A new standard in femto excellence has emerged.

Introducing the ABACI Laser System™ The next phase in femtosecond laser technology. Offering state-of-the-art 3D-CSI™ imaging and a no-touch interface that guides your refractive cataract procedures with unparalleled precision and predictability.

The art of precision.
The assurance of predictability.

ABACI™

LENSAR

Communicate: Precision from 2D to 3D Imaging

LensAR™

DEPOMED

Communicate: Be There For Her Through All Stages

Belrada

Indication

JETREA® (ocriplasmin) Intravitreal Injection is a proteolytic enzyme indicated for the treatment of symptomatic vitreomacular adhesion.

Important Safety Information

Warnings and Precautions

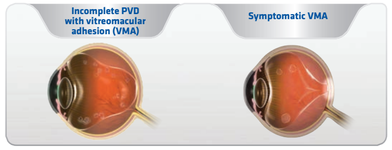
Decreases in vision due to progression of the condition with traction may occur requiring surgical intervention. Patients should be monitored and instructed to report any symptoms without delay.

Please see Important Safety Information for JETREA on the inside back cover and full Prescribing Information attached.

JETREA™
(ocriplasmin)
Intravitreal Injection, 2.5 mg/mL

ThromboGenics®

Symptomatic Vitreomacular Adhesion Occurs as a Result of Incomplete Posterior Vitreous Detachment (PVD)[2-4]

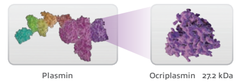


- Unresolved VMA can progress to symptomatic VMA, causing visual consequences such as decreased visual acuity, metamorphopsia, and central vision defect[3,5-9]

JETREA® (ocriplasmin) Intravitreal Injection, 2.5 mg/mL is the first and only pharmacologic treatment for symptomatic VMA[1]

JETREA is specifically formulated for intravitreal injection[1,10]

- JETREA is a truncated form of human plasmin manufactured using recombinant DNA technology[1]
- Recommended dose is 0.125 mg administered as a single intravitreal injection to the affected eye[1]



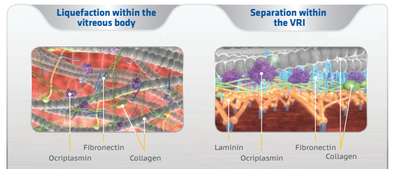
Important Safety Information

Warnings and Precautions

Intravitreal injection procedure associated effects (intraocular inflammation/infection, intraocular hemorrhage and increased IOP) may occur following an intravitreal injection. Patients should be monitored and instructed to report any symptoms without delay.

JETREA® Dissolves the Protein Matrix Responsible for Vitreomacular Adhesion[1]

JETREA is a proteolytic enzyme that induces release of the adhesion via a mechanism of action (MOA) that targets proteins both in the vitreous body and the vitreoretinal interface (VRI):



- Has proteolytic activity against protein components of the vitreous and the VRI, such as laminin, fibronectin, and collagen[1,10-12]
- Works to liquefy the vitreous and separate it from the retina[13-16]
- Dissolves the attachment between the cortical vitreous and the internal limiting membrane (ILM)[1,11-13]

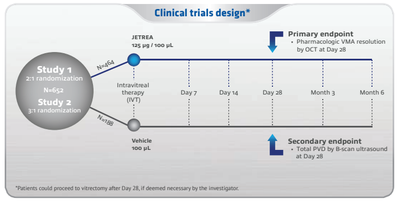
Please see full Prescribing Information for JETREA attached.

JETREA™
(ocriplasmin)
Intravitreal Injection, 2.5 mg/mL

Phase 3 Clinical Trials Demonstrated the Efficacy and Safety of JETREA®[1,10,14]

Study Design

Randomized, vehicle-controlled, double-masked, multicenter trials of ocriplasmin single intravitreal injection for pharmacologic treatment of symptomatic VMA[1,4]



Inclusion and Exclusion Criteria Were Identical Across Trials[14]

Key Inclusion	Key Exclusion
Symptomatic VMA	High myopia (more than -8 diopters)
Best-corrected visual acuity (BCVA) worse than 20/25 in study eye	History of prior vitrectomy or prior laser photocoagulation to macula
BCVA better than 20/800 (high myopia) in fellow eye	Macular hole diameter >400 µm
	Other retinal diseases that could affect visual function (eg, proliferative diabetic retinopathy [DR], exudative age-related macular degeneration [AMD])

Baseline Characteristics Were Comparable Across Most Groups[10,14]

Selected Baseline Characteristics	Vehicle (N=188)	JETREA* (N=464)
Mean age (range)	70.7 (24-97)	72.1 (18-93)
Female, n (%)	115 (61.2)	314 (67.7)
White, n (%)	174 (92.6)	428 (92.2)
VMA diameter ≤1500 µm, n (%)[†]	123 (69.9)	314 (71.4)
Pseudophakic, n (%)[‡]	53 (28.2)	172 (37.1)[§]
Mean baseline BCVA, ETDRS letters (Snellen equivalent)	65.1 (20/50)	63.9 (20/50)
Full-thickness macular hole (FTMH), n (%)[‖]	47 (25.0)	106 (22.8)
Epiretinal membrane (ERM), n (%)[‖]	68 (36.2)	184 (39.7)
Nonproliferative diabetic retinopathy (DR), n (%)[‖]	15 (8.0)	30 (6.5)

ETDRS indicates Early Treatment Diabetic Retinopathy Study.
[1]Percentages are based on total number of patients in the Modified Full Analysis Set.[10]
[2]Patients could have had >1 baseline ocular characteristic.[10]
[3]Pseudophakia was more common in patients treated with JETREA.[10,14]
* 23 patients had ERM and FTMH: JETREA, n=18; vehicle, n=5.[10]

Important Safety Information

If the contralateral eye requires treatment with JETREA, it is not recommended within 7 days of the initial injection in order to monitor the post-injection course in the injected eye.

Warnings and Precautions

Potential for lens subluxation.

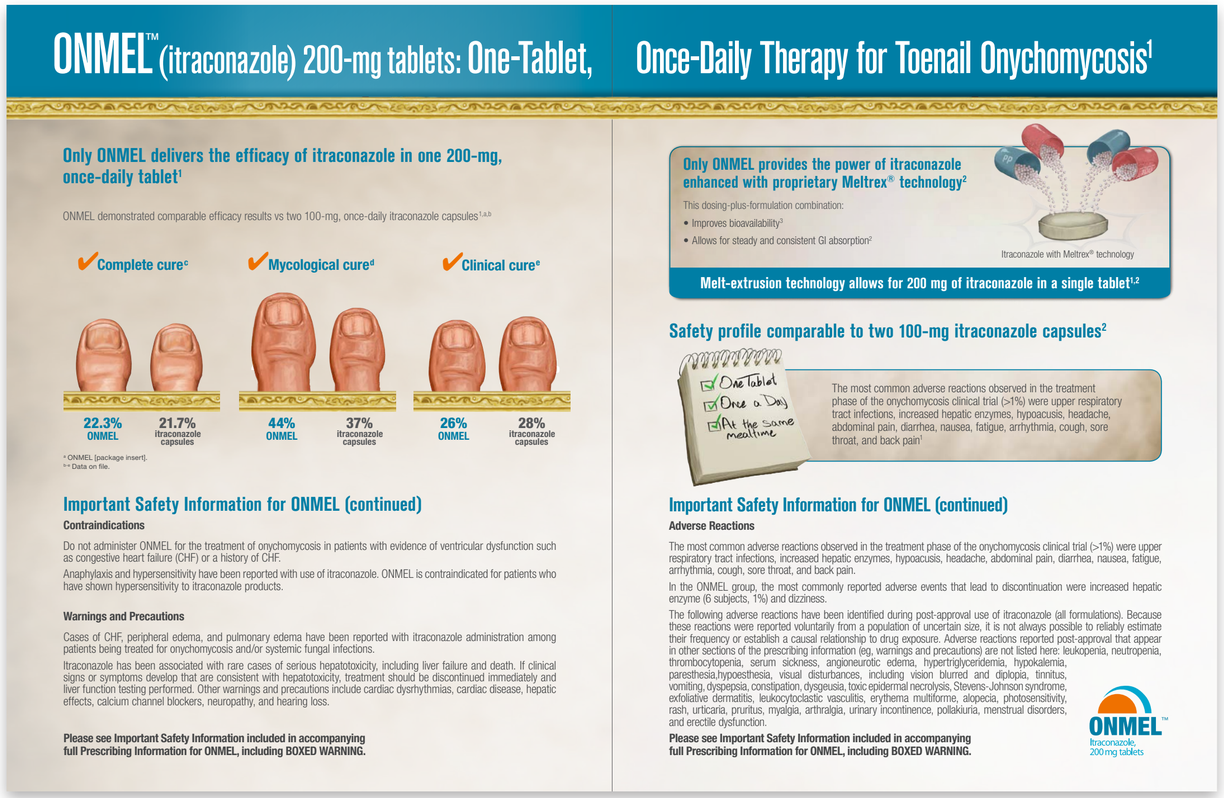
Please see full Prescribing Information for JETREA attached.

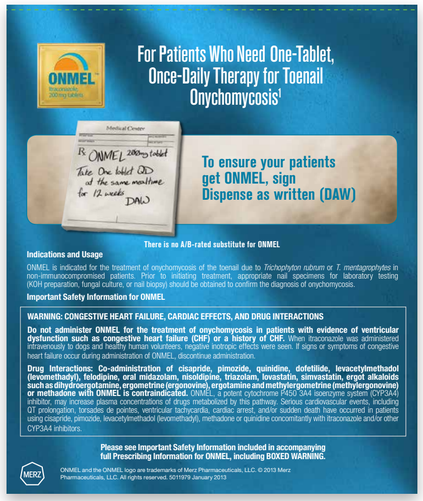
JETREA™
(ocriplasmin)
Intravitreal Injection, 2.5 mg/mL

THROMBOGENICS

Communicate: Disease State & Targeted Resolution

JETREA™
(ocriplasmin)
Intravitreal Injection, 2.5 mg/mL





ONMEL

Communicate: Antifungal Treatment

NEOVISTA®

NEOVISTA

Communicate: Efficacy & Safety

VIDION® ANTI-NEOVASCULAR (ANV®) THERAPY SYSTEM

Effects of Radiation on the Eye

- Several randomized, controlled studies have evaluated the safety of radiation therapy as a treatment for intraocular tumors and age-related macular degeneration (AMD):[1-4]
  - Each study used unique dose rates, fractions, and delivery systems
  - Lack of standardization complicates efforts to predict the impact of radiation on ocular tissues
- The effect of radiation on eye anatomy following treatment for AMD is listed in Table 1:[1,4]
- Radiation retinopathy can occur following exposure to any energetic radiation source, including external beam and plaque brachytherapy
  - Clinical features include macular edema, intraretinal hemorrhages, microaneurysms, cotton wool spots, telangiectasias, and vascular sheathing
- Radiation-related effects on the retina and optic nerve appear secondary to damage of the retinal, choroidal, and optic nerve vasculature
- Irradiated eyes show marked fibrosis of capillary and arteriolar walls, causing vessel stenosis and occlusion, while adjacent veins and arteries are usually normal[2,3]
- Histopathological analysis of eyes following proton beam irradiation of uveal melanomas indicated that retinal damage was confined to the area in close proximity to the tumor[4]
  - Minor changes in vessel morphology beyond 1 mm of the tumor edge were noted in 10% of patients[3]
  - When present, thrombotic changes were seen only in areas overlying the tumor[3]

TABLE 1:
Comparison of the threshold for clinically observable radiation damage and the dose delivered by the VIDION® ANV® Therapy System.[1,4]

Tissue	Effect	Dose for clinically observable damage	Dose delivered by VIDION®
Cornea	Keratitis	35-50 Gy	0.00039 Gy
Conjunctiva	Conjunctivitis	55-75 Gy	0.00040 Gy
Lacrimal system	Atrophy/stenosis	50-60 Gy	0.00040 Gy
Lens	Cataract	1 Gy (threshold)	0.00056 Gy
Retina	Retinopathy	35-55 Gy	24 Gy
Optic nerve	Optic neuropathy	>55 Gy	2.4 Gy

Safety of Brachytherapy

- Brachytherapy (from Greek; brachy meaning "short distance") is a form of radiotherapy that places a radiation source directly at the site of the target tissue. In contrast, external beam radiotherapy (EBRT) directs high-energy x-rays, gamma ray, or particles to the target tissue from outside the eye.
- A key feature of brachytherapy is that the radiation affects only a localized area; radiation exposure to adjacent healthy tissues is limited
- Positive results of multiple intravascular studies to treat neointimal proliferation following balloon angioplasty led to the use of ocular brachytherapy as a treatment of choroidal neovascularization (CNV) associated with AMD
- Brachytherapy is used to treat various cancers and has been used to slow the restenosis after coronary angioplasty (ie, intravascular brachytherapy)
  - Delivering 18.4 to 23 Gy of strontium-90 ($^{90}Sr/^{90}Y$) radiation directly to the lumen of the vasculature in postangioplasty patients was safe, well-tolerated, and produced positive clinical outcomes[5,6]

Safety of Brachytherapy in Intraocular Applications

Prospective clinical trial data indicate intraocular brachytherapy is well-tolerated with a low risk for radiation-related adverse events (AEs). (Comparison of dose-related AEs may be confounded by difference in methodology between studies[7])

TABLE 2:
Strontium-90 ($^{90}Sr/^{90}Y$) radiation studies

Study (year of publication)	Patient population	Dose studied	Conclusions
Jaakkola et al. (2005)[7]	Patients with CNV (n=84)	Single doses of external strontium-90 ($^{90}Sr/^{90}Y$) radiation at doses of 32.9 Gy and 12.6 Gy	Clinically dry macula observed in more patients receiving the 32.9 Gy dose (Table 3); No cases of radiation toxicity to the optic nerve.
Jaakkola et al. (1998)[8]	Patients with CNV (n=20) controls (n=12)	Single dose of 29 Gy at a depth of 1.75 mm	Radiation was applied to the episcleral surface (under the macula) for 54 minutes; No radiation-related AEs noted after 12 months of follow-up.
Avila et al. (2009)[9]	Patients with CNV 15 Gy (n=15) 24 Gy (n=26)	Epimacular Brachytherapy using strontium-90 ($^{90}Sr/^{90}Y$) at doses of 15 Gy and 24 Gy	No evidence of radiation-related AEs appeared after 12 months of follow-up.
Avila et al. (2011)[10]	Patients with CNV n=24	Strontium-90 ($^{90}Sr/^{90}Y$) Epimacular Brachytherapy at a dose of 24 Gy combined with the anti-VEGF drug bevacizumab	One case of nonproliferative radiation retinopathy identified at 36 months, which did not have an adverse effect on visual acuity.

TABLE 3.
Proportion of patients achieving clinically dry macula following strontium-90 ($^{90}Sr/^{90}Y$) plaque brachytherapy at 15 Gy and 24.3 radiation.[7]

Patients with clinically dry macula	Strontium-90 ($^{90}Sr/^{90}Y$) Dosage 15 Gy (%)	32.9 Gy (%)
6 months	2.3	37.5
12 months	21.1	56.4
24 months	31.3	43.6

This device is not approved for use in the United States (US). VIDION® is approved for sale in all countries that accept CE mark.

2

3

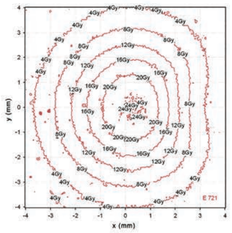
VIDION® ANTI-NEOVASCULAR (ANV®) THERAPY SYSTEM

The VIDION® ANV® Therapy System

- The VIDION® ANV® Therapy System has been designed to deliver radiation directly to the CNV lesion, thus minimizing proximal tissue damage
  - Goal of brachytherapy: irradiate the pathologic target tissue while minimizing the radiation exposure of adjacent structures
- Strontium-90 ($^{90}Sr/^{90}Y$) is well-suited for intraocular use
  - Strontium-90 ($^{90}Sr/^{90}Y$) in equilibrium with its daughter, Yttrium-90, produces a highly energetic source of beta radiation
  - The dose delivered is rapidly reduced as a function of distance from the radiation source
  - As illustrated in Figure 1, if the dose delivered to the center of the radiation field is 24 Gy, the edges of a 5.4-mm lesion (ie, 2.7 mm from the center of the field) receives approximately 6 Gy
- In contrast, external beam radiotherapy delivers a uniform dose to the entire spot size and full thickness of the area of retina treated (the larger the treatment tissue volume, the greater risk of damage to surrounding healthy tissue)
- The VIDION® device delivers a maximum dose targeted to a small volume of tissue at the center of the lesion with a rapid fall-off, minimizing collateral damage and allowing for repair and recovery of the nearby tissue

FIGURE 1.
Dosimetry pattern of the VIDION® device

- The VIDION® System delivers a dose well below the previously documented threshold for toxicity at the cornea, conjunctiva, lacrimal system, lens, and optic nerve (Table 1)[4]
- The VIDION® System delivers radiation to a small, precisely targeted location
  - The volume of tissue receiving the radiation is small, and the dose falls off rapidly.



Summary

- The VIDION® ANV® Therapy System treats subfoveal CNV by delivering a single 24-Gy dose of strontium-90 ($^{90}Sr/^{90}Y$) beta radiation
- Strontium-90 ($^{90}Sr/^{90}Y$) is ideal for ocular use based on its favorable characteristics:
  - Short tissue penetration
  - Rapid delivery (3-5 min) of a therapeutic dose, directly to the target
  - Favorable dosimetry characteristics for delivery in an enclosed space
- The VIDION® ANV® Therapy System is designed to provide safe and effective delivery of targeted ionizing radiation with minimal exposure to surrounding tissue

This device is not approved for use in the United States (US). VIDION® is approved for sale in all countries that accept CE mark.

4

5

NEOVISTA®

RENEWNT™

Based in science. Perfected for skin.

Introducing Renewnt

A breakthrough for the skin's natural restoration process

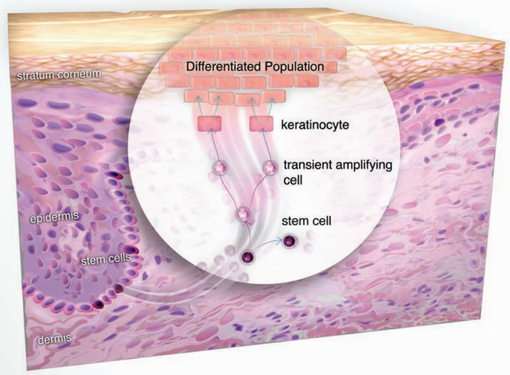
makucell™

The key to healthier skin lies within

The science behind skin cell restoration

Endogenous stem cells in the dermis and epidermis renew and replace skin cells, including keratinocytes, fibroblasts, and melanocytes

- Skin has the largest repository of stem cells in the body
- Even though the number of stem cells within skin remains relatively constant overtime, aging can lead to infrequent stem cell differentiative divisions
- Infrequent stem cell differentiative divisions and the associated inadequate production of skin cells and essential elements (eg, collagen and elastin) contribute to the appearance of fine lines, wrinkles, and thinner skin



makucell™

Differentiation makes all the difference

Optimizing the Wnt signaling pathway to generate elements of healthier skin

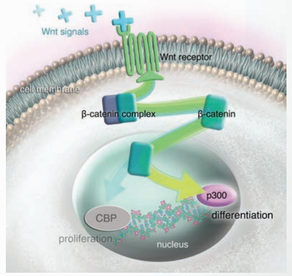
Stem cell differentiative divisions are regulated by the Wnt signaling pathway

- Wnt signaling controls whether stem cells remain dormant, proliferate and divide to form new stem cells, or differentiate into new skin cells
- A central "hub" protein for communication within the Wnt signaling pathway is β-catenin
  - When β-catenin binds to CBP in the nucleus, symmetrical proliferation is favored
  - When β-catenin binds to p300 in the nucleus, asymmetrical differentiation is favored
- Optimal Wnt signaling can help stem cells regain activities necessary for healthy and youthful-appearing skin

Wnt signaling is optimized by Asymmtate™, a selective synthetic modulator of the Wnt signaling pathway that encourages skin stem cells to differentiate

Asymmtate is the molecular key to the skin's natural renewal processes

- Penetrates the epidermis and dermis to target the β-catenin switch of the Wnt pathway
- Helps the skin's own stem cells to replenish keratinocytes, fibroblasts, and other dermal cells
- Promotes the restoration of skin elasticity and strength
- Is nonmutagenic, nonirritating, and nonsensitizing



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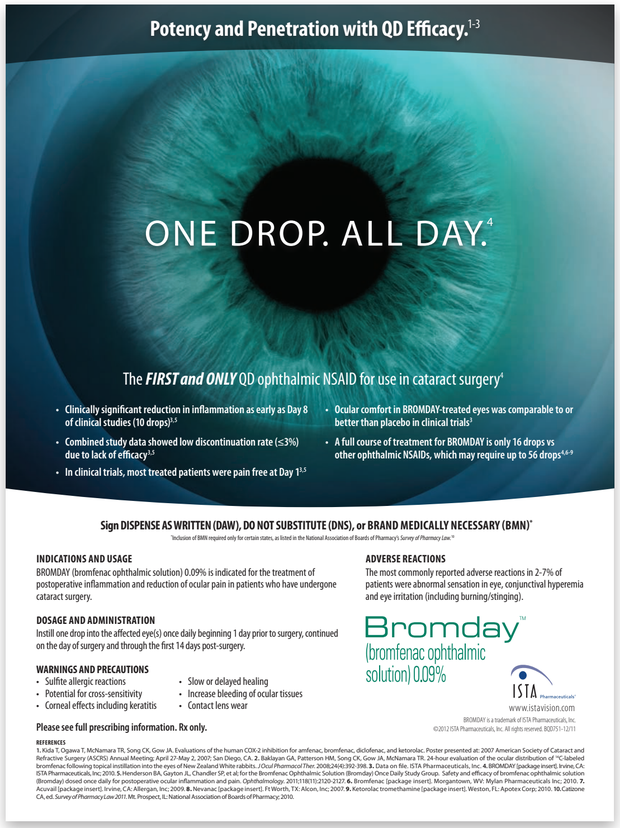
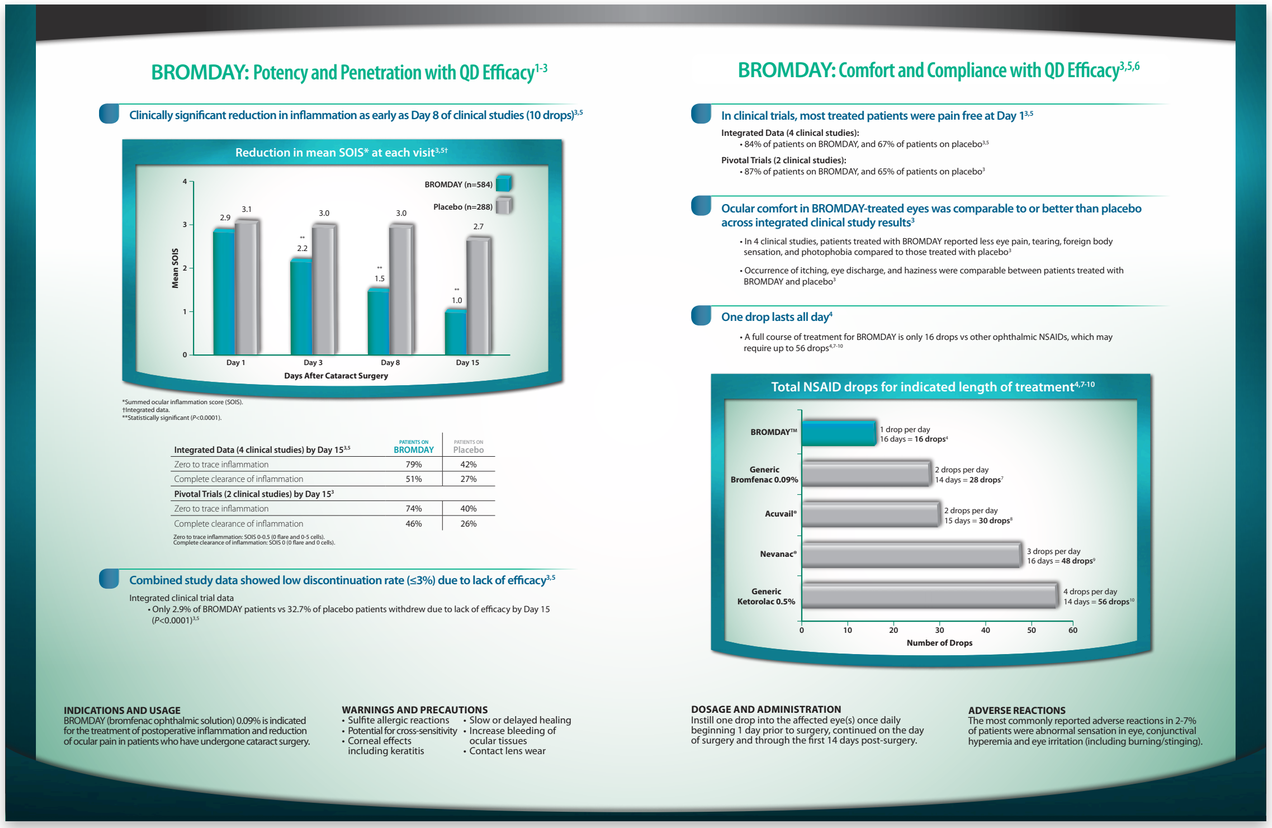
RENEWNT

Communicate: Science in Skincare

RENEWNT™





BAUSCH & LOMB

Communicate: Potency & Penetration

Bromday™
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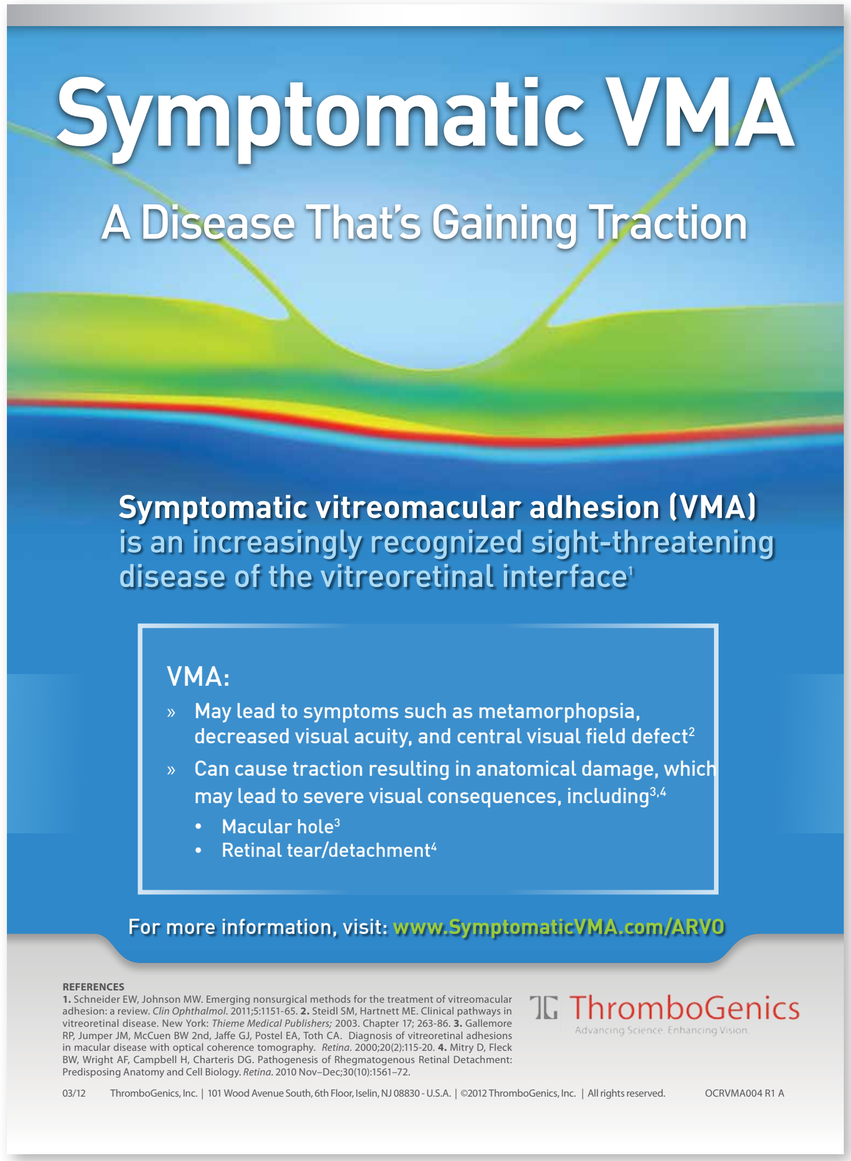
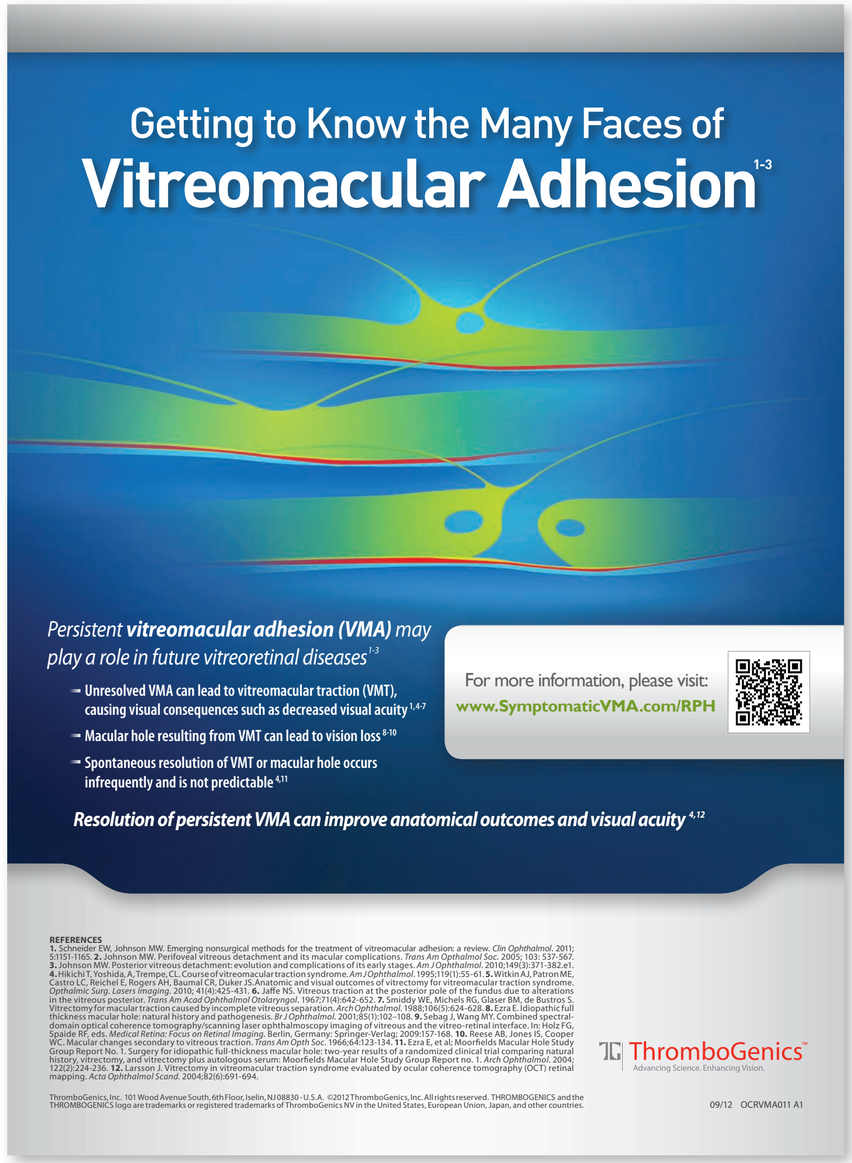
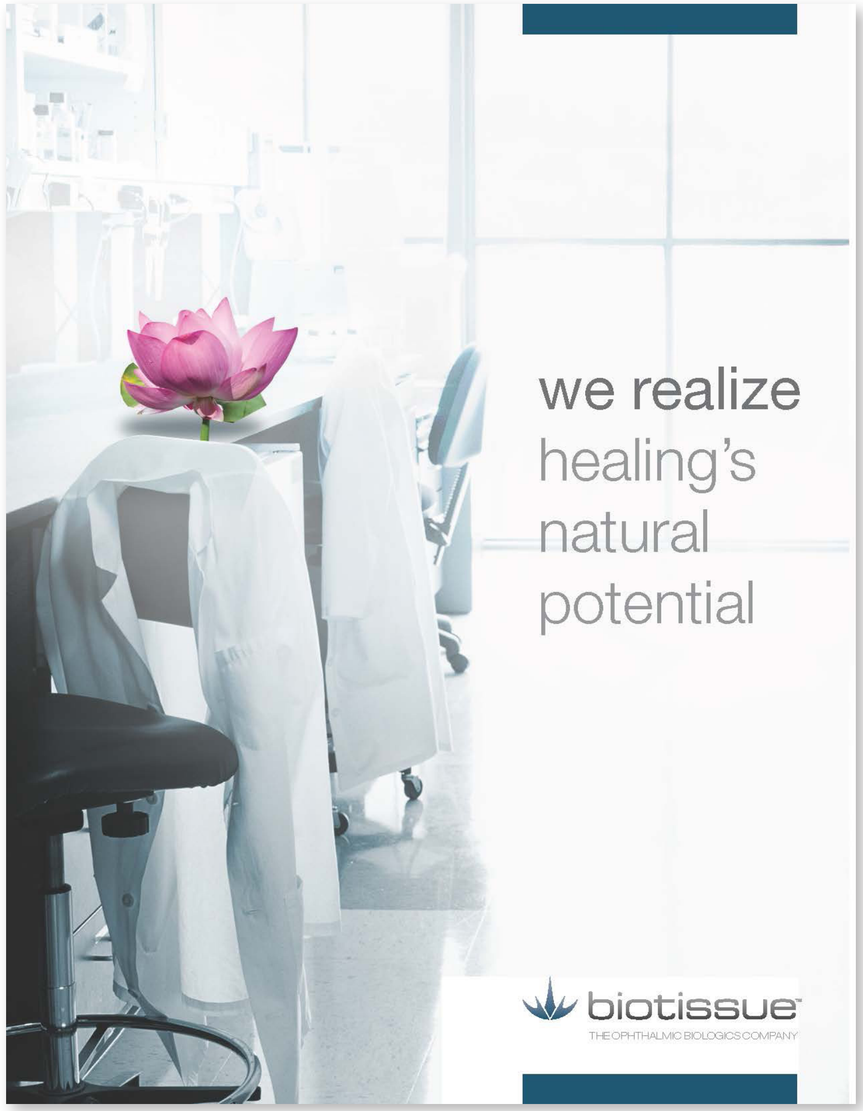




THROMBOGENICS

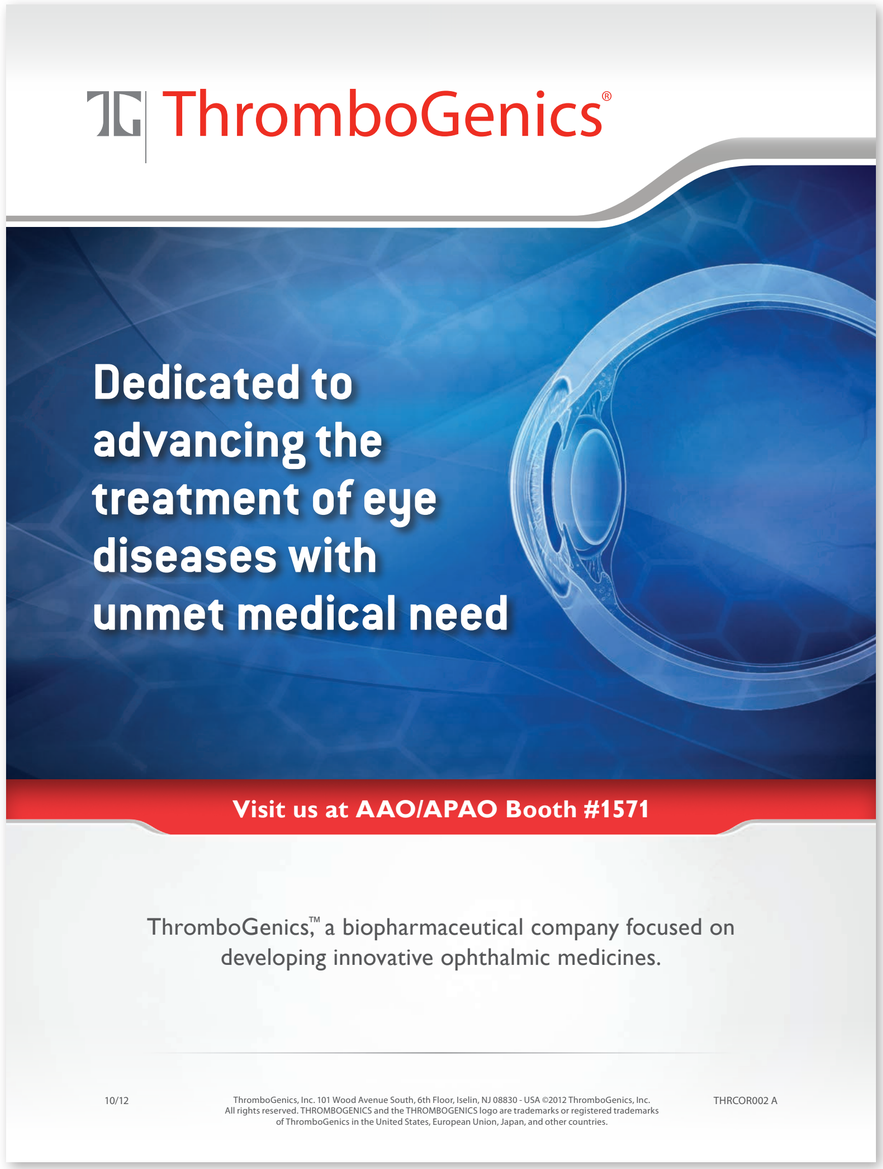
Communicate: Disease Awareness



BIOTISSUE

Communicate: Corporate Awareness

biotissue™



THROMBOGENICS

Communicate: Corporate Awareness

ThromboGenics®

SYMPTOMATIC VMA
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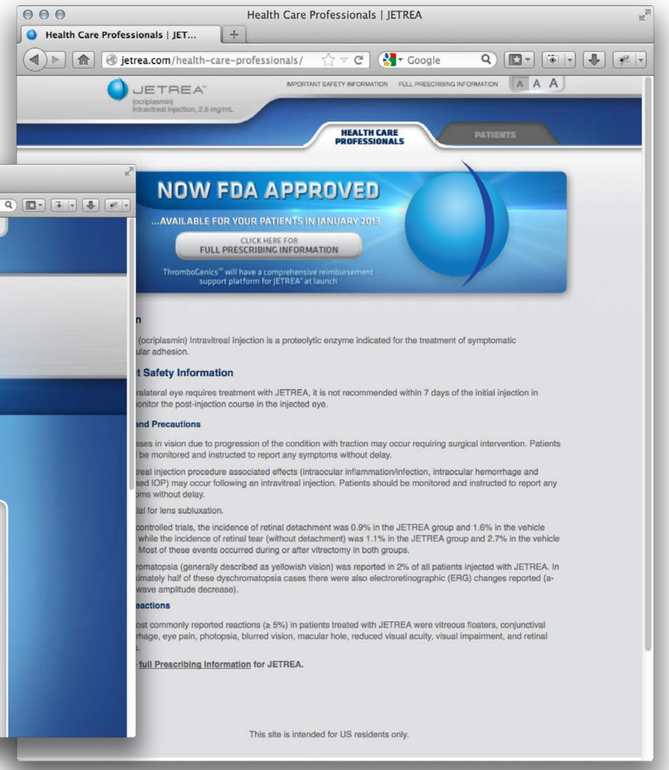

JETREA
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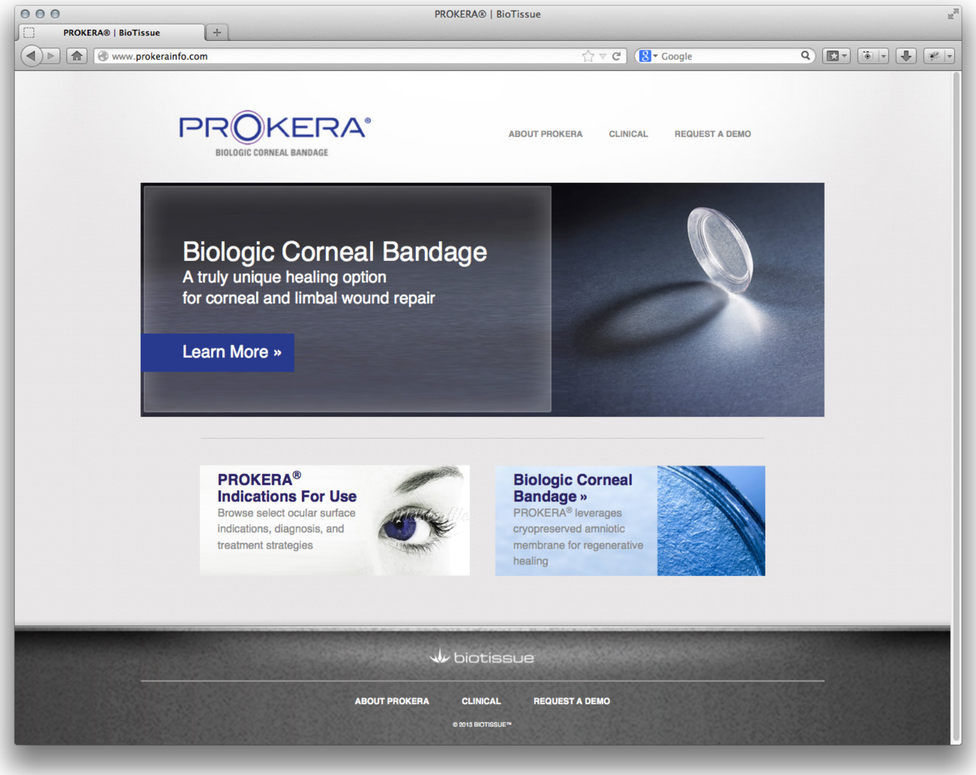

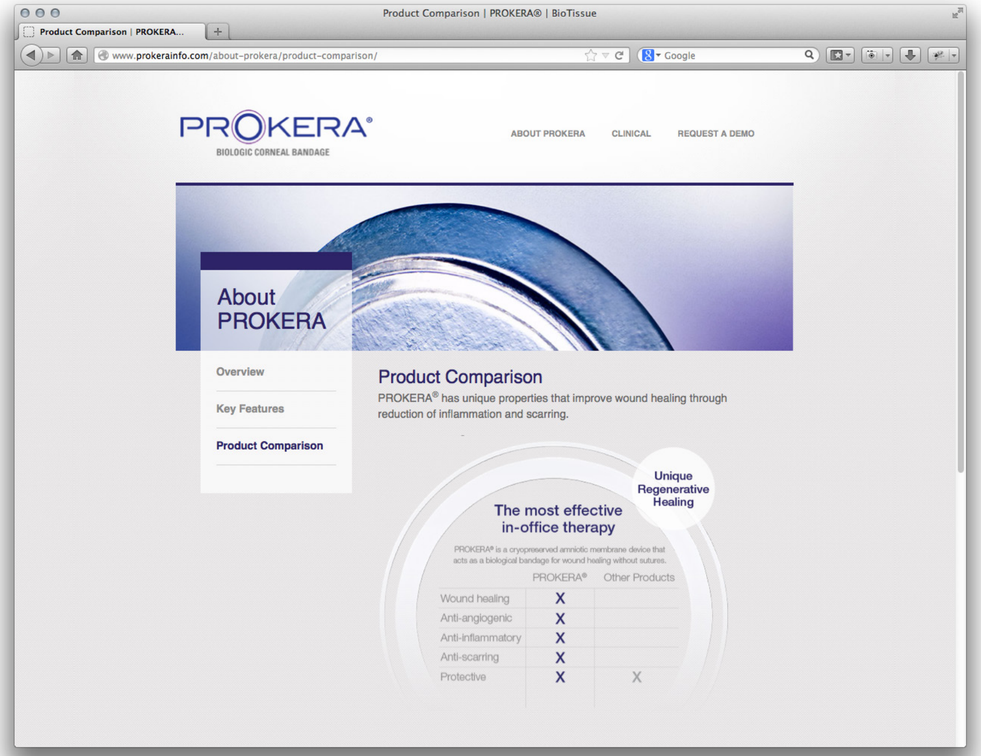

PROKERA
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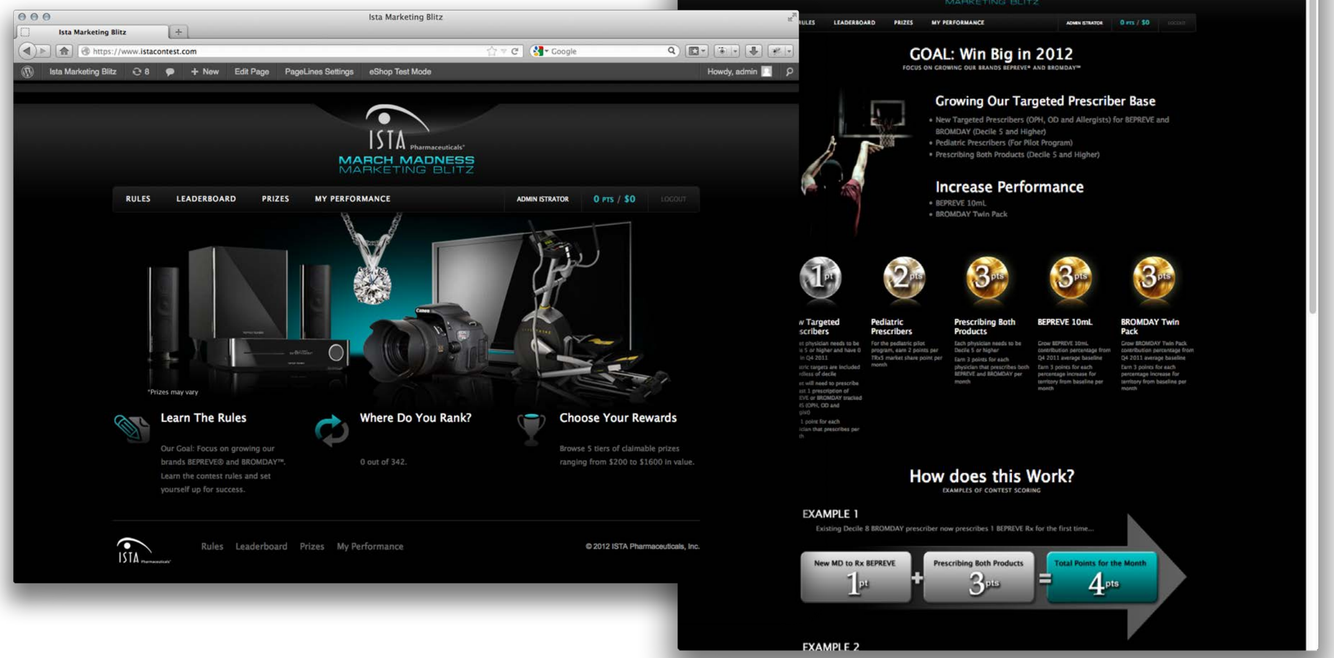

ISTA - SALES FORCE
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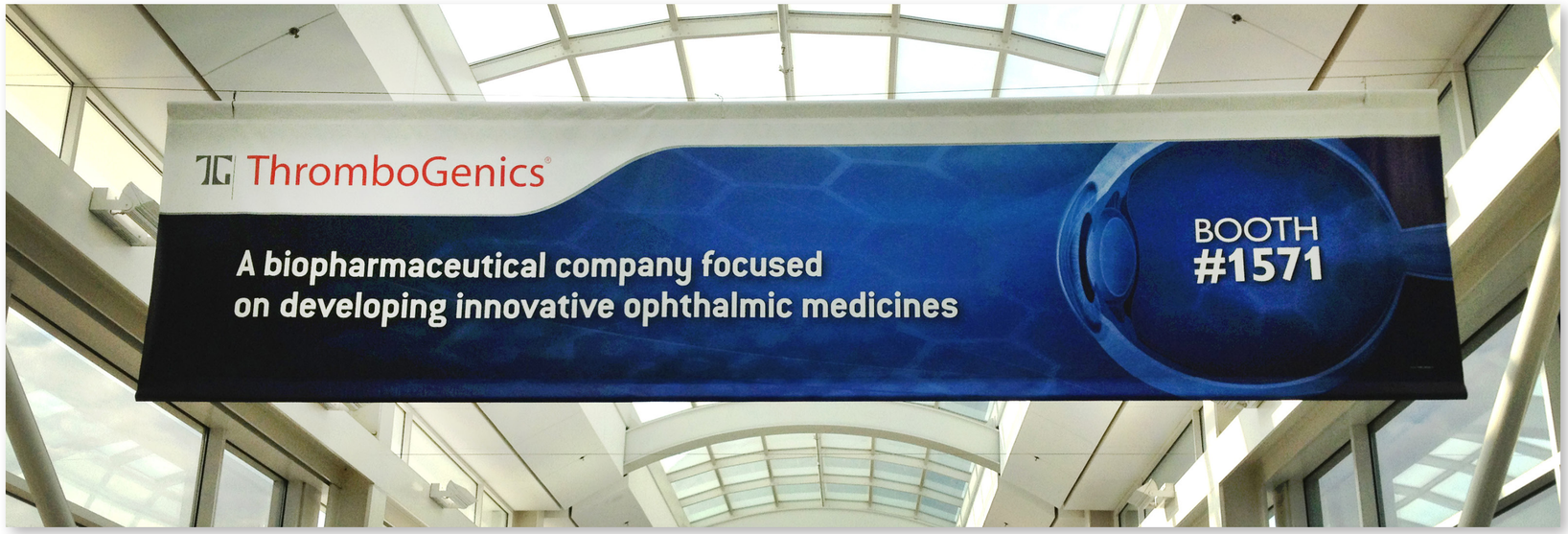
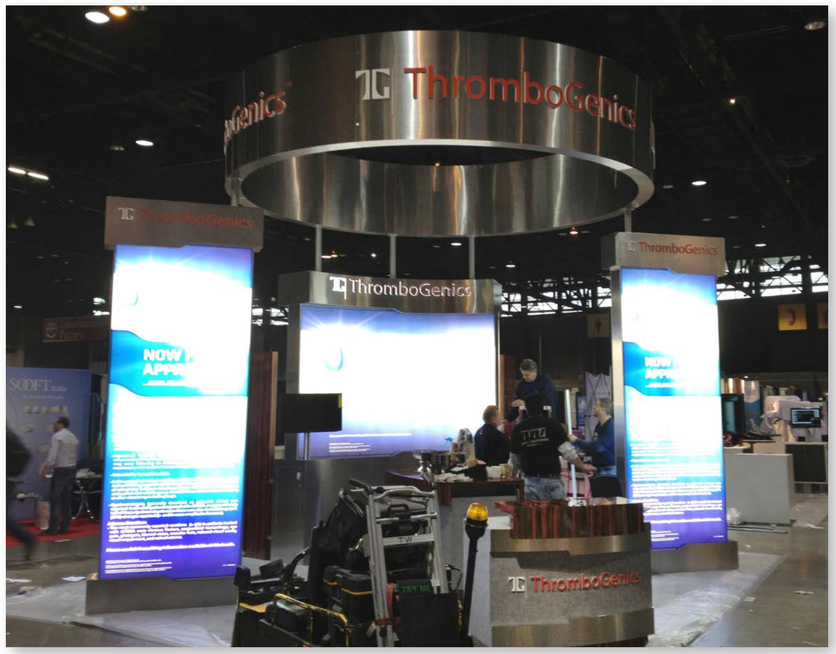




THROMBOGENICS

Communicate:

BIOTISSUE

Communicate:

IMPORTANT UPDATE

To ensure your patients get BROMDAY; sign "dispense as written" and "do not substitute."

Different Preparation, Different Product, Different Rx.

Prescribers beware: The recently approved generic bromfenac product is the generic equivalent of XIBROM™, which has been discontinued.[2] It is NOT substitutable for BROMDAY.

BROMDAY labeling differs from generic bromfenac labeling in critical ways:

- Only BROMDAY offers QD dosing[1]
- Only BROMDAY therapy is approved for a pre-, day-of-, and post-surgery regimen[1]
- Only BROMDAY has demonstrated proven QD dosing, efficacy, safety, and comfort in extensive clinical trials[3]

The FIRST and ONLY QD ophthalmic NSAID for use in cataract surgery*

BROMDAY (bromfenac ophthalmic solution) 0.09% is indicated for the treatment of postoperative inflammation and reduction of ocular pain in patients who have undergone cataract surgery.

WARNINGS AND PRECAUTIONS

- Sulfite allergic reactions
- Potential for cross-sensitivity
- Corneal effects including keratitis
- Slow or delayed healing
- Increase bleeding of ocular tissues
- Contact lens wear

Please see full prescribing information on accompanying page. Rx only

Bromday™ (bromfenac ophthalmic solution) 0.09%

References:
1. BROMDAY [package insert]. Irvine, CA: ISTA Pharmaceuticals, Inc.; 2010.
2. Generic bromfenac ophthalmic solution [package insert]. Canonsburg, PA: Mylan Pharmaceuticals Inc.; 2011.
3. Drug Price Competition and Patent Term Restoration Act of 1984 (Hatch-Waxman Amendments). http://www.cpha.org/cpha/hatch_waxman.html. Accessed May 30, 2011.

BROMDAY

Now Available:
ONMEL™ (itraconazole) 200-mg Tablets for Treatment of Onychomycosis[1]

Stock ONMEL today!
ONMEL is being introduced to the market with promotional support by one of the nation's leading dermatology companies—Merz Pharmaceuticals.

Stocking Information		
Product	Packaging	NDC#
ONMEL	Two 14-tablet blister cards	0259-1420-28
AmerisouceBergen	Cardinal Health	McKesson
202-010/10111244	4796942	1854900

The efficacy of itraconazole in one 200-mg once-daily tablet[1]

- ✓ Only ONMEL requires just one 200-mg tablet once/day[1]
- ✓ There is no A/B-rated substitute for ONMEL (itraconazole) 200-mg tablets

Indications and Usage

ONMEL is indicated for the treatment of onychomycosis of the toenail due to *Trichophyton rubrum* or *T. mentagrophytes* in non-immunocompromised patients. Prior to initiating treatment, appropriate nail specimens for laboratory testing (KOH preparation, fungal culture, or nail biopsy) should be obtained to confirm the diagnosis of onychomycosis.

Important Safety Information for ONMEL

WARNING: CONGESTIVE HEART FAILURE, CARDIAC EFFECTS, AND DRUG INTERACTIONS

Do not administer ONMEL for the treatment of onychomycosis in patients with evidence of ventricular dysfunction such as congestive heart failure (CHF) or a history of CHF. When itraconazole was administered intravenously to dogs and healthy human volunteers, negative inotropic effects were seen. If signs or symptoms of congestive heart failure occur during administration of ONMEL, discontinue administration.

Drug Interactions: Co-administration of cisapride, pimozide, quinidine, dofetilide, levacetylmethadol (levomethadyl), felodipine, oral midazolam, nisoldipine, triazolam, lovastatin, simvastatin, ergot alkaloids such as dihydroergotamine, ergometrine (ergonovine), ergotamine and methylergometrine (methylergonovine) or methadone with ONMEL is contraindicated. ONMEL, a potent cytochrome P450 3A4 isoenzyme system (CYP3A4) inhibitor, may increase plasma concentrations of drugs metabolized by this pathway. Serious cardiovascular events, including QT prolongation, torsades de pointes, ventricular tachycardia, cardiac arrest, and/or sudden death have occurred in patients using cisapride, pimozide, levacetylmethadol (levomethadyl), methadone or quinidine concomitantly with itraconazole and/or other CYP3A4 inhibitors.

Please see Important Safety Information included in accompanying full Prescribing Information for ONMEL, including BOXED WARNING.

ONMEL™ Itraconazole, 200 mg tablets

ONMEL

Pay No More Than $40 on your Prescription*

Automatic Co-pay Savings Available at ~42,000 Retail Pharmacy Locations

NAFTIN® CREAM 2% (Naftifine HCl)
Once a day for 2 weeks

Simply take your eligible prescription for NAFTIN® to a participating pharmacy and the savings will be automatically applied to your co-pay.

For participating pharmacy locations, visit **http://evoucherrx.relayhealth.com/storelookup/**

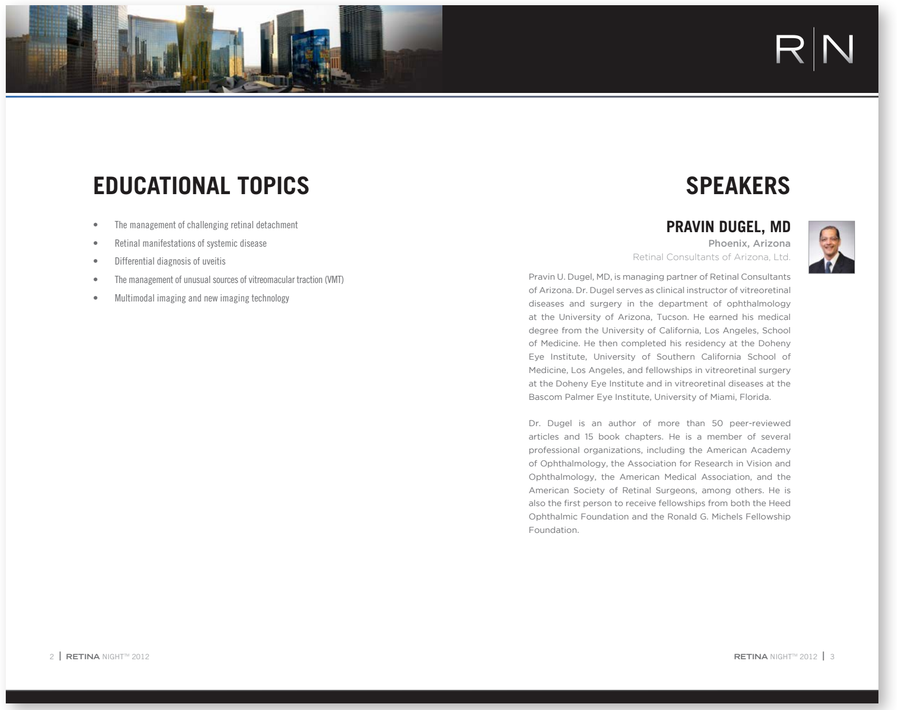
Restrictions apply. Subject to eligibility.

Please see reverse side for eligibility criteria.

*Patients with a total patient responsibility amount of $100 or less will be required to pay a $15 minimum payment and the offer will cap at $100; if the total patient responsibility amount exceeds $100, the patient will be required to pay a minimum $40 payment and the offer will cap at the network reimbursement cap

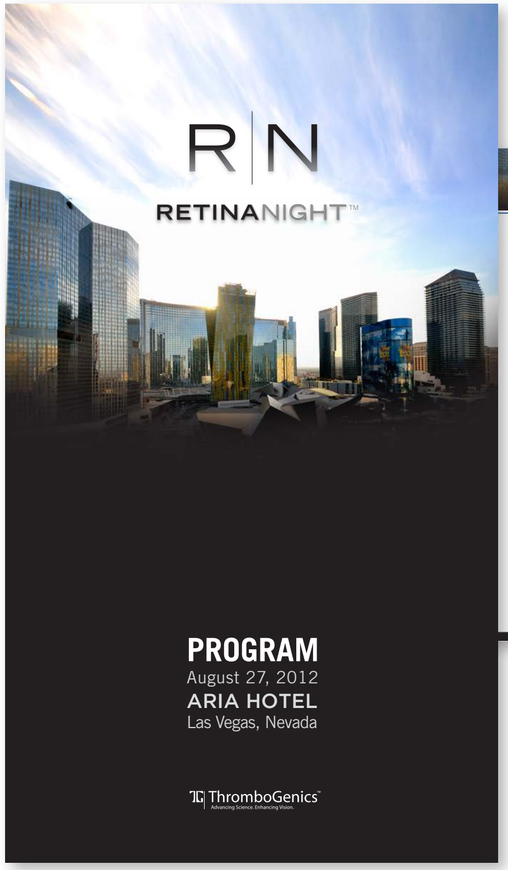
NAFTIN

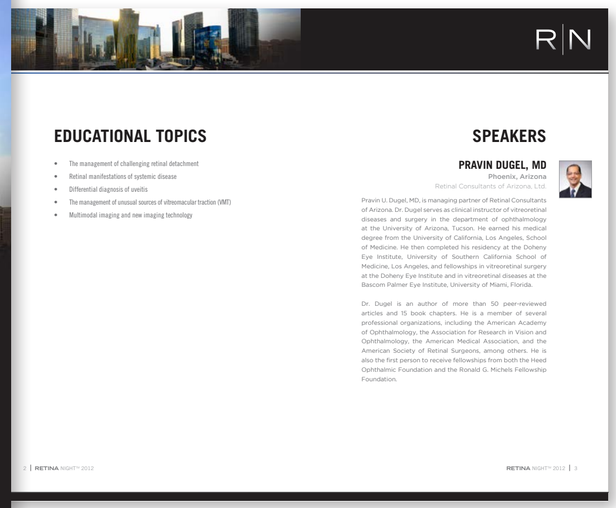
ALCON
Retina Night



THROMBOGENICS

Retina Night



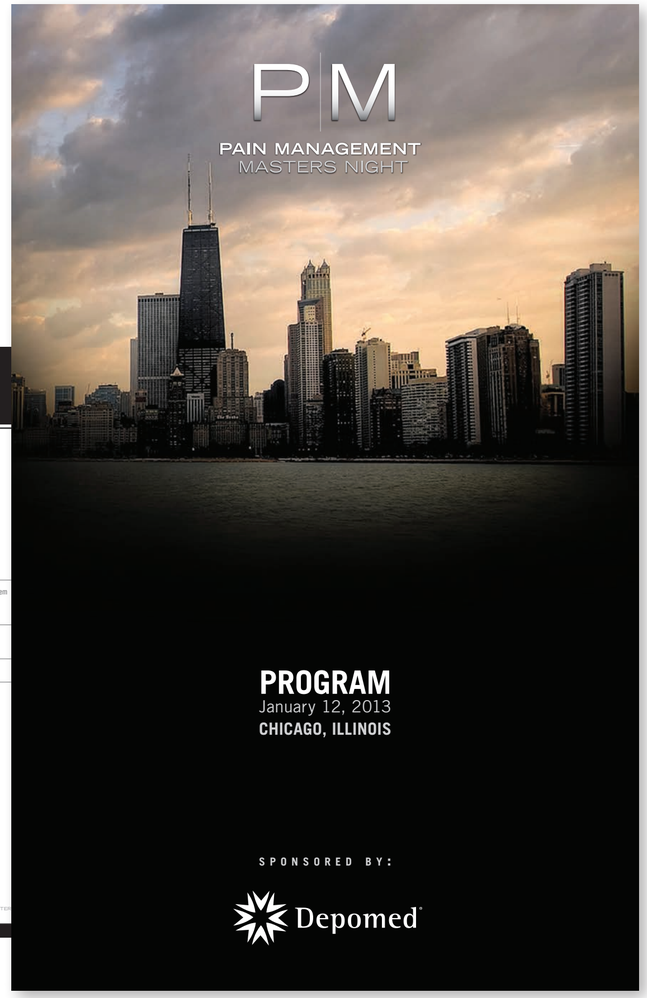


THROMBOGENICS

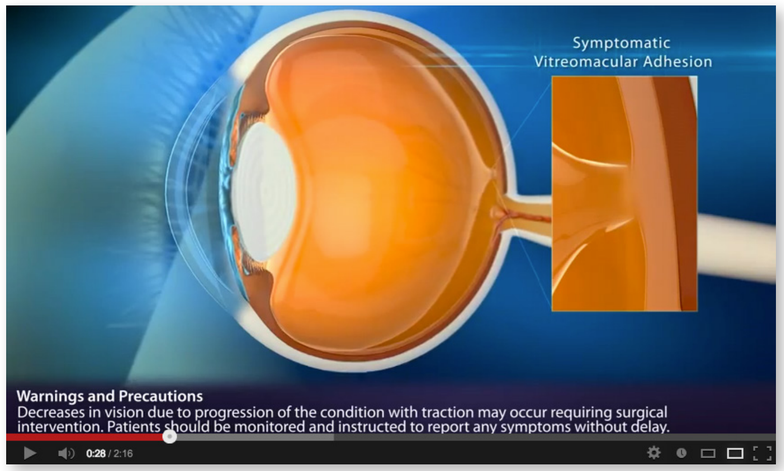
Retina Night

DEPOMED

Pain Management



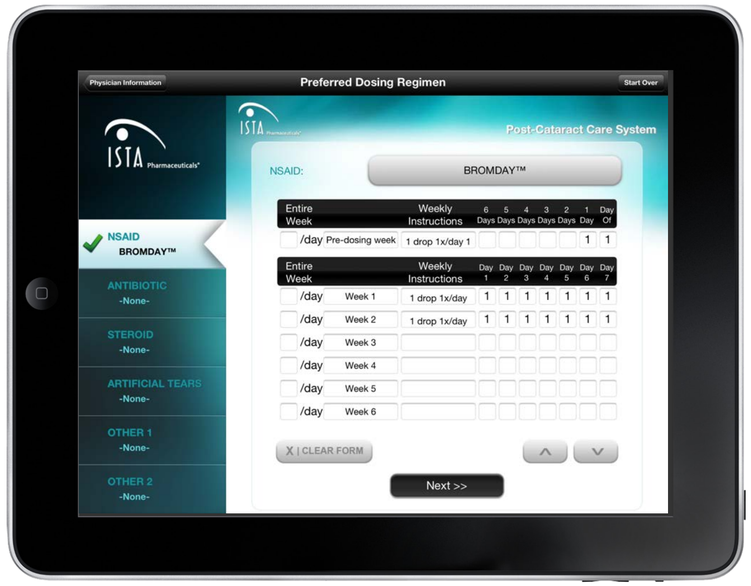
VIDEO



VIDEO

Featured: Product Showcase, National Sales Meeting, Dosing Instructions, Mechanism of Action, Sales Force Contest, Role Play

APPS



APPS

Featured: Sales Force Materials, Clinical Team Overview, Post-Cataract Care Sheet Creater, Interactive Sales Aids