MUSIC CITY FALL CLASSIC OEC MEETING

Nashville 2023

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 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. Play the trivia game and the winners can receive a full refund of their registration, 50% or 25% refunds.

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

Mid-Winter Getaway, January 26-28.
Scottsdale, AZ

CE Sarasota, March 9-10.
Sarasota, FL

Sunshine State Summer Conference, June 7-9
Orlando, FL

Music City Fall Classic, September 27-29
Nashville, TN

Primary Eye Care Conference, February 17-19
Pittsburgh, PA

Rosenberg & OEC Abroad, May 22-24
Barcelona, Spain

OEC Northern Escape, August 23-25
Quebec, Canada

Again thank-you for trusting OEC with your education needs and enjoy the island!

Greg, Joe, Vanessa, Maureen & Helen

INDUSTRY PARTNERS

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This activity is supported with unrestricted educational grants from Alcon Labs, Horizon, and SunPharma.

SCHEDULE

Friday October 20, 2023			
Time	**Course Title**	**CE Hrs**	**CEE/TQ**
7:00 am – 7:30 am	Registration & Breakfast with Exhibitors	None	None
7:30 am – 8:00 am	**Product Theater**	None	None
8:00 am – 9:40 am	**Posterior Segment Rounds: From Landmarks to The Latest** Drew Rixon, OD	2	Yes
9:40 – 10:10 am	Introductions and Break with Exhibitors	None	None
10:10 am – 11:50 am	**Treatment of the Glaucoma Patient: Beyond Prostaglandins** Drew Rixon, OD	2	Yes
11:50 am – 1:10 pm	**Product Theater Lunch**	None	None
1:10 pm – 2:50 pm	**Ocular Pharmacology A Conglomeration of New Ideas, New Uses, Old Drugs, and Old Topics** Christopher Borgman, OD	2	Yes
2:50 pm- 3:20 pm	Break with Exhibitors	None	None
3:20 pm – 4:10 pm	**OCT Grand Rounds** Christopher Borgman, OD	1	No
4:10 pm	Conference Adjourns		

Saturday October 21, 2023			
Time	**Course Title**	**CE Hrs**	**CEE/TQ**
7:00 am – 7:30 am	Registration & Breakfast with Exhibitors	None	None
7:30 am – 8:00 am	**Product Theater**	None	None
8:00 am – 9:40 am	**Nightmares and Nonsense: Navigating Neuro-Op** Joseph Sowka, OD	2	Pending
9:40-10:00 am	Break with Sponsors		
10:00 am – 11:40 am	**The Spectrum of Angle Closure Glaucoma** Joseph Sowka, OD	2	Yes

SCHEDULE

Saturday October 21, 2023			
Time	**Course Title**	**CE Hrs**	**CEE/TQ**
11:40 am – 1:00 pm	**Product Theater & Lunch Talks**	None	None
1:00 pm – 2:40 pm	**Thyroid Eye Disease – What Every Clinician Needs to Know** Greg Caldwell, OD	2	Yes
2:40 pm – 3:00 pm	**Break and Exhibit Hall Closes**	None	None
3:00 pm – 3:50 pm	**SLT on the Glaucoma Front** **(KY Expanded Therapeutics Course)** Tania Patel, OD and Howell Findley, OD	1	No
3:50	Conference Adjourns		

Sunday October 22, 2023			
Time	**Course Title**	**CE Hrs**	**CEE/TQ**
7:30 am – 8:00 am	Registration & Breakfast with Exhibitors	None	None
8:00 am – 9:40 am	**Opioid Prescribing Issues for Patient and Practitioner** Greg Caldwell, OD	2	Yes
9:40 am – 9:50 am	**Break**		
9:50 am-11:30 am *Concurrent*	**YAGs, Burps and More** **(KY Expanded Therapeutics Course)** Tania Patel, OD and Howell Findley, OD	2 hrs. CEE	Yes
9:50 am-11:30 am *Concurrent*	**Prevention of Medical Errors** Joseph Sowka OD	2 hrs.	No
11:30 am- 1:10 pm *Concurrent*	**Expanded Therapeutic Procedures- Now what?** **(KY Expanded Therapeutics Course)** Tania Patel, OD and Howell Findley, OD	2 hrs. CEE	Yes
11:30 am- 1:10 pm *Concurrent*	**Florida Jurisprudence** Joseph Sowka, OD	2 hrs.	No

COURSE NOTES

COURSE NOTES

DOWNLOAD	Posterior Segment Rounds: from Landmarks to the Latest
DOWNLOAD	Glaucoma: A Technology Guided,Doctor Driven, and Patient Centered Approach
DOWNLOAD	Ocular Pharmacology: A Conglomeration of New Ideas, New Uses, Old Drugs, and Old Topics
DOWNLOAD	OCT Grand Rounds
DOWNLOAD	Nightmares and Nonsense: Navigating Neuro-op
DOWNLOAD	The Spectrum of Angle Closure Glaucoma
DOWNLOAD	Thyroid Eye Disease - What Every Clinician Needs to Know
DOWNLOAD	SLT on the Glaucoma Front
DOWNLOAD	Opioid Prescribing Issues for Patient and Practitioner
DOWNLOAD	YAGs, Burps, and More
DOWNLOAD	Prevention of Medical Errors
DOWNLOAD	Expanded Therapeutic Procedures - Now What?
DOWNLOAD	Florida Jurisprudence

SPEAKERS

Christopher Borgman, OD, FAAO

Dr. Chris Borgman is an associate professor at the Southern College of Optometry in Memphis, TN. He earned his O.D. degree from the Illinois College of Optometry then completed a one-year residency in Primary Care and Ocular Disease at the Illinois Eye Institute in Chicago, Illinois. He has lectured in numerous continuing education venues on the topics of: primary care ocular diseases, ocular manifestations of systemic diseases, and neuro-optometric diseases..

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.

Howell M. Findley, OD

Howell M. Findley, O.D. is a 1981 graduate of UAB.He completed an Optometric Fellowship at Bascom Palmer Eye Institute in 1982. Since 1984 he has worked at Omni Eye Services of Lexington, now Commonwealth Eye Surgery. He is adjunct faculty at UAB, SCO, NOVA and UPike.

SPEAKERS

Tania Patel, OD

Dr. Tania Patel received her Bachelors in Science and Bachelors in Vision Science from Nova Southeastern University in Fort Lauderdale, Florida. She received her Doctor of Optometry degree at Nova Southeastern University College of Optometry in 2016. Dr. Patel completed her residency in Ocular Disease and Low Vision at the Lexington VA Medical Center in Lexington, Kentucky in 2017. She practices at Commonwealth Eye Surgery in Lexington, KY.

Andrew Rixon, OD

Originally from Hartford, CT, Dr. Rixon received his Doctor of Optometry degree from the Pennsylvania College of Optometry and completed his postgraduate residency in Family Practice at West Tennessee Eye. Dr. Rixon is currently an attending at the Memphis VAMC, as well as a consulting faculty member at SCO. Dr. Rixon is a Fellow of the American Academy of Optometry, an AAO diplomate in glaucoma, member of the Optometric Glaucoma Society, on the executive committee of the glaucoma section, frequent lecturer, author, and peer reviewer. He is on the editorial board of Clinical and Refractive Optometry and Clinical Insights in Eyecare. Dr. Rixon has also been an active participant in VOSH, with many medical mission trips to the Caribbean, Mexico, Central and South America.

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. In 2021 and 2022, he was ranked #4 optometrist in the US by Newsweek magazine "America's Best Eye Doctors" list. He is a partner and co-owner of Optometric Education Consultants.

UPCOMING CONFERENCES

7th Annual
Mid-Winter Getaway
January 26-28, 2024

Hilton Scottsdale Resort & Villas
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Scottsdale, AZ

Pittsburgh Primary
Eyecare Conference
February 17-18, 2024

Doubletree by Hilton
Pittsburgh Green Tree
500 Mansfield Avenue
Pittsburgh, PA

CE Sarasota
March 9-10, 2024

The Westin Sarasota
100 Marina View Drive
Sarasota, FL 34236

UPCOMING CONFERENCES

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May 22-24, 2024

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Sunshine State
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Hilton Quebec
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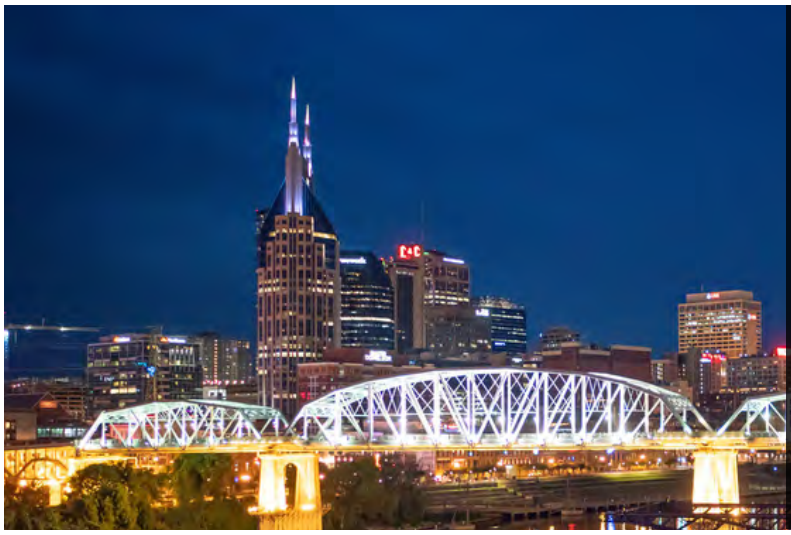
UPCOMING CONFERENCES



Music City Fall Classic
September 27-29, 2024

Hilton Doubletree
315 4th Avenue North
Nashville, TN 37219

INFORMATION, AWARENESS, & IMPROVEMENT TALKS

This activity is supported with unrestricted educational grants from Alcon Labs, Horizon and SunPharma.

VYZULTA.
(latanoprostene bunod ophthalmic solution), 0.024%

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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 ≥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.

BAUSCH+LOMB

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.

Distributed by:

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VYZ.0109.USA.20 Issued: 5/2020

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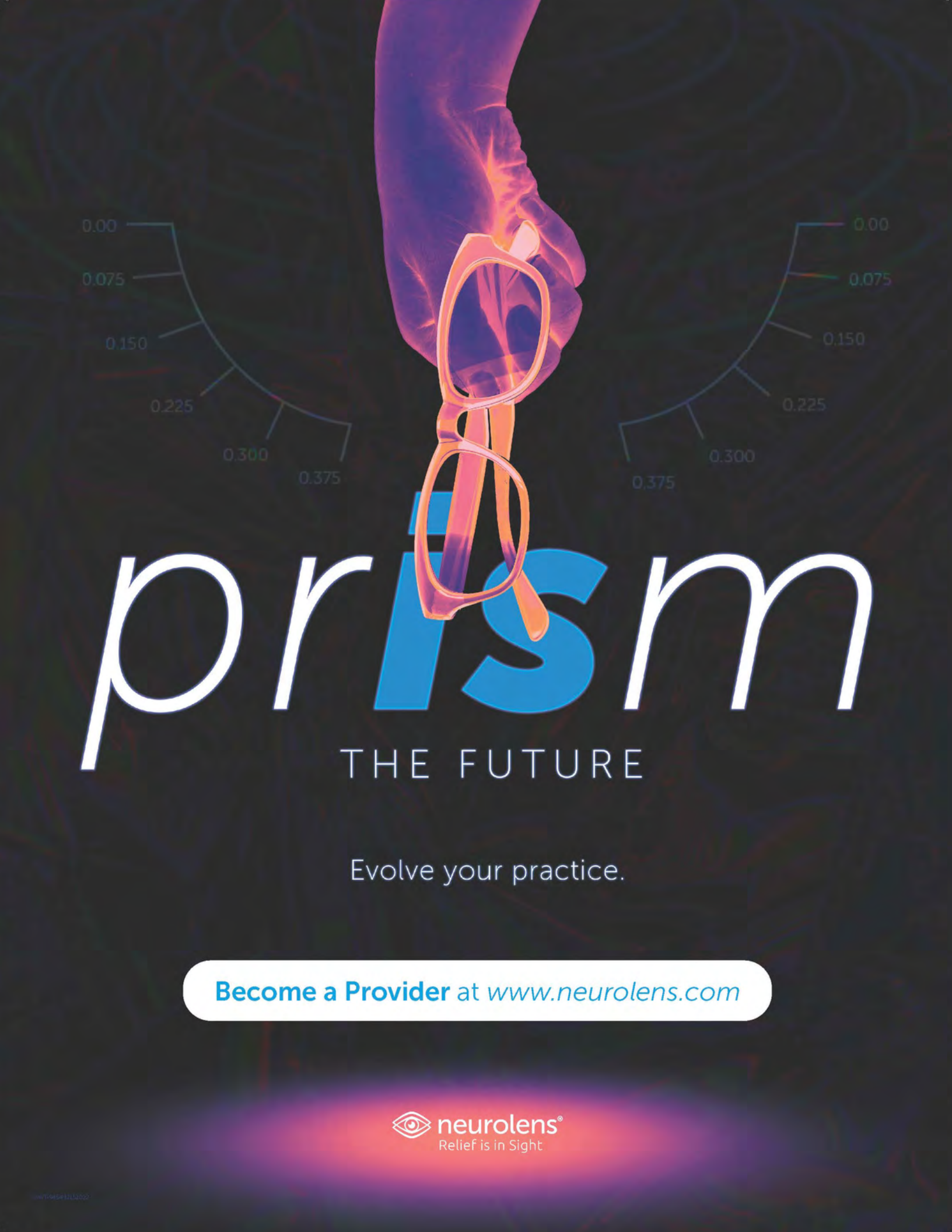
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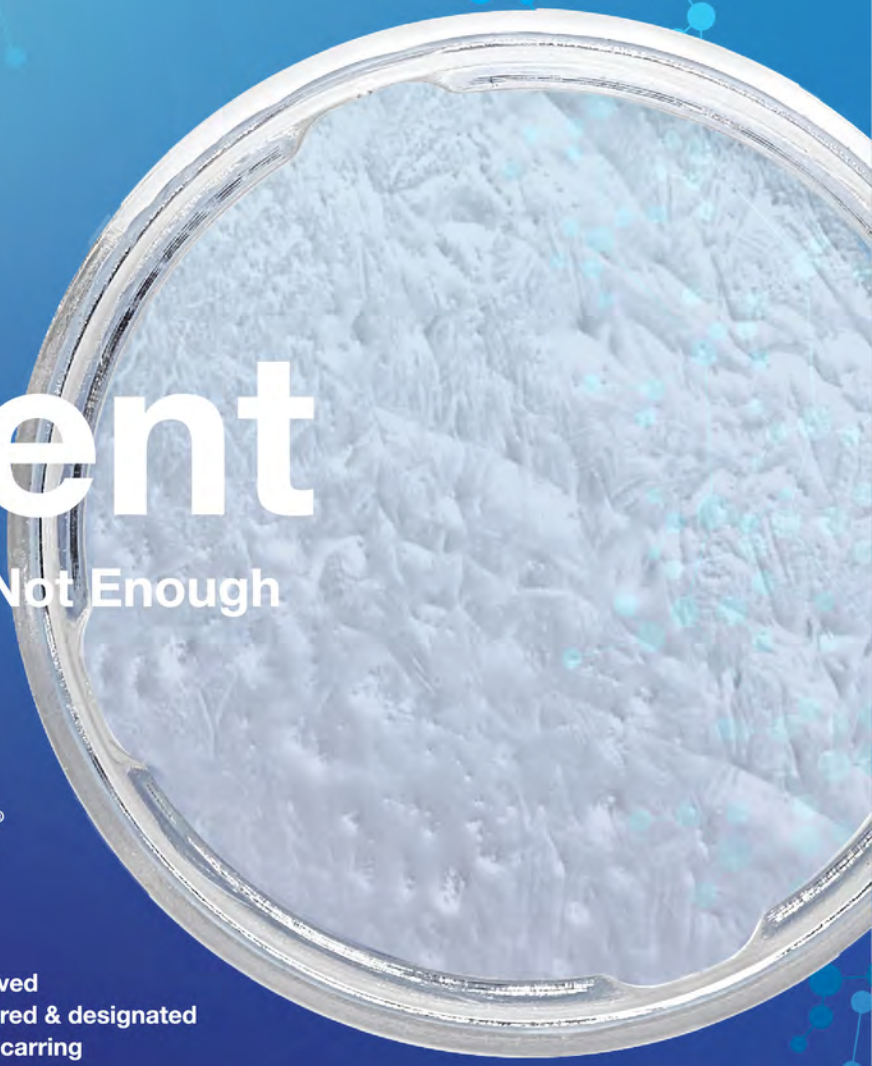

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BT-0679 REV 02

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Average at wet AMD diagnosis according to IRIS Registry real-world data[1]

HOME STUDY

≥20/40 VA

Average at wet AMD diagnosis with ForeseeHome[2]

Early Detection Helps Preserve Vision

ForeseeHome is a **remote monitoring** program for at-risk dry AMD patients that helps **detect wet AMD earlier** and alerts you of changes.

ForeseeHOME™
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Remote patient monitoring leads to better outcomes and stronger optometric practices

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- Differentiate your practice
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- Strengthen your referral relationships with qualified wet AMD referrals

The Key to Successful Home Monitoring

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Engagement & Education

Benefits Verification & Authorization

Continuous Monitoring

NOTAL VISION™
Monitoring Center

Practice Workflow Implementation

Remote Patient Management

Vision Alert Management

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

See website for FDA Indication for Use.

SM-068.03

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Physiologically formulated, the nutrient-rich solution contains 5 natural electrolytes to mimic your natural tears.

What Makes Nutrifill Great?

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- Large ampoules to both rinse and fill scleral lenses

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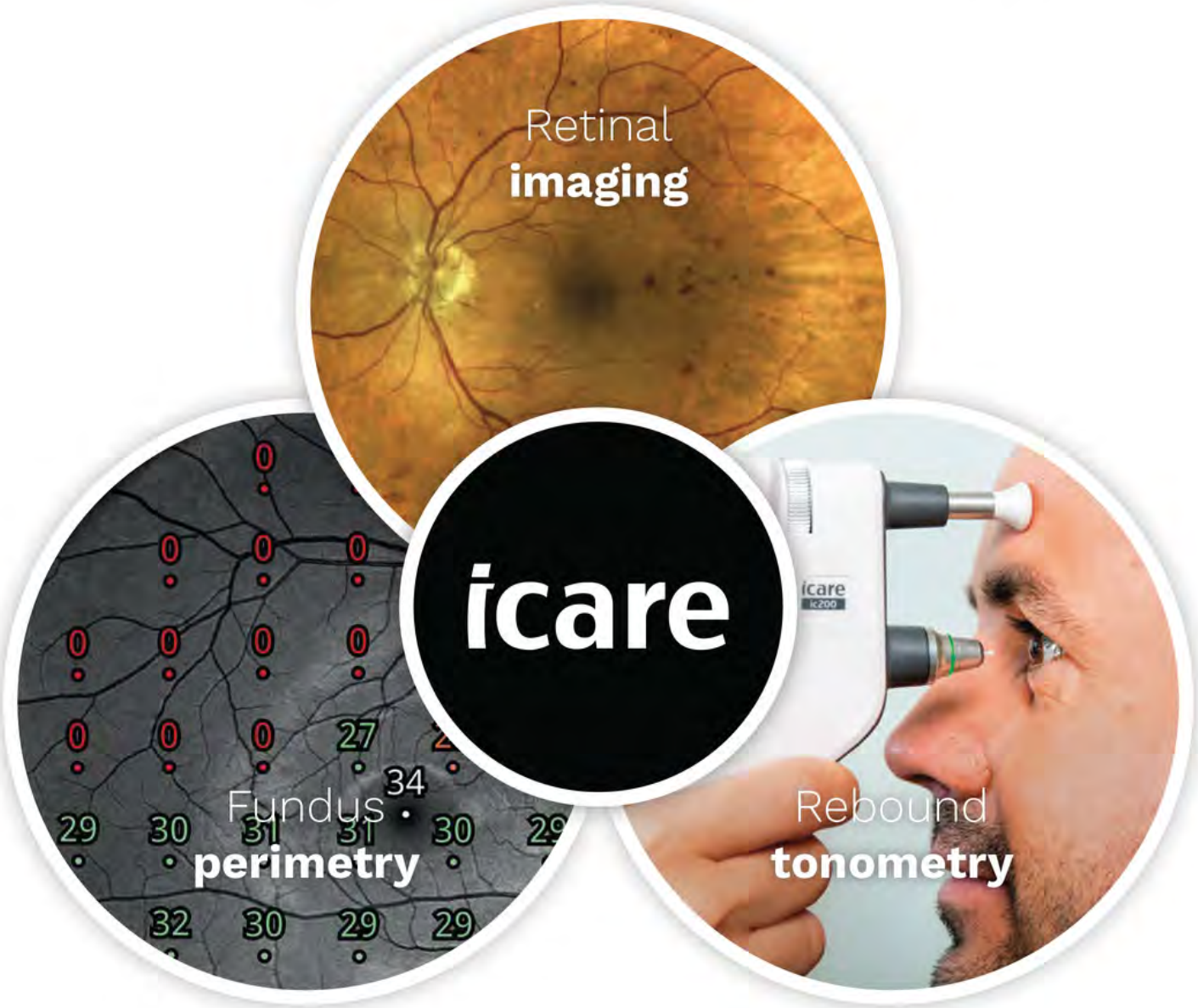

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RABIN CONE CONTRAST™

EARLY DISEASE DETECTION & MANAGEMENT

The Rabin Cone Contrast™ is a quantifiable assessment of cone & visual pathway function

It provides a more complete understanding of disease progression allowing for earlier diagnosis & treatment

Reimbursable with CPT Code 92283

EARLY DETECTION *Diabetic Eye Disease | AMD | Glaucoma | High-Risk Medication Damage*

Advanced Testing

Identifies damage not yet recognized by structural tests
Demonstrates improvement with therapy
Identifies patients needing more care

Simple to Use

Automated, self-test requires little to no training
2-3 minutes per eye
Well tolerated by patients

Easy to Interpret

Color-coded graphs indicate normal, suspect and abnormal
Test scores by cone type
Progression reports display advancement alerts

Reliable

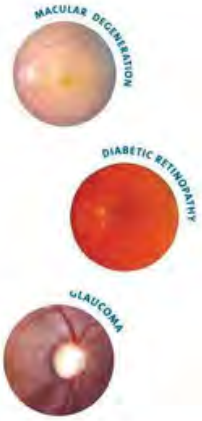
Co-developed by Innova Systems & US Air Force
Over 21 clinical trials
Ranked #1 color vision test by US Army

Simple to Bill

CPT Code 92283 reimbursable
ICD-10 Codes span AMD, diabetic retinopathy, glaucoma, high-risk meds
Quick ROI

INNOVA SYSTEMS

Diabetic Eye Disease | AMD | Glaucoma | High-Risk Meds

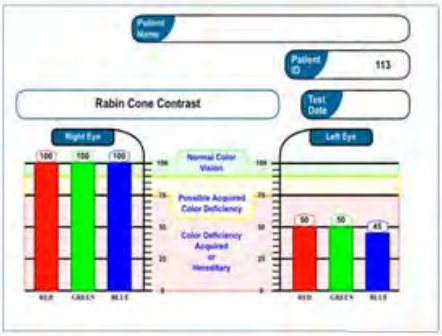


HOW IT WORKS

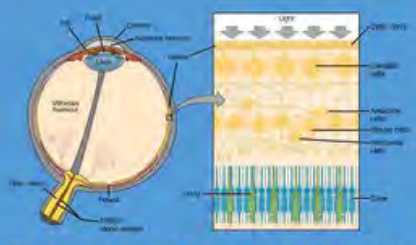
- Using precise calibration, colored letters measure each cone type independently
- Colors are desaturated down to normal color thresholds
- Similar to the visual field, a rapid staircase method keeps test times to 2-3 minutes per eye
- Provides a more complete insight into disease severity & progression over using structural tests alone

SAMPLE REPORT

- Establish baseline
- Compare test scores to normal, suspect, abnormal
- Look for progression alerts



CONE CONTRAST TECHNOLOGY



Color vision is one of earliest biomarkers of the most common eye diseases. It is dependent on both cone cells and supporting layers of the retina. Damage to any part of the macula or visual pathway affects color perception.

Using patented cone contrast technology, the Rabin Cone Contrast™ test isolates cone function by type providing a quantitative assessment of color vision loss and its underlying cause. Patent Nos: US 9,883,794; US 10,799,108.

Enhance decision making | Drive more medical patients | Increase revenue

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INNOVA SYSTEMS

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This activity is supported with unrestricted educational grants from Alcon Labs, Horizon and SunPharma.

Providing Effective Dry Eye Care Helps Grow Your Practice

Looking for ways to grow your practice? Effectively treating the dry eye patient can help.

What Makes the Bruder Mask #1 Doctor Recommended?

Bruder compresses are scientifically designed from the inside out. A key differentiator between the Bruder Moist Heat Eye Compress and other masks is the chemistry of the beads inside. Only the Bruder compress contains patented MediBeads®. This is an important distinction.

MediBeads® are silver-infused. Incorporating silver into the bead structure ensures pure, clean, moist heat with every use, helping to repel bacteria and keep eyelids clean.

Eye care practitioners have found that moist heat compresses containing silver-infused MediBeads can help promote healthy outcomes. The Bruder compress helps clear oil glands and allows natural oils to flow back onto the eye to relieve discomfort. It is a patient favorite for its unique design and comfortable fit.

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