



Harrow Ophthalmic Portfolio Highlighted in 15 Scientific Presentations at AAOpt and AAO

September 30, 2026

NASHVILLE, Tenn., Sept. 30, 2026 (GLOBE NEWSWIRE) -- Harrow (Nasdaq: HROW), a leading provider of ophthalmic disease management solutions in North America, today announced that 15 scientific abstracts featuring data from across its ophthalmic portfolio will be presented at two major eyecare meetings:

- American Academy of Optometry's (AAOpt) Annual meeting taking place September 30 – October 3, 2026, in Anaheim, California; and
- American Academy of Ophthalmology's (AAO) Annual Meeting, taking place October 9–12, 2026, in New Orleans, Louisiana.

Harrow will have 13 presentations at AAOpt 2026 and two at AAO 2026, spanning dry eye disease, vernal keratoconjunctivitis (VKC), ocular inflammation, chronic blepharitis, and post-operative inflammation and pain. The research includes Phase 3 trial results, pooled Phase 3 analyses, 52-week long-term safety data, a randomized, double-masked comparative study, real-world evidence, and systematic reviews and meta-analyses. Featured Harrow products include VEVYE®, VERKAZIA®, FLAREX®, and BYQLOVI®.

"Fifteen presentations across the two Academies reflect the breadth of Harrow's ophthalmic portfolio and the growing body of clinical evidence supporting it," said Amir Shojaei, PhD, PharmD, Chief Scientific Officer of Harrow. "We are committed to generating and sharing clinically relevant data that can help optometrists and ophthalmologists make informed treatment decisions for their patients."

Presentation Details

Harrow's scientific presentations are listed below.

American Academy of Optometry – AAOpt 2026 Anaheim September 30 – October 3, 2026 Anaheim Convention Center, Anaheim, CA 13 presentations All times Pacific			
Date / Time	Presentation Title	Presenter(s)	Product / Area
Thu., Oct. 1 4:30–6:30 p.m. <i>Evening Poster Session</i>	A Clinical Trial to Evaluate Corneal Endothelial Health Over 52 Weeks in Dry Eye Disease Patients Treated with Cyclosporine Ophthalmic Solution, 0.1%	Patrick Vollmer, OD	VEVYE® – Dry Eye Disease
Thu., Oct. 1 4:30–6:30 p.m. <i>Evening Poster Session</i>	Rapid Dryness Improvement with Cyclosporine 0.1% in Perfluorobutylpentane and Perfluorobutylpentane Alone in Dry Eye Disease: Pooled Subgroup Analysis	Milton Hom, OD	VEVYE® – Dry Eye Disease
Thu., Oct. 1 4:30–6:30 p.m. <i>Evening Poster Session</i>	Patient-Reported Blurred Vision Improvement with Cyclosporine 0.1%/PFBP in Dry Eye Disease with Severe Corneal Staining: Phase 3 Pool	Eric Schmidt, OD	VEVYE® – Dry Eye Disease
Thu., Oct. 1 4:30–6:30 p.m. <i>Evening Poster Session</i>	Real-World Improvement in Fluorescein TBUT with VEVYE in Severe Dry Eye Disease with Neuro-Ophthalmic Comorbidity	Faraz Haghighi, OD	VEVYE® – Dry Eye Disease
Thu., Oct. 1 4:30–6:30 p.m. <i>Evening Poster Session</i>	OSDI Responder Rates with Real-World VEVYE in a Severely Symptomatic Neuro-Ophthalmic Dry Eye Cohort	Faraz Haghighi, OD	VEVYE® – Dry Eye Disease
Thu., Oct. 1 4:30–6:30 p.m. <i>Evening Poster Session</i>	Safety of Cyclosporine A 0.1% Cationic Emulsion in Vernal Keratoconjunctivitis: Pooled NOVATIVE/VEKTIS with Prior-Antiallergic Subgroup	Kyle Klute, OD	VERKAZIA® – VKC

Thu., Oct. 1 4:30–6:30 p.m. <i>Evening Poster Session</i>	Course of Individual Symptom Relief with Cyclosporine A 0.1% Cationic Emulsion in Pediatric Severe Vernal Keratoconjunctivitis: VEKTIS Phase III Trial	Ruchita Shah, OD	VERKAZIA® – VKC
Thu., Oct. 1 4:30–6:30 p.m. <i>Evening Poster Session</i>	Steroid Rescue Reduction and Treatment Compliance in Pediatric Vernal Keratoconjunctivitis: Longitudinal Findings from the VEKTIS Phase 3 Trial	Andrew Royer, OD	VERKAZIA® – VKC
Thu., Oct. 1 4:30–6:30 p.m. <i>Evening Poster Session</i>	Topical Calcineurin Inhibitors in Pediatric Vernal Keratoconjunctivitis: A Systematic Review and Meta-Analysis of Cyclosporine A and Tacrolimus	Kaleb Abbott, OD	VERKAZIA® – VKC
Thu., Oct. 1 4:30–6:30 p.m. <i>Evening Poster Session</i>	Randomized, Double-Masked Comparison of Ocular Tolerability and Patient Preference for Fluorometholone Acetate Suspension vs. Loteprednol Etabonate Gel	Josh Davidson, OD	FLAREX® – Ocular Inflammation
Thu., Oct. 1 4:30–6:30 p.m. <i>Evening Poster Session</i>	Treatment Outcomes in Chronic Blepharitis Managed by Topical Prescription Therapies: A Systematic Review and Meta-Analysis	Selina McGee, OD Richard Adler, OD	Blepharitis – Disease State
Fri., Oct. 2 1:00–3:00 p.m. <i>Poster Session</i>	Early Symptom Relief with Cyclosporine A 0.1% Cationic Emulsion in Pediatric Vernal Keratoconjunctivitis: A Descriptive Analysis	Chris Jacquinot, OD Shane Kannarr, OD	VERKAZIA® – VKC
Fri., Oct. 2 1:00–3:00 p.m. <i>Scientific Program / Residents Poster Session</i>	Pediatric Ocular Comfort of Topical Cyclosporine A 0.05% and 0.1% Cationic Emulsion in Vernal Keratoconjunctivitis	Elsa Sheerer, OD	VERKAZIA® – VKC

American Academy of Ophthalmology – AAO 2026 Annual Meeting October 9–12, 2026 Ernest N. Morial Convention Center, New Orleans, LA 2 presentations All times Central			
Date / Time	Presentation Title	Presenter(s)	Product / Area
Sat., Oct. 10 9:15–10:15 a.m. <i>Podium Poster PT03 – Cataract</i>	Clobetasol Propionate for Post-Cataract Inflammation and Pain: Second Phase 3 Trial with Corneal Endothelial Cell Safety	Jason Bachrach, MD	BYQLOVI® – Post-Op Care
Poster on Demand <i>Poster PO277</i>	Clobetasol Propionate Nanosuspension for Post-Cataract Inflammation and Pain: First Pivotal Phase 3 Trial	Steven Silverstein, MD Eva Liang, MD	BYQLOVI® – Post-Op Care

VEVYE® (cyclosporine ophthalmic solution) 0.1%

Indications and Usage

VEVYE® (cyclosporine ophthalmic solution) 0.1% is indicated for the treatment of the signs and symptoms of dry eye disease.

Important Safety Information

WARNINGS AND PRECAUTIONS

Potential for Eye Injury and Contamination: To avoid the potential for eye injury and/or contamination, patients should not touch the bottle tip to the eye or other surfaces.

Use with Contact Lenses: VEVYE® should not be administered while wearing contact lenses. If contact lenses are worn, they should be removed prior to administration of the solution. Lenses may be reinserted 15 minutes following the administration of VEVYE®.

ADVERSE REACTIONS

In clinical trials with 738 subjects receiving at least 1 dose of VEVYE®, the most common adverse reactions were instillation site reactions (8%) and temporary decreases in visual acuity (3%).

Please see full [Prescribing Information](#) for VEVYE.

VERKAZIA® (cyclosporine ophthalmic emulsion) 0.1%

Indications and Usage

Verkazia® (cyclosporine ophthalmic emulsion) 0.1% is a calcineurin inhibitor immunosuppressant indicated for the treatment of vernal keratoconjunctivitis in children and adults.

Important Safety Information

WARNINGS AND PRECAUTIONS

Potential for eye injury and contamination: To avoid the potential for eye injury and contamination, advise patient not to touch the vial tip to the eye or other surfaces.

ADVERSE REACTIONS

The most common adverse reactions reported in greater than 5% of patients were eye pain (12%) and eye pruritus (8%), which were usually transitory and occurred during instillation.

Please see full [Prescribing Information](#) for VERKAZIA.

FLAREX® (fluorometholone acetate ophthalmic suspension) 0.1%

Indications and Usage

FLAREX® (fluorometholone acetate ophthalmic suspension) 0.1% is indicated for use in the treatment of steroid-responsive inflammatory conditions of the palpebral and bulbar conjunctiva, cornea, and anterior segment of the eye.

Important Safety Information

CONTRAINDICATIONS

Contraindicated in acute superficial herpes simplex keratitis, vaccinia, varicella, and most other viral diseases of the cornea and conjunctiva; mycobacterial infection of the eye; fungal diseases; acute purulent untreated infections, which like other diseases caused by microorganisms, may be masked or enhanced by the presence of the steroid; and in those persons who have known hypersensitivity to any component of this preparation.

WARNINGS AND PRECAUTIONS

Topical Ophthalmic Use: Not for injection.

Intraocular Pressure Increase: Prolonged use may result in glaucoma, damage to the optic nerve, and defects in visual acuity and visual field. It is advisable that the intraocular pressure be checked frequently.

Cataracts: Use of corticosteroids may result in cataract formation.

Delayed Healing: Topical ophthalmic corticosteroids may slow corneal wound healing. In those diseases causing thinning of the cornea or sclera, perforation has been known to occur with chronic use of topical steroids.

Viral Infections: Use in the treatment of herpes simplex infection requires great caution.

Bacterial Infections: Use of corticosteroids may suppress the host response and thus aid in the establishment of secondary ocular infections. Acute purulent infections of the eye may be masked or exacerbated by the presence of steroid medication.

Fungal Infections: Fungal infections of the cornea are particularly prone to develop coincidentally with long-term local steroid application. Fungus invasion must be considered in any persistent corneal ulceration where a steroid has been used or is in use.

Contamination: Do not touch dropper tip to any surface as this may contaminate the suspension.

Contact Lens Wear: Contact lenses should be removed during instillation of FLAREX but may be reinserted 15 minutes after instillation.

Temporarily Blurred Vision: Vision may be temporarily blurred following dosing with FLAREX. Care should be exercised in operating machinery or driving a motor vehicle.

ADVERSE REACTIONS

Glaucoma with optic nerve damage, visual acuity and field defects, cataract formation, secondary ocular infection following suppression of host response, and perforation of the globe may occur.

Post marketing Experience: The following reaction has been identified during post marketing use of FLAREX in clinical practice. Because reactions are reported voluntarily from a population of unknown size, estimates of frequency cannot be made. The reaction, which has been chosen for inclusion due to either its seriousness, frequency of reporting, possible causal connection to FLAREX, or a combination of these factors, includes dysgeusia. The following rare adverse reactions have been reported: Cushing's syndrome and adrenal suppression may occur after very frequent use of topical ophthalmic corticosteroids, particularly in very young children.

Please see full [Prescribing Information](#) for FLAREX.

BYQLOVI® (clobetasol propionate ophthalmic suspension) 0.05%

Indications and Usage

BYQLOVI® (clobetasol propionate ophthalmic suspension) 0.05% is a corticosteroid indicated for the treatment of post-operative

inflammation and pain following ocular surgery.

Important Safety Information

CONTRAINDICATIONS

BYQLOVI is contraindicated in most active viral diseases of the cornea and conjunctiva, including epithelial herpes simplex keratitis (dendritic keratitis), vaccinia, and varicella, and also in mycobacterial infection of the eye and fungal diseases of ocular structures.

WARNINGS AND PRECAUTIONS

Intraocular Pressure (IOP) Increase: Prolonged use of corticosteroids may result in glaucoma with damage to the optic nerve, defects in visual acuity and fields of vision. Steroids should be used with caution in the presence of glaucoma. If BYQLOVI is used for 10 days or longer, IOP should be monitored.

Cataracts: Prolonged use of corticosteroids may result in posterior subcapsular cataract formation.

Delayed Healing: The use of corticosteroids after cataract surgery may delay healing and increase the incidence of bleb formation.

Corneal and Scleral Melting: In those diseases causing thinning of the cornea or sclera, perforations have been known to occur with the use of topical corticosteroids. The initial prescription and renewal of the medication order should be made by a physician only after examination of the patient with the aid of magnification, such as slit lamp biomicroscopy, and where appropriate, fluorescein staining.

Bacterial Infections: Prolonged use of corticosteroids may suppress the host response and thus increase the hazard of secondary ocular infections. In acute purulent conditions, steroids may mask infection or enhance existing infection. If signs and symptoms fail to improve after 2 days, the patient should be reevaluated.

Viral Infections: Employment of a corticosteroid medication in the treatment of patients with a history of herpes simplex requires great caution. Use of ocular corticosteroids may prolong the course and may exacerbate the severity of many viral infections of the eye (including herpes simplex).

Fungal Infections: Fungal infections of the cornea are particularly prone to develop coincidentally with long-term local corticosteroid application. Fungus invasion must be considered in any persistent corneal ulceration where a corticosteroid has been used or is in use. Fungal culture should be taken when appropriate.

Risk of Contamination: Do not allow the dropper tip to touch any surface, as this may contaminate the ophthalmic suspension.

Contact Lens Wear: BYQLOVI should not be instilled while wearing contact lenses. Remove contact lenses prior to instillation of BYQLOVI. The preservative in BYQLOVI may be absorbed by soft contact lenses. Lenses may be reinserted after 15 minutes following administration of BYQLOVI.

ADVERSE REACTIONS

Ocular adverse reactions occurring in $\geq 1\%$ of subjects in clinical studies who received BYQLOVI included eye inflammation (2%), corneal edema (2%), anterior chamber inflammation (2%), cystoid macular edema (2%), intraocular pressure elevation (1%), photophobia (1%) and vitreous detachment (1%). Many of these reactions may have been the consequence of the surgical procedure.

Please see full [Prescribing Information](#) for BYQLOVI.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

About Harrow

Harrow, Inc. (Nasdaq: HROW) is a leading provider of ophthalmic disease management solutions in North America, offering a comprehensive portfolio of products that address conditions affecting both the front and back of the eye, such as dry eye disease, wet (or neovascular) age-related macular degeneration, cataracts, refractive errors, glaucoma and a range of other ocular surface conditions and diseases of the retina. Harrow was founded with a commitment to deliver safe, effective, accessible, and affordable medications that enhance patient compliance and improve clinical outcomes. For more information about Harrow, please visit harrow.com and connect with us on [LinkedIn](#).

Forward-Looking Statements

This press release contains “forward-looking statements” within the meaning of the U.S. Private Securities Litigation Reform Act of 1995. Any statements in this release that are not historical facts may be considered such “forward-looking statements.” Forward-looking statements are based on management’s current expectations and are subject to risks and uncertainties which may cause results to differ materially and adversely from the statements contained herein. Some of the potential risks and uncertainties that could cause actual results to differ from those predicted include, among others, risks related to: liquidity or results of operations; our ability to successfully implement our business plan, develop and commercialize our products, product candidates and proprietary formulations in a timely manner or at all, identify and acquire additional products, manage our pharmacy operations,

service our debt, obtain financing necessary to operate our business, recruit and retain qualified personnel, manage any growth we may experience and successfully realize the benefits of our previous acquisitions and any other acquisitions and collaborative arrangements we may pursue; competition from pharmaceutical companies, outsourcing facilities and pharmacies; general economic and business conditions, including inflation and supply chain challenges; regulatory and legal risks and uncertainties related to our pharmacy operations and the pharmacy and pharmaceutical business in general, including the ongoing communications with the U.S. Food and Drug Administration relating to compliance and quality plans at our outsourcing facility in New Jersey; physician interest in and market acceptance of our current and any future formulations and compounding pharmacies generally. These and additional risks and uncertainties are more fully described in Harrow's filings with the Securities and Exchange Commission (SEC), including its Annual Report on Form 10-K for the year ended December 31, 2025, and other filings with the SEC. Such documents may be read free of charge on the SEC's web site at sec.gov. Undue reliance should not be placed on forward-looking statements, which speak only as of the date they are made. Except as required by law, Harrow undertakes no obligation to update any forward-looking statements to reflect new information, events, or circumstances after the date they are made, or to reflect the occurrence of unanticipated events.

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