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## **INFORMATION ON BIMATOPROST (LATISSE)**

## What is Bimatoprost (Latisse)?

- This is a topical product used to stimulate eyelash growth. Bimatoprost is the generic name and Latisse is the trade name. The two names are frequently used interchangeably.
- Latisse is FDA approved for individuals with "eyelash hypotrichosis" (thin eyelashes) and helps grow longer, thicker and darker eyelashes.
- Bimatoprost has been used for many years for treating glaucoma (abnormal eye pressures) prior to the arrival of Latisse to the market to treat eyelash growth.
- This drug was originally designed to treat glaucoma (elevated pressures in the eye) but was found to help promote longer eyelashes in healthy women.
- It was subsequently found to have some role in patients with the autoimmune condition alopecia areata.

#### How is bimatoprost applied?

- Latisse is only apply at the base of the upper eyelashes. DO NOT apply to
  the lower eyelid. Do not overuse: 1 drop is applied to 1 newly opened
  sterile applicator and then the applicator is used only for 1 eyelid before
  discarding (throwing out). The bottle tip must never be allowed to contact
  any surface or a finger to avoid contamination.
- DO NOT APPLY DROPS INTO THE EYES.

- Apply nightly at the base of the upper eyelid margin. Latisse must never be used more than once daily.
- Blot any excess solution
- Dispose of the applicator after a single use
- If contact lenses are used, these MUST be removed prior to Latisse use.
   Contact lenses can be put back in after 30 minutes

### When is hair growth noticed?

• In 80 % of users, hair growth may be noted at 4 weeks and maximizes at 16 weeks (4 months). Hair growth does not occur in all users of Latisse

### Who should NOT use Bimatoprost (Latisse)?

- Dr. Donovan will likely advise his patients to consult an eye doctor if they
  have had eye surgery before or if you have eye problems in the past.
- One must not use bimatoprost if you have eye inflammation or infection of any kind (i.e. uveitis).
- One must not use bimatoprost if a patient is planning eye surgery
- One must not use bimatoprost if they have glaucoma or abnormal intraocular pressures unless they have been given permission to use the medication by an ophthalmologist.
- One must not use bimatoprost if they have a <u>family history</u> of glaucoma without first reviewing this with their eye physician.
- Bimatoprost must not be used if pregnant or breast feeding as it has not been studied.
- Bimatoprost must not be used if you are allergic or sensitive to bimatoprost in the past or any ingredients contained in Latisse.
- One must not use bimatoprost if they are under 18 years of age

### What are the side effects of bimatoprost?

Dr. Donovan will review more about all possible side effects at your meeting. Most patients do not have any side effects.

- Itchy eyes (4% of users) and red eyes (conjunctival hyperemia) may occur and are in fact some of the most common side effects of Latisse.
- This medication may cause a darkening (brown) pigmentation of the colored part of the eye (iris) which may be PERMANENT. It may not be noticed for months to years. This darkening of the iris appears to be more common when the medicine is used as an eyedrop for treating glauoma rather than simply put on the eyelid skin but it is not known how common pigmentation changes are for Latisse users. Darkening of the eye color, for instance, hazel, green or blue eyes changing to brown was not seen in the clinical trials for Latisse, however has been documented when the product is used as an eye drop for glaucoma.
- Eyelid skin darkening may occur which may or may not be reversible
- Hair growth may occur in other areas that bimatoprost touches like the eyelids or face.
- Small risk of inflammation inside the eye is possible for those who use drops for glaucoma
- Bimatoprost may also cause thinning of the skin around the eye. This is called 'orbital atrophy' or 'peri-orbital atrophy' and leads to a sunken eye appearance. This is more common with bimatoprost drops for glaucoma but may be a rare side effect in Latisse users for eyelash growth.
- Bimatoprost can in very rare cases increase inflammation in those with pre-existing inflammation (such as those with uveitis). Therefore, Latisse must never be used in those with eye inflammation. Latisse can rarely cause swelling of an area of the retina responsible for central vision called the 'macula.'

## Are there any good alternatives to Latisse?

- With the exception of other prostaglandin analogues (latanoprost for example), there are no good medical alternatives that have been as rigorously studied for promoting eyelash growth in hypotrichosis.
- The only competitive products currently being marketed are temporary cosmetic solutions including mascara, lash dye, false eyelashes, and lash extensions.

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## LATISSE CONSENT FORM - PAGE 1

Please initial next to each of the following AND sign the bottom.

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1.	I have read the Latisse Handout (above) provided by the clinic ar all my questions answered by Dr. Donovan.	nd have had		
		INITIAL		
2.	I understand that 80 % of individuals with eyelash "hypotrichosis' eyelashes) will benefit from use of this medication but 20 % of particle. It is possible that I may be among the 80 % who benefit but be among the 20 % that do not. I understand that if I am using L another reason (such as alopecia areata), my chances of improvibe different.	atients will I could also atisse for		
		INITIAL		
3.	I understand that if I do get an improvement, that this will be a lifelong treatment and I will need to buy additional bottles of Latisse periodically throughout the year to maintain my effect. If I choose to stop Latisse treatments, I understand that my eyelashes and eyelids will return to their previous appearance over several weeks to months.			
		INITIAL		

## LATISSE CONSENT FORM – PAGE 2

4.	I attest that I do not currently have glaucoma or abnormal intraocular pressures.	
	_	INITIAL
5.	I attest that, to the best of my knowledge, I do not have a family h glaucoma.	istory of
	_	INITIAL
6.	I understand that if I am to have any procedure to my eye in the fu am scheduled to have any examination of my eye by a physician, inform that physician and/or his or her team that I use Latisse.	
	_	INITIAL
7.	I agree to stop using Latisse right away and advise Dr. Donovan i an eye infection, a sudden change in vision, experience any type trauma to my eye or develop any type of reaction to Latisse.	•
	_	INITIAL
8.	I understand that Latisse can cause changes in the color of the iri not be noticed for months or years. I understand that this was see bimatoprost eyedrops used for glaucoma and seems to be a very in users of Latisse (if it truly occurs at all).	en with
	_	INITIAL

## LATISSE CONSENT FORM – PAGE 3

9.	I understand that Latisse can cause thinning of the skin and even muscles around the eyelid causing a "sunken" appearance of the eyelid. I understand this is called 'periorbital atrophy" or "orbital atrophy" and may be a rare side effect of Latisse. I understand this can develop years later.		
		INITIAL	
10. I understand that Latisse can darken eyelid skin and most cases appear to be reversible when Latisse is stopped.			
		INITIAL	
11	I understand that boxes of Latisse are not returnable to ensure pand that all sales are final.	atient safety	
		INITIAL	
12	.I understand that results may vary between my two eyes and that be a difference in length, thickness, fullness, pigmentation, number and even direction of eyelash hair between my two eyes and eye	per of hairs,	
		INITIAL	
13	I understand that if I have any questions or concerns about Latis effect I am experiencing I am to bring them to Dr. Donovan's atteimmediately (within 72 hours) when I have this side effect.		
		INITIAL	

# LATISSE CONSENT FORM – PAGE 4

4. I understand that I will require periodic follow up appointments with Dr. Donovan when using Latisse. This can be in person or by phone. If I choose a phone consultation I must submit photos of my eyelashes. At minimum, I understand that Dr. Donovan requires yearly follow up for all Latisse users and that I am responsible for appointment fees for such follow up appointments. I understand that if I choose to have by follow up appointments by other physicians or purchase Latisse from other offices that is up to me but Dr. Donovan will not be able to properly advise me on the care of my eyelashes without seeing me.			
SIGNATURE OF PATIENT PRINTED NAME OF PATIENT			
DATE (DAY-MONTH-YEAR)			
hereby attest that I have provided the above patient with all the information			
elevant to make informed consent about the use of Latisse. I have answered all questions that were posed to me. I believe this patient is a good candidate for atisse.	ı		
SIGNATURE OF DOCTOR PRINTED NAME OF DOCTOR			
DATE (DAY-MONTH-YEAR)			