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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.

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POWERED FOR PENETRATION
PROLENSA
delivers potency and corneal penetration with QD efficacy^{1,2}
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Additional Resources

INDICATION FOR PROLENSA (bromfenac ophthalmic solution) 0.07%

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.

IMPORTANT SAFETY INFORMATION ABOUT PROLENSA

- PROLENSA 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.
All topical nonsteroidal anti-inflammatory drugs (NSAIDs), including bromfenac, may slow or delay healing.
There is the potential for cross-sensitivity to acetylsalicylic acid, phenylacetic acid derivatives, and other NSAIDs, including bromfenac.
There have been reports that ocularly applied NSAIDs may cause increased bleeding of ocular tissues.
Use of topical NSAIDs may result in keratitis.

INDICATION FOR LOTEMAX GEL (loteprednol etabonate ophthalmic gel) 0.5%

LOTEMAX GEL (loteprednol etabonate ophthalmic gel) 0.5% is indicated for the treatment of post-operative inflammation and pain following ocular surgery.

IMPORTANT SAFETY INFORMATION ABOUT LOTEMAX GEL

- LOTEMAX GEL is contraindicated in most viral diseases of the cornea and conjunctiva including epithelial herpes simplex keratitis.
Prolonged use of corticosteroids may result in glaucoma with damage to the optic nerve.
Use of corticosteroids may result in posterior subcapsular cataract formation.
Use of steroids after cataract surgery may delay healing and increase the incidence of bleb formation.
Prolonged use of corticosteroids may suppress the host response and thus increase the hazard of secondary ocular infection.
Use of corticosteroid medication in the treatment of patients with a history of herpes simplex requires great caution.

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 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.

- *PROLENSA* should not be instilled while wearing contact lenses. The preservative in *PROLENSA*, benzalkonium chloride, may be absorbed by soft contact lenses. Lenses may be reinserted after 10 minutes following administration of *PROLENSA*.
- The most commonly reported adverse reactions in 3%-8% of patients were anterior chamber inflammation, foreign body sensation, eye pain, photophobia, and blurred vision.

Please [click here](#) ([/Portals/109/-/m/BL/United%20States/Files/Package%20Inserts/Pharma/prolensa-insert.pdf](#)) for Prescribing Information about *PROLENSA*.

- Fungal infections of the cornea are particularly prone to develop coincidentally with long-term local steroid application. Fungus invasion must be considered in any persistent corneal ulceration where a steroid has been used or is in use.
- Patients should not wear contact lenses when using *LOTEMAX GEL*.
- The most common ocular adverse drug reactions were anterior chamber inflammation (5%), eye pain (2%) and foreign body sensation (2%).

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US/PRA/15/0041(1)

Professional Resources

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 Educational Meetings/Dinners ([/ecp/for-your-practice/professional-calendar/education/](#))
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