



**OMIDRIA®**

(phenylephrine and ketorolac  
intraocular solution)  
1% / 0.3%



FDA-APPROVED OMIDRIA

**STAY AHEAD OF  
THE UNEXPECTED**

Unplanned events during cataract surgery can lead to a cascade of complications, including prostaglandin-triggered inflammation, which may result in pain, irritation, and miosis.<sup>1-8</sup>

## OMIDRIA blocks the inflammatory cascade and leads to positive patient outcomes<sup>1,2,9\*</sup>



### Compared to epinephrine:

- Decreases complication rates<sup>2</sup>
- Decreases use of pupil expansion devices (PEDs)<sup>3,10-13</sup>
- Enables surgery performance and postoperative care without the use of steroids<sup>1,3,14</sup>
- Shortens surgical time<sup>2,3,11,12</sup>
- Reduces the need for opioids (ie, fentanyl) during surgery while decreasing visual analog scale (VAS) pain scores<sup>15</sup>
- Prevents miosis during femtosecond laser-assisted cataract surgery<sup>13,16,17</sup>
- Significantly improves uncorrected visual acuity on the day after surgery in patients ≥69 years of age<sup>2</sup>



### Compared to steroids<sup>1,14†</sup>:

- Reduces incidences of cystoid macular edema (CME)
- Decreases incidences of breakthrough iritis
- Reduces incidences of pain/photophobia



### Compared to placebo<sup>9</sup>:

- Helps to prevent intraoperative floppy iris syndrome (IFIS)
- Helps to prevent iris prolapse

\*Based on prospective and retrospective, double-masked and open-label, cohort and case-controlled, and single-center and multicenter studies in published and presented clinical data.

†In this study, OMIDRIA was used intraoperatively with postoperative nonsteroidal anti-inflammatory drugs (NSAIDs) in comparison with postoperative steroids used with or without NSAIDs.

## INDICATIONS AND USAGE

OMIDRIA® is added to ophthalmic irrigating solution used during cataract surgery or intraocular lens replacement and is indicated for maintaining pupil size by preventing intraoperative miosis and reducing postoperative ocular pain.

## IMPORTANT SAFETY INFORMATION

OMIDRIA must be added to irrigating solution prior to intraocular use.

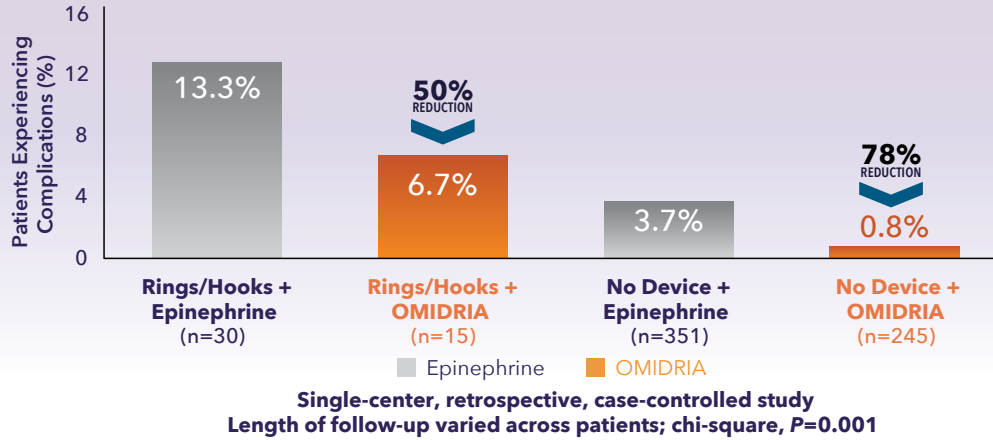
OMIDRIA is contraindicated in patients with a known hypersensitivity to any of its ingredients.

Systemic exposure to phenylephrine may cause elevations in blood pressure.

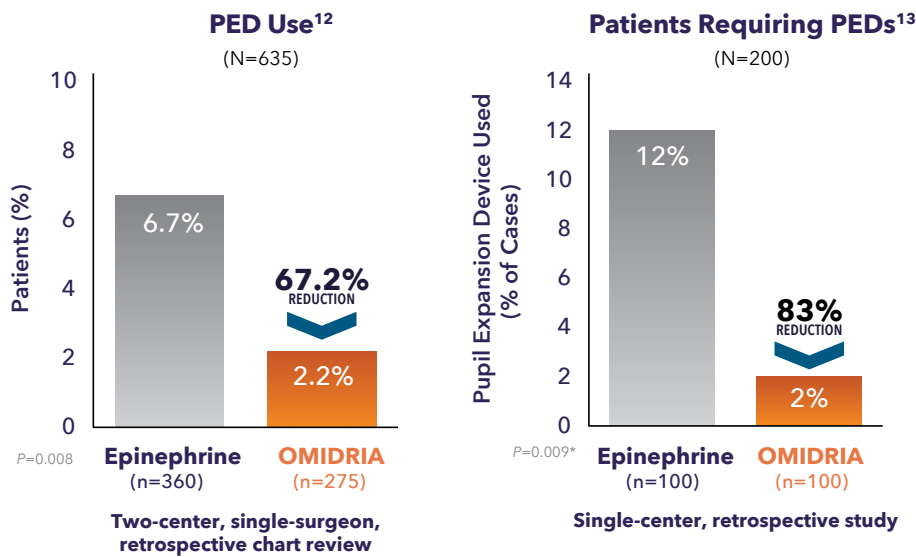
**Please see the Full Important Safety Information on the back page and the Full Prescribing Information for OMIDRIA at [www.omidriahcp.com/prescribinginformation](http://www.omidriahcp.com/prescribinginformation).**

# Welcome a cascade of positive outcomes with OMIDRIA

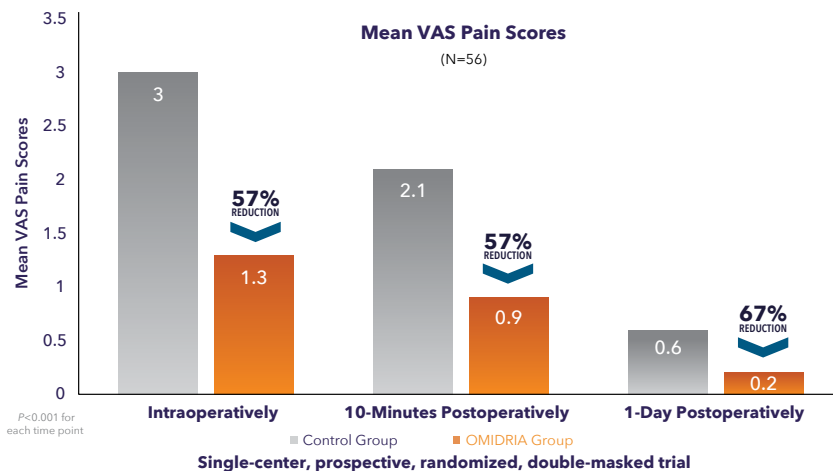
## Reduces complication rates<sup>2</sup>



## Reduces the use of pupil expansion devices



## Reduces pain scores during and after cataract surgery<sup>15</sup>



## OMIDRIA reduces opioid use during cataract surgery<sup>15</sup>

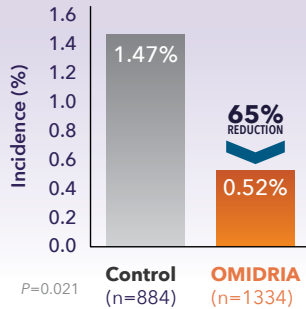
**63%** reduction in intraoperative IV fentanyl use vs epinephrine



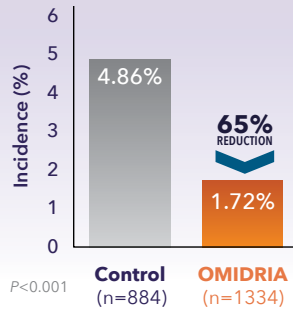
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## Reduces CME, breakthrough iritis, and pain without using a steroid<sup>1</sup>

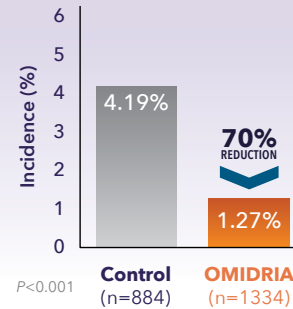
**Incidence of Postoperative CME in Patients Without Preoperative VMT**



**Incidence of Postoperative Breakthrough Iritis**



**Incidence of Postoperative Pain**



VMT=vitreomacular traction.

Single-center, retrospective, 2-cohort study

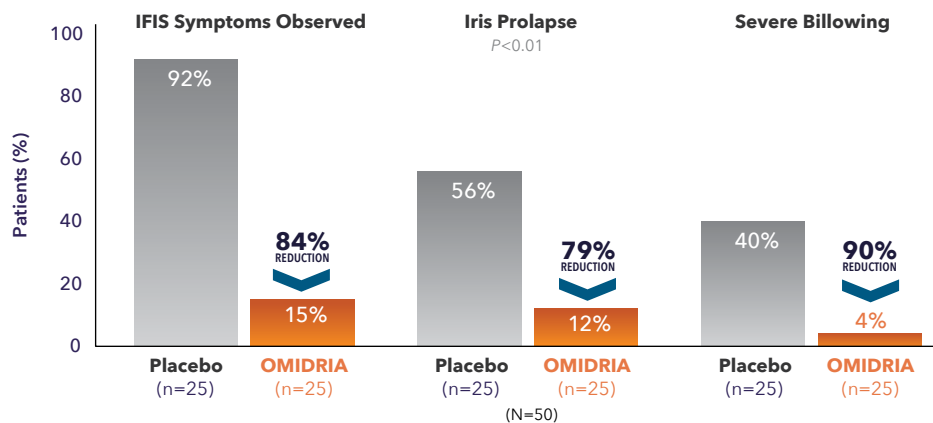
## OMIDRIA + topical NSAID (without steroids) reduces CME when compared to perioperative steroid with or without NSAID<sup>1,14</sup>

In a single-surgeon, retrospective analysis, use of OMIDRIA reduced the incidence of CME compared to other published studies.<sup>14</sup>

Study	Walter (OMIDRIA) <sup>14</sup>	Chu <sup>18</sup>	Wittpenn <sup>19</sup>		Henderson <sup>20</sup>	Singhal <sup>21</sup>	Rossetti <sup>22</sup>	Walter <sup>23</sup>
Topical Inflammation Prophylaxis	NSAID (No Steroids)	Steroid	Steroid	Steroid + NSAID	Steroid, NSAID for Persons With Diabetes	Steroid	Various	Steroid + NSAID
N (Patients)	504	35,563	251	230	1659	470	1708	5380
Incidence of CME, %*	0.4	1.2	6.0	2.2	2.4	4.3	4.9	2.1

\*Incidence of clinical CME confirmed by optical coherence tomography (OCT) or angiography.  
Exclusions: A=Retinal pathology. B=Uveitis patients. C=Various.  
Dr. Walter is a consultant of Rayner Surgical Inc.

## Prevents IFIS<sup>9</sup>



Single-center, double-masked, prospective, comparative study (N=50)\*

\*Men with current or previous use of tamsulosin having unilateral cataract surgery via phacoemulsification with no other concurrent ophthalmic surgical procedures were included in the study.  
Dr. Silverstein is a consultant of Rayner Surgical Inc.

Count on OMIDRIA to stay ahead of the unexpected. Explore the real-world evidence at [omidriahcp.com](http://omidriahcp.com).



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## IMPORTANT SAFETY INFORMATION

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OMIDRIA is contraindicated in patients with a known hypersensitivity to any of its ingredients.

Systemic exposure to phenylephrine may cause elevations in blood pressure.

Use OMIDRIA with caution in individuals who have previously exhibited sensitivities to acetylsalicylic acid, phenylacetic acid derivatives, and other nonsteroidal anti-inflammatory drugs (NSAIDs), or have a past medical history of asthma.

The most commonly reported adverse reactions at  $\geq 2\%$  are eye irritation, posterior capsule opacification, increased intraocular pressure, and anterior chamber inflammation.

**Please see the Full Prescribing Information for OMIDRIA at [www.omidriahcp.com/prescribinginformation](http://www.omidriahcp.com/prescribinginformation).**

You are encouraged to report Suspected Adverse Reactions to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch), or call 1-800-FDA-1088.

Explore the real-world data at [omidriahcp.com](http://omidriahcp.com)  
or scan the QR code.



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