

SUNSHINE STATE SUMMER CONFERENCE ORLANDO 2022



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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 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 will 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 test. 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 accredited and Florida approved. If you hold a license outside of Florida and need additional hours consider our webinar and/or live conference schedule. We have added enduring courses that can be taken at your leisure also. 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.

To view upcoming webinars bookmark: [Webinars](#)

To view enduring courses bookmark: [Enduring](#)

To view upcoming in-person conferences details: [Live Conferences](#)

[Mackinac Island OEC Summer Meeting August 26-28, 2022](#)

Mission Point Hotel
One Lakeshore Drive
Mackinac Island, MI 49757

[Music City Fall Classic 2022 October 21-23, 2022](#)

Hilton Doubletree
315 4th Avenue North
Nashville, TN 37219

Greg, Joe, Vanessa, and Daysha

INDUSTRY PARTNERS

Information, Awareness, & Improvement Talks

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ophthalmic solution), 0.1%



Gold Industry Partners



INDUSTRY PARTNERS



Silver Industry Partners



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SCHEDULE



Friday, June 10, 2022			
7:00 am – 7:30 am	Registration & Continental Breakfast with Exhibitors	Hours	CEE/TQ
7:30 am-8:00 am	Industry Innovation Talk - Heru	N/A	N/A
8:00 am – 9:40 am	Utilizing Diagnostic and Therapeutic Advancements to Effectively Manage Ocular Surface Disease	2	Y
9:40 – 10:10 am	Break with Exhibitors		
10:10 am – 11:50 am	<i>Review of Systems</i> Joseph Pizzimenti, OD	2	Y
11:50 am – 1:30 pm	Lunch Innovation Talks Sight Sciences(12:00)		
1:30 pm – 3:10 pm	<i>Emerging Trends in Age-related Macular Degeneration</i> Joseph Pizzimenti, OD	2	Y
3:10 pm – 3:40 pm	Break with Exhibitors		
3:40 pm – 5:20 pm	<i>Clinical Case Challenge</i> Joseph Sowka, OD and Greg Caldwell, OD	2	Y
5:40 pm – 6:00 pm	Industry Talks Pharmanex & Visible Genomics		
5:50 pm – 7:00 pm	Cocktail Reception Sponsored by Pharmanex & Visible Genomics		
	Conference Adjourns		
Saturday, June 11, 2022			
7:00 am – 7:30 am	Check-In & Breakfast with Exhibitors		
7:30 am-8:00 am	Industry Innovation Talk -RVL Speaker Greg Caldwell, OD	N/A	N/A
8:00 am – 9:40 am	<i>Real World Retina</i> Jaya Kumar, MD	2	Y
9:40 am – 10:10 am	Break with Exhibitors		
10:10 am – 11:00 am	<i>Angle Closure Glaucoma</i> Danica Marrelli, OD	1	N
11:00 am – 11:30 am	Industry Innovation Talk – Novartis Dr. Jay Mattheis	N/A	N/A
11:30 am – 11:50 am	Exhibit Hall		
11:50 am -1:30 pm	<i>Rapid Fire Grand Rounds</i> Danica Marrelli, OD	2	Y
1:30 pm	Conference Adjourns and Exhibit Hall Closes		
	Complimentary Workshop BioPhotonic Carotenoid Hand Scanner and Nutrition Workshop – Trevor Crabtree, OD		

SCHEDULE



Sunday, June 12, 2022			
7:15 am – 8:00 am	Check-In, & Continental Breakfast		
8:00 am – 9:40 am	<i>Systemic Prescribing for the Primary Care Optometrist</i> Danica Marrelli, OD	2	Y
9:40 am – 9:50 am	<i>Break</i>		
	Concurrent Lectures		
9:50 am- 11:30 am (Concurrent)	<i>Ocular Disease- Interpretation and Utilization of New and Old Technologies</i> Greg Caldwell, OD	2	Y
9:50 am- 11:30 am (Concurrent)	<i>Prevention of Medical Errors (Florida required)</i> Joseph Sowka, OD and Barry Frauens, OD	2	N
11:30 am – 11:40 am	Break		
	Concurrent Lectures		
11:40 am- 1:20 pm (Concurrent)	<i>Grand Rounds: Improving Eye Care and Outcomes for Patients</i> Greg Caldwell, OD	2	Y
11:40 am- 1:20 pm (Concurrent)	<i>Florida Jurisprudence (Florida Required)</i> Joseph Sowka, OD and Barry Frauens, OD	2	N
1:25 pm – 2:15 pm	<i>HIV and AIDS: What Every Optometrist Needs to Know</i> Joseph Sowka, OD	1	N
	Conference Adjourns		

This activity is supported with an unrestricted educational grant from Alcon.

COURSE NOTES



COURSE NOTES



DOWNLOAD

Utilizing Diagnostic and Therapeutic Advancements to Effectively Manage Ocular Surface Disease

Derek Cunningham, OD

DOWNLOAD

Review of Systems

Joseph Pizzimenti, OD

DOWNLOAD

Age Related Macular Degeneration Update

Joseph Pizzimenti, OD

DOWNLOAD

Clinical Case Challenge

Joseph Sowka, OD, Greg Caldwell, OD

DOWNLOAD

Real World Retina

Jaya Kumar, MD

DOWNLOAD

Angle Closure Glaucoma

Danica Marrelli, OD

DOWNLOAD

Rapid Fire Grand Rounds

Danica Marrelli, OD

DOWNLOAD

Systemic Prescribing for the Primary Care Optometrist

Danica Marrelli, OD

DOWNLOAD

Ocular Disease- Interpretation and Utilization of New and Old Technologies

Greg Caldwell, OD

DOWNLOAD

Prevention of Medical Errors

Joseph Sowka, OD/Barry Frauens, OD

DOWNLOAD

Grand Rounds: Improving Eye Care and Outcomes for Patients

Greg Caldwell, OD

DOWNLOAD

Florida Jurisprudence

Joseph Sowka, OD/Barry Frauens, OD

DOWNLOAD

HIV and AIDS: What Every Optometrist Needs to Know

Joseph Sowka, OD/Barry Frauens, OD

This activity is supported with an unrestricted educational grant from Alcon.

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 Institute 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, O.D., 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.

SPEAKERS



Derek Cunningham, OD, FAAO

Dr. Cunningham's advanced research covers a vast spectrum of eye care 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



Barry Frauens, OD, FAAO

Dr. Barry J. Frauens graduated with honors from Nova Southeastern University College of Optometry in 1996 and thereafter completed a one-year residency program in Primary Care optometry at the Pennsylvania College of Optometry.

Dr. Frauens is a full-time faculty member at Nova Southeastern University College of Optometry where he holds the rank of Associate Professor and serves as the Chief of the Primary Care Service at the N. Miami Beach Clinic. Dr. Frauens served as Chair of the Department of Clinics as well for nearly a decade.

Dr. Frauens is a past President of the Florida Optometric Association and the Broward County Optometric Association. He is the 2002 recipient of the BCOA 'Optometrist of the Year' award, the 2003 'NSU Distinguished Alumni Achievement' award, the 2006 FOA 'Optometrist of the Year' award and the 2017 FOA Edward K. Walker 'Optometrist of the Decade' award.

Dr. Frauens has published numerous journal articles in the refereed literature. He is a fellow of the American Academy of Optometry, a fellow of the Optometric Glaucoma Society, a Fellow of the Optometric Retina Society and is one of the first Optometrists in the profession to become Board Certified by the American Board of Optometry. Dr. Frauens has lectured locally, regionally, nationally and internationally covering numerous subjects in anterior and posterior segment ocular disease management as well as prevention of medical errors. His current research interests include glaucoma



Jaya Kumar, MD

Dr. Jaya B. Kumar is a board-certified ophthalmologist and fellowship-trained vitreoretinal surgeon at Florida Retina Institute. She practices in 5 locations across central Florida including Orlando, Lake Mary, Daytona, Orange City, and Lady Lake. She graduated Summa Cum Laude from Saint Louis University with an Honors Bachelor of Science degree and a Doctorate of Medicine. Dr. Kumar completed an internship in internal medicine at Saint Louis University and ophthalmology residency at Duke University in Durham, North Carolina. Following residency training, Dr. Kumar completed a fellowship in vitreoretinal surgery and diseases at Cleveland Clinic Foundation in Cleveland, Ohio.

SPEAKERS



Danica J. Marrelli, OD, FAAO, AAO Diplomate

Danica Marrelli received her doctor of optometry degree from the University of Houston College of Optometry (UHCO), and completed a residency in hospital-based optometry at the Baltimore VA Medical Center in Baltimore, MD. She is currently a clinical professor at UHCO, where she serves as Assistant Dean of Clinical Education and staffs the glaucoma, retina, and general eye disease clinics. In the classroom, Dr. Marrelli teaches in the ocular pharmacology, glaucoma and case-based learning courses. Dr. Marrelli became a diplomate in the ocular disease (glaucoma) section of the American Academy of Optometry in November 2009 and is the vice president of the Optometric Glaucoma Society.



Joseph J. Pizzimenti, OD, FAAO

Dr. Joseph Pizzimenti is an internationally-recognized speaker and author, and a Fellow of both the American Academy of Optometry (AAO) and the Optometric Retina Society (ORS). He served as ORS President from 2012-2014.

Dr. Pizzimenti has completed funded clinical research in the areas of diabetes, age-related macular degeneration, vitreomacular adhesion, and low vision. His scientific articles and have appeared in a host peer-reviewed journals. Dr. Pizzimenti co-authored a chapter on Diabetic Retinopathy in the textbook entitled Diabetes in Black America.

Dr. Pizzimenti enjoys traveling and spending quality time with his wife, Dr. Claire Pizzimenti, and their three children.

UPCOMING CONFERENCES



Mackinac Island OEC Meeting
August 26-28, 2022



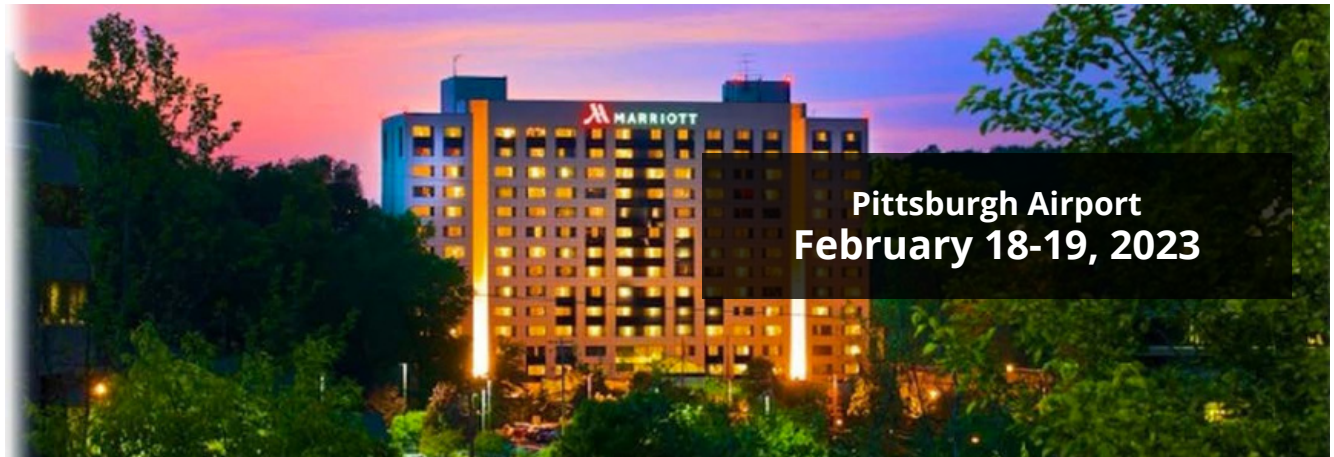
3rd Annual Music City Fall Classic
October 21-23, 2022



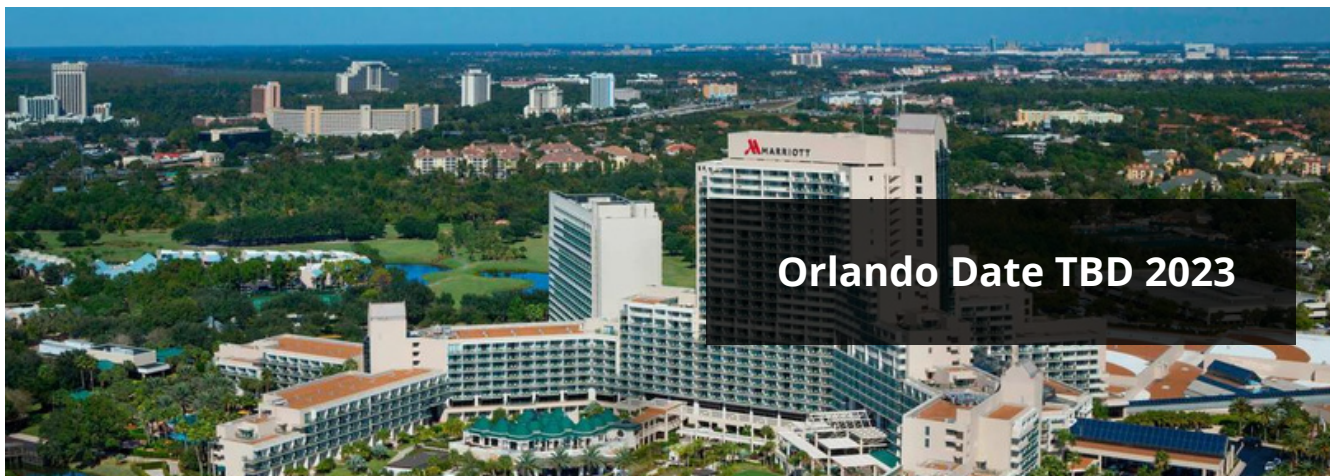
6th Annual Mid-Winter Getaway
April 14-16, 2023

This activity is supported with an unrestricted educational grant from Alcon.

UPCOMING CONFERENCES



**Pittsburgh Airport
February 18-19, 2023**



Orlando Date TBD 2023



**WHO WANTS TO JOIN US
IN QUEBEC CITY 2023!**

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INFORMATION, AWARENESS, & IMPROVEMENT TALKS





THE HORSEPOWER YOU NEED TO LOWER IOP

Powerful IOP reduction with excellent tolerability^{1,2}

VYZULTA delivered **up to 9.1 mmHg mean IOP reduction** from baseline in pivotal trials.^{1,2*}

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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 $\geq 2\%$ 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.

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 $\mu\text{g/kg/day}$ (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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**Treat DED by targeting
obstructive MGD with
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Indications for Use: The TearCare® System is intended for the application of localized heat therapy in adult patients with evaporative dry eye disease due to meibomian gland dysfunction (MGD), when used in conjunction with manual expression of the meibomian glands.

The TearCare® System may not be right for everyone. Please see Instructions for Use or visit [TearCare.com](https://www.tearcare.com) for contraindications, warnings, precautions and adverse events.





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Discover Heru's New Fast Pattern Suprathreshold Visual Field.

6

Diagnostic
Exams

5

CPT
Codes

1

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UPLIFTED

Give Ptosis Patients an EYE-OPENING Lift
With a Daily Drop of Upneeq® (oxymetazoline
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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.

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PM-US-UPN-0197 01/21

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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.

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Visible Genomics provides Risk and Progression Assessments for Age-related Macular Degeneration (AMD) using your patients genetic information combined with ocular findings, the patients demographic, and lifestyle risk factors.

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- **71% of AMD is tied to genetics** vs less than 50% for Breast and Colon cancer
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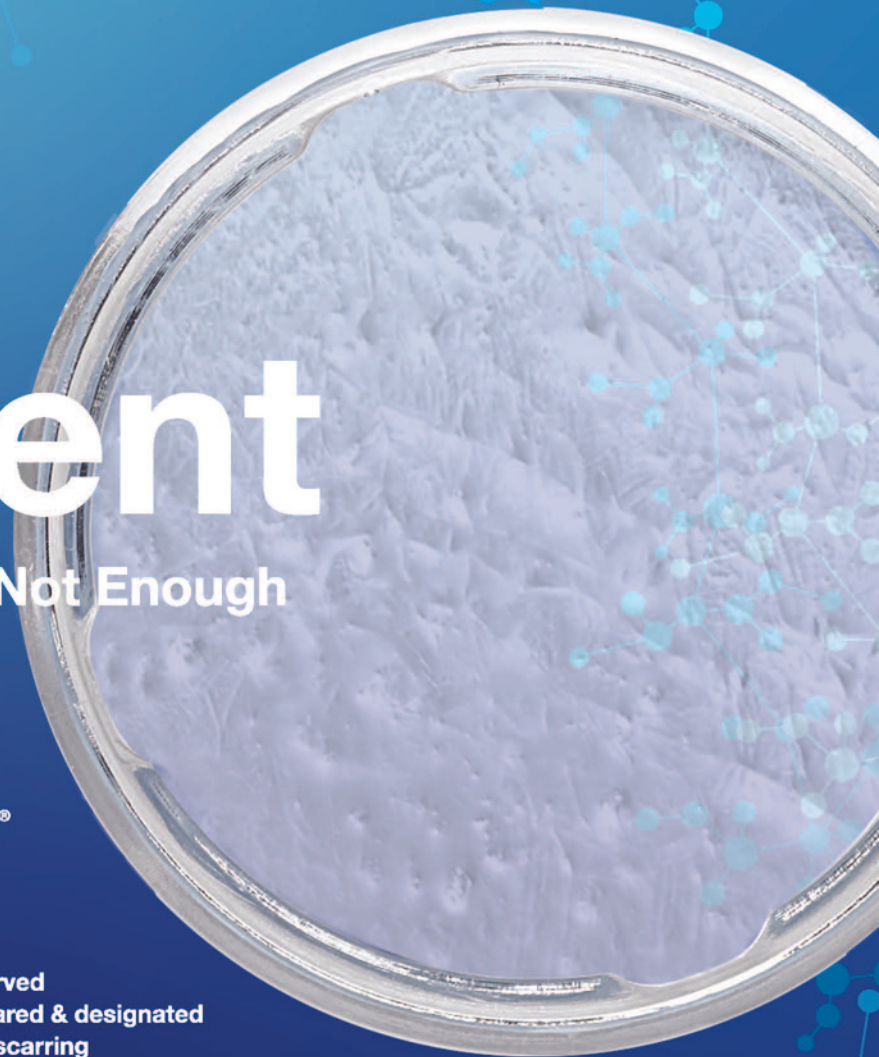
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Remote Patient Management

Vision Alert Management



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References: 1. Rao P et al. *Ophthalmology*. 2018;125(4):522-528. 2. Dornalpally A, Clemons TE, Bressler SB, et al. *Ophthalmol Retina*. 2019;3(4):326-335.

See website for FDA Indication for Use.

SM-169.2

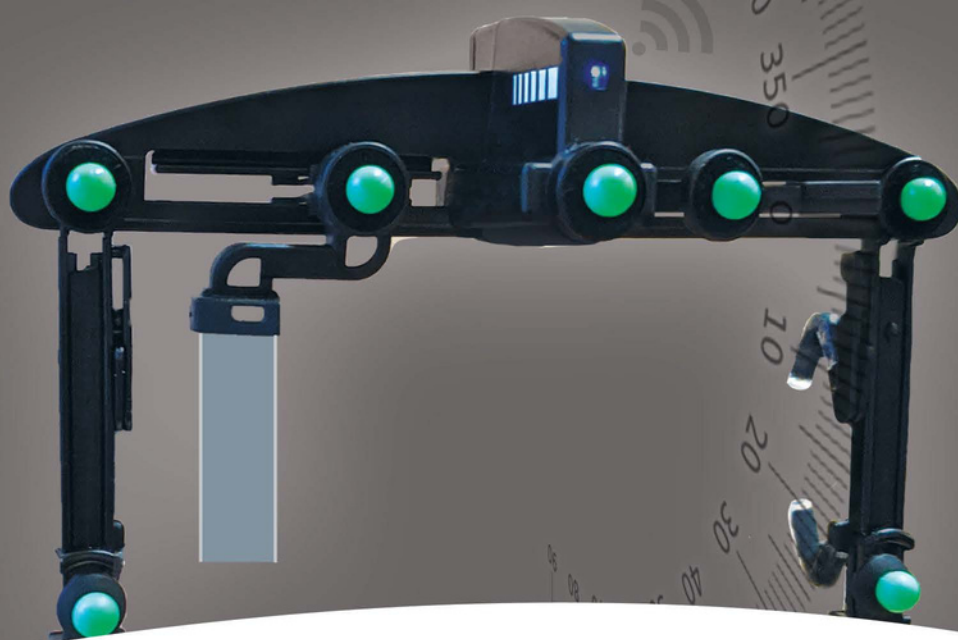


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A unique device that uses an electronic tilt sensor to capture and monitor the customer pantoscopic tilt in real time.

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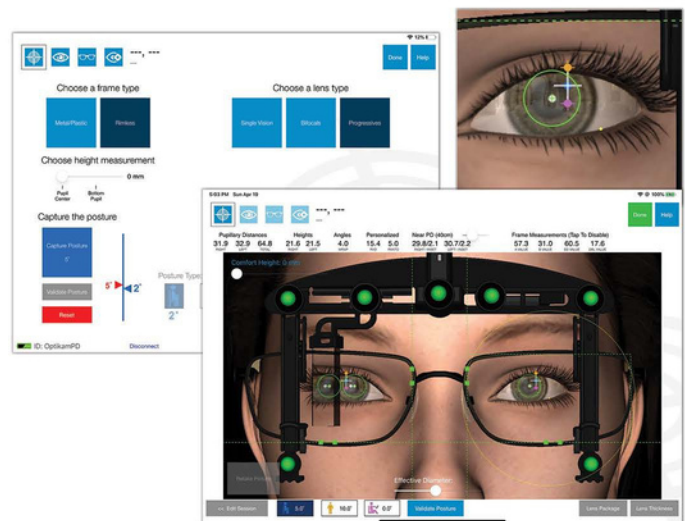
Capture customer posture with a push of a button, all from within the OptikamPad app.

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.

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



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



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US Eye is a **physician-led, patient-focused** group of eye care practices and surgery centers with a focus on high quality services and premium outcomes delivered through a well-established **vertically integrated** model. Our team is comprised of the best and brightest **optometrists** and **ophthalmologists** and enjoy market-leading compensation, benefits and clinical autonomy!

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Thank you! Your appointment request has been submitted.



The office staff will review the request and will reach out to you upon approval or if there are any questions.

10:10

Smith Partners

This is Dr. Smith's office. Sorry we missed your call. How can we help you?

Hi, I know it's Sunday and you're closed but my tooth is really hurting. I don't know what's wrong. Can you see me first thing Monday?

I'm sorry to hear that. Dr. Smith can see you at 10am tomorrow. Does that work for you?

iMessage

Hi Sarah! Please use the link below to pay your invoice.

Payment request of \$75.00


[www.smilesdental.com](#)

Payment received

Amount: \$75.00



Franklyn Digs

American Fork



Last visit: October 3
Next visit: July 3
Birthday: Tomorrow
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8-12 years of age at the initiation of treatment,

MiSight® 1 day

is the ONE for myopia control*

Year 7 results from the international
MiSight® 1 day clinical study found
that the mean axial elongation
showed **no evidence of rebound**^{1,2†}



MiSight® 1 day
for daily wear



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MiSight® 1 day benefit your practice?

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Disclaimer: The stability of the myopia reduction effect 1-year post-treatment is being further evaluated in a post-approval study in the U.S. as a condition of FDA approval for MiSight® 1 day.

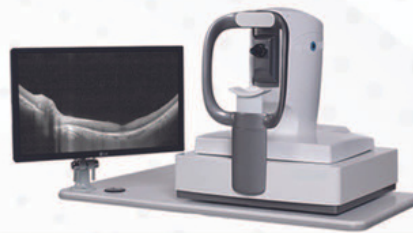
***Indications for use:** MiSight® 1 day (omafilcon A) soft (hydrophilic) contact lenses for daily wear are indicated for the correction of myopic ametropia and for slowing the progression of myopia in children with non-diseased eyes, who at the initiation of treatment are 8-12 years of age and have a refraction of -0.75 to -4.00 diopters (spherical equivalent) with ≤ 0.75 diopters of astigmatism. The lens is to be discarded after each removal.

[†]Preliminary international study data shows that, on average, for children that discontinued treatment at age 14-19 following 3 or 6 years of MiSight® 1 day wear, the eye growth reverted to age-expected average myopic progression rates.

References: 1. Chamberlain P, Arumugam B, et al. Myopia progression on cessation of dual-focus contact lens wear: MiSight® 1 day 7-year findings. *Optom Vis Sci.* 2021;98:E-abstract 210049. 2. Hammond D, Arumugam B, et al. Myopia control treatment gains are retained after termination of dual-focus contact lens wear with no evidence of a rebound effect. *Optom Vis Sci.* 2021;98:E-abstract 215130.



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icare



Since it was released over a decade ago, the **icare tonometer** has been one of the most dependable and widely used devices of its kind on the market. The latest model, the ic200, adds new features and capabilities to one of the industry's most trusted tools. It allows you to obtain accurate, repeatable measurements without the risk of a corneal abrasion and it can be used comfortably, even in situations where it's challenging to be on the same level as the patient: pediatrics, wheelchairs, nursing homes, etc.

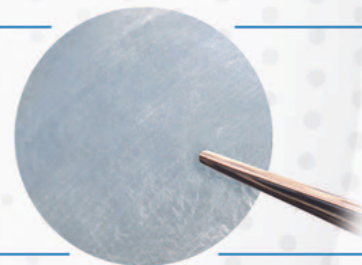
The **icare DRSPPlus**, released in 2020, is the new frontier in retinal imaging. It's the most exciting device on the market right now, and you don't need a specially trained operator to use it. Capture BOTH eyes in less than 30 seconds through small (2mm) pupils and/or cataracts! If you need an ultra-wide image, ask about the **Eidon**.



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EyeKinetix allows you to objectively assess pupillary function in response to light - there has been a huge correlation identified between relative APD and early detection of glaucoma over the past few years

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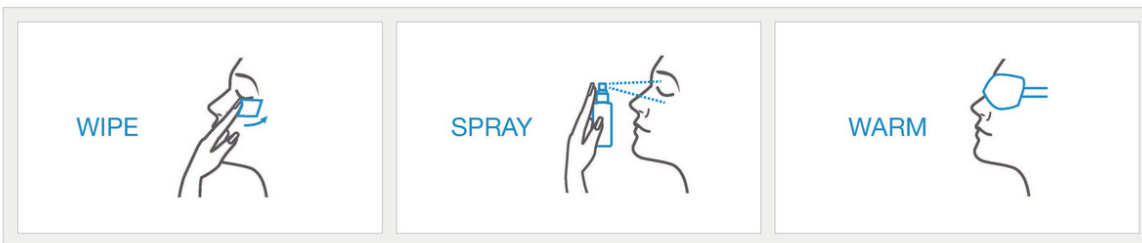
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- No-rinse, leave-on formula
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30 Pre-Moistened Wipes

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PURE HYPOCHLOROUS ACID SOLUTION SPRAY

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- 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



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PACK OFFERS CONVENIENCE AND IMPROVES PATIENT COMPLIANCE

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

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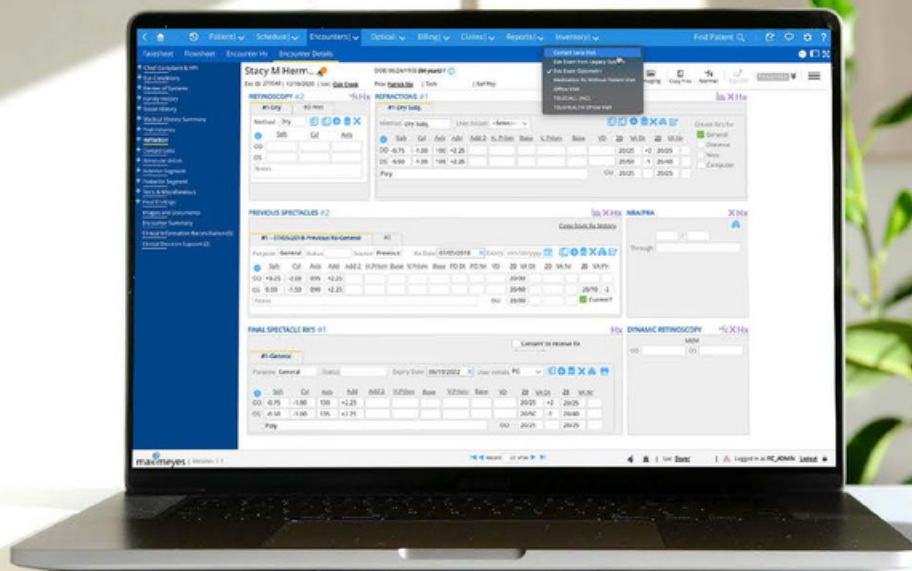
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