



**KERATOCONUS  
CARE STARTS WITH  
OPTOMETRY**

# GET THERE IN TIME

Optometry is the first line of defense against progressive keratoconus. Earlier detection enables earlier intervention with iLink®—the only FDA-approved cross-linking procedure that slows or halts disease progression to help preserve vision.

Using Photrex® Viscous (riboflavin 5'-phosphate in 20% dextran ophthalmic solution), Photrex® (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.\*  
See back cover for Important Safety Information and visit [LivingWithKC.com](http://LivingWithKC.com) for full Prescribing Information.

**GLAUKOS®**



# Keep keratoconus from calling the shots

As a first-line defense against progressive keratoconus, optometrists have a critical role in identifying the condition and referring patients for treatment with iLink® corneal cross-linking.

“If you are waiting for the keratoconus diagnosis to be made by a corneal specialist, you are waiting too long.”

—Jack Parker, MD\*

**70%**  
of keratoconus  
presents through  
optometry<sup>2</sup>



## Keratoconus presents a real risk to patients

Keratoconus is a sight-threatening disease that causes the cornea to weaken and thin over time, resulting in the formation of a cone-like bulge.<sup>3</sup>



Most cases present between puberty and age 40, but onset can occur any time between birth and up to age 51.<sup>3,4</sup>



Left untreated, 1 in 5 patients may require a corneal transplant. More than half of these patients may require multiple transplants within 20 years.<sup>5,6</sup>

## Improved diagnostic technology suggests greater prevalence<sup>7</sup>

US prevalence has been reported to be 1 in 2000.<sup>8</sup>

\*Paid consultant of Glaukos.

See back cover for Important Safety Information and visit [LivingWithKC.com](http://LivingWithKC.com) for full Prescribing Information.

# Early diagnosis is key to preserving vision

Keratoconus threatens vision and ocular health.<sup>3</sup> The sooner progressive keratoconus is diagnosed, the sooner patients can be treated with iLink® corneal cross-linking to slow or halt disease progression and preserve vision.

## Look out for the warning signs of keratoconus

Improved screening techniques and equipment are enabling optometrists to detect keratoconus.

Consider keratoconus when you observe the following:

### EXAMINATION FINDINGS

- Reduced BCVA
- Difficult retinoscopy or scissor reflex
- Autorefractometer error messages
- Distorted mires in manual keratometry
- Asymmetric topography

### PATIENT COMPLAINTS

- Frequent changes in glasses prescription
- Frequent contact lens refits
- Monocular diplopia not correctable by glasses or contacts
- Halos and ghosting



## When in doubt, refer out

Patients with progressive keratoconus should be promptly referred to a trusted ophthalmologist who performs iLink® corneal cross-linking.

- Delaying treatment of progressive keratoconus may result in continued progression and loss of vision<sup>9</sup>
- Early intervention may reduce strain on patients' resources
- iLink® offers patients peace of mind knowing their vision can be preserved by slowing or halting disease progression with an FDA-approved device
- Consult iLinkExpert.com to find an iLink® provider



## Take the lead in diagnosing keratoconus earlier.

Visit [iDetectKC.com](http://iDetectKC.com) or email [iDetectKC@glaukos.com](mailto:iDetectKC@glaukos.com) to learn how you can bring advanced topography into your practice.

# iLink<sup>®</sup> is transforming the standard of care for progressive keratoconus

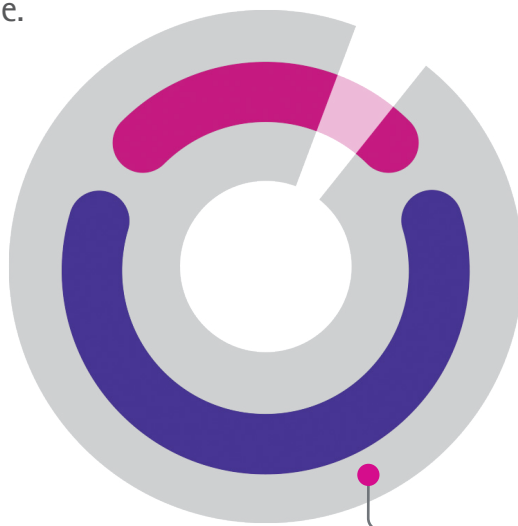
Optimize your keratoconus management with the synergy of intervention with iLink<sup>®</sup> corneal cross-linking followed by ongoing vision management after the procedure.

## Refer patients with confidence

Not all cross-linking procedures are the same.

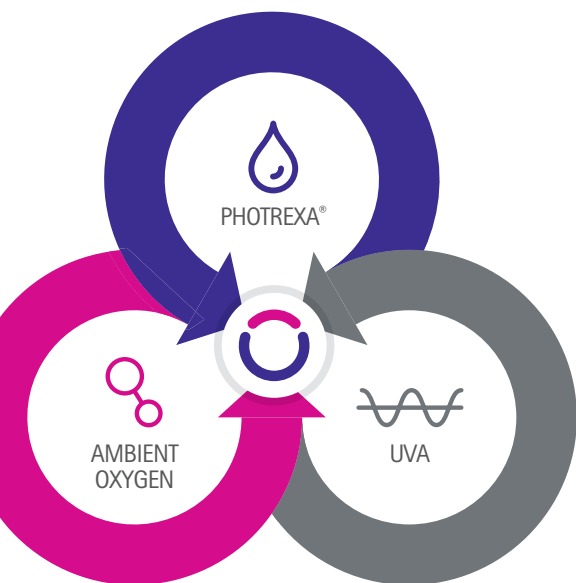
Only iLink<sup>®</sup>:

- Is an FDA-approved cross-linking procedure
- Is widely covered by insurance
- Slows or halts progressive keratoconus with proven technology, efficacy, and safety
- Is validated in clinical trials
- Is backed by 20 years of science to achieve the right formulation
- Can be located via iLinkExpert.com



**OVER  
95%**

of commercially  
insured lives are  
eligible for insurance  
coverage for iLink<sup>®</sup>



## Understanding the science

iLink<sup>®</sup> addresses the underlying pathophysiology of progressive keratoconus and helps stabilize vision for optimized refractive correction by<sup>10</sup>:

- Combining ultraviolet (UV) light with ambient oxygen and Photrexa<sup>®</sup> bioactivated ophthalmic solution
- Delivering precise, metered UV light with the KXL<sup>®</sup> system
- Using Photrexa<sup>®</sup> to absorb UV light and generate radical riboflavin to form cross-links within the stroma to biomechanically strengthen the cornea

Both the American Academy of Ophthalmology and the Cornea Society recommend cross-linking for the treatment of progressive keratoconus.<sup>11,12</sup>



# Set your patients up for a successful iLink® experience

Before patients undergo an iLink® procedure, it's important to document keratoconus progression for insurance coverage.

## Be your patients' iLink® coach

### ENSURE THEY UNDERSTAND THAT:

- iLink® is covered by the majority of commercial insurance providers
- iLink® is a minimally invasive outpatient procedure
- Patients are typically awake during the 1-hour procedure
- Some discomfort in their eyes is possible during recovery
- iLink® may not improve their vision
- You will monitor their recovery and vision needs after treatment



**There is NO GLOBAL PERIOD for an iLink® procedure.**

Follow-up appointments can be billed to insurance as office visits.



### Collaborative care

iLink® provides the opportunity for collaborative care when you refer patients to an iLink®-approved doctor to confirm a keratoconus diagnosis or receive treatment. Follow-up appointments after an iLink® procedure can be billed to insurance.



### Lifelong patient impact

Following the iLink® procedure, patients can be managed at your discretion for ongoing ocular health management, such as:

- Recovery monitoring
- Vision assessments
- Contact lens fittings
- Prescriptions for glasses

**Make a referral you can trust—your patients will thank you for it.**

If it's not iLink®, it's not approved by the FDA. Visit [iLinkExpert.com](http://iLinkExpert.com) to find a specialist who offers FDA-approved iLink®.

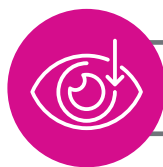
# Maximize cost savings and quality of life for patients

iLink® is associated with lower costs and better outcomes when used to treat progressive keratoconus compared with conventional management techniques.<sup>13</sup>

The economic benefit of iLink® may maximize with early intervention.<sup>13,14</sup>

25%

Reduce the need for costly penetrating keratoplasty procedures by 25.9%



Reduce time spent by patients in advanced stages of keratoconus by up to 28 years

When you refer for iLink®, your patients with progressive keratoconus get the care they need so you can help fulfill their lifelong vision needs after the procedure.



## Patient Testimonials

“Keratoconus can be frustrating, but I’m happy there are people dedicated to raising awareness and educating people on the symptoms and available FDA-approved treatment options.”

–Katie DeRouen

“With the way mine [keratoconus] was progressing, I was thinking I was going to go blind. I’ve been dealing with it about 4 years before I got the [iLink®] treatment. I’m looking forward to traveling and living my everyday life with my vision.”

–Kiana Lewis



**Dedicated to the health of your patients and  
your peace of mind when making referrals.**

Glaukos is committed to supporting and equipping  
optometrists with the tools they need to deliver the  
best comprehensive patient care.



## **iDetect KC**

Making advanced topography more accessible than  
ever before. Find out how at [iDetectKC.com](http://iDetectKC.com).

## **iLinkExpert.com**

Ensuring optometrists are referring for iLink®—  
the only FDA-approved cross-linking procedure  
that's covered by insurance.

## **iLink® Practice Resource Hub**

Offering iLink® and keratoconus resources available  
at [www.glaukos.com/corneal-health/hcp-resources](http://www.glaukos.com/corneal-health/hcp-resources).

# iLink<sup>®</sup> slows or halts progression to help preserve vision

When it comes to referring progressive keratoconus patients for treatment, iLink<sup>®</sup> is the only FDA-approved corneal cross-linking procedure and offers:

- Confidence in your keratoconus treatment recommendation with proven efficacy and data
- Coverage for over 95% of commercially insured lives
- Consideration for the health of your patients and your peace of mind when making referrals

FOR MORE INFORMATION ON iLINK<sup>®</sup>,  
VISIT **GLAUKOS.COM** OR CONTACT  
YOUR GLAUKOS REPRESENTATIVE

## REFERENCES

1. Photrexa [package insert]. Waltham, MA: Glaukos, Inc. 2016.
2. Eisenberg, JS. First treatment for keratoconus itself. *Optometry Times*. June 1, 2012. Accessed September 30, 2020. <https://www.optometrytimes.com/view/first-treatmentkeratoconus-itself>.
3. Valdez-Garcia JE, Sepúlveda R, Salazar-Martínez JJ, Lozano-Ramírez JF. Prevalence of keratoconus in an adolescent population. *Rev Mex Oftalmol*. 2014;88(3):95-98.
4. Bykhovskaya Y, Margines B, Rabinowitz YS. Genetics in keratoconus: where are we? *Eye Vis (Lond)*. 2016;3:16.
5. Pramanik S, Musch DC, Sutphin JE, Farjo AA. Extended long-term outcomes of penetrating keratoplasty for keratoconus. *Ophthalmology*. 2006;113(9):1633-1638.
6. Maharana PK, Agarwal K, Jhanji V, Vajpayee RB. Deep anterior lamellar keratoplasty for keratoconus: a review. *Eye Contact Lens*. 2014;40(6):382-389.
7. Godefrooij DA, de Wit GA, Uiterwaal CS, Imhof SM, Wisse RPL. Age-specific incidence and prevalence of keratoconus: a nationwide registration study. *Am J Ophthalmol*. 2017;175:169-172.
8. Kennedy RH, Bourne WM, Dyer JA. A 48-year clinical and epidemiologic study of keratoconus. *Am J Ophthalmol*. 1986;101(3):267-273.
9. Romano V, Vinciguerra R, Arbabi EM, et al. Progression of keratoconus in patients while awaiting corneal cross-linking: a prospective clinical study. *J Refract Surg*. 2018;34(3):177-180.
10. Kamaev P, Friedman MD, Sherr E, Muller D. Photochemical kinetics of corneal cross-linking with riboflavin. *Invest Ophthalmol Vis Sci*. 2012;53(4):2360-2367.
11. Garcia-Ferrer FJ, Akpek EK, Amescua G, et al; American Academy of Ophthalmology Preferred Practice Pattern Cornea and External Disease. Corneal Ectasia Preferred Practice Pattern<sup>®</sup>. *Ophthalmology*. 2018;126(1):170-215.
12. Belin MW, Lim L, Rajpal RK, Hafezi F, Gomes JAP, Cochener B. Corneal cross-linking: current USA status report from the Cornea Society. *Cornea*. 2018;37(10):1218-1225.
13. Lindstrom R, Berdahl J, Donnenfeld E, et al. Corneal cross-linking versus conventional management for keratoconus: a lifetime economic model. *J Med Econ*. 2021;24(1):410-420.
14. Gray L. Understanding Keratoconus Treatment Costs. Living With KC. Accessed August 10, 2020. <https://www.livingwithkeratoconus.com/blog/understanding-keratoconustreatment-costs>.

## INDICATIONS

Photrexa<sup>®</sup> Viscous (riboflavin 5'-phosphate in 20% dextran ophthalmic solution) and Photrexa<sup>®</sup> (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.

## IMPORTANT SAFETY INFORMATION

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

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](http://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](http://www.fda.gov/medwatch), or call 1-800-FDA-1088.

\*Photrexa<sup>®</sup> Viscous and Photrexa<sup>®</sup> are manufactured by Avedro. The KXL<sup>®</sup> system is manufactured by Avedro. Avedro is a wholly owned subsidiary of Glaukos Corporation.

**iLink<sup>®</sup>**  
CROSS-LINKING PROCEDURE

PM-US-0526 MA-02312 Rev 1

Glaukos<sup>®</sup> and iLink<sup>®</sup> are registered trademarks of Glaukos Corporation. Photrexa<sup>®</sup>, Photrexa<sup>®</sup> Viscous, and the KXL<sup>®</sup> system are registered trademarks of Avedro, a Glaukos company. All rights reserved. ©2021

**GLAUKOS<sup>®</sup>**  
San Clemente, CA +1-949-367-9600