

Using Photrexa® Viscous (riboflavin 5'-phosphate in 20% dextran ophthalmic solution), Photrexa® (riboflavin 5'-phosphate ophthalmic solution) and the KXL® system, the iLink corneal cross-linking procedure from Glaukos is the only FDA-approved therapeutic treatment for patients with progressive keratoconus and corneal ectasia following refractive surgery.*1

Your key to topography: The iDetect KC program

Keratoconus care starts with you

iDetect KC puts advanced topography into your practice so you can:

- Quickly and easily take the lead in identifying keratoconus earlier
- Offer FDA-approved treatments to manage, slow, or halt disease progression
- Provide lifelong care and expertise for your patients

70%

OF KERATOCONUS PRESENTS THROUGH OPTOMETRY, UNDERSCORING THE CRITICAL ROLE OF OPTOMETRISTS IN IDENTIFICATION AND TREATMENT.²

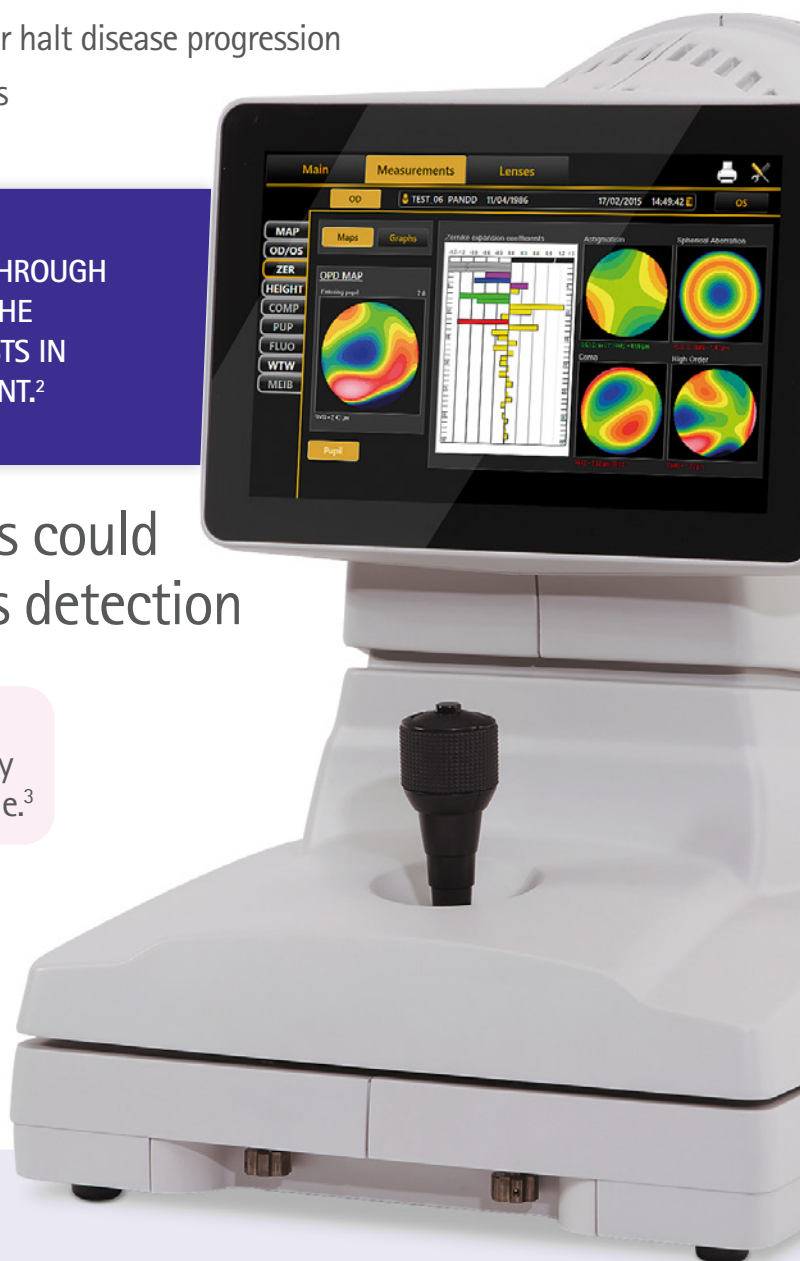
Evidence suggests more patients could benefit from earlier keratoconus detection



Onset: The vast majority of cases present between 12 and 20 years of age. Onset may also occur at birth and up to 51 years of age.³



More Cases: Studies in Europe and Asia have shown that the prevalence of keratoconus may be higher than previously reported due to improved diagnostic technology.^{4,5}



Putting the power of trusted topography into practice

A paradigm shift

in your diagnostic accuracy

Advanced topography aids in the diagnosis of keratoconus and disease progression monitoring, ensuring greater confidence in your assessments.

in your keratoconus management approach

iDetect KC enables you to simplify the diagnostic and treatment journey and retain greater control over the patient experience.

iDetect KC enables you to integrate the 3 pillars of modern keratoconus care into your practice:

- 1 Early diagnosis and monitoring:** Identify patients sooner and monitor them for progression with advanced topography so you can help preserve their vision with earlier intervention.
- 2 Slow or halt progression:** Refer out to an ophthalmologist to perform cross-linking with the only FDA-approved treatment option for progressive keratoconus.
Only iLink™:
 - Addresses the underlying pathophysiology of progressive keratoconus
 - Slows or halts progressive keratoconus with proven technology, efficacy, and safety
 - Is eligible for commercial insurance coverage, with over 95% of commercially covered lives
- 3 Patient retention:** Topography enables you to provide long-term, continued medical care for your patients and supports the expansion of your contact lens service.

Optimizing outcomes with next-level keratoconus care

Glaukos and Topcon have partnered to offer you advanced topography technology for easy and early keratoconus diagnosis at a lower cost of entry.

The Topcon CA-800 Topographer

Key features and benefits⁶

- Placido-based topography delivers complete anterior corneal surface evaluation for early detection
- Advanced keratoconus probability index indicates keratoconus likelihood through analysis of apical curvature, apical gradient, and symmetry of the cornea
- Easy serial follow-up on keratoconus and keratoconus-like patterns
- Diagnostic capabilities for various common ocular pathologies, including detailed dry eye measurements

iDetect KC Data Registry

Glaukos and Topcon invite you to participate in their scientific data registry that makes it easy to contribute to the advancement of keratoconus care by uploading data from:

- Potential keratoconus patients
- Post-op iLink™ patients



ONLY \$8,990 FROM A LIST PRICE OF \$14,790

iDetect KC allows you to advance your practice for a fraction of the price and offers:

- Inclusion of a second-year warranty valued at \$1,990
- Financing availability

For more information,
visit topconmedical.com.



Technology that keeps on giving

The benefits of choosing the iDetect KC program are vast and lifelong

A win for patients

Confident diagnosis of keratoconus and the only FDA-approved treatment for slowing or halting disease progression from the optometrist they know and trust.

A win for eye care

Comprehensive care for your progressive keratoconus patients through diagnosis, intervention, and long-term follow-up.

A win for the keratoconus community

Your contributions to scientific advancements through the iDetect KC data registry gives you the ability to create a lasting impact on the future of keratoconus care based on the everyday insights you share.

By confirming a progressive keratoconus diagnosis sooner, you can help preserve patients' vision by providing them with treatment options, including iLink™—the only FDA-approved cross-linking treatment for the condition.

For more information on bringing an advanced topographer into your optometry practice, visit [Glaukos.com/contact-us](https://glaukos.com/contact-us), email us at idetectkc@glaukos.com, or contact your Glaukos representative.

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4. Godefrooij D, De Wit G, Uiterwaal C, et al. Age-specific incidence and prevalence of keratoconus: a nationwide registration study. *Am J Ophthalmol*. 2017;175:169-172.
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INDICATIONS

Photrexa® Viscous (riboflavin 5'-phosphate in 20% dextran ophthalmic solution) and Photrexa® (riboflavin 5'-phosphate ophthalmic solution) are indicated for use with the KXL System in corneal collagen cross-linking for the treatment of progressive keratoconus and corneal ectasia following refractive surgery.

Corneal collagen cross-linking should not be performed on pregnant women.

IMPORTANT SAFETY INFORMATION

Ulcerative keratitis can occur. Patients should be monitored for resolution of epithelial defects.

The most common ocular adverse reaction was corneal opacity (haze). Other ocular side effects include punctate keratitis, corneal striae, dry eye, corneal epithelium defect, eye pain, light sensitivity, reduced visual acuity, and blurred vision.

These are not all of the side effects of the corneal collagen cross-linking treatment. For more information, go to www.livingwithkeratoconus.com to obtain the FDA-approved product labeling.

You are encouraged to report all side effects to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

iLink™
CROSS-LINKING PROCEDURE

PM-US-0268

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