CE SARASOTA

2024

Optometric Education Consultants

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WELCOME

Dear Colleague,

Welcome to Optometric Education Consultants (OEC) Live Conference Series. If this is your first OEC event, we thank you for joining us. For the many who have previously joined us in-person or streaming, we welcome you back and 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 Industry Partner Game for a chance at receiving either a 50%, 25%, or full refund on your current registration.

Florida licensed doctors wanting transcript quality (TQ) education credit, we will provide a link to 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. We offer continuing education by examination (CEE) for Illinois licensure. If you do not hold a license in a state requiring examination, then no test is needed to obtain your credits. We also submit to CE Broker for Texas and South Carolina approval as well.

Schedules are developed with your comfort in mind. 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 need additional hours and your state allows, consider our national Webinar Series. We have also 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 requirements.

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

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

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

OEC Northern Escape, August 23-25
Quebec, Canada

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

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

Greg, Joe, Vanessa, Maureen & Helen

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SCHEDULE

Optometric Education Consultants

	Saturday March 9, 2024	
7:00am – 8:00am	**Registration & Breakfast with Exhibitors**	Hours
8:00am – 8:20am	**Product Theater - Alcon**	No CE credit
8:20am – 10:00am	**The ABCs of Thyroid Eye Disease: Antibodies, Biologics, and Clinical Pearls** Greg Caldwell, OD	2 hours CEE/TQ
10:00 am – 10:30am	**Break with Exhibitors**	No CE credit
10:30am – 12:10pm	**Nightmares and Non-Sense: Navigating Neuro-Op** Joseph Sowka, OD	2 hours CEE/TQ
12:10pm – 1:20pm	**Product Theater Lunch – Bausch + Lomb**	
1:20pm – 2:10pm	**Orbit for the OD** Alison Bozung, OD	1 Hour
2:20pm - 4:00pm	**Cornering Corneal Infections** Alison Bozung, OD	2 hours CEE/TQ
4:00pm- 4:30pm	**Break with Exhibitors**	
4:30pm – 5:30pm	**The William J. Lahners Memorial Lecture: From Preop to Postop-The Patient's Journey Through Premium Cataract Surgery** Priya Mathews, MD, Joaquín DeRojas, MD	1 hour
5:30pm – 6:30pm	**Reception**	
	Sunday March 10, 2024	
7:00 am - 8:00am	Registration & Breakfast	
8:00 am – 8:20 am	**Product Theater - Weave**	
8:20am – 10:00am	**Retinal Imaging Grand Rounds** Brad Sutton, OD	2 hours CEE/ TQ
10:00 am – 10:40am	**Break with Exhibitors**	
10:40am – 12:20pm	**The Optic Nerve in Glaucoma and Beyond** Brad Sutton, OD	2 hours CEE/TQ
12:20pm – 1:20pm	**Product Theater Lunch – Dompe'**	
1:20pm-3:00pm (Concurrent)	**Prevention of Medical Errors** Joseph Sowka, OD / Barry Frauens, OD	2 hours
1:20pm-3:00pm (Concurrent)	**Identifying and Managing Pharmaceutical Complications** Jessica Steen, OD	2 hours CEE/TQ
3:10pm-4:50pm (Concurrent)	**Florida Jurisprudence** Joseph Sowka, OD / Barry Frauens, OD	2 hours
3:10pm-4:50pm (Concurrent)	**Pharmaceutical Update 2024** Greg Caldwell, OD	2 hours CEE/TQ

COURSE NOTES

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DOWNLOAD **The ABCs of Thyroid Eye Disease: Antibodies, Biologics, and Clinical Pearls**
Greg Caldwell, OD, FAAO

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DOWNLOAD **Florida Jurisprudence**
Joseph Sowka, OD & Barry Frauens, OD

DOWNLOAD **Pharmaceutical Update 2024**
Greg Caldwell, OD

SPEAKERS

Alison Bozung, OD, FAAO

Alison Bozung OD FAAO graduated from Southern College of Optometry and completed an ocular disease residency at Bascom Palmer Eye Institute in Miami, FL. Dr. Bozung then served as a clinical assistant professor in the University of Iowa's Department of Ophthalmology before returning to Bascom Palmer where she currently practices, primarily seeing patients in the hospital's 24/7 ophthalmic emergency department. She also serves as the optometry residency program coordinator.

Dr. Bozung is a fellow of the American Academy of Optometry and a member of the Florida and American Optometric Associations. She is a regular contributor to many optometric journals, authors the bimonthly “Urgent Care” column in the Review of Optometry, and presents often at optometric conferences. She is a founding board member of Young OD Connect and serves on the editorial boards for Review of Optometry.

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.

SPEAKERS

Jessica Steen, OD, FAAO

Dr. Jessica Steen is an Assistant Professor at Nova Southeastern University College of Optometry where she serves as Director of the Glaucoma Service and as an attending optometric physician at the College's Eye Care Institute. Dr. Steen teaches the course in glaucoma and ocular pharmacology at NSU where she has a special interest in pharmaceutical and health policy. Dr. Steen also serves as the Primary Care with Emphasis in Ocular Disease Residency Coordinator. Dr. Steen graduated from the University of Waterloo School of Optometry and Vision Science and completed her residency in Primary Care with Emphasis in Ocular Disease at Nova Southeastern University. Dr. Steen's main clinical interests include glaucoma, retinal disease, neuro-ophthalmic disease with an emphasis in medical and surgical management. She is a Fellow of the American Academy of Optometry, a Diplomate of the American Board of Optometry, member of the Optometric Glaucoma Society, and currently serves as President of the Palm Beach County Optometric Association.

Joaquin DeRojas, MD

Dr. Joaquin De Rojas is a board-certified, fellowship-trained cataract, refractive and corneal surgeon who also serves as the Director of Cornea and Ocular Surface Disease at Center For Sight. He earned his bachelor's degree from Boston College, graduating at the top of his class and from the Honors Program, and then received his medical degree from the Perelman School of Medicine at the University of Pennsylvania. He completed his surgical internship and ophthalmology residency training at Columbia University Medical Center, where he was Chief Surgical Resident, followed by a Cornea, External Diseases, and Refractive Surgery fellowship at the Johns Hopkins Wilmer Eye Institute.

Dr. De Rojas specializes in premium cataract and lens replacement surgery, as well as laser vision correction with LASIK, Epi-LASEK and implantable lenses. He is an expert in the diagnosis and management of severe dry eye and ocular surface disease, Fuchs' Dystrophy and Keratoconus. Dr. De Rojas employs the most advanced treatments available for his patients including Corneal Cross-Linking and corneal transplantation with Descemet Membrane Endothelial Keratoplasty (DMEK). Furthermore, Dr. De Rojas performs minimally invasive glaucoma surgery (MIGS) and often attends to patients with issues from prior laser, cataract or corneal surgeries.

Dr. De Rojas has extensive scientific research experience, authoring peer-reviewed publications, chapters, reviews, editorials, and paper presentations. In addition, he has presented his research at national and international academic conferences and has received funding from the National Institute of Health. He is a member of the American Academy of Ophthalmology, the American Society for Cataract and Refractive Surgery, and the International Society of Refractive Surgery.

SPEAKERS

Priya Mathews, MD

Dr. Priya Mathews is a board-certified, fellowship-trained cataract, refractive, and corneal surgeon at Center For Sight. She earned her Bachelor of Science in Biological Sciences and Bachelor of Arts in Psychology degrees from the University of Maryland, graduating summa cum laude and valedictorian of her graduating class. She received her Medical Degree from Johns Hopkins University, and also earned her Master's in Public Health, with a concentration in epidemiology and biostatistics, at the Johns Hopkins Bloomberg School of Public Health. Dr. Mathews completed her ophthalmology residency at Harkness Eye Institute at Columbia University Medical Center in New York City, followed by a fellowship in Cornea, External Diseases, and Refractive Surgery at Johns Hopkins Wilmer Eye Institute.

Dr. Mathews specializes in cataract, cornea, and refractive surgery. She is an expert in the diagnosis and management of cornea and external diseases, including Keratoconus, Fuchs' Dystrophy, autoimmune diseases, and severe dry eye disease. Dr. Mathews is dedicated to offering to her patients the most advanced surgeries and procedures available, including partial thickness corneal transplantation (DMEK and DSAEK), full-thickness corneal transplantation, corneal crosslinking, intense pulsed light (IPL) therapy, thermal pulsation, blepharoexfoliation, and laser vision correction with LASIK and PRK.

Dr. Mathews has extensive scientific research experience, publishing over 30 peer-reviewed publications in top medical journals. She is a member of the American Academy of Ophthalmology (AAO), the American Society for Cataract and Refractive Surgery (ASCRS), the Pediatric Keratoplasty Association, and the International Society of Refractive Surgery. She has volunteered for numerous medical and surgical mission trips to places around the world, including Haiti, Guatemala, India, Philippines, and Bolivia. Dr. Mathews has a particular interest in combatting the global burden of corneal blindness. She has received and continues to receive multiple grants to support related initiatives, including the ASCRS International Service Grant and the prestigious AAO Hoskins Center IRIS Registry Research Fund Award.

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.

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

Barcelona, Spain
May 22-24, 2024

H10 Urquinaona Plaza
Plaça Urquinaona,
2 – 08010 Barcelona
Barcelona, Spain

Sunshine State
Summer Conference
June 7-9, 2024

***Disney's Contemporary* Resort**
4600 World Dr
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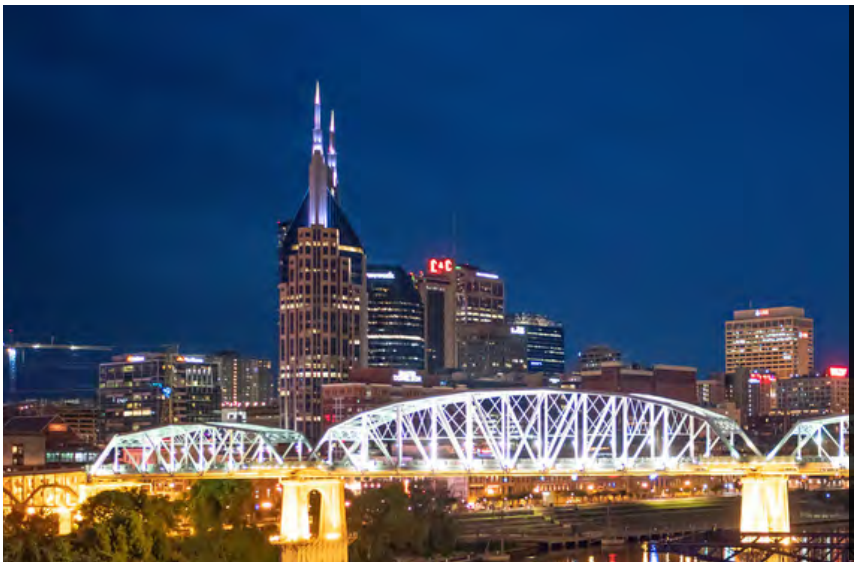
Northern Escape
August 23-25, 2024

Hilton Quebec
1100 Rene Levesque East
Quebec City, QC

UPCOMING CONFERENCES



Music City Fall Classic
September 27-29, 2024

Hilton Doubletree
315 4th Avenue North
Nashville, TN 37219

Mid-Winter Getaway
January 24-26, 2025

Hilton Scottsdale
6333 North Scottsdale Road
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(latanoprostene bunod ophthalmic solution), 0.024%

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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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oxervate®
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Brief Summary of full Prescribing Information

Consult the full Prescribing Information for complete product information, available at www.oxervate.com/prescribing-information.

INDICATIONS AND USAGE

OXERVATE® (cenegermin-bkbj) ophthalmic solution 0.002% is indicated for the treatment of neurotrophic keratitis.

DOSAGE AND ADMINISTRATION

General Dosing Information

Contact lenses should be removed before applying OXERVATE and may be reinserted 15 minutes after administration.

If a dose is missed, treatment should be continued as normal, at the next scheduled administration.

If more than one topical ophthalmic product is being used, administer the eye drops at least 15 minutes apart to avoid diluting products. Administer OXERVATE 15 minutes prior to using any eye ointment, gel or other viscous eye drops.

Recommended Dosage and Dose Administration

Instill one drop of OXERVATE in the affected eye(s), 6 times a day at 2-hour intervals for eight weeks.

WARNINGS AND PRECAUTIONS

Use with Contact Lens

Contact lenses should be removed before applying OXERVATE because the presence of a contact lens (either therapeutic or corrective) could theoretically limit the distribution of cenegermin-bkbj onto the area of the corneal lesion. Lenses may be reinserted 15 minutes after administration.

Eye Discomfort

OXERVATE may cause mild to moderate eye discomfort such as eye pain during treatment. The patient should be advised to contact their doctor if a more serious eye reaction occurs.

ADVERSE REACTIONS

Clinical Trials Experience

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

In two clinical trials of patients with neurotrophic keratitis, a total of 101 patients received cenegermin-bkbj eye drops at 20 mcg/mL at a frequency of 6 times daily in the affected eye(s) for a duration of 8 weeks. The mean age of the population was 61 to 65 years of age (18 to 95). The majority of the treated patients were female (61%). The most common adverse reaction was eye pain following instillation which was reported in approximately 16% of patients. Eye pain may arise as corneal healing occurs.

Other adverse reactions occurring in 1% to 10% of OXERVATE patients included corneal deposits, foreign body sensation, ocular hyperemia, ocular inflammation, photophobia, tearing, and headache.

Postmarketing Experience

The following adverse reactions have been identified during postapproval use of OXERVATE. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

Eye disorders: eye irritation, blepharitis (including eyelid margin crusting and eyelid edema) and corneal neovascularization.

USE IN SPECIFIC POPULATIONS

Pregnancy

Risk Summary

There are no data from the use of OXERVATE in pregnant women to inform any drug associated risks.

Administration of cenegermin-bkbj to pregnant rats or rabbits during the period of organogenesis did not produce adverse fetal effects at clinically relevant doses. In a pre- and postnatal development study, administration of cenegermin-bkbj to pregnant rats throughout gestation and lactation did not produce adverse effects in offspring at clinically relevant doses.

Lactation

Risk Summary

There are no data on the presence of OXERVATE in human milk, the effects on 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 OXERVATE, and any potential adverse effects on the breastfed infant from OXERVATE.

Pediatric Use

The safety and effectiveness of OXERVATE have been established in the pediatric population. Use of OXERVATE in this population is supported by evidence from adequate and well-controlled trials of OXERVATE in adults with additional safety data in pediatric patients from 2 years of age and older.

Geriatric Use

Of the total number of subjects in clinical studies of OXERVATE, 43.5 % were 65 years old and over. No overall differences in safety or effectiveness were observed between elderly and younger adult patients.

NONCLINICAL TOXICOLOGY

Carcinogenesis, Mutagenesis, Impairment of Fertility

Carcinogenesis and Mutagenesis

Animal studies have not been conducted to determine the carcinogenic and mutagenic potential of cenegermin-bkbj.

Impairment of fertility

Daily subcutaneous administration of cenegermin-bkbj to male and female rats for at least 14 days prior to mating, and at least 18 days post-coitum had no effect on fertility parameters in male or female rats at doses up to 267 mcg/kg/day (1709 times the MRHOD).

In general toxicology studies, subcutaneous and ocular administration of cenegermin-bkbj in females was associated with ovarian findings including persistent estrus, ovarian follicular cysts, atrophy/reduction of corpora lutea, and changes in ovarian weight at doses greater than or equal to 19 mcg/kg/day (119 times the MRHOD).

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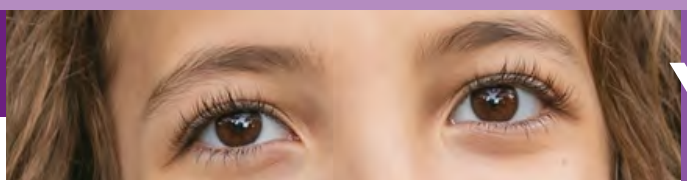

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† Indications for Use: MiSight® 1 day (omafilcon A) soft (hydrophilic) contact lenses for daily wear are indicated for the correction of myopic ametropia and for slowing the progression of myopia in children with non-diseased eyes, who at the initiation 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.

§ Compared to a single vision 1 day lens over a 3-year period.

1. Chamberlain P et al. A 3-year Randomized Clinical Trial of MiSight® Lenses for Myopia Control. Optom Vis Sci. 2019;96(8):556-567©2024 CooperVision 15928 01/24

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#03 OF SERIES

KERATOCONUS and CROSS-LINKING

The Paradigm Shift in Keratoconus Treatment

Daniel G. Fuller, OD, FAAO Dipl, FSLS
Memphis, TN

KEY TAKEAWAYS

- Only iLink® cross-linking can slow or halt the progression of keratoconus.
- Referring progressing patients to a cornea specialist prior to vision loss is ideal.
- Slowing or halting keratoconus progression may allow patients to continue to tolerate contact lenses.

Ten years ago, there was little reason to refer a patient with keratoconus to a cornea specialist early in the course of their disease. All we could do was manage patients' vision as long as possible, hoping they didn't progress to needing a corneal transplant.

The approval of iLink® cross-linking marked a major paradigm shift in keratoconus management. Professional societies have adjusted treatment guidelines to reflect the ability of cross-linking treatment to slow or halt progression of the underlying disease. The American Academy of Ophthalmology, for example, now states in its Preferred Practice Pattern (PPP) that referral prior to vision loss is ideal, and that when keratoconus is suspected, more frequent follow-up to look for progression is warranted.[1] Any signs of progression or onset of keratoconus at a young age should lead to a prompt referral.[1]

Optometry is very good at helping patients with keratoconus see better with gas permeable (GP), hybrid, and scleral lenses. But as rewarding as it is to help the vision-impaired, we can have an even greater impact by catching this disease early and referring progressing patients for cross-linking before they lose vision, just as we refer glaucoma patients for treatment as soon as the disease is detected. For patients who are still in their peak earning and learning years, early treatment could mean 50+ years of functional vision.

Cost-effective and FDA approved

A discrete-event simulation model showed that, compared to conventional treatment, iLink cross-linking would reduce the rate of penetrating keratoplasty by 26%, and result in patients spending 28 fewer years in the advanced stages of keratoconus—all while saving money for patients, insurers, and society.[2]

The iLink procedure is an epithelium-off treatment that has undergone the scrutiny of randomized controlled clinical trials as part of the FDA approval process, demonstrating proven efficacy and safety. It is important to refer patients to doctors who use iLink, the only cross-linking procedure approved by the FDA. I believe that good science promotes good patient care and, in the case of iLink, also allows patients to use their insurance.

Vision correction post cross-linking

Slowing or halting keratoconus progression may allow patients to continue to tolerate contact lenses.[3,4] Typically, patients can resume contact lens wear within one to three months of the cross-linking procedure, although I find that corneal remodeling may continue for up to 12 months post-treatment. During this time, lens parameters may need to be adjusted. About one-third of eyes are able to continue in habitual contact lenses after cross-linking, while two-thirds require a new contact lens fit.[5]

With iLink cross-linking and modern specialty contact lenses, we have the best keratoconus management options now that I've ever seen. This represents not just a business opportunity, but the chance to have a life-changing impact on our patients. ▪

Contact Lens Fitting Post Cross-Linking[5]

100% ACCEPTABLE FIT | **65%** IMPROVED SUBJECTIVE COMFORT | **20%** INCREASE IN NEAR-IDEAL FIT

REFERENCES:
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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 KOL System in corneal collagen cross-linking for the treatment of progressive keratoconus and corneal ectasia following refractive surgery.

IMPORTANT SAFETY INFORMATION
Corneal collagen cross-linking should not be performed on pregnant women.
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.

SCAN WITH PHONE
Learn more about iLink corneal cross-linking here

iLink® CROSS-LINKING PROCEDURE

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Nanodropper is the first and only eyedrop bottle adaptor that creates smaller eyedrops. Nanodropper has been clinically demonstrated to reduce side effects effects and premature bottle exhaustion.

Eyedrop bottles create drops that exceed the capacity of the human eye by five times.

Every time a drop is adminstered, **approximately 80%** of the medication is wasted to overflow and/or systemic absorption. This waste not only contributes to financial barriers to care and patients running out too early, but **oversized drops overdose the eye**, increasing both local and systemic side effects.

Cost and side effects are two of the largest barriers to treatment adherence, leading to **reduced patient outcomes.**

Designed for In-Clinic AND Patient Rx

- Triple the number of drops per bottle
- Compatible with Rhopressa, Lumigan, Vyzulta, phenylephrine, proparacaine, and many more!
- Reduce overhead costs on in-clinic drops
- Minimize early refill requests, saving your staff valuable administrative time

Safety and Regulatory

- Certifications: ISO 13485:2016, ISO 17665, ISO 9001-2015
- FDA listed: Class 1 sterile medical device
- Made with soft medical-grade silicone and high density polyethylene
- Single-bottle use only (disposable)
- Manufactured in the USA

Improving the Patient Experience

- Nanodropper minimizes waste by reducing eyedrop volume
- Reduce medication cost by more than 60%
- Reduce side effects and improve medication tolerability
- Medical-grade silicone tip is softer than the hard plastic bottle tip
- “Bullseye” color design improves contrast to help with aiming drops
- Colored label stickers provide easy medication ID and dosing reminder

For more information about product features, or to read Nanodropper’s clinical studies on safety and efficacy, scan the QR code or visit **nanodropper.com**

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AMD Standard of Care is Not Enough

IRIS REGISTRY

20/83 VA

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™
AMD Monitoring Program

Remote patient monitoring leads to better outcomes and stronger optometric practices

- FDA Cleared
- Medicare Covered

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- Solidify long-term relationships with your patients
- No cost to your practice
- Strengthen your referral relationships with qualified wet AMD referrals

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NOTAL VISION MONITORING CENTER

- Engagement & Education
- Benefits Verification & Authorization
- Continuous Monitoring

NOTAL VISION™ Monitoring Center

- Practice Workflow Implementation
- Remote Patient Management
- Vision Alert Management

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See website for FDA Indication for Use.

SM-068.03

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What you can't see is the benefit of our proprietary processing, which focuses on preserving the quality of the matrix. This creates an amniotic membrane that meets the needs of both the patient and the physician. XcellerEYES incorporates an outer basement membrane, and research suggests amniotic tissue immediately provides a natural barrier and supports re-epithelization.

1. Better
   Preserved Matrix
2. Optimal
   Graft Preservation
3. Convenient
   Room Temperature Storage

Ideal treatment option for your challenging ocular surface cases

- Promotes healing while decreasing inflammation and scarring
- Simple to apply; comfortable for patients
- Promotes regenerative healing of the ocular surface

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XCELLEREYES®

Lyophilized Amniotic Membrane for the Ocular Surface

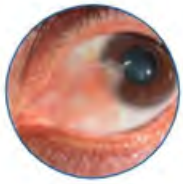
Next generation allograft that offers easy-to-use ophthalmic wound care solutions

- Optimal preservation of endogenous growth factors

- Improved corneal healing, easy to handle and convenient storage

Ocular surface defects

Supports wound closure for chronic ocular surface disease, nonhealing corneal defects, severe corneal abrasions and chemical burns



Wound care

Serves as a tissue replacement to treat ocular surface applications including pterygium, mechanical dry eye, tumor excision and Stevens-Johnson syndrome

XcellerEYES for the Ocular Surface Ordering Information

Size	Product ID
6 mm Disc	EYES-006
9 mm Disc	EYES-009
12 mm Disc	EYES-012
2 cm x 2 cm Graft	EYES-0202
2 cm x 4 cm Graft	EYES-0204

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1. Data on file.

Results from laboratory testing or animal studies may not be predictive of clinical experience. Physicians and operating room personnel should review the Package Insert for product information, including applications, precautions and warnings.

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*Prescription market data, Sept. 2021 – S01K without cyclosporine.
†To limit blurriness when using contact lenses, remove contacts, apply drops, then insert contacts.

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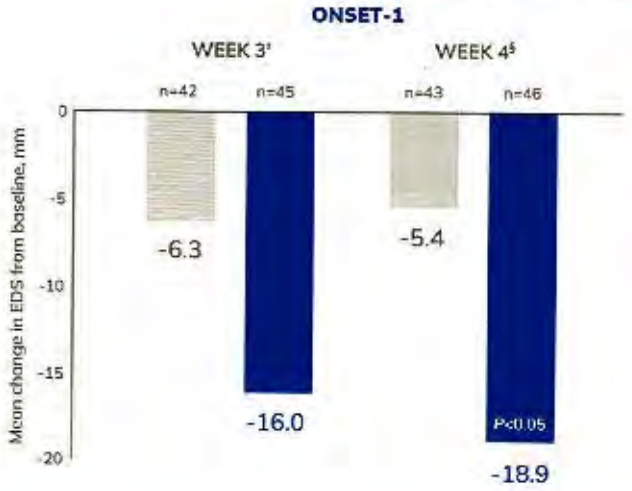
Mean Change From Baseline in EDS in the Clinic



ONSET-1

Tyrvaya demonstrated a mean 11.7 mm improvement in STS from baseline to Week 4 vs 3.2 mm for vehicle.[1,7]

IMPORTANT SAFETY INFORMATION

The most common adverse reaction reported in 82% of patients was sneezing. Events that were reported in 5-16% of patients were cough, throat irritation, and instillation-site (nose) irritation.

EDS was rated by patients using a visual analog scale, with a greater reduction indicating symptom relief. In ONSET-1, Tyrvaya baseline EDS range was 27-98 mm.

In ONSET-2, mean change in EDS at Week 4 (secondary endpoint) in the CAE® was not statistically significant.[3]

Controlled Adverse Environment (CAE®) is a registered trademark of Ora, Inc.

* ANCOVA model with treatment, site, baseline STS, and baseline EDS as covariates. Average ONSET-1 EDS baseline values: Tyrvaya 63.7 mm, vehicle 65.2 mm.
† Average ONSET-1 STS baseline values: Tyrvaya (n=48) 4.8 mm, vehicle (n=43) 4.5 mm.
‡ Observed data.
§ Missing data were imputed using last available data.

TYRVAYA: AN OCULAR SURFACE-SPARING TREATMENT[1]

- Avoids applying medication to an already irritated ocular surface
- Provides a preservative-free alternative to drops
- Allows patients to keep contact lenses in during administration‖
- Limits disruption to eye makeup

Prime before initial use. Re-prime if not used for more than 5 days

‖ At the discretion of the eye care professional. Patients with contact lenses were excluded from clinical trials.

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Lutein	10mg	†
Meso-Zeaxanthin	10mg	†
Zeaxanthin	2mg	†

*Daily Value(DV) not established

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