



The authors of “Primary Open-Angle Glaucoma Preferred Practice Pattern®” (*Ophthalmology*. 2021;128:P71-P150) would like to note the following corrections:

P97: The following references should have been cited after reference 337 in the sentence: “Other glaucoma medications include, alpha₂ adrenergic agonists, parasympathomimetics, rho-kinase inhibitors, and topical and oral carbonic anhydrase inhibitors.”³³⁵⁻³³⁷



1. Khouri AS, Serle JB, Bacharach J, et al. Once-daily netarsudil versus twice-daily timolol in patients with elevated intraocular pressure: The Randomized Phase 3 ROCKET-4 Study. *Am J Ophthalmol*. 2019;204:97-104.
2. Bacharach J, Dubiner HB, Levy B, et al. Double-masked, randomized, dose-response study of AR-13324 versus latanoprost in patients with elevated intraocular pressure. *Ophthalmology*. 2015;122:302-307.
3. Kahook MY, Serle JB, Mah FS, et al. Double-masked, randomized, dose-response study of AR-13324 versus latanoprost in patients with elevated intraocular pressure. *Am J Ophthalmol*. 2019;200:130-137.

Table 4. The 5th row should have appeared as follows (correction in boldface):

Table 4 Glaucoma Medications (continued)						
Drug Classification	Agents	Methods of Action	IOP Reduction*	Potential Side Effects	Potential Contraindications	FDA Pregnancy Safety Category†
Rho kinase inhibitors	Netarsudil	Increase trabecular outflow Decrease episcleral venous pressure Decrease aqueous production	15%-25%	<ul style="list-style-type: none"> • Conjunctival hyperemia • Corneal verticillate • Instillation site pain • Conjunctival hemorrhage • Keratitis 	• None	—**

Table 4 footnote should have appeared as follows (corrections in boldface):

- Correction: Data from the Heijl A, Traverso CE, eds. Terminology and Guidelines for Glaucoma. European Glaucoma Society. 5th ed. Savona, Italy: PubliComm; 2020: (***In Press at the time of this publication***). Accessed at <https://www.eugs.org/eng/guidelines.asp>

P108: The following sentence should have appeared as follows (correction in boldface): A 2014 Cochrane Systematic Review found some limited evidence that control of IOP was better with trabeculectomy than with **viscocanalostomy**, but conclusions could not be drawn for deep sclerectomy, and quality of life outcomes may be needed to differentiate among procedures.

P110: the following sentence (in boldface) should have appeared at the end of the first complete paragraph: Efficacy of ABiC appears to be comparable to that of ab externo canaloplasty.⁵⁹¹ **The OMNI Surgical System (Sight Sciences, Menlo Park, CA) is an alternative means of performing 180- to 360-degree ab interno canaloplasty using a microcatheter.**

Table 6. The 5th row should have appeared as follows (correction in boldface):

Table 6 FDA-Approved Ab Interno Minimally Invasive Glaucoma Surgery (MIGS)				
Procedure	Manufacturer	Anatomical Target	Description	Concomitant Cataract Surgery Required
OMNI Surgical System	Sight Sciences, Menlo Park, CA	TM/SC	viscodilation of SC; 180- or 360-degree trabeculotomy using microcatheter	No