5TH ANNUAL MID-WINTER EDUCATION GETAWAY

Scottsdale 2022

Optometric Education Consultants

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WELCOME

If this is your first OEC conference thank-you for joining us and for the many who have previously joined us in-person or streaming, we thank-you for your continued support. The philosophy of The Optometric Education Consultants (OEC) is to help optometrists enhance care of their patients through timely, clinically pertinent, and highly interactive education. OEC assembles top clinical educators to deliver high-quality COPE-approved continuing education in a relaxed, comfortable setting.

We are striving to have some normalcy while being safety minded in this ever-changing environment and it looks as if we have rounded a curve. Perhaps this is your first live conference in recent times, and we want you to feel comfortable. OEC and the Westin are following CDC recommended guidelines.

We could not offer the pricing, meals and guest speakers without our exhibitors and ask you to take some time to visit with them during breaks. Several gift cards will be awarded to those who participate in our touchless game as well as a chance to win free registration to a future conference. In lieu of BINGO cards, we ask you to use your cell phone and take a picture of the unique QR code that each exhibitor will provide. This information is electronically recorded, and those that visit all of our business partners then become eligible for the drawing.
For those Florida doctors wanting TQ we send a link for the exams to all attendees 1-2 days after the conference. The cost of the exams is $10 per course and certificates are issued immediately upon taking the online course. CE Broker will be updated a few days later. If you do not need the exams of course simply delete the link.

Schedules are developed with your comfort in mind, so you have time to learn, interact with exhibitors and, very importantly, relax and enjoy yourself. Regardless of the location, our conferences are always COPE and Florida CE Broker approved. Should you need additional hours consider our webinar and/or live conference schedule and we have added enduring courses that can be taken at your leisure. Our enduring and webinar courses are all COPE approved but we ask that you confirm that this type of education is acceptable for your state board as guidelines changed January 1 of 2022.

To view upcoming webinars bookmark: webinars
To view enduring courses bookmark: enduring
To view upcoming in-person conferences: Live Conferences

And please welcome Daysha as the newest member to the OEC team as this is her first Scottsdale conference!

Greg, Joe, Vanessa, and Daysha

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SCHEDULE

Friday, February 25, 2022			
6:45 am – 7:30 am	**Registration and Breakfast** **Exhibit Hall Opens**	Hrs,	TQ
7:30 am - 8:00 am	Welcome and Information, Awareness, and Improvement Industry Talk Breakfast by Neurolens Jeff Krall, OD	**No CE credit**	**No CE credit**
8:00 am – 9:40 am	**Field Follies and Perimetry Pearls** Joseph Sowka, OD and Greg Caldwell, OD	2	Y
9:40 am -10:10 am	Introductions and Break with Sponsors		
10:10 am – 11:50 pm	**The Glaucoma Compass** Nate Lighthizer, OD	2	Y
11:50 am - 1:30 pm	Lunch – Exhibit Hall Information, Awareness, and Improvement Industry Talks presented by Sight Sciences and Maculogix		
1:30 pm – 3:10 pm	**Swollen Nerves: Now What?** Nate Lighthizer, OD	2	Y
3:10 pm- 3:40 pm	Break with Sponsors		
3:40 pm – 4:30 pm	**Carotenoid Levels in Ocular Disease and Systemic Health** Greg Caldwell, OD	1	N
4:35 pm - 5:25 pm	**The Latest Advancements in Ocular Surface Disease** Derek Cunningham, OD	1	N
Saturday, February 26, 2022			
7:00 am – 7:30 am	**Registration and Breakfast**		
7:30 am - 8:00 am	Innovation and Information Industry Partner Talk by Allergan Melissa Barnett, OD	**No CE credit**	**No CE credit**
8:00 am – 9:40 am	**Going Viral: HZO, HSV, EKC** Nate Lighthizer, OD	2	Y
9:40 am – 10:10 am	Break with Sponsors		
10:10 am – 11:50 am	**Neural Pearls** Joseph Sowka, OD	2	Y
11:50 am- 1:20 pm	Lunch – Exhibit Hall Information, Awareness, and Improvement Industry Talks Bausch & Lomb (12:00) Art Epstein, OD, FAAO – Lotemax SM Shannon Steinhauser, OD, FAAO – Vyzulta Novartis (12:30) Whitney Hauser, OD		
1:20 pm - 3:00 pm	**Diagnosis and Treatment of the Irregular Cornea** Melissa Barnett, OD	2	y
3:00 pm- 3:20 pm	Break with Sponsors - Exhibit Hall Closes 3:30pm		
3:20 pm- 5:00 pm	**Scleral Lenses: An Oasis for Dry Eye** Melissa Barnett, OD	2	Y

SCHEDULE

Sunday, February 27, 2022			
7:00 am – 7:30 am	**Check-In, & Breakfast**		
7:30 am - 8:00 am	Innovation and Information Industry Partner Talk		
8:00 am – 8:50 am	**Thyroid Dysfunction and the Eye** Greg Caldwell, OD	1	N
8:50 am – 9:40 am	**Treatment of Pain Opioid Choices and Considerations** Greg Caldwell, OD	1	N
8:00 am – 9:40 am (Concurrent)	**Prevention of Medical Errors** Joseph Sowka, OD	2	N
9:45 am – 11:25 am	**Opioid Prescribing Issues for Patient and Practitioner** Greg Caldwell, OD, FAAO	2	Y
9:45 am – 11:25 am (Concurrent)	**Florida Jurisprudence** Joseph Sowka, OD	2	N
	Conference Adjourns		

COURSE NOTES

COURSE NOTES

DOWNLOAD	**Field Follies and Perimetry Pearls** Joseph Sowka, OD /Greg Caldwell, OD
DOWNLOAD	**The Glaucoma Compass** Nate Lighthizer, OD
DOWNLOAD	**Swollen Optic Nerves Now What** Nate Lighthizer, OD
DOWNLOAD	**Carotenoid Levels in Ocular Disease and Systemic Health** Greg Caldwell, OD
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DOWNLOAD	**Opioid Choices and Issues for Patient and Practitioner** Greg Caldwell, OD
DOWNLOAD	**Florida Jurisprudence** Joseph Sowka, OD

SPEAKERS

Melissa Barnett, OD, FAAO

Dr. Melissa Barnett is a principal optometrist at the University of California, Davis Eye Center in Sacramento and Davis, California. She is an internationally recognized key opinion leader, specializing in dry eye disease, specialty contact lenses and presbyopia. Dr. Barnett lectures globally and publishes extensively on topics including dry eye, anterior segment disease, contact lenses, presbyopia and creating a healthy balance between work and home life for women in optometry. She is Chair of the American Optometric Association Contact Lens and Cornea Section, a Fellow of the American Academy of Optometry, a Diplomate of the American Board of Certification in Medical Optometry, a Fellow and Global Ambassador of the British Contact Lens Association, serves on the Board of the Gas Permeable Lens Institute, International Society of Contact Lens Specialists and is Past President of The Scleral Lens Education Society. Drs. Melissa Barnett and Lynette Johns authored and edited the book Contemporary Scleral Lenses: Theory and Application with the unique perspectives and contributions of international experts.

Dr. Barnett most recently chaired the BCLA CLEAR report on scleral lenses. She is currently serving on the Tear Film & Ocular Surface Society (TFOS): A Lifestyle Epidemic Ocular Surface Disease Workshop. Dr. Barnett was awarded the inaugural Theia Award for Excellence for Mentoring by Women in Optometry. She was granted the Most Influential Women in Optical from Vision Monday in 2019. Dr. Barnett and Dr. Tom Arnold are co-hosts of the popular podcast Global Eyes.

In her spare time, she enjoys cooking, yoga, hiking and spending time with her family, Todd Erickson, also an optometrist, and two sons, Alex and Drew.

SPEAKERS

Derek Cunningham, OD, FAAO

Dr. Cunningham's advanced research covers a vast spectrum of eye are and neuroscience including; dry eye treatments, glaucoma medications and surgeries, retinal disease, cataract and lasik surgeries, cosmetic treatments and products, vision enhancement and sports vision. His innovative research has been presented at all major meetings ranging from the American Retinal society, the Academies of Ophthalmology and Optometry, to the American College of Sports Medicine. His research has been featured in many medical journals and showcased in publications such as Sports Illustrated and Forbes Magazine.

In addition to having been an associate professor at Texas Tech School of Medicine, Dr. Cunningham also held adjunct professor status at the Inter American University of Puerto Rico and University of Waterloo, University of Houston, and University of Incarnate Word.
Dr. Cunningham is an internationally recognized educator, having provided continuing education lectures to eye doctors throughout the world. He is also a Fellow of the American Academy of Optometry and is board certified by the American Board of Optometry. He is also the founding Chair of the Integrated Ophthalmic Task Force for the American Society of Cataract and Refractive Surgery.
Dr. Cunningham is the director of the Dry Eye Institute at Dell Laser Consultants (DLC) and is well published in the areas of advanced dry eye treatments and facial aesthetics. He has presented to and educated leading ophthalmologists, corneal specialist and optometrist in the United States and numerous countries around the world. Many of Dr. Cunningham's dry eye protocols are being used by academic institutions around the country and his eye disease grading scales are even research standards in other countries.

Dr. Cunningham has a special interest in Sports Vision and Performance, and is the former Chair of the American Optometric Association's Sports Vision Section. He currently consults and provides vision training services to numerous professional and NCAA teams. This work will often have Dr. Cunningham presenting and attending meetings such as the American College of Sports Medicine and the National Athletic Trainers Association meetings.

SPEAKERS

Greg Caldwell, OD, FAAO

Greg Caldwell, OD, is a 1995 graduate of the Pennsylvania College of Optometry. He completed a one-year residency in primary care and ocular disease at The Eye nstitute in Philadelphia Pennsylvania. He is a fellow of the American Academy of Optometry (AAO) and a Diplomate of the American Board of Optometry (ABO).

He currently works in Duncansville and Johnstown, Pennsylvania as an ocular disease consultant. Dr. Caldwell's primary focus is the diagnosis and management of anterior and posterior segment ocular disease and he has been a participant in multiple FDA investigations. Dr. Caldwell has lectured extensively throughout the county and over twelve countries internationally. In 2010 he served as President of the Pennsylvania Optometric Association (POA) and served on the AOA Board of Trustees 2013-2016. He is President of the Blair/Clearfield Association for the Blind.

Joseph Sowka, OD, FAAO, Diplomate

Dr. Joseph Sowka is an attending optometric physician at Center for Sight in Sarasota, Florida, a large medical-surgical practice where he focuses on glaucoma management and neuro-ophthalmic disease. He was formerly Professor of Optometry at Nova Southeastern University College of Optometry for 28 years where he served as Chief of The Advanced Care Service and Director of the Glaucoma Service at the College's Eye Institute. He was the Program Coordinator and Supervisor for the Ocular Disease Residency. Dr. Sowka is a founding member of both the Optometric Glaucoma Society and Optometric Retina Society. He is also the Founder and Chair of the Neuro-Ophthalmic Disorders in Optometry Special Interest Group for the American Academy of Optometry. Dr. Sowka is a Glaucoma Diplomate of the American Academy of Optometry. He is a partner and co-owner of Optometric Education Consultants.

UPCOMING CONFERENCES

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*Pivotal study designs: Two Phase 3, randomized, multicenter, parallel-group studies, APOLLO and LUNAR, evaluating noninferiority of once-daily VYZULTA vs twice-daily timolol maleate 0.5% in patients with open-angle glaucoma or ocular hypertension. Primary endpoint was IOP measured at 9 assessment time points in study eye. APOLLO (VYZULTA, n=284; timolol, n=133) and LUNAR (VYZULTA, n=278; timolol, n=136).[2,3]

INDICATION

VYZULTA® (latanoprostene bunod ophthalmic solution), 0.024% is indicated for the reduction of intraocular pressure (IOP) in patients with open-angle glaucoma or ocular hypertension.

IMPORTANT SAFETY INFORMATION

- Increased pigmentation of the iris and periorbital tissue (eyelid) can occur. Iris pigmentation is likely to be permanent
- Gradual changes to eyelashes, including increased length, increased thickness, and number of eyelashes, may occur. These changes are usually reversible upon treatment discontinuation
- Use with caution in patients with a history of intraocular inflammation (iritis/uveitis). VYZULTA should generally not be used in patients with active intraocular inflammation
- Macular edema, including cystoid macular edema, has been reported during treatment with prostaglandin analogs. Use with caution in aphakic patients, in pseudophakic patients with a torn posterior lens capsule, or in patients with known risk factors for macular edema
- There have been reports of bacterial keratitis associated with the use of multiple-dose containers of topical ophthalmic products that were inadvertently contaminated by patients
- Contact lenses should be removed prior to the administration of VYZULTA and may be reinserted 15 minutes after administration
- Most common ocular adverse reactions with incidence ≥2% are conjunctival hyperemia (6%), eye irritation (4%), eye pain (3%), and instillation site pain (2%)

For more information, please see Brief Summary of full Prescribing Information on adjacent page.

References: 1. VYZULTA Prescribing Information. Bausch & Lomb Incorporated. **2.** Weinreb RN, Scassellati Sforzolini B, Vittitow J, Liebmann J. Latanoprostene bunod 0.024% versus timolol maleate 0.5% in subjects with open-angle glaucoma or ocular hypertension: the APOLLO study. *Ophthalmology.* 2016;123(5):965-973. **3.** Medeiros FA, Martin KR, Peace J, Scassellati Sforzolini B, Vittitow JL, Weinreb RN. Comparison of latanoprostene bunod 0.024% and timolol maleate 0.5% in open-angle glaucoma or ocular hypertension: the LUNAR study. *Am J Ophthalmol.* 2016;168:250-259.

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BRIEF SUMMARY OF PRESCRIBING INFORMATION

This Brief Summary does not include all the information needed to use VYZULTA safely and effectively. See full Prescribing Information for VYZULTA.

VYZULTA® (latanoprostene bunod ophthalmic solution), 0.024%, for topical ophthalmic use.

Initial U.S. Approval: 2017

1 INDICATIONS AND USAGE

VYZULTA® (latanoprostene bunod ophthalmic solution) 0.024% is indicated for the reduction of intraocular pressure (IOP) in patients with open-angle glaucoma or ocular hypertension.

4 CONTRAINDICATIONS

None

5 WARNINGS AND PRECAUTIONS

5.1 Pigmentation

VYZULTA® (latanoprostene bunod ophthalmic solution), 0.024% may cause changes to pigmented tissues. The most frequently reported changes with prostaglandin analogs have been increased pigmentation of the iris and periorbital tissue (eyelid).

Pigmentation is expected to increase as long as latanoprostene bunod ophthalmic solution is administered. The pigmentation change is due to increased melanin content in the melanocytes rather than to an increase in the number of melanocytes. After discontinuation of VYZULTA, pigmentation of the iris is likely to be permanent, while pigmentation of the periorbital tissue and eyelash changes are likely to be reversible in most patients. Patients who receive prostaglandin analogs, including VYZULTA, should be informed of the possibility of increased pigmentation, including permanent changes. The long-term effects of increased pigmentation are not known.

Iris color change may not be noticeable for several months to years. Typically, the brown pigmentation around the pupil spreads concentrically towards the periphery of the iris and the entire iris or parts of the iris become more brownish. Neither nevi nor freckles of the iris appear to be affected by treatment. While treatment with VYZULTA® (latanoprostene bunod ophthalmic solution), 0.024% can be continued in patients who develop noticeably increased iris pigmentation, these patients should be examined regularly *[see Patient Counseling Information (17) in full Prescribing Information]*.

5.2 Eyelash Changes

VYZULTA may gradually change eyelashes and vellus hair in the treated eye. These changes include increased length, thickness, and the number of lashes or hairs. Eyelash changes are usually reversible upon discontinuation of treatment.

5.3 Intraocular Inflammation

VYZULTA should be used with caution in patients with a history of intraocular inflammation (iritis/uveitis) and should generally not be used in patients with active intraocular inflammation as it may exacerbate this condition.

5.4 Macular Edema

Macular edema, including cystoid macular edema, has been reported during treatment with prostaglandin analogs. VYZULTA should be used with caution in aphakic patients, in pseudophakic patients with a torn posterior lens capsule, or in patients with known risk factors for macular edema.

5.5 Bacterial Keratitis

There have been reports of bacterial keratitis associated with the use of multiple-dose containers of topical ophthalmic products. These containers had been inadvertently contaminated by patients who, in most cases, had a concurrent corneal disease or a disruption of the ocular epithelial surface.

5.6 Use with Contact Lens

Contact lenses should be removed prior to the administration of VYZULTA because this product contains benzalkonium chloride. Lenses may be reinserted 15 minutes after administration.

6 ADVERSE REACTIONS

The following adverse reactions are described in the Warnings and Precautions section: pigmentation (5.1), eyelash changes (5.2), intraocular inflammation (5.3), macular edema (5.4), bacterial keratitis (5.5), use with contact lens (5.6).

6.1 Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

VYZULTA was evaluated in 811 patients in 2 controlled clinical trials of up to 12 months duration. The most common ocular adverse reactions observed in patients treated with latanoprostene bunod were: conjunctival hyperemia (6%), eye irritation (4%), eye pain (3%), and instillation site pain (2%). Approximately 0.6% of patients discontinued therapy due to ocular adverse reactions including ocular hyperemia, conjunctival irritation, eye irritation, eye pain, conjunctival edema, vision blurred, punctate keratitis and foreign body sensation.

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Risk Summary

There are no available human data for the use of VYZULTA during pregnancy to inform any drug associated risks.

Latanoprostene bunod has caused miscarriages, abortion, and fetal harm in rabbits. Latanoprostene bunod was shown to be abortifacient and teratogenic when administered intravenously (IV) to pregnant rabbits at exposures ≥ 0.28 times the clinical dose. Doses ≥ 20 µg/kg/day (23 times the clinical dose) produced 100% embryofetal lethality. Structural abnormalities observed in rabbit fetuses included anomalies of the great vessels and aortic arch vessels, domed head, sternebral and vertebral skeletal anomalies, limb hyperextension and malrotation, abdominal distension and edema. Latanoprostene bunod was not teratogenic in the rat when administered IV at 150 mcg/kg/day (87 times the clinical dose) *[see Data]*.

The background risk of major birth defects and miscarriage for the indicated population is unknown. However, the background risk in the U.S. general population of major birth defects is 2 to 4%, and of miscarriage is 15 to 20%, of clinically recognized pregnancies.

Data

Animal Data

Embryofetal studies were conducted in pregnant rabbits administered latanoprostene bunod daily by intravenous injection on gestation days 7 through 19, to target the period of organogenesis. The doses administered ranged from 0.24 to 80 mcg/kg/day. Abortion occurred at doses ≥ 0.24 mcg/kg/day latanoprostene bunod (0.28 times the clinical dose, on a body surface area basis, assuming 100% absorption). Embryofetal lethality (resorption) was increased in latanoprostene bunod treatment groups, as evidenced by increases in early resorptions at doses ≥ 0.24 mcg/kg/day and late resorptions at doses ≥ 6 mcg/kg/day (approximately 7 times the clinical dose). No fetuses survived in any rabbit pregnancy at doses of 20 mcg/kg/day (23 times the clinical dose) or greater. Latanoprostene bunod produced structural abnormalities at doses ≥ 0.24 mcg/kg/day (0.28 times the clinical dose). Malformations included anomalies of sternum, coarctation of the aorta with pulmonary trunk dilation, retroesophageal subclavian artery with absent brachiocephalic artery, domed head, forepaw hyperextension and hindlimb malrotation, abdominal distention/edema, and missing/fused caudal vertebrae.

An embryofetal study was conducted in pregnant rats administered latanoprostene bunod daily by intravenous injection on gestation days 7 through 17, to target the period of organogenesis. The doses administered ranged from 150 to 1500 mcg/kg/day. Maternal toxicity was produced at 1500 mcg/kg/day (870 times the clinical dose, on a body surface area basis, assuming 100% absorption), as evidenced by reduced maternal weight gain. Embryofetal lethality (resorption and fetal death) and structural anomalies were produced at doses ≥ 300 mcg/kg/day (174 times the clinical dose). Malformations included anomalies of the sternum, domed head, forepaw hyperextension and hindlimb malrotation, vertebral anomalies and delayed ossification of distal limb bones. A no observed adverse effect level (NOAEL) was established at 150 mcg/kg/day (87 times the clinical dose) in this study.

8.2 Lactation

Risk Summary

There are no data on the presence of VYZULTA in human milk, the effects on the breastfed infant, or the effects on milk production. The developmental and health benefits of breastfeeding should be considered, along with the mother's clinical need for VYZULTA, and any potential adverse effects on the breastfed infant from VYZULTA.

8.4 Pediatric Use

Use in pediatric patients aged 16 years and younger is not recommended because of potential safety concerns related to increased pigmentation following long-term chronic use.

8.5 Geriatric Use

No overall clinical differences in safety or effectiveness have been observed between elderly and other adult patients.

13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

Latanoprostene bunod was not mutagenic in bacteria and did not induce micronuclei formation in the *in vivo* rat bone marrow micronucleus assay. Chromosomal aberrations were observed *in vitro* with human lymphocytes in the absence of metabolic activation.

Latanoprostene bunod has not been tested for carcinogenic activity in long-term animal studies. Latanoprost acid is a main metabolite of latanoprostene bunod. Exposure of rats and mice to latanoprost acid, resulting from oral dosing with latanoprost in lifetime rodent bioassays, was not carcinogenic.

Fertility studies have not been conducted with latanoprostene bunod. The potential to impact fertility can be partially characterized by exposure to latanoprost acid, a common metabolite of both latanoprostene bunod and latanoprost. Latanoprost acid has not been found to have any effect on male or female fertility in animal studies.

13.2 Animal Toxicology and/or Pharmacology

A 9-month toxicology study administered topical ocular doses of latanoprostene bunod to one eye of cynomolgus monkeys: control (vehicle only), one drop of 0.024% bid, one drop of 0.04% bid and two drops of 0.04% per dose, bid. The systemic exposures are equivalent to 4.2-fold, 7.9-fold, and 13.5-fold the clinical dose, respectively, on a body surface area basis (assuming 100% absorption). Microscopic evaluation of the lungs after 9 months observed pleural/subpleural chronic fibrosis/inflammation in the 0.04% dose male groups, with increasing incidence and severity compared to controls. Lung toxicity was not observed at the 0.024% dose.

U.S. Patent Numbers: 7,273,946; 7,629,345; 7,910,767; 8,058,467.

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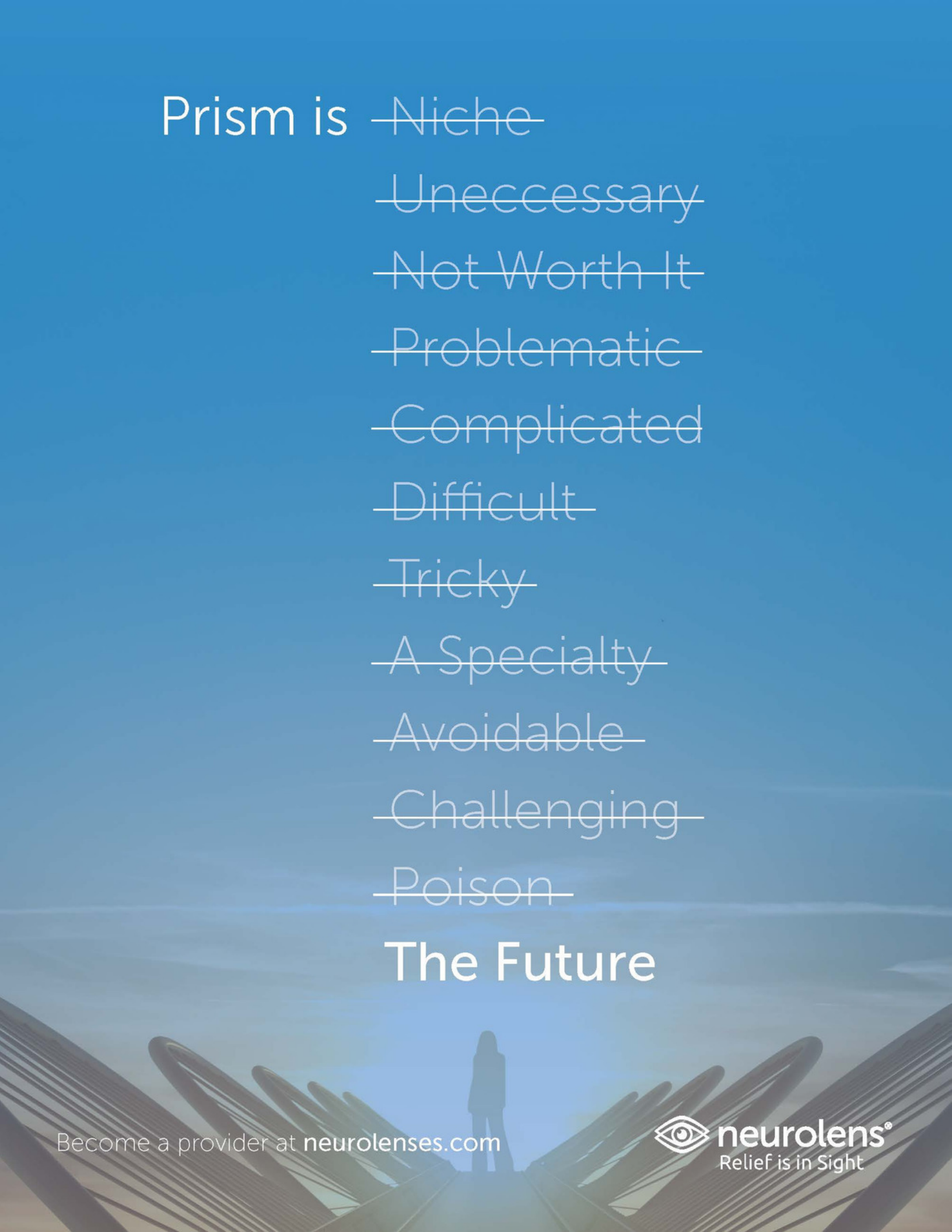

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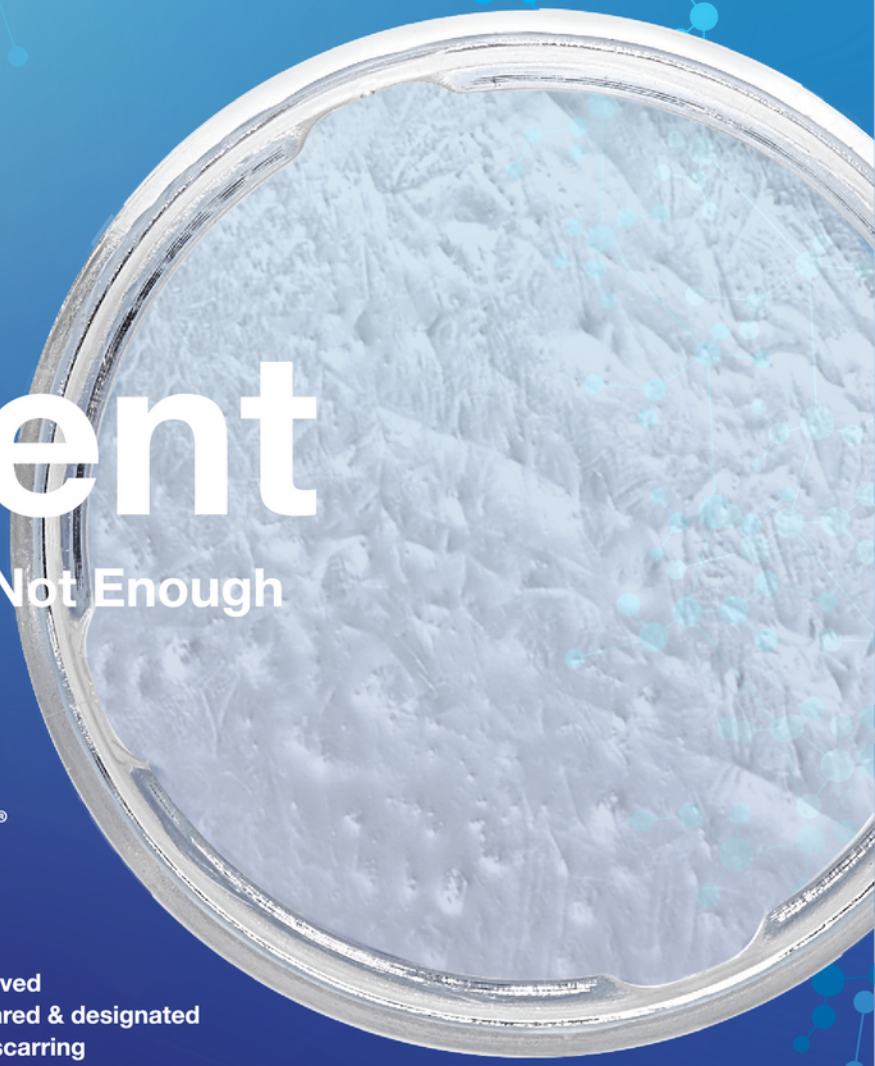

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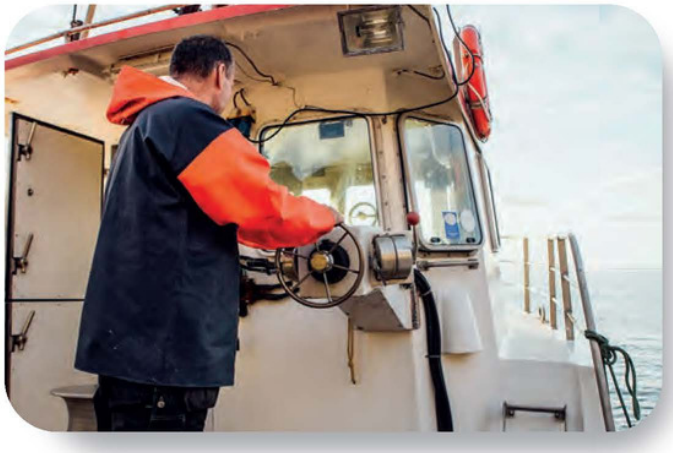

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INDICATIONS

Photrexa® Viscous (riboflavin 5′-phosphate in 20% dextran ophthalmic solution) and Photrexa® (riboflavin 5′-phosphate ophthalmic solution) are indicated for use with the KXL system in corneal collagen cross-linking for the treatment of progressive keratoconus and corneal ectasia following refractive surgery. Corneal collagen cross-linking should not be performed on pregnant women.

IMPORTANT SAFETY INFORMATION

Ulcerative keratitis can occur. Patients should be monitored for resolution of epithelial defects.

The most common ocular adverse reaction was corneal opacity (haze). Other ocular side effects include punctate keratitis, corneal striae, dry eye, corneal epithelium defect, eye pain, light sensitivity, reduced visual acuity, and blurred vision.

These are not all of the side effects of the corneal collagen cross-linking treatment. For more information, go to www.livingwithkeratoconus.com to obtain the FDA-approved product labeling.

You are encouraged to report all side effects to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

*Photrexa® Viscous and Photrexa® are manufactured for Avedro. The KXL system is manufactured by Avedro. Avedro is a wholly owned subsidiary of Glaukos Corporation.

REFERENCE: 1. Photrexa [package insert]. Waltham, MA: Glaukos, Inc; 2016.

MA-01953A

GLAUKOS

Start 2022 with a Great Offer from Optovue

Purchase an OCT system by March 31st, 2022 and get
0% Financing with $99 Monthly Payments for the first 6 months.

Select the OCT that Fits Your Practice

iVue® 80 OCT

The new High-Speed 80kHz OCT with comprehensive reports and simplified scan acquisition

iScan ® 80 OCT

Offers all the scans available on a traditional OCT with the added benefit of simplified operation

Avanti® **Widefield**
with AngioVue® O
State-of-the-Art Im
with OCT Angiogra
and Optovue-exclu
AngioAnalytics® me

OPTOVUE **Partners** CAPITAL GROUP

All orders must be placed by March 31, 2022.

Greg Miller-Optovue 720-933-9971

Jared Berggren-PCG 949-202-5796

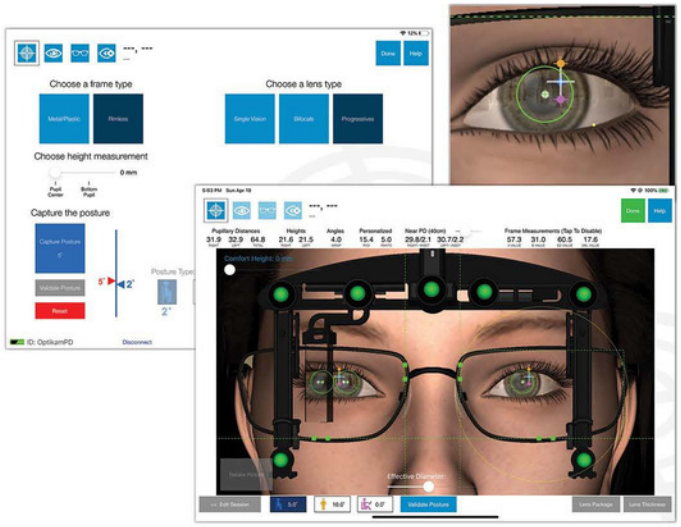
1. Based on lease option of 60 months. Subject to credit approval.

The New Optikam Posture Device

A unique device that uses an electronic tilt sensor to capture and monitor the customer pantoscopic tilt in real time.

Remote Capture
Capture customer posture with a push of a button, all from within the OptikamPad app.

Live Posture Reading
A posture indicator displays the current live customer pantoscopic tilt reading in relation to the captured one. Monitor customer posture in real-time for a faster and more precise validation. Capturing the correct customer posture has never been easier.



Demonstrate the Benefits of Multiple Pairs
Display the benefits of owning multiple pairs by showing the fitting crosses drawn on the lens for up to three different captured posture types

Is social distancing a new norm?

Social distancing is likely to be the norm for the forseeable future. Customers will likely perceive traditional tools such as the hand-held pupillometer, the sharpie or the distometer as overly intrusive.

OptikamPad takes all of your position-of-wear measurements with 1 single image and minimal human-to-human contact.

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The One and Only Indicator of MMP-9 for Dry Eye Inflammation

QUIDEL | InflammaDry®

InflammaDry is the only test that detects elevated levels of MMP-9, a key inflammatory marker for dry eye. This rapid, point-of-care test produces results in 10 minutes allowing patients to be tested and treated in the same office visit. The test is easy to perform, is minimally invasive and requires no additional equipment. InflammaDry utilizes innovative patented technology, is FDA cleared, CE marked, and CLIA waived.

Quidel is a long-standing leader in the manufacture and sale of rapid, point-of-care diagnostics. Contact your Quidel Account Manager today at **800.874.1517** to learn more about how InflammaDry can help improve the health of your dry eye patients.

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AD1023201EN00(01/19)

UPLIFTED

Give Ptosis Patients an EYE-OPENING Lift With a Daily Drop of Upneeq® (oxymetazoline hydrochloride ophthalmic solution), 0.1%[1]

The only FDA-approved prescription eyedrop proven to lift upper eyelids in adults with acquired blepharoptosis (low-lying lids)[1]

Learn more at Upneeq.com.

INDICATION

Upneeq® (oxymetazoline hydrochloride ophthalmic solution), 0.1% is indicated for the treatment of acquired blepharoptosis in adults.

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

- Alpha-adrenergic agonists as a class may impact blood pressure. Advise Upneeq patients with cardiovascular disease, orthostatic hypotension, and/or uncontrolled hypertension or hypotension to seek medical care if their condition worsens.
- Use Upneeq with caution in patients with cerebral or coronary insufficiency or Sjögren's syndrome. Advise patients to seek medical care if signs and symptoms of potentiation of vascular insufficiency develop.
- Upneeq may increase the risk of angle closure glaucoma in patients with untreated narrow-angle glaucoma. Advise patients to seek immediate medical care if signs and symptoms of acute narrow-angle glaucoma develop.
- Patients should not touch the tip of the single patient-use container to their eye or to any surface, in order to avoid eye injury or contamination of the solution.

ADVERSE REACTIONS

Adverse reactions that occurred in 1-5% of subjects treated with Upneeq were punctate keratitis, conjunctival hyperemia, dry eye, blurred vision, instillation site pain, eye irritation, and headache.

DRUG INTERACTIONS

- Alpha-adrenergic agonists, as a class, may impact blood pressure. Caution in using drugs such as beta blockers, anti-hypertensives, and/or cardiac glycosides is advised. Caution should also be exercised in patients receiving alpha adrenergic receptor antagonists such as in the treatment of cardiovascular disease, or benign prostatic hypertrophy.
- Caution is advised in patients taking monoamine oxidase inhibitors which can affect the metabolism and uptake of circulating amines.

To report SUSPECTED ADVERSE REACTIONS or product complaints, contact RVL Pharmaceuticals at 1-877-482-3788. You may also report SUSPECTED ADVERSE REACTIONS to the FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Please see next page for Brief Summary of full Prescribing Information.

Reference: 1. Upneeq® (oxymetazoline hydrochloride ophthalmic solution), 0.1%. [Prescribing Information].

RVL PHARMACEUTICALS, INC.

Distributed by: RVL Pharmaceuticals, Inc.
Bridgewater, NJ 08807
Customer Service 1-866-600-4799

PM-US-UPN-0197 01/21

Learn more at Upneeq.com

UPNEEQ®
(oxymetazoline hydrochloride ophthalmic solution), 0.1%*

*Each mL of Upneeq contains 1 mg of oxymetazoline hydrochloride, equivalent to 0.09 mg (0.09%) of oxymetazoline free base.

Eye-Opening Possibilities

SILVER INDUSTRY PARTNERS

This activity is supported with unrestricted educational grants from Alcon and Sun Pharmaceuticals.

HEALTHY EYES START HERE

INTRODUCING

Bruder®

Hygienic

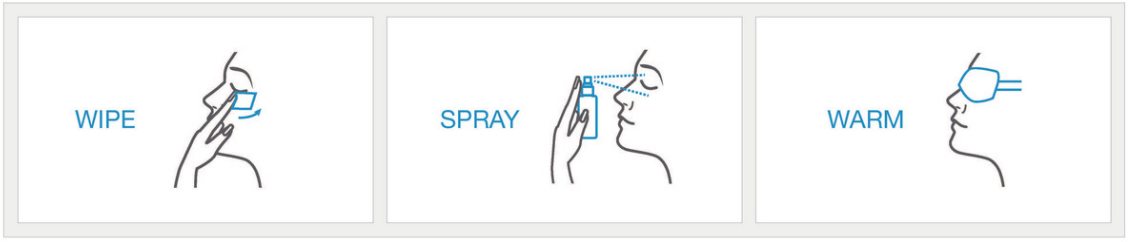
EYELID CARE KIT™

DAILY EYELID & LASH THERAPY

Recommend a simple but comprehensive approach to ocular comfort and wellness with the Bruder Family of Hygiene products.

It's easier now than ever before with the **Bruder Hygienic Eyelid Care Kit**.

PROMOTE AND PRESERVE EYELID HEALTH FOR ALL YOUR PATIENTS IN 3 EASY STEPS



ALSO AVAILABLE FOR INDIVIDUAL PURCHASE

BRUDER HYGIENIC EYELID CLEANSING WIPES

Pre-Moistened, Leave-On Formula

BRUDER HYGIENIC EYELID SOLUTION SPRAY

0.02% Pure Hypochlorous Acid Solution

BRUDER HYGIENIC EYELID CLEANSERS

Convenient Combo Pack

Bruder | **Better. By Design.**

GOOD LID HYGIENE IS THE **FIRST STEP** TOWARD **IMPROVED OCULAR WELLNESS**

BRUDER HYGIENIC EYELID CLEANSING WIPES™

PRE-MOISTENED LID HYGIENE THERAPY WIPES

Individually Wrapped | Hypo-Allergenic | Convenient

Daily use ophthalmic leave-on formula wipes help remove buildup, oil, dirt, pollen and impurities to soothe and refresh irritated eyes. Specially formulated to thoroughly cleanse eyelids and lashes to enhance their receptiveness to other complimentary Bruder hygienic therapy products.

- No-rinse, leave-on formula
- Gentle enough for daily use
- Low-residue, non-soapy formula
- No stinging or burning

30 Pre-Moistened Wipes

BRUDER HYGIENIC EYELID SOLUTION™

PURE HYPOCHLOROUS ACID SOLUTION SPRAY

No Prescription Necessary | No Rinse Formula

This all-natural hygienic eyelid and eyelash spray is formulated with a pure, proprietary form of hypochlorous acid to provide effective relief from symptoms associated with blepharitis, MGD, and dry eye. The gentle no-rinse formula helps remove microorganisms, bacteria and debris around the eyelid margin.

- Contains 0.02% pure hypochlorous acid solution in saline
- Stable and pure without the additives found in other solutions
- Safe for daily long-term use
- Prescription strength, without a prescription

Availiable in 1 fl. oz and 2 fl. oz bottles

BRUDER HYGIENIC EYELID CLEANSERS LID HYGIENE COMBO PACK™

PACK OFFERS CONVENIENCE AND IMPROVES PATIENT COMPLIANCE

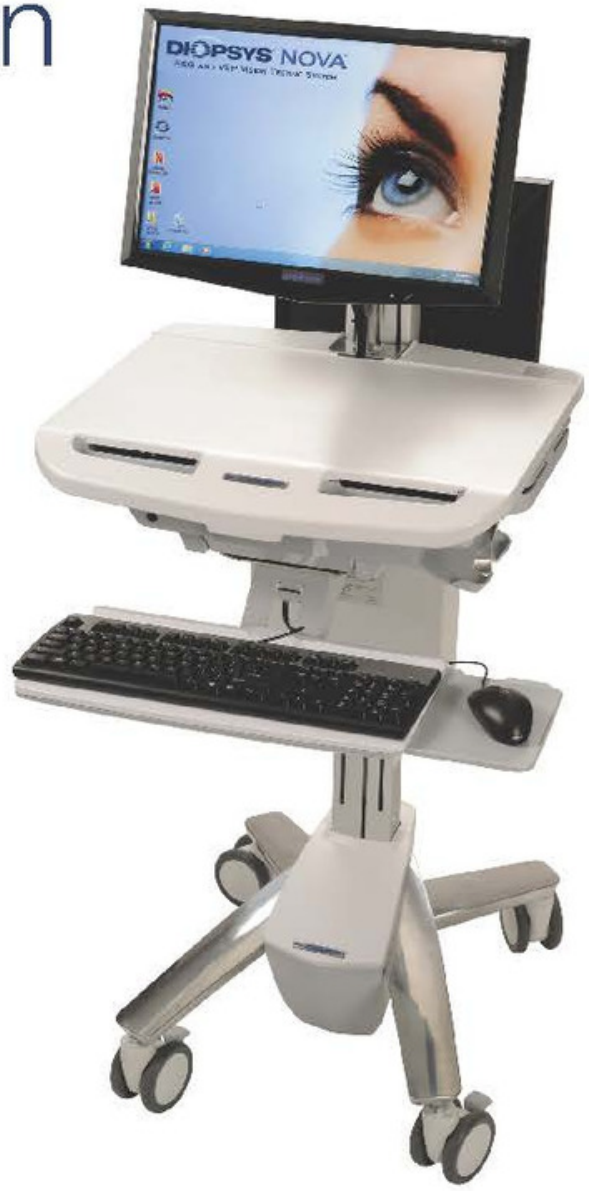
Contains: 30 Cleansing Wipes and 1 fl. oz. bottle of Eyelid Solution

The convenient combo pack brings two key lid hygiene components together in one package: Patients receive **Bruder Hygienic Eyelid Cleansing Wipes™** and **Bruder Hygienic Eyelid Solution™** — a perfect combination for daily eyelid and lash care.

- Single sku offers convenience to practice and patients
- Improves patient compliance
- Offers purchase value

Track progression
Tailor treatment

using objective, functional vision testing.



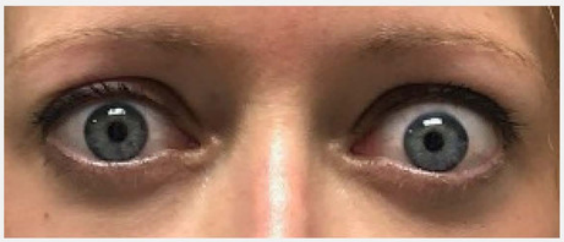
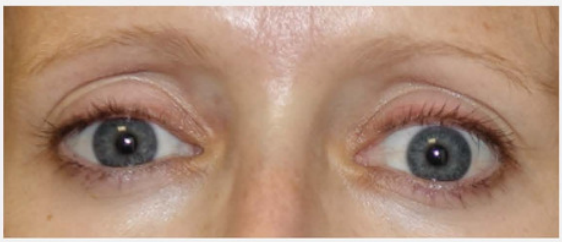
Diopsys helps eyecare professionals accurately and objectively measure retinal and visual pathway function through intuitive eye care tests that produce clear objective, functional results and enable improved patient management.

To learn more contact:
Victor Peaks, District Manager
vpeaks@diopsys.com or (973) 244-0622

DIOPSYS
EST. 1998

See the TEPEZZA Difference

TEPEZZA decreases proptosis, diplopia, and the signs and symptoms of Thyroid Eye Disease (TED), without concomitant steroids (vs placebo at Week 24)[1-4]

BASELINE	AT WEEK 21
	
Proptosis: **19 mm OD, 20.5 mm OS[5]**	Proptosis: **17 mm OD, 18 mm OS[5]**

Actual Patient. Individual results may vary.

TEPEZZA met its primary endpoint vs placebo in 2 randomized, placebo-controlled trials (P<0.001), defined as proptosis responder rate at Week 24 (percentage of patients with ≥2-mm reduction in proptosis in the study eye from baseline).[1-3]

Photos provided with permission from Raymond Douglas, MD, PhD.

OD, oculus dexter; OS, oculus sinister.

Learn more at TEPEZZAhcp.com

INDICATION

TEPEZZA is indicated for the treatment of Thyroid Eye Disease.

IMPORTANT SAFETY INFORMATION

Warnings and Precautions

Infusion Reactions: TEPEZZA may cause infusion reactions. Infusion reactions have been reported in approximately 4% of patients treated with TEPEZZA. Reported infusion reactions have usually been mild or moderate in severity. Signs and symptoms may include transient increases in blood pressure, feeling hot, tachycardia, dyspnea, headache, and muscular pain. Infusion reactions may occur during an infusion or within 1.5 hours after an infusion. In patients who experience an infusion reaction, consideration should be given to premedicating with an antihistamine, antipyretic, or corticosteroid and/or administering all subsequent infusions at a slower infusion rate.

Preexisting Inflammatory Bowel Disease: TEPEZZA may cause an exacerbation of preexisting inflammatory bowel disease (IBD). Monitor patients with IBD for flare of disease. If IBD exacerbation is suspected, consider discontinuation of TEPEZZA.

Hyperglycemia: Increased blood glucose or hyperglycemia may occur in patients treated with TEPEZZA. In clinical trials, 10% of patients (two-thirds of whom had preexisting diabetes or impaired glucose tolerance) experienced hyperglycemia. Hyperglycemic events should be managed with medications for glycemic control, if necessary. Monitor patients for elevated blood glucose and symptoms of hyperglycemia while on treatment with TEPEZZA. Patients with preexisting diabetes should be under appropriate glycemic control before receiving TEPEZZA.

Adverse Reactions

The most common adverse reactions (incidence ≥5% and greater than placebo) are muscle spasm, nausea, alopecia, diarrhea, fatigue, hyperglycemia, hearing impairment, dysgeusia, headache, and dry skin.

References: 1. TEPEZZA (teprotumumab-trbw) [prescribing information] Horizon. **2.** Douglas RS, Kahaly GJ, Patel A, et al. Teprotumumab for the treatment of active thyroid eye disease. *N Engl J Med*. 2020;382(4):341-352. **3.** Smith TJ, Kahaly GJ, Ezra DG, et al. Teprotumumab for thyroid-associated ophthalmopathy. *N Engl J Med*. 2017;376(18):1748-1761. **4.** Smith TJ, Kahaly GJ, Ezra DG, et al. Teprotumumab for thyroid-associated ophthalmopathy. *N Engl J Med*. 2017;376(18)(suppl):1748-1761. https://www.nejm.org/doi/suppl/10.1056/NEJMoa1614949/suppl_file/nejmoa1614949_appendix.pdf. **5.** Data on File. Horizon, December 2020.

icare For better perception

iCare EIDON AF

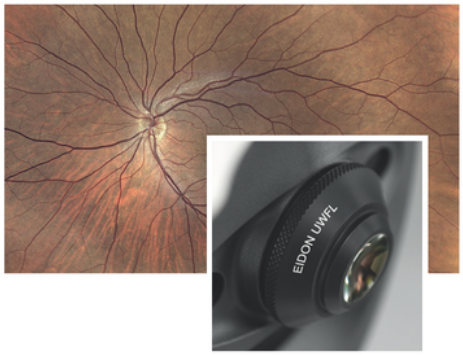
Ultra-high resolution
retinal imaging

+ Ultra-Widefield of view up to 200°
+ Rich in details from center to periphery
+ Imaging through media opacities

iCare EIDON FA

Ultra-high resolution
retinal imaging

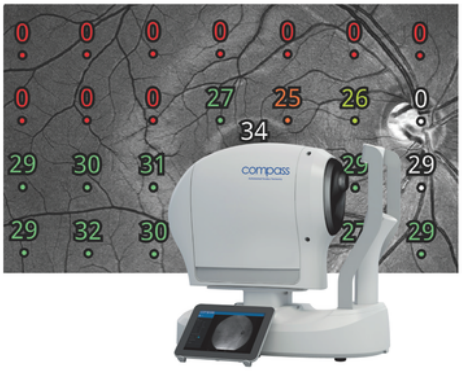
+ TrueColor
+ Widefield view & ultra-high resolution
+ Autofluorescence imaging
+ Fully automated
+ 2.5mm minimum pupil size
+ Fluorescein angiography video & imaging



iCare EIDON ULTRA

200° of Ultra-high resolution
retinal imaging

+ Upgrade EIDON family to Ultra-Widefield
+ Same image quality with wider field
+ True Color
+ Fully automated



iCare COMPASS

Fundus automated
perimetry

+ No trial lenses
+ Patient can blink and rest without data loss
+ Easy to clean between patients

iCare DRSplus

Automated TrueColor
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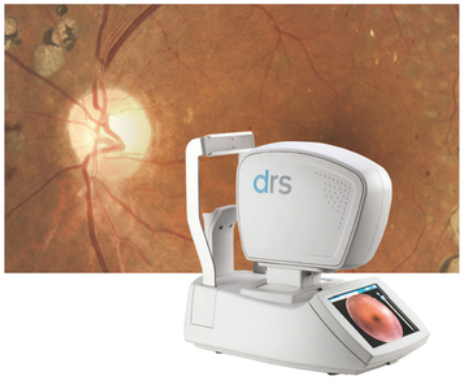
+ TrueColor confocal imaging
+ Ultra-high resolution
+ Fast image acquisition (16 s per eye)
+ No dilation (2.5 mm pupil size)



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The first fully automatic
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+ Fully automated non-mydriatic fundus camera
+ Full test at the press of one button
+ No dilation (4mm pupil size)

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The sterile **tonometer**

+ No drops, air, or calibration needed
+ Consistent & accurate readings
+ Single use probes to exceed infection control guidelines

iCare IC200

200 degrees of **tonometry**

+ Supine, recline & seated operations
+ No corneal disruptions
+ Suitable for every patient
+ Single use probes to exceed infection control guidelines

iCare HOME

24-hour at home **tonometry**

+ Easy to use
+ Remote diurnal IOP curve
+ Long term monitoring
+ Alert notifications

Trade-In Special*

Up to $5,000 off any fundus camera

*Limited time and quantities.

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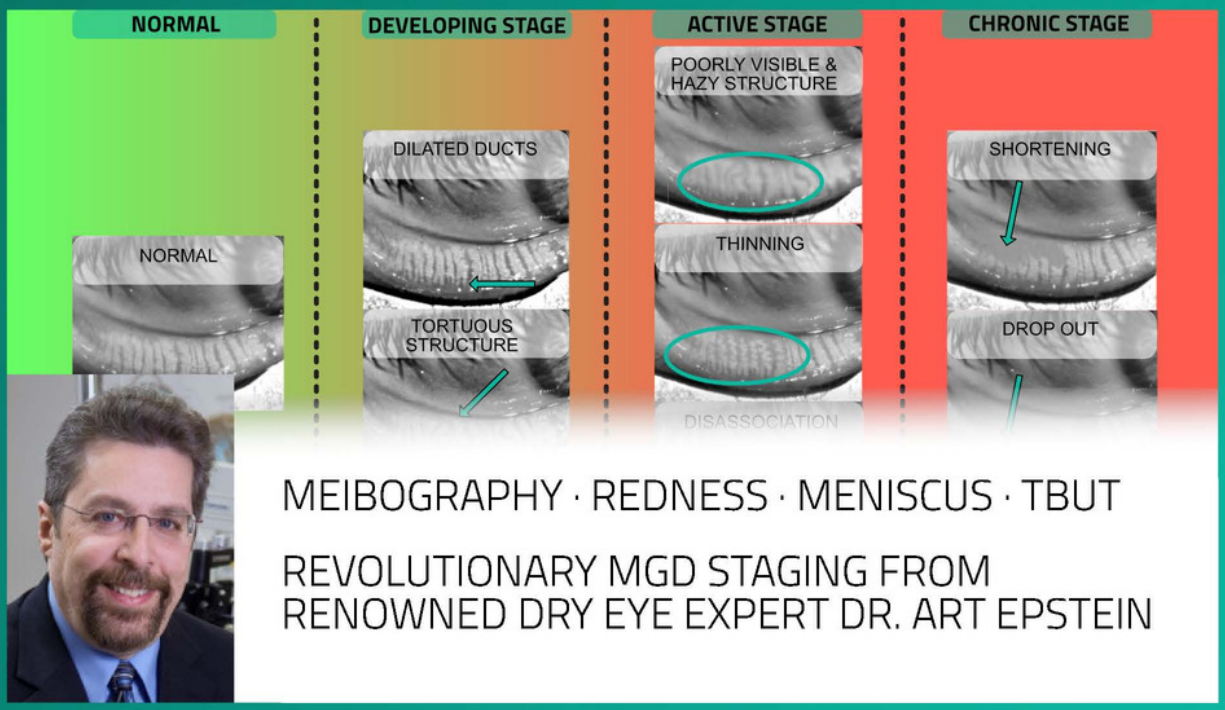
For better perception **icare**

Medirix



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Join us Friday and/or Saturday for a 30-minute workshop
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NUTRITION IS THE KEY TO KEEPING THE EYES AND THE BODY HEALTHY

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- DIRECT CORRELATION TO MACULAR PIGMENT
- KNOW YOUR STARTING POINT - MEASURE IN 30 SECONDS
- KNOW IF YOUR TREATMENT IS WORKING- CLINICALLY PROVEN AND GUARANTEED
- NO INVENTORY
- SIMPLE AND EASY TO IMPLEMENT- FULLY OPERATIONAL THE FIRST WEEK
- COMPREHENSIVE TRAINING AND COACHING – TURNKEY SYSTEM

"The Biophotonic Scanner is Optometry's Bridge to Wellness." – Stuart Richer, OD, PhD
Ocular Wellness and Nutrition Society – Past President

" The scanner is a quick but powerful assessment of the patient's ocular and systemic nutritional status. Useful in patients with ocular conditions like AMD and diabetes, equally useful in those without ocular disease to help prevent and maintain excellent ocular health". - Greg Caldwell, OD, FAAO

Implementation Specialist
20 years of clinical carotenoid measurement
Trevor Crabtree, OD
Trevkarcrab7@aol.com - 618-889-3825 cell #