

Endurance

TRAVATAN® Solution controls IOP throughout the day and beyond.¹

TRAVATAN® provides 24-hour IOP control

- 24 hours post dose, TRAVATAN® Solution mean IOP was **2.9 mm Hg lower** than XALATAN*¹
- 24-hour IOP control is essential for visual field protection^{2,4}

Even when your patients forget, TRAVATAN® doesn't

- TRAVATAN® Solution **maintains 90% of its IOP-lowering effect** for at least 36 hours after the last dose¹
- Extended control is important because 59% of glaucoma patients don't take their medication regularly⁵

Endurance with TRAVATAN® Solution —

It goes on and on

TRAVATAN® Solution is indicated for the reduction of elevated intraocular pressure (IOP) in patients with open-angle glaucoma or ocular hypertension who are intolerant of other IOP-lowering medications or insufficiently responsive (failed to achieve target IOP determined after multiple measurements over time) to another IOP-lowering medication.

The recommended dosage is one drop in the affected eye(s) once daily in the evening.

TRAVATAN® Solution has been reported to cause changes to pigmented tissues. The most frequently reported changes have been increased pigmentation of the iris and periorbital tissue (eyelid) and increased pigmentation and growth of eyelashes. These changes may be permanent.

TRAVATAN® Solution may gradually change eye color, increasing the amount of brown pigmentation in the iris by increasing the number of melanosomes (pigment granules) in melanocytes. The long-term effects on the melanocytes and the consequences of potential injury to the melanocytes and/or deposition of pigment granules to other areas of the eye are currently unknown.



A washout period of 4 weeks was followed by 2 weeks of therapy on TRAVATAN® Solution (n=21). At day 14, the final dose was administered at 8 PM and IOP measurements were taken. The average reduction at each time point was highly statistically significant.
†p<0.0001

TRAVATAN®

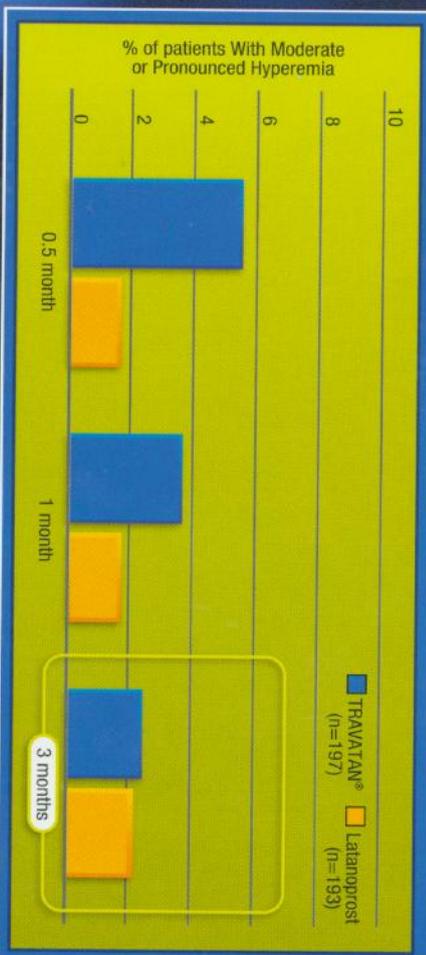
(travoprost ophthalmic solution) 0.04%

Control That Lasts.

TRA VATAN®

TRA VATAN® Solution tolerability is easy to endure

Moderate or higher hyperemia with
TRA VATAN® Solution regresses over 3 months⁶



Moderate to pronounced hyperemia levels assessed through 3 months in patients taking either TRAVATAN® or latanoprost during a double-masked trial.

Hyperemia with TRAVATAN® Solution is mild and diminishes over time

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1. Dubrier HB, Struy MD, Landry T, et al. Comparison of the diurnal ocular hypotensive efficacy of travoprost and latanoprost over a 44-hour period in patients with elevated intraocular pressure. *Clin Ther*. 2004;26:84-91.
2. Astram S, Zeimer R, Wlensky J, Gieser D, Vitale S, Lindemann K. Large diurnal fluctuations in intraocular pressure are an independent risk factor in patients with glaucoma. *J Glaucoma*. 2000;9:134-142.
3. Zeimer RC, Wlensky JT, Gieser DK, Viana MA. Association between intraocular pressure peaks and progression of visual field loss. *Ophthalmology*. 1991;98:64-69.
4. Stewart WC. Diurnal curves truly measure efficacy. *Rev Ophthalmol*. 2001;8(11):128-132.
5. Patel SC, Spaeth GL. Compliance in patients prescribed eyedrops for glaucoma. *Ophthalmic Surg*. 1995;26:233-236.
6. Neiland PA, Landry T, Sullivan EK, et al. Travoprost compared with latanoprost and timolol in patients with open-angle glaucoma or ocular hypertension. *Am J Ophthalmol*. 2001;132:472-484.
7. Heiberger MR, Saltee W, McLaughlin MA, et al. Preclinical efficacy of travoprost, a potent and selective FP₁ prostaglandin receptor agonist. *J Ocul Pharmacol Ther*. 2001;17:421-432.
8. Sharif MA, Kelly CR, Criter JV, Williams GW, Xu SX. Ocular hypotensive FP₁ prostaglandin (PG) analogs: PG receptor subtype binding affinities and selectivities, and agonist potencies at FP₁ and other PG receptors in cultured cells. *J Ocul Pharmacol Ther*. 2003;19:501-515.
9. Stock JL, Shingo K, Burkhardt J, et al. The prostaglandin E₂ EP₁ receptor mediates pain perception and regulates blood pressure. *J Clin Invest*. 2001;107:325-331.

Hyperemia with TRAVATAN® Solution regresses over 3 months⁶

TRA VATAN® Solution hyperemia is primarily the result of full FP receptor agonism, not the activation of EP₁ inflammatory pathways, as occurs with LUMIGAN[®]*7,8

EP₁ receptors are proven to play a direct role in inflammation and redness⁹

The most common ocular event was hyperemia, which was reported by 35% to 50% of patients. Ocular events reported at an incidence of 5% to 10% include decreased visual acuity, eye discomfort, foreign body sensation, pain, and pruritus. Before prescribing TRAVATAN® Ophthalmic Solution, please read the full prescribing information.



TRA VATAN®
(travoprost ophthalmic solution) 0.004%
Control That Lasts.

Alcon
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