## STOCK ACUVAIL"!



The optimal ketorolac formulation. Sure to be in high demand starting late August 2009.

## Launching with significant promotional support by one of the nation's leading eye care companies—Allergan, Inc.

- Approximately 200 sales representatives will support ACUVAIL™ at launch
- Physician-provided instant coupon program will be offered to patients

## There is no A/B-rated equivalent for ACUVAIL™ ophthalmic solution

### TRADE LAUNCH INFORMATION

For your convenience, product ordering information is provided below.

Name: ACUVAIL™ (ketorolac tromethamine ophthalmic solution) 0.45%

**How it's supplied:** Sterile solution in clear, LDPE, single-use vials packaged in a foil pouch. Each package contains 30 single-use vials containing 0.4 mL of product each.

NDC	0023-3507-30
CIN	4240651

## **CONTACT YOUR WHOLESALER FOR DETAILS**

### INDICATION

ACUVAIL™ ophthalmic solution is a nonsteroidal anti-inflammatory indicated for the treatment of pain and inflammation following cataract surgery.

## Important Safety Information

#### CONTRAINDICATION

ACUVAIL™ solution is contraindicated in patients with previously demonstrated hypersensitivity to any of the ingredients in the formulation.

### WARNINGS AND PRECAUTIONS

Topical nonsteroidal anti-inflammatory drugs (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. There is the potential for cross-sensitivity to acetylsalicylic acid, phenylacetic acid derivatives, and other NSAIDs. With some NSAIDs, there exists the potential for increased bleeding time due to interference with thrombocyte aggregation. 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.





Your Next NSAID

# A New Shape In NSAID THERAPY



Available in late August for the treatment of inflammation and pain following cataract surgery

## Powerful NSAID Efficacy

- The percentage of ACUVAIL™ patients with a complete clearance of ocular inflammation was approximately 2x greater than vehicle (167/318 [53%] vs 41/155 [26%] for vehicle at day 14)1
- Rapid pain relief—significantly more ACUVAIL™ patients had pain scores of 0 at day 1 postcataract surgery than vehicle1

## Simple BID Dosing Schedule

## **Enhanced Patient Comfort**

- Optimized, nearly neutral pH of approximately 6.8 may help facilitate performance<sup>1,2</sup>
- The only preservative-free ophthalmic NSAID available
- Includes carboxymethylcellulose (CMC) to improve ocular comfort<sup>2</sup>
- The power of the ketorolac molecule with minimal burning and stinging<sup>2</sup>

## Important Safety Information (continued)

### WARNINGS AND PRECAUTIONS

Postmarketing experience with topical NSAIDs suggests that patients with complicated ocular surgeries, corneal denervation, corneal epithelial defects, diabetes mellitus, ocular surface diseases (eg, 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.

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

#### Adverse Reactions

The most common adverse events were reported in 1% to 6% of patients and included increased intraocular pressure, conjunctival hyperemia and/or hemorrhage, corneal edema, ocular pain, headache, tearing, and vision blurred. Some of these events may be the consequence of the cataract surgical procedure.

### Note to representative: Please provide full prescribing information when presenting this material.

- ACUVAIL™ Prescribing Information.
- 2. Data on file, Allergan, Inc., 2009; ACUVAIL" New Data Application: Clinical Overview.



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