What Can I Expect After Treatment With JETREA?

JETREA is intended to help release the attachment that is affecting your vision and may help resolve your eye condition and symptoms.\(^1\)

As with any treatment, there may be a potential for side effects. Most side effects from JETREA are not serious, appear within 1 week after injection, and resolve within 2 weeks.\(^2\)

**Some side effects may include\(^1\):**

- Decreased vision
- Blurred vision
- Eye redness
- Flashes of light in your vision
- Sensitivity to light
- Floaters that appear in your line of vision
- Eye pain

It is normal to experience such symptoms with an injection of this type. Therefore, do not drive or operate heavy machinery until visual impairment has stopped.

Side effects may vary from person to person. Remember to report any symptoms or discomfort to your eye care professional as soon as possible.

What Do I Need to Know About JETREA?

- JETREA is the **first and only FDA approved nonsurgical treatment option** for symptomatic vitreomacular adhesion (VMA)\(^1\)
- JETREA has been **proven safe and effective** in clinical trials\(^1\)^\(^3\)
- JETREA is a **single, one-time injection** into your eye, administered by your eye care professional in the office\(^1\)
- JETREA has real-world global clinical experience in **treating up to 28,000 eyes** and counting\(^4\)

Visit JETREA.com to learn more about symptomatic VMA and treatment options.
Indication

JETREA® (ocriplasmin) injection, for Intravitreal Injection, 1.25 mg/mL is a proteolytic enzyme indicated for the treatment of symptomatic vitreomacular adhesion.

Important Safety Information

Warnings and Precautions

• A decrease of ≥ 3 line of best corrected visual acuity (BCVA) was experienced by 5.6% of patients treated with JETREA and 3.2% of patients treated with vehicle in the controlled trials. The majority of these decreases in vision were due to progression of the condition with traction and many required surgical intervention. Patients should be monitored appropriately.

• Intravitreal injections are associated with intraocular inflammation / infection, intraocular hemorrhage and increased intraocular pressure (IOP). Patients should be monitored and instructed to report any symptoms without delay. In the controlled trials, intraocular inflammation occurred in 7.1% of patients injected with JETREA vs. 3.7% of patients injected with vehicle. Most of the post-injection intraocular inflammation events were mild and transient. If the contralateral eye requires treatment with JETREA, it is not recommended within 7 days of the initial injection in order to monitor the post injection course in the injected eye.

• Potential for lens subluxation.

• In the controlled trials, the incidence of retinal detachment was 0.9% in the JETREA group and 1.6% in the vehicle group, while the incidence of retinal tear (without detachment) was 1.1% in the JETREA group and 2.7% in the vehicle group. Most of these events occurred during or after vitrectomy in both groups.

• Dyschromatopsia (generally described as yellowish vision) was reported in 2% of all patients injected with JETREA. In approximately half of these dyschromatopsia cases there were also electroretinographic (ERG) changes reported (a- and b-wave amplitude decrease).

Adverse Reactions

• The most commonly reported reactions (≥ 5%) in patients treated with JETREA were vitreous floaters, conjunctival hemorrhage, eye pain, photopsia, blurred vision, macular hole, reduced visual acuity, visual impairment, and retinal edema.

Please see accompanying full Prescribing Information.