

THE REVIEW OF OPTOMETRY

# 2016 CONFERENCE PLANNER



## INSIDE:

Details on over **200 live continuing education events** in 2016. Find out **where** to visit, **what** you'll learn and **who** will be lecturing at CE courses big and small, from coast to coast and around the world, **all year long**.

A supplement to

**REVIEW**<sup>®</sup>  
OF OPTOMETRY

For allergic conjunctivitis<sup>1</sup>

# THE POWER TO CALM THE ITCH



**BEPREVE<sup>®</sup> — FIRST-LINE, YEAR-ROUND,  
WITH BROAD-SPECTRUM ALLERGEN COVERAGE**



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## INDICATION AND USAGE

BEPREVE<sup>®</sup> (bepotastine besilate ophthalmic solution) 1.5% is a histamine H<sub>1</sub> receptor antagonist indicated for the treatment of itching associated with signs and symptoms of allergic conjunctivitis.

## IMPORTANT RISK INFORMATION

BEPREVE<sup>®</sup> is contraindicated in patients with a history of hypersensitivity reactions to bepotastine or any of the other ingredients. BEPREVE<sup>®</sup> is for topical ophthalmic use only. To minimize risk of contamination, do not touch the dropper tip to any surface. Keep the bottle closed when not in use. BEPREVE<sup>®</sup> should not be used to treat contact lens-related irritation. Remove contact lenses prior to instillation of BEPREVE<sup>®</sup>.

The most common adverse reaction occurring in approximately 25% of patients was a mild taste following instillation. Other adverse reactions occurring in 2%-5% of patients were eye irritation, headache, and nasopharyngitis.

Please see the accompanying prescribing information for BEPREVE<sup>®</sup> on the following page.

Reference: 1. BEPREVE [package insert]. Tampa, FL: Bausch + Lomb, Inc; 2012.

## BAUSCH + LOMB

For product-related questions and concerns, call 1-800-323-0000 or visit [www.bepreve.com](http://www.bepreve.com).

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Made by the trusted eye-care  
specialists at **BAUSCH + LOMB**

**BEPREVE<sup>®</sup>**  
(bepotastine besilate  
ophthalmic solution) 1.5%

## BEPREVE® (bepotastine besilate ophthalmic solution) 1.5%

### HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use BEPREVE® (bepotastine besilate ophthalmic solution) 1.5% safely and effectively. See full prescribing information for BEPREVE®.

**BEPREVE® (bepotastine besilate ophthalmic solution) 1.5%**

Initial U.S. Approval: 2009

-----RECENT MAJOR CHANGES-----  
Contraindications (4) 06/2012

-----INDICATIONS AND USAGE-----  
BEPREVE® is a histamine H1 receptor antagonist indicated for the treatment of itching associated with allergic conjunctivitis. (1)

-----DOSAGE AND ADMINISTRATION-----  
Instill one drop into the affected eye(s) twice a day (BID). (2)

-----DOSAGE FORMS AND STRENGTHS-----  
Solution containing bepotastine besilate, 1.5%. (3)

-----CONTRAINDICATIONS-----  
Hypersensitivity to any component of this product. (4)

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### FULL PRESCRIBING INFORMATION

#### 1 INDICATIONS AND USAGE

BEPREVE® (bepotastine besilate ophthalmic solution) 1.5% is a histamine H<sub>1</sub> receptor antagonist indicated for the treatment of itching associated with signs and symptoms of allergic conjunctivitis.

#### 2 DOSAGE AND ADMINISTRATION

Instill one drop of BEPREVE into the affected eye(s) twice a day (BID).

#### 3 DOSAGE FORMS AND STRENGTHS

Topical ophthalmic solution containing bepotastine besilate 1.5%.

#### 4 CONTRAINDICATIONS

Bepreave is contraindicated in patients with a history of hypersensitivity reactions to bepotastine or any of the other ingredients [see *Adverse Reactions* (6.2)].

#### 5 WARNINGS AND PRECAUTIONS

##### 5.1 Contamination of Tip and Solution

To minimize contaminating the dropper tip and solution, care should be taken not to touch the eyelids or surrounding areas with the dropper tip of the bottle. Keep bottle tightly closed when not in use.

##### 5.2 Contact Lens Use

Patients should be advised not to wear a contact lens if their eye is red. BEPREVE should not be used to treat contact lens-related irritation.

BEPREVE should not be instilled while wearing contact lenses. Remove contact lenses prior to instillation of BEPREVE. The preservative in BEPREVE, benzalkonium chloride, may be absorbed by soft contact lenses. Lenses may be reinserted after 10 minutes following administration of BEPREVE.

##### 5.3 Topical Ophthalmic Use Only

BEPREVE is for topical ophthalmic use only.

#### 6 ADVERSE REACTIONS

##### 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 clinical practice.

#### -----WARNINGS AND PRECAUTIONS-----

- To minimize the risk of contamination, do not touch dropper tip to any surface. Keep bottle tightly closed when not in use. (5.1)
- BEPREVE should not be used to treat contact lens-related irritation. (5.2)
- Remove contact lenses prior to instillation of BEPREVE. (5.2)

#### -----ADVERSE REACTIONS-----

The most common adverse reaction occurring in approximately 25% of patients was a mild taste following instillation. Other adverse reactions which occurred in 2-5% of subjects were eye irritation, headache, and nasopharyngitis. (6)

To report SUSPECTED ADVERSE REACTIONS, contact Bausch & Lomb Incorporated, at 1-800-323-0000, or FDA at 1-800-FDA-1088 or [www.fda.gov/medwatch](http://www.fda.gov/medwatch). See 17 for PATIENT COUNSELING INFORMATION

Revised: 10/2012

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\*Sections or subsections omitted from the full prescribing information are not listed

The most common reported adverse reaction occurring in approximately 25% of subjects was a mild taste following instillation. Other adverse reactions occurring in 2-5% of subjects were eye irritation, headache, and nasopharyngitis.

#### 6.2 Post Marketing Experience

Hypersensitivity reactions have been reported rarely during the post-marketing use of BEPREVE. Because these reactions are reported voluntarily from a population of unknown size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure. The hypersensitivity reactions include itching, body rash, and swelling of lips, tongue and/or throat.

#### 8 USE IN SPECIFIC POPULATIONS

##### 8.1 Pregnancy

**Pregnancy Category C:** Teratogenicity studies have been performed in animals. Bepotastine besilate was not found to be teratogenic in rats during organogenesis and fetal development at oral doses up to 200 mg/kg/day (representing a systemic concentration approximately 3,300 times that anticipated for topical ocular use in humans), but did show some potential for causing skeletal abnormalities at 1,000 mg/kg/day. There were no teratogenic effects seen in rabbits at oral doses up to 500 mg/kg/day given during organogenesis and fetal development (>13,000 times the dose in humans on a mg/kg basis). Evidence of infertility was seen in rats given oral bepotastine besilate 1,000 mg/kg/day; however, no evidence of infertility was observed in rats given 200 mg/kg/day (approximately 3,300 times the topical ocular use in humans). The concentration of radio-labeled bepotastine besilate was similar in fetal liver and maternal blood plasma following a single 3 mg/kg oral dose. The concentration in other fetal tissues was one-third to one-tenth the concentration in maternal blood plasma.

An increase in stillborns and decreased growth and development were observed in pups born from rats given oral doses of 1,000 mg/kg/day during perinatal and lactation periods. There were no observed effects in rats treated with 100 mg/kg/day.

There are no adequate and well-controlled studies of bepotastine besilate in pregnant

women. Because animal reproduction studies are not always predictive of human response, BEPREVE® (bepotastine besilate ophthalmic solution) 1.5% should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

#### 8.3 Nursing Mothers

Following a single 3 mg/kg oral dose of radiolabeled bepotastine besilate to nursing rats 11 days after delivery, the maximum concentration of radioactivity in milk was 0.40 mcg-eg/mL 1 hour after administration; at 48 hours after administration the concentration was below detection limits. The milk concentration was higher than the maternal blood plasma concentration at each time of measurement.

It is not known if bepotastine besilate is excreted in human milk. Caution should be exercised when BEPREVE (bepotastine besilate ophthalmic solution) 1.5% is administered to a nursing woman.

#### 8.4 Pediatric Use

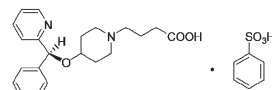
Safety and efficacy of BEPREVE (bepotastine besilate ophthalmic solution) 1.5% have not been established in pediatric patients under 2 years of age. Efficacy in pediatric patients under 10 years of age was extrapolated from clinical trials conducted in pediatric patients greater than 10 years of age and from adults.

#### 8.5 Geriatric Use

No overall difference in safety or effectiveness has been observed between elderly and younger patients.

### 11 DESCRIPTION

BEPREVE (bepotastine besilate ophthalmic solution) 1.5% is a sterile, topically administered drug for ophthalmic use. Each mL of BEPREVE contains 15 mg bepotastine besilate. Bepotastine besilate is designated chemically as (+) -4-[(S)-p-chloro-alpha -2-pyridylbenzyl]oxy]-1-piperidine butyric acid monobenzenesulfonate. The chemical structure for bepotastine besilate is:



Bepotastine besilate is a white or pale yellowish crystalline powder. The molecular weight of bepotastine besilate is 547.06 daltons. BEPREVE® ophthalmic solution is supplied as a sterile, aqueous 1.5% solution, with a pH of 6.8. The osmolality of BEPREVE (bepotastine besilate ophthalmic solution) 1.5% is approximately 290 mOsm/kg.

Each mL of BEPREVE® (bepotastine besilate ophthalmic solution) 1.5% contains:

**Active:** Bepotastine besilate 15 mg (equivalent to 10.7 mg bepotastine)

**Preservative:** benzalkonium chloride 0.005%

**Inactives:** monobasic sodium phosphate dihydrate, sodium chloride, sodium hydroxide to adjust pH, and water for injection, USP.

#### 12 CLINICAL PHARMACOLOGY

##### 12.1 Mechanism of Action

Bepotastine is a topically active, direct H<sub>1</sub>-receptor antagonist and an inhibitor of the release of histamine from mast cells.

##### 12.3 Pharmacokinetics

**Absorption:** The extent of systemic exposure to bepotastine following topical ophthalmic administration of bepotastine besilate 1% and 1.5% ophthalmic solutions was evaluated in 12 healthy adults. Following one drop of 1% or 1.5% bepotastine besilate ophthalmic solution to both eyes four times daily (QID) for seven days, bepotastine plasma concentrations peaked at approximately one to two hours post-instillation. Maximum plasma concentration for the 1% and 1.5% strengths were 5.1 ± 2.5 ng/mL and 7.3 ± 1.9 ng/mL, respectively. Plasma concentration at 24 hours post-instillation were below the quantifiable limit (2 ng/mL) in 11/12 subjects in the two dose groups.

**Distribution:** The extent of protein binding of bepotastine is approximately 55% and independent of bepotastine concentration.

**Metabolism:** *In vitro* metabolism studies with human liver microsomes demonstrated that bepotastine is minimally metabolized by CYP450 isozymes.

*In vitro* studies demonstrated that bepotastine besilate does not inhibit the metabolism of various

cytochrome P450 substrate via inhibition of CYP3A4, CYP2C9, and CYP2C19. The effect of bepotastine besilate on the metabolism of substrates of CYP1A2, CYP2C8, CYP2D6 was not studied. Bepotastine besilate has a low potential for drug interaction via inhibition of CYP3A4, CYP2C9, and CYP2C19.

**Excretion:** The main route of elimination of bepotastine besilate is urinary excretion (with approximately 75-90% excreted unchanged in urine).

### 13 NONCLINICAL TOXICOLOGY

#### 13.1 Carcinogenesis, Mutagenesis and Impairment of Fertility

Long-term dietary studies in mice and rats were conducted to evaluate the carcinogenic potential of bepotastine besilate. Bepotastine besilate did not significantly induce neoplasms in mice receiving a nominal dose of up to 200 mg/kg/day for 21 months or rats receiving a nominal dose of up to 97 mg/kg/day for 24 months. These dose levels represent systemic exposures approximating 350 and 200 times that achieved with human topical ocular use. The no observable adverse effect levels for bepotastine besilate based on nominal dose levels in carcinogenicity tests were 18.7 to 19.9 mg/kg/day in mice and 9.6 to 9.8 mg/kg/day in rats (representing exposure margins of approximately 60 and 20 times the systemic exposure anticipated for topical ocular use in humans).

There was no evidence of genotoxicity in the Ames test, in CHO cells (chromosome aberrations), in mouse hepatocytes (unscheduled DNA synthesis), or in the mouse micronucleus test.

When oral bepotastine was administered to male and female rats at doses up to 1,000 mg/kg/day, there was a slight reduction in fertility index and surviving fetuses. Infertility was not seen in rats given 200 mg/kg/day oral bepotastine besilate (approximately 3,300 times the systemic concentration anticipated for topical ocular use in humans).

#### 14 CLINICAL STUDIES

Clinical efficacy was evaluated in 2 conjunctival allergen challenge (CAC) studies (237 patients). BEPREVE (bepotastine besilate ophthalmic solution) 1.5% was more effective than its vehicle for relieving ocular itching induced by an ocular allergen challenge, both at a CAC 15 minutes post-dosing and a CAC 8 hours post dosing of BEPREVE.

The safety of BEPREVE was evaluated in a randomized clinical study of 861 subjects over a period of 6 weeks.

#### 16 HOW SUPPLIED/STORAGE AND HANDLING

BEPREVE® (bepotastine besilate ophthalmic solution) 1.5% is supplied in a white low density polyethylene plastic squeeze bottle with a white controlled dropper tip and a white polypropylene cap in the following size:

- 5 mL (NDC 24208-629-02)
- 10 mL (NDC 24208-629-01)

#### STORAGE

Store at 15° – 25°C (59° – 77°F).

#### 17 PATIENT COUNSELING INFORMATION

##### 17.1 Topical Ophthalmic Use Only

For topical ophthalmic administration only.

##### 17.2 Sterility of Dropper Tip

Patients should be advised to not touch dropper tip to any surface, as this may contaminate the contents.

##### 17.3 Concomitant Use of Contact Lenses

Patients should be advised not to wear a contact lens if their eye is red. Patients should be advised that BEPREVE should not be used to treat contact lens-related irritation.

Patients should also be advised to remove contact lenses prior to instillation of BEPREVE. The preservative in BEPREVE, benzalkonium chloride, may be absorbed by soft contact lenses. Lenses may be reinserted after 10 minutes following administration of BEPREVE.

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# Welcome

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## CE Gives Us a Vision for the Future

As optometrists, we are practicing at one of the most exciting times in the history of our profession. Our legislative efforts successfully transformed the delivery of eye care in the United States, enabling optometrists to serve the public good by satisfying the unmet patient care needs of a population that is both growing and graying. Simultaneously, an explosion of innovation has given us new medical drugs and devices to improve eye health and vision that are rightly



considered modern marvels.

The strides we have made as a profession in recent years are truly remarkable. Optometrists continue to be recognized as *the* essential primary eye care provider in this country. But with this responsibility comes another: the need to ensure we are best trained and equipped to provide exceptional care for our patients in the ever-changing optometric landscape.

Continuing education events give us what we need most in this effort: access and answers. CE provides us the knowledge and the opportunity to share and connect with each other, to seek the counsel of experts while sharing our own unique experiences in the exam room with colleagues and friends.

Of course, CE options abound. As busy clinicians, it's often challenging to keep up with the multitude of classes and meetings and choose the lectures and locales best suited to our needs. It's both exciting and perhaps a little bit overwhelming to see just how many learning opportunities are available to us.

With this in mind, *Review of Optometry* created this comprehensive annual guide to all available educational courses. In 2016, you'll have over 200 learning opportunities to choose from. You'll find that some lectures are happening just across town, while others are taking place literally across the globe. Our *2016 Conference Planner* details meetings that range from state optometric society seminars to "destination CE" events in far-flung venues around the world—and everywhere in between.

We sincerely hope this guide helps you plan your calendars for the upcoming year so that you can take advantage of the collective knowledge of our profession and bring it back home to incorporate into your practice. Our patients' vision and quality of life are of the utmost importance to each of us. That's why it is critical that we continue to stay up to date on the latest advances in our profession.

*Review of Optometry* also makes continuing education a priority—in print, online and at our own live events—and we are pleased to once again offer the "New Technologies and Treatments in Vision Care" meeting series in 2016. These meetings will be held in several locations across the country on topics such as dry eye, surgical comanagement and glaucoma. I look forward to seeing you at a meeting in 2016!

Sincerely,

Paul Karpecki, OD  
*Chief Clinical Editor*



# Down, Boy.

Help Tame Postoperative Ocular Inflammation  
and Pain With **LOTEMAX® GEL**

## Indication

LOTEMAX® GEL (loteprednol etabonate ophthalmic gel) 0.5% is indicated for the treatment of post-operative inflammation and pain following ocular surgery.


## Important Safety Information about LOTE MAX® GEL

- LOTE MAX® GEL is contraindicated in most viral diseases of the cornea and conjunctiva including epithelial herpes simplex keratitis (dendritic keratitis), vaccinia, and varicella, and also in mycobacterial infection of the eye and fungal diseases of ocular structures.
- Prolonged use of corticosteroids may result in glaucoma with damage to the optic nerve, defects in visual acuity and fields of vision. If this product is used for 10 days or longer, IOP should be monitored.
- Use of corticosteroids may result in posterior subcapsular cataract formation.
- Use of steroids after cataract surgery may delay healing and increase the incidence of bleb formation and occurrence of perforations in those with diseases causing corneal and scleral thinning. The initial prescription and renewal of the medication order should be made by a physician only after examination of the patient with the aid of magnification, and where appropriate, fluorescein staining.
- Prolonged use of corticosteroids may suppress the host response and thus increase the hazard of secondary ocular infection. In acute purulent conditions, steroids may mask infection or enhance existing infection.
- Use of a corticosteroid medication in the treatment of patients with a history of herpes simplex requires great caution. Use of ocular steroids may prolong the course and exacerbate the severity of many viral infections of the eye (including herpes simplex).
- Fungal infections of the cornea are particularly prone to develop coincidentally with long-term local steroid application. Fungus invasion must be considered in any persistent corneal ulceration where a steroid has been used or is in use.
- Patients should not wear contact lenses when using LOTE MAX® GEL.
- The most common ocular adverse drug reactions reported were anterior chamber inflammation (5%), eye pain (2%) and foreign body sensation (2%).

Please see brief summary of Prescribing Information on adjacent page.

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**BAUSCH + LOMB**

 **LOTE MAX® GEL**  
loteprednol etabonate  
ophthalmic gel 0.5%

## BRIEF SUMMARY OF PRESCRIBING INFORMATION

This Brief Summary does not include all the information needed to prescribe Lotemax Gel safely and effectively. See full prescribing information for Lotemax Gel.

## Lotemax (loteprednol etabonate ophthalmic gel) 0.5%

Rx only

Initial Rx Approval: 1998

### INDICATIONS AND USAGE

LOTEMAX is a corticosteroid indicated for the treatment of post-operative inflammation and pain following ocular surgery.

### DOSAGE AND ADMINISTRATION

Invert closed bottle and shake once to fill tip before instilling drops.

Apply one to two drops of LOTEMAX into the conjunctival sac of the affected eye four times daily beginning the day after surgery and continuing throughout the first 2 weeks of the post-operative period.

### CONTRAINDICATIONS

LOTEMAX, as with other ophthalmic corticosteroids, is contraindicated in most viral diseases of the cornea and conjunctiva including epithelial herpes simplex keratitis (dendritic keratitis), vaccinia, and varicella, and also in mycobacterial infection of the eye and fungal diseases of ocular structures.

### WARNINGS AND PRECAUTIONS

#### Intraocular Pressure (IOP) Increase

Prolonged use of corticosteroids may result in glaucoma with damage to the optic nerve, defects in visual acuity and fields of vision. Steroids should be used with caution in the presence of glaucoma. If this product is used for 10 days or longer, intraocular pressure should be monitored.

#### Cataracts

Use of corticosteroids may result in posterior subcapsular cataract formation.

#### Delayed Healing

The use of steroids after cataract surgery may delay healing and increase the incidence of bleb formation. In those diseases causing thinning of the cornea or sclera, perforations have been known to occur with the use of topical steroids. The initial prescription and renewal of the medication order should be made by a physician only after examination of the patient with the aid of magnification such as slit lamp biomicroscopy and, where appropriate, fluorescein staining.

#### Bacterial Infections

Prolonged use of corticosteroids may suppress the host response and thus increase the hazard of secondary ocular infections. In acute purulent conditions of the eye, steroids may mask infection or enhance existing infection.

#### Viral Infections

Employment of a corticosteroid medication in the treatment of patients with a history of herpes simplex requires great caution. Use of ocular steroids may prolong the course and may exacerbate the severity of many viral infections of the eye (including herpes simplex).

#### Fungal Infections

Fungal infections of the cornea are particularly prone to develop coincidentally with long-term local steroid application. Fungus invasion must be considered in any persistent corneal ulceration where a steroid has been used or is in use. Fungal cultures should be taken when appropriate.

#### Contact Lens Wear

Patients should not wear contact lenses during their course of therapy with LOTEMAX.

### ADVERSE REACTIONS

Adverse reactions associated with ophthalmic steroids include elevated intraocular pressure, which may be associated with infrequent optic nerve damage, visual acuity and field defects, posterior subcapsular cataract formation, delayed wound healing and secondary ocular infection from pathogens including herpes simplex, and perforation of the globe where there is thinning of the cornea or sclera.

The most common adverse drug reactions reported were anterior chamber inflammation (5%), eye pain (2%), and foreign body sensation (2%).

### USE IN SPECIFIC POPULATIONS

#### Pregnancy

**Teratogenic Effects: Pregnancy Category C.**

Loteprednol etabonate has been shown to be embryotoxic (delayed

ossification) and teratogenic (increased incidence of meningocele, abnormal left common carotid artery, and limb flexures) when administered orally to rabbits during organogenesis at a dose of 3 mg/kg/day (35 times the maximum daily clinical dose), a dose which caused no maternal toxicity. The no-observed-effect-level (NOEL) for these effects was 0.5 mg/kg/day (6 times the maximum daily clinical dose). Oral treatment of rats during organogenesis resulted in teratogenicity (absent innominate artery at  $\geq 5$  mg/kg/day doses, and cleft palate and umbilical hernia at  $\geq 50$  mg/kg/day) and embryotoxicity (increased post-implantation losses at 100 mg/kg/day and decreased fetal body weight and skeletal ossification with  $\geq 50$  mg/kg/day). Treatment of rats with 0.5 mg/kg/day (6 times the maximum clinical dose) during organogenesis did not result in any reproductive toxicity. Loteprednol etabonate was maternally toxic (significantly reduced body weight gain during treatment) when administered to pregnant rats during organogenesis at doses of  $\geq 5$  mg/kg/day.

Oral exposure of female rats to 50 mg/kg/day of loteprednol etabonate from the start of the fetal period through the end of lactation, a maternally toxic treatment regimen (significantly decreased body weight gain), gave rise to decreased growth and survival, and retarded development in the offspring during lactation; the NOEL for these effects was 5 mg/kg/day. Loteprednol etabonate had no effect on the duration of gestation or parturition when administered orally to pregnant rats at doses up to 50 mg/kg/day during the fetal period.

There are no adequate and well controlled studies in pregnant women.

LOTEMAX should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

#### Nursing Mothers

It is not known whether topical ophthalmic administration of corticosteroids could result in sufficient systemic absorption to produce detectable quantities in human milk. Systemic steroids appear in human milk and could suppress growth, interfere with endogenous corticosteroid production, or cause other untoward effects. Caution should be exercised when LOTEMAX is administered to a nursing woman.

#### Pediatric Use

Safety and effectiveness in pediatric patients have not been established.

#### Geriatric Use

No overall differences in safety and effectiveness have been observed between elderly and younger patients.

### NONCLINICAL TOXICOLOGY

#### Carcinogenesis, Mutagenesis, Impairment Of Fertility

Long-term animal studies have not been conducted to evaluate the carcinogenic potential of loteprednol etabonate. Loteprednol etabonate was not genotoxic *in vitro* in the Ames test, the mouse lymphoma tk assay, or in a chromosome aberration test in human lymphocytes, or *in vivo* in the single dose mouse micronucleus assay. Treatment of male and female rats with up to 50 mg/kg/day and 25 mg/kg/day of loteprednol etabonate, respectively, (600 and 300 times the maximum clinical dose, respectively) prior to and during mating did not impair fertility in either gender.

### PATIENT COUNSELING INFORMATION

#### Administration

Invert closed bottle and shake once to fill tip before instilling drops.

#### Risk of Contamination

Patients should be advised not to allow the dropper tip to touch any surface, as this may contaminate the gel.

#### Contact Lens Wear

Patients should be advised not to wear contact lenses when using LOTEMAX.

#### Risk of Secondary Infection

If pain develops, redness, itching or inflammation becomes aggravated, the patient should be advised to consult a physician.

Bausch & Lomb Incorporated

Tampa, Florida 33637 USA

US Patent No. 5,800,807

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Based on 9269100-9269200

Revised: 9/2012



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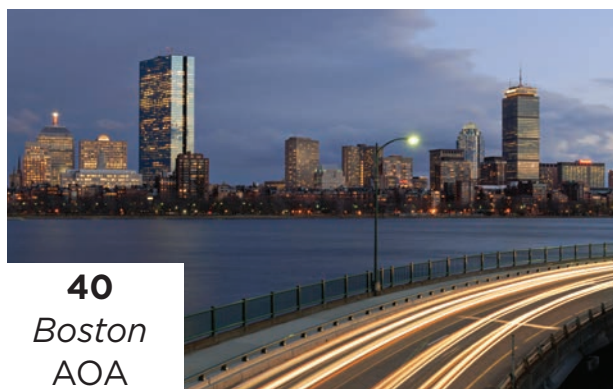
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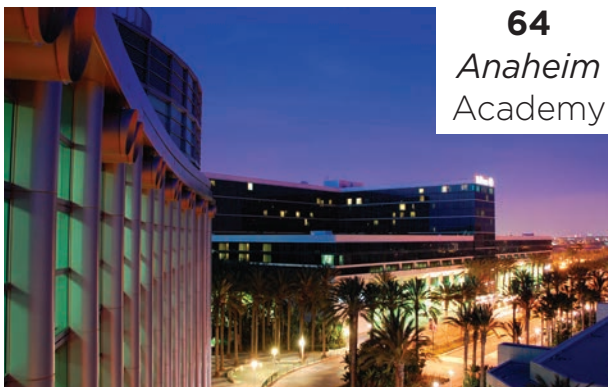
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Academy

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Lecture topics scheduled to be discussed at educational events are denoted by the appearance of the icons at right, based on information known at press time.

Conference agendas are subject to change. Please contact the meeting organizers for updated information.

EDUCATION TOPICS			
<b>AL</b> Allergy	<b>CS</b> Corneal surgery	<b>NO</b> Neuro-ophthalmics	<b>RE</b> Retinal disorders
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# January

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
3	4	5	6	7	8 The First Annual Optometric Convention	9 Pacific U. Glaucoma Symposium 2016 2016 Coding Update Principles of Prescribing ECA Annual Conference
10 Principles of Prescribing ECA Annual Conference	11 Missouri OA 2016 Legislative Conference	12	13	14 Low Vision Grand Rounds - Glaucoma	15 ICO Resident Grand Rounds	16 Kraskin Invitational Skeffington Symp. Berkeley Practicum Gold Coast Educational Retreat
17	18	19	20	21	22	23
Pacific University 2016 Island Eyes Conference						
Kraskin Invitational Skeffington Symposium Berkeley Practicum Gold Coast Educational Retreat Illinois OA Winter CE					Global Specialty Lens Symposium TCOS Winter CE 2016 RSO Glaucoma Symposium	
24 Global Specialty Lens Symposium RSO Glaucoma Symposium Illinois OA Winter CE MBKU & Stein-Doheny Annual Symposium	25	26	27	28	29 OEP Foundation ABI/TBI - Diagnosis, Mgmt. and Treatment of Brain Injury Patients	30 Georgia Optometric Association Super CE
31 OEP Foundation ABI/TBI - Diagnosis, Mgmt. & Treatment of Brain Injury Patients Virginia OA One-Day CE Conference						



**Jan. 8, Fort Lauderdale**  
**The First Annual Optometric Convention**

HOST: America Health Innovations  
 KEY FACULTY: Larry Lampert, Mitra Sehi, Natalia Villate, Corry Collier  
 CE HOURS: Total: 8, maximum per OD: 2  
 LOCATION: Great Fort Lauderdale & Broward Convention Center, 1950 Eisenhower Blvd.  
 CONTACT: Waseem Khan  
[waseem@americahealthinnovations.com](mailto:waseem@americahealthinnovations.com)  
 561-316-0790  
[www.ahieducation.com](http://www.ahieducation.com)  
**CD GL RE SV**

**Jan. 9, Woodinville, WA**  
**Glaucoma Symposium 2016**

HOST: Pacific University College of Optometry  
 KEY FACULTY: Howard Barnebey, Murray Fingeret  
 CE HOURS: 7  
 LOCATION: Willows Lodge, 14580 NE 145th St.  
 CONTACT: Martina Fredericks  
[frederim@pacificu.edu](mailto:frederim@pacificu.edu)  
 503-352-2207  
[www.pacificu.edu/future-graduate-professional/colleges/college-optometry/continuing-education](http://www.pacificu.edu/future-graduate-professional/colleges/college-optometry/continuing-education)  
**GL**

**Jan. 9, Little Rock, AK**  
**2016 Coding Update**

HOST: Arkansas Optometric Association  
 KEY FACULTY: John McGreal  
 CE HOURS: 5  
 LOCATION: Embassy Suites Little Rock, 11301 Financial Centre Parkway  
 CONTACT: Vicki Farmer  
[aroa@arkansasoptometric.org](mailto:aroa@arkansasoptometric.org)  
 501-661-7675  
[arkansasoptometric.org](http://arkansasoptometric.org)  
**PM**

**Jan. 9-10, Burlington, Ontario**  
**Principles of Prescribing**

HOST: Patricia Fink and OEP Fdn.

KEY FACULTY: Robert Hohendorf  
 CE HOURS: 12  
 LOCATION: 2080 Appleby Line, Ste. E6  
 CONTACT: Karen Ruder  
[karen.ruder@oepf.org](mailto:karen.ruder@oepf.org)  
 410-561-3791  
[www.oepf.org/oepf\\_calendar](http://www.oepf.org/oepf_calendar)  
**BV DS**

**Jan. 9-10, Williamsburg, VA**  
**ECA Annual Conference**

HOST: EyeCare Associates  
 KEY FACULTY: Marc Myers, Andrew Gurwood  
 CE HOURS: 12  
 LOCATION: Doubletree by Hilton, 50 Kingsmill Rd.  
 CONTACT: Linda Cavazos  
[eca\\_linda@hotmail.com](mailto:eca_linda@hotmail.com)  
 804-356-5165  
 More information available through the Facebook account "Eye Care Associates of Virginia"  
**CS GL IN RE**

**Jan. 11, Jefferson City, MO**  
**2016 Legislative Conference**

HOST: Missouri Optometric Association  
 KEY FACULTY: Alan Cleinman  
 CE HOURS: 3  
 LOCATION: Capitol Plaza Hotel, 415 W McCarty St.  
 CONTACT: Lee Ann Barrett  
[moaed@moeyecare.org](mailto:moaed@moeyecare.org)  
 573-635-6151  
[www.moeyecare.org](http://www.moeyecare.org)  
**PM**

**Jan. 14, Wichita, KS**  
**Low Vision Grand Rounds - Glaucoma and Tube-Shunt Surgery**

HOST: Envision University  
 KEY FACULTY: Anita Campbell  
 CE HOURS: 2  
 LOCATION: Envision, 610 N. Main St.  
 CONTACT: Michael Epp  
[michael.epp@envisionus.com](mailto:michael.epp@envisionus.com)  
 326-440-1515  
[www.envisionuniversity.org](http://www.envisionuniversity.org)  
**GL**

**Jan. 15, Chicago**  
**ICO Resident Grand Rounds**

HOST: Illinois College of Optometry  
 CE HOURS: 4  
 LOCATION: Illinois College of Optometry, 3241 S Michigan Ave.  
 CONTACT: Elizabeth Grantner  
[continuing@ico.edu](mailto:continuing@ico.edu)  
 312-949-7426  
[www.ico.edu/alumni/continuing-education](http://www.ico.edu/alumni/continuing-education)  
**AL AM BV CM CL CD CS CT DE EL GL LT NO NT IN PH RE SV SD TE UV**

**Jan. 16-17, Fort Lauderdale**  
**Gold Coast Educational Retreat**

HOST: Broward County Optometric Association  
 KEY FACULTY: Randall Thomas, Ron Melton, Tim Murray, Roger Prouty, Cory Collier, Joseph Sowka, Joseph Pizzimenti  
 CE HOURS: 17  
 LOCATION: Hyatt Regency Pier 66, 2301 SE 17th St.  
 CONTACT: Rachell Snell, Brandon Cornish  
[bcoa@browardeyes.org](mailto:bcoa@browardeyes.org)  
[browardeyes.org](http://browardeyes.org)  
**AL CL CD DB DE EL GL NO NT IN PH PM RE SD TE UV**

**Jan. 16-18, Bethesda, MD**  
**Kraskin Invitational Skeffington Symposium on Vision (KISS)**

HOST: Optometric Extension Program Foundation (OEPF)  
 KEY FACULTY: Multiple presenters  
 CE HOURS: 19  
 LOCATION: Hyatt Regency Bethesda, One Bethesda Metro Center, 7400 Wisconsin Ave.  
 CONTACT: Jeffrey Kraskin  
[jkraskin@rcn.com](mailto:jkraskin@rcn.com)  
 202-363-4450  
[www.skeffingtonsymposium.org](http://www.skeffingtonsymposium.org)  
**AM BV NO NT PE SV VT**

**Jan. 16-18, Berkeley, CA**  
**Berkeley Practicum – 27th Annual**

HOST: University of California, Berkeley, School of Optometry  
 KEY FACULTY: Robert Lustig, John McGreal, Jr., Robert Wooldridge, Blair Lonsberry, Danica Marrelli, Lorre Henderson  
 CE HOURS: 20  
 LOCATION: DoubleTree Hotel, Berkeley Marina, 200 Marina Blvd.  
 CONTACT: Danni Peck  
[optoce@berkeley.edu](mailto:optoce@berkeley.edu)

EDUCATION TOPICS	
<b>AL</b> Allergy	<b>CS</b> Corneal surgery
<b>AM</b> Amblyopia	<b>CT</b> Cataract surgery
<b>BV</b> Binocular vision	<b>DE</b> Diabetes
<b>CM</b> Comanagement	<b>DR</b> Dry eye
<b>CL</b> Contact lenses	<b>EL</b> Eyelids/adnexa
<b>CD</b> Cornea/conjunctiva	<b>GL</b> Glaucoma
	<b>LT</b> Laboratory testing
<b>NO</b> Neuro-ophthalmics	<b>RE</b> Retinal disorders
<b>NT</b> Nutrition & the eye	<b>RS</b> Refractive surgery
<b>IN</b> Ocular infections	<b>SV</b> Sports vision
<b>DS</b> Optical dispensing	<b>SD</b> Systemic disease
<b>PE</b> Pediatric eye care	<b>TE</b> Technology
<b>PH</b> Pharmacology	<b>UV</b> Uveitis
<b>PM</b> Practice mgmt.	<b>VT</b> Vision therapy



## Announcing *Review of Optometry's* "New Technologies and Treatments in Vision Care" Series for 2016

In recent years, breakthroughs in clinical care have come at lightning speed. While these advances offer new opportunities for optometrists, figuring out how to apply them day-to-day can seem challenging.

To help, *Review of Optometry* will once again conduct its "New Technologies and Treatments in Vision Care" meeting series in 2016. The events provide a relaxed and collegial atmosphere that encourages communication and learning, bringing together clinicians, researchers and industry partners for a truly unique educational experience. Nationally known experts will offer insights into the latest ophthalmic innovations and help you learn to successfully integrate them into your practice.

The meetings will delve into the latest disruptive eye care innovations that will affect your patients and help position your practice for a very bright future, says *Review of Optometry* Chief Clinical Editor and meeting chair Paul Karpecki, OD. Topics will cover recent advances in dry eye, eyelid disease, glaucoma, ocular infections, diabetes management, retinal disease, pharmacology and ocular surgery.

"The hands-on workshops in glaucoma and dry eye will give you all the tools necessary to start or enhance these very critical components of your practice," says Dr. Karpecki. "These workshops have been so effective for attendees in achieving a higher level of patient care that we're likely to add new hands-on workshops in the areas of retinal disease and surgical management." The workshops are included in the cost of registration.

Due to the success of the meetings, registration fees have not increased in over 10 years. "The New Technologies and Treatments in Vision Care series are probably the only meetings that have accomplished that feat," Dr. Karpecki adds.

The educational faculty welcome interaction with attendees, Dr. Karpecki says. While traditional learning happens in the lecture hall, some of the best education actually occurs during the receptions and breaks, where the presenters and attendees have the opportunity to talk one on one, he adds.

What sets these meetings apart is their interactive and intimate nature, which brings attendees back year after year, Dr. Karpecki says. In fact, more than 90% of doctors who have gone to previous meetings have returned the next year, according to recent surveys.

"The attendees, faculty, sponsors and even the fabulous locations all contribute to making these meetings some of the most enjoyable educational experiences in the country," he says.

The 2016 NT&T meeting schedule is as follows:

- **April 7-10, San Diego.** Taking place at the famous Hotel del Coronado, the first NT&T event of 2016 will be held in conjunction with the annual educational symposium of the Optometric Cornea, Cataract and Refractive Society (OCCRS). This unique joint meeting of NT&T and OCCRS will offer up to 28 CE credit hours.

- **May 20-22, San Antonio.** This meeting will take place at the San Antonio Marriott Rivercenter. A total of 19 CE credit hours will be available.

- **June 9-12, Hamilton, Bermuda.** This meeting will be held at the Hamilton Princess & Beach Club, where 14 CE hours can be earned.

- **October 6-8, Philadelphia.** The city of brotherly love will host this meeting at the Philadelphia Marriott Downtown, with 19 CE credit hours available.

For more information, contact Lois DiDomenico at [reviewmeetings@jobson.com](mailto:reviewmeetings@jobson.com) or 866-658-1772, or check [www.reviewofoptometry.com/continuing\\_education](http://www.reviewofoptometry.com/continuing_education) for updates throughout the year.

800-827-2163

<http://optometry.berkeley.edu/ce/berkeley-practicum>

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### Jan. 17, Wheeling, IL IOA Winter CE Series

HOST: Illinois Optometric Association

KEY FACULTY: Len Messner

CE HOURS: 6 regular or TQ

LOCATION: Westin Chicago North Shore, 610 N. Milwaukee Ave.

CONTACT: Charlene Marsh

[ioabb@ioaweb.org](mailto:ioabb@ioaweb.org)

217-525-8012

[www.ioaweb.org](http://www.ioaweb.org)

NO

### Jan. 17-23, Lahaina, Maui, HI 2016 Island Eyes Conference

HOST: Pacific University College of Optometry

KEY FACULTY: Denise Goodwin, Nathan Lighthizer, Leo Skorin, Stanley Teplick, Samuel Kim

CE HOURS: 29

LOCATION: Sheraton Maui Resort, 2605 Ka'anapali Parkway

CONTACT: Jeanne Oliver

[jeanne@pacificu.edu](mailto:jeanne@pacificu.edu)

503-352-2740

[www.pacificu.edu/islandeyes](http://www.pacificu.edu/islandeyes)

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### Jan. 21-24, Las Vegas Global Specialty Lens Symposium

HOST: Contact Lens Spectrum

KEY FACULTY: National and international experts from over 30 countries

CE HOURS: 30

LOCATION: Caesars Palace, 3570 S. Las Vegas Blvd.

CONTACT: Maureen Trusky

[maureen.trusky@pentavisionmedia.com](mailto:maureen.trusky@pentavisionmedia.com)

[gslsymposium.com](http://gslsymposium.com)

CL

### Jan. 23, Ventura, CA TCOS Winter CE 2016

HOST: Tri-County Optometric Society

KEY FACULTY: Ron Melton, Randall Thomas

CE HOURS: 5

LOCATION: Ventura Beach Marriott, 2055 E. Harbor Blvd.

CONTACT: Morgan A. Ruiz

[morganruiz.od@gmail.com](mailto:morganruiz.od@gmail.com)

805-689-8671

[www.tcosvision.org](http://www.tcosvision.org)

CM CS EL PH RE RS



# ALREX<sup>®</sup>:

## TREATS THE ITCH AND MORE.

SHORT-TERM TREATMENT FOR  
THE FULL SPECTRUM OF SAC\*  
SIGNS AND SYMPTOMS<sup>1-3</sup>

\*Seasonal allergic conjunctivitis.

### INDICATION

ALREX<sup>®</sup> (loteprednol etabonate ophthalmic suspension) is indicated for the temporary relief of the signs and symptoms of seasonal allergic conjunctivitis.

### IMPORTANT SAFETY INFORMATION

ALREX<sup>®</sup> is contraindicated in most viral diseases of the cornea and conjunctiva, including epithelial herpes simplex keratitis (dendritic keratitis), vaccinia, and varicella, and also in mycobacterial infection of the eye and fungal diseases of the ocular structures. ALREX<sup>®</sup> is also contraindicated in individuals with known or suspected hypersensitivity to any of the ingredients of this preparation and to other corticosteroids.

Prolonged use of ALREX<sup>®</sup> is associated with several warnings and precautions, including glaucoma with optic nerve damage, defects in visual acuity, cataract formation, secondary ocular infections, and exacerbation or prolongation of viral ocular infections (including herpes simplex).

If this product is used for 10 days or longer, intraocular pressure should be monitored. The initial prescription and renewal of the medication order beyond 14 days should be made by a physician only after reexamination of the patient with the aid of magnification. Fungal infections of the cornea may develop with prolonged use of corticosteroids.

Ocular adverse reactions occurring in 5-15% of patients treated with loteprednol etabonate ophthalmic suspension (0.2%-0.5%) in clinical studies included abnormal vision/blurring, burning on instillation, chemosis, discharge, dry eyes, epiphora, foreign body sensation, itching, infection, and photophobia.

Please see brief summary of full Prescribing Information on the following page.

**References:** 1. ALREX [package insert]. Tampa, FL: Bausch & Lomb Incorporated; 2013. 2. Dell SJ, Lowry GM, Northcutt JA, Howes J, Novack GD, Hart K. A randomized, double-masked, placebo-controlled parallel study of 0.2% loteprednol etabonate in patients with seasonal allergic conjunctivitis. *J Allergy Clin Immunol.* 1998;102(2):251-255. 3. Shulman DG, Lothringer LL, Rubin JM, et al. A randomized, double-masked, placebo-controlled parallel study of loteprednol etabonate 0.2% in patients with seasonal allergic conjunctivitis. *Ophthalmology.* 1999;106(2):362-369.

### BAUSCH + LOMB

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**Alrex<sup>®</sup>**  
loteprednol etabonate  
ophthalmic suspension 0.2%



## BRIEF SUMMARY OF PRESCRIBING INFORMATION

This Brief Summary does not include all the information needed to use Alrex® (loteprednol etabonate ophthalmic suspension 0.2%) safely and effectively. See full prescribing information for Alrex.

# Alrex®

loteprednol etabonate  
ophthalmic suspension 0.2%

Sterile Ophthalmic Suspension

### Rx only

### INDICATIONS AND USAGE

ALREX Ophthalmic Suspension is indicated for the temporary relief of the signs and symptoms of seasonal allergic conjunctivitis.

### CONTRAINDICATIONS

ALREX, as with other ophthalmic corticosteroids, is contraindicated in most viral diseases of the cornea and conjunctiva including epithelial herpes simplex keratitis (dendritic keratitis), vaccinia, and varicella, and also in mycobacterial infection of the eye and fungal diseases of ocular structures. ALREX is also contraindicated in individuals with known or suspected hypersensitivity to any of the ingredients of this preparation and to other corticosteroids.

### WARNINGS

Prolonged use of corticosteroids may result in glaucoma with damage to the optic nerve, defects in visual acuity and fields of vision, and in posterior subcapsular cataract formation. Steroids should be used with caution in the presence of glaucoma.

Prolonged use of corticosteroids may suppress the host response and thus increase the hazard of secondary ocular infections. In those diseases causing thinning of the cornea or sclera, perforations have been known to occur with the use of topical steroids. In acute purulent conditions of the eye, steroids may mask infection or enhance existing infection.

Use of ocular steroids may prolong the course and may exacerbate the severity of many viral infections of the eye (including herpes simplex). Employment of a corticosteroid medication in the treatment of patients with a history of herpes simplex requires great caution.

### PRECAUTIONS

**General:** For ophthalmic use only. The initial prescription and renewal of the medication order beyond 14 days should be made by a physician only after examination of the patient with the aid of magnification, such as slit lamp biomicroscopy and, where appropriate, fluorescein staining. If signs and symptoms fail to improve after two days, the patient should be re-evaluated.

If this product is used for 10 days or longer, intraocular pressure should be monitored.

Fungal infections of the cornea are particularly prone to develop coincidentally with long-term local steroid application. Fungus invasion must be considered in any persistent corneal ulceration where a steroid has been used or is in use. Fungal cultures should be taken when appropriate.

**Information for Patients:** This product is sterile when packaged. Patients should be advised not to allow the dropper tip to touch any surface, as this may contaminate the suspension. If redness or itching becomes aggravated, the patient should be advised to consult a physician.

Patients should be advised not to wear a contact lens if their eye is red. ALREX should not be used to treat contact lens related irritation. The preservative in ALREX, benzalkonium chloride, may be absorbed by soft contact lenses. Patients who wear soft contact lenses **and whose eyes are not red**, should be instructed to wait at least ten minutes after instilling ALREX before they insert their contact lenses.

**Carcinogenesis, Mutagenesis, Impairment of Fertility:** Long-term animal studies have not been conducted to evaluate the carcinogenic potential of loteprednol etabonate. Loteprednol etabonate was not genotoxic *in vitro* in the Ames test, the mouse lymphoma tk assay, or in a chromosome aberration test in human lymphocytes, or *in vivo* in the single dose mouse micronucleus assay. Treatment of male and female rats with up to 50 mg/kg/day and 25 mg/kg/day of loteprednol etabonate, respectively, (1500 and 750 times the maximum clinical dose, respectively) prior to and during mating did not impair fertility in either gender.

**Pregnancy:** Teratogenic effects: Pregnancy Category C. Loteprednol etabonate has been shown to be embryotoxic (delayed ossification) and teratogenic (increased incidence of meningocele, abnormal left common carotid artery, and limb flexures) when administered orally to rabbits during organogenesis at a dose of 3 mg/kg/day (85 times the maximum daily clinical dose), a dose which caused no maternal toxicity. The no-observed-effect-level (NOEL) for these effects was 0.5 mg/kg/day (15 times the maximum daily clinical dose). Oral treatment of rats during organogenesis resulted in teratogenicity (absent innominate artery at  $\geq 5$  mg/kg/day doses, and cleft palate and umbilical hernia at  $\geq 50$  mg/kg/day) and embryotoxicity (increased postimplantation losses at 100 mg/kg/day and decreased fetal body weight and skeletal ossification with  $\geq 50$  mg/kg/day). Treatment of rats with 0.5 mg/kg/day (15 times the maximum clinical dose) during organogenesis did not result in any reproductive toxicity. Loteprednol etabonate was maternally toxic (significantly reduced body weight gain during treatment) when administered to pregnant rats during organogenesis at doses of  $\geq 5$  mg/kg/day.

Oral exposure of female rats to 50 mg/kg/day of loteprednol etabonate from the start of the fetal period through the end of lactation, a maternally toxic treatment regimen (significantly decreased body weight gain), gave rise to decreased growth and survival, and retarded development in the offspring during lactation; the NOEL for these effects was 5 mg/kg/day. Loteprednol etabonate had no effect on the duration of gestation or parturition when administered orally to pregnant rats at doses up to 50 mg/kg/day during the fetal period.

There are no adequate and well controlled studies in pregnant women. ALREX Ophthalmic Suspension should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

**Nursing Mothers:** It is not known whether topical ophthalmic administration of corticosteroids could result in sufficient systemic absorption to produce detectable quantities in human milk. Systemic steroids appear in human milk and could suppress growth, interfere with endogenous corticosteroid production, or cause other untoward effects. Caution should be exercised when ALREX is administered to a nursing woman.

**Pediatric Use:** Safety and effectiveness in pediatric patients have not been established.

### ADVERSE REACTIONS

Reactions associated with ophthalmic steroids include elevated intraocular pressure, which may be associated with optic nerve damage, visual acuity and field defects, posterior subcapsular cataract formation, secondary ocular infection from pathogens including herpes simplex, and perforation of the globe where there is thinning of the cornea or sclera.

Ocular adverse reactions occurring in 5-15% of patients treated with loteprednol etabonate ophthalmic suspension (0.2% - 0.5%) in clinical studies included abnormal vision/blurring, burning on instillation, chemosis, discharge, dry eyes, epiphora, foreign body sensation, itching, injection, and photophobia. Other ocular adverse reactions occurring in less than 5% of patients include conjunctivitis, corneal abnormalities, eyelid erythema, keratoconjunctivitis, ocular irritation/pain/discomfort, papillae, and uveitis. Some of these events were similar to the underlying ocular disease being studied.

Non-ocular adverse reactions occurred in less than 15% of patients. These include headache, rhinitis and pharyngitis.

In a summation of controlled, randomized studies of individuals treated for 28 days or longer with loteprednol etabonate, the incidence of significant elevation of intraocular pressure ( $\geq 10$  mm Hg) was 2% (15/901) among patients receiving loteprednol etabonate, 7% (11/164) among patients receiving 1% prednisolone acetate and 0.5% (3/583) among patients receiving placebo. Among the smaller group of patients who were studied with ALREX, the incidence of clinically significant increases in IOP ( $\geq 10$  mm Hg) was 1% (1/133) with ALREX and 1% (1/135) with placebo.

### DOSAGE AND ADMINISTRATION

SHAKE VIGOROUSLY BEFORE USING.

One drop instilled into the affected eye(s) four times daily.

Revised: August 2013.

Bausch & Lomb Incorporated, Tampa, Florida 33637

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Based on 9007904-9005504

US/ALX/15/0004

Issued: 02/2015

**Jan. 23-24, San Antonio, TX**

**RSO Glaucoma Symposium**

HOST: Rosenberg School of Optometry  
KEY FACULTY: Richard Castillo, Carolyn Majcher, Richard Trevino, Richard Sponsel  
CE HOURS: Total: 16, maximum per OD: 2  
LOCATION: Rosenberg School of Optometry, 9725 Datapoint  
CONTACT: Sandra Fortenberry  
[rsocce@uiwtx.edu](mailto:rsocce@uiwtx.edu); 210-283-6856  
[www.uiw.edu/optometry/continuing-education](http://www.uiw.edu/optometry/continuing-education)  
**GL RS TE**

**Jan. 24, Rosemont, IL**

**IOA Winter CE Series**

HOST: Illinois Optometric Association  
KEY FACULTY: Paul Karpecki  
CE HOURS: 6 regular or TQ  
LOCATION: Hyatt Regency O'Hare, 9300 Bryn Mawr Ave.  
CONTACT: Charlene Marsh  
[ioabb@ioaweb.org](mailto:ioabb@ioaweb.org)  
217-525-8012  
[www.ioaweb.org](http://www.ioaweb.org)  
**DE**

**Jan. 24, Fullerton, CA**

**The MBKU & Stein-Doheny Annual Eye Care Symposium**

HOST: SCCO at Marshall B. Ketchum University with Stein-Doheny Eye Institute at UCLA  
KEY FACULTY: Barry Weissman  
CE HOURS: 8  
LOCATION: Marshall B. Ketchum University, 2575 Yorba Linda Blvd.  
CONTACT: Antoinette Smith  
[ce@ketchum.edu](mailto:ce@ketchum.edu); 714-449-7495  
[www.ketchum.edu/index.php/ce](http://www.ketchum.edu/index.php/ce)  
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**Jan. 29-31, Memphis**

**ABI/TBI - The Diagnosis, Management and Treatment of Brain Injury Patients**

HOST: OEP Foundation  
KEY FACULTY: Paul A. Harris  
CE HOURS: 24  
LOCATION: Southern College of Optometry, 1245 Madison Ave.  
CONTACT: Karen Ruder  
[karen.ruder@oep.org](mailto:karen.ruder@oep.org)  
410-561-3791  
[www.oepf.org/oepf\\_calendar](http://www.oepf.org/oepf_calendar)  
**BV NO**

**Jan. 30, College Park, GA**

**Georgia Optometric Association Super CE**

HOST: Georgia Optometric Association  
CE HOURS: 8  
LOCATION: Georgia International Convention Center, 2000 Convention Center Concourse  
CONTACT: Vanessa Grosso  
[vanessagoa@aol.com](mailto:vanessagoa@aol.com)  
770-961-9866 x-1  
[www.GOAeyes.com](http://www.GOAeyes.com)  
**GL NO IN PH PM SD**

**Jan. 31, Glen Allen, VA**

**Virginia Optometric Association One-Day CE Conference**

HOST: Virginia Optometric Association  
CE HOURS: 4  
LOCATION: Richmond Marriott Short Pump, 4240 Dominion Blvd.  
CONTACT: Bo Keeney, Executive Director  
[office@thevoa.org](mailto:office@thevoa.org)  
804-643-0309  
[www.thevoa.org](http://www.thevoa.org)



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Phone: **866-730-9257**



# February

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3 Michigan Optometric Association Winter Seminar	4 UAB Evening of Education	5	6 DOA Winter Thaw Annual Conference
7	8 Idaho Optometric Physicians Winter CE	9	10 Indiana OA Winter Seminar	11	12 Heart of America Contact Lens Society SkiVision 2016	13 Innovations in Eye Care Tropical CE Riviera Maya 2016 OAL Mid-Winter CE
14	15	16	17	18	19	20
Western Caribbean Cruise - Innovations in Eye Care						
Tropical CE Riviera Maya 2016						
AEA Cruises Canary Islands Optometric Cruise Seminar						
SkiVision 2016			Palm Beach Winter Seminar			
VT/Learning Problems						AEA Cruises Eastern Caribbean Optometric Cruise Seminar
Heart of America						
Illinois OA Winter CE						
21	22	23	24	25	26	27
AEA Cruises Eastern Caribbean Optometric Cruise Seminar						
AEA Cruises Canary Islands Optometric Cruise Seminar				Montana OA Winter Educational Symposium		
Palm Beach Winter Seminar	AFOS at SECO 2016		SECO 2016			
ICO Winter CE			Oregon OPA Third Party/Practice Management Seminar			Neuro-Motor Maturity, Optimizing Vision Therapy
Glaucoma Pearls						
28	29					
Eye Ski Conference (ends Mar. 4)						
COVD at SECO						
SECO 2016						
Neuro-Motor Maturity, Optimizing Vision Therapy						
OptoWest South - Newport Beach						
Illinois OA Winter CE						

EDUCATION TOPICS		CS	NO	RE
AL Allergy	CT Cataract surgery	NO Neuro-ophthalmics	RE Retinal disorders	RS Refractive surgery
AM Amblyopia	DB Diabetes	NT Nutrition & the eye	SV Sports vision	SD Systemic disease
BV Binocular vision	DE Dry eye	IN Ocular infections	TE Technology	UV Uveitis
CM Comanagement	EL Eyelids/adnexa	DS Optical dispensing	PE Pediatric eye care	VT Vision therapy
CL Contact lenses	GL Glaucoma	PH Pharmacology	PM Practice mgmt.	
CD Cornea/conjunctiva	LT Laboratory testing			

**Feb. 3-4, East Lansing, MI**  
**Michigan Optometric Association Winter Seminar**

HOST: Michigan Optometric Association  
 KEY FACULTY: Steven Ferrucci, Marc Bloomenstein  
 CE HOURS: 12



LOCATION: Kellogg Hotel and Conference Center of Michigan State University, 519 S. Harrison Rd.  
 CONTACT: Amy Root  
[amy@themoa.org](mailto:amy@themoa.org)  
 517-482-0616  
[www.themoa.org](http://www.themoa.org)

**Feb. 4, Birmingham, AL**  
**Evening of Education**

HOST: UAB School of Optometry  
 CE HOURS: 2  
 LOCATION: UAB School of Optometry, 1716 University Blvd.  
 CONTACT: Amanda Kachler  
[uabsocce@uab.edu](mailto:uabsocce@uab.edu)  
 205-934-5701  
[www.uab.edu/optometry/ce](http://www.uab.edu/optometry/ce)

**Feb. 6, Newark, DE**  
**Winter Thaw Annual Conference**

HOST: Delaware Optometric Association  
 KEY FACULTY: James Thimons  
 CE HOURS: Total: 7, max. per OD: 5  
 LOCATION: Embassy Suites, 654 S. College Ave.  
 CONTACT: Arkady Yatskevich  
[avatskevich@vqeyecare.com](mailto:avatskevich@vqeyecare.com)  
 302-678-3545  
<http://deoa.wildapricot.org>  
 CD CS CT DE EL GL IN PH SD

**Feb. 8, Boise, ID**  
**IOP Winter CE**

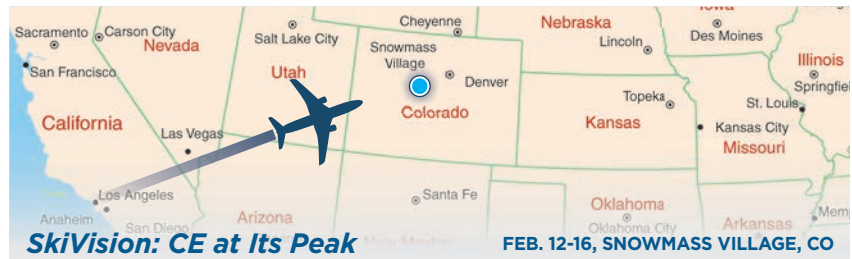
HOST: Idaho Optometric Physicians  
 CE HOURS: 4  
 LOCATION: The Grove Hotel, 245 South Capital Blvd.  
 CONTACT: Randy Andregg  
[execdir@iopinc.org](mailto:execdir@iopinc.org); 208-461-0001  
[Idaho.aoa.org](http://Idaho.aoa.org)  
 CM DB GL NO NT PH RE SD TE

**Feb. 10, Carmel, IN**  
**Indiana OA Winter Seminar**

HOST: Indiana Optometric Association  
 CE HOURS: 7  
 LOCATION: Ritz Charles, 12156 N. Meridian St.  
 CONTACT: Bridget Sims  
[blsims@ioa.org](mailto:blsims@ioa.org); 317-237-3560  
[www.ioa.org](http://www.ioa.org)

**Feb. 10-14, Timonium, MD**  
**VT/Learning Related Visual Problems**

HOST: OEP Foundation  
 KEY FACULTY: John Abbondanza  
 CE HOURS: 35  
 LOCATION: OEP National Education Center, 2300 York Rd.  
 CONTACT: Karen Ruder  
[karen.ruder@oep.org](mailto:karen.ruder@oep.org); 410-561-3791  
[www.oepf.org/oepf\\_calendar](http://www.oepf.org/oepf_calendar)  
 AM BV VT

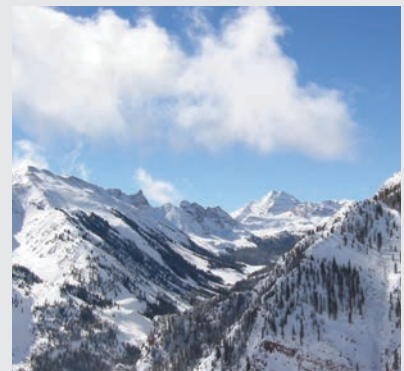


Hit the books—and then hit the slopes—during SkiVision, one of the most unique experiences in optometric CE. SkiVision provides COPE-approved education in a relaxed, informal setting. “You can be in a CE session in the morning and then, an hour later, be on the slopes with the faculty,” says Murray Fingeret, OD, a mainstay of the educational faculty for over 20 years.

That interplay of education and recreation creates camaraderie among attendees and educators, and has fostered longstanding connections, Dr. Fingeret points out. “It’s amazing how many people make it a part of their lives, year in and year out,” he says. “Some doctors have been with us for 20 years. We’ve literally watched their kids grow up.”

SkiVision, the longest running ‘ski-and-CE’ meeting in eye care, will hold its 2016 meeting Feb. 12-16 at the Westin Snowmass Resort in Snowmass Village, CO. The timing of the meeting over a three-day holiday weekend for Presidents’ Day allows attendees to bring children without an absence from school.

Optometrists can earn up to 20 hours of CE credits on clinically relevant topics in glaucoma, dry eye, external disease and retina. Early morning and late afternoon education blocks allow ample time for midday skiing.



Founded in the 1980s by optometrist Robert Gold of Albany, NY, SkiVision will once again boast the input and expertise of Dr. Fingeret and his program cochair Leo Semes, OD. Other high-profile faculty slated for the 2016 meeting include: John Flanagan, OD, dean at UC Berkeley School of Optometry; Ian Ben Gaddie, OD; Jack Schaeffer, OD; Jay Haynie, OD; and Kathy Dumbleton, MSc, MCOptom, PhD. The CE program will provide a diverse mix of clinically relevant education on glaucoma, dry eye, external disease and retina.

SkiVision recently joined *Review of Optometry’s* Meetings Division.

For more information or to register, please contact Lois DiDomenico at [reviewmeetings@jobson.com](mailto:reviewmeetings@jobson.com). Additional information is available at [www.skivision.com](http://www.skivision.com) and [www.reviewofoptometry.com](http://www.reviewofoptometry.com).

**Feb. 12-14, Kansas City, MO**  
**Heart of America Contact Lens Society**

HOST: HOACLS  
 KEY FACULTY: Paul Ajamian, Michael Chaglasian, Joseph Sowka, Valerie Kattouf, Jeffrey Gerson  
 CE HOURS: Total: 77, max. per OD: 15  
 LOCATION: Sheraton Crown Center, 2345 McGee St.  
 CONTACT: Ron Fiegel  
[registration2@thehoaccls.org](mailto:registration2@thehoaccls.org)  
[www.hoaccls.org](http://www.hoaccls.org)

AL AM BV CM CL CD CS CT DB DE EL  
 GL LT NO NT IN PE PH PM RE SV SD  
 TE UV VT

**Feb. 12-16, Snowmass, CO**  
**SkiVision 2016 Annual Winter Ophthalmic Conference**

HOST: *Review of Optometry*  
 KEY FACULTY: Murray Fingeret, Leo Semes, John Flanagan, Ben Gaddie, Jack Schaeffer, Jay Haynie, Kathy Dumbleton  
 CE HOURS: 20  
 LOCATION: Westin Snowmass Resort, 100 Elbert Lane  
 CONTACT: Lois DiDomenico  
[reviewmeetings@jobson.com](mailto:reviewmeetings@jobson.com)  
 866-730-9257  
[www.skivision.com](http://www.skivision.com)  
 DE EL GL RE SV



**FEB. 12-14, KANSAS CITY, MO**

### 55 Years of CE in the Heartland

Midwestern optometrists have flocked to the Heart of America Contact Lens Society (HOACLs) annual congress for over five decades to learn about the latest techniques and products in contact lens care. The society will be hosting its 55th meeting in Kansas City, MO, Feb. 12-14. For 2016, a total of 77 CE hours will be offered. Optometrists can earn a maximum of 15 CE hours during the meeting.

While contact lens education remains a core part of the curriculum, medical topics are also expected to figure prominently. One stand-out presentation on deck will be a panel discussion, "Advancements in Glaucoma Detection, Treatment, and Research," by Paul Ajamian, OD, Michael Chaglasian, OD, and Joseph Sowka, OD. "This course will set the stage for three days of premier scientific and practice management lectures from some of the pre-eminent leaders in optometric continuing education," says HOACLs president William Hefner, OD, MEd.

In addition to its lineup of clinical education, HOACLs will offer the largest exhibit hall in the Midwest, with vendors representing the latest products and technologies available in the ophthalmic market.

As in previous years, HOACLs will shine a spotlight on the work of optometric students and residents, with the fourth annual scientific poster session. More than \$10,000 in awards will be presented to the very best and brightest students from optometry schools and colleges.

The Sheraton Crown Center will provide the venue again this year for the congress; it is centrally located near activities and destinations, including outdoor ice skating, Union Station, the World War I Museum and shopping at Crown Center.

For more information or to register, e-mail [registration2@thehoaclcs.org](mailto:registration2@thehoaclcs.org) or go to [www.hoaclcs.org](http://www.hoaclcs.org).

#### **Feb. 13, Lafayette, LA** **OAL Mid-Winter CE Conference**

HOST: Optometry Association of Louisiana  
CE HOURS: 8  
LOCATION: DoubleTree Hotel, 1521 W. Pinhook Rd.  
CONTACT: Jim Sandefur  
[optla@bellsouth.net](mailto:optla@bellsouth.net); 318-613-1392  
[www.optla.org](http://www.optla.org)

#### **Feb. 13-20, Western Caribbean Cruise (departs Fort Lauderdale) Innovations in Eye Care**

HOST: Dr. Travel Seminars  
KEY FACULTY: Robert Wooldridge  
CE HOURS: 16  
LOCATION: departs Ft. Lauderdale  
CONTACT: Robert Pascal  
[drtravel@aol.com](mailto:drtravel@aol.com); 800-436-1028  
[www.drtravel.com](http://www.drtravel.com)

**GL NO IN RE TE**

#### **Feb. 13-20, Playa Del Carmen, Mexico** **Tropical CE - Riviera Maya 2016**

HOST: Tropical CE  
KEY FACULTY: Diana Shechtman, William Miller  
CE HOURS: 20  
LOCATION: Secret's Maroma Beach, Carretera Federal 307  
CONTACT: Stuart Autry  
[sautry@tropicalce.com](mailto:sautry@tropicalce.com)  
281-808-5763  
[www.tropicalce.com](http://www.tropicalce.com)

**AL CL DE NT PH RE UV**

#### **Feb. 14, Bloomington/Normal, IL** **Illinois OA Winter CE Series**

HOST: Illinois Optometric Assn.  
KEY FACULTY: Michael Chaglasian  
CE HOURS: 6 regular or TQ  
LOCATION: Marriott Bloomington-Normal Convention Center, 201 N. Broadway Ave.  
CONTACT: Charlene Marsh  
[ioabb@ioaweb.org](mailto:ioabb@ioaweb.org); 217-525-8012  
[www.ioaweb.org](http://www.ioaweb.org)

**GL**

#### **Feb. 14-24, Barcelona** **AEA Cruises Canary Islands Optometric Cruise Seminar**

HOST: AEA Cruises  
CE HOURS: 10  
LOCATION: Aboard NCL Epic  
CONTACT: Marge McGrath  
[aeacruises@aol.com](mailto:aeacruises@aol.com); 888-638-6009  
[www.optometriccruiseseminars.com](http://www.optometriccruiseseminars.com)

#### **Feb. 19-21, Palm Beach, FL** **Palm Beach Winter Seminar**

HOST: Palm Beach County OA  
CE HOURS: 20+

LOCATION: Hilton West Palm Beach, 650 Okeechobee Blvd.  
CONTACT: Palm Beach County OA  
[pbwinterseminar@gmail.com](mailto:pbwinterseminar@gmail.com)  
[www.pbcoa.org](http://www.pbcoa.org)

#### **Feb. 20-27, Miami** **AEA Cruises Eastern Caribbean Optometric Cruise Seminar**

HOST: AEA Cruises  
KEY FACULTY: Charles W. Ficco  
CE HOURS: 10  
LOCATION: Aboard NCL Escape  
CONTACT: Marge McGrath  
[aeacruises@aol.com](mailto:aeacruises@aol.com); 888-638-6009  
[www.optometriccruiseseminars.com](http://www.optometriccruiseseminars.com)

**CD CT DE UV**

#### **Feb. 21, Chicago** **ICO Winter CE Program**

HOST: Illinois College of Optometry  
CE HOURS: 6  
LOCATION: Illinois College of Optometry, 3241 S. Michigan Ave.  
CONTACT: Elizabeth Grantner  
[continuinged@ico.edu](mailto:continuinged@ico.edu); 312-949-7426  
[www.ico.edu/alumni/continuing-education](http://www.ico.edu/alumni/continuing-education)

**CL CD DE IN RE SD**

#### **Feb. 21, Fullerton, CA** **Glaucoma Pearls**

HOST: Marshall B. Ketchum University  
KEY FACULTY: George Comer  
CE HOURS: 8  
LOCATION: Marshall B. Ketchum University, 2575 Yorba Linda Blvd.  
CONTACT: Antoinette Smith  
[ce@ketchum.edu](mailto:ce@ketchum.edu); 714-449-7495  
[www.ketchum.edu/index.php/ce](http://www.ketchum.edu/index.php/ce)

**GL**

#### **Feb. 22-23, Atlanta** **AFOS/SECO 2016 (SECO's Federal Service Optometry Program)**

HOST: Armed Forces Optometric Society & SECO  
KEY FACULTY: Federal Service Chiefs (Army, Navy, Air Force, VA and IHS) and leading optometric educators  
CE HOURS: 58  
LOCATION: The Ritz Carlton & Georgia World Conference Center, 181 Peachtree Street NE  
CONTACT: Lindsay Wright  
[execdir@afos2020.org](mailto:execdir@afos2020.org); 720-442-8209  
[www.afos2020.org](http://www.afos2020.org)

**CD GL NO IN PH RE RS TE UV**

#### **Feb. 24-28, Atlanta** **SECO 2016**

HOST: SECO International  
KEY FACULTY: John Berdahl, Donald Hood, Leonard Messner, Christine Master, Whitney Hauser, Kim Reed

# UNCOVER

A POTENTIAL SYSTEMIC  
CAUSE OF DRY EYE  
BEFORE IT TAKES HOLD

Sjö®

Diagnostic test for early detection of Sjögren's syndrome in patients with dry eye

*For more information about the Sjö® Diagnostic Test, please call or email Bausch + Lomb Support Services at 855-696-4269 or [support@bldiagnostics.com](mailto:support@bldiagnostics.com).*

**BAUSCH + LOMB**

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CE HOURS: Total: 175, max. per OD: 35  
 LOCATION: Georgia World Congress Center, 285 Andrew Young International Blvd. NW  
 CONTACT: Elizabeth Taylor DeMayo  
[etaylor@secostaff.com](mailto:etaylor@secostaff.com); 770-451-8206  
[www.seco2016.com](http://www.seco2016.com)

AL AM BV CM CL CD CS CT DB DE EL  
 GL LT NO NT IN DS PE PH PM RE SV  
 SD TE UV

**Feb. 25-27, Big Sky, MT**

**MOA Winter Educational Symposium**

HOST: Montana Optometric Assn.  
 KEY FACULTY: Andrew Morgenstern, Maynard Pohl  
 CE HOURS: 13  
 LOCATION: Huntley Lodge, 3720 N Reserve St.  
 CONTACT: Sue Weingartner  
[sweingartner@rmsmanagement.com](mailto:sweingartner@rmsmanagement.com)  
 406-443-1160  
[www.mteyes.com](http://www.mteyes.com)  
 CD CT PH RE SD TE

**Feb. 25-27, Portland, OR**

**Third Party/Practice Mgmt. Seminar**

HOST: Oregon Optometric Physicians Association  
 KEY FACULTY: John McGreal, Elizabeth Cottle, Steve Farebrother, Ronald Guerra, Shelly Sneed  
 CE HOURS: Total: 15, max. per OD: 13  
 LOCATION: Embassy Suites, Portland Airport, 7900 NE 92nd Ave.  
 CONTACT: Lynne Olson; 800-922-2045  
[lynne@oregonoptometry.org](mailto:lynne@oregonoptometry.org)  
[www.oregonoptometry.org](http://www.oregonoptometry.org)  
 PM

**Feb. 27-28, Timonium, MD**

**Neuro-Motor Maturity, Optimizing Vision Therapy Through Testing and Integration of Reflexes**

HOST: OEP Foundation  
 KEY FACULTY: Patti Andrich, Alex Andrich  
 LOCATION: OEP National Education Center, 2300 York Rd.  
 CONTACT: Karen Ruder  
[karen.ruder@oep.org](mailto:karen.ruder@oep.org); 410-561-3791  
[www.oepf.org/oepf\\_calendar](http://www.oepf.org/oepf_calendar)  
 NO VT

**Feb 28, Newport Beach, CA**

**OptoWest South, Newport Beach**

HOST: California Optometric Assn.  
 KEY FACULTY: Leo Semes, Todd Severin, Tami Hagemeyer  
 CE HOURS: Total: 12, maximum per OD: 6 (and 6 staff)  
 LOCATION: Newport Beach Marriott Hotel, 900 Newport Center Drive  
 CONTACT: Sarah Harbin  
[sharbin@coavision.org](mailto:sharbin@coavision.org); 916-266-5022



**SECO 2016: See the Big Picture**

**W**ant to step away from the daily grind and get the education you need to meet new challenges head on? Then plan to attend SECO's 2016 congress from Feb. 24-28 in Atlanta. This year's meeting will offer nearly 400 courses and a total of 173 CE credit hours, with a maximum of 35 CE credits available for ODs.

"SECO is the best continuing education opportunity in optometry because it is created by the profession, for the profession," says optometrist Stan Dickerson, president of SECO International. "Our program spans the breadth of optometric practice, from the latest research to hands-on learning labs to practice management challenges we all face. We are committed to delivering quality education that will take optometrists and optometric staff to the next level."

Adds OD education program committee chair Paul Ajamian, "SECO is the go-to meeting for doctors who want the tools to tackle the challenges of today's health care environment. Our unique special sessions this year feature one of eye care's brightest young minds, John Berdahl, MD, who will talk about eye care advances on this planet and beyond."

Here are some highlights you won't want to miss:

- **"The Sky's the Limit—Or is It?!"** This session will question the underlying assumptions about glaucoma, propose new mechanisms and introduce new treatment options to help patients on earth... and perhaps even beyond. In this exclusive SECO session, Dr. Berdahl will update the audience on many new innovations in eye care, what is making news at the ASCRS meetings and special insights into his research with NASA.

- **"A Fresh Look at Fields and OCTs."** Nationally respected expert Don Hood, PhD, will increase your understanding of glaucomatous damage and how to measure it using OCT and adaptive optics. You'll see the nature of glaucomatous damage



through both visual field and imaging results, and will also learn methods to improve detection.

- **Pre- and Post-op Cataract Surgery.** During this new learning lab in the exhibit hall, attendees can interact live with patients who have undergone bladeless cataract surgery, at one-day, one-week and one-month pre/post cataract care.

- **Amniotic Membranes Learning Lab.** This two-hour wet lab will give the clinician hands-on experience in placing amniotic membranes. Indications for clinical use and proper coding and billing will also be discussed. Presenters are Doug Devries, OD, and David Kading, OD.

- **Make It Your Business.** This practice management track features seven courses with 11 hours of team-centered learning that SECO says will enhance the efficiency, productivity and profitability of any eye care office. Technology in optometry takes center stage with this new track, which features three innovative technology courses: (1) Patient Portals, (2) EHR—Changing the Workflow Paradigm and (3) Integrating Instruments into EMR.

- **"Beyond Ebola and HIV Update."** You won't want to miss this course with infectious disease expert Robert Kalayjian, MD.

- **Optometry's Marketplace.** Extend your learning to the exhibit hall

(plus earn some free CE) with SECO's Presentation Theater courses.

• **Social Events.** The SECO Optometric Staff Party welcomes opticians, paraoptometric, techs, business managers and more. The Next Party is for students, residents and new ODs. Celebrate SECO's last full day with the SEE-U Saturday Party, a circus-themed evening with something for everyone, including cotton candy, face painting, a lip-sync battle plus a performance by Georgia natives Collective Soul.

For more information or to register, go to [www.seco2016.com](http://www.seco2016.com).

[www.coavision.org](http://www.coavision.org)

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**Feb. 28, Tinley Park, IL  
Illinois OA Winter CE Series**

HOST: Illinois Optometric Association  
KEY FACULTY: John McGreal  
CE HOURS: 6 regular or TQ  
LOCATION: Tinley Park Convention Center, 18451 Convention Center Drive  
CONTACT: Charlene Marsh  
[ioabb@ioaweb.org](mailto:ioabb@ioaweb.org); 217-525-8012  
[www.ioaweb.org](http://www.ioaweb.org)

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**Atlanta Attractions**

- **The Georgia Aquarium**, home to 100,000 animals of 500 species. [www.georgiaaquarium.org](http://www.georgiaaquarium.org)
- **The World of Coca-Cola** tells the famous soft drink's story through exhibits and classic ads. [www.worldofcoca-cola.com](http://www.worldofcoca-cola.com)
- **Centennial Olympic Park** offers concerts, festivals, seasonal activities, a playground and the Fountain of Rings. [www.centennialpark.com](http://www.centennialpark.com)
- **The CNN Center.** Guided tours let visitors sit at a news anchor's desk and go behind the scenes. [www.cnn.com/tour](http://www.cnn.com/tour)

**Feb 28-Mar. 4, Park City, UT  
Eye Ski Conference, 30th Annual**

HOST: Timothy Kime and James Fanelli  
KEY FACULTY: Joe Pizzimenti, Alan Berman, Leonard Messner, James Fanelli  
CE HOURS: 20  
LOCATION: The Lodge at Mountain Village, 1415 Lowell Ave.  
CONTACT: Timothy Kime  
[tandbkime@bex.net](mailto:tandbkime@bex.net); 419-475-6181  
[www.eyeskiutah.com](http://www.eyeskiutah.com)

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• **The Midtown Arts District** houses 12,000 works in the High Museum of Art ([www.high.org](http://www.high.org)). Just across the street, **Museum of Design Atlanta** ([www.museumofdesign.org](http://www.museumofdesign.org)) presents unique urban exhibitions.

• **Piedmont Park** ([www.piedmontpark.org](http://www.piedmontpark.org)) encompasses more than 180 acres of lush lawns.

• At the **Atlanta Botanical Garden** (<http://atlantabg.org>), you can wander through the treetops on a 40-foot-high suspension walkway.

• **Fox Theatre** (<https://foxtheatre.org>) offers live performances, including concerts, Broadway and ballet.

**Feb. 28-29, Atlanta  
COVID Applied Concepts Course  
at SECO 2016**

HOST: College of Optometrists in Vision Development  
KEY FACULTY: Carl Hillier  
CE HOURS: 13  
LOCATION: Omni Hotel at the CNN Center, 100 CNN Center NW  
CONTACT: Penny Melkerson-Kirby  
[penny@covd.org](mailto:penny@covd.org)  
330-995-0718  
[www.covd.org](http://www.covd.org)

BV CM PM VT



**THE 2016 SECO SHOW DAILY!**

The SECO conference, one of the premier educational events of the year, will take place February 24-28, 2016 — and *Review of Optometry* will be there!

*Review's* on-site editorial staff will provide live daily coverage of important show news and events, educational highlights, product launches and more.

Attendees on-site can pick up the SECO Daily each morning for the latest news and highlights. Those at home can stay in touch, too—a digital edition of the SECO Daily will be posted online, plus an e-newsletter will be sent out each morning with the day's top stories.



Show copies will also be available at Review of Optometry booth #607.



★ ★ ★ THE MAIN EVENT ★ ★ ★

**ZYLET<sup>®</sup>**

"A ONE-TWO COMBO"

**VS**

**BLEPHARITIS**

**HELP PUT RELIEF  
IN YOUR CORNER**

### **INDICATIONS AND USAGE**

ZYLET<sup>®</sup> (loteprednol etabonate 0.5% and tobramycin 0.3% ophthalmic suspension) is a topical anti-infective and corticosteroid combination for steroid-responsive inflammatory ocular conditions for which a corticosteroid is indicated and where superficial bacterial ocular infection or a risk of bacterial ocular infection exists.

**Please see additional Indications and Usage information on adjacent page, including list of indicated organisms.**



## INDICATIONS AND USAGE (continued)

Ocular steroids are indicated in inflammatory conditions of the palpebral and bulbar conjunctiva, cornea and anterior segment of the globe such as allergic conjunctivitis, acne rosacea, superficial punctate keratitis, herpes zoster keratitis, iritis, cyclitis, and where the inherent risk of steroid use in certain infective conjunctivides is accepted to obtain a diminution in edema and inflammation. They are also indicated in chronic anterior uveitis and corneal injury from chemical, radiation or thermal burns, or penetration of foreign bodies.

The use of a combination drug with an anti-infective component is indicated where the risk of superficial ocular infection is high or where there is an expectation that potentially dangerous numbers of bacteria will be present in the eye.

The particular anti-infective drug in this product (tobramycin) is active against the following common bacterial eye pathogens: *Staphylococci*, including *S. aureus* and *S. epidermidis* (coagulase-positive and coagulase-negative), including penicillin-resistant strains. *Streptococci*, including some of the Group A-beta-hemolytic species, some nonhemolytic species, and some *Streptococcus pneumoniae*, *Pseudomonas aeruginosa*, *Escherichia coli*, *Klebsiella pneumoniae*, *Enterobacter aerogenes*, *Proteus mirabilis*, *Morganella morganii*, most *Proteus vulgaris* strains, *Haemophilus influenzae*, and *H. aegyptius*, *Moraxella lacunata*, *Acinetobacter calcoaceticus* and some *Neisseria* species.

## IMPORTANT SAFETY INFORMATION

- ZYLET® is contraindicated in most viral diseases of the cornea and conjunctiva including epithelial herpes simplex keratitis (dendritic keratitis), vaccinia, and varicella, and also in mycobacterial infection of the eye and fungal diseases of ocular structures.
- Prolonged use of corticosteroids may result in glaucoma with damage to the optic nerve, defects in visual acuity and fields of vision. Steroids should be used with caution in the presence of glaucoma. If this product is used for 10 days or longer, intraocular pressure should be monitored.
- Use of corticosteroids may result in posterior subcapsular cataract formation.
- The use of steroids after cataract surgery may delay healing and increase the incidence of bleb formation. In those diseases causing thinning of the cornea or sclera, perforations have been known to occur with the use of topical steroids. The initial prescription and renewal of the medication order should be made by a physician only after examination of the patient with the aid of magnification such as a slit lamp biomicroscopy and, where appropriate, fluorescein staining.
- Prolonged use of corticosteroids may suppress the host response and thus increase the hazard of secondary ocular infections. In acute purulent conditions, steroids may mask infection or enhance existing infections. If signs and symptoms fail to improve after 2 days, the patient should be re-evaluated.
- Employment of corticosteroid medication in the treatment of patients with a history of herpes simplex requires great caution. Use of ocular steroids may prolong the course and exacerbate the severity of many viral infections of the eye (including herpes simplex).
- Fungal infections of the cornea are particularly prone to develop coincidentally with long-term local steroid application. Fungus invasion must be considered in any persistent corneal ulceration where a steroid has been used or is in use.
- Most common adverse reactions reported in patients were injection and superficial punctate keratitis, increased intraocular pressure, burning and stinging upon instillation.

Please see Brief Summary of Prescribing Information on the following page.

With a one-two combo in  
the treatment of blepharitis  
and other steroid-responsive  
ocular conditions with the  
risk of bacterial infection,  
**PRESCRIBE ZYLET® TODAY.**

**BAUSCH + LOMB**

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**Zylet®**  
loteprednol etabonate  
0.5% and tobramycin 0.3%  
ophthalmic suspension



## BRIEF SUMMARY OF PRESCRIBING INFORMATION

This Brief Summary does not include all the information needed to use Zylet safely and effectively. See full prescribing information for Zylet.

**Zylet®** (loteprednol etabonate 0.5% and tobramycin 0.3% ophthalmic suspension)  
Initial U.S. Approval: 2004

## DOSE AND ADMINISTRATION

### 2.1 Recommended Dosing

Apply one or two drops of Zylet into the conjunctival sac of the affected eye every four to six hours. During the initial 24 to 48 hours, the dosing may be increased, to every one to two hours. Frequency should be decreased gradually as warranted by improvement in clinical signs. Care should be taken not to discontinue therapy prematurely.

### 2.2 Prescription Guideline

Not more than 20 mL should be prescribed initially and the prescription should not be refilled without further evaluation [see *Warnings and Precautions* (5.3)].

## CONTRAINDICATIONS

### 4.1 Nonbacterial Etiology

Zylet, as with other steroid anti-infective ophthalmic combination drugs, is contraindicated in most viral diseases of the cornea and conjunctiva including epithelial herpes simplex keratitis (dendritic keratitis), vaccinia, and varicella, and also in mycobacterial infection of the eye and fungal diseases of ocular structures.

## WARNINGS AND PRECAUTIONS

### 5.1 Intraocular Pressure (IOP) Increase

Prolonged use of corticosteroids may result in glaucoma with damage to the optic nerve, defects in visual acuity and fields of vision. Steroids should be used with caution in the presence of glaucoma.

If this product is used for 10 days or longer, intraocular pressure should be monitored.

### 5.2 Cataracts

Use of corticosteroids may result in posterior subcapsular cataract formation.

### 5.3 Delayed Healing

The use of steroids after cataract surgery may delay healing and increase the incidence of bleb formation. In those diseases causing thinning of the cornea or sclera, perforations have been known to occur with the use of topical steroids. The initial prescription and renewal of the medication order should be made by a physician only after examination of the patient with the aid of magnification such as a slit lamp biomicroscopy and, where appropriate, fluorescein staining.

### 5.4 Bacterial Infections

Prolonged use of corticosteroids may suppress the host response and thus increase the hazard of secondary ocular infections. In acute purulent conditions of the eye, steroids may mask infection or enhance existing infection. If signs and symptoms fail to improve after 2 days, the patient should be re-evaluated.

### 5.5 Viral Infections

Employment of a corticosteroid medication in the treatment of patients with a history of herpes simplex requires great caution. Use of ocular steroids may prolong the course and may exacerbate the severity of many viral infections of the eye (including herpes simplex).

### 5.6 Fungal Infections

Fungal infections of the cornea are particularly prone to develop coincidentally with long-term local steroid application. Fungus invasion must be considered in any persistent corneal ulceration where a steroid has been used or is in use. Fungal cultures should be taken when appropriate.

### 5.7 Aminoglycoside Hypersensitivity

Sensitivity to topically applied aminoglycosides may occur in some patients. If hypersensitivity develops with this product, discontinue use and institute appropriate therapy.

## ADVERSE REACTIONS

Adverse reactions have occurred with steroid/anti-infective combination drugs which can be attributed to the steroid component, the anti-infective component, or the combination.

### Zylet:

In a 42 day safety study comparing Zylet to placebo, ocular adverse reactions included injection (approximately 20%) and superficial punctate keratitis (approximately 15%). Increased intraocular pressure was reported in 10% (Zylet) and 4% (placebo) of subjects. Nine percent (9%) of Zylet subjects reported burning and stinging upon instillation.

Ocular reactions reported with an incidence less than 4% include vision disorders, discharge, itching, lacrimation disorder, photophobia, corneal deposits, ocular discomfort, eyelid disorder, and other unspecified eye disorders.

The incidence of non-ocular reactions reported in approximately 14% of subjects was headache; all other non-ocular reactions had an incidence of less than 5%.

### Loteprednol etabonate ophthalmic suspension 0.2% - 0.5%:

Reactions associated with ophthalmic steroids include elevated intraocular pressure, which may be associated with infrequent optic nerve damage, visual acuity and field defects, posterior subcapsular cataract formation, delayed wound healing and secondary ocular infection from pathogens including herpes simplex, and perforation of the globe where there is thinning of the cornea or sclera.

In a summation of controlled, randomized studies of individuals treated for 28 days or longer with loteprednol etabonate, the incidence of significant elevation of intraocular pressure ( $\geq 10$  mm Hg) was 2% (15/901) among patients receiving loteprednol etabonate, 7% (11/164) among patients receiving 1% prednisolone acetate and 0.5% (3/583) among patients receiving placebo.

### Tobramycin ophthalmic solution 0.3%:

The most frequent adverse reactions to topical tobramycin are hypersensitivity and localized ocular toxicity, including lid itching and swelling and conjunctival erythema. These reactions occur in less than 4% of patients. Similar reactions may occur with the topical use of other aminoglycoside antibiotics.

### Secondary Infection:

The development of secondary infection has occurred after use of combinations containing steroids and antimicrobials. Fungal infections of the cornea are particularly prone to develop coincidentally with long-term applications of steroids.

The possibility of fungal invasion must be considered in any persistent corneal ulceration where steroid treatment has been used.

Secondary bacterial ocular infection following suppression of host responses also occurs.

## USE IN SPECIFIC POPULATIONS

### 8.1 Pregnancy

Teratogenic effects: Pregnancy Category C. Loteprednol etabonate has been shown to be embryotoxic (delayed ossification) and teratogenic (increased incidence of meningocele, abnormal left common carotid artery, and limb fixtures) when administered orally to rabbits during organogenesis at a dose of 3 mg/kg/day (35 times the maximum daily clinical dose), a dose which caused no maternal toxicity. The no-observed-effect-level (NOEL) for these effects was 0.5 mg/kg/day (6 times the maximum daily clinical dose). Oral treatment of rats during organogenesis resulted in teratogenicity (absent innominate artery at  $\geq 5$  mg/kg/day doses, and cleft palate and umbilical hernia at  $\geq 50$  mg/kg/day) and embryotoxicity (increased post-implantation losses at 100 mg/kg/day and decreased fetal body weight and skeletal ossification with  $\geq 50$  mg/kg/day). Treatment of rats at 0.5 mg/kg/day (6 times the maximum daily clinical dose) during organogenesis did not result in any reproductive toxicity. Loteprednol etabonate was maternally toxic (significantly reduced body weight gain during treatment) when administered to pregnant rats during organogenesis at doses of  $\geq 5$  mg/kg/day.

Oral exposure of female rats to 50 mg/kg/day of loteprednol etabonate from the start of the fetal period through the end of lactation, a maternally toxic treatment regimen (significantly decreased body weight gain), gave rise to decreased growth and survival and retarded development in the offspring during lactation; the NOEL for these effects was 5 mg/kg/day. Loteprednol etabonate had no effect on the duration of gestation or parturition when administered orally to pregnant rats at doses up to 50 mg/kg/day during the fetal period.

Reproductive studies have been performed in rats and rabbits with tobramycin at doses up to 100 mg/kg/day parenterally and have revealed no evidence of impaired fertility or harm to the fetus. There are no adequate and well controlled studies in pregnant women. Zylet should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

### 8.3 Nursing Mothers

It is not known whether topical ophthalmic administration of corticosteroids could result in sufficient systemic absorption to produce detectable quantities in human milk. Systemic steroids that appear in human milk could suppress growth, interfere with endogenous corticosteroid production, or cause other untoward effects. Caution should be exercised when Zylet is administered to a nursing woman.

### 8.4 Pediatric Use

Two trials were conducted to evaluate the safety and efficacy of Zylet® (loteprednol etabonate and tobramycin ophthalmic suspension) in pediatric subjects age zero to six years; one was in subjects with lid inflammation and the other was in subjects with blepharoconjunctivitis.

In the lid inflammation trial, Zylet with warm compresses did not demonstrate efficacy compared to vehicle with warm compresses. Patients received warm compress lid treatment plus Zylet or vehicle for 14 days. The majority of patients in both treatment groups showed reduced lid inflammation.

In the blepharoconjunctivitis trial, Zylet did not demonstrate efficacy compared to vehicle, loteprednol etabonate ophthalmic suspension, or tobramycin ophthalmic solution. There was no difference between treatment groups in mean change from baseline blepharoconjunctivitis score at Day 15.

There were no differences in safety assessments between the treatment groups in either trial.

### 8.5 Geriatric Use

No overall differences in safety and effectiveness have been observed between elderly and younger patients.

## NONCLINICAL TOXICOLOGY

### 13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

Long-term animal studies have not been conducted to evaluate the carcinogenic potential of loteprednol etabonate or tobramycin.

Loteprednol etabonate was not genotoxic *in vitro* in the Ames test, the mouse lymphoma TK assay, a chromosome aberration test in human lymphocytes, or in an *in vivo* mouse micronucleus assay.

Oral treatment of male and female rats at 50 mg/kg/day and 25 mg/kg/day of loteprednol etabonate, respectively, (500 and 250 times the maximum clinical dose, respectively) prior to and during mating did not impair fertility in either gender. No impairment of fertility was noted in studies of subcutaneous tobramycin in rats at 100 mg/kg/day (1700 times the maximum daily clinical dose).

## PATIENT COUNSELING INFORMATION

This product is sterile when packaged. Patients should be advised not to allow the dropper tip to touch any surface, as this may contaminate the suspension. If pain develops, redness, itching or inflammation becomes aggravated, the patient should be advised to consult a physician. As with all ophthalmic preparations containing benzalkonium chloride, patients should be advised not to wear soft contact lenses when using Zylet.

## MANUFACTURER INFORMATION

BAUSCH & LOMB INCORPORATED

TAMPA, FLORIDA 33637 USA

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# March

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5
Eye Ski Conference (begins Feb. 28)						AZ-AAO Annual Spring Meeting 2016
				OEP Foundation VT/Vision Dysfunctions		
					Tropical CE - Tahiti 2016	Borish Symposium
6	7	8	9	10	11	12
Tropical CE - Tahiti 2016						
VT/Vision Dysfunctions					ICO Resident Grand Rounds	OEP Strabismus and Amblyopia
Borish Symposium						Ocular Disease: Part I
13	14	15	16	17	18	19
NCC/BCLA Research Symposium				PSS Symposium on Ocular Disease		
OEP Strabismus and Amblyopia				OEP VT/Strabismus and Amblyopia		
Ocular Disease: Part II				UAB Primary Eye Care Update		
ICO Winter/Spring CE Program				OSU Binocular Vision and Pediatrics Forum		
20	21	22	23	24	25	26
PSS Symposium on Ocular Disease						
OEP VT/Strabismus and Amblyopia		NC Eastern District Clinical Grand Rounds				
UAB Primary Eye Care Update						
NECO Cornea Symposium						
27	28	29	30	31		
				OEP Foundation Art + Science of Optometric Care (ends Apr. 4)		

**Mar. 3-7, Burlington, Ontario, Canada**

**VT/Visual Dysfunctions**

HOST: OEP Foundation

KEY FACULTY: Steen Aalberg

CE HOURS: 35

LOCATION: 2080 Appleby Line Ste. E6

CONTACT: Karen Ruder

[karen.ruder@oepf.org](mailto:karen.ruder@oepf.org)

410-561-3791

[www.oepf.org/oepf\\_calendar](http://www.oepf.org/oepf_calendar)

AM BV VT

**Mar. 4-12, Mo'orea and Bora Bora,**

**French Polynesia**

**Tropical CE - Tahiti 2016**

HOST: Tropical CE

KEY FACULTY: Paul Ajamian, Maynard Pohl

Pohl

EDUCATION TOPICS			
AL Allergy	CS Corneal surgery	NO Neuro-ophthalmics	RE Retinal disorders
AM Amblyopia	CT Cataract surgery	NT Nutrition & the eye	RS Refractive surgery
BV Binocular vision	DB Diabetes	IN Ocular infections	SV Sports vision
CM Comanagement	DE Dry eye	DS Optical dispensing	SD Systemic disease
CL Contact lenses	EL Eyelids/adnexa	PE Pediatric eye care	TE Technology
CD Cornea/conjunctiva	GL Glaucoma	PH Pharmacology	UV Uveitis
	LT Laboratory testing	PM Practice mgmt.	VT Vision therapy





MARCH 13-14, NETHERLANDS

## Go Dutch! Charge Up Your CE in the Netherlands

Optometric CE is no longer just a domestic venture. The Netherlands Contact Lens Congress (NCC) and the British Contact Lens Association (BCLA) will cohost a research symposium themed “Get in Charge,” as part of NCC 2016 in Veldhoven, the Netherlands, from March 13-14.



The symposium is designed to maintain the high reputation developed by the BCLA for showcasing world-class, clinically relevant research, and nurturing new researchers and young academics. All abstracts will continue to be published in *Contact Lens and Anterior Eye* (CLAE).

“The NCC has grown to become a respected congress within the contact lens community, and provides an ideal opportunity to hear about new research,” says James Wolffsohn, professor at Aston University and BCLA academic chair. “Our younger researchers are carrying out interesting studies in this field, and the BCLA-sponsored symposium will allow them the opportunity to share their findings with the wider community.”

Cheryl Donnelly, CEO of BCLA, says, “With the BCLA conference becoming a biennial event, the NCC 2016 will provide an opportunity for researchers to publish the results of new studies, providing continuity in a non-conference year. As the world of contact lenses continues to evolve, the publication of new research allows practitioners to keep abreast of the latest thinking in this area.”

The NCC was founded in 2006 and has grown to become the largest contact lens conference on the mainland of Europe. The NCC attracts more than 1,500 contact lens practitioners and optometrists during each meeting. Although the vast majority of the attendees are from Dutch-speaking countries, NCC is internationally well represented, and 90% of the lectures are presented in English by leading experts from around the world.

For information and registration, go to [bcla.org.uk](http://bcla.org.uk) or [ncc2016.com](http://ncc2016.com).

CE HOURS: 20

LOCATION: Sofitel Mo'orea Resort and InterContinental Bora Bora Resort and Spa, BP 28

CONTACT: Stuart Autry

[sautry@tropicalce.com](mailto:sautry@tropicalce.com)

281-808-5763

[www.tropicalce.com](http://www.tropicalce.com)

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### Mar. 5, Glendale, AZ AZ-AAO Chapter Annual Spring Meeting 2016

HOST: American Academy of Optometry Arizona Chapter

CE HOURS: 6

LOCATION: Midwestern University Arizona College of Optometry,

19555 N. 59th Ave.

CONTACT: Carla Engelke

[arizona.aaopt@gmail.com](mailto:arizona.aaopt@gmail.com)

[www.aaopt.org/azchapter](http://www.aaopt.org/azchapter)

### Mar. 5-6, Bloomington, IN Borish Symposium

HOST: IU School of Optometry

CE HOURS: 16

CONTACT: Cheryl Oldfield

[coldfiel@indiana.edu](mailto:coldfiel@indiana.edu)

812-856-3502

[www.opt.indiana.edu/ce/seminars.htm](http://www.opt.indiana.edu/ce/seminars.htm)

### Mar. 11, Chicago ICO Resident Grand Rounds

HOST: Illinois College of Optometry

CE HOURS: 4

LOCATION: Illinois College of Optometry, 3241 S. Michigan Ave.

CONTACT: Elizabeth Grantner

[continuinged@ico.edu](mailto:continuinged@ico.edu)

312-949-7426

[www.ico.edu/alumni/continuing-education](http://www.ico.edu/alumni/continuing-education)

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### Mar. 12-13, Fullerton, CA

#### Ocular Disease: Part I

HOST: Marshall B. Ketchum University

KEY FACULTY: George Comer, David

Sendrowski, Judy Tong

CE HOURS: 17

LOCATION: Marshall B. Ketchum University, 2575 Yorba Linda Blvd.

CONTACT: Antoinette Smith

[ce@ketchum.edu](mailto:ce@ketchum.edu)

714-449-7495

[www.ketchum.edu/index.php/ce](http://www.ketchum.edu/index.php/ce)

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### Mar. 12-13, Kansas City, KS

#### A New Old-fashioned Approach to Strabismus and Amblyopia

HOST: Jane Philbrook

KEY FACULTY: Rob Lewis

CE HOURS: TBD

CONTACT: Karen Ruder

[karen.ruder@oepf.org](mailto:karen.ruder@oepf.org)

410-561-3791

[www.oepf.org/oepf\\_calendar](http://www.oepf.org/oepf_calendar)

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### Mar. 13, Chicago

#### ICO Winter/Spring CE Program

HOST: Illinois College of Optometry

CE HOURS: 6

LOCATION: Illinois College of Optometry, 3241 S. Michigan Ave.

CONTACT: Elizabeth Grantner

[continuinged@ico.edu](mailto:continuinged@ico.edu)

312-949-7426

[www.ico.edu/alumni/continuing-education](http://www.ico.edu/alumni/continuing-education)

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### Mar. 13-14, Veldhoven, Netherlands NCC/BCLA Research Symposium

HOST: Netherlands Contact Lens Congress and the British Contact Lens Association

LOCATION: Veldhoven, the Netherlands

[www.ncc2016.com](http://www.ncc2016.com)

CL

### Mar. 17-20, Timonium, MD

#### VT/Strabismus and Amblyopia

HOST: OEP Foundation

KEY FACULTY: Robert A. Hohendorf

CE HOURS: 28  
LOCATION: OEP National Education Center, 2300 York Rd.  
CONTACT: Karen Ruder  
[karen.ruder@oepf.org](mailto:karen.ruder@oepf.org)  
410-561-3791  
[www.oepf.org/oepf\\_calendar](http://www.oepf.org/oepf_calendar)  
AM BV VT

**Mar. 17-22, Tyson's Corner, VA  
Symposium on Ocular Disease**

HOST: PSS EyeCare  
KEY FACULTY: Ron Melton, Randall Thomas, Mile Brujic, William Jones, Elliot Kirstein, Deepak Gupta  
CE HOURS: 18  
LOCATION: Crowne Plaza Hotel, 1960 Chain Bridge Rd.  
CONTACT: Sonia Kumari  
[education@psseyecare.com](mailto:education@psseyecare.com)  
203-415-3087  
[www.psseyecare.com](http://www.psseyecare.com)

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**Mar. 18, Columbus, Ohio  
Binocular Vision and Pediatrics  
Forum**

HOST: Ohio State University College of Optometry  
KEY FACULTY: Suzanne Wickum

CE HOURS: 7  
LOCATION: Ohio State University College of Optometry, 338 W. 10th Ave.  
CONTACT: Catherine McDaniel  
[mcdaniel.547@osu.edu](mailto:mcdaniel.547@osu.edu)  
614-688-1425  
<http://optometry.osu.edu/ce/bvpforum.cfm>  
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**Mar. 18-20, Birmingham, AL  
Primary Eye Care Update**

HOST: UAB School of Optometry  
CE HOURS: 18  
LOCATION: UAB School of Optometry, 1716 University Blvd.  
CONTACT: Amanda Kachler  
[uabsoc@uab.edu](mailto:uabsoc@uab.edu)  
205-934-5701  
[www.uab.edu/optometry/ce](http://www.uab.edu/optometry/ce)

**Mar. 20, Boston  
Cornea Symposium**

HOST: New England College of Optometry  
CE HOURS: 7  
LOCATION: The Colonnade Hotel, 120 Huntington Ave.  
CONTACT: Tony Cavallerano  
[cavalleranot@neco.edu](mailto:cavalleranot@neco.edu)

617-587-5687  
[www.neco.edu/academics/continuing-education](http://www.neco.edu/academics/continuing-education)  
CD CS DE

**Mar. 22, Raleigh, NC  
Clinical Grand Rounds**

HOST: North Carolina Eastern District Optometric Society  
KEY FACULTY: Ron Melton, Randall Thomas  
CE HOURS: 2  
LOCATION: Raleigh Marriott Crabtree Valley, 4500 Marriott Drive  
CONTACT: Michael Haines  
919-934-2020  
[www.nceyes.org](http://www.nceyes.org)  
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**Mar. 31-Apr. 4, Grand Rapids, MI  
Art + Science of Optometric Care**

HOST: OEP Foundation  
KEY FACULTY: Robert A. Hohendorf  
CE HOURS: 35  
LOCATION: South Kent Vision Center, 3977 Maple St. SW  
CONTACT: Karen Ruder  
[karen.ruder@oepf.org](mailto:karen.ruder@oepf.org)  
410-561-3791  
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# April

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
				OEP Foundation Art + Science of Optometric Care (begins Mar. 31)		
					ICO Resident Grand Rounds	Miami Nice Educational Symposium
3	4	5	6	7	8	9
OEP Fdn. Art + Science of Optometric Care				New Technologies and Treatments in Vision Care - San Diego Joint meeting with OCCRS Annual Symposium		
Miami Nice Educational Symposium						Optometric CE Annual Symposium
NECO Retina Dilemmas: What Now?						RSO Spring Seminar
10	11	12	13	14	15	16
COVD Annual Meeting						
NT&T San Diego and OCCRS Joint Meeting				AAO New Jersey Chapter CE		
Optometric CE Annual Symposium				AEA Cruises Mediterranean Optometric Cruise Seminar		
Cornea & Contact Lens CE				WOA 2016 Spring Seminar	2016 Coeur d'Alene CE	
RSO Spring Seminar				Vision Expo East		
					NMOA Annual Convention	
					Indiana OA Annual Convention	
						Nutrition and the Eye Symposium
17	18	19	20	21	22	23
AEA Cruises Mediterranean Optometric Cruise Seminar						
Vision Expo East				Mountain West Council of Optometrists Annual Congress		
NMOA Annual Convention				PSS Conference on Comprehensive EyeCare		
Indiana OA Annual Convention				UAB Evening of Education		2016 Kentucky OA Spring Congress
OptoWest North - Walnut Creek						CE Seminar and Optifair Canada
Nutrition and the Eye Symposium						
24	25	26	27	28	29	30
PSS Conference on Comprehensive EyeCare				Oklahoma Association of Optometric Physicians Vision Summit		
2016 Kentucky OA Spring Congress				2016 Kansas Optometric Assn. Annual Convention and Seminar		
CE Seminar and Optifair Canada				2016 Arkansas Optometric Association Spring Convention (ends May 1)		
				MOA Great Lakes Eyecare Conference	CE in the Southwest (ends May 1)	
					Florida Chapter - AAO CE	
					UC Berkeley Morgan Symposium (ends May 1)	
					ICO Resident Grand Rounds	



**Apr. 1, Chicago**

**ICO Resident Grand Rounds**

HOST: Illinois College of Optometry  
CE HOURS: 4

LOCATION: Illinois College of Optometry, 3241 S. Michigan Ave.

CONTACT: Elizabeth Grantner

[continuinged@ico.edu](mailto:continuinged@ico.edu)

312-949-7426

[www.ico.edu/alumni/continuing-education](http://www.ico.edu/alumni/continuing-education)

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**Apr. 2-3, Coral Gables, FL**

**Miami Nice Educational Symposium**

HOST: Miami Dade Optometric Physicians Association

KEY FACULTY: Anthony Litwak, Brian DenBeste, Kim Reed, Albert Woods, Tim Underhill

CE HOURS: 17

LOCATION: Coral Gables Country Club, 997 North Greenway Dr.

CONTACT: Stephen Morris

[mdopa.board@gmail.com](mailto:mdopa.board@gmail.com)

[miamieyes.org](http://miamieyes.org)

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**Apr. 3, Boston**

**Retinal Dilemmas: What Now?**

HOST: New England Col. of Optometry

KEY FACULTY: Steven Ferrucci, Baharak Asefzadeh

CE HOURS: 5

LOCATION: New England College of Optometry, 424 Beacon St.

CONTACT: Tony Cavallerano

[cavalleranot@neco.edu](mailto:cavalleranot@neco.edu)

617-587-5687

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**Apr. 7-10, San Diego (Coronado Island)  
New Technologies and Treatments in Vision Care - San Diego/OCCRS**

HOST: *Review of Optometry*

KEY FACULTY: Paul Karpecki

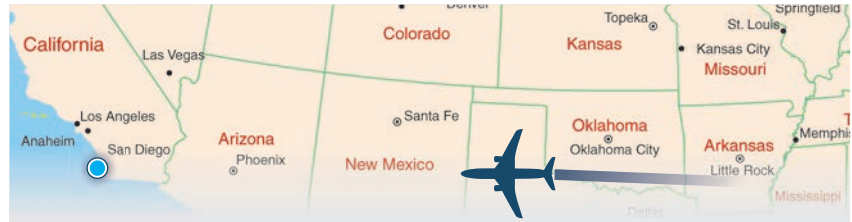
CE HOURS: 16, plus 8-12 for OCCRS joint meeting

LOCATION: Hotel del Coronado, 1500 Orange Ave.

CONTACT: Lois DiDomenico

[reviewmeetings@jobson.com](mailto:reviewmeetings@jobson.com)

866-658-1772



**Soak Up the CE and the Sun at OCCRS**

APRIL 7-10, SAN DIEGO

The 2016 educational symposium of the Optometric Cornea, Cataract and Refractive Society (OCCRS) is the meeting to attend for the latest continuing education regarding cornea, cataract and refractive technology, OCCRS promises.



This year's meeting will be held in conjunction with the first New Technologies and Treatments in Vision Care meeting of the year. During the event, OCCRS will host key opinion leaders, experts and world-class speakers providing the most up-to-date, COPE-approved education on the optometric care of ocular surgery, anterior segment disease and refractive correction, OCCRS says.

Come hear the latest research on advanced treatments for keratoconus, femto laser-assisted cataract surgery, corneal and lens-based

refractive surgery, ocular disease and much more. Eight to 12 hours of CE credit will be available.

The 2016 meeting will be held at the world-famous Hotel Del Coronado on Coronado Island across from San Diego.

OCCRS, formerly known as the Optometric Council on Refractive Technology, was founded in 2002.

For more information or to register, contact Andrew Morgenstern, [andrewmorgenstern@gmail.com](mailto:andrewmorgenstern@gmail.com) or go to [www.occrs.org](http://www.occrs.org).

[www.reviewofoptometry.com/sandiego2016](http://www.reviewofoptometry.com/sandiego2016)

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**Apr. 7-10, San Diego (Coronado Island)  
OCCRS Annual Education Symposium - Joint Meeting with NT&T San Diego**

HOST: Optometric Cornea, Cataract and Refractive Society

KEY FACULTY: Paul Karpecki, Andy Morgenstern, Marc Bloomenstein, David Geffen, Jim Owen, Bill Tullo  
CE HOURS: 8-12

LOCATION: Hotel Del Coronado, 1500 Orange Ave.

CONTACT: Andrew Morgenstern

[andrewmorgenstern@gmail.com](mailto:andrewmorgenstern@gmail.com)

202-423-3500

[www.occrs.org](http://www.occrs.org)

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**Apr. 9-10, Las Vegas  
Optometric CE Annual Symposium**

HOST: Optometric CE

KEY FACULTY: William Jones, Bryan Wolynski, Michael Santarlas, Michael Samuel

CE HOURS: 12

LOCATION: Marriott Las Vegas, 325 Convention Center Drive

CONTACT: Joel Rothschild

[admin@optometricce.org](mailto:admin@optometricce.org)

909-255-0464

[www.optometricce.org](http://www.optometricce.org)

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**Apr. 9-10, San Antonio, TX  
RSO Spring Seminar**

HOST: Rosenberg School of Optometry

CE HOURS: 16

LOCATION: Rosenberg School of Optometry, 9725 Datapoint

CONTACT: Sandra Fortenberry

[rsoc@uiwtx.edu](mailto:rsoc@uiwtx.edu)

210-283-6856

[www.uiw.edu/optometry/continuing-education](http://www.uiw.edu/optometry/continuing-education)

EDUCATION TOPICS	
AL Allergy	CS Corneal surgery
AM Amblyopia	CT Cataract surgery
BV Binocular vision	DB Diabetes
CM Comanagement	DE Dry eye
CL Contact lenses	EL Eyelids/adnexa
CD Cornea/conjunctiva	GL Glaucoma
	LT Laboratory testing
NO Neuro-ophthalmics	RE Retinal disorders
NT Nutrition & the eye	RS Refractive surgery
IN Ocular infections	SV Sports vision
DS Optical dispensing	SD Systemic disease
PE Pediatric eye care	TE Technology
PH Pharmacology	UV Uveitis
PM Practice mgmt.	VT Vision therapy



## Get in a New York State of Mind at Vision Expo East

If you mostly think of optical dispensing and fancy frames when you hear the name Vision Expo, think again. International Vision Expo East has cemented itself as one of the major players in optometric continuing education in recent years, and the lineup for 2016 is no exception.

The meeting, to be held April 14-17 at the Javits Center in New York City, will bring back favorites like the Global Contact Lens Forum and the Ocular Surface Disease and Wellness Forum, but also adds new programs for 2016, including Lightning Rounds for fast-based education and a “Lessons from Facebook” symposium. Vision Expo East will offer 320 hours of CE credit, and optometrists can earn up to 10 hours per day of the meeting, or up to 40 hours total.

“Vision Expo education offers exclusive insights into the clinical and business trends and best practices that today’s eye care professionals need to know to be successful,” says Vision Expo conference advisory board co-chair Ian Ben Gaddie, OD. “With strong emphasis on the visionary ideas and leaders in our industry, 2016 will support attendees’ efforts to stay abreast of important changes and advances that impact how we, as a community, address issues of patient care as well as practice management and business growth.”

Here’s a snapshot of a few meeting highlights you won’t want to miss:

- **Ocular Surface Disease and Wellness Symposium.** This event will offer three hours of CE credit and insight into why your practice should mirror a preventative care model. In addition, you will learn how to follow this approach to diagnose and treat your patients, better recognize dry eye diseases and expand the quality and consistency of care you are providing by following easy-to-use dry eye disease recommendations.

- **Lightning Rounds.** Four hours



of continuing education credit will be available in this course, featuring a new learning format and the opportunity to hear from multiple speakers in a speed-dating-type setting. Speakers will rotate between two rooms and give a short review of the topics—covering glaucoma and anterior segment disease—offering attendees the benefit of multiple expert perspectives within one class. Presenters will include optometrists Eric Schmidt, Kirk Smick, Charlie Ficco, Louise Sclafani and Douglas Devries.



- **Vision Series.** This course will offer a mix of clinical and medical-oriented topics, presented in a social environment. Sessions will be held during breakfast, lunch and a cocktail hour at the end of the day. Check back with Vision Expo as topics for this course are announced.

- **Marketing Lessons from Facebook.** A strong social media presence is essential these days for any

successful business. This course—new for 2016—will have representatives from Facebook on hand to share tips on how to use this social media tool to engage customers and market your business.

- **The Ritz-Carlton Leadership Center.** This keynote series, offering three hours of CE credit, will teach you the benchmark, award-winning business practices used by the Ritz-Carlton to take back to your practice and incorporate into patient care, focusing on the Ritz-Carlton methodology for customer service, employee engagement and leadership development.

For more information or to register, contact Leigh Mann, [lmann@reedexpo.com](mailto:lmann@reedexpo.com), or go to [www.visionexpoeast.com](http://www.visionexpoeast.com).

### “Live From New York, it’s...”

It’s fun and free to attend the tapings of popular television shows shot in New York City. The wait for advance tickets is often long, so it’s best to write in for them or reserve online well in advance of your desired date. Still, many shows have standby options if you’re willing to wait in line. While you’re at Vision Expo East, here are some shows that offer tickets (source: [www.nycgo.com](http://www.nycgo.com)).

- **The Dr. Oz Show, 320 W. 66th St.** Tickets are available online ([www.doctoroz.com/tickets](http://www.doctoroz.com/tickets)). For standby

tickets, an audience staffer will be at ABC Studios, 320 W. 66th St., at 8:40am and 1:40pm on most Tuesdays, Wednesdays and Fridays.

- **Good Morning America (ABC), Times Square (at Broadway and West 44th St.).** To receive tickets, submit your request online ([abcnews.go.com/GMA/mailform?id=12943471](http://abcnews.go.com/GMA/mailform?id=12943471)).

- **Late Night with Seth Meyers (NBC), Studio 8G, 30 Rockefeller Plaza.** For free tickets to future shows, call 212-664-3056 (ticket lines are open Monday-Friday, 9am to 5pm, ET). Tickets are generally booked four to six weeks in advance. Separate tickets to see Meyers rehearse his monologue are available on show dates at the NBC Experience Store (30 Rockefeller Plaza), facing 49th St., at 12:30pm.

- **Live! with Kelly & Michael, 7 Lincoln Square, southeast corner of Columbus Avenue and West 67th St.** The wait may be up to a year for advance tickets, but it is still possible to get same-day tickets. To obtain tickets in advance, fill out the ticket-request online form (<http://livekellyandmichael.dadt.com/live-ticket-requests>). To get same-day tickets, arrive at the southeast corner of Columbus Avenue and West 67th St. as early as 7am for a standby number.

- **The Meredith Vieira Show, 30 Rockefeller Plaza (between Fifth and Sixth avenues and W. 49th and W. 50th streets).** You can request tickets through the show's online form (<http://meredithvieirashow.com/tickets>). Standby tickets are released at 8am for the morning taping and noon for the afternoon one.

- **The Rachael Ray Show, Chelsea Television Studios, 221 W. 26th St.** To request tickets, visit [rachaelrayshow.com](http://rachaelrayshow.com).

- **Saturday Night Live (NBC), 30 Rockefeller Plaza.** Tickets are given out once a year through a lottery. To enter for 2017, send an email to [snltickets@nbcuni.com](mailto:snltickets@nbcuni.com) during the month of August only. Standby tickets (one per person) are distributed at 7am on the West 49th St. side of 30 Rockefeller Plaza on the mornings of the tapings. You can choose between the 8pm dress rehearsal and

the 11:30pm live taping, though you're not guaranteed admission.

- **Today (NBC), 30 Rockefeller Plaza.** No tickets are necessary. To RSVP and for more info, visit [today.com](http://today.com).

- **The Tonight Show Starring Jimmy Fallon (NBC), Studio 6B, 30 Rockefeller Plaza.** To book free tickets, visit [showclix.com](http://showclix.com). The ticket release date is posted on the show's Twitter page ([@fallontonight](https://twitter.com/fallontonight)). Standby tickets are distributed at 9am under the NBC marquee on the 49th St. side of 30 Rock.

- **The View (ABC), 320 W. 66th St.** Apply for tickets online at [liota.com](http://liota.com). For standby tickets, pick up a number from an audience associate between 8am and 9am at the audience entrance.

### **NYC: A Culinary Mecca**

If you haven't eaten one of the best meals of your life in New York City, you haven't looked hard enough, as the Big Apple is home to some of the finest restaurants in the world. Try one of these Yelp suggestions:

- **Upstate**  
95 1st Ave.  
[www.upstatenyc.com](http://www.upstatenyc.com)
- **Traif**  
229 S. 4th St.  
[www.traifny.com](http://www.traifny.com)
- **Battersby**  
255 Smith St.  
[www.battersbybrooklyn.com](http://www.battersbybrooklyn.com)
- **Chef's Table at Brooklyn Fair**  
200 Schermerhorn St.  
[www.brooklynfare.com/chefs-table](http://www.brooklynfare.com/chefs-table)
- **The River Café**  
1 Water St.  
[www.rivercafe.com](http://www.rivercafe.com)
- **Amelie**  
22 W. 8th St.  
[www.ameliewinebar.com](http://www.ameliewinebar.com)
- **Da Claudio**  
21 Ann St.  
[www.daclaudionyc.com](http://www.daclaudionyc.com)
- **Luke's Lobster**  
26 S. William St.  
[www.lukeslobster.com](http://www.lukeslobster.com)
- **Bea Restaurant & Bar**  
403 W. 43rd St.  
[www.beany.com](http://www.beany.com)
- **ABC Kitchen**  
35 E. 18th St.  
[www.abckitchennyc.com](http://www.abckitchennyc.com)

### **Apr. 10, Fullerton, CA**

#### **Cornea & Contact Lens CE Program**

HOST: Marshall B. Ketchum University  
KEY FACULTY: Timothy Edrington  
CE HOURS: 8

LOCATION: Marshall B. Ketchum University, 2575 Yorba Linda Blvd.  
CONTACT: Antoinette Smith  
[ce@ketchum.edu](mailto:ce@ketchum.edu); 714-449-7495  
[www.ketchum.edu/index.php/ce](http://www.ketchum.edu/index.php/ce)

**CL IN**

### **Apr. 12-16, St. Louis, MO**

#### **COVID 46th Annual Meeting**

HOST: College of Optometrists in Vision Development  
KEY FACULTY: Dominick Maino, Sherry Bass, Susan Cotter, Kia Eldred, Philip Bugaiski, Derek Tong  
CE HOURS: Total: 86, Maximum per OD: 32

LOCATION: Hyatt Regency St. Louis at the Arch, 315 Chestnut St.  
CONTACT: Penny Melkerson-Kirby  
[penny@covd.org](mailto:penny@covd.org); 330-995-0718  
[www.covd.org](http://www.covd.org)

**AM BV CM NO NT PE PM SV VT**

### **Apr. 13-14, Green Bay, WI**

#### **2016 Spring Seminar**

HOST: Wisconsin Optometric Association  
CE HOURS: 14

LOCATION: Hyatt on Main, 333 Main St.

CONTACT: Joleen Breunig  
[joleen@woa-eyes.org](mailto:joleen@woa-eyes.org)  
608-824-2200

[www.woa-eyes.org](http://www.woa-eyes.org)

**GL RE SD**

### **April 13-16, Myrtle Beach, SC**

#### **American Academy of Optometry New Jersey Chapter**

HOST: Dennis Lyons  
KEY FACULTY: Joseph Sowka, Mile Brujic

CE HOURS: 16  
LOCATION: Embassy Suites at Kingston Plantation, 9800 Queensway Blvd.

CONTACT: Dennis Lyons  
[dhl2020@aol.com](mailto:dhl2020@aol.com); 732-920-0110

**CD DB EL GL IN RE SD UV**

### **Apr. 13-23, Barcelona to Athens**

#### **AEA Cruises Mediterranean Optometric Cruise Seminar**

HOST: AEA Cruises  
CE HOURS: 10

LOCATION: Silversea Silverwind  
CONTACT: Marge McGrath  
[aeacruises@aol.com](mailto:aeacruises@aol.com)  
888-638-6009

[www.optometriccruiseseminars.com](http://www.optometriccruiseseminars.com)





**W**ant to meet your annual continuing education requirements at just one meeting? The Mountain West Council of Optometrists (MWCO) has lined up an all-star meeting that will allow many optometrists the opportunity to do just that. The MWCO 2016



annual meeting will offer a total of 72 hours of CE credit and a maximum of 24 hours for ODs at its 2016 congress, which will be held April 21-23 in Las Vegas.

"This year's educational program is second to none for meetings of this size," says optometrist Robert Wooldridge, MWCO's president and education coordinator. "We have several of the top speakers in the nation covering a wide variety of topics, including updates on diabetic retinopathy and other retinal diseases presented by Drs. Jay Haynie, Leo Semes and retinal specialist Michael Stewart, MD." You can also expect several courses on contact lenses and corneal concerns to be presented by Dr. Jeff Sonsino. In addition, "Dr. Scot Morris will both educate and entertain us with his courses on anterior segment disease

and practice management," Dr. Wooldridge says. "Always a crowd favorite, Dr. John McGreal will review the latest trends in contemporary medicine, and coding and billing requirements."

Summing up, Dr. Wooldridge notes that this year's congress offers "a broad-based educational program to better enable our attendees to provide exceptional care for their patients for many years to come."

The congress will be held at the Aria Resort, which features a vacation-like atmosphere, combined with the meeting's casual and friendly approach, allowing doctors the chance to relax and enjoy themselves while learning the latest updates in patient care, MWCO says.

For more information or to register, contact Tracy Abel: [tracyabel@earthlink.net](mailto:tracyabel@earthlink.net), 888-376-6926.

[optometry/continuing-education/conferences-events](http://optometry/continuing-education/conferences-events)

CL CD GL RE SV

**Apr. 15-17, Albuquerque, NM  
New Mexico Optometric Association  
Annual Convention**

HOST: New Mexico Optometric Association

KEY FACULTY: Steve Ferruci, Jeff Walline, Greg Schultz, Doug Devries, Kim Reed, John Pitcher III  
CE HOURS: 22

LOCATION: Isleta Pueblo Resort, 1100 Broadway SE

CONTACT: Richard Montoya  
[newmexicooptometry@gmail.com](mailto:newmexicooptometry@gmail.com)  
575-751-7242

[www.newmexicooptometry.org](http://www.newmexicooptometry.org)

DB GL IN PH RE SD

**Apr. 15-17, Indianapolis  
Indiana Optometry's Meeting - the  
119th Annual Convention**

HOST: Indiana Optometric Association

CE HOURS: 16

LOCATION: Westin Hotel Downtown Indianapolis, 50 South Capital Ave.

CONTACT: Bridget Sims

[blsims@ioa.org](mailto:blsims@ioa.org)

317-237-3560

[www.ioa.org](http://www.ioa.org)

**Apr. 16-17, St. Louis  
Nutrition and the Eye Symposium IX**

HOST: University of Missouri-St. Louis College of Optometry and Ocular Nutrition Society

KEY FACULTY: Aron Barbey, Liz Johnson, Lisa Renzi Hammond

CE HOURS: 12

LOCATION: TBD

CONTACT: Lis Ellerbusch

[ellerbusch@umsl.edu](mailto:ellerbusch@umsl.edu)

314-516-5615

NT

**Apr. 14-17, New York  
Vision Expo East**

HOST: International Vision Expo & Conference

CE HOURS: Total: 320, maximum per OD: 40

LOCATION: Jacob Javits Center, 655 W. 34th St.

CONTACT: Leigh Mann

[lmann@reedexpo.com](mailto:lmann@reedexpo.com)

203-840-5452

[www.visionexpoeast.com](http://www.visionexpoeast.com)

AL AM BV CM CL CD CS CT DB DE EL  
GL LT NO NT IN DS PE PH PM RE RS  
SV SD TE UV VT

**Apr. 15-16, Coeur d'Alene, Idaho  
2016 Coeur d'Alene CE**

HOST: Pacific University College of Optometry

KEY FACULTY: Mark Andre, Fraser Horn, Spokane VA optometry residents

CE HOURS: 10

LOCATION: Coeur d'Alene Resort and Spa, 115 S. 2nd St.

CONTACT: Jeanne Oliver

[jeanne@pacificu.edu](mailto:jeanne@pacificu.edu)

503-352-2740

[www.pacificu.edu/future-graduate-professional/colleges/college-](http://www.pacificu.edu/future-graduate-professional/colleges/college-)

**Apr. 17, Walnut Creek, CA  
OptoWest North - Walnut Creek**

HOST: California Optometric Association

KEY FACULTY: Leo Semes, Todd Severin, Tami Hagemeyer

CE HOURS: Total: 12, maximum per OD: 6 (and 6 staff)

LOCATION: Walnut Creek Marriott, 2355 N. Main St.

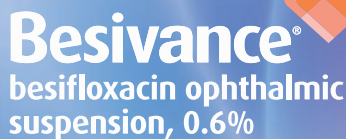
CONTACT: Sarah Harbin

[sharbin@coavision.org](mailto:sharbin@coavision.org)

916-266-5022

[www.coavision.org](http://www.coavision.org)

GL LT IN DS PM RE TE



# Besivance<sup>®</sup>

besifloxacin ophthalmic  
suspension, 0.6%

When treating your patients with bacterial conjunctivitis –

## Unleash power against pathogens of concern.

- The first and only topical ophthalmic chlorofluoroquinolone<sup>1</sup>
- Provides long-lasting tear concentrations<sup>2</sup>
- Proven efficacy against a broad spectrum of pathogens including<sup>1,3</sup>:
  - *S. aureus*, *S. epidermidis*, *S. pneumoniae*, and *H. influenzae*
  - *Pseudomonas aeruginosa*

### Indication

BESIVANCE<sup>®</sup> (besifloxacin ophthalmic suspension) 0.6% is a quinolone antimicrobial indicated for the treatment of bacterial conjunctivitis caused by susceptible isolates of the following bacteria: *Aerococcus viridans*<sup>\*</sup>, CDC coryneform group G, *Corynebacterium pseudodiphtheriticum*<sup>\*</sup>, *Corynebacterium striatum*<sup>\*</sup>, *Haemophilus influenzae*, *Moraxella catarrhalis*<sup>\*</sup>, *Moraxella lacunata*<sup>\*</sup>, *Pseudomonas aeruginosa*<sup>\*</sup>, *Staphylococcus aureus*, *Staphylococcus epidermidis*, *Staphylococcus hominis*<sup>\*</sup>, *Staphylococcus lugdunensis*<sup>\*</sup>, *Staphylococcus warneri*<sup>\*</sup>, *Streptococcus mitis* group, *Streptococcus oralis*, *Streptococcus pneumoniae*, *Streptococcus salivarius*<sup>\*</sup>

<sup>\*</sup>Efficacy for this organism was studied in fewer than 10 infections.

### Important Safety Information about BESIVANCE<sup>®</sup>

- BESIVANCE<sup>®</sup> is for topical ophthalmic use only, and should not be injected subconjunctivally, nor should it be introduced directly into the anterior chamber of the eye.
- As with other anti-infectives, prolonged use of BESIVANCE<sup>®</sup> may result in overgrowth of non-susceptible organisms, including fungi. If super-infection occurs, discontinue use and institute alternative therapy.
- Patients should not wear contact lenses if they have signs or symptoms of bacterial conjunctivitis or during the course of therapy with BESIVANCE<sup>®</sup>.
- The most common adverse event reported in 2% of patients treated with BESIVANCE<sup>®</sup> was conjunctival redness. Other adverse events reported in patients receiving BESIVANCE<sup>®</sup> occurring in approximately 1-2% of patients included: blurred vision, eye pain, eye irritation, eye pruritus and headache.
- BESIVANCE<sup>®</sup> is not intended to be administered systemically. Quinolones administered systemically have been associated with hypersensitivity reactions, even following a single dose. Patients should be advised to discontinue use immediately and contact their physician at the first sign of a rash or allergic reaction.
- Safety and effectiveness in infants below one year of age have not been established.

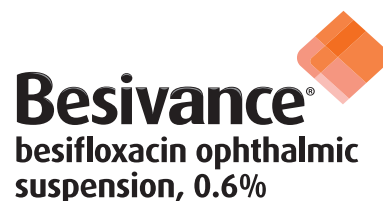
Please see brief summary of Prescribing Information on adjacent page.

To learn more about BESIVANCE<sup>®</sup> call your Bausch + Lomb sales representative today.

**References:** 1. BESIVANCE<sup>®</sup> Prescribing Information, September 2012. 2. At 12 hours, the concentration of besifloxacin in tears was >10 µg/mL. Proksch JW, Granvil CP, Siou-Mermet R, Comstock TL, Paterno MR, Ward KW. Ocular pharmacokinetics of besifloxacin following topical administration to rabbits, monkeys, and humans. *J Ocul Pharm Ther.* 2009;25(4):335-344. 3. Comstock TL, Paterno MR, Usner DW, Pichichero ME. Efficacy and safety of besifloxacin ophthalmic suspension 0.6% in children and adolescents with bacterial conjunctivitis: a post hoc, subgroup analysis of three randomized, double-masked, parallel-group, multicenter clinical trials. *Paediatr Drugs.* 2010;12(2):105-112.

**BAUSCH + LOMB**

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# Besivance<sup>®</sup>

besifloxacin ophthalmic  
suspension, 0.6%

## BRIEF SUMMARY OF PRESCRIBING INFORMATION

This Brief Summary does not include all the information needed to use Besivance safely and effectively. See full prescribing information for Besivance.

## Besivance (besifloxacin ophthalmic suspension) 0.6%

Sterile topical ophthalmic drops

Initial U.S. Approval: 2009

### 1 INDICATIONS AND USAGE

Besivance® (besifloxacin ophthalmic suspension) 0.6%, is indicated for the treatment of bacterial conjunctivitis caused by susceptible isolates of the following bacteria:

*Aerococcus viridans*\*, CDC coryneform group G, *Corynebacterium pseudodiphtheriticum*\*, *Corynebacterium striatum*\*, *Haemophilus influenzae*, *Moraxella catarrhalis*\*, *Moraxella lacunata*\*, *Pseudomonas aeruginosa*\*, *Staphylococcus aureus*, *Staphylococcus epidermidis*, *Staphylococcus hominis*\*, *Staphylococcus lugdunensis*\*, *Staphylococcus warneri*\*, *Streptococcus mitis* group, *Streptococcus oralis*, *Streptococcus pneumoniae*, *Streptococcus salivarius*\*

\*Efficacy for this organism was studied in fewer than 10 infections.

### 2 DOSAGE AND ADMINISTRATION

Invert closed bottle and shake once before use.

Instill one drop in the affected eye(s) 3 times a day, four to twelve hours apart for 7 days.

### 4 CONTRAINDICATIONS

None

### 5 WARNINGS AND PRECAUTIONS

#### 5.1 Topical Ophthalmic Use Only NOT FOR INJECTION INTO THE EYE.

Besivance is for topical ophthalmic use only, and should not be injected subconjunctivally, nor should it be introduced directly into the anterior chamber of the eye.

**5.2 Growth of Resistant Organisms with Prolonged Use** As with other anti-infectives, prolonged use of Besivance (besifloxacin ophthalmic suspension) 0.6% may result in overgrowth of non-susceptible organisms, including fungi. If super-infection occurs, discontinue use and institute alternative therapy. Whenever clinical judgment dictates, the patient should be examined with the aid of magnification, such as slit-lamp biomicroscopy, and, where appropriate, fluorescein staining.

**5.3 Avoidance of Contact Lenses** Patients should not wear contact lenses if they have signs or symptoms of bacterial conjunctivitis or during the course of therapy with Besivance.

### 6 ADVERSE REACTIONS

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

The data described below reflect exposure to Besivance in approximately 1,000 patients between 1 and 98 years old with clinical signs and symptoms of bacterial conjunctivitis.

The most frequently reported ocular adverse reaction was conjunctival redness, reported in approximately 2% of patients.

Other adverse reactions reported in patients receiving Besivance occurring in approximately 1-2% of patients included: blurred vision, eye pain, eye irritation, eye pruritus and headache.

### 8 USE IN SPECIFIC POPULATIONS

#### 8.1 Pregnancy Pregnancy Category C. Oral doses of besifloxacin up to

1000 mg/kg/day were not associated with visceral or skeletal malformations in rat pups in a study of embryo-fetal development, although this dose was associated with maternal toxicity (reduced body weight gain and food consumption) and maternal mortality. Increased post-implantation loss, decreased fetal body weights, and decreased fetal ossification were also observed. At this dose, the mean  $C_{max}$  in the rat dams was approximately 20 mcg/mL, >45,000 times the mean plasma concentrations measured in humans.

The No Observed Adverse Effect Level (NOAEL) for this embryo-fetal development study was 100 mg/kg/day ( $C_{max}$  5 mcg/mL, >11,000 times the mean plasma concentrations measured in humans).

In a prenatal and postnatal development study in rats, the NOAELs for both fetal and maternal toxicity were also 100 mg/kg/day. At 1000 mg/kg/day, the pups weighed significantly less than controls and had a reduced neonatal survival rate. Attainment of developmental landmarks and sexual maturation were delayed, although surviving pups from this dose group that were reared to maturity did not demonstrate deficits in behavior, including activity, learning and memory, and their reproductive capacity appeared normal. Since there are no adequate and well-controlled studies in pregnant women, Besivance should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

**8.3 Nursing Mothers** Besifloxacin has not been measured in human milk, although it can be presumed to be excreted in human milk. Caution should be exercised when Besivance is administered to a nursing mother.

**8.4 Pediatric Use** The safety and effectiveness of Besivance® in infants below one year of age have not been established. The efficacy of Besivance in treating bacterial conjunctivitis in pediatric patients one year or older has been demonstrated in controlled clinical trials [see CLINICAL STUDIES (14)].

There is no evidence that the ophthalmic administration of quinolones has any effect on weight bearing joints, even though systemic administration of some quinolones has been shown to cause arthropathy in immature animals.

**8.5 Geriatric Use** No overall differences in safety and effectiveness have been observed between elderly and younger patients.

### 12 CLINICAL PHARMACOLOGY

**12.1 Mechanism of Action** Besifloxacin is a fluoroquinolone antibacterial [see CLINICAL PHARMACOLOGY (12.4)].

**12.3 Pharmacokinetics** Plasma concentrations of besifloxacin were measured in adult patients with suspected bacterial conjunctivitis who received Besivance bilaterally three

times a day (16 doses total). Following the first and last dose, the maximum plasma besifloxacin concentration in each patient was less than 1.3 ng/mL. The mean besifloxacin  $C_{max}$  was 0.37 ng/mL on day 1 and 0.43 ng/mL on day 6. The average elimination half-life of besifloxacin in plasma following multiple dosing was estimated to be 7 hours.

### 12. Microbiology

Besifloxacin is an 8-chloro fluoroquinolone with a N-1 cyclopropyl group. The compound has activity against Gram-positive and Gram-negative bacteria due to the inhibition of both bacterial DNA gyrase and topoisomerase IV. DNA gyrase is an essential enzyme required for replication, transcription and repair of bacterial DNA. Topoisomerase IV is an essential enzyme required for partitioning of the chromosomal DNA during bacterial cell division. Besifloxacin is bactericidal with minimum bactericidal concentrations (MBCs) generally within one dilution of the minimum inhibitory concentrations (MICs).

The mechanism of action of fluoroquinolones, including besifloxacin, is different from that of aminoglycoside, macrolide, and  $\beta$ -lactam antibiotics. Therefore, besifloxacin may be active against pathogens that are resistant to these antibiotics and these antibiotics may be active against pathogens that are resistant to besifloxacin. *In vitro* studies demonstrated cross-resistance between besifloxacin and some fluoroquinolones.

*In vitro* resistance to besifloxacin develops via multiple-step mutations and occurs at a general frequency of  $< 3.3 \times 10^{-10}$  for *Staphylococcus aureus* and  $< 7 \times 10^{-10}$  for *Streptococcus pneumoniae*.

Besifloxacin has been shown to be active against most isolates of the following bacteria both *in vitro* and in conjunctival infections treated in clinical trials as described in the INDICATIONS AND USAGE section:

*Aerococcus viridans*\*, CDC coryneform group G, *Corynebacterium pseudodiphtheriticum*\*, *C. striatum*\*, *Haemophilus influenzae*, *Moraxella catarrhalis*\*, *M. lacunata*\*, *Pseudomonas aeruginosa*\*, *Staphylococcus aureus*, *S. epidermidis*, *S. hominis*\*, *S. lugdunensis*\*, *S. warneri*\*, *Streptococcus mitis* group, *S. oralis*, *S. pneumoniae*, *S. salivarius*\*

\*Efficacy for this organism was studied in fewer than 10 infections.

### 13 NONCLINICAL TOXICOLOGY

**13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility** Long-term studies in animals to determine the carcinogenic potential of besifloxacin have not been performed. No *in vitro* mutagenic activity of besifloxacin was observed in an Ames test (up to 3.33 mcg/plate) on bacterial tester strains *Salmonella typhimurium* TA98, TA100, TA1535, TA1537 and *Escherichia coli* WP2uvrA. However, it was mutagenic in *S. typhimurium* strain TA102 and *E. coli* strain WP2(pKM101). Positive responses in these strains have been observed with other quinolones and are likely related to topoisomerase inhibition.

Besifloxacin induced chromosomal aberrations in CHO cells *in vitro* and it was positive in an *in vivo* mouse micronucleus assay at oral doses  $\times 1500$  mg/kg. Besifloxacin did not induce unscheduled DNA synthesis in hepatocytes cultured from rats given the test compound up to 2,000 mg/kg by the oral route. In a fertility and early embryonic development study in rats, besifloxacin did not impair the fertility of male or female rats at oral doses of up to 500 mg/kg/day. This is over 10,000 times higher than the recommended total daily human ophthalmic dose.

### 14 CLINICAL STUDIES

In a randomized, double-masked, vehicle controlled, multicenter clinical trial, in which patients 1-98 years of age were dosed 3 times a day for 5 days, Besivance was superior to its vehicle in patients with bacterial conjunctivitis. Clinical resolution was achieved in 45% (90/198) for the Besivance treated group versus 33% (63/191) for the vehicle treated group (difference 12%, 95% CI 3% - 22%). Microbiological outcomes demonstrated a statistically significant eradication rate for causative pathogens of 91% (181/198) for the Besivance treated group versus 60% (114/191) for the vehicle treated group (difference 31%, 95% CI 23% - 40%). Microbiologic eradication does not always correlate with clinical outcome in anti-infective trials.

### 17 PATIENT COUNSELING INFORMATION

Patients should be advised to avoid contaminating the applicator tip with material from the eye, fingers or other source.

Although Besivance is not intended to be administered systemically, quinolones administered systemically have been associated with hypersensitivity reactions, even following a single dose. Patients should be advised to discontinue use immediately and contact their physician at the first sign of a rash or allergic reaction.

Patients should be told that although it is common to feel better early in the course of the therapy, the medication should be taken exactly as directed. Skipping doses or not completing the full course of therapy may (1) decrease the effectiveness of the immediate treatment and (2) increase the likelihood that bacteria will develop resistance and will not be treatable by Besivance or other antibacterial drugs in the future.

Patients should be advised not to wear contact lenses if they have signs or symptoms of bacterial conjunctivitis or during the course of therapy with Besivance.

Patients should be advised to thoroughly wash hands prior to using Besivance.

Patients should be instructed to invert closed bottle (upside down) and shake once before each use. Remove cap with bottle still in the inverted position. Tilt head back and with bottle inverted, gently squeeze bottle to instill one drop into the affected eye(s).

Manufactured by: Bausch & Lomb Incorporated

Tampa, Florida 33637

Besivance® is a registered trademark of Bausch & Lomb Incorporated.

©Bausch & Lomb Incorporated

U.S. Patent Nos. 6,685,958; 6,699,492; 5,447,926

†DuraSite is a trademark of InSite Vision Incorporated

US/BES/15/0019

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**Apr. 21, Birmingham, AL**

**Evening of Education**

HOST: UAB School of Optometry  
CE HOURS: 2  
LOCATION: UAB School of Optometry, 1716 University Blvd.  
CONTACT: Amanda Kachler  
[uabsoce@uab.edu](mailto:uabsoce@uab.edu)  
205-934-5701  
[www.uab.edu/optometry/ce](http://www.uab.edu/optometry/ce)

**Apr. 21-23, Las Vegas**

**Mountain West Council of Optometrists Annual Congress**

HOST: MWCO  
KEY FACULTY: Jay Haynie, Leo Semes, Michael Stewart, Scot Morris, John McGreal, Jeff Sonsino  
CE HOURS: Total: 72, maximum per OD: 24  
LOCATION: Aria Resort & Casino, 3730 Las Vegas Blvd. S.  
CONTACT: Tracy Abel  
[tracyabel@earthlink.net](mailto:tracyabel@earthlink.net)  
888-376-6926  
[www.mwco.org](http://www.mwco.org)  
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**Apr. 21-26, Niagara Falls, NY  
Conference on Comprehensive EyeCare**

HOST: PSS EyeCare  
KEY FACULTY: Ron Melton, Randall Thomas, Mile Brujic, William Jones, Elliot Kirstein, Deepak Gupta  
CE HOURS: 18  
LOCATION: Sheraton Hotel, 300 3rd St.  
CONTACT: Sonia Kumari  
[education@psseyecare.com](mailto:education@psseyecare.com)  
203-415-3087  
[www.psseyecare.com](http://www.psseyecare.com)  
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**Apr. 23-24, Brampton, Ontario, Canada**

**45th Bi-Annual CE Seminar and Optifair Canada Trade Show**

HOST: The Academy of Ophthalmic Education  
KEY FACULTY: Mile Brujic  
CE HOURS: 14  
LOCATION: Embassy Grand Convention Centre, 8800 Gore Rd.  
CONTACT: Claudia Marks, CE and Event Coordinator  
[cmarks@aoece.com](mailto:cmarks@aoece.com)  
905-731-6022  
[www.aoece.com](http://www.aoece.com)

**Apr. 23-25, Lexington, KY  
2016 KOA Spring Congress**

HOST: Kentucky Optometric Association

CE HOURS: 20  
LOCATION: Hyatt Hotel and Lexington Convention Center, 401 W. High St.  
CONTACT: Sarah Unger  
[sarah@kyeyes.org](mailto:sarah@kyeyes.org)  
502-875-3516  
[www.kyeyes.org](http://www.kyeyes.org)

**Apr. 28-29, Grand Rapids, MI  
Great Lakes Eyecare Conference**

HOST: Michigan Optometric Association/Michigan College of Optometry  
CE HOURS: TBD  
LOCATION: DeVos Place, 303 Monroe Ave NW.  
CONTACT: Amy Root  
[amy@themoa.org](mailto:amy@themoa.org)  
517-482-0616  
[www.themoa.org](http://www.themoa.org)

**Apr. 28-30, Oklahoma City, OK  
OAOP Vision Summit**

HOST: Oklahoma Association of Optometric Physicians  
KEY FACULTY: Nathan Lighthizer, Steven Ferrucci, Ken Eakland, Bradley Sutton  
CE HOURS: Total: 25, Maximum per OD: 18+  
LOCATION: Renaissance Oklahoma City Convention Center Hotel, 10 N. Broadway Ave.  
CONTACT: Heatherlyn Burton  
[heatherlyn@oaop.org](mailto:heatherlyn@oaop.org)  
405-524-1075  
[www.oaop.org](http://www.oaop.org)  
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RE RS SD TE UV

**Apr. 28-30 Topeka, KS  
2016 Kansas Optometric Association Annual Convention and Seminar**

HOST: Kansas Optometric Association  
CE HOURS: 13  
LOCATION: Capitol Plaza Hotel, 1717 SW Topeka Blvd.  
CONTACT: Todd Fleischer  
[todd@kansasoptometric.org](mailto:todd@kansasoptometric.org)  
785-232-0225  
[www.kansasoptometric.org](http://www.kansasoptometric.org)

**Apr. 28-May 1, Little Rock, AK  
2016 Arkansas Optometric Association Spring Convention**

HOST: Arkansas Optometric Association  
CE HOURS: 20  
LOCATION: Little Rock Marriott, 3 Statehouse Drive  
CONTACT: Vicki Farmer  
[aroa@arkansasoptometric.org](mailto:aroa@arkansasoptometric.org)  
501-661-7675  
[arkansasoptometric.org](http://arkansasoptometric.org)

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PH PM RE RS UV

**Apr. 29, Chicago**

**ICO Resident Grand Rounds**

HOST: Illinois College of Optometry  
CE HOURS: 4  
LOCATION: Illinois College of Optometry, 3241 S Michigan Ave.  
CONTACT: Elizabeth Grantner  
[continuinged@ico.edu](mailto:continuinged@ico.edu)  
312-949-7426  
[www.ico.edu/alumni/continuing-education](http://www.ico.edu/alumni/continuing-education)  
AL AM BV CM CL CD CS CT DE EL GL  
LT NO NT IN PH RE SV SD TE UV

**Apr. 29-30, Howey-in-the-Hills, FL  
Florida Chapter-American Academy of Optometry**

HOST: Florida Chapter-American Academy of Optometry  
KEY FACULTY: Paul Karpecki, Dave Woods, John McClane, Joe Pizzimenti, Ben Lambright  
CE HOURS: Total: 16 (including 6 HRS CE/TQ), Maximum per OD: 12 (including 6 HRS CE/TQ)  
LOCATION: Mission Inn, 10400 County Road 48  
CONTACT: Art Young  
[eyeguy4123@msn.com](mailto:eyeguy4123@msn.com)  
239-542-4627  
CD DE IN PH RE

**Apr. 29-May 1, Berkeley, CA  
Morgan Symposium - 31st Annual**

HOST: University of California, Berkeley, School of Optometry  
KEY FACULTY: Carl Jacobsen, Todd Severin, Mark Dunbar, Joseph Sowka  
CE HOURS: 21  
LOCATION: DoubleTree Hotel, Berkeley Marinann, 200 Marina Blvd.  
CONTACT: Danni Peck  
[opto@berkeley.edu](mailto:opto@berkeley.edu)  
800-827-2163  
<http://optometry.berkeley.edu/ce/morgan-symposium>  
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**Apr. 30-May 1, Dallas  
CE in the Southwest**

HOST: University of Houston College of Optometry & University of the Incarnate Word Rosenberg School of Optometry  
KEY FACULTY: Sandra Fortenberry, Pat Segu  
CE HOURS: 16  
LOCATION: Westin Galleria Dallas, 13340 Dallas Parkway  
CONTACT: University of Houston College of Optometry Continuing Education Office  
[optce@central.uh.edu](mailto:optce@central.uh.edu)  
713-743-1900  
<http://ce.opt.uh.edu>

# Enjoy CE in Your Happy Place

Continuing education need not be all work and no play. Nowadays if you want to earn CE credits and have a vacation-worthy experience at the same time, venues abound. But back when CE still meant sitting in an anonymous lecture hall or the windowless box of a sterile classroom, optometrist James Fanelli was brainstorming how to combine professional education, a visit to Italy and a personal touch that attendees would never forget. And so “CE in Italy” was born, cementing Dr. Fanelli as one of the original pioneers in destination CE offerings.

“While I was already involved in a ski conference, the idea of bringing CE to Italy and Europe was a thought in process

over several visits, usually alongside the typical Italian afternoon drink, an Aperol Spritz.”

The first CE in Italy meeting was held in Florence, and has since grown to six European meetings each year, three in the

spring and three in the fall.

What makes these meetings unique? Besides the beauty of Italy, Dr. Fanelli’s knowledge of the regions where the meetings take place helps make attendees’ stays even more enjoyable. For Dr. Fanelli, staple Italian attractions—the Colosseum, the Vatican, Michelangelo’s David—are magnificent, but there’s so much more. And he should know. After numerous trips, discussions around the dinner table with family based in Italy and extended stays in his second home outside of Florence, Dr. Fanelli possesses the insider knowledge on local cuisine to aptly suggest restaurants and recommend signature dishes, down to which waiter to request at specific places.

“What are the best beef and pasta dishes in Florence? Got you covered. What’s a good itinerary for Tuscany daytrips? Got that covered, too. Want to

absorb Venice like a local? Absolutely got you covered. Visit Castello and have some cicchetti,” he says. “We’ve been able to provide an outstanding vacation experience along with current, cutting-edge continuing education to the point that many of the doctors who attend have traveled with us before.”

CE in Italy meetings begin with a reception the evening before the first day of continuing education.

“We go to lengths to provide fare that is specific to the area, whether that’s wine, cheese or olives. And I provide an extensive overview of the area, whether that is a region, such as Tuscany, or a small town, such as Castiglion Fiorentino, where we have our Tuscany meeting and where I live part-time.”

The education begins early, at 6:30am, to ensure attendees are free to enjoy the sights by the afternoon.

In addition to the usual meeting locales like Florence, CE in Italy for 2016 will also venture to Turin and the Piedmont region, home of Barolo and other memorable red wine varietals. Also new for 2016: a program in Argentina for the avid hunter. “For duck hunters, the Holy Grail is Argentina because of the variety of species and sheer number of ducks.”

Whether it’s duck hunting, skiing, wine tasting or setting sail aboard a cruise ship to tropical locations, here’s a round-up of destination CE offerings for 2016.

## Sunny Locales

• **2016 Island Eyes Conference:** Soak up the sun in beautiful Lahaina, Maui, Hawaii, from Jan. 17-23. This meeting, which is hosted by Pacific University, will offer 29 hours of CE credit with presentations by Denise Goodwin, Nathan Lighthizer, Leo Skorin, Stanley Teplick and Samuel Kim. For more information, contact Jeanne Oliver: [jeanne@pacificu.edu](mailto:jeanne@pacificu.edu) or go to [www.pacificu.edu/islandeyes](http://www.pacificu.edu/islandeyes).

• **Tropical CE – Riviera Maya 2016:** Join Diana Shechtman and William Miller Feb. 13-20 in Playa Del Carmen, Mexico. The meeting, hosted by Tropical CE, offers 20 hours of CE credit. For more information, contact Stuart Autry: [sautry@tropicalce.com](mailto:sautry@tropicalce.com) or go to [www.tropicalce.com](http://www.tropicalce.com).

• **Tropical CE – Tahiti 2016:** Beat the winter blues in Mo’orea and Bora Bora, French Polynesia from March 4-12 with Tropical CE. Presenters include Paul

Ajamian and Maynard Pohl, and 20 hours of CE credit will be available. For more information, contact Stuart Autry: [sautry@tropicalce.com](mailto:sautry@tropicalce.com) or go to [www.tropicalce.com](http://www.tropicalce.com).

• **New Technologies and Treatments in Vision Care – Bermuda:** Join *Review of Optometry* and meeting chair Paul Karpecki in Bermuda from June 9-12, and learn about the latest innovations in optometry by a panel of experts who will help you navigate how to successfully integrate these new advances into your practice. Fourteen hours of CE credit will be available. For more information, contact Lois DiDomenico: [reviewmeetings@jobson.com](mailto:reviewmeetings@jobson.com), or go to [www.reviewofoptometry.com/bermuda2016](http://www.reviewofoptometry.com/bermuda2016).

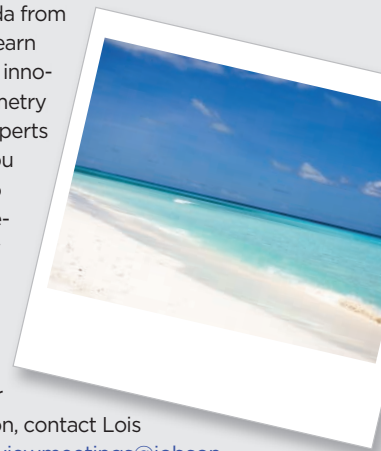
• **Tropical CE – Disney 2016:** Find your inner Mouseketeer and earn CE credit in Orlando, July 3-10, as Tropical CE hosts a meeting at Disney’s Yacht Club Resort. Presenters include Mark Dunbar and Jill Autry. Twenty hours of CE credit can be earned. For more information, contact Stuart Autry: [sautry@tropicalce.com](mailto:sautry@tropicalce.com) or go to [www.tropicalce.com](http://www.tropicalce.com).

• **Tropical CE – Napa 2016:** Join Tropical CE presenters Blair Lonsberry and David Kading at the Silverado Resort and Spa in Napa from Sept. 4-8 and earn up to 14 CE hours. For more information, contact Stuart Autry: [sautry@tropicalce.com](mailto:sautry@tropicalce.com) or go to [www.tropicalce.com](http://www.tropicalce.com).

## European Sightseeing

• **CE in Italy – Turin:** Join host James Fanelli, along with presenter Joe Pizzimenti, in beautiful Turin from June 17-19 at the Victoria Hotel, where 12 credit hours will be available. Contact James Fanelli: [jamesfanelli@ceinitaly.com](mailto:jamesfanelli@ceinitaly.com), [www.ceinitaly.com](http://www.ceinitaly.com), for more information.

• **CE in Italy – Piedmont:** This session will take place June 21-23 at the Palazzo Righini; 12 CE credit hours will be available. Joe Pizzimenti will present. Contact James Fanelli: [jamesfanelli@ceinitaly.com](mailto:jamesfanelli@ceinitaly.com), [www.ceinitaly.com](http://www.ceinitaly.com), for more information.





• **CE in Italy – Copenhagen, Denmark:** Sept. 16-18, join James Fanelli, Leonard Messner and Lorraine Lombardi at the First Hotel Kong Frederik in Denmark. Twelve hours of CE will be available. Contact James Fanelli: [jamesfanelli@ceinitaly.com](mailto:jamesfanelli@ceinitaly.com), [www.ceinitaly.com](http://www.ceinitaly.com).

• **CE in Italy – Florence:** James Fanelli and presenters Leonard Messner and Lorraine Lombardi will offer lectures at the Hotel Silla in Florence from Sept. 20-22. Twelve hours of CE will be available. Contact James Fanelli: [jamesfanelli@ceinitaly.com](mailto:jamesfanelli@ceinitaly.com), [www.ceinitaly.com](http://www.ceinitaly.com).

• **CE in Italy – Tuscany:** Sept. 23-25, at the Residence Le Santucce, attendees can hear from James Fanelli, Leonard Messner and Lorraine Lombardi. Twelve hours of CE credit can be earned. Contact James Fanelli: [jamesfanelli@ceinitaly.com](mailto:jamesfanelli@ceinitaly.com), [www.ceinitaly.com](http://www.ceinitaly.com).

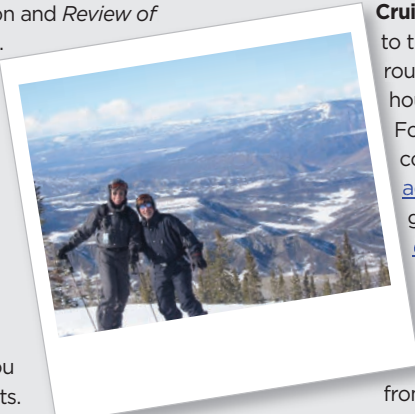
### The Pacific Rim

• **2016 Imperial Japan CE, Tokyo:** Join iTravelCE from Oct. 1-9 in Tokyo, where 18 hours of CE credit will be available. Optometrist Mile Brujic will present. Contact Bridgitte Shen Lee: [drbshenlee@itravelce.com](mailto:drbshenlee@itravelce.com), [www.itravelce.com](http://www.itravelce.com).

### Ski & CE Meetings

• **SkiVision:** Combining top quality CE with the thrills of alpine skiing can't be beat. Join SkiVision and *Review of Optometry* from Feb. 12-16, along with presenters Murray Fingeret, John Flanagan, Ian Ben Gaddie, Jack Schaeffer, Jay Haynie and Kathy Dumbleton, at the Westin Snowmass Resort in Snowmass Village, CO, where you can earn 20 CE credits. For more information, contact Lois DiDomenico: [ldidomenico@jobson.com](mailto:ldidomenico@jobson.com) or go to [www.skivision.com](http://www.skivision.com) or [www.reviewofoptometry.com](http://www.reviewofoptometry.com).

• **Eye Ski Conference, 30th Annual:** Here's another chance to hit the slopes, this time, in Park City, Utah, from Feb. 28-March 4 at the Lodge at Mountain Village. Key presenters include Joe Pizzimenti, Alan Berman, Leonard Messner and James Fanelli. Twenty hours of CE will be available. Contact Timothy Kime at [tandbkime@bex.net](mailto:tandbkime@bex.net) or go to [www.eyeskiutah.com](http://www.eyeskiutah.com).



### The Great Outdoors

• **Argentina Premier Duck Hunting Conference, Buenos Aires:** Join James Fanelli on this exotic duck-hunting CE adventure from July 17-21, when 12 CE credit hours can be earned. For more information, contact James Fanelli, [jamesfanelli@ceinitaly.com](mailto:jamesfanelli@ceinitaly.com), [www.ceinitaly.com](http://www.ceinitaly.com).

• **EyeFlyFish 2016:** Get ready to tie some flies during the EyeFlyFish 2016 conference, scheduled from Sept. 8-11 in Alexandria, PA. Six CE credit hours will be available. For more information, contact Charles Griffen: [c.griffenod@verizon.net](mailto:c.griffenod@verizon.net), or go to [www.eyeflyfish.com](http://www.eyeflyfish.com).

### CE at Sea

• **Western Caribbean Cruise:** Sail round-trip from Fort Lauderdale, Feb. 13-20, for Innovations in Eye Care, hosted by Dr. Travel Seminars. The key lecturer is Robert Wooldridge, and 16 CE credit hours can be earned. For more information, contact Robert Pascal: [drtravel@aol.com](mailto:drtravel@aol.com) or go to [www.drtravel.com](http://www.drtravel.com).

• **Canary Islands Optometric Cruise Seminar:** Sail from Barcelona, Spain, Feb. 14-24, aboard the NCL Epic and earn 10 CE credits. For more information, contact Marge McGrath: [aeacruises@aol.com](mailto:aeacruises@aol.com) or go to [www.optometriccruiseseminars.com](http://www.optometriccruiseseminars.com).

• **Eastern Caribbean Optometric Cruise Seminar:** Take to the seas Feb. 20-27 round-trip from Miami. Ten hours of CE are available. For more information, contact Marge McGrath: [aeacruises@aol.com](mailto:aeacruises@aol.com) or go to [www.optometriccruiseseminars.com](http://www.optometriccruiseseminars.com).

• **Mediterranean Optometric Cruise Seminar:** Sail from Barcelona to Athens from April 13-23 aboard the Silversea Silverwind and earn 10 CE credits. For more information, contact Marge McGrath: [aeacruises@aol.com](mailto:aeacruises@aol.com) or go to [www.optometriccruiseseminars.com](http://www.optometriccruiseseminars.com).

• **Alaska Optometric Cruise Seminar:** Climb aboard the Island Princess sailing from Anchorage to Vancouver from June 29-July 6. Ten CE credit hours are available. For more information, contact Marge McGrath: [aeacruises@aol.com](mailto:aeacruises@aol.com) or go to [www.optometriccruiseseminars.com](http://www.optometriccruiseseminars.com).

• **POA/PAFP Seminar at Sea:** Hosted by the Pennsylvania Optometric Association

and the Pennsylvania Academy of Family Physicians, this CE cruise features 12 hours of credit aboard the Royal Caribbean's Grandeur of the Seas. The ship leaves from Baltimore and sails to Bermuda from July 2-7. Contact Ilene Sauertieg: [ilene@poaeyes.org](mailto:ilene@poaeyes.org), or [www.poaeyes.org](http://www.poaeyes.org).

• **Western Mediterranean Cruise Seminar:** Sail from Barcelona, July 3-10, and earn 10 CE credits. Contact Marge McGrath: [aeacruises@aol.com](mailto:aeacruises@aol.com) or go to [www.optometriccruiseseminars.com](http://www.optometriccruiseseminars.com).

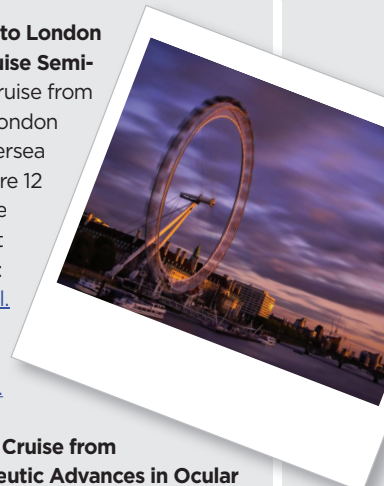
• **Western Mediterranean Cruise from Barcelona, A Clinical Compendium:** Hosted by Dr. Travel Seminars, this cruise sails from July 3-10. Leo Semes is the key presenter, and 12 CE credit hours will be available. For more information, contact Robert Pascal: [drtravel@aol.com](mailto:drtravel@aol.com), [www.drtravel.com](http://www.drtravel.com).

• **Stockholm to London Optometric Cruise Seminar:** July 9-21, cruise from Stockholm to London aboard the Silversea Silverwind, where 12 CE hours can be earned. Contact Marge McGrath: [aeacruises@aol.com](mailto:aeacruises@aol.com) or [www.optometriccruiseseminars.com](http://www.optometriccruiseseminars.com).

• **Greek Isles Cruise from Venice, Therapeutic Advances in Ocular Disease 2016:** To be held July 23-30, join Dr. Travel Seminars and hear lectures from renowned optometrist Ron Melton. Twelve hours of CE can be earned. Contact Robert Pascal: [drtravel@aol.com](mailto:drtravel@aol.com), [www.drtravel.com](http://www.drtravel.com).

• **Russia/Scandinavia Optometric Cruise Seminar:** Earn 12 CE credits en route from Amsterdam, July 25-Aug. 6, aboard the Celebrity Silhouette. Contact Marge McGrath: [aeacruises@aol.com](mailto:aeacruises@aol.com) or [www.optometriccruiseseminars.com](http://www.optometriccruiseseminars.com).

• **Dec. 24-31, Eastern Caribbean Cruise, A Day in My Retina Clinic:** Hear from Jay Haynie, Dec. 24-31, aboard Norwegian Cruise Line's Norwegian Escape, which departs from Miami. The seminar is hosted by Dr. Travel Seminars. Contact Robert Pascal: [drtravel@aol.com](mailto:drtravel@aol.com), [www.drtravel.com](http://www.drtravel.com).



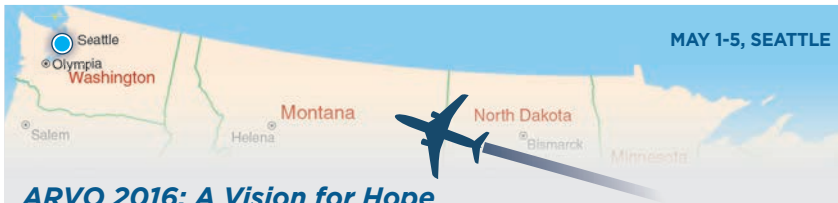


# May

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
ARVO						
Evidence Based Care in Optometry			MOA Annual Conference			
2016 Arkansas OA Spring Convention (begins Apr. 28)						
CE in the Southwest (begins Apr. 30)						
Morgan Symposium (begins Apr. 29)						
8	9	10	11	12	13	14
	University of MO Coding Update 2016				International Vision Conference East	
					POA Spring Congress	
						Indiana University CE
15	16	17	18	19	20	21
POA Spring Congress			OEP Foundation VT/Visual Dysfunction			
Indiana University CE				Oregon's Meeting		
Potpourri of CE					New Technologies and Treatments in Vision Care - San Antonio	
22	23	24	25	26	27	28
OEP Foundation VT/Visual Dysfunction						
Oregon's Meeting						
New Tech San Antonio						
29	30	31				

EDUCATION TOPICS			
<b>AL</b> Allergy	<b>CS</b> Corneal surgery	<b>NO</b> Neuro-ophthalmics	<b>RE</b> Retinal disorders
<b>AM</b> Amblyopia	<b>CT</b> Cataract surgery	<b>NT</b> Nutrition & the eye	<b>RS</b> Refractive surgery
<b>BV</b> Binocular vision	<b>DE</b> Diabetes	<b>IN</b> Ocular infections	<b>SV</b> Sports vision
<b>CM</b> Comanagement	<b>DR</b> Dry eye	<b>DS</b> Optical dispensing	<b>SD</b> Systemic disease
<b>CL</b> Contact lenses	<b>EL</b> Eyelids/adnexa	<b>PE</b> Pediatric eye care	<b>TE</b> Technology
<b>CD</b> Cornea/conjunctiva	<b>GL</b> Glaucoma	<b>PH</b> Pharmacology	<b>UV</b> Uveitis
	<b>LT</b> Laboratory testing	<b>PM</b> Practice mgmt.	<b>VT</b> Vision therapy

**May 1, Ellicott City, MD**  
**Ninth Annual Evidence Based Care in Optometry Conference**  
 HOST: Maryland Optometric Association and Johns Hopkins Wilmer Eye Institute  
 CE HOURS: TBD  
 LOCATION: Turf Valley Resort & Conf.



## ARVO 2016: A Vision for Hope

When you think about the future of eye care, the Association for Research in Vision and Ophthalmology (ARVO) likely will come to mind. As the nexus of pioneering work in ophthalmic research, ARVO will hold its annual meeting May 1-5, 2016, in Seattle with the theme “A Vision for Hope.”

ARVO is the largest gathering of eye and vision researchers in the world, attracting more than 11,000 attendees from more than 75 countries. Approximately 45% of ARVO’s attendees are from outside the United States.

Biomedical research is behind every advance in treatment for blinding conditions, behind every improvement in diagnostic methods, and behind all progression in the

understanding of the eye and visual processes. ARVO members are engaged in research that brings hope to patients and their families that treatments and cures for eye disease are on the horizon. At the ARVO annual meeting, researchers from around the world will come together to explore cutting-edge science, collaborate with peers and create connections between their work and the people who will ultimately benefit from it.

The meeting will feature five days of innovative vision science covering a range of topics including molecular biology, research, cornea, genetics, glaucoma, retina, nanotechnology and regenerative medicine, to name a few. For more information or to register, go to: [www.arvo.org](http://www.arvo.org)

Center, 2700 Turf Valley Rd.  
CONTACT: Gala McCray  
[info@marylandoptometry.org](mailto:info@marylandoptometry.org)  
410-486-9662  
[marylandoptometry.org](http://marylandoptometry.org)

### May 1-5, Seattle ARVO

HOST: The Association of Research in Vision and Ophthalmology  
LOCATION: Washington State Convention Center, 800 Convention Place  
[www.arvo.org](http://www.arvo.org)

### May 4-6, Missoula, MT MOA Annual Conference & Exposition

HOST: Montana Optometric Association  
CE HOURS: 18  
LOCATION: Hilton Garden Inn, 3720 N Reserve St.  
CONTACT: Sue Weingartner  
[sweingartner@rmsmanagement.com](mailto:sweingartner@rmsmanagement.com)  
406-443-1160  
[www.mteyes.com](http://www.mteyes.com)

### May 9, St. Louis Coding Update 2016

HOST: University of MO-St. Louis College of Optometry  
KEY FACULTY: John McGreal  
CE HOURS: 4

CONTACT: Lis Ellerbusch  
[ellerbusch@umsl.edu](mailto:ellerbusch@umsl.edu)  
314-516-5615  
**PM**

### May 13-14, Pittsburgh International Vision Conference East

HOST: OD Excellence  
KEY FACULTY: John McGreal, Paul Chous, Jeffry Gerson, Valerie Manso  
CE HOURS: 6  
LOCATION: Hyatt Regency Pittsburgh International Airport, 1111 Airport Blvd.  
CONTACT: Johanna Lieblein  
[johanna@odexcellence.com](mailto:johanna@odexcellence.com)  
707-433-5542  
[odexcellence.com](http://odexcellence.com)  
**CD DB GL RE**

### May 13-15, Camp Hill, PA POA Spring Congress

HOST: PA Optometric Association  
CE HOURS: 14  
LOCATION: Radisson Hotel, 1150 Camp Hill Bypass  
CONTACT: Ilene K. Sauertieg  
[ilene@poaeyes.org](mailto:ilene@poaeyes.org)  
717-233-6455  
[www.poaeyes.org](http://www.poaeyes.org)

**May 14-15, Bloomington, IN  
Indiana University CE**  
HOST: IU School of Optometry

CE HOURS: 16  
LOCATION: IU School of Optometry  
800 E. Atwater, Room 105  
CONTACT: Cheryl Oldfield  
[coldfiel@indiana.edu](mailto:coldfiel@indiana.edu)  
812-856-3502  
[www.opt.indiana.edu/ce/seminars.htm](http://www.opt.indiana.edu/ce/seminars.htm)

### May 15, Fullerton, CA Potpourri of CE

HOST: Marshall B. Ketchum University  
CE HOURS: 8  
LOCATION: Marshall B. Ketchum University  
2575 Yorba Linda Blvd.  
CONTACT: Antoinette Smith  
[ce@ketchum.edu](mailto:ce@ketchum.edu)  
714-449-7495  
[www.ketchum.edu/index.php/ce](http://www.ketchum.edu/index.php/ce)  
**AL CL CS DB DE GL NO IN PE PH  
RE SD**

### May 18-22, Phoenix VT/Visual Dysfunction

HOST: OEP Foundation  
KEY FACULTY: Rob Lewis  
CE HOURS: 35  
LOCATION: TBD  
CONTACT: Karen Ruder  
[karen.ruder@oep.org](mailto:karen.ruder@oep.org)  
410-561-3791  
[www.oepf.org/oepf\\_calendar](http://www.oepf.org/oepf_calendar)  
**AM BV VT**

### May 19-22, Portland, OR Oregon’s Meeting

HOST: Oregon Optometric Physicians Association  
KEY FACULTY: Winston Chamberlain, Afshan Nanji, John Clements, Mansi Parikh, Eric Steele, Lori Lombardi  
CE HOURS: Total: 15, Maximum per OD: 13  
LOCATION: Sunriver Resort  
17600 Center Drive  
CONTACT: Lynne Olson  
[lynne@oregonoptometry.org](mailto:lynne@oregonoptometry.org)  
800-922-2045  
[www.oregonoptometry.org](http://www.oregonoptometry.org)  
**CD CS CT GL IN RE RS**

### May 20-22, San Antonio, TX New Technologies and Treatments in Vision Care – San Antonio

HOST: Review of Optometry  
KEY FACULTY: Paul Karpecki (meeting chair)  
CE HOURS: 17  
LOCATION: San Antonio Marriott Rivercenter, 101 Bowie St.  
CONTACT: Lois DiDomenico  
[reviewmeetings@jobson.com](mailto:reviewmeetings@jobson.com)  
866-658-1772  
[www.reviewofoptometry.com/sanantonio2016](http://www.reviewofoptometry.com/sanantonio2016)  
**CM CL DB DE EL GL IN PH RE**

# June

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
			1	2	3	4	
			OEP Foundation VT/Learning Related Visual Problems				
				Alaska Optometric Association CE Congress			
				Utah Optometric Association 2016 Congress			
				Ocular Symposium: Pearls in Ocular Diagnosis		Everything Therapeutic: Houston	
5	6	7	8	9	10	11	
OEP Foundation VT	Indiana Health Service: Biennial Healthcare Meeting				Pacific U. Northwest Residents Conference		
Alaska OA CE Congress	North Carolina State Spring Congress						
Utah Optometric Association 2016 Congress			OEP Foundation VT/Learning Related Visual Problems				
Ocular Symposium: Pearls in Ocular Diagnosis			OEP Foundation Art + Science of Optometric Care				
Everything Therapeutic: Houston			Virginia Optometric Association Annual Conference				
			Georgia Optometric Association Annual Meeting				
			New Technologies & Treatments in Vision Care - Bermuda				
					Dual Sensory Loss	NOA Clinical Update	
12	13	14	15	16	17	18	
NC State Spring Cong.					Optometry Association of Louisiana Annual Convention		
OEP VT					CE in Italy - Turin		
OEP Art + Science of Optometric Care							
VOA Annual Conf.							
GOA Annual Meeting							
New Tech - Bermuda							
UC Berk. Res. Forum							
19	20	21	22	23	24	25	
Optometry Assn. of Louisiana Annual Convention		CE in Italy - Piedmont					OEP Foundation The OD's Guide to Strabismus
CE in Italy - Turin							
26	27	28	29	30			
OEP Foundation The OD's Guide to Strabismus			AOA - Optometry's Meeting (ends Jul. 3)				
			AEA Cruises Alaska Optometric Cruise Seminar (ends Jul. 6)				

EDUCATION TOPICS			
<b>AL</b> Allergy	<b>CS</b> Corneal surgery	<b>NO</b> Neuro-ophthalmics	<b>RE</b> Retinal disorders
<b>AM</b> Amblyopia	<b>CT</b> Cataract surgery	<b>NT</b> Nutrition & the eye	<b>RS</b> Refractive surgery
<b>BV</b> Binocular vision	<b>DE</b> Diabetes	<b>IN</b> Ocular infections	<b>SV</b> Sports vision
<b>CM</b> Comanagement	<b>DR</b> Dry eye	<b>DS</b> Optical dispensing	<b>SD</b> Systemic disease
<b>CL</b> Contact lenses	<b>EL</b> Eyelids/adnexa	<b>PE</b> Pediatric eye care	<b>TE</b> Technology
<b>CD</b> Cornea/conjunctiva	<b>GL</b> Glaucoma	<b>PH</b> Pharmacology	<b>UV</b> Uveitis
	<b>LT</b> Laboratory testing	<b>PM</b> Practice mgmt.	<b>VT</b> Vision therapy

## Jun. 1-5, Ft. Lauderdale VT/Learning Related Visual Problems

HOST: OEP

KEY FACULTY: Rob Lewis

CE HOURS: 35

LOCATION: Nova Southeastern  
University College of Optometry,  
3301 College Ave.



CONTACT: Karen Ruder; 410-561-3791  
[karen.ruder@oepf.org](mailto:karen.ruder@oepf.org)  
[www.oepf.org/oepf\\_calendar](http://www.oepf.org/oepf_calendar)  
AM BV VT

**Jun. 2-5, Homer, AK  
Alaska Optometric Assn. CE Congress**

HOST: AKOA  
CE HOURS: 22  
LOCATION: Lands End Resort,  
4786 Homer Spit Rd.  
CONTACT: Lisa Johnson  
[alaskaoptometrics@gmail.com](mailto:alaskaoptometrics@gmail.com)  
907-770-3777  
[akoa.org](http://akoa.org)

**Jun. 2-6, Midway, UT  
2016 Annual Congress**

HOST: Utah Optometric Association  
CE HOURS: 18  
LOCATION: TBD  
CONTACT: Alyssa White  
[alyssa@utahevedoc.org](mailto:alyssa@utahevedoc.org)  
801-364-9103  
[www.utahevedoc.org](http://www.utahevedoc.org)

**Jun. 3-5, San Francisco  
Ocular Symposium: Pearls in Ocular  
Diagnosis**

HOST: Ocular Symposium  
KEY FACULTY: H. Richard McDonald,  
David F. Chang, Andrew G. Iwach,  
Rona Z. Silkiss, Marc Levin, William F.  
Good  
CE HOURS: 24  
LOCATION: Holiday Inn Golden  
Gateway, 1500 Van Ness Ave.  
CONTACT: Lorraine Geary  
[ocularsymp@aol.com](mailto:ocularsymp@aol.com)  
415-278-9940  
CS CT GL NO IN PE RE RS SD UV VT

**Jun. 4-5, Houston  
Everything Therapeutic: Houston**

HOST: University of Houston College  
of Optometry  
KEY FACULTY: Bruce Onofrey  
CE HOURS: 16  
LOCATION: Health and Biomedical  
Sciences Building at the University of  
Houston College of Optometry,  
4901 Calhoun Rd.  
CONTACT: University of Houston  
College of Optometry CE Office  
[optce@central.uh.edu](mailto:optce@central.uh.edu)  
713-743-1900  
<http://ce.opt.uh.edu>

**Jun. 6-9, Fullerton, CA  
Indian Health Service:  
Biennial Healthcare Meeting**

HOST: Marshall B. Ketchum University  
CE HOURS: 25  
LOCATION: Marshall B. Ketchum  
University, 2575 Yorba Linda Blvd.  
CONTACT: Antoinette Smith  
[ce@ketchum.edu](mailto:ce@ketchum.edu)  
714-449-7495  
[www.ketchum.edu/index.php/ce](http://www.ketchum.edu/index.php/ce)  
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PE PH RE RS SD UV

**Jun. 6-12, Myrtle Beach, SC  
Spring Congress**

HOST: North Carolina State  
Optometric Society  
CE HOURS: 18  
LOCATION: Embassy Suites Kingston  
Plantation, 9800 Kingsway Blvd.  
CONTACT: Adrienne Drollette  
[adrienne@nceyes.org](mailto:adrienne@nceyes.org)  
919-977-6964  
[www.nceyes.org](http://www.nceyes.org)

**Jun. 8-12, Listowel, Ontario, Canada  
VT/Learning Related Visual Problems**

HOST: OEP Foundation  
KEY FACULTY: Robert Hohendorf  
CE HOURS: 35  
LOCATION: Listowel, Ontario, Canada  
CONTACT: Karen Ruder  
[karen.ruder@oepf.org](mailto:karen.ruder@oepf.org)  
410-561-3791  
[www.oepf.org/oepf\\_calendar](http://www.oepf.org/oepf_calendar)  
AM BV VT

**Jun. 8-12, Burlington, Ontario,  
Canada  
The Art + Science of Optometric Care**

HOST: OEP Foundation  
KEY FACULTY: Steen Aalberg  
CE HOURS: 35  
LOCATION: Burlington, Ontario,  
Canada  
CONTACT: Karen Ruder  
[karen.ruder@oepf.org](mailto:karen.ruder@oepf.org)  
410-561-3791  
[www.oepf.org/oepf\\_calendar](http://www.oepf.org/oepf_calendar)  
AM BV VT

**Jun. 9-12, Hot Springs, VA  
VOA Annual Convention**

HOST: Virginia Optometric Association  
CE HOURS: 18-20, Maximum per OD:  
16  
LOCATION: Omni Homestead Resort,  
7696 Sam Snead Hwy.  
CONTACT: Bo Keeney, Executive  
Director  
[office@thevoa.org](mailto:office@thevoa.org)  
804-643-0309  
[www.thevoa.org](http://www.thevoa.org)

**Jun. 9-12, Amelia Island, FL  
Georgia Optometric Association  
Annual Meeting**

HOST: Georgia Optometric Assn.  
CE HOURS: 15  
LOCATION: Omni Amelia Island  
Plantation Resort,  
39 Beach Lagoon Rd.  
CONTACT: Vanessa Grosso  
[vanessagoa@aol.com](mailto:vanessagoa@aol.com)  
770-961-9866 x-1  
[www.goaeyes.com](http://www.goaeyes.com)  
GL NO IN PH SD

**Jun. 9-12, Hamilton, Bermuda  
New Technologies and Treatments in  
Vision Care – Bermuda**

HOST: *Review of Optometry*  
KEY FACULTY: Paul Karpecki, Ben  
Gaddie, Marc Bloomenstein, Mark  
Dunbar, Doug Devries, Jack Schaeffer  
CE HOURS: 14  
LOCATION: Hamilton Princess & Beach  
Club, 79 Pitts Bay Rd.  
CONTACT: Lois DiDomenico  
[reviewmeetings@jobson.com](mailto:reviewmeetings@jobson.com)  
866-658-1772  
[www.reviewofoptometry.com/  
bermuda2016](http://www.reviewofoptometry.com/bermuda2016)  
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**Jun. 10, Wichita, KS  
Dual Sensory Loss**

HOST: Envision University  
KEY FACULTY: Walter Wittich  
CE HOURS: 4  
LOCATION: Envision, 610 N. Main  
CONTACT: Michael Epp  
[michael.epp@envisionus.com](mailto:michael.epp@envisionus.com)  
326-440-1515  
[www.envisionuniversity.org](http://www.envisionuniversity.org)  
NO VT

**Jun. 10-11, Forest Grove, OR  
Northwest Residents Conference**

HOST: Pacific University College of  
Optometry  
KEY FACULTY: 21 residents from  
affiliated programs in MN, NV, OR, PA  
and WA  
CE HOURS: 10.5  
LOCATION: Pacific University Campus,  
Jefferson Hall, 2221 Pacific Ave.  
CONTACT: Martina Fredericks  
[frederim@pacificu.edu](mailto:frederim@pacificu.edu)  
503-352-2207  
[www.pacificu.edu/future-graduate-  
professional/colleges/college-  
optometry/continuing-education](http://www.pacificu.edu/future-graduate-professional/colleges/college-optometry/continuing-education)  
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The city of Boston is the place to be for the 119th annual American Optometric Association (AOA) Congress and the 46th Annual American Optometric Student Association (AOSA) Conference. Better known as “Optometry’s Meeting,” the congress will be held from June 29 to July 3 at the Boston Convention and Exhibition Center.

Registration and housing will open in early February.

The conference will offer a total of 180 continuing education hours, with 36 maximum hours per OD. During the five-day congress, attendees will be able to partake of educational sessions on a broad array of topics that run the gamut from traditional to cutting-edge optometric care.

“As always, we are planning a top-notch experience for our attendees at Optometry’s Meeting this June in Boston,” says AOA president Steven Loomis, OD, who notes that the meeting will provide “the right tools to guide your practice to the solutions that will drive future success.” By attending, he says, you’ll “benefit your career, advance your knowledge and better position yourself for future success.”

For further details as they come available, check the AOA’s website, [www.optometrismeeing.org](http://www.optometrismeeing.org).

Have questions or want to register? Contact Stacy Harris at [saharris@aoa.org](mailto:saharris@aoa.org) or go to [www.optometrismeeing.org](http://www.optometrismeeing.org).

### “One if by land...”

While at the AOA meeting, be sure to embark on one of Boston’s many historic trails to get an insider’s look at the city at its best. Its compact size and historic neighborhoods are perfect for both long and leisurely strolls.

- **Walk the Freedom Trail:** One of the nation’s first historic walking tours, the trail—marked by a red line—takes the visitor to 16 historical



sites, including the Old South Meeting House, Bunker Hill Monument and the Paul Revere House, and covers two-and-a-half centuries of America’s past.

You can take a self-guided tour or one of the many tours available through the National Park Service ([www.nps.gov/bost/playourvisit/guidedtours.htm](http://www.nps.gov/bost/playourvisit/guidedtours.htm)), the Boston Common Visitors Center at 148 Tremont Street, or the Bostix Booth in Faneuil Hall. If you prefer to ride, you can pay for one of the trolley tours, which are unofficial guided tours, but take riders to many of the sites along the trail and allow for stops at selected sites. To find out more about guided tours, contact the Greater Boston Convention and Visitors Bureau ([www.bostonusa.com](http://www.bostonusa.com)).

- **Explore Boston Heritage Trails:** Complementary to the Freedom Trail, Boston Heritage Trails explore the rich cultures of different groups throughout Boston’s history. Tours are self-guided or conducted by tour guide, with maps available online.

The trails include: Women’s Heritage Trail (<http://bwht.org>), which highlights the work of Boston women like Abigail Adams, Phillis Wheatley, Amelia Earhart, Louisa May Alcott, and Rose Kennedy; Boston’s Black Heritage Trail ([www.afroammuseum.org/trail.htm](http://www.afroammuseum.org/trail.htm)), which recognizes

the pioneering civil rights work of Boston’s free African American community, which led the nation in the movement to end slavery and achieve equal rights; and the Irish Heritage Trail ([www.irishheritagetrail.com](http://www.irishheritagetrail.com)), which guides visitors to landmarks of Irish-American artists and heroes from the 1700s to the present.

- **Walk the JFK Trail:** Visit historic sites frequented by the late President John F. Kennedy. The GPS tour can be downloaded to your cell phone or other mobile device. [www.boston.com/travel/boston/gallery/jfkgpstour](http://www.boston.com/travel/boston/gallery/jfkgpstour)

- **Explore the Boston Sports Trail:** Whether you like hockey or baseball, get your sports fix even on off-days by visiting stops along the Boston Sports Trail, including Fenway Park, Agganis Arena and the Boston Common. Also available for download. [www.geovative.com/GeoTours/tourView.asp?6174Vq=LIGE](http://www.geovative.com/GeoTours/tourView.asp?6174Vq=LIGE)

- **The Rose Kennedy Greenway Walking Tour:** With more than a mile-and-a-half of public parkland, the Rose Kennedy Greenway makes for a great walk in downtown Boston. [www.rosekennedygreenway.org/visit/tours](http://www.rosekennedygreenway.org/visit/tours)

- **Climb Bunker Hill Monument:** “Don’t fire until you see the whites of their eyes!” This legendary order has

(continued on page 43)



LACRISERT<sup>®</sup>  
(hydroxypropyl cellulose ophthalmic insert)

**BAUSCH + LOMB**

Lacrisert is a trademark of Valeant Pharmaceuticals International, Inc. or its affiliates.  
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US/LAC/14/0008b



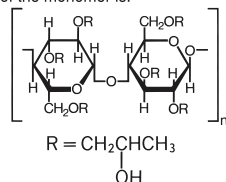
**STERILE OPHTHALMIC INSERT**

**LACRISERT®  
(HYDROXYPROPYL CELLULOSE OPHTHALMIC INSERT)**

**DESCRIPTION**

LACRISERT® (hydroxypropyl cellulose ophthalmic insert) is a sterile, translucent, rod-shaped, water soluble, ophthalmic insert made of hydroxypropyl cellulose, for administration into the inferior cul-de-sac of the eye.

The chemical name for hydroxypropyl cellulose is cellulose, 2-hydroxypropyl ether. It is an ether of cellulose in which hydroxypropyl groups (-CH<sub>2</sub>CHOHCH<sub>3</sub>) are attached to the hydroxyls present in the anhydroglucose rings of cellulose by ether linkages. A representative structure of the monomer is:



The molecular weight is typically  $1 \times 10^6$ .

Hydroxypropyl cellulose is an off-white, odorless, tasteless powder. It is soluble in water below 38°C, and in many polar organic solvents such as ethanol, propylene glycol, dioxane, methanol, isopropyl alcohol (95%), dimethyl sulfoxide, and dimethyl formamide.

Each LACRISERT is 5 mg of hydroxypropyl cellulose. LACRISERT contains no preservatives or other ingredients. It is about 1.27 mm in diameter by about 3.5 mm long.

LACRISERT is supplied in packages of 60 units, together with illustrated instructions and a special applicator for removing LACRISERT from the unit dose blister and inserting it into the eye. A spare applicator is included in each package.

**CLINICAL PHARMACOLOGY**

*Pharmacodynamics*

LACRISERT acts to stabilize and thicken the precorneal tear film and prolong the tear film breakup time which is usually accelerated in patients with dry eye states. LACRISERT also acts to lubricate and protect the eye.

LACRISERT usually reduces the signs and symptoms resulting from moderate to severe dry eye syndromes, such as conjunctival hyperemia, corneal and conjunctival staining with rose bengal, exudation, itching, burning, foreign body sensation, smarting, photophobia, dryness and blurred or cloudy vision. Progressive visual deterioration which occurs in some patients may be retarded, halted, or sometimes reversed.

In a multicenter crossover study the 5 mg LACRISERT administered once a day during the waking hours was compared to artificial tears used four or more times daily. There was a prolongation of tear film breakup time and a decrease in foreign body sensation associated with dry eye syndrome in patients during treatment with inserts as compared to artificial tears; these findings were statistically significantly different between the treatment groups. Improvement, as measured by amelioration of symptoms, by slit lamp examination and by rose bengal staining of the cornea and conjunctiva, was greater in most patients with moderate to severe symptoms during treatment with LACRISERT. Patient comfort was usually better with LACRISERT than with artificial tears solution, and most patients preferred LACRISERT.

In most patients treated with LACRISERT for over one year, improvement was observed as evidenced by amelioration of symptoms generally associated with keratoconjunctivitis sicca such as burning, tearing, foreign body sensation, itching, photophobia and blurred or cloudy vision.

During studies in healthy volunteers, a thickened precorneal tear film was usually observed through the slit-lamp while LACRISERT was present in the conjunctival sac.

*Pharmacokinetics and Metabolism*

Hydroxypropyl cellulose is a physiologically inert substance. In a study of rats fed hydroxypropyl cellulose or unmodified cellulose at levels up to 5% of their diet, it was found that the two were biologically equivalent in that neither was metabolized.

Studies conducted in rats fed <sup>14</sup>C-labeled hydroxypropyl cellulose demonstrated that when orally administered, hydroxypropyl cellulose is not absorbed from the gastrointestinal tract and is quantitatively excreted in the feces.

Dissolution studies in rabbits showed that hydroxypropyl cellulose inserts became softer within 1 hour after they were placed in the conjunctival sac. Most of the inserts dissolved completely in 14 to 18 hours; with a single exception, all had disappeared by 24 hours after insertion. Similar dissolution of the inserts was observed during prolonged administration (up to 54 weeks).

**INDICATIONS AND USAGE**

LACRISERT is indicated in patients with moderate to severe dry eye syndromes, including keratoconjunctivitis sicca. LACRISERT is indicated especially in patients who remain symptomatic after an adequate trial of therapy with artificial tear solutions.

LACRISERT is also indicated for patients with:

- Exposure keratitis
- Decreased corneal sensitivity
- Recurrent corneal erosions

**CONTRAINDICATIONS**

LACRISERT is contraindicated in patients who are hypersensitive to hydroxypropyl cellulose.

**WARNINGS**

Instructions for inserting and removing LACRISERT should be carefully followed.

**PRECAUTIONS**

*General*

If improperly placed, LACRISERT may result in corneal abrasion (see DOSAGE AND ADMINISTRATION).

*Information for Patients*

Patients should be advised to follow the instructions for using LACRISERT which accompany the package.

Because this product may produce transient blurring of vision, patients should be instructed to exercise caution when operating hazardous machinery or driving a motor vehicle.

*Drug Interactions*

Application of hydroxypropyl cellulose ophthalmic inserts to the eyes of unanesthetized rabbits immediately prior to or two hours before instilling pilocarpine, proparacaine HCl (0.5%), or phenylephrine (5%) did not markedly alter the magnitude and/or duration of the miotic, local corneal anesthetic, or mydriatic activity, respectively, of these agents. Under various treatment schedules, the anti-inflammatory effect of ocularly instilled dexamethasone (0.1%) in unanesthetized rabbits with primary uveitis was not affected by the presence of hydroxypropyl cellulose inserts.

*Carcinogenesis, Mutagenesis, Impairment of Fertility*

Feeding of hydroxypropyl cellulose to rats at levels up to 5% of their diet produced no gross or histopathologic changes or other deleterious effects.

*Pediatric Use*

Safety and effectiveness in pediatric patients have not been established.

*Geriatric Use*

No overall differences in safety or effectiveness have been observed between elderly and younger patients.

**ADVERSE REACTIONS**

The following adverse reactions have been reported in patients treated with LACRISERT, but were in most instances mild and transient:

- Transient blurring of vision (See PRECAUTIONS)
- Ocular discomfort or irritation
- Matting or stickiness of eyelashes
- Photophobia
- Hypersensitivity
- Edema of the eyelids
- Hyperemia

**DOSAGE AND ADMINISTRATION**

One LACRISERT ophthalmic insert in each eye once daily is usually sufficient to relieve the symptoms associated with moderate to severe dry eye syndromes. Individual patients may require more flexibility in the use of LACRISERT; some patients may require twice daily use for optimal results.

Clinical experience with LACRISERT indicates that in some patients several weeks may be required before satisfactory improvement of symptoms is achieved.

LACRISERT is inserted into the inferior cul-de-sac of the eye beneath the base of the tarsus, not in apposition to the cornea, nor beneath the eyelid at the level of the tarsal plate. If not properly positioned, it will be expelled into the interpalpebral fissure, and may cause symptoms of a foreign body. Illustrated instructions are included in each package. While in the licensed practitioner's office, the patient should read the instructions, then practice insertion and removal of LACRISERT until proficiency is achieved.

NOTE: Occasionally LACRISERT is inadvertently expelled from the eye, especially in patients with shallow conjunctival fornices. The patient should be cautioned against rubbing the eye(s) containing LACRISERT, especially upon awakening, so as not to dislodge or expel the insert. If required, another LACRISERT ophthalmic insert may be inserted. If experience indicates that transient blurred vision develops in an individual patient, the patient may want to remove LACRISERT a few hours after insertion to avoid this. Another LACRISERT ophthalmic insert may be inserted if needed.

If LACRISERT causes worsening of symptoms, the patient should be instructed to inspect the conjunctival sac to make certain LACRISERT is in the proper location, deep in the inferior cul-de-sac of the eye beneath the base of the tarsus. If these symptoms persist, LACRISERT should be removed and the patient should contact the practitioner.

**HOW SUPPLIED**

LACRISERT, a sterile, translucent, rod-shaped, water-soluble, ophthalmic insert made of hydroxypropyl cellulose, 5 mg, is supplied as follows:

NDC 25010-805-68 in packages containing 60 unit doses (each wrapped in an aluminum blister), two reusable applicators, and a plastic storage container to store the applicators after use.

Storage  
Store below 30°C (86°F).

Distributed by:  
ATON PHARMA, INC.  
Lawrenceville, NJ 08648, USA

Manufactured by:  
DPT Lakewood, Inc.  
Lakewood, NJ 08701 USA

Issued August 2008  
Printed in USA

(continued from page 40)

come to symbolize determination of the ill-equipped American colonists facing powerful British forces during the famous battle fought on this site on June 17, 1775. Ascend the 294 steps to the top of the monument for great views of Boston. [www.nps.gov/bost/learn/historyculture/bhm.htm](http://www.nps.gov/bost/learn/historyculture/bhm.htm)

- **Discover Boston Parks:** From the Boston Common and Public Gardens to Franklin Park, there are plenty of green spaces to explore while in Boston. [www.cityofboston.gov/parks/emerald](http://www.cityofboston.gov/parks/emerald)

- **Take a Walk to the Sea:** Boston's Walk to the Sea trail encompasses four centuries of Boston history. Mixing historical landmarks with Boston's skyscrapers, this walk is truly one worth taking. The walk from summit to sea—spanning one mile and descending a hundred feet—brings that history to life. [www.walktothesea.com/index.html](http://www.walktothesea.com/index.html)

- **Self-guided Audio Tours:** Let your mobile device be your tour guide in these free audio tours: Boston Harborwalk ([www.audisseyguides.com/boston-the-harborwalk](http://www.audisseyguides.com/boston-the-harborwalk)), Fort Point Harbor ([www.audisseyguides.com/boston-the-fort-point-channel-neighborhood](http://www.audisseyguides.com/boston-the-fort-point-channel-neighborhood)) and Boston Public Garden ([www.audisseyguides.com/tour-overview-6](http://www.audisseyguides.com/tour-overview-6)).

### Jun. 11, Omaha, NE Clinical Update Conference

HOST: Nebraska Optometric Association  
KEY FACULTY: Kyle Cheatham, Christopher Wolfe  
CE HOURS: 8  
LOCATION: Sheraton Omaha, 655 N. 108th Ave.  
CONTACT: David S. McBride [dmcbride@assocoffice.net](mailto:dmcbride@assocoffice.net)  
402-474-7716  
[www.noaonline.org](http://www.noaonline.org)  
AM CD DE EL NO IN PH RE SD UV

### Jun. 12, Berkeley, CA Resident Forum

HOST: University of California, Berkeley, School of Optometry  
KEY FACULTY: On-Campus and Affiliate VA Residents  
CE HOURS: 7  
LOCATION: UC Berkeley Campus  
CONTACT: Danni Peck

## Chow—Beyond Chowder

Boston cuisine has long surpassed the days of just baked beans and chowder. Drop your “R”s and discover your true Yankee palate at these Yelp recommendations for Boston:

- **Piperi Mediterranean Grill**  
One Beacon St.  
[www.piperi.com](http://www.piperi.com)
- **Giacamo's Ristorante**  
355 Hanover St.  
<http://giacomosblog-boston.blogspot.in>
- **The Salty Pig**  
130 Dartmouth St.  
[www.thesaltypig.com](http://www.thesaltypig.com)
- **Neptune Oyster**  
63 Salem St.  
[www.neptuneoyster.com](http://www.neptuneoyster.com)
- **Asta**, 47 Massachusetts Ave.  
[www.astaboston.com](http://www.astaboston.com)
- **Menton**  
354 Congress St.  
[www.mentonboston.com](http://www.mentonboston.com)
- **Toro**, 1704 Washington St.  
[www.toro-restaurant.com](http://www.toro-restaurant.com)
- **Ostra**  
1 Charles St. South  
[www.ostraboston.com](http://www.ostraboston.com)
- **Island Creek Oyster Bar**  
500 Commonwealth Ave.  
[www.islandcreekoysterbar.com](http://www.islandcreekoysterbar.com)
- **Mike & Patty's**  
12 Church St.  
[www.mikeandpattys.com](http://www.mikeandpattys.com)

[optoce@berkeley.edu](mailto:optoce@berkeley.edu)  
800-827-2163  
<http://optometry.berkeley.edu/ce/morgan-symposium>  
GL IN SD

### Jun. 17-19, Baton Rouge, LA OAL Annual Convention

HOST: Optometry Association of Louisiana  
CE HOURS: 16  
LOCATION: Crowne Plaza Hotel, 4728 Constitution Ave.  
CONTACT: Jim Sandefur [optla@bellsouth.net](mailto:optla@bellsouth.net)  
318-613-1392  
[www.optla.org](http://www.optla.org)

### Jun. 17-19, Turin, Italy CE in Italy

HOST: James Fanelli  
KEY FACULTY: James Fanelli, Joseph Pizzimenti  
CE HOURS: 12

LOCATION: Victoria Hotel  
CONTACT: James Fanelli  
[jamesfanelli@ceinitaly.com](mailto:jamesfanelli@ceinitaly.com)  
910-452-7225  
[www.ceinitaly.com](http://www.ceinitaly.com)  
CM CD CT EL GL IN RE

### Jun. 21-23, Piedmont, Italy CE in Italy

HOST: James Fanelli  
KEY FACULTY: Joseph Pizzimenti  
CE HOURS: 12  
LOCATION: Palazzo Righini  
CONTACT: James Fanelli  
[jamesfanelli@ceinitaly.com](mailto:jamesfanelli@ceinitaly.com)  
910-452-7225  
[www.ceinitaly.com](http://www.ceinitaly.com)  
CM CD DB GL RE UV

### Jun. 25-26, Burlington, Ontario, Canada

The Optometrist's Guide to Strabismus  
HOST: Patricia Fink and OEP Foundation  
KEY FACULTY: Samantha Slotnick  
LOCATION: 2080 Appleby Line, Ste. E6  
CONTACT: Karen Ruder  
[karen.ruder@oep.org](mailto:karen.ruder@oep.org)  
410-561-3791  
[www.oepf.org/oepf\\_calendar](http://www.oepf.org/oepf_calendar)  
AM BV VT

### Jun. 29-July 3, Boston AOA, Optometry's Meeting

HOST: American Optometric Association and the American Optometric Student Association  
CE HOURS: Total: 180, Maximum per OD: 36  
LOCATION: Boston Convention and Exhibition Center, 415 Summer St.  
CONTACT: Stacy Harris  
[saharris@aoa.org](mailto:saharris@aoa.org)  
314-983-4254  
[www.optometrymeeting.org](http://www.optometrymeeting.org)  
AL AM BV CM CL CD CS CT DB DE EL  
GL NO NT IN DS PE PH PM RE RS SV  
SD TE UV VT

### Jun. 29-Jul. 6, Anchorage to Vancouver AEA Cruises Alaska Optometric Cruise Seminar

HOST: AEA Cruises  
CE HOURS: 10  
LOCATION: Aboard Island Princess  
CONTACT: Marge McGrath  
[aeacruises@aol.com](mailto:aeacruises@aol.com)  
888-638-6009  
[www.optometriccruiseseminars.com](http://www.optometriccruiseseminars.com)

# July

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
			AOA - Optometry's Meeting (begins Jun. 29)			
			AEA Cruises Alaska Optometric Cruise Seminar (begins Jun. 29)			
						POA/PAFP Seminar at Sea
3	4	5	6	7	8	9
PA Optometric Association/PA Academy of Family Physicians Seminar at Sea						Ocular Disease: Part II
AEA Cruises Western Mediterranean Cruise Seminar						
Cruise from Barcelona - A Clinical Compendium						
Tropical CE - Disney 2016						
AEA Cruises Alaska Optometric Cruise Seminar						Stockholm to London Optometric Cruise Seminar
Optometry's Meeting						RSO CE on the Beach
10	11	12	13	14	15	16
AEA Cruises Stockholm to London Optometric Cruise Seminar						
Ocular Disease: Part II			IOA Summer Seminar	Colorado Vision Summit		
Western Mediterranean Cruise Seminar				2016 FOA Annual Convention		
Barcelona Cruise - A Clinical Compendium						
Tropical CE - Disney 2016						
RSO CE on the Beach						
17	18	19	20	21	22	23
AEA Cruises Stockholm to London Optometric Cruise Seminar						Greek Isles Cruise - Therapeutic Advances in Ocular Disease 2016
Argentina Premier Duck Hunting Conference						
Colorado Vision Summit				Pacific U. 2016 Victoria Conference		
2016 FOA Annual Convention				U. of Houston CE in the Rockies		
				Envision Low Vision Grand Rounds		
24	25	26	27	28	29	30
Greek Isles Cruise - Therapeutic Advances in Ocular Disease 2016						
Pacific U. 2016 Victoria Conference	AEA Cruises Russia/Scandinavia Optometric Cruise Seminar					
U. of Houston CE in the Rockies				Northern Rockies Optometric Conference		
				OEP Foundation VT/Strabismus + Amblyopia		
					NC State Mountain District Meeting	
31						
AEA Cruises Russia/Scandinavia Optometric Cruise Seminar (ends Aug. 6)						
OEP Foundation VT/Strabismus + Amblyopia						



**Jul. 2-7, Bermuda**

**POA/PAFP Seminar at Sea**

HOST: Pennsylvania Optometric Assn., PA Academy of Family Physicians  
CE HOURS: 12  
LOCATION: Aboard Royal Caribbean's Grandeur of the Seas, departs from Baltimore  
CONTACT: Ilene K. Sauertieg  
[ilene@poaeyes.org](mailto:ilene@poaeyes.org)  
717-233-6455  
[www.poaeyes.org](http://www.poaeyes.org)

**Jul. 3-10, Barcelona**

**AEA Cruises Western Mediterranean Cruise Seminar**

HOST: AEA Cruises  
CE HOURS: 10  
LOCATION: Aboard NCL Epic  
CONTACT: Marge McGrath  
[aeacruises@aol.com](mailto:aeacruises@aol.com)  
888-638-6009  
[www.optometriccruiseseminars.com](http://www.optometriccruiseseminars.com)

**Jul. 3-10, Western Mediterranean Cruise from Barcelona - A Clinical Compendium**

HOST: Dr. Travel Seminars  
KEY FACULTY: Leo Semes  
CE HOURS: 12  
LOCATION: Aboard Royal Caribbean's Harmony of the Seas, Western Mediterranean sailing from Barcelona  
CONTACT: Robert Pascal  
[DrTravel@aol.com](mailto:DrTravel@aol.com)  
800-436-1028  
[www.DrTravel.com](http://www.DrTravel.com)  
**GL IN PH RE**

**Jul. 3-10, Orlando Tropical CE - Disney 2016**

HOST: Tropical CE  
KEY FACULTY: Mark Dunbar, Jill Autry  
CE HOURS: 20  
LOCATION: Disney's Yacht Club Resort, 1700 Epcot Resorts Blvd.  
CONTACT: Stuart Autry  
[sautry@tropicalce.com](mailto:sautry@tropicalce.com)  
281-808-5763  
[www.TropicalCE.com](http://www.TropicalCE.com)  
**AL CM CD DE GL PH RE**

**Jul. 9-10, Fullerton, CA**

**Ocular Disease: Part II**

HOST: Marshall B. Ketchum University  
KEY FACULTY: George Comer, David Sendrowski and more  
CE HOURS: 16  
LOCATION: Marshall B. Ketchum University, 2575 Yorba Linda Blvd.  
CONTACT: Antoinette Smith  
[ce@ketchum.edu](mailto:ce@ketchum.edu)  
714-449-7495  
[www.ketchum.edu/index.php/ce](http://www.ketchum.edu/index.php/ce)  
**AM CL CD DB DE GL NO IN PE PH RE SD TE UV**

**Jul. 9-10, South Padre Island, TX CE on the Beach (Schlitterbahn South Padre Island)**

HOST: Rosenberg School of Optometry  
CE HOURS: 16  
LOCATION: Rosenberg School of Optometry, 9725 Datapoint Dr.  
CONTACT: Sandra Fortenberry  
[rsoce@uiwtx.edu](mailto:rsoce@uiwtx.edu)  
210-283-6856  
[www.uiw.edu/optometry/continuing-education](http://www.uiw.edu/optometry/continuing-education)

**Jul. 9-21, Stockholm to London AEA Cruises Stockholm to London Optometric Cruise Seminar**

HOST: AEA Cruises  
CE HOURS: 12  
LOCATION: Aboard Silversea Silverwind  
CONTACT: Marge McGrath  
[aeacruises@aol.com](mailto:aeacruises@aol.com)  
888-638-6009  
[www.optometriccruiseseminars.com](http://www.optometriccruiseseminars.com)

**Jul. 13, Carmel, IN IOA Summer Seminar**

HOST: Indiana Optometric Association  
CE HOURS: 7  
LOCATION: Ritz Charles, 12156 N. Meridian St.  
CONTACT: Bridget Sims  
[blsims@ioa.org](mailto:blsims@ioa.org)  
317-237-3560  
[www.ioa.org](http://www.ioa.org)

**Jul. 14-17, Steamboat Springs, CO Colorado Vision Summit**

HOST: Colorado Optometric Association/Mountain States Congress of Optometry  
KEY FACULTY: Eric Schmidt, Gregory Schultz, Catherine McDaniel, William Townsend, Michelle Buckland  
CE HOURS: Total: 54, Maximum per OD: 18  
LOCATION: Steamboat Grand and Steamboat Sheraton, 2300 Mt. Werner Circle/2220 Village Inn Court  
CONTACT: Tara Weghorst  
[tweghorst@visioncare.org](mailto:tweghorst@visioncare.org)  
303-863-9268  
[www.visioncare.org](http://www.visioncare.org)  
**BV EL GL NO IN PE SV VT**

**Jul. 14-17, Palm Beach, FL 2016 FOA Annual Convention**

HOST: Florida Optometric Association  
CE HOURS: Total: 30, Maximum per OD: 22  
LOCATION: The Breakers Palm Beach, 1 South Country Rd.  
CONTACT: Jessica Brewton  
[jessica@floridaeyes.org](mailto:jessica@floridaeyes.org)  
850-877-4697  
[www.floridaeyes.org/calendar](http://www.floridaeyes.org/calendar)

**Jul. 17-21, Buenos Aires, Argentina Argentina Premier Duck Hunting Conference**

HOST: James Fanelli, CE in Italy  
KEY FACULTY: James Fanelli  
CE HOURS: 12  
LOCATION: Buenos Aires and Duck Hunters Paradise, Argentina  
David Denies Outfitters  
CONTACT: James Fanelli  
[jamesfanelli@ceinitaly.com](mailto:jamesfanelli@ceinitaly.com)  
910-452-7225  
[www.ceinitaly.com](http://www.ceinitaly.com)  
**CM LT NO IN SD**

**Jul. 21, Wichita, KS Low Vision Grand Rounds - An Evening with the Fellows**

HOST: Envision University  
KEY FACULTY: Laura Walker  
CE HOURS: 2  
LOCATION: Envision, 610 N. Main  
CONTACT: Michael Epp  
[michael.epp@envisionus.com](mailto:michael.epp@envisionus.com)  
326-440-1515  
[www.envisionuniversity.org](http://www.envisionuniversity.org)  
**BV NO RE VT**

EDUCATION TOPICS		
<b>AL</b> Allergy	<b>CS</b> Corneal surgery	<b>NO</b> Neuro-ophthalmics
<b>AM</b> Amblyopia	<b>CT</b> Cataract surgery	<b>NT</b> Nutrition & the eye
<b>BV</b> Binocular vision	<b>DB</b> Diabetes	<b>IN</b> Ocular infections
<b>CM</b> Comanagement	<b>DE</b> Dry eye	<b>DS</b> Optical dispensing
<b>CL</b> Contact lenses	<b>EL</b> Eyelids/adnexa	<b>PE</b> Pediatric eye care
<b>CD</b> Cornea/conjunctiva	<b>GL</b> Glaucoma	<b>PH</b> Pharmacology
	<b>LT</b> Laboratory testing	<b>PM</b> Practice mgmt.
		<b>RE</b> Retinal disorders
		<b>RS</b> Refractive surgery
		<b>SV</b> Sports vision
		<b>SD</b> Systemic disease
		<b>TE</b> Technology
		<b>UV</b> Uveitis
		<b>VT</b> Vision therapy

## Melton & Thomas — Straight Talk from the Experts

Like all memorable duos, it's hard to separate optometry's most enduring partnership. Ron Melton, OD, and Randall Thomas, OD, have become legends on the lecture circuit for their innovative "team teaching" model and folksy, straight-talking presentation style. Spend any time with the pair and you know the quips are sure to fly fast. But don't let that fool you. The recipients of the 2014 American Academy of Optometry Clinician Educators Annual Award have been in full-time clinical practice for a combined 70+ years and provide state-of-the-art, clinically relevant knowledge grounded in peer-reviewed optometric and ophthalmologic research. Their entertaining delivery style and sound clinical advice garner rave reviews. To date, the duo have presented more than 1,000 courses and lectures throughout the world. At press time, here's where Drs. Melton and Thomas are slated to appear in 2016:

Date	Location	Conference	For More Info
Jan. 16	Ft. Lauderdale	Gold Coast Educational Retreat Broward County Optometric Assn.	Lori Vollmer, OD <a href="mailto:lvollmer@nova.edu">lvollmer@nova.edu</a> <a href="http://browardeyes.org">browardeyes.org</a>
Jan. 23	Ventura, CA	Tri-County Optometric Society	Morgan Ruiz, OD <a href="mailto:morganruiz@gmail.com">morganruiz@gmail.com</a> <a href="http://tcosvision.org">tcosvision.org</a>
Feb. 27-28	Atlanta	SECO	Elizabeth Taylor DeMayo <a href="mailto:etaylor@secostaff.com">etaylor@secostaff.com</a> <a href="http://www.seco2016.com">www.seco2016.com</a>
Mar. 19	Tyson's Corner, VA	PSS EyeCare Meeting	Deepak Gupta, OD <a href="mailto:deegup4919@hotmail.com">deegup4919@hotmail.com</a> <a href="http://www.psseyecare.com">www.psseyecare.com</a>
Mar. 22	Raleigh, NC	Eastern District of NC State Optometric Association	Sean Smolenyak, OD <a href="mailto:smolenyak@hotmail.com">smolenyak@hotmail.com</a> <a href="http://www.nceyes.org">www.nceyes.org</a>
Apr. 16	New York	Vision Expo East	Judy Weaver <a href="mailto:jweaver@reedexpo.com">jweaver@reedexpo.com</a> <a href="http://www.visionexpoeast.com">www.visionexpoeast.com</a>
Apr. 17	Indianapolis	Indiana Optometric Association	Barbara McNutt <a href="mailto:bmcnutt@ioa.org">bmcnutt@ioa.org</a>
Apr. 23	Niagara Falls, NY	PSS EyeCare Meeting	Deepak Gupta, OD <a href="mailto:deegup4919@hotmail.com">deegup4919@hotmail.com</a> <a href="http://www.psseyecare.com">www.psseyecare.com</a>
Jun. 29	Boston	American Optometric Association	Stacy Harris <a href="mailto:saharris@aoa.org">saharris@aoa.org</a> <a href="http://www.optometrymeeting.org">www.optometrymeeting.org</a>
Jul. 29	TBD	Mountain District Meeting of the NC State Optometric Association	Susanne Kilgo <a href="mailto:sskilgo2000@yahoo.com">sskilgo2000@yahoo.com</a> <a href="http://www.nceyes.org">www.nceyes.org</a>
Jul. 23-31	Greek Isles (with Ron Melton)	Sail the Greek Isles with Dr. Melton	Robert Pascal <a href="mailto:drtravel@aol.com">drtravel@aol.com</a> <a href="http://www.drtravel.com">www.drtravel.com</a>
Sept. 17	Las Vegas	Vision Expo West	Judy Weaver <a href="mailto:jweaver@reedexpo.com">jweaver@reedexpo.com</a> <a href="http://www.visionexpowest.com">www.visionexpowest.com</a>
Sept. 24	Sarasota, FL	CE Sarasota Symposium	Julie Peirce <a href="mailto:jpeirce@centerforsight.net">jpeirce@centerforsight.net</a>
Oct. 8	Cleveland	EastWest Annual Conference	Brian Mathie <a href="mailto:bmathied@aol.com">bmathied@aol.com</a> <a href="http://www.eastwesteye.org">www.eastwesteye.org</a>
Nov. 12	Anaheim, CA	American Academy of Optometry	Jenny Brown <a href="mailto:jennyb@aaoptom.org">jennyb@aaoptom.org</a> <a href="http://www.aaopt.org">www.aaopt.org</a>

### Overheard in the Lecture Hall...

Here's what some ODs who attended the Melton & Thomas "Eye to Eye" meetings in 2015 had to say about the experience:

**I love these guys. I learn more from their CEs in three hours than 20 hours of other CE. Please never stop booking these guys for lectures!**

**I would attend any Melton/Thomas talk—very informative and hours go by quickly.**

**Great material overview and presentation. We all are blessed to be here today! Thank God for these guys!**

**Always enjoy Ron and Randall giving these updates. Their no-nonsense, bottom line, clinically relevant lectures are always enlightening.**

**Please return to Dallas for CE every year!**

**Jul. 21-24, Victoria, British Columbia  
2016 Victoria Conference**

HOST: Pacific University  
KEY FACULTY: Kathleen Elliott,  
Amber Giannoni, Jeffrey Urness, John  
McGreal  
CE HOURS: 20  
LOCATION: Delta Ocean Pointe  
Resort, 45 Songhees Rd.  
CONTACT: Jeanne Oliver  
[jeanne@pacificu.edu](mailto:jeanne@pacificu.edu)  
503-352-2740  
[www.pacificu.edu/future-graduate-professional/colleges/college-optometry/continuing-education/conferences-events](http://www.pacificu.edu/future-graduate-professional/colleges/college-optometry/continuing-education/conferences-events)  
**CD CS DE GL NT PE PH RS TE**

**Jul. 21-24 Estes Park, CO  
CE in the Rockies**

HOST: University of Houston College  
of Optometry  
KEY FACULTY: Danica Marrelli  
CE HOURS: 20  
LOCATION: Rocky Mountain Park Inn,  
101 South Saint Vrain Ave.  
CONTACT: University of Houston  
[optce@central.uh.edu](mailto:optce@central.uh.edu)  
713-743-1900  
<http://ce.opt.uh.edu>

**Jul. 23-30, Greek Isles Cruise  
Therapeutic Advances in Ocular  
Disease 2016**

HOST: Dr. Travel Seminars  
KEY FACULTY: Ron Melton  
CE HOURS: 12  
LOCATION: Norwegian Jade, Greek  
Isles sailing from Venice  
CONTACT: Robert Pascal  
[DrTravel@aol.com](mailto:DrTravel@aol.com)  
800-436-1028  
[www.DrTravel.com](http://www.DrTravel.com)  
**CD DB GL IN PH RE SD UV**

**Jul. 25-Aug. 6, Amsterdam  
AEA Cruises Russia/Scandinavia  
Optometric Cruise Seminar**

HOST: AEA Cruises  
CE HOURS: 12  
LOCATION: Aboard Celebrity  
Silhouette  
CONTACT: Marge McGrath  
[aeacruises@aol.com](mailto:aeacruises@aol.com)  
888-638-6009  
[www.optometriccruiseseminars.com](http://www.optometriccruiseseminars.com)

**Jul. 27-30, Jackson, WY  
Northern Rockies Optometric Conf.**

HOST: Northern Rockies Optometric  
Conference

CE HOURS: 16  
LOCATION: Snow King Hotel and  
Resort, 400 E Snow King Ave.  
CONTACT: Kari Cline  
[director@nrocmeeting.com](mailto:director@nrocmeeting.com)  
307-640-6157  
[www.nrocmeeting.com](http://www.nrocmeeting.com)

**Jul. 28-31, Grand Rapids, MI  
VT/Strabismus + Amblyopia**

HOST: OEP Foundation  
KEY FACULTY: Robert Hohendorf  
CE HOURS: 28  
LOCATION: South Kent Vision Center,  
3977 Maple St. SW  
CONTACT: Karen Ruder  
[karen.ruder@oep.org](mailto:karen.ruder@oep.org)  
410-561-3791  
[www.oepf.org/oepf\\_calendar](http://www.oepf.org/oepf_calendar)  
**AM BV VT**

**Jul. 29, (Location TBD)  
NC Mountain District Meeting**

HOST: NC State Optometric Assn.  
KEY FACULTY: Ron Melton, Randall  
Thomas  
CE HOURS: TBD  
CONTACT: Susan Kilgo  
[sskilgo2000@aol.com](mailto:sskilgo2000@aol.com)  
[www.nceves.org](http://www.nceves.org)



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# August

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4	5	6
AEA Cruises Russia/Scandinavia Optometric Cruise Seminar (begins Jul. 25)						
		RSO CE Abroad			SWFOA Educational Retreat	
					OEP Foundation Diagnosis, Management and Treatment of Brain Injury Patients	
						Indiana University CE
7	8	9	10	11	12	13
SWFOA Educational Retreat			AAO NJ Chapter CE			
OEP Diagnosis, Mgmt. and Treatment of Brain Injury Patients						
Indiana University CE						
14	15	16	17	18	19	20
					International Vision Conference West	
21	22	23	24	25	26	27
				SCOPA Annual Meeting		
					UAB Continuing Education & Alumni Weekend	
28	29	30	31			
SCOPA Annual Meeting						
UAB Continuing Education & Alumni Weekend						

**Aug. 2-5, Heidelberg, Germany  
CE Abroad**

HOST: Rosenberg School of Optometry  
 CE HOURS: 20  
 LOCATION: Rosenberg School of Optometry, 9725 Datapoint Dr.  
 CONTACT: Sandra Fortenberry  
[rsocce@uiwtx.edu](mailto:rsocce@uiwtx.edu); 210-283-6856  
[www.uiw.edu/optometry/continuing-education](http://www.uiw.edu/optometry/continuing-education)

**Aug. 5-7, Captiva Island, FL**

**SWFOA Educational Retreat**  
 HOST: Southwest Florida Optometric

Association

KEY FACULTY: Bruce Onofrey, Kim Reed, April Jasper, Ron Foreman

EDUCATION TOPICS			
<b>AL</b> Allergy	<b>CS</b> Corneal surgery	<b>NO</b> Neuro-ophthalmics	<b>RE</b> Retinal disorders
<b>AM</b> Amblyopia	<b>CT</b> Cataract surgery	<b>NT</b> Nutrition & the eye	<b>RS</b> Refractive surgery
<b>BV</b> Binocular vision	<b>DB</b> Diabetes	<b>IN</b> Ocular infections	<b>SV</b> Sports vision
<b>CM</b> Comanagement	<b>DE</b> Dry eye	<b>DS</b> Optical dispensing	<b>SD</b> Systemic disease
<b>CL</b> Contact lenses	<b>EL</b> Eyelids/adnexa	<b>PE</b> Pediatric eye care	<b>TE</b> Technology
<b>CD</b> Cornea/conjunctiva	<b>GL</b> Glaucoma	<b>PH</b> Pharmacology	<b>UV</b> Uveitis
	<b>LT</b> Laboratory testing	<b>PM</b> Practice mgmt.	<b>VT</b> Vision therapy

CE HOURS: Total: 20 (including 6 HRS CE/TQ), Maximum per OD: 18 (including 6 HRS CE/TQ)  
LOCATION: South Sea Island Resort, 5400 Plantation Rd.  
CONTACT: Brad Middaugh  
[swfoa@att.net](mailto:swfoa@att.net)  
239-481-7799  
[www.swfoa.com](http://www.swfoa.com)

CD EL NT IN PH PM SD

**Aug. 5-7, Timonium, MD  
ABI/TBI - Diagnosis, Management  
and Treatment of Brain Injury Patients**

HOST: OEP Foundation  
KEY FACULTY: Paul Harris  
CE HOURS: 21  
LOCATION: OEP National Education Center, 2300 York Rd., Suite 113  
CONTACT: Karen Ruder  
[karen.ruder@oep.org](mailto:karen.ruder@oep.org)  
410-561-3791  
[www.oepf.org/oepf\\_calendar](http://www.oepf.org/oepf_calendar)

BV NO VT

**Aug. 6-7, Bloomington, IN  
Indiana University CE**

HOST: IU School of Optometry  
CE HOURS: 16

LOCATION: IU School of Optometry, 800 E. Atwater Ave., Room 105  
CONTACT: Cheryl Oldfield  
[coldfiel@indiana.edu](mailto:coldfiel@indiana.edu)  
812-856-3502  
[www.opt.indiana.edu/ce/seminars.htm](http://www.opt.indiana.edu/ce/seminars.htm)

**Aug. 10, Neptune, NJ  
AAO - NJ Chapter CE**

HOST: American Academy of Optometry - New Jersey Chapter  
CE HOURS: 6  
LOCATION: Jumping Brook Country Club, 210 Jumping Brook Road  
CONTACT: Dennis Lyons  
[dhl2020@aol.com](mailto:dhl2020@aol.com)  
732-920-0110

**Aug. 19-20, Burlingame, CA  
International Vision Conference West**

HOST: OD Excellence  
KEY FACULTY: John McGreal, Paul Chous, Jeffry Gerson, Valerie Manso  
CE HOURS: 6  
LOCATION: Hyatt Regency San Francisco Airport, 1333 Old Bayshore Hwy  
CONTACT: Johanna Lieblein

[johanna@odexcellence.com](mailto:johanna@odexcellence.com)  
707-433-5542  
[odexcellence.com](http://odexcellence.com)  
CD DB GL RE

**Aug. 25-28, Hilton Head, SC  
109th SCOPA Annual Meeting**

HOST: South Carolina Optometric Physicians Association  
CE HOURS: 21  
LOCATION: Westin Resort and Spa, 2 Grasslawn Ave.  
CONTACT: Jackie Rivers  
[jrivers@sceyedocors.com](mailto:jrivers@sceyedocors.com)  
803-799-6721  
[www.sceyedocors.com](http://www.sceyedocors.com)

**Aug. 26-28, Birmingham, AL  
Continuing Education & Alumni  
Weekend**

HOST: UAB School of Optometry  
CE HOURS: 18  
LOCATION: UAB School of Optometry, 1716 University Blvd.  
CONTACT: Amanda Kachler  
[uabsoce@uab.edu](mailto:uabsoce@uab.edu)  
205-934-5701  
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# Philadelphia

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# September

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3
4	5	6	7	8	9	10
Tropical CE - Napa 2016						
				Envision Conference 2016		
				OEP Foundation The Art + Science of Optometric Care		
				OEP Foundation VT/Strabismus + Amblyopia		
				EyeFlyFish 2016		
				IU Alumni Weekend		
				Vermont OA Fall Conference		
				RSO Fall Seminar		
11	12	13	14	15	16	17
OEP The Art + Science of Optometric Care		Vision Expo West				
OEP VT/Strabismus + Amblyopia		CE in Italy - Copenhagen				
EyeFlyFish 2016						
Vermont OA Fall Conference						
RSO Fall Seminar						
18	19	20	21	22	23	24
CE in Italy - Copenhagen	CE in Italy - Florence					CE in Italy - Tuscany
				Idaho Optometric Physicians Annual Congress		
				Wisconsin OA 2016 Convention & Annual Meeting		
				Illinois OA Annual Convention		
				PSS Forum on Optometry		
				New Mexico OA Mid-Year Convention		
				2016 Kentucky OA Fall Conference		
				CE Sarasota Eye		
				CE in Austin		
25	26	27	28	29	30	
PSS Forum on Optometry						
Illinois OA Annual Convention			OAOP Fall Conference (ends Oct. 1)			
CE in Italy - Tuscany			GWCO Congress 2016 (ends Oct. 2)			
2016 Kentucky OA Fall Conference						
WAO 2016 Meeting						
CE in Austin						



**Sept. (date TBD), Glendale, AZ  
AZ-AAO Chapter Fall Meeting 2016**

HOST: American Academy of Optometry Arizona Chapter  
CE HOURS: TBD  
LOCATION: Midwestern University  
Arizona College of Optometry,  
19555 N. 59th Ave.  
CONTACT: Carla Engelke  
[arizona.aaopt@gmail.com](mailto:arizona.aaopt@gmail.com)  
[www.aaopt.org/azchapter](http://www.aaopt.org/azchapter)

**Fall (date TBD), Houston  
Benedict Professor in Practice  
Management & Administration**

HOST: University of Houston College of Optometry  
KEY FACULTY: Sam Quintero  
CE HOURS: 8  
LOCATION: Health and Biomedical Sciences Building at the University of Houston, 4901 Calhoun Rd.  
CONTACT: University of Houston College of Optometry  
[optce@central.uh.edu](mailto:optce@central.uh.edu)  
713-743-1900  
<http://ce.opt.uh.edu>

**Fall (date TBD), Fort Worth, TX  
CE in Fort Worth**

HOST: University of Houston College of Optometry  
KEY FACULTY: Suzanne Wickum  
CE HOURS: 16  
LOCATION: TBD  
CONTACT: University of Houston College of Optometry Continuing Education  
[optce@central.uh.edu](mailto:optce@central.uh.edu)  
713-743-1900  
<http://ce.opt.uh.edu>

**Sept. 4-8, Napa, CA  
Tropical CE - Napa 2016**

HOST: Tropical CE  
KEY FACULTY: Blair Lonsberry, David Kading  
CE HOURS: 14  
LOCATION: Silverado Resort and Spa, 1600 Atlas Peak Rd.  
CONTACT: Stuart Autry  
[sautry@tropicalce.com](mailto:sautry@tropicalce.com)  
281-808-5763  
[www.tropicalce.com](http://www.tropicalce.com)  
**CL DB NT RE**



**There's Great CE Out West!**

It's time to think about heading out west. The Great Western Council of Optometry is gearing up for its annual conference, which will be held Sept. 29-Oct. 2 in Portland, OR, where 90 hours of continuing education will be offered. Optometrists will be able to earn up to 30 CE credits.

"GWCO Congress 2016 will feature an innovative educational program focused on advanced procedures, cutting-edge technology and collaborative healthcare. We are thrilled to bring optometrists, optometry students and optometry staff together for this unique learning experience," says GWCO president Mark Lee, OD.

Optometrists, allied ophthalmic professionals and optometry students are all welcome to the meeting, which will be held at the Oregon Convention Center and will offer myriad courses, including a session on advanced ophthalmic procedures.



Other course topics will include amblyopia, binocular vision, co-management, contact lenses, cornea and conjunctival disease, diabetes, dry eye, eyelid and adnexal disease, glaucoma, neuro-ophthalmic disorders, nutrition and the eye, pediatric eye care, pharmacology, practice management, retinal disorders, systemic disease, technology and uveitis.

You also won't want to miss GWCO's exhibit hall marketplace featuring the latest in new technologies and products.

For more information or to register, contact Tracy Oman at [gwco@gwco.org](mailto:gwco@gwco.org) or go to [www.gwco.org](http://www.gwco.org).

**Sept. 7-10, Denver  
Envision Conference 2016**

HOST: Envision University  
KEY FACULTY: Gary Asano, Rebecca Kammer, Kendall Krug, Olga Overbury, Ronald Cole, Donald Fletcher  
CE HOURS: Total: 90, maximum per OD: 21  
LOCATION: Grand Hyatt Denver, 1750 Welton St.  
CONTACT: Michael Epp  
[michael.epp@envisionus.com](mailto:michael.epp@envisionus.com)  
326-440-1515  
[www.envisionconference.org](http://www.envisionconference.org)  
**NO VT**

**Sept. 8-11, Listowel, Ontario, Canada  
VT/Strabismus + Amblyopia**

HOST: OEP Foundation  
KEY FACULTY: Robert A. Hohendorf  
CE HOURS: 28  
LOCATION: Listowel, Ontario, Canada  
CONTACT: Karen Ruder  
[karen.ruder@oep.org](mailto:karen.ruder@oep.org)  
410-561-3791  
[www.oepf.org/oepf\\_calendar](http://www.oepf.org/oepf_calendar)  
**AM BV VT**

**Sept. 8-11, Alexandria, PA  
EyeFlyFish 2016**

HOST: Charles Griffen, Mark Boas  
CE HOURS: 6  
LOCATION: Edgewater Inn and Riverside Grill, 7653 Edgewater Acres Circle  
CONTACT: Charles Griffen  
[c.griffenod@verizon.net](mailto:c.griffenod@verizon.net)  
610-647-6550  
[www.eyeflyfish.com](http://www.eyeflyfish.com)

EDUCATION TOPICS			
<b>AL</b> Allergy	<b>CS</b> Corneal surgery	<b>NO</b> Neuro-ophthalmics	<b>RE</b> Retinal disorders
<b>AM</b> Amblyopia	<b>CT</b> Cataract surgery	<b>NT</b> Nutrition & the eye	<b>RS</b> Refractive surgery
<b>BV</b> Binocular vision	<b>DB</b> Diabetes	<b>IN</b> Ocular infections	<b>SV</b> Sports vision
<b>CM</b> Comanagement	<b>DE</b> Dry eye	<b>DS</b> Optical dispensing	<b>SD</b> Systemic disease
<b>CL</b> Contact lenses	<b>EL</b> Eyelids/adnexa	<b>PE</b> Pediatric eye care	<b>TE</b> Technology
<b>CD</b> Cornea/conjunctiva	<b>GL</b> Glaucoma	<b>PH</b> Pharmacology	<b>UV</b> Uveitis
	<b>LT</b> Laboratory testing	<b>PM</b> Practice mgmt.	<b>VT</b> Vision therapy



## Everyone's a Winner at Vision Expo West in Vegas

SEPTEMBER 14-17, LAS VEGAS

Sure, Las Vegas is known as an adult playground where visitors can hit the blackjack tables or soar over the crowd below on the Slotzilla Zip Line, but the city is also getting a reputation as a place for exceptional CE, as Vision Expo West will once again host many of the top clinicians in Las Vegas for 2016.

The meeting, scheduled from Sept. 14-17 at the Sands Expo & Convention Center, will offer 320 hours of CE credit. Optometrists can earn up to 10 hours per day of the meeting, or 40 hours total.

"In the upcoming year, we're heavily focused on understanding and addressing the core issues that keep eye care professionals up at night and delivering programs that are timely and relevant to today's challenges," says Vision Expo conference advisory co-chair Mark Dunbar, OD. "Whether that's learning how to expand a specialty practice, improve customer service, or learn new and effective marketing techniques, Vision Expo education offers something to every professional regardless of how long they've been in the industry."

One new program not to be missed will be Crash Courses, a new learning format that will cover a wide range of clinical and medical topics in six short sessions (30 minutes each) to allow for more opportunities for learning throughout the day. These sessions—which will offer three hours of CE credit—include:

- "PTEye: Retina 30-Minute Countdown"
- "Amniotic Membranes: Why, How and When?"
- "Google Contact Lens and Other Future Technologies"
- "Is this Acanthamoeba?"
- "My Mid-Life Crisis and the Ganglion Cell Complex"
- "The Top 2 Craziest Ocular Emergencies that Happened to College Students"



Another new program for 2016 is Lightning Rounds, which will offer four hours of continuing education credit in a learning format that gives attendees the

opportunity to hear from multiple speakers in a speed-dating-type setting. Speakers will rotate between two rooms and give a short review of the topic, allowing the attendee to benefit from the perspectives of multiple experts within one class. The topics will cover glaucoma and anterior segment disease, and the presenters will be optometrists Eric Schmidt, Kirk Smick, Charlie Ficco, Louise Sclafani and Douglas Devries.

Also new for 2016 is a practice management program, Corcoran Coding College, and Vision Series, which will provide a mix of clinical and medical-oriented topics held within a social environment.

New courses for 2016 will be "Debt Management for Young Professionals" and "How to Develop a Dry Eye Center." The latter course will help attendees learn how to develop a dry eye center that will benefit the patient as well as generate significant revenue from exams, procedures and sales of materials.

Some familiar favorites will also be back at Vision Expo West, including the Global Contact Lens Forum, which continues to develop as an informative "meeting within a meeting" at International Vision Expo, providing insight into timely issues you face as a contact lens practitioner. This year, a new format gives you access to thought leaders in the field sharing their views on the future of contact lens practice.



(continued on page 56)



## Classic beta blocker adjunctive therapy for the right patient at the right time<sup>3</sup>

The concomitant use of two topical beta-adrenergic blocking agents is not recommended<sup>4,5</sup>

### Indications and Usage

ISTALOL® (timolol maleate ophthalmic solution) is a non-selective beta-adrenergic receptor blocking agent indicated in the treatment of elevated intraocular pressure in patients with ocular hypertension or open-angle glaucoma.

Preservative-free TIMOPTIC® (timolol maleate ophthalmic solution) in OCUDOSE® (dispenser) is indicated in the treatment of elevated intraocular pressure in patients with ocular hypertension or open-angle glaucoma. It may be used when a patient is sensitive to the preservative in TIMOPTIC (timolol maleate ophthalmic solution), benzalkonium chloride, or when use of a preservative-free topical medication is advisable.

### Important Safety Information for Istalol® and Timoptic® in Ocudose®

- Both ISTALOL® (timolol maleate ophthalmic solution) and TIMOPTIC® (timolol maleate ophthalmic solution) in OCUDOSE® (dispenser) are contraindicated in patients with: bronchial asthma; a history of bronchial asthma; severe chronic obstructive pulmonary disease; sinus bradycardia; second or third degree atrioventricular block; overt cardiac failure; cardiogenic shock; hypersensitivity to any component of the product.
- **The same adverse reactions found with systemic administration of beta-adrenergic blocking agents may occur with topical administration. Severe respiratory reactions and cardiac reaction, including death due to bronchospasm in patients with asthma, and rarely death in association with cardiac failure, have been reported following systemic or ophthalmic administration of timolol maleate.**
- Patients with a history of atopy or severe anaphylactic reactions to a variety of allergens may be unresponsive to the usual doses of epinephrine used to treat anaphylactic reactions.
- Timolol has been reported rarely to increase muscle weakness in some patients with myasthenia gravis or myasthenic symptoms.
- Beta-adrenergic blocking agents may mask signs and symptoms of acute hypoglycemia or certain clinical signs of hyperthyroidism. Patients subject to spontaneous hypoglycemia, or diabetic patients receiving either insulin or oral hypoglycemic agents, or patients suspected of developing thyrotoxicosis, should be managed carefully, with caution.
- In patients undergoing elective surgery, some authorities recommend gradual withdrawal of beta adrenergic receptor blocking agents because these agents impair the ability of the heart to respond to beta-adrenergically mediated reflex stimuli.
- The most frequently reported adverse reactions have been burning and stinging upon instillation. This was seen in 38% of patients treated with ISTALOL and in approximately one in eight patients treated with TIMOPTIC in OCUDOSE. Additional reactions reported with ISTALOL at a frequency of 4 to 10% include: blurred vision, cataract, conjunctival injection, headache, hypertension, infection, itching and decreased visual acuity.

Please see Brief Summary of Prescribing Information for ISTALOL and TIMOPTIC in OCUDOSE on the following pages.

For the patients who need incremental IOP reduction in a preservative free form<sup>6</sup>



For the patients who need incremental IOP reduction in a once a day form<sup>6</sup>

**Istalol®**  
(timolol maleate  
ophthalmic solution) 0.5%

**References:** 1. Alm A, Stjernschantz J. Effects on Intraocular Pressure and Side Effects of 0.005% Latanoprost Applied Once Daily, Evening or Morning. *Ophthalmology*. 1995;102:1743-1752. 2. Brubaker R. Flow of Aqueous Humor in Humans. *IOVS*. 1991;32(13):3145-3166. 3. Obstbaum S, Cioffi GA, Kriegstein GK, et al. Gold Standard Medical Therapy for Glaucoma: Defining the Criteria Identifying Measures for an Evidence-Based Analysis. *Clin Ther*. 2004;26(12):2102-2119. 4. Istalol [package insert]. Bridgewater, NJ: Bausch & Lomb Incorporated; 2013. 5. Timoptic in Ocudose [package insert]. Lawrenceville, NJ: Aton Pharma; 2009. 6. Stewart W, Day DG, Sharpe ED. Efficacy and Safety of Timolol Solution Once Daily vs Timolol Gel Added to Latanoprost. *Am J Ophthalmol*. 1999;128(6):692-696.

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US/TOP/14/0017(1)



## BRIEF SUMMARY OF PRESCRIBING INFORMATION

This Brief Summary does not include all the information needed to use TIMOPTIC® 0.25% AND 0.5% (timolol maleate ophthalmic solution) in OCUDOSE® (DISPENSER) safely and effectively. See full prescribing information for TIMOPTIC in OCUDOSE.

PRESERVATIVE-FREE STERILE OPHTHALMIC SOLUTION  
in a Sterile Ophthalmic Unit Dose Dispenser

# TIMOPTIC® 0.25% AND 0.5% (TIMOLOL MALEATE OPHTHALMIC SOLUTION) in OCUDOSE® (DISPENSER)

## INDICATIONS AND USAGE

Preservative-free TIMOPTIC in OCUDOSE is indicated in the treatment of elevated intraocular pressure in patients with ocular hypertension or open-angle glaucoma.

Preservative-free TIMOPTIC in OCUDOSE may be used when a patient is sensitive to the preservative in TIMOPTIC (timolol maleate ophthalmic solution), benzalkonium chloride, or when use of a preservative-free topical medication is advisable.

## CONTRAINDICATIONS

Preservative-free TIMOPTIC in OCUDOSE is contraindicated in patients with (1) bronchial asthma; (2) a history of bronchial asthma; (3) severe chronic obstructive pulmonary disease (see WARNINGS); (4) sinus bradycardia; (5) second or third degree atrioventricular block; (6) overt cardiac failure (see WARNINGS); (7) cardiogenic shock; or (8) hypersensitivity to any component of this product.

## WARNINGS

As with many topically applied ophthalmic drugs, this drug is absorbed systemically.

**The same adverse reactions found with systemic administration of beta-adrenergic blocking agents may occur with topical administration. For example, severe respiratory reactions and cardiac reactions, including death due to bronchospasm in patients with asthma, and rarely death in association with cardiac failure, have been reported following systemic or ophthalmic administration of timolol maleate (see CONTRAINDICATIONS).**

**Cardiac Failure:** Sympathetic stimulation may be essential for support of the circulation in individuals with diminished myocardial contractility, and its inhibition by beta-adrenergic receptor blockade may precipitate more severe failure.

**In Patients Without a History of Cardiac Failure:** continued depression of the myocardium with beta-blocking agents over a period of time can, in some cases, lead to cardiac failure. At the first sign or symptom of cardiac failure, Preservative-free TIMOPTIC in OCUDOSE should be discontinued.

**Obstructive Pulmonary Disease:** Patients with chronic obstructive pulmonary disease (e.g., chronic bronchitis, emphysema) of mild or moderate severity, bronchospastic disease, or a history of bronchospastic disease (other than bronchial asthma or a history of bronchial asthma, in which TIMOPTIC in OCUDOSE is contraindicated [see CONTRAINDICATIONS]) should, in general, not receive beta-blockers, including Preservative-free TIMOPTIC in OCUDOSE.

**Major Surgery:** The necessity or desirability of withdrawal of beta-adrenergic blocking agents prior to major surgery is controversial. Beta-adrenergic receptor blockade impairs the ability of the heart to respond to beta-adrenergically mediated reflex stimuli. This may augment the risk of general anesthesia in surgical procedures. Some patients receiving beta-adrenergic receptor blocking agents have experienced protracted severe hypotension during anesthesia. Difficulty in restarting and maintaining the heartbeat has also been reported. For these reasons, in patients undergoing elective surgery, some authorities recommend gradual withdrawal of beta-adrenergic receptor blocking agents.

If necessary during surgery, the effects of beta-adrenergic blocking agents may be reversed by sufficient doses of adrenergic agonists.

**Diabetes Mellitus:** Beta-adrenergic blocking agents should be administered with caution in patients subject to spontaneous hypoglycemia or to diabetic patients (especially those with labile diabetes) who are receiving insulin or oral hypoglycemic agents. Beta-adrenergic receptor blocking agents may mask the signs and symptoms of acute hypoglycemia.

**Thyrotoxicosis:** Beta-adrenergic blocking agents may mask certain clinical signs (e.g., tachycardia) of hyperthyroidism. Patients suspected of developing thyrotoxicosis should be managed carefully to avoid abrupt withdrawal of beta-adrenergic blocking agents that might precipitate a thyroid storm.

## PRECAUTIONS

**General:** Because of potential effects of beta-adrenergic blocking agents on blood pressure and pulse, these agents should be used with caution in patients with cerebrovascular insufficiency. If signs or symptoms suggesting reduced cerebral blood flow develop following initiation of therapy with Preservative-free TIMOPTIC in OCUDOSE, alternative therapy should be considered.

Choroidal detachment after filtration procedures has been reported with the administration of aqueous suppressant therapy (e.g., timolol).

**Angle-closure glaucoma:** In patients with angle-closure glaucoma, the immediate objective of treatment is to reopen the angle. This requires constricting the pupil. Timolol maleate has little or no effect on the pupil. TIMOPTIC in OCUDOSE should not be used alone in the treatment of angle-closure glaucoma.

**Anaphylaxis:** While taking beta-blockers, patients with a history of atopy or a history of severe anaphylactic reactions to a variety of allergens may be more reactive to repeated accidental, diagnostic, or therapeutic challenge with such allergens. Such patients may be unresponsive to the usual doses of epinephrine used to treat anaphylactic reactions.

**Muscle Weakness:** Beta-adrenergic blockade has been reported to potentiate muscle weakness consistent with certain myasthenic symptoms (e.g., diplopia, ptosis, and generalized weakness). Timolol has been reported rarely to increase muscle weakness in some patients with myasthenia gravis or myasthenic symptoms.

**Information for Patients:** Patients should be instructed about the use of Preservative-free TIMOPTIC in OCUDOSE.

Since sterility cannot be maintained after the individual unit is opened, patients should be instructed to use the product immediately after opening, and to discard the individual unit and any remaining contents immediately after use.

Patients with bronchial asthma, a history of bronchial asthma, severe chronic obstructive pulmonary disease, sinus bradycardia, second or third degree

atrioventricular block, or cardiac failure should be advised not to take this product. (See CONTRAINDICATIONS.)

**Drug Interactions:** Although TIMOPTIC (timolol maleate ophthalmic solution) used alone has little or no effect on pupil size, mydriasis resulting from concomitant therapy with TIMOPTIC (timolol maleate ophthalmic solution) and epinephrine has been reported occasionally.

**Beta-adrenergic blocking agents:** Patients who are receiving a beta-adrenergic blocking agent orally and Preservative-free TIMOPTIC in OCUDOSE should be observed for potential additive effects of beta-blockade, both systemic and on intraocular pressure. The concomitant use of two topical beta-adrenergic blocking agents is not recommended.

**Calcium antagonists:** Caution should be used in the coadministration of beta-adrenergic blocking agents, such as Preservative-free TIMOPTIC in OCUDOSE, and oral or intravenous calcium antagonists, because of possible atrioventricular conduction disturbances, left ventricular failure, and hypotension. In patients with impaired cardiac function, coadministration should be avoided.

**Catecholamine-depleting drugs:** Close observation of the patient is recommended when a beta blocker is administered to patients receiving catecholamine-depleting drugs such as reserpine, because of possible additive effects and the production of hypotension and/or marked bradycardia, which may result in vertigo, syncope, or postural hypotension.

**Digitalis and calcium antagonists:** The concomitant use of beta-adrenergic blocking agents with digitalis and calcium antagonists may have additive effects in prolonging atrioventricular conduction time.

**CYP2D6 inhibitors:** Potentiated systemic beta-blockade (e.g., decreased heart rate, depression) has been reported during combined treatment with CYP2D6 inhibitors (e.g., quinidine, SSRIs) and timolol.

**Clonidine:** Oral beta-adrenergic blocking agents may exacerbate the rebound hypertension which can follow the withdrawal of clonidine. There have been no reports of exacerbation of rebound hypertension with ophthalmic timolol maleate.

**Injectable epinephrine:** (See PRECAUTIONS, General, Anaphylaxis)

**Carcinogenesis, Mutagenesis, Impairment of Fertility:** In a two-year oral study of timolol maleate administered orally to rats, there was a statistically significant increase in the incidence of adrenal pheochromocytomas in male rats administered 300 mg/kg/day (approximately 42,000 times the systemic exposure following the maximum recommended human ophthalmic dose). Similar differences were not observed in rats administered oral doses equivalent to approximately 14,000 times the maximum recommended human ophthalmic dose.

In a lifetime oral study in mice, there were statistically significant increases in the incidence of benign and malignant pulmonary tumors, benign uterine polyps and mammary adenocarcinomas in female mice at 500 mg/kg/day (approximately 71,000 times the systemic exposure following the maximum recommended human ophthalmic dose), but not at 5 or 50 mg/kg/day (approximately 700 or 7,000 times, respectively, the systemic exposure following the maximum recommended human ophthalmic dose). In a subsequent study in female mice, in which post-mortem examinations were limited to the uterus and the lungs, a statistically significant increase in the incidence of pulmonary tumors was again observed at 500 mg/kg/day.

The increased occurrence of mammary adenocarcinomas was associated with elevations in serum prolactin which occurred in female mice administered oral timolol at 500 mg/kg/day, but not at doses of 5 or 50 mg/kg/day. An increased incidence of mammary adenocarcinomas in rodents has been associated with administration of several other therapeutic agents that elevate serum prolactin, but no correlation between serum prolactin levels and mammary tumors has been established in humans. Furthermore, in adult human female subjects who received oral dosages of up to 60 mg of timolol maleate (the maximum recommended human oral dosage), there were no clinically meaningful changes in serum prolactin.

Timolol maleate was devoid of mutagenic potential when tested *in vivo* (mouse) in the micronucleus test and cytogenetic assay (doses up to 800 mg/kg) and *in vitro* in a neoplastic cell transformation assay (up to 100 mcg/mL). In Ames tests the highest concentrations of timolol equivalent, 5,000 or 10,000 mcg/plate, were associated with statistically significant elevations of revertants observed with tester strain TA100 (in seven replicate assays), but not in the remaining three strains. In the assays with tester strain TA100, no consistent dose response relationship was observed, and the ratio of test to control revertants did not reach 2. A ratio of 2 is usually considered the criterion for a positive Ames test.

Reproduction and fertility studies in rats demonstrated no adverse effect on male or female fertility at doses up to 21,000 times the systemic exposure following the maximum recommended human ophthalmic dose.

**Pregnancy: Teratogenic Effects —** Pregnancy Category C. Teratogenicity studies with timolol in mice, rats and rabbits at oral doses up to 50 mg/kg/day (7,000 times the systemic exposure following the maximum recommended human ophthalmic dose) demonstrated no evidence of fetal malformations. Although delayed fetal ossification was observed at this dose in rats, there were no adverse effects on postnatal development of offspring. Doses of 1000 mg/kg/day (142,000 times the systemic exposure following the maximum recommended human ophthalmic dose) were maternotoxic in mice and resulted in an increased number of fetal resorptions. Increased fetal resorptions were also seen in rabbits at doses of 14,000 times the systemic exposure following the maximum recommended human ophthalmic dose, in this case without apparent maternotoxicity.

There are no adequate and well-controlled studies in pregnant women. Preservative-free TIMOPTIC in OCUDOSE should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

**Nursing Mothers:** Timolol maleate has been detected in human milk following oral and ophthalmic drug administration. Because of the potential for serious adverse reactions from timolol in nursing infants, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

**Pediatric Use:** Safety and effectiveness in pediatric patients have not been established.

**Geriatric Use:** No overall differences in safety or effectiveness have been observed between elderly and younger patients.

## ADVERSE REACTIONS

The most frequently reported adverse experiences have been burning and stinging upon instillation (approximately one in eight patients).

The following additional adverse experiences have been reported less frequently with ocular administration of this or other timolol maleate formulations:

**BODY AS A WHOLE:** Headache, asthenia/fatigue, and chest pain.  
**CARDIOVASCULAR:** Bradycardia, arrhythmia, hypotension, hypertension, syncope, heart block, cerebral vasodilation, cerebral ischemia, cardiac failure, worsening of angina pectoris, palpitation, cardiac arrest, pulmonary edema, edema, claudication, Raynaud's

phenomenon, and cold hands and feet.

**DIGESTIVE:** Nausea, diarrhea, dyspepsia, anorexia, and dry mouth.

**IMMUNOLOGIC:** Systemic lupus erythematosus.

**NERVOUS SYSTEM/PSYCHIATRIC:** Dizziness, increase in signs and symptoms of myasthenia gravis, paresthesia, somnolence, insomnia, nightmares, behavioral changes and psychic disturbances including depression, confusion, hallucinations, anxiety, disorientation, nervousness, and memory loss.

**SKIN:** Alopecia and psoriasisiform rash or exacerbation of psoriasis.

**HYPERSENSITIVITY:** Signs and symptoms of systemic allergic reactions including anaphylaxis, angioedema, urticaria, and localized and generalized rash.

**RESPIRATORY:** Bronchospasm (predominantly in patients with pre-existing bronchospastic disease), respiratory failure, dyspnea, nasal congestion, cough and upper respiratory infections.

**ENDOCRINE:** Masked symptoms of hypoglycemia in diabetic patients (see WARNINGS).

**SPECIAL SENSES:** Signs and symptoms of ocular irritation including conjunctivitis, blepharitis, keratitis, ocular pain, discharge (e.g., crusting), foreign body sensation, itching and tearing, and dry eyes; ptosis; decreased corneal sensitivity; cystoid macular edema; visual disturbances including refractive changes and diplopia; pseudophthalmos; choroidal detachment following filtration surgery (see PRECAUTIONS, General); and tinnitus.

**UROGENITAL:** Retroperitoneal fibrosis, decreased libido, impotence, and Peyronie's disease.

The following additional adverse effects have been reported in clinical experience with ORAL timolol maleate or other ORAL beta blocking agents, and may be considered potential effects of ophthalmic timolol maleate: **Allergic:** Erythematous rash, fever combined with aching and sore throat, laryngospasm with respiratory distress; **Body as a Whole:** Extremity pain, decreased exercise tolerance, weight loss; **Cardiovascular:** Worsening of arterial insufficiency, vasodilatation; **Digestive:** Gastrointestinal pain, hepatomegaly, vomiting, mesenteric arterial thrombosis, ischemic colitis; **Hematologic:** Nonthrombocytopenic purpura; thrombocytopenic purpura; agranulocytosis; **Endocrine:** Hyperglycemia, hypoglycemia; **Skin:** Pruritus, skin irritation, increased pigmentation, sweating; **Musculoskeletal:** Arthralgia; **Nervous System/Psychiatric:** Vertigo, local weakness, diminished concentration, reversible mental depression progressing to catatonia, an acute reversible syndrome characterized by disorientation for time and place, emotional lability, slightly clouded sensorium, and decreased performance on neuropsychometrics; **Respiratory:** Rales, bronchial obstruction; **Urogenital:** Urination difficulties.

## OVERDOSAGE

There have been reports of inadvertent overdosage with Ophthalmic Solution TIMOPTIC (timolol maleate ophthalmic solution) resulting in systemic effects similar to those seen with systemic beta-adrenergic blocking agents such as dizziness, headache, shortness of breath, bradycardia, bronchospasm, and cardiac arrest (see also ADVERSE REACTIONS).

Overdosage has been reported with Tablets BLOCADREN® (timolol maleate tablets). A 30 year old female ingested 650 mg of BLOCADREN (maximum recommended oral daily dose is 60 mg) and experienced second and third degree heart block. She recovered without treatment but approximately two months later developed irregular heartbeat, hypertension, dizziness, tinnitus, faintness, increased pulse rate, and borderline first degree heart block.

An *in vitro* hemodialysis study, using <sup>14</sup>C timolol added to human plasma or whole blood, showed that timolol was readily dialyzed from these fluids; however, a study of patients with renal failure showed that timolol did not dialyze readily.

## DOSE AND ADMINISTRATION

Preservative-free TIMOPTIC in OCUDOSE is a sterile solution that does not contain a preservative. The solution from one individual unit is to be used immediately after opening for administration to one or both eyes. Since sterility cannot be guaranteed after the individual unit is opened, the remaining contents should be discarded immediately after administration.

Preservative-free TIMOPTIC in OCUDOSE is available in concentrations of 0.25 and 0.5 percent. The usual starting dose is one drop of 0.25 percent Preservative-free TIMOPTIC in OCUDOSE in the affected eye(s) administered twice a day. Apply enough gentle pressure on the individual container to obtain a single drop of solution. If the clinical response is not adequate, the dosage may be changed to one drop of 0.5 percent solution in the affected eye(s) administered twice a day.

Since in some patients the pressure-lowering response to Preservative-free TIMOPTIC in OCUDOSE may require a few weeks to stabilize, evaluation should include a determination of intraocular pressure after approximately 4 weeks of treatment with Preservative-free TIMOPTIC in OCUDOSE.

If the intraocular pressure is maintained at satisfactory levels, the dosage schedule may be changed to one drop once a day in the affected eye(s). Because of diurnal variations in intraocular pressure, satisfactory response to the once-a-day dose is best determined by measuring the intraocular pressure at different times during the day.

Dosages above one drop of 0.5 percent TIMOPTIC (timolol maleate ophthalmic solution) twice a day generally have not been shown to produce further reduction in intraocular pressure. If the patient's intraocular pressure is still not at a satisfactory level on this regimen, concomitant therapy with other agent(s) for lowering intraocular pressure can be instituted taking into consideration that the preparation(s) used concomitantly may contain one or more preservatives. The concomitant use of two topical beta-adrenergic blocking agents is not recommended. (See PRECAUTIONS, Drug Interactions, Beta-adrenergic blocking agents.)

Manuf. for:

**ATON** Lawrenceville  
NJ 08648  
P H A R M A USA

By: Laboratories Merck Sharp & Dohme-Chirex  
63963 Clermont-Ferrand Cedex 9, France

Based on PI - 5142662/069A-03/09/9689-9690  
US/70P/14/0018 Issued February 2009

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## BRIEF SUMMARY OF PRESCRIBING INFORMATION

This Brief Summary does not include all the information needed to use ISTALOL® (timolol maleate ophthalmic solution) 0.5% safely and effectively. See full prescribing information for ISTALOL.

## Istalol® (timolol maleate ophthalmic solution) 0.5%

Initial U.S. Approval: 1978

### STERILE

### INDICATIONS AND USAGE

Istalol (timolol maleate ophthalmic solution) 0.5% is a non-selective beta-adrenergic receptor blocking agent indicated in the treatment of elevated intraocular pressure (IOP) in patients with ocular hypertension or open-angle glaucoma.

### CONTRAINDICATIONS

**4.1 Asthma, COPD:** Istalol is contraindicated in patients with bronchial asthma; a history of bronchial asthma; severe chronic obstructive pulmonary disease (see **WARNINGS AND PRECAUTIONS, 5.1, 5.3**).

**4.2 Sinus Bradycardia, AV Block, Cardiac Failure, Cardiogenic Shock:** Istalol is contraindicated in patients with sinus bradycardia; second or third degree atrioventricular block; overt cardiac failure (see **WARNINGS AND PRECAUTIONS, 5.2**); cardiogenic shock.

**4.3 Hypersensitivity Reactions:** Istalol is contraindicated in patients who have exhibited a hypersensitivity reaction to any component of this product in the past.

### WARNINGS AND PRECAUTIONS

**5.1 Potentiation of Respiratory Reactions Including Asthma:** Istalol contains timolol maleate; and although administered topically, it can be absorbed systemically. Therefore, the same adverse reactions found with systemic administration of beta-adrenergic blocking agents may occur with topical administration. For example, severe respiratory reactions and cardiac reactions including death due to bronchospasm in patients with asthma, and rarely death in association with cardiac failure, have been reported following systemic or ophthalmic administration of timolol maleate (see **CONTRAINDICATIONS, 4.1**).

**5.2 Cardiac Failure:** Sympathetic stimulation may be essential for support of the circulation in individuals with diminished myocardial contractility, and its inhibition of beta-adrenergic receptor blockade may precipitate more severe failure. In patients without a history of cardiac failure, continued depression of the myocardium with beta-blocking agents over a period of time can, in some cases, lead to cardiac failure. At the first sign or symptom of cardiac failure, Istalol should be discontinued (see also **CONTRAINDICATIONS, 4.2**).

**5.3 Obstructive Pulmonary Disease:** Patients with chronic obstructive pulmonary disease (e.g., chronic bronchitis, emphysema) of mild or moderate severity, bronchospastic disease, or a history of bronchospastic disease [other than bronchial asthma or a history of bronchial asthma in which Istalol is contraindicated (see **CONTRAINDICATIONS, 4.2**)] should, in general, not receive beta-blocking agents, including Istalol.

**5.4 Increased Reactivity to Allergens:** While taking beta-blockers, patients with a history of atopy or a history of severe anaphylactic reactions to a variety of allergens may be more reactive to repeated accidental, diagnostic, or therapeutic challenge with such allergens. Such patients may be unresponsive to the usual doses of epinephrine used to treat anaphylactic reactions.

**5.5 Potentiation of Muscle Weakness:** Beta-adrenergic blockade has been reported to potentiate muscle weakness consistent with certain myasthenic symptoms (e.g., diplopia, ptosis, and generalized weakness). Timolol has been reported rarely to increase muscle weakness in some patients with myasthenia gravis or myasthenic symptoms.

**5.6 Masking of Hypoglycemic Symptoms in Patients with Diabetes Mellitus:** Beta-adrenergic blocking agents should be administered with caution in patients subject to spontaneous hypoglycemia or to diabetic patients (especially those with labile diabetes) who are receiving insulin or oral hypoglycemic agents. Beta-adrenergic receptor blocking agents may mask the signs and symptoms of acute hypoglycemia.

**5.7 Masking of Thyrotoxicosis:** Beta-adrenergic blocking agents may mask certain clinical signs (e.g., tachycardia) of hyperthyroidism. Patients suspected of developing thyrotoxicosis should be managed carefully to avoid abrupt withdrawal of beta-adrenergic blocking agents that might precipitate a thyroid storm.

**5.8 Contamination of Topical Ophthalmic Products After Use:** 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 (see **PATIENT COUNSELING INFORMATION, 17**).

**5.9 Impairment of Beta-adrenergically Mediated Reflexes During Surgery:** The necessity or desirability of withdrawal of beta-adrenergic blocking agents prior to major surgery is controversial. Beta-adrenergic receptor blockade impairs the ability of the heart to respond to beta-adrenergically mediated reflex stimuli. This may augment the risk of general anesthesia in surgical procedures. Some patients receiving beta-adrenergic receptor blocking agents have experienced protracted severe hypotension during anesthesia. Difficulty in restarting and maintaining the heartbeat has also been reported. For these reasons, in patients undergoing elective surgery, some authorities recommend gradual withdrawal of beta-adrenergic receptor blocking agents. If necessary during surgery, the effects of beta-adrenergic blocking agents may be reversed by sufficient doses of adrenergic agonists.

**5.10 Angle-Closure Glaucoma:** In patients with angle-closure glaucoma, the immediate objective of treatment is to reopen the angle. This may require constricting the pupil. Timolol maleate has little or no effect on the pupil. Istalol should not be used alone in the treatment of angle-closure glaucoma.

**5.11 Cerebrovascular Insufficiency:** Because of potential effects of beta-adrenergic blocking agents on blood pressure and pulse, these agents should be used with caution in patients with cerebrovascular insufficiency. If signs or

symptoms suggesting reduced cerebral blood flow develop following initiation of therapy with Istalol, alternative therapy should be considered.

**5.12 Choroidal Detachment:** Choroidal detachment after filtration procedures has been reported with the administration of aqueous suppressant therapy (e.g. timolol).

### ADVERSE REACTIONS

**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.

The most frequently reported adverse reactions have been burning and stinging upon instillation in 38% of patients treated with Istalol. Additional reactions reported with Istalol at a frequency of 4 to 10% include: blurred vision, cataract, conjunctival injection, headache, hypertension, infection, itching and decreased visual acuity. The following additional adverse reactions have been reported less frequently with ocular administration of this or other timolol maleate formulations.

**Timolol (Ocular Administration):** *Body as a whole:* Asthenia/fatigue and chest pain; *Cardiovascular:* Bradycardia, arrhythmia, hypotension, syncope, heart block, cerebral vascular accident, cerebral ischemia, cardiac failure, worsening of angina pectoris, palpitation, cardiac arrest, pulmonary edema, edema, claudication, Raynaud's phenomenon and cold hands and feet; *Digestive:* Nausea, diarrhea, dyspepsia, anorexia, and dry mouth; *Immunologic:* Systemic lupus erythematosus; *Nervous System/Psychiatric:* Dizziness, increase in signs and symptoms of myasthenia gravis, paresthesia, somnolence, insomnia, nightmares, behavioral changes and psychic disturbances including depression, confusion, hallucinations, anxiety, disorientation, nervousness and memory loss; *Skin:* Alopecia and psoriasisiform rash or exacerbation of psoriasis; *Hypersensitivity:* Signs and symptoms of systemic allergic reactions, including angioedema, urticaria, and localized and generalized rash; *Respiratory:* Bronchospasm (predominantly in patients with pre-existing bronchospastic disease), respiratory failure, dyspnea, nasal congestion, cough and upper respiratory infections; *Endocrine:* Masked symptoms of hypoglycemia in diabetic patients (see **WARNINGS AND PRECAUTIONS, 5.6**); *Special Senses:* Signs and symptoms of ocular irritation including conjunctivitis, blepharitis, keratitis, ocular pain, discharge (e.g., crusting), foreign body sensation, itching and tearing, and dry eyes; ptosis, decreased corneal sensitivity; cystoid macular edema; visual disturbances including refractive changes and diplopia; pseudophthalmos; choroidal detachment following filtration surgery (see **WARNINGS AND PRECAUTIONS, 5.12**); *Urogenital:* Retroperitoneal fibrosis, decreased libido, impotence, and Peyronie's disease.

### 6.2 Postmarketing Experience

**Oral Timolol/Oral Beta-blockers:** The following additional adverse effects have been reported in clinical experience with ORAL timolol maleate or other ORAL beta-blocking agents may be considered potential effects of ophthalmic timolol maleate: *Allergic:* Erythematous rash, fever combined with aching and sore throat, laryngospasm with respiratory distress; *Body as a Whole:* Extremity pain, decreased exercise tolerance, weight loss; *Cardiovascular:* Worsening of arterial insufficiency, vasodilatation; *Digestive:* Gastrointestinal pain, hepatomegaly, vomiting, mesenteric arterial thrombosis, ischemic colitis; *Hematologic:* Nonthrombocytopenic purpura; thrombocytopenic purpura, agranulocytosis; *Endocrine:* Hypertglycemia, hypoglycemia; *Skin:* Pruritus, skin irritation, increased pigmentation, sweating; *Musculoskeletal:* Arthralgia; *Nervous System/Psychiatric:* Vertigo, local weakness, diminished concentration, reversible mental depression progressing to catatonia, an acute reversible syndrome characterized by disorientation for time and place, emotional lability, slightly clouded sensorium and decreased performance on neuropsychometrics; *Respiratory:* Rales, bronchial obstruction; *Urogenital:* Urination difficulties.

### DRUG INTERACTIONS

**7.1 Beta-Adrenergic Blocking Agents:** Patients who are receiving a beta-adrenergic blocking agent orally and Istalol® should be observed for potential additive effects of beta-blockade, both systemic and on intraocular pressure. The concomitant use of two topical beta-adrenergic blocking agents is not recommended.

**7.2 Calcium Antagonists:** Caution should be used in the co-administration of beta-adrenergic blocking agents, such as Istalol, and oral or intravenous calcium antagonists because of possible atrioventricular conduction disturbances, left ventricular failure, and hypotension. In patients with impaired cardiac function, co-administration should be avoided.

**7.3 Catecholamine-Depleting Drugs:** Close observation of the patient is recommended when a beta blocker is administered to patients receiving catecholamine-depleting drugs such as reserpine, because of possible additive effects and the production of hypotension and/or marked bradycardia, which may result in vertigo, syncope, or postural hypotension.

**7.4 Digitalis and Calcium Antagonists:** The concomitant use of beta-adrenergic blocking agents with digitalis and calcium antagonists may have additive effects in prolonging atrioventricular conduction time.

**7.5 CYP2D6 Inhibitors:** Potentiated systemic beta-blockade (e.g., decreased heart rate) has been reported during combined treatment with CYP2D6 inhibitors (e.g., quinidine) and timolol.

**7.6 Clonidine:** Oral beta-adrenergic blocking agents may exacerbate the rebound hypertension which can follow the withdrawal of clonidine. There have been no reports of exacerbation of rebound hypertension with ophthalmic timolol maleate.

### USE IN SPECIFIC POPULATIONS

#### 8.1 Pregnancy

**Teratogenic Effects:** Pregnancy Category C: Teratogenicity studies have been performed in animals. Teratogenicity studies with timolol in mice, rats, and rabbits at oral doses up to 50 mg/kg/day (7,000 times the systemic exposure following the maximum recommended human ophthalmic dose) demonstrated no evidence of fetal malformations. Although delayed fetal ossification was observed at this dose

in rats, there were no adverse effects on postnatal development of offspring. Doses of 1000 mg/kg/day (142,000 times the systemic exposure following the maximum recommended human ophthalmic dose) were maternotoxic in mice and resulted in an increased number of fetal resorptions. Increased fetal resorptions were also seen in rabbits at doses of 14,000 times the systemic exposure following the maximum recommended human ophthalmic dose, in this case without apparent maternotoxicity. There are no adequate and well-controlled studies in pregnant women. Istalol should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

**8.3 Nursing Mothers:** Timolol has been detected in human milk following oral and ophthalmic drug administration. Because of the potential for serious adverse reactions from Istalol in nursing infants, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

**8.4 Pediatric Use:** Safety and effectiveness in pediatric patients have not been established.

**8.5 Geriatric Use:** No overall differences in safety or effectiveness have been observed between elderly and younger patients.

### OVERDOSAGE

There have been reports of inadvertent overdosage with Istalol resulting in systemic effects similar to those seen with systemic beta-adrenergic blocking agents such as dizziness, headache, shortness of breath, bradycardia, bronchospasm, and cardiac arrest. An *in vitro* hemodialysis study, using <sup>14</sup>C timolol added to human plasma or whole blood, showed that timolol was readily dialyzed from these fluids; however, a study of patients with renal failure showed that timolol did not dialyze readily.

### NONCLINICAL TOXICOLOGY

**13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility:** In a two-year study of timolol maleate administered orally to rats, there was a statistically significant increase in the incidence of adrenal pheochromocytomas in male rats administered 300 mg/kg/day (approximately 42,000 times the systemic exposure following the maximum recommended human ophthalmic dose). Similar differences were not observed in rats administered oral doses equivalent to approximately 14,000 times the maximum recommended human ophthalmic dose. In a lifetime oral study in mice, there were statistically significant increases in the incidence of benign and malignant pulmonary tumors, benign uterine polyps and mammary adenocarcinomas in female mice at 500 mg/kg/day, (approximately 71,000 times the systemic exposure following the maximum recommended human ophthalmic dose), but not at 5 or 50 mg/kg/day (approximately 700 or 7,000, respectively, times the systemic exposure following the maximum recommended human ophthalmic dose). In a subsequent study in female mice, in which post-mortem examinations were limited to the uterus and the lungs, a statistically significant increase in the incidence of pulmonary tumors was again observed at 500 mg/kg/day. The increased occurrence of mammary adenocarcinomas was associated with elevations in serum prolactin which occurred in female mice administered oral timolol at 500 mg/kg/day, but not at doses of 5 or 50 mg/kg/day. An increased incidence of mammary adenocarcinomas in rodents has been associated with administration of several other therapeutic agents that elevate serum prolactin, but no correlation between serum prolactin levels and mammary tumors has been established in humans. Furthermore, in adult human female subjects who received oral dosages of up to 60 mg of timolol maleate (the maximum recommended human oral dosage), there were no clinically meaningful changes in serum prolactin. Timolol maleate was devoid of mutagenic potential when tested *in vivo* (mouse) in the micronucleus test and cytogenetic assay (doses up to 800 mg/kg) and *in vitro* in a neoplastic cell transformation assay (up to 100 mcg/mL). In Ames tests the highest concentrations of timolol employed, 5,000 or 10,000 mcg/plate, were associated with statistically significant elevations of revertants observed with tester strain TA100 (in seven replicate assays), but not in the remaining three strains. In the assays with tester strain TA100, no consistent dose response relationship was observed, and the ratio of test to control revertants did not reach 2. A ratio of 2 is usually considered the criterion for a positive Ames test. Reproduction and fertility studies in rats demonstrated no adverse effect on male or female fertility at doses up to 21,000 times the systemic exposure following the maximum recommended human ophthalmic dose.

### PATIENT COUNSELING INFORMATION

Patients with bronchial asthma, a history of bronchial asthma, severe chronic obstructive pulmonary disease, sinus bradycardia, second or third degree atrioventricular block, or cardiac failure should be advised not to take this product. (see **CONTRAINDICATIONS, 4.1, 4.2**) Patients should also be instructed that ocular solutions, if handled improperly or if the tip of the dispensing container contacts the eye or surrounding structures, can become contaminated by common bacteria known to cause ocular infections. Serious damage to the eye and subsequent loss of vision may result from using contaminated solutions. (see **WARNINGS AND PRECAUTIONS 5.8**) Patients should also be advised that if they have ocular surgery or develop an intercurrent ocular condition (e.g., trauma or infection), they should immediately seek their physician's advice concerning the continued use of the present multidose container. If more than one topical ophthalmic drug is being used, the drugs should be administered at least five minutes apart. Patients should be advised that Istalol® contains benzalkonium chloride which may be absorbed by soft contact lenses. Contact lenses should be removed prior to administration of the solution. Lenses may be reinserted 15 minutes following Istalol® administration.

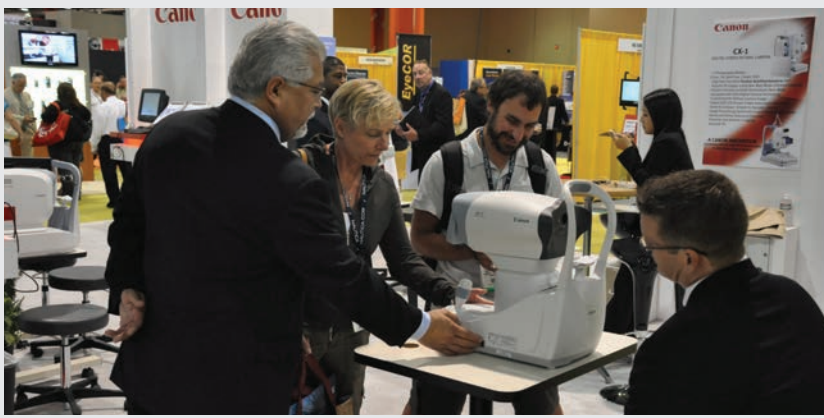
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Osaka, Japan 541-0046

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(continued from page 52)

Lectures will emphasize clinical/scientific advancements as well as critical business strategies. Don't miss a new session dedicated to contact lens wear from your patient's perspective.

For more information or to register, contact Leigh Mann at [lmann@reed-expo.com](mailto:lmann@reed-expo.com), or go to [www.visionexpowest.com](http://www.visionexpowest.com).

### Vegas on the Edge

(source: [www.lasvegas.com](http://www.lasvegas.com))

Anyone over a certain height can ride a roller coaster, but it takes real guts to swim with the sharks in the Shark Reef Aquarium at Mandalay Bay ([www.mandalaybay.com](http://www.mandalaybay.com)). There are no cages—just you, 1.3 million gallons of underwater real estate and more than 30 sharks, including sand tiger, sandbar and whitetip reef sharks.

For some zip lining, head out to Boulder City for Bootleg Canyon Flightlines ([www.lasvegas.com/listing/flightlinez-bootleg-canyon/19299/tour/1706](http://www.lasvegas.com/listing/flightlinez-bootleg-canyon/19299/tour/1706)). Soon, you'll be able to go from one hotel tower to another at the Rio (<https://www.caesars.com/rio-las-vegas/things-to-do/voodoo-zipline#Vik4PGSrT-Y>)

with the Voodoo Zipline. If that's not enough, try the new Slotzilla Zipline right through the heart of the Fremont Street Experience (<http://vegasexperience.com>).

And just because you're tall enough to ride a coaster doesn't mean you can handle just any roller coaster. Head down to Buffalo Bill's in Primm ([www.primmvalleyresorts.com](http://www.primmvalleyresorts.com)) and see how you hold up against the Desperado's Turbo Drop, a 255-foot nosedive that highlights one of the world's tallest and fastest scream machines. Or twist, loop and dive around New York City with the Coney Island-style coaster at New York-New York ([www.newyorknewyork.com](http://www.newyorknewyork.com)).

You also won't want to miss Sky-Jump at the Stratosphere ([www.stratospherehotel.com](http://www.stratospherehotel.com)). At 108 stories, it's the highest controlled free fall in the world. At the top of the tower, you'll also find the X-Scream and Insanity waiting.

If you like speed, the Richard Petty Rookie Driving Experience at Las Vegas Motor Speedway ([www.lvms.com](http://www.lvms.com)) is your chance to race like a NASCAR pro.

If you're ready for a food challenge, try the eight-pound burger at The Pub inside the Monte Carlo Resort ([www.montecarlo.com](http://www.montecarlo.com)). Finish The Pub Challenge in 30 minutes and it's free—and you get a free T-shirt. Piled high with vegetables and topped with a giant bun, it won't be easy to finish, but if you do, your name will go down in the Monte Carlo history books forever.

### Table Stakes: Dining in Vegas

Skip the shrimp at the all-night buffet table and try some of Vegas' fine-dining hotspots, courtesy of Yelp:

- **Bouchon Bistro**  
3355 S. Las Vegas Blvd.  
[www.venetian.com/restaurants/french/bouchon.html](http://www.venetian.com/restaurants/french/bouchon.html)
- **Carson Kitchen**  
124 S. 6th St.  
[www.carsonkitchen.com](http://www.carsonkitchen.com)
- **Sage**, 3730 S. Las Vegas Blvd.  
<http://aria.com/dining/restaurants>
- **Gordon Ramsay Steak**  
3655 S. Las Vegas Blvd.  
[www.caesars.com/paris-las-vegas](http://www.caesars.com/paris-las-vegas)
- **Mon Ami Gabi**  
3655 S. Las Vegas Blvd.  
[www.monamigabi.com](http://www.monamigabi.com)
- **Mesa Grill**  
570 S. Las Vegas Blvd.  
<http://mesagrill.com>
- **Gordon Ramsay BurGR**  
3667 S. Las Vegas Blvd.  
[www.gordonramsayrestaurants.com/burgr/](http://www.gordonramsayrestaurants.com/burgr/)
- **The Barrymore**  
99 Convention Center Dr.  
[www.barrymorelv.com](http://www.barrymorelv.com)
- **Giada**, 3595 S. Las Vegas Blvd.  
[www.thecromwell.com/giada](http://www.thecromwell.com/giada)
- **Oyster Bar**  
2411 W. Sahara Ave.  
<http://palacestation.sclv.com/dining/the-oyster-bar.aspx>

#### Sept. 8-12, Timonium, MD

##### The Art + Science of Optometric Care

HOST: OEP Foundation

KEY FACULTY: John Abbondanza

CE HOURS: 35

LOCATION: OEP National Education

Center, 2300 York Rd., Suite 113

CONTACT: Karen Ruder; 410-561-3791

[karen.ruder@oep.org](mailto:karen.ruder@oep.org)

[www.oepf.org/oepf\\_calendar](http://www.oepf.org/oepf_calendar)

**BV DS VT**

#### Sept. 9-10 (tentative), Bloomington, IN Alumni Weekend

HOST: IU School of Optometry

CE HOURS: 16

LOCATION: IU School of Optometry,

800 E. Atwater, Room 105

CONTACT: Cheryl Oldfield

[coldfiel@indiana.edu](mailto:coldfiel@indiana.edu)

812-856-3502

[www.opt.indiana.edu/ce/seminars.htm](http://www.opt.indiana.edu/ce/seminars.htm)

#### Sept. 9-11, Stowe, VT Fall Conference

HOST: Vermont Optometric Association

CE HOURS: 17

LOCATION: Topnotch Resort, 4000 Mountain Rd.

CONTACT: Rebecca Hogan

[vtcecoordinator@gmail.com](mailto:vtcecoordinator@gmail.com)

[vtoptometrists.org](http://vtoptometrists.org)

#### Sept. 10-11, San Antonio, TX RSO Fall Seminar

HOST: Rosenberg School of Optometry

CE HOURS: 16

LOCATION: Rosenberg School of Optometry, 9725 Datapoint

CONTACT: Sandra Fortenberry

[rsocoe@uiwtx.edu](mailto:rsocoe@uiwtx.edu); 210-283-6856

[www.uiv.edu/optometry/continuing-education](http://www.uiv.edu/optometry/continuing-education)



**Sept. 14-17, Las Vegas**

**Vision Expo West**

HOST: International Vision Expo & Conference  
CE HOURS: Total: 320, maximum per OD: 40  
LOCATION: Sands Expo & Convention Center, 201 Sands Ave.  
CONTACT: Leigh Mann  
[lmann@reedexpo.com](mailto:lmann@reedexpo.com)  
203-840-5452  
[www.visionexpowest.com](http://www.visionexpowest.com)  
AL AM BV CM CL CD CS DB DE EL GL  
LT NO NT IN DS PE PH PM RE RS SV  
SD TE UV VT

**Sept. 16-18, Copenhagen, Denmark  
CE in Italy**

HOST: James Fanelli  
KEY FACULTY: James Fanelli, Leonard Messner, Lorraine Lombardi  
CE HOURS: 12  
LOCATION: First Hotel Kong Frederik  
CONTACT: James Fanelli  
[jamesfanelli@ceinitaly.com](mailto:jamesfanelli@ceinitaly.com)  
910-452-7225  
[www.ceinitaly.com](http://www.ceinitaly.com)  
CM DB GL LT NO RE SD

**Sept. 20-22, Florence, Italy  
CE in Italy**

HOST: James Fanelli  
KEY FACULTY: James Fanelli, Leonard Messner, Lorraine Lombardi  
CE HOURS: 12  
LOCATION: Hotel Silla  
CONTACT: James Fanelli  
[jamesfanelli@ceinitaly.com](mailto:jamesfanelli@ceinitaly.com)  
910-452-7225  
[www.ceinitaly.com](http://www.ceinitaly.com)  
CM CS DB EL GL NO IN PH RE SD UV

**Sept. 22-24, Boise, ID  
Idaho Optometric Physicians Annual Congress**

HOST: Idaho Optometric Physicians  
CE HOURS: 32  
LOCATION: Boise Centre, 850 W. Front St.  
CONTACT: Randy Andregg  
[execdir@iopinc.org](mailto:execdir@iopinc.org)  
208-461-0001  
[Idaho.aoa.org](http://Idaho.aoa.org)  
AL AM BV CM CT DB DE EL GL NO NT  
IN DS PM RE SD TE

**Sept. 22-25, Madison, WI  
2016 Convention & Annual Meeting**

HOST: Wisconsin Optometric Association  
CE HOURS: Total: 26, maximum per OD: 22  
LOCATION: Madison Marriott West Hotel, 1313 John Q Hammons Dr.

CONTACT: Joleen Breunig  
[joleen@woa-eyes.org](mailto:joleen@woa-eyes.org)  
608-824-2200  
[www.woa-eyes.org](http://www.woa-eyes.org)  
GL RE SD

**Sept. 22-26, Springfield, IL  
IOA Annual Convention**

HOST: Illinois Optometric Association  
CE HOURS: 15, 10 hours of TQ courses  
LOCATION: Crowne Plaza Hotel, 3000 Dirksen Parkway  
CONTACT: Charlene Marsh  
[ioabb@ioaweb.org](mailto:ioabb@ioaweb.org)  
217-525-8012  
[www.ioaweb.org](http://www.ioaweb.org)

**Sept. 23-24, Mescalero, NM  
New Mexico Optometric Association  
Mid-Year Convention**

HOST: New Mexico Optometric Association  
CE HOURS: 8  
LOCATION: Inn of the Mountain Gods, 287 Carrizo Canyon Rd.  
CONTACT: Richard Montoya  
[newmexicooptometry@gmail.com](mailto:newmexicooptometry@gmail.com)  
575-751-7242  
[www.newmexicooptometry.org](http://www.newmexicooptometry.org)

**Sept. 23-25, Louisville, KY  
2016 KOA Fall Conference**

HOST: Kentucky Optometric Association  
CE HOURS: 20  
LOCATION: Marriott Louisville East Hotel, 1903 Embassy Square Blvd.  
CONTACT: Sarah Unger  
[sarah@kyeyes.org](mailto:sarah@kyeyes.org)  
502-875-3516  
[www.kyeyes.org](http://www.kyeyes.org)

**Sept. 23-25, Tuscany, Italy  
CE in Italy**

HOST: James Fanelli  
KEY FACULTY: James Fanelli, Leonard Messner, Lorraine Lombardi  
CE HOURS: 12  
LOCATION: Residence Le Santucce, Castiglion Fiorentino  
CONTACT: James Fanelli  
[jamesfanelli@ceinitaly.com](mailto:jamesfanelli@ceinitaly.com)  
910-452-7225  
[www.ceinitaly.com](http://www.ceinitaly.com)  
CM CS GL LT NO IN RE SD UV

**Sept. 23-28, Mystic, CT  
Forum on Optometry**

HOST: PSS EyeCare  
KEY FACULTY: Mile Brujic, Deepak Gupta, Joseph Sowka, Paul Ajamian  
CE HOURS: 18  
LOCATION: 625 North Road, Groton  
CONTACT: Sonia Kumari

[education@psseyecare.com](mailto:education@psseyecare.com)  
203-415-3087  
[www.psseyecare.com](http://www.psseyecare.com)  
AL AM CM CL CD CS DB DE EL GL LT  
NO NT IN PH PM RE RS SD TE VT

**Sept. 24, Sarasota, FL  
CE Sarasota Eye Symposium**

HOST: CE Sarasota  
KEY FACULTY: Ron Melton, Randall Thomas  
CE HOURS: 9  
LOCATION: Ritz-Carlton Sarasota 111 Ritz Carlton Drive  
CONTACT: Julie Peirce  
[jpeirce@centerforsight.net](mailto:jpeirce@centerforsight.net)  
941-993-8995  
CD CS DE GL IN PH RE RS

**Sept. 24-25, Austin, TX  
CE in Austin**

HOST: University of Houston College of Optometry  
KEY FACULTY: Pat Segu  
CE HOURS: 16  
LOCATION: Omni Austin Hotel at Downtown, 700 San Jacinto at 8th St.  
CONTACT: University of Houston College of Optometry Continuing Education  
[optce@central.uh.edu](mailto:optce@central.uh.edu)  
713-743-1900  
<http://ce.opt.uh.edu>

**Sept. 29-Oct. 1, Tulsa, OK  
OAOP Fall Conference**

HOST: Oklahoma Association of Optometric Physicians  
CE HOURS: TBD  
LOCATION: Renaissance Tulsa Hotel & Convention Center, 6808 S. 107th E. Ave.  
CONTACT: Heatherlyn Burton  
[heatherlyn@oaop.org](mailto:heatherlyn@oaop.org)  
405-524-1075  
[www.oaop.org](http://www.oaop.org)

**Sept. 29-Oct. 2, Portland, OR  
GWCO Congress 2016**

HOST: Great Western Council of Optometry  
CE HOURS: Total: 90, Maximum per OD: 30  
LOCATION: Oregon Convention Center, 777 NE MLK Jr. Blvd.  
CONTACT: Tracy Oman  
[gwco@gwco.org](mailto:gwco@gwco.org)  
503-654-1062  
[www.gwco.org](http://www.gwco.org)  
AM BV CM CL CD DB DE EL GL NO NT  
IN PE PH PM RE SD TE UV

# October

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1 OAOP Fall Conference (begins Sep. 29) GWCO Congress 2016 (begins Sep. 29) Everything Therapeutic - San Antonio 2016 Imperial Japan CE
2 GWCO Congress 2016 Everything Therapeutic - San Antonio	3	4	5 2016 Imperial Japan CE OEP Foundation VT/Learning Related Visual Problems Indiana Optometry's Fall Seminar	6 UAB Evening of Education EastWest Eye Conference New Technologies and Treatments in Vision Care - Philadelphia PSS Forum on Ocular Disease	7 2016 Kansas Optometric Association Fall Eyecare Conference	8
9 OEP VT/Learning Visual Problems 2016 Kansas OA Fall Eyecare Conference 2016 Imperial Japan CE	10 PSS Forum on Ocular Disease	11 PSS Forum on Ocular Disease	12 Michigan OA Annual Fall Seminar	13 2016 Missouri Optometric Association Annual Convention	14 Virginia OA Fall Conference Georgia OA Fall Education Conference	15 Neuro-Motor Maturity, Optimizing Vision Therapy
16 2016 Missouri OA Annual Convention Virginia OA Fall Conference Georgia OA Fall Education Conference Neuro-Motor Maturity, Optimizing Vision Therapy	17	18	19	20	21	22 Connecticut Association of Optometrists Annual Conference
23 Connecticut Association of Optometrists Annual Conference	24	25	26	27	28	29
30	31					

**Oct. 1-2, San Antonio, TX**

**Everything Therapeutic: San Antonio**

HOST: University of Houston College of Optometry  
 KEY FACULTY: Bruce Onofrey  
 CE HOURS: 16  
 LOCATION: Westin Riverwalk Hotel, 420 W Market St.  
 CONTACT: University of Houston College of Optometry  
[optce@central.uh.edu](mailto:optce@central.uh.edu)  
 713-743-1900  
<http://ce.opt.uh.edu>

**Oct. 1-9, Tokyo, Hakone, Kyoto 2016 Imperial Japan CE**

HOST: iTravelCE  
 KEY FACULTY: Mile Brujic  
 CE HOURS: 18  
 LOCATION: 6F Onarimon Yusen Bldg., 3-23-5 Nishi-Shinbashi, Minato-ku, Tokyo  
 CONTACT: Bridgitte Shen Lee  
[drbshenlee@itravelce.com](mailto:drbshenlee@itravelce.com)  
 832-390-1393  
[www.itravelce.com](http://www.itravelce.com)  
 AL CM CL CD CS CT DE GL NT IN DS  
 PM RS TE

**Oct. 5-6, Bloomington, IN Indiana Optometry's Fall Seminar**

HOST: Indiana Optometric Association  
 CE HOURS: 14  
 LOCATION: Indiana Memorial Union, 900 E. 7th St.  
 CONTACT: Bridget Sims  
[blsims@ioa.org](mailto:blsims@ioa.org)  
 317-237-3560  
[www.ioa.org](http://www.ioa.org)

**Oct. 5-9, Phoenix VT/Learning Related Visual Problems**

HOST: OEP Foundation  
 KEY FACULTY: Rob Lewis  
 CE HOURS: 35  
 LOCATION: TBD  
 CONTACT: Karen Ruder  
[karen.ruder@oep.org](mailto:karen.ruder@oep.org)  
 410-561-3791  
[www.oepf.org/oepf\\_calendar](http://www.oepf.org/oepf_calendar)  
 AM BV VT

**Oct. 6, Birmingham, AL Evening of Education**

HOST: UAB School of Optometry  
 CE HOURS: 2

EDUCATION TOPICS	
AL Allergy	CS Corneal surgery
AM Amblyopia	CT Cataract surgery
BV Binocular vision	DB Diabetes
CM Comanagement	DE Dry eye
CL Contact lenses	EL Eyelids/adnexa
CD Cornea/conjunctiva	GL Glaucoma
	LT Laboratory testing
NO Neuro-ophthalmics	RE Retinal disorders
NT Nutrition & the eye	RS Refractive surgery
IN Ocular infections	SV Sports vision
DS Optical dispensing	SD Systemic disease
PE Pediatric eye care	TE Technology
PH Pharmacology	UV Uveitis
PM Practice mgmt.	VT Vision therapy



**Earn CE Where East Meets West**

Mark your calendar for the 19th Annual EastWest Eye Conference 2016, to be held Oct. 6-8 in Cleveland. Housed along the shores of Lake Erie in Cleveland's state-of-the-art Global Center for Health Innovation and Convention Center, EastWest offers education from top-notch ODs including Ron Melton, Randall Thomas, Paul Karpecki, Murray Fingeret, Danica Marelli, David Kading, Bruce Onofrey and many others. Two hundred hours of CE credit will be available, and optometrists can earn up to 26 hours.

"EastWest offers such a wonderful educational experience," says conference chair Thomas Quinn, OD. "Education that makes a difference in patient care is our focus. In addition

to OD education, we offer a wide variety of patient-focused education for staff."

In addition to a busy exhibit hall and a daily dose of CE, expect to be entertained at EastWest.

"Cleveland is a great city that has so many cultural offerings, including the Rock and Roll Hall of Fame, which EastWest takes over for a blowout party on the Friday night of the conference," Dr. Quinn says. "We have many attendees bring family and friends and make the event a weekend getaway."

Dr. Quinn encourages all to "come learn and have fun doing it!"

For more information, contact Linda Fette at [linda@ooa.org](mailto:linda@ooa.org) or [www.eastwesteye.org](http://www.eastwesteye.org).



LOCATION: UAB School of Optometry, 1716 University Blvd.  
 CONTACT: Amanda Kachler  
[uabsoce@uab.edu](mailto:uabsoce@uab.edu); 205-934-5701  
[www.uab.edu/optometry/ce](http://www.uab.edu/optometry/ce)

**Oct. 6-8, Cleveland EastWest Eye Conference**

HOST: Ohio Optometric Association  
 KEY FACULTY: Randall Thomas, Ron Melton, Murray Fingeret, Paul Karpecki, Bruce Onofrey  
 CE HOURS: Total: 200+, Maximum per OD: 26  
 LOCATION: Cleveland Convention

Center, 1 St. Clair Ave.  
 CONTACT: Linda Fette  
[linda@ooa.org](mailto:linda@ooa.org)  
 800-999-4939

[www.eastwesteye.org](http://www.eastwesteye.org)  
 AL AM BV CM CL CD CS CT DB DE EL  
 GL LT NO NT IN DS PE PH PM RE RS  
 SV SD TE UV VT

**Oct. 6-8, Philadelphia New Technologies and Treatments in Vision Care - Philadelphia**

HOST: Review of Optometry  
 KEY FACULTY: Paul Karpecki (meeting chair)  
 CE HOURS: 19  
 LOCATION: Philadelphia Marriott Downtown, 1201 Market St.  
 CONTACT: Lois DiDomenico  
[reviewmeetings@jobson.com](mailto:reviewmeetings@jobson.com)  
 866-658-1772  
[www.reviewofoptometry.com/philadelphia2016](http://www.reviewofoptometry.com/philadelphia2016)  
 CM CL DB DE EL GL IN PH PE



**Oct. 6-13, Orlando**  
**Forum on Ocular Disease**

HOST: PSS EyeCare  
KEY FACULTY: Ron Melton, Randall Thomas, Mile Brujic, William Jones, Elliot Kirstein, Deepak Gupta  
CE HOURS: 18  
LOCATION: Swan and Dolphon Hotel, 1500 Epcot Resorts Blvd.  
CONTACT: Sonia Kumari  
[education@psseyecare.com](mailto:education@psseyecare.com)  
203-415-3087  
[www.psseyecare.com](http://www.psseyecare.com)



**Oct. 7-9, Topeka, KS**  
**2016 Kansas Optometric Association Fall Eyecare Conference**

HOST: Kansas Optometric Association  
CE HOURS: 13  
LOCATION: DoubleTree by Hilton Wichita Airport, 2098 Airport Rd.

CONTACT: Todd Fleischer  
[todd@kansasoptometric.org](mailto:todd@kansasoptometric.org)  
785-232-0225  
[www.kansasoptometric.org](http://www.kansasoptometric.org)

**Oct. 12-13, Lansing, MI**  
**Michigan Optometric Association 48th Annual Fall Seminar**

HOST: Michigan Optometric Association  
CE HOURS: TBD  
LOCATION: Lansing Center, 333 E. Michigan Ave.  
CONTACT: Amy Root  
[amy@themoa.org](mailto:amy@themoa.org); 517-482-0616  
[www.themoa.org](http://www.themoa.org)

**Oct. 13-16, Branson, MO**  
**2016 MOA Annual Convention**

HOST: Missouri Optometric Association  
KEY FACULTY: Blair Lonsberry, Nathan Lighthizer  
CE HOURS: 14

LOCATION: Chateau on the Lake, 415 N. State Hwy 265  
CONTACT: Lee Ann Barrett  
[moaed@moeyecare.org](mailto:moaed@moeyecare.org)  
573-635-6151  
[www.moeyecare.org](http://www.moeyecare.org)  
**AL CD DB GL IN PH RE SD TE UV**

**Oct. 14-16, Virginia Beach, VA**  
**VOA Fall Conference**

HOST: Virginia Optometric Association  
CE HOURS: 8  
LOCATION: Hilton Garden Inn, 3315 Atlantic Ave.  
CONTACT: Bo Keeney  
[office@thevoa.org](mailto:office@thevoa.org)  
804-643-0309  
[www.thevoa.org](http://www.thevoa.org)

**Oct. 14-16, Athens, GA**  
**Georgia Optometric Association Fall Education Conference**

HOST: Georgia Optometric Association  
CE HOURS: 18  
LOCATION: UGA Hotel and Conference Center, 1197 South Lumpkin St.  
CONTACT: Vanessa Grosso  
[VanessaGOA@aol.com](mailto:VanessaGOA@aol.com)  
770-961-9866 x-1  
[www.GOAeyes.com](http://www.GOAeyes.com)  
**GL NO IN PH PM SD**

**Oct. 15-16, Burlington, Ontario, Canada**  
**Neuro-Motor Maturity, Optimizing Vision Therapy Through Testing and Integration Reflexes**

HOST: Patricia Fink and OEP Fdn.  
KEY FACULTY: Patti Andrich, Alex Andrich  
CE HOURS: 12  
LOCATION: 2080 Appleby Line, Ste. E6  
CONTACT: Karen Ruder  
[karen.ruder@oep.org](mailto:karen.ruder@oep.org)  
410-561-3791  
[www.oepf.org/oepf\\_calendar](http://www.oepf.org/oepf_calendar)  
**NO VT**

**Oct. 22-24, Groton, CT**  
**Annual Education Conference**

HOST: Connecticut Association of Optometrists  
CE HOURS: 18  
LOCATION: Mystic Marriott Hotel & Spa, 625 North Rd.  
CONTACT: Stephanie Kopsak  
[skopsak@cteyes.org](mailto:skopsak@cteyes.org)  
860-529-1900  
[www.cteyes.org](http://www.cteyes.org)



**Last Chance to see the 'New Tech' Series in 2016**

Don't miss the final New Technologies and Treatments in Vision Care meeting slated for 2016!

This series, hosted by *Review of Optometry*, features nationally known experts like Paul Karpecki (pictured below) sharing their expertise at the podium, teaching hands-on procedures in workshops and engaging in direct one-on-one dialog with attendees all throughout the event.

Collegial and interactive, these meetings customize education to your needs. Philadelphia—always a popular draw—hosts the last meeting of the year, at the Marriott Downtown, with 19 CE credit hours available.

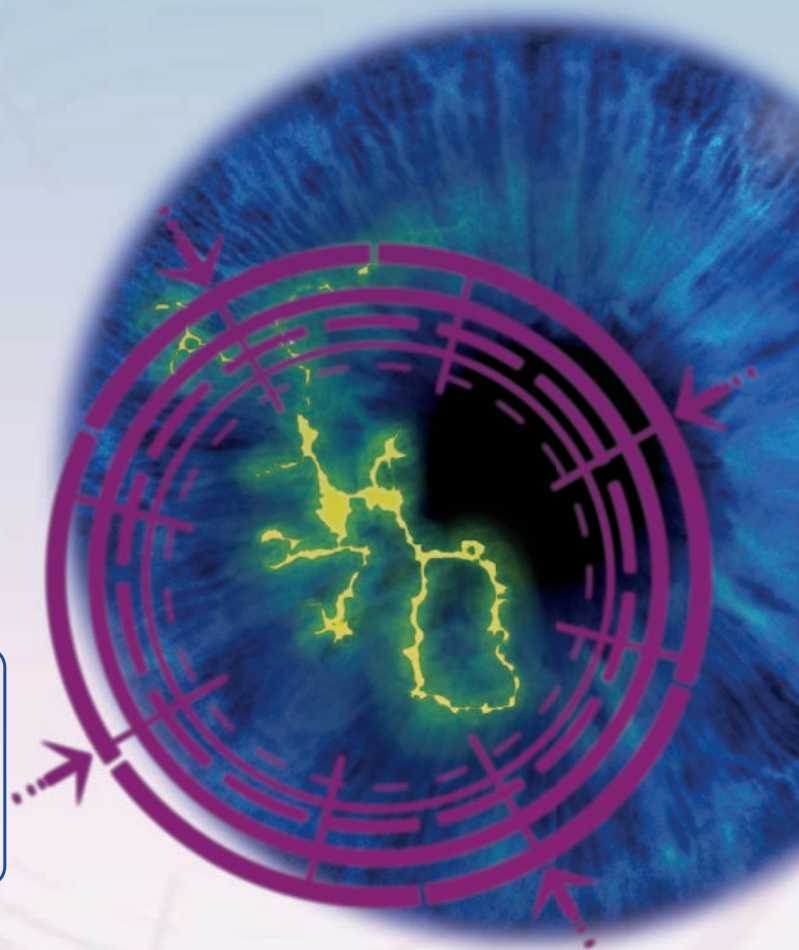
For information and registration, contact Lois DiDomenico at [reviewmeetings@jobson.com](mailto:reviewmeetings@jobson.com) or check [www.reviewofoptometry.com/philadelphia2016](http://www.reviewofoptometry.com/philadelphia2016).





## SELECTIVELY AND EFFECTIVELY TARGET VIRUS INFECTED CELLS

- Inactive in healthy corneal cells<sup>1</sup>
- Up to 77% of dendritic ulcers resolved at Day 7<sup>2,3,\*</sup>



\*As demonstrated in a phase 3 open-label, randomized, controlled, multicenter clinical trial (N=164) in which patients with herpetic keratitis received either ZIRGAN<sup>®</sup> or acyclovir ophthalmic ointment 3%, administered 5 times daily until healing of ulcer and then 3 times daily for 1 week. Clinical resolution (healed ulcers) at day 7 was achieved in 77% (55/71) of patients treated with ZIRGAN<sup>®</sup> versus 72% (48/67) treated with acyclovir (difference, 5.8%; 95% CI, -9.6%-18.3%). ZIRGAN<sup>®</sup> was noninferior to acyclovir in patients with dendritic ulcers.

### Indication

ZIRGAN<sup>®</sup> (ganciclovir ophthalmic gel) 0.15% is a topical ophthalmic antiviral that is indicated for the treatment of acute herpetic keratitis (dendritic ulcers).

### Important Safety Information about ZIRGAN<sup>®</sup>

- ZIRGAN<sup>®</sup> is indicated for topical ophthalmic use only.
- Patients should not wear contact lenses if they have signs or symptoms of herpetic keratitis or during the course of therapy with ZIRGAN<sup>®</sup>.
- Most common adverse reactions reported in patients were blurred vision (60%), eye irritation (20%), punctate keratitis (5%), and conjunctival hyperemia (5%).
- Safety and efficacy in pediatric patients below the age of 2 years have not been established.

**Please see brief summary of Prescribing Information on the adjacent page.**

**References:** 1. Foster CS. Ganciclovir gel—a new topical treatment for herpetic keratitis. *US Ophthalmic Rev.* 2008;3(1):52-56. 2. ZIRGAN Prescribing Information, April 2014. 3. Croxtall JD. Ganciclovir Ophthalmic Gel 0.15% in Acute Herpetic Keratitis (Dendritic Ulcers). *Drugs.* 2011;71(5):603-610.

**BAUSCH + LOMB**

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## BRIEF SUMMARY OF PRESCRIBING INFORMATION

This Brief Summary does not include all the information needed to use Zirgan safely and effectively. See full prescribing information for Zirgan.

**Zirgan** ganciclovir ophthalmic gel 0.15%  
Initial U.S. Approval: 1989

### 1 INDICATIONS AND USAGE

ZIRGAN (ganciclovir ophthalmic gel) 0.15% is indicated for the treatment of acute herpetic keratitis (dendritic ulcers).

### 2 DOSAGE AND ADMINISTRATION

The recommended dosing regimen for ZIRGAN is 1 drop in the affected eye 5 times per day (approximately every 3 hours while awake) until the corneal ulcer heals, and then 1 drop 3 times per day for 7 days.

### 3 DOSAGE FORMS AND STRENGTHS

ZIRGAN contains 0.15% of ganciclovir in a sterile preserved topical ophthalmic gel.

### 4 CONTRAINDICATIONS

None.

### 5 WARNINGS AND PRECAUTIONS

#### 5.1 Topical Ophthalmic Use Only

ZIRGAN is indicated for topical ophthalmic use only.

#### 5.2 Avoidance of Contact Lenses

Patients should not wear contact lenses if they have signs or symptoms of herpetic keratitis or during the course of therapy with ZIRGAN.

### 6 ADVERSE REACTIONS

Most common adverse reactions reported in patients were blurred vision (60%), eye irritation (20%), punctate keratitis (5%), and conjunctival hyperemia (5%).

### 8 USE IN SPECIFIC POPULATIONS

#### 8.1 Pregnancy: Teratogenic Effects

Pregnancy Category C: Ganciclovir has been shown to be embryotoxic in rabbits and mice following intravenous administration and teratogenic in rabbits. Fetal resorptions were present in at least 85% of rabbits and mice administered 60 mg/kg/day and 108 mg/kg/day (approximately 10,000x and 17,000x the human ocular dose of 6.25 mcg/kg/day), respectively, assuming complete absorption. Effects observed in rabbits included: fetal growth retardation, embryolethality, teratogenicity, and/or maternal toxicity. Teratogenic changes included cleft palate, anophthalmia/microphthalmia, aplastic organs (kidney and pancreas), hydrocephaly, and brachygnathia. In mice, effects observed were maternal/fetal toxicity and embryolethality. Daily intravenous doses of 90 mg/kg/day (14,000x the human ocular dose) administered to female mice prior to mating, during gestation, and during lactation caused hypoplasia of the testes and seminal vesicles in the month-old male offspring, as well as pathologic changes in the nonglandular region of the stomach (see Carcinogenesis, Mutagenesis, and Impairment of Fertility).

There are no adequate and well-controlled studies in pregnant women. ZIRGAN should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

#### 8.3 Nursing Mothers

It is not known whether topical ophthalmic ganciclovir administration could result in sufficient systemic absorption to produce detectable quantities in breast milk. Caution should be exercised when ZIRGAN is administered to nursing mothers.

#### 8.4 Pediatric Use

Safety and efficacy in pediatric patients below the age of 2 years have not been established.

#### 8.5 Geriatric Use

No overall differences in safety or effectiveness have been observed between elderly and younger patients.

### 12 CLINICAL PHARMACOLOGY

#### 12.1 Mechanism of Action

ZIRGAN (ganciclovir ophthalmic gel) 0.15% contains the active ingredient, ganciclovir, which is a guanosine derivative that, upon phosphorylation, inhibits DNA replication by herpes simplex viruses (HSV). Ganciclovir

is transformed by viral and cellular thymidine kinases (TK) to ganciclovir triphosphate, which works as an antiviral agent by inhibiting the synthesis of viral DNA in 2 ways: competitive inhibition of viral DNA-polymerase and direct incorporation into viral primer strand DNA, resulting in DNA chain termination and prevention of replication.

#### 12.3 Pharmacokinetics

The estimated maximum daily dose of ganciclovir administered as 1 drop, 5 times per day is 0.375 mg. Compared to maintenance doses of systemically administered ganciclovir of 900 mg (oral valganciclovir) and 5 mg/kg (IV ganciclovir), the ophthalmically administered daily dose is approximately 0.04% and 0.1% of the oral dose and IV doses, respectively, thus minimal systemic exposure is expected.

### 13 NONCLINICAL TOXICOLOGY

#### 13.1 Carcinogenesis, Mutagenesis, and Impairment of Fertility

Ganciclovir was carcinogenic in the mouse at oral doses of 20 and 1,000 mg/kg/day (approximately 3,000x and 160,000x the human ocular dose of 6.25 mcg/kg/day, assuming complete absorption). At the dose of 1,000 mg/kg/day there was a significant increase in the incidence of tumors of the preputial gland in males, forestomach (nonglandular mucosa) in males and females, and reproductive tissues (ovaries, uterus, mammary gland, clitoral gland, and vagina) and liver in females. At the dose of 20 mg/kg/day, a slightly increased incidence of tumors was noted in the preputial and harderian glands in males, forestomach in males and females, and liver in females. No carcinogenic effect was observed in mice administered ganciclovir at 1 mg/kg/day (160x the human ocular dose). Except for histocytic sarcoma of the liver, ganciclovir-induced tumors were generally of epithelial or vascular origin. Although the preputial and clitoral glands, forestomach and harderian glands of mice do not have human counterparts, ganciclovir should be considered a potential carcinogen in humans. Ganciclovir increased mutations in mouse lymphoma cells and DNA damage in human lymphocytes in vitro at concentrations between 50 to 500 and 250 to 2,000 mcg/mL, respectively.

In the mouse micronucleus assay, ganciclovir was clastogenic at doses of 150 and 500 mg/kg (IV) (24,000x to 80,000x human ocular dose) but not 50 mg/kg (8,000x human ocular dose). Ganciclovir was not mutagenic in the Ames Salmonella assay at concentrations of 500 to 5,000 mcg/mL. Ganciclovir caused decreased mating behavior, decreased fertility, and an increased incidence of embryolethality in female mice following intravenous doses of 90 mg/kg/day (approximately 14,000x the human ocular dose of 6.25 mcg/kg/day). Ganciclovir caused decreased fertility in male mice and hypospermatogenesis in mice and dogs following daily oral or intravenous administration of doses ranging from 0.2 to 10 mg/kg (30x to 1,600x the human ocular dose).

### 14 CLINICAL STUDIES

In one open-label, randomized, controlled, multicenter clinical trial which enrolled 164 patients with herpetic keratitis, ZIRGAN was non-inferior to acyclovir ophthalmic ointment, 3% in patients with dendritic ulcers. Clinical resolution (healed ulcers) at Day 7 was achieved in 77% (55/71) for ZIRGAN versus 72% (48/67) for acyclovir 3% (difference 5.8%, 95% CI - 9.6%-18.3%). In three randomized, single-masked, controlled, multicenter clinical trials which enrolled 213 total patients, ZIRGAN was non-inferior to acyclovir ophthalmic ointment 3% in patients with dendritic ulcers. Clinical resolution at Day 7 was achieved in 72% (41/57) for ZIRGAN versus 69% (34/49) for acyclovir (difference 2.5%, 95% CI - 15.6%-20.9%).

### 17 PATIENT COUNSELING INFORMATION

This product is sterile when packaged. Patients should be advised not to allow the dropper tip to touch any surface, as this may contaminate the gel. If pain develops, or if redness, itching, or inflammation becomes aggravated, the patient should be advised to consult a physician. Patients should be advised not to wear contact lenses when using ZIRGAN.

**Revised: April 2014**

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Bausch & Lomb Incorporated  
Tampa, FL 33637  
  Bausch & Lomb Incorporated

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Based on 9224702 (flat)-9224802 (folded)



# November

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5
			OEP Foundation Visual Dysfunctions			
			OEP Foundation VT/Strabismus + Amblyopia			
6	7	8	9	10	11	12
OEP Foundation Visual Dysfunctions	Optometric Glaucoma Society Annual Meeting		Academy 2016 Anaheim			
OEP Foundation VT/Strabismus + Amblyopia	AFOS at Academy 2016				Wisconsin OA 2016 Primary Care Symposium	NC State Optometric Society Fall Congress
		ONS Fall 2016 Educational Symposium				
13	14	15	16	17	18	19
NC State Optometric Society Fall Congress					Virginia OA Fall Conference	
					California OA Monterey Symposium 2016	
20	21	22	23	24	25	26
Virginia OA Fall Conference						
California OA Monterey Symposium 2016						
27	28	29	30			

## Nov. 2-6, Timonium, MD

### Visual Dysfunctions

HOST: OEP Foundation

KEY FACULTY: Robert Hohendorf

CE HOURS: 35

LOCATION: OEP National Education Center, 2300 York Rd., Ste. 113

CONTACT: Karen Ruder

[karen.ruder@oep.org](mailto:karen.ruder@oep.org)

410-561-3791

[www.oepf.org/oepf\\_calendar](http://www.oepf.org/oepf_calendar)

AM BV VT

## Nov. 3-6, Pomona, CA

### VT/Strabismus + Amblyopia

HOST: OEP Foundation

KEY FACULTY: Rob Lewis

CE HOURS: 28

LOCATION: Western University College of Optometry, 309 E. Second Street

CONTACT: Karen Ruder

[karen.ruder@oep.org](mailto:karen.ruder@oep.org)

410-561-3791

[www.oepf.org/oepf\\_calendar](http://www.oepf.org/oepf_calendar)

AM BV VT

## Nov. 7-8, Anaheim, CA

### Optometric Glaucoma Society Annual Scientific Meeting

HOST: Optometric Glaucoma Society

CE HOURS: 8

LOCATION: TBD

CONTACT: OGS

[www.optometricglaucomasociety.org](http://www.optometricglaucomasociety.org)

GL

EDUCATION TOPICS			
AL Allergy	CS Corneal surgery	NO Neuro-ophthalmics	RE Retinal disorders
AM Amblyopia	CT Cataract surgery	NT Nutrition & the eye	RS Refractive surgery
BV Binocular vision	DB Diabetes	IN Ocular infections	SV Sports vision
CM Comanagement	DE Dry eye	DS Optical dispensing	SD Systemic disease
CL Contact lenses	EL Eyelids/adnexa	PE Pediatric eye care	TE Technology
CD Cornea/conjunctiva	GL Glaucoma	PH Pharmacology	UV Uveitis
	LT Laboratory testing	PM Practice mgmt.	VT Vision therapy

**Nov. 7-8, Anaheim, CA**

**AFOS/Academy 2016**

HOST: Armed Forces Optometric Society  
KEY FACULTY: Federal Service Chiefs (Army, Navy, Air Force, VA and IHS) and leading optometric educators  
CE HOURS: TBD  
LOCATION: Anaheim Marriott Hotel, 700 W. Convention Way  
CONTACT: Lindsay Wright  
[execdir@afos2020.org](mailto:execdir@afos2020.org)  
720-442-8209  
[www.afos2020.org](http://www.afos2020.org)  
CD DB GL NO IN PH RE RS TE UV

**Nov. 8, Anaheim, CA**  
**ONS Fall 2016 Educational Symposium**

HOST: Ocular Nutrition Society  
CE HOURS: TBD  
LOCATION: TBD  
CONTACT: Jeffrey Anshel  
[info@ocularnutritionssociety.org](mailto:info@ocularnutritionssociety.org)  
800-383-1202  
[www.ocularnutritionssociety.org](http://www.ocularnutritionssociety.org)

**Nov. 9-12, Anaheim, CA**  
**Academy 2016 Anaheim**

HOST: American Academy of Optometry  
CE HOURS: Total: 300+, Maximum per OD: 37  
LOCATION: Anaheim Convention Center, 800 W Katella Ave.  
CONTACT: Jenny Brown  
[jennyb@aaoptom.org](mailto:jennyb@aaoptom.org)  
321-710-3937  
[www.aaoptom.org](http://www.aaoptom.org)  
AL AM BV CM CL CD CS CT DB DE EL  
GL LT NO NT IN DS PE PM RE RS SV  
SD TE UV VT

**Nov. 11-12, Wisconsin Dells, WI**  
**2016 Primary Care Symposium**

HOST: Wisconsin Optometric Association  
CE HOURS: 9  
LOCATION: Kalahari Resort & Conference Center, 1305 Kalahari Dr.  
CONTACT: Joleen Breunig  
[joleen@woa-eyes.org](mailto:joleen@woa-eyes.org)  
608-824-2200  
[www.woa-eyes.org](http://www.woa-eyes.org)  
GL RE SD

**Nov. 11-13, Asheville, NC**  
**NC State OS Fall Congress**

HOST: North Carolina State Optometric Society  
CE HOURS: 18



**Academy 2016: The OD in 'The OC'**

When you think of Anaheim, Disneyland may naturally come to mind, but for 2016, this well-known Orange County city means Academy 2016, which will be held Nov. 9-12 at the Anaheim Convention Center.

Courses at the American Academy of Optometry's annual meeting will be presented by some of optometry's most renowned experts. More than 300 CE hours will be offered, and individual optometrists can earn up to a maximum of 37 hours.

Academy 2016 "promises to be another exceptional educational experience similar to New Orleans in 2015," says Academy of Optometry president Joseph P. Shovlin, OD. "There's a great balance in presenting new technology and breaking news in research for both the clinician who sees patients daily and the vision scientist looking for new information in their area of interest."

Topics will be both in-depth and broad ranging, covering the entire gamut of ocular conditions and optometric responsibilities.

In addition, three specialty organizations will hold their annual meetings during Academy.

The Optometric Glaucoma Society's annual scientific meeting will be held from Nov. 7-8 in Anaheim, immediately prior to Academy 2016. Eight hours of CE credit will be available. This meeting is by invitation only. Contact OGS for more details: [www.optometricglaucomasociety.org](http://www.optometricglaucomasociety.org).

The Armed Forces Optometric Society (AFOS) will also be holding a meeting from Nov. 7-8 in Anaheim in conjunction with the Academy meeting. The amount of CE hours to be earned is still to be determined, AFOS says, but topics will cover cornea/conjunctiva, diabetes, glaucoma, neuro-ophthalmic disorders, ocular



LOCATION: Grove Park Inn, 290 Macon Ave.  
CONTACT: Adrienne Drollette  
[adrienne@nceyes.org](mailto:adrienne@nceyes.org)  
919-977-6964  
[www.nceyes.org](http://www.nceyes.org)

**Nov. 18-20, Virginia Beach, VA**  
**VOA Fall Conference**

HOST: Virginia Optometric Association  
CE HOURS: 8  
LOCATION: Hilton Garden Inn,

infection, pharmacology, retinal disorders, retinal surgery, technology and uveitis. For more information on the AFOS Academy meeting, e-mail [ex-ecdir@afos2020.org](mailto:ex-ecdir@afos2020.org) or go to [www.afos2020.org](http://www.afos2020.org).

The Ocular Nutrition Society will also hold an educational event immediately prior to the start of Academy 2016. For details, contact the ONS at [info@ocularnutritionssociety.org](mailto:info@ocularnutritionssociety.org) or 800-383-1202, and also check [www.ocularnutritionssociety.org](http://www.ocularnutritionssociety.org) for meeting details as they become available.

For more information on Academy 2016 or to register, contact Jenny Brown, [jennyb@aaoptom.org](mailto:jennyb@aaoptom.org), or go to [www.aaopt.org](http://www.aaopt.org).

### Enjoy The OC for Free

While a trip to Disneyland can make a big dent in your wallet, Orange County—better known as ‘The OC’—offers numerous free or almost-free activities. (Source: [www.visitanaheim.org](http://www.visitanaheim.org).)

- **Angel Stadium Tour:** You can embark on a behind-the-scenes tour of normally restricted areas of ‘the Big A.’ For just \$7 (or \$5 for kids), you will get to visit the Angels’ dugout, visitors’ clubhouse, the Angel Stadium press box, dugout suites and more. <http://losangeles.angels.mlb.com/ana/ballpark>

- **Bowers Museum:** First Sundays are free at Bowers. Visitors to the Bowers can enjoy free access to the museum, the “Kidseum” and all activities on the first Sunday of every month. Museum Hours: Tuesday through Sunday, 10am to 4pm; Kidseum Hours: Tuesday through Friday, 10am to 3pm. [www.bowers.org](http://www.bowers.org)

- **Fullerton Arboretum:** An oasis in the heart of Orange County, the arboretum is the premier resource for ecological, horticultural and historical education. <http://fullertonarboretum.org>

- **Dana Wharf Sportfishing & Whale Watching:** Enjoy fun (and free) activities for kids every weekend and

two-for-one Tuesday’s all year long on whale watching and fishing trips. Free Fishing Clinic for Kids hours: every Sunday, 12pm to 12:30pm. <http://danawharf.com>

- **Hike/Mountain Bike in an Orange County Park:**

With nearly 40,000 acres of parks, historical and coastal facilities, and open space, the Orange County Park System features many opportunities for outdoor enthusiasts. Visit the OC Parks website for information on all the parks and trails in OC. <http://ocparks.com>

- **Huntington Beach Pier and Main Street:**

Said to be one of the premier spots to catch the perfect Southern California sunset, Huntington Beach Pier and Main Street are iconic Orange County destinations. [www.surfcityusa.com](http://www.surfcityusa.com)

- **Orange County Great Park Balloon Rides:**

The Great Park Balloon is Orange County Great Park’s first major attraction. With the ability to hold up to 25 to 30 passengers at once and soar to 400 feet above the surrounding landscape, it also serves as a public observation deck for the Great Park’s development. [www.ocgp.org/visit/balloon](http://www.ocgp.org/visit/balloon)

- **Orange County’s Farmers’ Markets:**

Shop for fresh, locally grown produce; support local artists, sample delicious food of all kinds and listen to live music. Farmer’s markets are a great way to have fun in the OC sun with the whole family. <http://ocagcomm.com/services/markets>

- **Ride the Balboa Island Ferry:**

This storied vessel has been transporting passengers between Balboa Island and Balboa Peninsula since 1919. The historic and scenic trip is a great way to quickly get across the harbor and enjoy the beautiful scenery at the same time. You can ride the ferry by foot/bicycle or in your vehicle. [www.balboaislandferry.com](http://www.balboaislandferry.com)



### SoCal Cuisine

If you’re looking for some dining hotspots during downtime at the Academy of Optometry meeting, take your pick from the choices below as suggested by Yelp users:

- **The Ranch Restaurant**

1025 E. Ball Rd.

[www.theranch.com](http://www.theranch.com)

- **Napa Rose**

1600 S. Disneyland Dr.

<https://disneyland.disney.go.com/dining/grand-californian-hotel/napa-rose>

- **Reunion Kitchen + Drink**

5775 E. Santa Ana Canyon Rd.

[www.reunionkitchen.net](http://www.reunionkitchen.net)

- **Lindo Michoacan 2**

327 S. Anaheim Blvd.

(714) 535-0265

- **Roy’s Restaurant**

321 W. Katella Ave.

[roysrestaurant.com](http://roysrestaurant.com)

- **Club 33**

1313 S. Harbor Blvd.

[www.disneylandclub33.com](http://www.disneylandclub33.com)

- **Aleppo’s Kitchen**

513 1/2 S. Brookhurst St.

(714) 991-5000

- **JT Schmid’s**

2610 E Katella Ave.

[jtschmidrestaurants.com](http://jtschmidrestaurants.com)

- **Baci di Firenze Trattoria**

416 N. Lakeview Ave.

[www.bacianaheim.com](http://www.bacianaheim.com)

- **Pappa Hassan’s Grill**

882 S Brookhurst St.

[www.papahassangrill.com](http://www.papahassangrill.com)

3315 Atlantic Ave.

CONTACT: Bo Keeney, Executive Director

[office@thevoa.org](mailto:office@thevoa.org)

804-643-0309

[www.thevoa.org](http://www.thevoa.org)

### Nov. 18-20, Monterey, CA Monterey Symposium 2016

HOST: California Optometric Assn.

CE HOURS: Total: 50, Maximum per OD: 20

LOCATION: Monterey Marriott and

Conference Center, 350 Calle Principal

CONTACT: Sarah Harbin; 916-266-5022

[sharbin@coavision.org](mailto:sharbin@coavision.org)

[www.coavision.org](http://www.coavision.org)

AL AM BV CL CT DE GL LT NO NT IN  
DS PE PH PM RE RS TE UV VT



# December

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1 UAB Evening of Education	2 Symposium on Contemporary Eye Care	3 Cornea, Contact Lens & Contemporary Vision Care Symposium
4 Symposium on Contemporary Eye Care Cornea, Contact Lens & Contemporary Vision Care Symposium	5 Malinovsky Ocular Disease Seminar	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24 Eastern Caribbean Cruise - A Day in My Retina Clinic
25	26	27	28	29	30	31
Eastern Caribbean Cruise - A Day in My Retina Clinic						

**Dec. 1, Birmingham, AL**  
**Evening of Education**

HOST: UAB School of Optometry  
CE HOURS: 2  
LOCATION: UAB School of Optometry, 1716 University Blvd.  
CONTACT: Amanda Kachler  
[uabsoce@uab.edu](mailto:uabsoce@uab.edu)  
205-934-5701  
[www.uab.edu/optometry/ce](http://www.uab.edu/optometry/ce)

**Dec. 2-4, Lake Beuna Vista, FL**  
**Symposium on Contemporary Eye Care**

HOST: Optometric Management  
CE HOURS: TBD  
LOCATION: Disney's Grand Floridian Resort & Spa, 4401 Floridian Way  
CONTACT: Maureen Trusky  
[maureen.trusky@pentavisionmedia.com](mailto:maureen.trusky@pentavisionmedia.com)  
[www.omconference.com](http://www.omconference.com)

**Dec. 3-4, Houston**  
**Cornea, Contact Lens & Contemporary Vision Care Symposium**

HOST: University of Houston College of Optometry  
KEY FACULTY: Jan Bergmanson  
CE HOURS: 16  
LOCATION: Westin Memorial City, 945 Gessner Rd.  
CONTACT: University of Houston College of Optometry Continuing Education  
[optce@central.uh.edu](mailto:optce@central.uh.edu)  
713-743-1900  
<http://ce.opt.uh.edu>

**Dec. 5-6, Bloomington, IN**  
**Malinovsky Ocular Disease Seminar**

HOST: Indiana University School of Optometry  
KEY FACULTY: S.P. Srinivas, Don

Lyon, Kimberly Kohne, Jeffrey Perotti, Todd Peabody, Patricia Henderson  
CE HOURS: 14  
LOCATION: IU School of Optometry, Rawls Hall 100  
CONTACT: Cheryl Oldfield  
[coldfiel@indiana.edu](mailto:coldfiel@indiana.edu)  
812-856-3502  
[www.opt.indiana.edu/ce/seminars.htm](http://www.opt.indiana.edu/ce/seminars.htm)  
**CM GL NO PE PH RE SD TE**

**Dec. 24-31, Eastern Caribbean Cruise - A Day in My Retina Clinic**

HOST: Dr. Travel Seminars  
KEY FACULTY: Jay Haynie  
CE HOURS: 16  
LOCATION: departs from Miami  
CONTACT: Robert Pascal  
[drtravel@aol.com](mailto:drtravel@aol.com)  
800-436-1028  
[www.drtravel.com](http://www.drtravel.com)

## Brief Summary

**INDICATIONS AND USAGE**

PROLENSA® (bromfenac ophthalmic solution) 0.07% is indicated for the treatment of postoperative inflammation and reduction of ocular pain in patients who have undergone cataract surgery.

**DOSAGE AND ADMINISTRATION****Recommended Dosing**

One drop of PROLENSA® ophthalmic solution should be applied to the affected eye once daily beginning 1 day prior to cataract surgery, continued on the day of surgery, and through the first 14 days of the postoperative period.

**Use with Other Topical Ophthalmic Medications**

PROLENSA ophthalmic solution may be administered in conjunction with other topical ophthalmic medications such as alpha-agonists, beta-blockers, carbonic anhydrase inhibitors, cycloplegics, and mydriatics. Drops should be administered at least 5 minutes apart.

**CONTRAINDICATIONS**

None

**WARNINGS AND PRECAUTIONS****Sulfite Allergic Reactions**

Contains sodium sulfite, a sulfite that may cause allergic-type reactions including anaphylactic symptoms and life-threatening or less severe asthmatic episodes in certain susceptible people. The overall prevalence of sulfite sensitivity in the general population is unknown and probably low. Sulfite sensitivity is seen more frequently in asthmatic than in non-asthmatic people.

**Slow or Delayed Healing**

All topical nonsteroidal anti-inflammatory drugs (NSAIDs), including bromfenac, may slow or delay healing. Topical corticosteroids are also known to slow or delay healing. Concomitant use of topical NSAIDs and topical steroids may increase the potential for healing problems.

**Potential for Cross-Sensitivity**

There is the potential for cross-sensitivity to acetylsalicylic acid, phenylacetic acid derivatives, and other NSAIDs, including bromfenac. Therefore, caution should be used when treating individuals who have previously exhibited sensitivities to these drugs.

**Increased Bleeding Time**

With some NSAIDs, including bromfenac, there exists the potential for increased bleeding time due to interference with platelet aggregation. There have been reports that ocularly applied NSAIDs may cause increased bleeding of ocular tissues (including hyphemas) in conjunction with ocular surgery.

It is recommended that PROLENSA® ophthalmic solution be used with caution in patients with known bleeding tendencies or who are receiving other medications which may prolong bleeding time.

**Keratitis and Corneal Reactions**

Use of topical NSAIDs may result in keratitis. In some susceptible patients, continued use of topical NSAIDs may result in epithelial breakdown, corneal thinning, corneal erosion, corneal ulceration or corneal perforation. These events may be sight threatening. Patients with evidence of corneal epithelial breakdown should immediately discontinue use of topical NSAIDs, including bromfenac, and should be closely monitored for corneal health.

Post-marketing experience with topical NSAIDs suggests that patients with complicated ocular surgeries, corneal denervation, corneal epithelial defects, diabetes mellitus, ocular surface diseases (e.g., dry eye syndrome), rheumatoid arthritis, or repeat ocular surgeries within a short period of time may be at increased risk for corneal adverse events which may become sight threatening. Topical NSAIDs should be used with caution in these patients.

Post-marketing experience with topical NSAIDs also suggests that use more than 24 hours prior to surgery or use beyond 14 days post-surgery may increase patient risk for the occurrence and severity of corneal adverse events.

**Contact Lens Wear**

PROLENSA should not be instilled while wearing contact lenses. Remove contact lenses prior to instillation of PROLENSA. The preservative in PROLENSA, benzalkonium chloride may be absorbed by soft contact lenses. Lenses may be reinserted after 10 minutes following administration of PROLENSA.

**ADVERSE REACTIONS****Clinical Trial 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 clinical practice.

The most commonly reported adverse reactions following use of

PROLENSA® ophthalmic solution following cataract surgery include: anterior chamber inflammation, foreign body sensation, eye pain, photophobia and vision blurred. These reactions were reported in 3 to 8% of patients.

**USE IN SPECIFIC POPULATIONS****Pregnancy**

Treatment of rats at oral doses up to 0.9 mg/kg/day (systemic exposure 90 times the systemic exposure predicted from the recommended human ophthalmic dose [RHOD] assuming the human systemic concentration is at the limit of quantification) and rabbits at oral doses up to 7.5 mg/kg/day (150 times the predicted human systemic exposure) produced no treatment-related malformations in reproduction studies. However, embryo-fetal lethality and maternal toxicity were produced in rats and rabbits at 0.9 mg/kg/day and 7.5 mg/kg/day, respectively. In rats, bromfenac treatment caused delayed parturition at 0.3 mg/kg/day (30 times the predicted human exposure), and caused dystocia, increased neonatal mortality and reduced postnatal growth at 0.9 mg/kg/day.

There are no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Because of the known effects of prostaglandin biosynthesis-inhibiting drugs on the fetal cardiovascular system (closure of ductus arteriosus), the use of PROLENSA® ophthalmic solution during late pregnancy should be avoided.

**Nursing Mothers**

Caution should be exercised when PROLENSA is administered to a nursing woman.

**Pediatric Use**

Safety and efficacy in pediatric patients below the age of 18 have not been established.

**Geriatric Use**

There is no evidence that the efficacy or safety profiles for PROLENSA differ in patients 70 years of age and older compared to younger adult patients.

**NONCLINICAL TOXICOLOGY****Carcinogenesis, Mutagenesis and Impairment of Fertility**

Long-term carcinogenicity studies in rats and mice given oral doses of bromfenac up to 0.6 mg/kg/day (systemic exposure 30 times the systemic exposure predicted from the recommended human ophthalmic dose [RHOD] assuming the human systemic concentration is at the limit of quantification) and 5 mg/kg/day (340 times the predicted human systemic exposure), respectively, revealed no significant increases in tumor incidence.

Bromfenac did not show mutagenic potential in various mutagenicity studies, including the reverse mutation, chromosomal aberration, and micronucleus tests.

Bromfenac did not impair fertility when administered orally to male and female rats at doses up to 0.9 mg/kg/day and 0.3 mg/kg/day, respectively (systemic exposure 90 and 30 times the predicted human exposure, respectively).

**PATIENT COUNSELING INFORMATION****Slowed or Delayed Healing**

Advise patients of the possibility that slow or delayed healing may occur while using NSAIDs.

**Sterility of Dropper Tip**

Advise patients to replace bottle cap after using and to not touch dropper tip to any surface, as this may contaminate the contents. Advise patients that a single bottle of PROLENSA® ophthalmic solution, be used to treat only one eye.

**Concomitant Use of Contact Lenses**

Advise patients to remove contact lenses prior to instillation of PROLENSA. The preservative in PROLENSA, benzalkonium chloride, may be absorbed by soft contact lenses. Lenses may be reinserted after 10 minutes following administration of PROLENSA.

**Concomitant Topical Ocular Therapy**

If more than one topical ophthalmic medication is being used, the medicines should be administered at least 5 minutes apart.

**Rx Only**

**Manufactured by:** Bausch & Lomb Incorporated, Tampa, FL 33637  
Under license from:  
Senju Pharmaceuticals Co., Ltd.  
Osaka, Japan 541-0046

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US/PRA/14/0024

An NSAID formulated to penetrate target ocular tissues

# PROLENSA® POWERED FOR PENETRATION

Available in a 3-mL bottle size



**PROLENSA® delivers potency and corneal penetration with QD efficacy<sup>1,2</sup>**

- **Advanced formulation delivers corneal penetration<sup>1-3</sup>**
- **Proven efficacy at a low concentration<sup>1,4</sup>**

## INDICATIONS AND USAGE

PROLENSA® (bromfenac ophthalmic solution) 0.07% is a nonsteroidal anti-inflammatory drug (NSAID) indicated for the treatment of postoperative inflammation and reduction of ocular pain in patients who have undergone cataract surgery.

## IMPORTANT SAFETY INFORMATION ABOUT PROLENSA®

### Warnings and Precautions

- Sulfite allergic reactions
- Slow or delayed healing
- Potential for cross-sensitivity
- Increased bleeding of ocular tissues
- Corneal effects, including keratitis
- Contact lens wear

### Adverse Reactions

The most commonly reported adverse reactions in 3%-8% of patients were anterior chamber inflammation, foreign body sensation, eye pain, photophobia, and blurred vision.

Please see brief summary of Prescribing Information on adjacent page.

**References:** 1. PROLENSA® Prescribing Information, April 2013. 2. Data on file, Bausch & Lomb Incorporated. 3. Baklayan GA, Patterson HM, Song CK, Gow JA, McNamara TR. 24-hour evaluation of the ocular distribution of 14C-labeled bromfenac following topical instillation into the eyes of New Zealand White rabbits. *J Ocul Pharmacol Ther.* 2008;24(4):392-398. 4. BROMDAY® Prescribing Information, October 2012.

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**PROLENSA®**  
(bromfenac ophthalmic  
solution) 0.07%

**BAUSCH + LOMB**