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NOVAKONE[®]

Soft Contact Lenses for Keratoconus

Expand Your Universe with NovaKone[®]

Presented by: [Speaker Name]

Speak to slide

**With the comfort and wearability of a
traditional soft contact lens, NovaKone®
opens a new world for keratoconus patients
and their practitioners**

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With the comfort and wearability of a traditional soft contact lens, NovaKone® opens a new world for keratoconus patients and their practitioners.

[REF-ALNK-0018-Soft Lenses for KC_Thickness and Irregular Astigmatism/pg 5/Comfort; Soft lenses for Kerataconus]

Section 1

Expand your universe

NOVAKÖNE. 

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Keratoconus

Prevalence

The estimated number of people living with keratoconus may be:

1 in 375¹

Incidence

New cases may be as common as:

**1 in every
7,500**

Resulting in

Approximately:

875,000

people with this disease

REFERENCE: 1. Godefrooij DA, de Wit GA, Uiterwaal CS, Imhof SM, Wisse RP. Age-specific incidence and prevalence of keratoconus: A nationwide registration study. *Am J Ophthalmol.* 2017;175:169-172. doi:10.1016/j.ajo.2016.12.015

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A recent study estimated that the prevalence of people living with keratoconus may be as high as 1 in 375 which is much greater than the 1 in 2000 number quoted previously in presentations and older studies.

Furthermore, the incidence of new cases may be as common as 1 in every 7,500.

[REF:Slide 2-Novakone-webinar-deck/Prevalance/Incidence]

The math shows that 875000 people are currently living with the disease.
(from the approved deck: ALZN.0024.USA.19, slide 7.)

Why do practitioners shy away from fitting these patients?

Common misconceptions

- Requires extensive training
- Complicated to fit
- For specialists
- Lens options can be overwhelming
- High-tech equipment is required

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Why do practitioners shy away from fitting these patients?

It is commonly believed that:

- Keratoconus fitting requires extensive training
- Keratoconus lenses are complicated to fit
- Keratoconus is for specialists
- The availability of lens options is overwhelming
- High-tech equipment is required

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Soft Contact Lenses for Keratoconus

- Comfort and convenience of a soft lens
- Can correct a range of disease states
- Can be fit empirically or diagnostically
- Specialty contact lens training not necessary
- An excellent option when other modalities fail

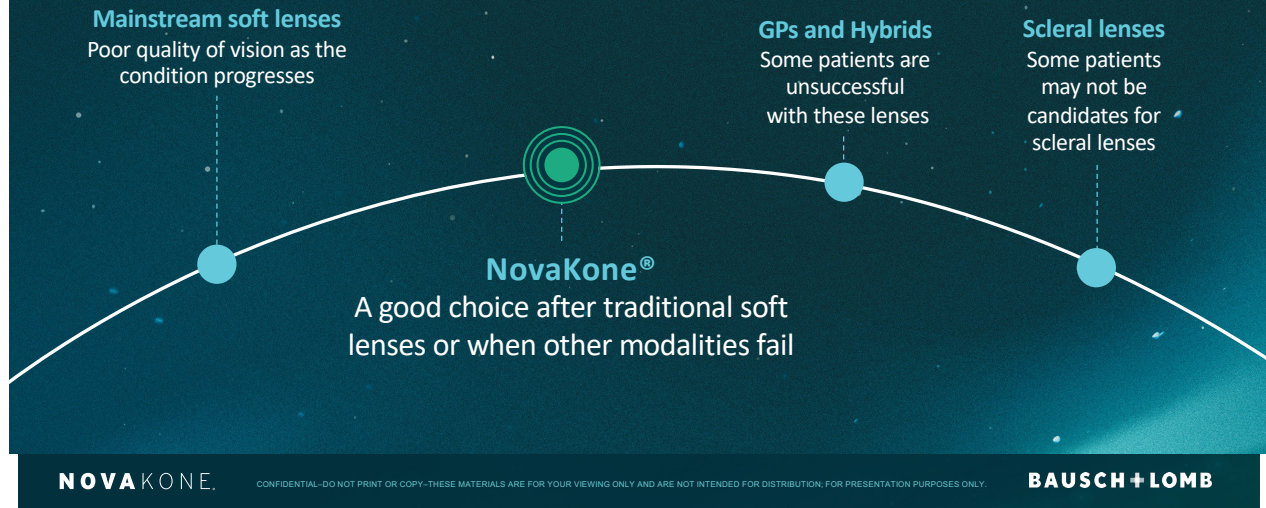


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- Fits similarly to a traditional soft lens [REF-ALNK-0015-NovaKone Package Insert Version NK 2016_1/pg. 1/Fitting],
- Offers the comfort and convenience of a soft lens [REF-ALNK-0018-Soft Lenses for KC_Thickness and Irregular Astigmatism/pg 5/Comfort; Soft lenses for Keratoconus]
- Is appropriate for a range of disease states [REF-ALNK-0015-NovaKone Package Insert Version NK 2016_1/pg. 1/indications]
- Can be fit empirically or diagnostically [REF-ALNK-0015-NovaKone Package Insert Version NK 2016_1/pg. 1/Fitting],
- Allows ECPs to take on keratoconus patients without having to send them to specialists
- An excellent choice after traditional lenses or when other modalities fail [REF-ALNK-0018-Soft Lenses for KC_Thickness and Irregular Astigmatism/pg 5/Comfort; Soft lenses for Keratoconus]

The keratoconus lens continuum



There are several lens options for keratoconus:

[<https://www.clspectrum.com/issues/2018/february-2018/the-continuum-of-care-for-keratoconus/>];

[<https://cdn2.hubspot.net/hubfs/531996/Continuum%20of%20Care.pdf>]

Mainstream lenses lack the advanced parameters needed to help many keratoconus patients [REF-ALNK-0018-Soft Lenses for KC_Thickness and Irregular Astigmatism/pg 5/Comfort; Soft lenses for Keratoconus] and, therefore, offer a poor quality of vision.

NovaKone® has the comfort of a soft lens [REF-ALNK-0018-Soft Lenses for KC_Thickness and Irregular Astigmatism/pg 5/Comfort; Soft lenses for Keratoconus]; [<https://www.clspectrum.com/issues/2018/february-2018/the-continuum-of-care-for-keratoconus/keratoconus-design-thick-soft-lenses>]

and is a practitioner-friendly modality for patients or who are not quite ready for scleral lenses. An excellent choice after traditional soft lenses or when other modalities fail[<https://www.clspectrum.com/issues/2018/february-2018/the-continuum-of-care-for-keratoconus/>]

GPs and hybrids can be helpful but are not well-tolerated to some patients [REF-ALNK-0018-Soft Lenses for KC_Thickness and Irregular Astigmatism/pg.4/para.2] _

Scleral lenses

- Some patients may not be candidates for scleral

lenses^[<https://www.clspectrum.com/issues/2018/february-2018/the-continuum-of-care-for-keratoconus>]

NovaKone can be helpful for patient retention both for soft and specialty contact lens fitters by treating patients that fall in between traditional soft lenses and more complex GP material lenses.

Section 2

The NovaKone[®] soft lens design

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NovaKone® lens design

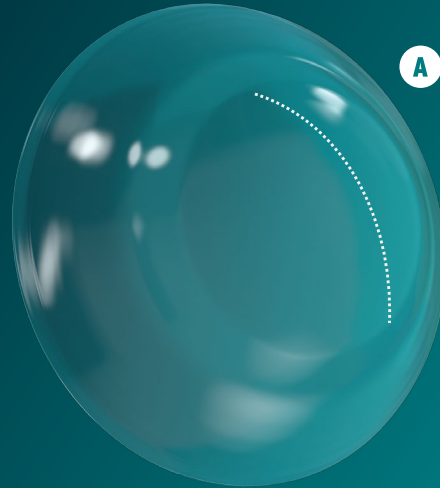
Posterior surface

(A) Central base curve

Selected to match the average central-K reading of the keratoconic eye

Base curve

- 5.4, 5.8, 6.2, 6.6, 7.0, 7.4, 7.8, 8.2, 8.6 mm
- Others available in 0.1 mm steps



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The posterior surface of the Novakone® lens is comprised of two primary curves and a peripheral curve.

The central base curve, shown as “A” is selected to match the average central K reading of the keratoconic eye.

There are many standard base curves available ranging from 5.4 mm to 8.6 mm, with even more available in 0.1 mm steps.

[REF:ALDN.0014.USA.21-Slide 7-Novakone-webinar-deck]

NovaKone® lens design

Posterior surface

(B) Fitting curve (paracentral)

Designed like a soft lens base curve to help ensure lens movement and fit

Fitting curve

- 8.2, 8.4, 8.6 mm as standard
- Others available in 0.1 mm steps



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The fitting curve is similar in design to the base curve of a standard soft lens.

It is intended to help ensure proper lens movement and fit the peripheral cornea away from the steeper apical area of the keratoconic eye.

8.2, 8.4, and 8.6 millimeter are standard fitting curves and provide good fitting characteristics for most situations.

Others are available in one-tenth of a millimeter steps.

[REF: ALDN.0014.USA.21-Slide 8-Novakone-webinar-deck]

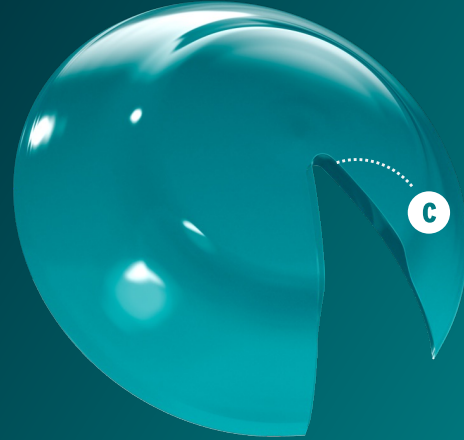
NovaKone® lens design

Defining feature

(C) IT Factor (Index of Thickness)

Increase or decrease the central thickness of the lens to create more optical stability and manage differing levels of corneal irregularity

- **5 IT Factors:** 0, 1, 2, 3, 4
- **IT Factor 0** = 0.35 mm CT
- Each IT Factor increases by 0.10 mm CT



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The IT Factor is the NovaKone® mechanism used to increase the lens thickness and helps manage varying levels of irregularity.

There are five different thicknesses available ranging from 0 to 4. Each increase in IT changes the thickness by one-tenth of a millimeter.

[REF: ALDN.0014.USA.21 - Slide 10-Novakone-webinar-deck]

The IT Factor uses a scale of 0 (the standard) to 4. Mild keratoconus would typically call for an IT factor of 0 to 1, moderate 1 to 2, and severe 3 to 4.

[http://www.aldenoptical.com/docs/novakone/AldenOptical_NovaKone_FittingGuide.pdf]

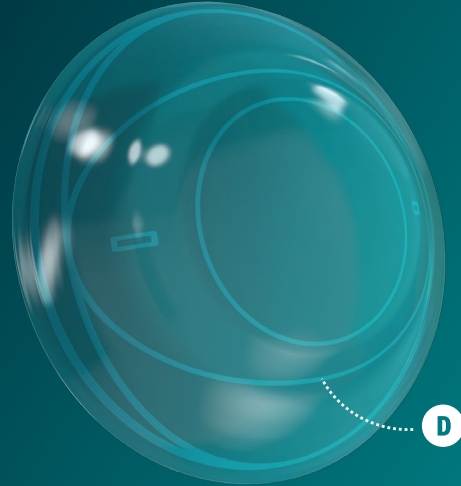
NovaKone® lens design

Defining feature

(D) Dual Elliptical Stabilization™

- Unique design with dual thin zones
- No prism = thinner lens design
- Round optics, not oval
- Two scribe marks at 0° and 180°

Standard 15.0 mm diameter, others available in 0.1 mm steps



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Finally there is the proprietary Dual Elliptical Stabilization™ which is a double slab-off design with dual thin zones.

This results in the elimination of prism ballast, meaning there can be a thinner lens design.

The optic zone remains round in the NovaKone® design, not oval.

For rotation assessment two scribe marks at 0 and 180 degrees have been lasered onto the lens, thus allowing for more accurate axis adjustment if indicated. This helps to ensure the lens powers are in proper position at all times.

[REF: ALDN.0014.USA.21-Slide 12-Novakone-webinar-deck]

NovaKone® lens parameters

A wide range of custom parameters to fit irregular corneas

A RANGE OF SIZES AND CURVES TO FIT IRREGULAR CORNEAS	A WIDE RANGE OF POWERS FOR HIGH-PRESCRIPTION PATIENTS
Diameter 15.0 mm as standard. Others available in 0.1 mm steps	Sphere Power +30.00D to -30.00D in 0.25D steps
Central Base Curve 5.4 mm, 5.8 mm, 6.2 mm, 6.6 mm, 7.0 mm, 7.4 mm, 7.8 mm, 8.2 mm, 8.6 mm as standard; others available in 0.1 mm steps	Cylinder Power Up to -10.00D in 0.25D steps
Fitting Curve (paracentral) 8.2 mm, 8.4 mm, 8.6 mm as standard. Others available in 0.1 mm steps	Axis 1° to 180° in 1° steps
IT Factor (Index of thickness) 5 levels of adjustable center thickness (0,1,2,3,4) starting at 0.35 mm standard and increasing by 0.10 mm CT	Lens thickness adjustment to create optical stability and manage differing levels of corneal irregularity

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[REF-ALNK-0015-NovaKone Package Insert Version NK 2016_1.pdf/description](#)

[IT Factor - REF-ALNK-0018-Soft Lenses for KC_Thickness and Irregular Astigmatism/pg12\]](#)

Section 3

Fitting NovaKone[®]

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NovaKone® can be fit diagnostically and empirically

Diagnostically

with the Fit Set

Empirically

with a keratometer or topographer

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NovaKone® can be fit diagnostically and empirically, depending on your fitting style and the equipment you have at your disposal.

Diagnostic set



PREMIUM 18-LENS DIAGNOSTIC SET			
CENTRAL BASE CURVE	FITTING CURVE	SPHERE POWER	IT FACTOR
8.6	8.6	-4.00	0, 1, 2
8.2	8.6	-5.00	0, 1, 2
7.8	8.4	-6.00	0, 1, 2
7.4	8.4	-7.00	1, 2, 3
7.0	8.2	-8.00	1, 2, 3
6.6	8.2	-9.00	6.6

All diagnostic lenses feature **Dual Elliptical Stabilization™** (without actual cylinder power) for assessment of rotation

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NovaKone® soft contact lenses for keratoconus are designed by a diagnostic fitting process which employs a set of 18 lenses, six base curves, with each base curve having five levels of IT Factor.

Each diagnostic lens incorporates the Dual Elliptical Stabilization™, although they do not have any cylinder power. This is simply to evaluate rotation.

Each lens has inscribed dots at three and nine o'clock to assess the rotation.
[REF:Slide 15-Novakone-webinar-deck]

Empirical fittings are possible with a topographer or keratometer

Without a fit set, it may be difficult to determine the correct IT Factor™ for the initial lens order. However:

- The initial lens will be a good diagnostic tool to assess the lens fit and over-refract
- After over-refracting, you can determine the IT Factor and contact lens prescription

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Empirical fittings are possible with a topographer or keratometer.

Note: Without a fit set, it may be difficult to determine the correct IT Factor for the initial lens order. However:

- The initial lens will be a good diagnostic tool to assess the lens fit and over-refract
- After over-refracting, you can determine the IT Factor and contact lens prescription

Build the lens from the inside out

1. Find the central base curve
2. Determine the IT Factor
3. Assess the fitting curve
4. Calculate final lens power

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NovaKone® soft contact lens for keratoconus has a four-step fitting philosophy, based on fitting from the inside out.

Determine the base curve first, then the IT Factor, assessing the fitting curve for mid-peripheral fit, followed by an over-refraction.

[REF: ALDN.0014.USA.21 -Slide 16-Novakone-webinar-deck] – similar with steps 3 and 4 switched

STEP 1

Find the central base curve



Fitting tip:

Base curve selection is based on K readings. In order to optimize the lens fit or alignment, adjust the Fitting Curve in Step 3.

PREMIUM 18-LENS DIAGNOSTIC SET		
AVERAGE K	CENTRAL BASE CURVE	FITTING CURVE
41.00 to 42.99	8.6	8.6
43.00 to 46.99	8.2	8.6
47.00 to 49.99	7.8	8.4
50.00 to 52.99	7.4	8.4
53.00 to 55.99	6.6	8.2
56.00 to 58.99	6.2	8.2
59.00 to 61.99	8.6	8.2
62.00 to 64.99	5.8	7.8
65.00 to 67.99	5.4	7.8

- Identify the average K reading for the central 3-4 mm of the cornea
- Use this chart to choose the 1st lens
- Apply the lens and evaluate it as you would any other soft lens, for movement and centration

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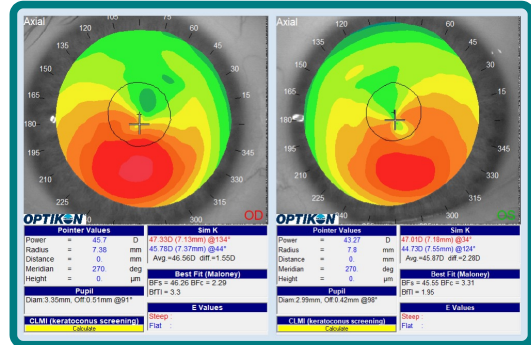
Use the supplied initial lens selection table that recommends the base curve and fitting curve combination based on average Ks (or Sim Ks if using topography) for the central 3 mm to 4 mm zone.

[REF: ALDN.0014.USA.21 -Slide 17-Novakone-webinar-deck]

CASE STUDY

Finding the central base curve

Use the central-K reading to determine the central base curve



- K reading

Images courtesy of Susan A. Resnick O.D. FAAO FSLs

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Use the central-K reading to determine the central base curve.

STEP 2

Determine the IT Factor



Fitting tip:

The more central the cone, the lower the IT Factor. The more decentered the cone, higher IT Factors are typically required.

- Start with the lowest IT Factor possible (ranges from 0 to 4)
- The more irregular the cornea is, the higher the IT Factor should be to optimize visual acuity

Verify IT Factor with keratometry or topography over the lens.

- If distorted mires are observed, increase IT Factor until mires are crisp

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Once we have chosen the base curve, we next decide the IT Factor (Index of thickness).

Although there are numerous IT Factor options, choose the lowest IT possible.

Generally, higher IT Factors are indicated the more irregular the cornea is, although keep in mind the previous statement regarding attempting to use the lowest possible. You may also consider using different IT Factors in each eye of a bilateral keratoconic to expedite the fitting process.

Thus, for a moderate cone, initially use a diagnostic lens start with a zero IT on one eye and a 1 IT on the other.

For a more advanced cone, consider 1 IT in one eye with a 2 IT in the other.

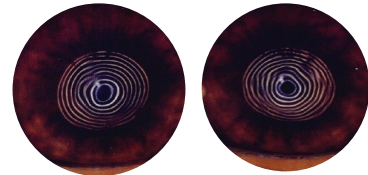
To verify the selection of the lens thickness, perform keratometry or topography over the lens and compare the quality of the mire image to that of the uncorrected eye.

[REF: ALDN.0014.USA.21-Slide 20-Novakone-webinar-deck]

CASE STUDY

Corneal mire image evaluation

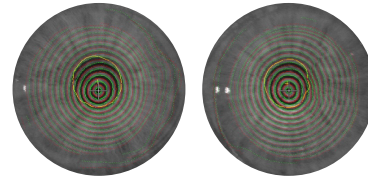
Distorted mire image reflected off irregular corneal astigmatism of keratoconic eye.



A

B

Crisp, clear mire image reflected off proper NovaKone® IT lens on eye.



C

D

Images courtesy of Susan A. Resnick O.D. FAAO FSLs

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Effectively, NovaKone® soft contact lens for keratoconus becomes the new refracting surface of the eye.

Let's look at topographical mire images to demonstrate this.

Image A and B are keratoscopic images of the irregularity of a keratoconus patient. Notice the unusual shape and lack of uniformity of the mires. The small size is also indicative of a relatively steep corneal profile.

Images C and D are keratoscopic images taken once we've selected what appears to be the proper base curve and IT factor for A and B, respectively. Note how smooth and regular these mires are which indicates we've achieved a good fit at this point.

If there isn't an improvement in the mire quality, consider the next thicker IT factor, keeping in mind you want to always make this choice as thin as possible.

For example, if you change from IT factor 1 to IT factor 2 and there is some improvement but it is still a little blurry, you could consider trying an IT factor 3. But if you try the IT factor 3 and there is no improvement return to the IT factor 2 for the over-refraction and power determination.

[REF: ALDN.0014.USA.21-Slide 21-Novakone-webinar-deck]

STEP 3

Assess the fitting curve

- The fitting curve should demonstrate typical soft lens fitting characteristics
- An excellent fit will result in 0.5 to 1.0 mm of movement with blink
- Refer to the troubleshooting section when the lens is not fitting well

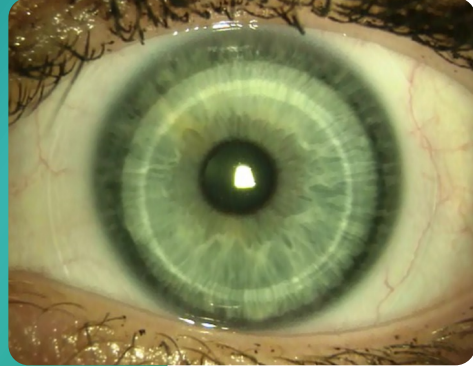


Image courtesy of Patrick J. Caroline, OD, FAAO

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The next step is determining the fitting curve.

The lens fitter must use their experience to determine if the fitting curve on the Dx lens is appropriate or needs to be altered on the Rx lens order.

We've already chosen a base curve to properly fit over the corneal apex. Now, this is where your expertise comes in.

There is only one fit curve for each base curve in your set. You have to decide if that is the appropriate fit curve for these patients.

[REF:Slide 22-Novakone-webinar-deck] changed from step 4 to 3

CASE STUDY

Assess the fitting curve

- Look for a well-centered lens with adequate movement, stable rotation, and no edge lift
- Flat curves = excessive movement and/or edge lift.
- Steep curves = little or no movement and/or edge impingement

Fitting tip:

If there are bubbles within 2 mm of the limbus, flatten the fitting curve.

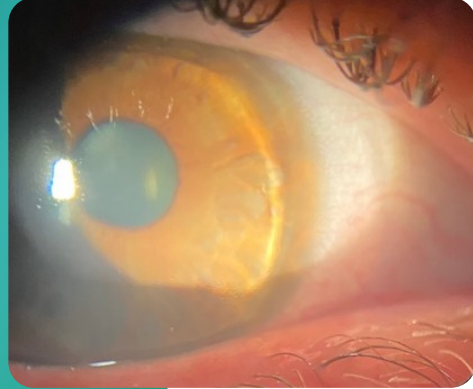


Image courtesy of Susan A. Resnick O.D. FAAO FSLC

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It is expected that a well-fit custom soft lens achieves certain fitting criteria.

It should center, with approximately 1 ½ - 2 mm of the lens overlapping the conjunctiva 360 degrees. Any lens overlap can be addressed by adjusting lens diameter.

Vertical movement should occur of approximately ½ to 1 mm.

Excessive movement would indicate changing to a steeper fitting curve.

Little or no movement, especially if accompanied any edge impingement would indicate the need for a flatter fit curve.

Changes of at least two tenths of a millimeter at a minimum should be considered to provide a noticeable change in the fitting relationship.

[REF:Slide 24-Novakone-webinar-deck]

STEP 4

Calculate the final lens power



Fitting tip:

Changes to IT Factor or base curve usually alter the optics, requiring an additional over-refraction.

Allow the trial lens to settle at least 15-30 minutes.

- Perform a sphero-cylinder over-refraction
- Auto refraction can be very effective for this
- Document or note lens rotation, if any

Calculate the power of the Rx lens.

- Add over-Rx to diagnostic lens power
- Compensate for vertex distance, if necessary

Compensate for rotation.

- All Dx lenses have Dual Elliptical Stabilization™ to assess rotation with orientation marks at 3 and 9 o'clock

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Finally, determine the lens power.

Let the lens settle for 15-30 minutes to equilibrate on the eye.

Over-refract, with either phoropter or autorefraction.

To determine the power of the lens to order, add the over-refraction to the diagnostic lens power. If the over-refraction is over +/- 4.00D compensate for vertex distance.

Note the position of the hash marks to document any rotation. All the diagnostic lenses have Dual Elliptical Stabilization™ to assess rotation, even though there isn't cylindrical power in the trial lenses. If necessary, compensate for rotation using the LARS technique, then document the overall lens power to communicate with the consultation team.

[REF:ALDN.0014.USA.21-Slide 22-Novakone-webinar-deck]

Troubleshooting

OBSERVATION	SOLUTION
Fluctuating mires	Reassess the central base curve
Stable but poor mires	Increase to the next higher IT Factor
Poor acuity/crisp mires	Reassess the central base curve
Poor acuity/poor mires	Increase the IT Factor
No lens movement and/or impingement	Flatten the fitting curve 0.2 mm in Rx lens
Excessive lens movement and/or edge lift	Steepen the fitting curve 0.2 mm in Rx lens
Excessive central touch*	Evaluate the next steeper central base curve Dx lens
Excessive pooling*	Evaluate the next flatter central base curve Dx lens

*Items in green represent observations/solutions visible with fluorescein.

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Troubleshooting is like other types of contact lens, except for the ability to modify the thickness with changes to the IT Factor.

If there is excessive central touch, increasing the clearance of the lens is necessary by choosing the next deeper base curve. Conversely, for a steep fit a flatter base curve is indicated.

Additionally, there are differences in how NovaKone® soft contact lens for keratoconus is evaluated as we've described in performing keratometry or topography over the lens to assess mire quality.

[REF:Slide 31-Novakone-webinar-deck]

Replacement cycle options

Suggested lens replacement cycle

- Every 1-3 months, as determined after evaluation of the initial lens
- Packaging options available for replacement cycle chosen by ECP



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Order a warranted single lens first to determine final lens parameters making changes as needed.

After the fit is successful, upgrade to a four pack or six-pack dependent on replacement cycle chosen for the individual patient.

[REF:Slide 31-Novakone-webinar-deck]

Lens care

NovaKone® soft lenses for keratoconus can be used with the following lens care solutions:

- Peroxide systems
- Multi-purpose solution
- Daily cleaners and enzymatic cleaners



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NovaKone® can be used with peroxide systems, multi-purpose solutions, daily cleaners and enzymatic cleaners.

[REF: ALDN.0014.USA.21 - Slide 32-Novakone-webinar-deck]

Section 4

Case study

NovaKone[®] benefits patient with
Pellucid Marginal Degeneration

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Pellucid marginal degeneration is a non-inflammatory ectatic corneal disease characterized by a narrow band of corneal thinning separated from the limbus by a relatively uninvolved area 1-2 mm in width.

<https://pubmed.ncbi.nlm.nih.gov/15177959/>

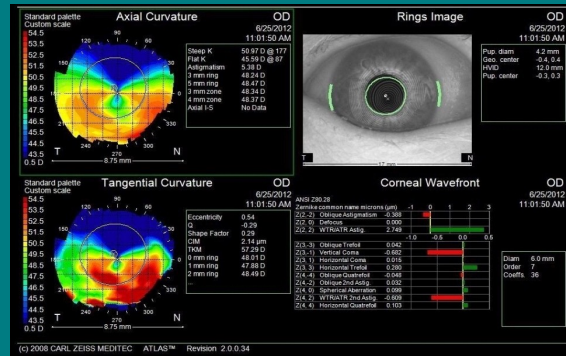
Pellucid marginal degeneration

Case History Example:
40-year-old male with a diagnosis of Pellucid Marginal Degeneration

Previous Wearer:

- Was unsuccessful with corneal and scleral lenses
- Has an average central corneal measurement at 3 mm in right eye

OD = 48.24D



Here’s an example of 40-year-old patient with a history of Pellucid Marginal Degeneration, who has been wearing GP lenses but was unsuccessful with corneal GP lenses and did not like handling scleral lenses..

Simulated K’s from topography demonstrate an average central corneal measurement at 3 millimeters of 48.24 diopters.

After discussing options with the patient it is agreed upon to try NovaKone® soft contact lenses for keratoconus.

The initial diagnostic lens is based upon the average K, which the fitting nomogram suggests should be the 7.8 mm base curve with the 8.4 mm fitting curve.

There’s enough irregularity demonstrated by topography to choose a 1 IT factor for the diagnostic lens.

[REF: ALDN.0014.USA.21 -Slide 25-Novakone-webinar-deck]

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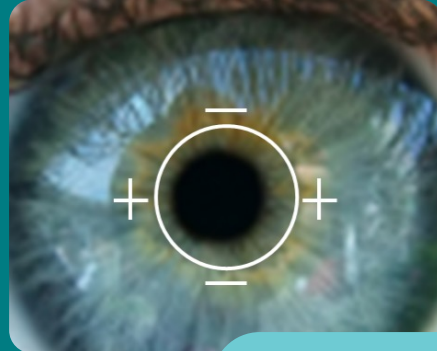
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1. Central base curve selection

- Select central base curve with manual keratometry or corneal topography

PREMIUM 18-LENS DIAGNOSTIC SET		
AVERAGE K	CENTRAL BASE CURVE	FITTING CURVE
41.00 to 42.99	8.6	8.6
43.00 to 46.99	8.2	8.6
47.00 to 49.99	7.8	8.4
50.00 to 52.99	7.4	8.4
53.00 to 55.99	6.6	8.2
56.00 to 58.99	6.2	8.2
59.00 to 61.99	8.6	8.2
62.00 to 64.99	5.8	7.8
65.00 to 67.99	5.4	7.8



Case History Example:
40-year-old male with a diagnosis
of Pellucid Marginal Degeneration

Image courtesy of Patrick J. Caroline, OD, FAAO

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Manual keratometry is not available in many offices, but if it is, it can be a quick, easy method to determine the base curve fitting relationship.

[REF: ALDN.0014.USA.21-Slide 26-Novakone-webinar-deck]

1. Central base curve evaluation

- Evaluate the mires with keratometry or topography to detect a fluctuation in the mires
- If the mires go in and out of focus, reassess the central base curve
- If high-molecular weight fluorescein is available, notice feather touch over the apex, plus tear exchange



Case History Example:
40-year-old male with a diagnosis
of Pellucid Marginal Degeneration

image courtesy of Patrick J. Caroline, OD, FAAO

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An additional step of keratometry or topography over the lens will be helpful in confirming the lens fit characteristics.

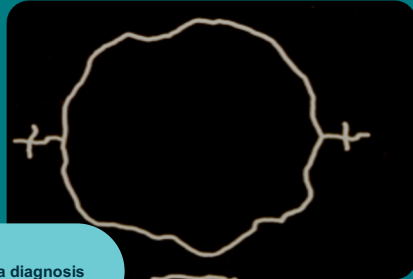
The diagnostic lens appears to be well fit with “feather-touch” over the apex, yet there is still tear exchange taking place over the rest of the cornea. This will be evaluated with high molecular weight fluorescein.

If the cornea has elevated opacities, anatomical irregularities (nodules etc), you can use high molecular weight fluorescein, if desired or available. Look for light touch with good tear exchange.

If fluorescein is not available, corneal topography can serve the same purpose.
[REF: ALDN.0014.USA.21-Slide 26-Novakone-webinar-deck]

2. Determine the IT Factor

- Perform keratometry or topography over the lens to evaluate the mire image
- Fit with the thinnest lens possible but thick enough to improve mire quality



Case History Example:
40-year-old male with a diagnosis
of Pellucid Marginal Degeneration



right image courtesy of Patrick J. Caroline, OD, FFAO

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Evaluation of mire images without and with the trial lens on will demonstrate any improvement provided by the NovaKone® soft contact lens for keratoconus.

More importantly, the more the mire distortion the poorer the lens fit and acuity.

If there is mire distortion over the lens, consider increasing the IT Factor, such as from a 1 IT to a 2.

Remember the goal is always using the thinnest IT Factor possible.

[REF: ALDN.0014.USA.21-Slide 27-Novakone-webinar-deck]

3. Assess the fitting curve

- **Centration:** Lens appears centered
- **Movement:** Lens does not have excessive movement, which is acceptable for this lens fit
- **Check for Movement & Edge Lift**



Case History Example:
40-year-old male with a diagnosis
of Pellucid Marginal Degeneration

1st Dx Lens BC 7.8 mm / FC 8.4, IT -6.00 power, 15.0 mm diameter

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Determining the Fitting Curve is next.

As mentioned in our fitting rules, if there is excessive movement or edge lift consider steepening the fitting curve. In this example, that would indicate changing the fitting curve from 8.4 mm to 8.2 mm

Conversely, if little or no movement with or without or impingement is noted, flattening the fitting curve 8.4mm to 8.6mm should improve the fit.

[REF: ALDN.0014.USA.21-Slide 28-Novakone-webinar-deck]

4. Calculate final lens power

It's been determined that the initial diagnostic lens is providing good lens centration and movement

- **Lens rotation:** 5 degrees counterclockwise (right)
- **Over-refraction:** +5.25 -1.75 x 23

1st Dx Lens:
BC 7.8 mm / FC 8.4, IT 1
-6.00 power, 15.0 mm diameter

Lens to be ordered:
BC 7.8 mm / FC 8.4 mm
Diameter 15.0 mm IT 1
Power -0.50 -2.00 x 18

Case History Example:
40-year-old male with a diagnosis
of Pellucid Marginal Degeneration

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The base curve, fitting curve, IT factor and diameter of the trial lens appear to provide an adequate fit.

Slit lamp exam demonstrates a slight counter-clockwise rotation of 5 degrees.

Over-refraction is determined to be +5.25 – 1.75 axis 23.

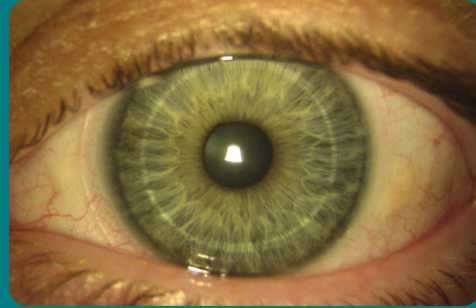
Using the LARS technique for offsetting for lens rotation and incorporating a small adjustment for the over-refraction vertex distance we've determined the lens power.

Thus, the initial lens to be ordered in this case is 7.8 mm BC, 8.4 mm Fitting Curve, IT 1, and a lens power of minus 50, minus 2.00 axis 18. The diameter is 15.0mm.

[REF: ALDN.0014.USA.21-Slide 29-Novakone-webinar-deck]

Fitting tips

- Retinoscopy can provide an assessment of optical quality and central base curve alignment
- It can also be an alternative to conventional refraction where patient subjectivity is a concern
- Lenses need to settle for 15-20 minutes before over-refracting



Case History Example:
40-year-old male with a diagnosis
of Pellucid Marginal Degeneration

Image courtesy of Patrick J. Caroline, OD, FFAO

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Retinoscopy can provide an assessment of optical quality and central base curve alignment.

It can also be an alternative to conventional refraction where patient subjectivity is a concern.

Lenses need to settle for 15-20 minutes before over-refracting

[REF: ALDN.0014.USA.21-Slide 36-Novakone-webinar-deck]

Section 5

Resources and support

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Speak to slide

EZ-Exchange™ Warranty Program

Make a lens exchange without returning the original lens at no charge for 120 days after initial order.



Contact Bausch + Lomb at **1-800-253-3669**
or **svp.consultation@bausch.com** to order
a no-charge remake.

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The EZ-Exchange™ Warranty Program allows you to make a lens exchange without returning the original lens.

Simply contact Bausch + Lomb Specialty Vision Products with the new parameters and Rx, and we will process a new lens as a no-charge remake as long it is within the 120-day warranty period.

<https://www.bauschsvp.com/policies>

Expert consultation and support

- An expert consultation team to answer questions M-F 8 AM - 7 PM EST
- In-field Specialty Market Managers provide education and support



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Consultation and support is available to you every step of the way. Bausch + Lomb offers ECPs:

- An all-FCLSA (Fellow of the Contact Lens Society of America)-certified consultation team to answer questions M-F 8am-7pm
- NCLE-certified Specialty Market Managers
- Ongoing educational videos and webinars

<https://www.bauschsvp.com/contact-us>

Order NovaKone®

1

Visit **BauschSVP.com**
and click on the
Order tab

2

Create an
account online
and submit

3

Call to order your lenses
Monday through Friday,
8 AM – 7 PM EST

4

A consultant will
assist you in the
order process

If you have an account for Zenlens® scleral lenses or
Revive® custom soft lenses, you can order NovaKone®

Call 800-253-3669 to speak to an account
representative or consultant

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If you have an account to order either of those lenses, you're set! If not, you'll be able to order those lenses within the SVP portfolio once your specialty Bausch + Lomb account is created

Create an account

If you are new to Bausch + Lomb Specialty Vision products, create an account with us. If you have an account, follow the ordering instructions below.

Online

Visit **bauschsvp.com** and click on the **Order** tab
On the Order page, click the **Create an Account** button
Fill out the form and click **Submit**.

By phone

Call 800-253-3669 to speak to an account representative or consultant
Monday through Friday, 8:00 am to 7:00 pm EST to speak with a consultant who will assist you in the order process

<https://www.bauschsvp.com/order/>

Ref- Veeva code - ARI.0023.USA.21

Safety Information for Eye Care Professionals

Important Information
for Gas Permeable
and Customized Soft
Contact Lenses

WARNINGS

- Patients should be advised of the following warnings pertaining to contact lens wear:
- Problems with contact lenses and lens care products could result in serious injury to the eye. It is essential that patients follow their eye care practitioner's directions and all labeling instructions for proper use of lenses and lens care products, including the lens case. Eye problems, including corneal ulcers, can develop rapidly and lead to loss of vision.
- Daily wear lenses are not indicated for overnight wear, and patients should be instructed not to wear lenses while sleeping, with the exception of orthokeratology lenses as noted below. Clinical studies have shown that the risk of serious adverse reactions is increased when daily wear lenses are worn overnight.
- Studies have shown that contact lens wearers who are smokers have a higher incidence of adverse reactions than non-smokers.
- If a patient experiences eye discomfort, excessive tearing, vision changes, or redness of the eye, the patient should be instructed to immediately remove lenses and promptly contact his or her eye care practitioner.

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Safety Information for Eye Care Professionals

Important Information
for Gas Permeable
and Customized Soft
Contact Lenses

CONTRAINDICATIONS

- Do not use when any of the following conditions exist:
- Acute or subacute inflammation or infection of the anterior chamber of the eye
- Any eye disease, injury or abnormality, other than keratoconus, PMD, that affects the cornea, conjunctiva or eyelids
- Severe insufficiency of lacrimal secretion (dry eye)
- Corneal hypoesthesia (reduced sensitivity), if not aphakic
- Any systemic disease that may affect the eye or be exaggerated by wearing contact lenses
- Allergic reactions of ocular surfaces or adnexa that may be induced or exaggerated by wearing contact lenses or using contact lens solutions
- Allergy to any ingredient in a solution which is to be used to care for contact lenses
- Any active corneal infection (bacterial, fungal or viral)
- Red or irritated eyes

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Safety Information for Eye Care Professionals

Important Information
for Gas Permeable
and Customized Soft
Contact Lenses

ADVERSE EFFECTS

- The following problems may occur with the use of contact lenses:
- Eyes stinging, burning, itching, irritation or other eye pain
- Comfort is less than when the lens was first placed on the eye
- Feeling of something in the eye such as a foreign body, scratched area
- Excessive watering (tearing) of the eye
- Unusual eye secretions
- Redness of the eyes
- Reduced sharpness of vision (poor visual acuity)
- Blurred vision, rainbows, or halos around objects
- Sensitivity to light (photophobia)
- Dry eyes

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Soft Contact Lenses for Keratoconus

Thank You!

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