporated an information sheet on branded vs. generic drugs from Johnny L. Gayton, MD, into my practice, which illustrates why I feel branded drugs are so important. I also tell patients that not all generics are created equally, especially when it comes to eye medications, because generic NSAIDs increase the risk for corneal melts, and that any existing dry eye issues put them at a higher risk for this to happen.<sup>2</sup> Last, I have patients sign the information sheet, which makes them a part of team; I do my part to provide good surgical outcomes, and they do their part by taking their medication as prescribed.

**Rajpal:** Once I explain the rationale behind using Prolensa vs. a less-expensive generic NSAID, I find that patients pose little resistance. Furthermore, my surgical counselors have not reported problems walking patients through the coupon programs that we offer. I prescribe Prolensa during the first appointment and have patients bring the drops with them when they return for preoperative testing so I can confirm before surgery that they have the correct drops. This process helps to keep the percentage of patient callbacks low.

## IMPORTANT RISK INFORMATION ABOUT PROLENSA

experience suggests that use of topical NSAIDs more than 24 hours prior to surgery or use 14 days post surgery may increase a patient’s risk for the occurrence and severity of corneal adverse events.

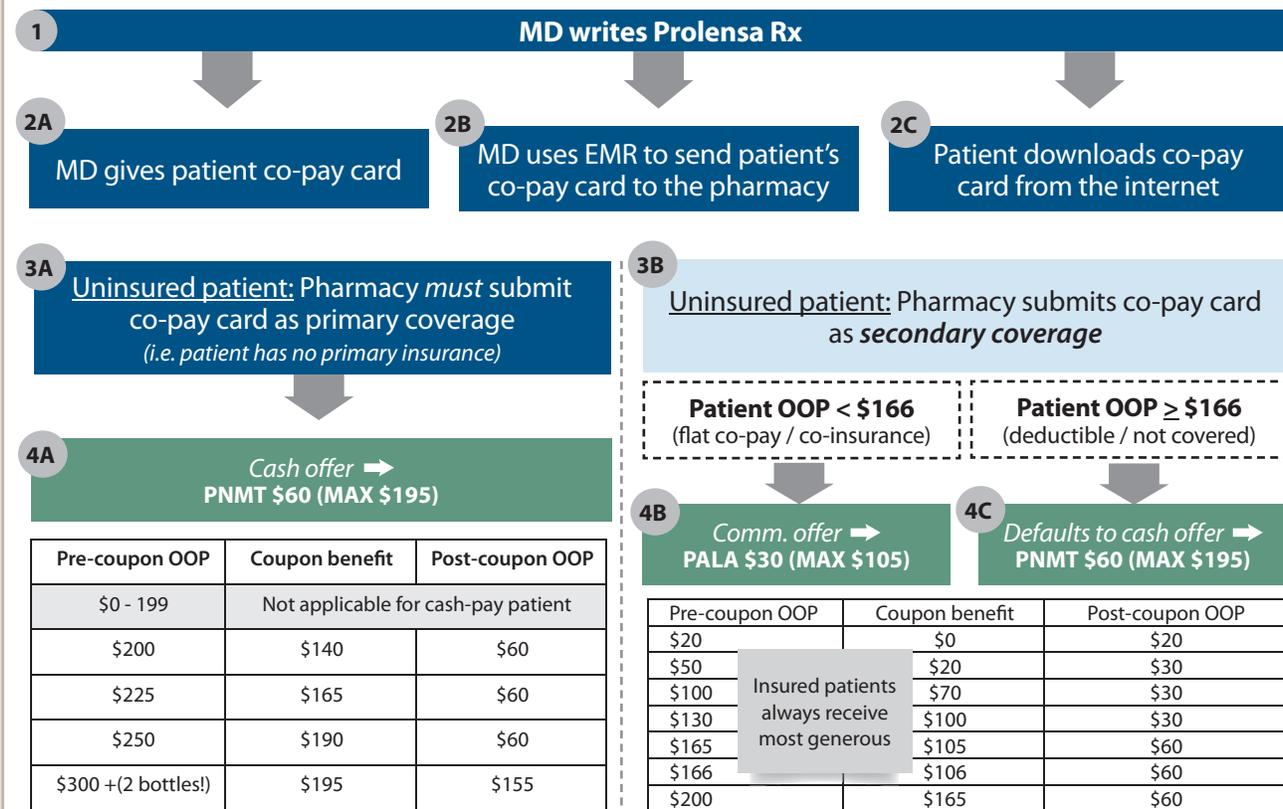
Topical NSAIDs should be used with caution in these patients

- Contact lens wear — PROLENSA should not be

For additional information about PROLENSA, please refer to the full prescribing information on page 14.

# Prolensa commercial (\$30/\$105) and cash (\$60/\$195) coupons

Available in print, online and mobile



### For commercial patients:

- Doubled the max benefit from \$50 to \$105
- 86% of patients will pay \$30 or less (compared to 74% in previous program)
- All commercially insured patients are eligible
- Insured patients with high co-pays (>\$166) will automatically receive the more generous cash offer (see below)

### For cash patients:

- 99% of patients will pay \$60 or less
- All cash paying patients are eligible

### IMPORTANT RISK INFORMATION ABOUT PROLENSA

instilled while wearing contact lenses. Lenses may be inserted 10 minutes following administration of PROLENSA

#### Adverse Reactions

The most commonly reported adverse reactions in 3%-8% of patients were anterior chamber inflammation,

For additional information about PROLENSA, please refer to the full prescribing information on page 14.

**Katsev:** My patients frequently tell me that my staff is extremely helpful and caring, and this is because of the extra effort we take to help them understand the different medications and try to make them cost-effective for all of our patients with coupons.

**Rosenthal:** I am fortunate enough to practice in a state where it is illegal for pharmacists to substitute with a generic without the physician's permission. In most states, however, even if physicians require a brand name by indicating "dispense as written" (DAW) on the prescription, the pharmacist can still switch to a generic. This is where patient education comes into play to help prevent a substitution. Regardless, it was astonishing how often patients would present postoperatively with the wrong drops; by that time, it was too late to switch to a branded NSAID. Therefore, I, too, started prescribing Prolensa preoperatively. This provides my staff with more lead time to troubleshoot and take care of any insurance issues that may arise, while also eliminating undue stress on my staff from fielding last-minute callbacks.

**Matossian:** During my weekly training sessions, I emphasize the "Golden Rule": Treat others as you wish to be treated. I encourage the technicians to help patients benefit from the coupon system without viewing the callbacks as an annoyance because, if the tables were turned, the technicians would also want to save money from coupons, if applicable.

**Jackson:** A local pharmacist recently read me a list of generic alternatives to Prolensa on a particular insurance plan, of which three were corticosteroids, an entirely different class of drugs, were included. This shows the challenges physicians face with generic substitutions, and it only seems to be getting worse.

Some patients may request a generic medication despite a DAW notation, so I make sure to indicate on the electronic health record a medical reason to specifically dispense Prolensa, whether it be for cataract surgery, keratitis, existing dry eye, etc. This way, the pharmacist is forced to call my office and speak to me or my staff before he or she can switch to a generic formulation.

Despite our best efforts, however, patients may still request a generic NSAID. In these cases, I have them sign a generic waiver acknowledging that the substitution was an insurance- or patient-driven change, and not on behalf of the physician. I have found this process to be effective if patients return complaining of poor outcomes or have an unwarranted side effect from a generic drop.

**Buznego:** It has been difficult to come up with a standard recommendation on how to avoid generic substitutions because the majority of pharmacies are regulated on a state-by-state basis. Even the verbiage "medically necessary" vs. "DAW" varies by state.

In my practice, I deal with a morass of generic substitutions because such substitutions are mandatory by Florida law. Therefore, it is important to indicate the specific concentration that patients should be prescribed; other concentrations of bromfenac have generic versions, but the patient would not benefit from the unique pH of Prolensa bromfenac solution 0.07%, which maximizes ocular penetration and comfort. Fortunately, Prolensa bromfenac solution 0.07% has no generic equivalent.

### Conclusion

**Katsev:** What feedback have you received from your patients about Prolensa?

**Rajpal:** My patients' response to Prolensa has been outstanding. They tolerate it well, they enjoy the once-a-day dosing and upon examination, their corneas look healthy, and I see minimal inflammation.<sup>†</sup>

**Singh:** In my opinion, tolerability is a crucial aspect of this medication. Patient comfort and satisfaction lead to compliance, which in turn, leads to good outcomes.<sup>†</sup>

**Stephenson:** I receive few, if any, complaints from patients about pain and discomfort while on Prolensa.<sup>†</sup> I believe this is in direct proportion to increased patient compliance that I observe, which helps facilitate good outcomes.<sup>3</sup>

#### †Warning: Adverse Events

*The most commonly reported adverse reactions following use of PROLENSA following cataract surgery include: anterior chamber inflammation, foreign body sensation, eye pain, photophobia, and vision blurred. These reactions were reported in 3% to 8% of patients.*

## IMPORTANT RISK INFORMATION ABOUT PROLENSA

foreign body sensation, eye pain, photophobia, and blurred vision.

**Katsev:** I have been in practice for 25 years and have prescribed many medications. In my experience, this is the first medication with which none of my patients have complained of burning and stinging, redness and other non-specific issues,<sup>†</sup> nor have my colleagues expressed negative feedback.

**Buznego:** For years, I would receive patient complaints about their postoperative regimen with prescribed NSAIDs. Since the development of bromfenac, my patients have been satisfied, which has ultimately led to an increase in word-of-mouth referrals for my practice.

**Matossian:** In addition, I field fewer complaints about postoperative pain. Granted, surgeons have better instruments and perform smaller, sutureless incisions, but I think Prolensa also contributes to a more comfortable postoperative period for patients.

**Katsev:** In summary, what best practices can you provide to colleagues about NSAID use for the treatment of pain and inflammation after cataract surgery, and about Prolensa in particular?

**Buznego:** In addition to patient education and stressing the importance of branded medication, physicians have the ability to save patients money with cash and commercial coupon programs. The game changer is the Medicare Part D coupon plan that, by answering a couple simple questions online, now allows the majority of patients to receive Prolensa for \$60.

**Singh:** I make sure to tell patients that I always try everything I can to provide the best chance of good surgical outcomes by offering femtosecond laser-assisted cataract surgery, using advanced tools intraoperatively and prescribing brand-name medications.

**Rajpal:** I believe it is critical that physicians manage inflammation prophylactically by treating patients starting 1 day preoperatively. Doing so with Prolensa has given me the ability to minimize any significant inflammation after cataract surgery.

**Katsev:** Surgeons performing cataract surgery strive to provide patients with improved vision and quality of life. The use of a potent NSAID to effectively reduce pain and inflammation can help patients achieve optimal outcomes.

I thank the panel for their time and expertise, as well as Bausch + Lomb, for its support.

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#### <sup>†</sup>Warning: Adverse Events

The most commonly reported adverse reactions following use of PROLENSA following cataract surgery include: anterior chamber inflammation, foreign body sensation, eye pain, photophobia, and vision blurred. These reactions were reported in 3% to 8% of patients.

**BAUSCH + LOMB**  
**PROLENSA™**  
*(bromfenac ophthalmic solution) 0.07%*

**HIGHLIGHTS OF PRESCRIBING INFORMATION**

These highlights do not include all the information needed to use PROLENSA™ (bromfenac ophthalmic solution) 0.07% safely and effectively. See full prescribing information for PROLENSA™ ophthalmic solution.

**PROLENSA™ (bromfenac ophthalmic solution) 0.07%**  
**Initial U.S. Approval: 1997**

**INDICATIONS AND USAGE**

PROLENSA is a nonsteroidal anti-inflammatory drug (NSAID) indicated for the treatment of postoperative inflammation and reduction of ocular pain in patients who have undergone cataract surgery. (1)

**DOSAGE AND ADMINISTRATION**

Instill one drop into the affected eye once daily beginning 1 day prior to surgery, continued on the day of surgery, and through the first 14 days post-surgery. (2.1)

**DOSAGE FORMS AND STRENGTHS**

Topical ophthalmic solution: bromfenac 0.07% (3)



**CONTRAINDICATIONS**

None (4)

**WARNINGS AND PRECAUTIONS**

- Sulfite Allergic Reactions (5.1)
- Slow or Delayed Healing (5.2)
- Potential for cross-sensitivity (5.3)
- Increase bleeding of ocular tissues (5.4)
- Corneal effects including keratitis (5.5)
- Contact Lens Wear (5.6)

**ADVERSE REACTIONS**

The most commonly reported adverse reactions in 3 to 8% of patients were anterior chamber inflammation, foreign body sensation, eye pain, photophobia, and vision blurred. (6.1).

**To report SUSPECTED ADVERSE REACTIONS, contact Bausch & Lomb Incorporated at 1-800-323-0000, or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.**

**See 17 for PATIENT COUNSELING INFORMATION**

Revised: 4/2013

**FULL PRESCRIBING INFORMATION: CONTENTS\***

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**2 DOSAGE AND ADMINISTRATION**

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- 2.2 Use with Other Topical Ophthalmic Medications

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- 5.2 Slow or Delayed Healing
- 5.3 Potential for Cross-Sensitivity
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- 17.3 Concomitant Use of Contact Lenses
- 17.4 Concomitant Topical Ocular Therapy

\*Sections or subsections omitted from the full prescribing information are not listed.

**FULL PRESCRIBING INFORMATION**

**1 INDICATIONS AND USAGE**

PROLENSA™ (bromfenac ophthalmic solution) 0.07% is indicated for the treatment of postoperative inflammation and reduction of ocular pain in patients who have undergone cataract surgery.

**2 DOSAGE AND ADMINISTRATION**

**2.1 Recommended Dosing**

One drop of PROLENSA ophthalmic solution should be applied to the affected eye once daily beginning 1 day prior to cataract surgery, continued on the day of surgery, and through the first 14 days of the postoperative period.

**2.2 Use with Other Topical Ophthalmic Medications**

PROLENSA ophthalmic solution may be administered in conjunction with other topical ophthalmic medications such as alpha-agonists, beta-blockers, carbonic anhydrase inhibitors, cycloplegics, and mydriatics. Drops should be administered at least 5 minutes apart.

**3 DOSAGE FORMS AND STRENGTHS**

Topical ophthalmic solution: bromfenac 0.07%

**4 CONTRAINDICATIONS**

None

**5 WARNINGS AND PRECAUTIONS**

**5.1 Sulfite Allergic Reactions**

Contains sodium sulfite, a sulfite that may cause allergic type reactions including anaphylactic symptoms and life-threatening or less severe asthmatic episodes in certain susceptible people. The overall prevalence of sulfite sensitivity in the general population is unknown and probably low. Sulfite sensitivity is seen more frequently in asthmatic than in non-asthmatic people.

**5.2 Slow or Delayed Healing**

All topical nonsteroidal anti-inflammatory drugs (NSAIDs), including bromfenac, 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.

**5.3 Potential for Cross-Sensitivity**

There is the potential for cross-sensitivity to acetylsalicylic acid, phenylacetic acid derivatives, and other NSAIDs, including bromfenac. Therefore, caution should be used when treating individuals who have previously exhibited sensitivities to these drugs.

**5.4 Increased Bleeding Time**

With some NSAIDs, including bromfenac, there exists the potential for increased bleeding time due to interference with platelet aggregation. There have been reports that

ocularly applied NSAIDs may cause increased bleeding of ocular tissues (including hyphemas) in conjunction with ocular surgery.

It is recommended that PROLENSA ophthalmic solution be used with caution in patients with known bleeding tendencies or who are receiving other medications which may prolong bleeding time.

**5.5 Keratitis and Corneal Reactions**

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 bromfenac, and should be closely monitored for corneal health.

Post-marketing 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.

Post-marketing experience with topical NSAIDs also suggests that use more than 24 hours prior to surgery or use beyond 14 days post-surgery may increase patient risk for the occurrence and severity of corneal adverse events.

**5.6 Contact Lens Wear**

PROLENSA should not be instilled while wearing contact lenses. Remove contact lenses prior to instillation of PROLENSA. The preservative in PROLENSA, benzalkonium chloride may be absorbed by soft contact lenses. Lenses may be reinserted after 10 minutes following administration of PROLENSA.

**6 ADVERSE REACTIONS**

**6.1 Clinical Trial Experience**

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

The most commonly reported adverse reactions following use of PROLENSA following cataract surgery include: anterior chamber inflammation, foreign body sensation, eye pain, photophobia, and vision blurred. These reactions were reported in 3 to 8% of patients.



**8 USE IN SPECIFIC POPULATIONS**

**8.1 Pregnancy**

Treatment of rats at oral doses up to 0.9 mg/kg/day (systemic exposure 90 times the systemic exposure predicted from the recommended human ophthalmic dose [RHOD]) assuming the human systemic concentration is at the limit of quantification) and rabbits at oral doses up to 7.5 mg/kg/day (150 times the predicted human systemic exposure) produced no treatment-related malformations in reproduction studies. However, embryo-fetal lethality and maternal toxicity were produced in rats and rabbits at 0.9 mg/kg/day and 7.5 mg/kg/day, respectively. In rats, bromfenac treatment caused delayed parturition at 0.3 mg/kg/day (30 times the predicted human exposure), and caused dystocia, increased neonatal mortality and reduced postnatal growth at 0.9 mg/kg/day.

There are no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Because of the known effects of prostaglandin biosynthesis-inhibiting drugs on the fetal cardiovascular system (closure of ductus arteriosus), the use of PROLENSA™ ophthalmic solution during late pregnancy should be avoided.

**8.3 Nursing Mothers**

Caution should be exercised when PROLENSA ophthalmic solution is administered to a nursing woman.

**8.4 Pediatric Use**

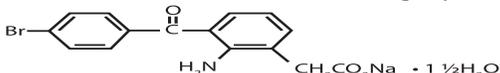
Safety and efficacy in pediatric patients below the age of 18 years have not been established.

**8.5 Geriatric Use**

There is no evidence that the efficacy or safety profiles for ProleNSA differ in patients 70 years of age and older compared to younger adult patients.

**11 DESCRIPTION**

PROLENSA (bromfenac ophthalmic solution) 0.07% is a sterile, topical, nonsteroidal anti-inflammatory drug (NSAID) for ophthalmic use. Each mL of PROLENSA contains 0.805 mg bromfenac sodium sesquihydrate (equivalent to 0.7 mg bromfenac free acid). The USAN name for bromfenac sodium sesquihydrate is bromfenac sodium. Bromfenac sodium is designated chemically as sodium [2-amino-3-(4-bromobenzoyl) phenyl] acetate sesquihydrate, with an empirical formula of C<sub>15</sub>H<sub>11</sub>BrNNaO<sub>3</sub> · 1½H<sub>2</sub>O. The chemical structure for bromfenac sodium sesquihydrate is:



Bromfenac sodium is a yellow to orange crystalline powder. The molecular weight of bromfenac sodium is 383.17. PROLENSA ophthalmic solution is supplied as a sterile aqueous 0.07% solution, with a pH of 7.8. The osmolality of PROLENSA ophthalmic solution is approximately 300 mOsmol/kg.

**Each mL of PROLENSA ophthalmic solution contains:**

**Active:** Each mL contains bromfenac sodium sesquihydrate 0.0805%, which is equivalent to bromfenac free acid 0.07%

**Preservative:** benzalkonium chloride 0.005%

**Inactives:** boric acid, edetate disodium, povidone, sodium borate, sodium sulfite, tyloxapal, sodium hydroxide to adjust pH and water for injection, USP

**12 CLINICAL PHARMACOLOGY**

**12.1 Mechanism of Action**

Bromfenac is a nonsteroidal anti-inflammatory drug (NSAID) that has anti-inflammatory activity. The mechanism of its action is thought to be due to its ability to block prostaglandin synthesis by inhibiting cyclooxygenase (COX) 1 and 2. Prostaglandins have been shown in many animal models to be mediators of certain kinds of intraocular inflammation. In studies performed in animal eyes, prostaglandins have been shown to produce disruption of the blood-aqueous humor barrier, vasodilation, increased vascular permeability, leukocytosis, and increased intraocular pressure.

**12.3 Pharmacokinetics**

The plasma concentration of bromfenac following ocular administration of 0.07% PROLENSA (bromfenac ophthalmic solution) in humans is unknown. Based on the maximum proposed dose of one drop to each eye (0.035 mg) and PK information from other routes of administration, the systemic concentration of bromfenac is estimated to be below the limit of quantification (50 ng/mL) at steady-state in humans.

**13 NONCLINICAL TOXICOLOGY**

**13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility**

Long-term carcinogenicity studies in rats and mice given oral doses of bromfenac up to 0.6 mg/kg/day (systemic exposure 30 times the systemic exposure predicted from the recommended human ophthalmic dose [RHOD]) assuming the human systemic concentration is at the limit of quantification) and 5 mg/kg/day (340 times the predicted human systemic exposure), respectively, revealed no

significant increases in tumor incidence.

Bromfenac did not show mutagenic potential in various mutagenicity studies, including the reverse mutation, chromosomal aberration, and micronucleus tests.

Bromfenac did not impair fertility when administered orally to male and female rats at doses up to 0.9 mg/kg/day and 0.3 mg/kg/day, respectively (systemic exposure 90 and 30 times the predicted human exposure, respectively).

**14 CLINICAL STUDIES**

**14.1 Ocular Inflammation and Pain**

Bromfenac 0.07% QD for the treatment of postoperative inflammation and reduction of ocular pain was evaluated in two multi-center, randomized, double-masked, parallel-group and placebo (vehicle)-controlled studies. Patients undergoing cataract surgery self-administered bromfenac 0.07% or vehicle once daily, beginning 1 day prior to surgery, continuing on the morning of surgery and for 14 days after surgery. Complete clearance of ocular inflammation (0 cell and no flare) was assessed on Days 1, 3, 8 and 15 post-surgery using slit lamp biomicroscopy. The pain score was self-reported. The primary efficacy endpoint was the proportion of subjects who had complete clearance of ocular inflammation by day 15. In the intent-to-treat analyses from both assessments, complete clearance at Day 8 and Day 15, bromfenac 0.07% was superior to vehicle as shown in the following table.

Proportion of Subjects with Cleared Ocular Inflammation (0 cells and no flare)				
Study	Visit	Bromfenac 0.07%	Vehicle	Difference (%) (Asymptotic 95% CI)
Study 1	At Day 8	27/112 (24.1%)	7/108 (6.5%)	17.6 (8.4, 26.8)
	At Day 15	51/112 (45.5%)	14/108 (13.0%)	32.5 (21.4, 43.8)
Study 2	At Day 8	33/110 (30.0%)	14/110 (12.7%)	17.3 (6.7, 27.9)
	At Day 15	50/110 (45.5%)	30/110 (27.3%)	18.2 (5.7, 30.7)
Proportion of Subjects who Were Pain Free				
Study	Visit	Bromfenac 0.07%	Vehicle	Difference (%) (Asymptotic 95% CI)
Study 1	At Day 1	91/112 (81.3%)	47/108 (43.5%)	37.7 (25.9, 49.6)
Study 2	At Day 1	84/110 (76.4%)	61/110 (55.5%)	20.9 (8.7, 33.1)

**16 HOW SUPPLIED/STORAGE AND HANDLING**

PROLENSA (bromfenac ophthalmic solution) 0.07% is supplied in a white LDPE plastic squeeze bottle with a 15 mm LDPE white dropper-tip and 15 mm polypropylene gray cap as follows:

- 1.6 mL in a 7.5 mL container (NDC 24208-602-01)
- 3 mL in a 7.5 mL container (NDC 24208-602-03)

**Storage:** Store at 15° – 25°C (59° – 77°F).

**17 PATIENT COUNSELING INFORMATION**

**17.1 Slowed or Delayed Healing**

Advise patients of the possibility that slow or delayed healing may occur while using NSAIDs.

**17.2 Sterility of Dropper Tip**

Advise patients to replace bottle cap after using and to not touch dropper tip to any surface, as this may contaminate the contents.

Advise patients that a single bottle of PROLENSA be used to treat only one eye.

**17.3 Concomitant Use of Contact Lenses**

Advise patients to remove contact lenses prior to instillation of PROLENSA. The preservative in PROLENSA, benzalkonium chloride, may be absorbed by soft contact lenses. Lenses may be reinserted after 10 minutes following administration of PROLENSA.

**17.4 Concomitant Topical Ocular Therapy**

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

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