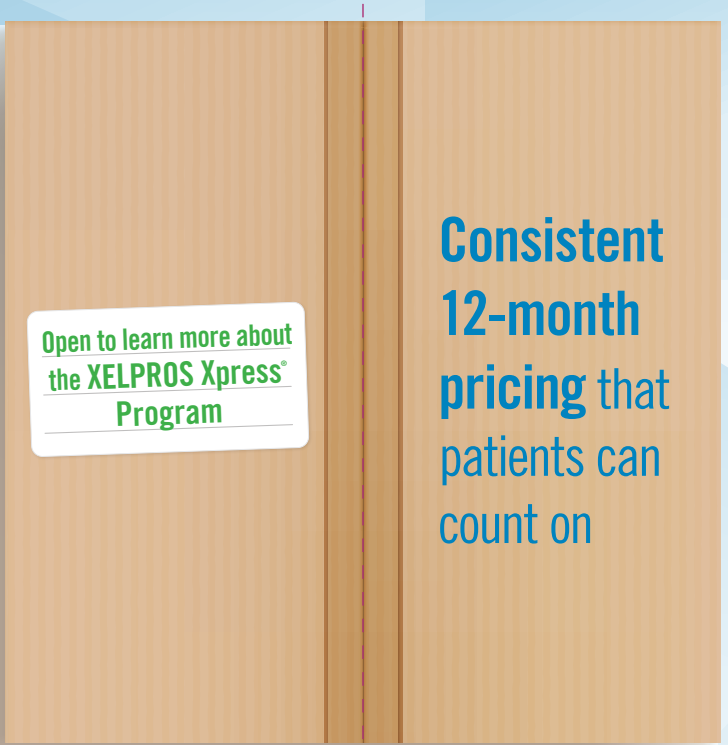
Xelpros®
(latanoprost ophthalmic emulsion) 0.005%

Formulated with LIPIXELLE® TECHNOLOGY

OUR PHARMACY PARTNERS SHIP XELPROS® DIRECTLY TO YOUR PATIENTS' DOOR



Consistent 12-month pricing that patients can count on

INDICATIONS AND USAGE

XELPROS® (latanoprost ophthalmic emulsion) 0.005% is indicated for the reduction of elevated intraocular pressure (IOP) in patients with open-angle glaucoma or ocular hypertension.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

XELPROS is contraindicated in patients with a known hypersensitivity to latanoprost, or any other ingredients in this product.

IMPORTANT SAFETY INFORMATION (CONT'D)

WARNINGS AND PRECAUTIONS

Pigmentation: XELPROS may cause changes to pigmented tissues. The most frequently reported changes are increased pigmentation of the iris, periorbital tissue (eyelid), and eyelashes. Pigmentation is expected to increase as long as XELPROS is administered. After discontinuation of XELPROS, iris pigmentation is likely to be permanent. Patients who receive treatment should be informed of the possibility of increased pigmentation. The long-term effects of increased pigmentation are not known.

Please see the additional Important Safety Information throughout and the enclosed Full Prescribing Information.

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 498 RALEIGH, NC

POSTAGE WILL BE PAID BY ADDRESSEE

SUN OPHTHALMICS
5711 SIX FORKS RD STE 207
RALEIGH NC 27690-5019

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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Demonstrated Safety in Clinical Trials[1,a]

<1% of patients discontinued therapy due to eye pain/ stinging or ocular hyperemia[1]

The most common ocular adverse reactions in clinical trials (incidence ≥5%) for XELPROS were[1]:

- Eye pain/stinging
- Ocular hyperemia
- Conjunctival hyperemia
- Eye discharge
- Growth of eyelashes
- Eyelash thickening

[a]STUDY DESIGN: The efficacy and safety of XELPROS were assessed in 2 randomized, active-controlled (vs Xalatan®) clinical trials in patients with open-angle glaucoma or ocular hypertension. Study 1 (CLR-08-01) included 104 patients (53 received XELPROS) with IOP measured in the morning and evening over 4 weeks. Study 2 (CLR-09-12) included 578 patients (289 received XELPROS) with IOP measured at 8:00 am, 10:00 am, and 4:00 pm over 12 weeks. XELPROS was dosed once daily in the evening in both trials.[2]

There is no generic equivalent for XELPROS[3]

IMPORTANT SAFETY INFORMATION (CONT'D)
WARNINGS AND PRECAUTIONS (CONT'D)

Eyelash Changes: XELPROS may gradually change eyelashes and vellus hair in the treated eye, including increased length, thickness, pigmentation, and number of lashes. The changes are usually reversible upon discontinuation of treatment.

Intraocular Inflammation: XELPROS should be used with caution in patients with a history of intraocular inflammation (iritis/uveitis) and should generally not be used in patients with active intraocular inflammation.

Please see additional Important Safety Information throughout and the enclosed Full Prescribing Information.

Convenient and Hassle-Free

XELPROS® offers consistent 12-month pricing that patients can count on

Xelpros Xpress®

Patients can order a 1-month supply of XELPROS for $60* or a 3-month supply for $115† (a 36% savings) through XELPROS Xpress®

$60 1-month supply*

OR

$115 3-month supply† A 36% SAVINGS

- **NO** prior authorization, step edits or coupons needed
- **NO** office staff callbacks required
- **NO** surprises with a low, set price – a 1-month supply of XELPROS for $60* or a 3-month supply for $115†
- **NO** additional charges for uninsured patients – insured and uninsured pay the same

*1 month = 1 bottle.
†Patients must buy a 3-month supply of XELPROS during a single purchase to receive it at this reduced price.

IMPORTANT SAFETY INFORMATION (CONT'D)
WARNINGS AND PRECAUTIONS (CONT'D)

Macular Edema: XELPROS should be used with caution in aphakic patients, in pseudophakic patients with a torn posterior lens capsule, or in patients with known risk factors for macular edema.

Herpetic Keratitis: XELPROS should be used with caution in patients with a history of herpetic keratitis. XELPROS should be avoided in cases of active herpes simplex keratitis because inflammation may be exacerbated.

Bacterial Keratitis: There have been reports of bacterial keratitis associated with the use of multiple-dose containers of topical ophthalmic products.

Use with Contact Lenses: Contact lenses should be removed prior to administration of XELPROS and may be reinserted 15 minutes following administration.

ADVERSE REACTIONS

The most common ocular adverse reactions in clinical trials (incidence ≥5%) for XELPROS were eye pain/stinging, ocular hyperemia, conjunctival hyperemia, eye discharge, growth of eyelashes, and eyelash thickening.

Please see additional Important Safety Information throughout and the enclosed Full Prescribing Information.

3 Easy Ways to Request a Sample

1

Scan the QR code

OR

2

Visit UseXelpros.com

OR

3

Complete and mail attached pre-paid postcard

IMPORTANT SAFETY INFORMATION (CONT'D)
DRUG INTERACTIONS

Precipitation may occur if drugs containing thimerosal are used concomitantly with XELPROS. If such drugs are used, they should be administered at least 5 minutes apart.

Please see the enclosed Full Prescribing Information.

For physicians practicing in Colorado, please visit xelpros.com/colorado for updated pricing information

References: 1. XELPROS [package insert]. Cranbury, NJ: Sun Pharmaceutical Industries, Inc.; 2018. **2.** Data on file. Cranbury, NJ: Sun Pharmaceutical Industries, Inc. **3.** FDA.gov. Drugs@FDA: FDA approved drug products. XELPROS. https://www.accessdata.fda.gov/scripts/cder/daf/index.cfm?event=overview.process&ApplNo=206185. Accessed June 5, 2019.

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IMPORTANT SAFETY INFORMATION (CONT'D)

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SUN OPHTHALMICS
5711 Six Forks Road
Suite 207
Raleigh, NC 27609

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Learn how to request samples of XELPROS® inside

First Name Last Name, Cred.
Address Line 1
Address Line 2
City, State Zip Code

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Open to learn more about the XELPROS Xpress® Program

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REQUEST SAMPLES FOR YOUR PATIENTS

PM-US-XPS-0382 11/2022

Yes! I'm interested in receiving product samples.
Please ask my local XELPROS® representative to contact me.

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FIRST NAME _____ LAST NAME _____

EMAIL _____

OFFICE PHONE NUMBER _____ NPI# _____

ADDRESS LINE 1 _____

ADDRESS LINE 2 _____

CITY _____ STATE _____

ZIP _____

By mailing this card, you agree to allow Sun Ophthalmics and its agents to collect the information provided. You also agree to be contacted by Sun Ophthalmics and its agents in the future regarding XELPROS and related disease communications.