



**A new standard
in femto excellence
has emerged.**

Introducing the ABACI Laser System™
The next phase in femtosecond laser
technology. Offering state-of-the-art
3D-CSI™ imaging and a no-touch
interface that guides your refractive
cataract procedures with unparalleled
precision and predictability.

The art of precision.
The assurance of predictability.

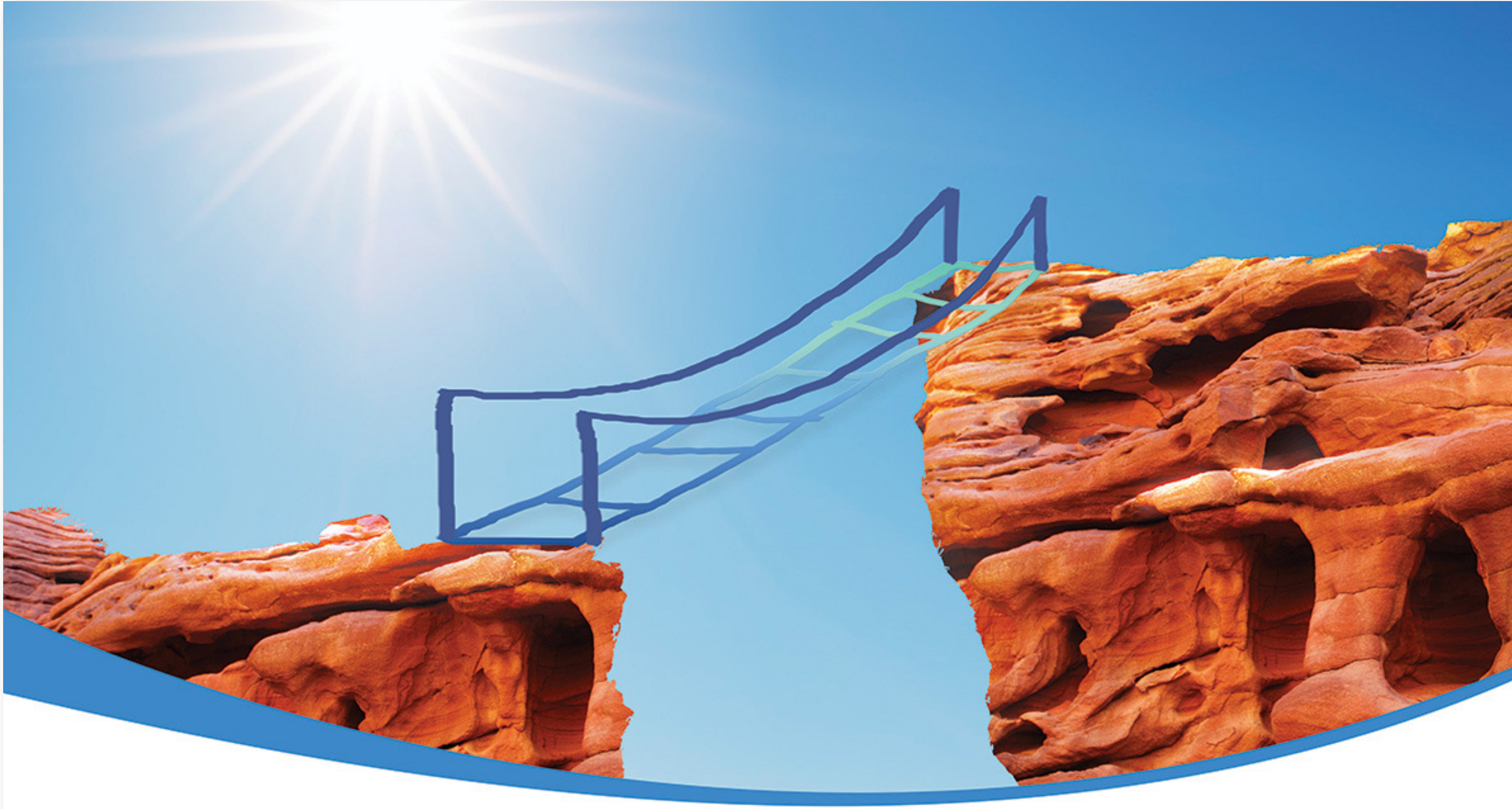


LENSAR

Communicate: Precision from 2D to 3D Imaging

LensAR™





Menopause is inevitable.
Give her a tool to make it easier.

 **Belrada**
gabapentin extended
release tablets, 600mg

DEPOMED

Communicate: Be There For Her Through All Stages

 **Belrada**



THROMBOGENICS

Communicate: Disease State & Targeted Resolution



JETREA™
(ocriplasmin)
Intravitreal Injection, 2.5 mg/mL

PROFESSIONAL AD CAMPAIGNS

This Little Piggy Had ONMEL™
(itraconazole) 200-mg tablets

Provide the efficacy of itraconazole in a single, once-daily tablet¹

Indications and Usage
ONMEL is indicated for the treatment of onychomycosis of the toenail due to *Trichophyton rubrum* or *T. mentagrophytes* in non-immunocompromised patients. Prior to initiating treatment, appropriate nail specimens for laboratory testing (KOH preparation, fungal culture, or nail biopsy) should be obtained to confirm the diagnosis of onychomycosis.

Important Safety Information for ONMEL

WARNING: CONGESTIVE HEART FAILURE, CARDIAC EFFECTS, AND DRUG INTERACTIONS
Do not administer ONMEL for the treatment of onychomycosis in patients with evidence of ventricular dysfunction such as congestive heart failure (CHF) or a history of CHF. When itraconazole was administered intravenously to dogs and healthy human volunteers, negative inotropic effects were seen. If signs or symptoms of congestive heart failure occur during administration of ONMEL, discontinue administration.

Drug Interactions: Co-administration of cisapride, pimozide, quinidine, dofetilide, levacetylmethadol (levomethadyl), felodipine, oral midazolam, nisoldipine, triazolam, lovastatin, simvastatin, ergot alkaloids such as dihydroergotamine, ergometrine (ergonovine), ergotamine and methylethergometrine (methylethergonovine) or methadone with ONMEL is contraindicated. ONMEL, a potent cytochrome P450 3A4 isoenzyme system (CYP3A4) inhibitor, may increase plasma concentrations of drugs metabolized by this pathway. Serious cardiovascular events, including QT prolongation, torsades de pointes, ventricular tachycardia, cardiac arrest, and/or sudden death have occurred in patients using cisapride, pimozide, levacetylmethadol (levomethadyl), methadone or quinidine concomitantly with itraconazole and/or other CYP3A4 inhibitors.

Please see Important Safety Information included in accompanying full Prescribing Information for ONMEL, including BOXED WARNING.

ONMEL
itraconazole,
200 mg tablets

Full Prescribing Information

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About Us | Terms of Use | Privacy Policy | Contact Us

ONMEL
itraconazole,
200 mg tablets

ONMEL™ (itraconazole) 200-mg tablets: One-Tablet, Once-Daily Therapy for Toenail Onychomycosis¹

Only ONMEL delivers the efficacy of itraconazole in one 200-mg, once-daily tablet¹

ONMEL demonstrated comparable efficacy results vs two 100-mg, once-daily itraconazole capsules¹,²

✓ **Complete cure^c** ✓ **Mycological cure^d** ✓ **Clinical cure^e**

Complete cure ^c	Mycological cure ^d	Clinical cure ^e
22.3% ONMEL	44% ONMEL	26% ONMEL
21.7% itraconazole capsules	37% itraconazole capsules	28% itraconazole capsules

* ONMEL (package insert); ** Data on file.

Only ONMEL provides the power of itraconazole enhanced with proprietary Meltrex® technology²

This dosing-plus-formulation combination:

- Improves bioavailability³
- Allows for steady and consistent GI absorption²

Melt-extrusion technology allows for 200 mg of itraconazole in a single tablet¹,²

Safety profile comparable to two 100-mg itraconazole capsules²

Important Safety Information for ONMEL (continued)
Contraindications
Do not administer ONMEL for the treatment of onychomycosis in patients with evidence of ventricular dysfunction such as congestive heart failure (CHF) or a history of CHF. Anaphylaxis and hypersensitivity have been reported with use of itraconazole. ONMEL is contraindicated for patients who have shown hypersensitivity to itraconazole products.

Warnings and Precautions
Cases of CHF, peripheral edema, and pulmonary edema have been reported with itraconazole administration among patients being treated for onychomycosis and/or systemic fungal infections. Itraconazole has been associated with rare cases of serious hepatotoxicity, including liver failure and death. If clinical signs or symptoms develop that are consistent with hepatotoxicity, treatment should be discontinued immediately and liver function testing performed. Other warnings and precautions include cardiac dysrhythmias, cardiac disease, hepatic effects, calcium channel blockers, neuropathy, and hearing loss.

Adverse Reactions
The most common adverse reactions observed in the treatment phase of the onychomycosis clinical trial (>1%) were upper respiratory tract infections, increased hepatic enzymes, hypoaacusis, headache, abdominal pain, diarrhea, nausea, fatigue, arrhythmia, cough, sore throat, and back pain. In the ONMEL group, the most commonly reported adverse events that lead to discontinuation were increased hepatic enzyme (6 subjects, 1%) and dizziness. The following adverse reactions have been identified during post-approval use of itraconazole (all formulations). Because these reactions were reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure. Adverse reactions reported post-approval that appear in other sections of the prescribing information (eg, warnings and precautions) are not listed here: leukopenia, neutropenia, thrombocytopenia, serum sickness, angioneurotic edema, hypertriglyceridemia, hypokalemia, paresthesia, hypoaesthesia, visual disturbances, including vision blurred and diplopia, tinnitus, vomiting, dyspepsia, constipation, dysgeusia, toxic epidermal necrolysis, Stevens-Johnson syndrome, exfoliative dermatitis, leukocytoclastic vasculitis, erythema multiforme, alopecia, photosensitivity, rash, urticaria, pruritus, myalgia, arthralgia, urinary incontinence, pollakiuria, menstrual disorders, and erectile dysfunction.

Please see Important Safety Information included in accompanying full Prescribing Information for ONMEL, including BOXED WARNING.

For Patients Who Need One-Tablet, Once-Daily Therapy for Toenail Onychomycosis¹

To ensure your patients get ONMEL, sign Dispense as written (DAW)

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ONMEL
itraconazole,
200 mg tablets

ONMEL
Communicate: Antifungal Treatment





NEOVISTA
Communicate: Efficacy & Safety

VIDION® ANTI-NEOVASCULAR (ANV®) THERAPY SYSTEM

Effects of Radiation on the Eye

- Several randomized, controlled studies have evaluated the safety of radiation therapy as a treatment for intraocular tumors and age-related macular degeneration (AMD).
 - Each study used unique dose rates, fractions, and delivery systems.
 - Lack of standardization complicates efforts to predict the impact of radiation on ocular tissues.
- The effect of radiation on eye anatomy following treatment for AMD is listed in Table 1.¹⁴
- Radiation retinopathy can occur following exposure to any energetic radiation source, including external beam and plaque brachytherapy.
 - Clinical features include macular edema, intraretinal hemorrhages, microaneurysms, cotton wool spots, telangiectasia, and vascular sheathing.
- Radiation-related effects on the retina and optic nerve appear secondary to damage of the retinal, choroidal, and optic nerve vasculature.
- Irradiated eyes show marked fibrosis of capillary and arteriole walls, causing vessel stenosis and occlusion, while adjacent veins and arteries are usually normal.¹⁵
- Histopathological analysis of eyes following proton beam irradiation of uveal melanomas indicated that retinal damage was confined to the area in close proximity to the tumor.¹⁶
 - Minor changes in vessel morphology beyond 1 mm of the tumor edge were noted in 10% of patients.¹⁷
 - When present, thrombotic changes were seen only in areas overlying the tumor.¹⁸

TABLE 1.
Comparison of the threshold for clinically observable radiation damage and retinal dose delivered by the VIDION® ANV® Therapy System.¹⁴

Tissue	Effect	Dose for clinically observable damage	Dose delivered by VIDION®
Cornea	Keratitis	30-50 Gy	0.0009 Gy
Conjunctiva	Conjunctivitis	55-75 Gy	0.00040 Gy
Lacrimal system	Atrophy/stenosis	50-60 Gy	0.00040 Gy
Lens	Cataract	2 Gy (threshold)	0.0004 Gy
Retina	Retinopathy	35-55 Gy	24 Gy
Optic nerve	Optic neuropathy	>55 Gy	2.4 Gy

TABLE 2.
Strontium-90 (⁹⁰Sr/⁹⁰Y) radiation output

Study	Patient Population	Dose Delivered	Conclusion
Jankovic et al (2007) ¹⁹	Patients with CNV (n=46)	Single dose of external strontium-90 (⁹⁰ Sr/ ⁹⁰ Y) radiation in doses of 12.9 Gy and 13.4 Gy	Complete or partial resolution in more patients receiving the 12.9 Gy dose (Table 3). No cases of radiation toxicity to the eye were noted.
Jankovic et al (1998) ²⁰	Patients with CNV (n=20)	Single dose of 28 Gy at a depth of 1.75 mm	Radiation was applied to the epiretinal surface under the macula for 34 minutes. No radiation-related AEs noted after 12 months of follow-up.
Aziz et al (2009) ²¹	Patients with CNV (n=15)	Epimacular Brachytherapy using strontium-90 (⁹⁰ Sr/ ⁹⁰ Y) at doses of 15 Gy and 24 Gy	No evidence of radiation-related AEs appeared after 12 months of follow-up.
Aziz et al (2011) ²²	Patients with CNV (n=14)	Strontium-90 (⁹⁰ Sr/ ⁹⁰ Y) Epimacular Brachytherapy at a dose of 24 Gy combined with the anti-VEGF drug bevacizumab	One case of nonproliferative radiation retinopathy resolved at 36 months, which did not have an adverse effect on visual acuity.

TABLE 3.
Proportion of patients achieving statistically significant improvement in vision following strontium-90 (⁹⁰Sr/⁹⁰Y) dose brachytherapy at 15 Gy and 24 Gy

Time	15 Gy (n=15)	24 Gy (n=15)
6 months	2/3	3/5
12 months	2/3	5/6
24 months	3/3	4/6

Summary

- The VIDION® ANV® Therapy System treats subfoveal CNV by delivering a single 24-Gy dose of strontium-90 (⁹⁰Sr/⁹⁰Y) beta radiation.
- Strontium-90 (⁹⁰Sr/⁹⁰Y) is ideal for ocular use based on its favorable characteristics:
 - Short tissue penetration
 - Rapid delivery (3-5 min) of a therapeutic dose, directly to the target
 - Favorable dosimetry characteristics for delivery in an enclosed space
- The VIDION® ANV® Therapy System is designed to provide safe and effective delivery of targeted ionizing radiation with minimal exposure to surrounding tissue.

FIGURE 1.
Dosimetry pattern of the VIDION® device

The VIDION® System delivers a dose well below the previously documented threshold for toxicity at the cornea, conjunctiva, lacrimal system, lens, and optic nerve (Table 1).
The VIDION® System delivers radiation to a small, precisely targeted location.
The volume of tissue receiving the radiation is small, and the dose falls off rapidly.

The graph shows a cross-sectional view of the dosimetry pattern. The x-axis represents distance in mm, ranging from -4 to 4. The y-axis represents dose in Gy (mm), ranging from 0 to 4. The pattern shows a central peak of 24 Gy at the center of the lesion, with concentric rings of decreasing dose as distance from the center increases. The dose falls off rapidly, reaching near-zero levels at the edges of the field.

FIGURE 2.
The VIDION® ANV® Therapy System components

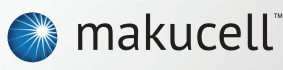
The diagram illustrates the components of the VIDION ANV Therapy System. It includes a Handheld Cable Actuator, a Disposable Delivery Module, a Disposable Applicator, and an Applicator Console. The system is designed for precise, minimally invasive radiation delivery to the eye.



Based in science.
Perfected for skin.

Introducing Renewnt
A breakthrough for the skin's
natural restoration process

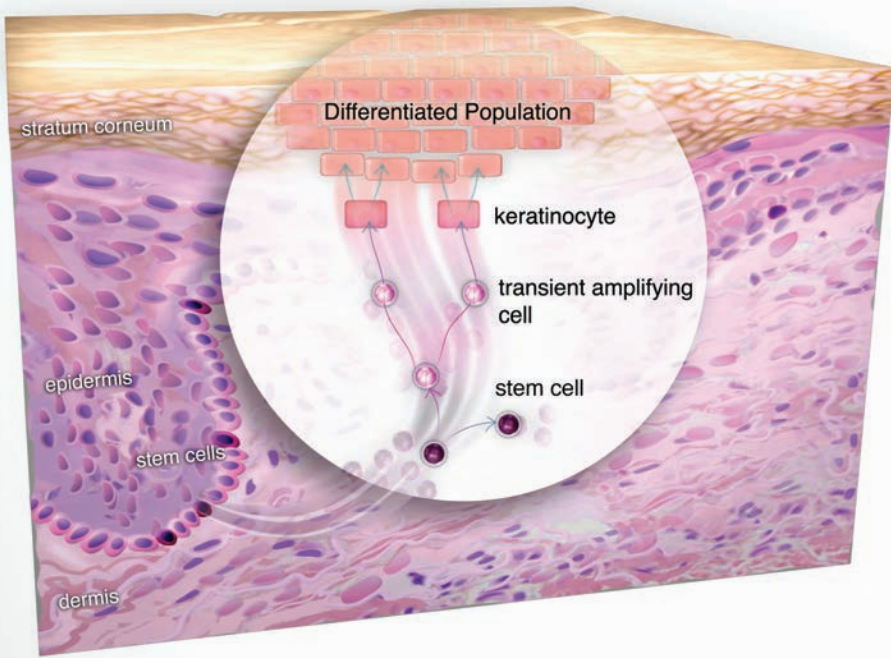
RENEWNT™



The key to healthier skin lies within
The science behind skin cell restoration

Endogenous stem cells in the dermis and epidermis renew and replace skin cells, including keratinocytes, fibroblasts, and melanocytes

- Skin has the largest repository of stem cells in the body
- Even though the number of stem cells within skin remains relatively constant overtime, aging can lead to infrequent stem cell differentiative divisions
- Infrequent stem cell differentiative divisions and the associated inadequate production of skin cells and essential elements (eg, collagen and elastin) contribute to the appearance of fine lines, wrinkles, and thinner skin



The diagram illustrates the skin's natural renewal process. It shows a cross-section of the skin with layers labeled: stratum corneum, epidermis, and dermis. A circular inset highlights the 'Differentiated Population' of keratinocytes in the epidermis. Below this, a 'transient amplifying cell' is shown, which is derived from a 'stem cell' located in the dermis. Arrows indicate the flow of cells from the stem cell population through the transient amplifying cell to the differentiated population.

Differentiation makes all the difference
Optimizing the Wnt signaling pathway to generate elements of healthier skin

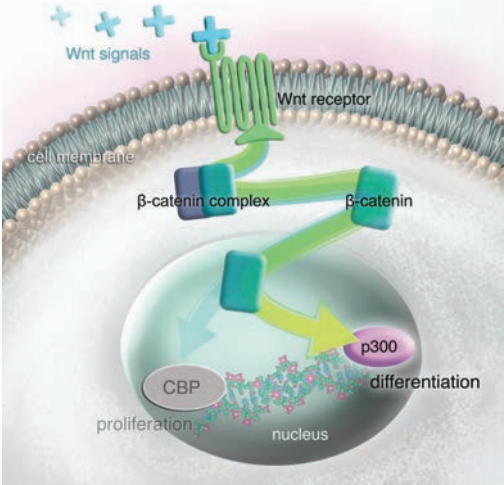
Stem cell differentiative divisions are regulated by the Wnt signaling pathway

- Wnt signaling controls whether stem cells remain dormant, proliferate and divide to form new stem cells, or differentiate into new skin cells
- A central "hub" protein for communication within the Wnt signaling pathway is β -catenin
 - When β -catenin binds to CBP in the nucleus, symmetrical proliferation is favored
 - When β -catenin binds to p300 in the nucleus, asymmetrical differentiation is favored
- Optimal Wnt signaling can help stem cells regain activities necessary for healthy and youthful-appearing skin

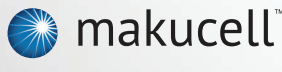
Wnt signaling is optimized by **Asymmte™**, a selective synthetic modulator of the Wnt signaling pathway that encourages skin stem cells to differentiate

Asymmte is the molecular key to the skin's natural renewal processes

- Penetrates the epidermis and dermis to target the β -catenin switch of the Wnt pathway
- Helps the skin's own stem cells to replenish keratinocytes, fibroblasts, and other dermal cells
- Promotes the restoration of skin elasticity and strength
- Is nonmutagenic, nonirritating, and nonsensitizing



The diagram illustrates the Wnt signaling pathway. It shows a cross-section of the skin with layers labeled: stratum corneum, epidermis, and dermis. A circular inset highlights the 'Differentiated Population' of keratinocytes in the epidermis. Below this, a 'transient amplifying cell' is shown, which is derived from a 'stem cell' located in the dermis. Arrows indicate the flow of cells from the stem cell population through the transient amplifying cell to the differentiated population.



www.makucell.com

Data on file, Makucell.
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RENEWNT
Communicate: Science in Skincare

RENEWNT™



PROFESSIONAL AD CAMPAIGNS

Potency and Penetration with QD Efficacy.¹⁻³

ONE DROP. ALL DAY.⁴

The **FIRST and ONLY** QD ophthalmic NSAID for use in cataract surgery⁴

- Clinically significant reduction in inflammation as early as Day 8 of clinical studies (10 drops)^{3,5}
- Combined study data showed low discontinuation rate (≤3%) due to lack of efficacy^{3,5}
- In clinical trials, most treated patients were pain free at Day 1^{3,5}
- Ocular comfort in BROMDAY-treated eyes was comparable to or better than placebo in clinical trials³
- A full course of treatment for BROMDAY is only 16 drops vs other ophthalmic NSAIDs, which may require up to 56 drops^{4,6-9}

Sign DISPENSE AS WRITTEN (DAW), DO NOT SUBSTITUTE (DNS), or BRAND MEDICALLY NECESSARY (BMN)
*Substitution of BMN required only for certain states, as noted in the National Association of Boards of Pharmacy's Survey of Pharmacy Law.

INDICATIONS AND USAGE
BROMDAY (bromfenac ophthalmic solution) 0.09% is indicated for the treatment of postoperative inflammation and reduction of ocular pain in patients who have undergone cataract surgery.

DOSAGE AND ADMINISTRATION
Instill one drop into the affected eye(s) once daily beginning 1 day prior to surgery, continued on the day of surgery and through the first 14 days post-surgery.

WARNINGS AND PRECAUTIONS

- Sulfite allergic reactions
- Potential for cross-sensitivity
- Corneal effects including keratitis
- Slow or delayed healing
- Increase bleeding of ocular tissues
- Contact lens wear

ADVERSE REACTIONS
The most commonly reported adverse reactions in 2-7% of patients were abnormal sensation in eye, conjunctival hyperemia and eye irritation (including burning/stinging).

Bromday™
(bromfenac ophthalmic solution) 0.09%

ISTA
Pharmaceuticals
www.istavision.com

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BROMDAY: Potency and Penetration with QD Efficacy¹⁻³

Clinically significant reduction in inflammation as early as Day 8 of clinical studies (10 drops)^{3,5}

Reduction in mean SOIS* at each visit^{3,5†}

Days After Cataract Surgery	BROMDAY (n=584)	Placebo (n=288)
Day 1	2.9	3.1
Day 3	2.2	3.0
Day 8	1.5	3.0
Day 15	1.0	2.7

*Summed ocular inflammation score (SOIS).
†Integrated data.
**Statistically significant (P<0.0001).

Integrated Data (4 clinical studies) by Day 15 ^{3,5}	Patients on BROMDAY	Patients on Placebo
Zero to trace inflammation	79%	42%
Complete clearance of inflammation	51%	27%

Pivotal Trials (2 clinical studies) by Day 15 ³	Patients on BROMDAY	Patients on Placebo
Zero to trace inflammation	74%	40%
Complete clearance of inflammation	46%	26%

Zero to trace inflammation: SOIS 0-0.5 (0 flare and 0-5 cells).
Complete clearance of inflammation: SOIS 0 (0 flare and 0 cells).

Combined study data showed low discontinuation rate (≤3%) due to lack of efficacy^{3,5}

Integrated clinical trial data
• Only 2.9% of BROMDAY patients vs 32.7% of placebo patients withdrew due to lack of efficacy by Day 15 (P<0.0001)^{3,5}

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ADVERSE REACTIONS
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BROMDAY: Comfort and Compliance with QD Efficacy^{3,5,6}

In clinical trials, most treated patients were pain free at Day 1^{3,5}

Integrated Data (4 clinical studies):
• 84% of patients on BROMDAY, and 67% of patients on placebo^{3,5}

Pivotal Trials (2 clinical studies):
• 87% of patients on BROMDAY, and 65% of patients on placebo³

Ocular comfort in BROMDAY-treated eyes was comparable to or better than placebo across integrated clinical study results³

- In 4 clinical studies, patients treated with BROMDAY reported less eye pain, tearing, foreign body sensation, and photophobia compared to those treated with placebo³
- Occurrence of itching, eye discharge, and haziness were comparable between patients treated with BROMDAY and placebo³

One drop lasts all day⁴

- A full course of treatment for BROMDAY is only 16 drops vs other ophthalmic NSAIDs, which may require up to 56 drops⁷⁻¹⁰

Total NSAID drops for indicated length of treatment^{4,7-10}

Product	Drops per day	Days	Total Drops
BROMDAY™	1 drop per day	16 days	16 drops ⁴
Generic Bromfenac 0.09%	2 drops per day	14 days	28 drops ⁴
Acuvail™	2 drops per day	15 days	30 drops ⁴
Nevanac™	3 drops per day	16 days	48 drops ⁹
Generic Ketorolac 0.5%	4 drops per day	14 days	56 drops ¹⁰

BAUSCH & LOMB
Communicate: Potency & Penetration

Bromday™
(bromfenac ophthalmic solution) 0.09%



Symptomatic VMA

A Disease That's Gaining Traction

Symptomatic vitreomacular adhesion (VMA) is an increasingly recognized sight-threatening disease of the vitreoretinal interface¹

VMA:

- » May lead to symptoms such as metamorphopsia, decreased visual acuity, and central visual field defect²
- » Can cause traction resulting in anatomical damage, which may lead to severe visual consequences, including^{3,4}
 - Macular hole³
 - Retinal tear/detachment⁴

For more information, visit: www.SymptomaticVMA.com/ARVO

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Getting to Know the Many Faces of Vitreomacular Adhesion¹⁻³

Persistent vitreomacular adhesion (VMA) may play a role in future vitreoretinal diseases¹⁻³

- Unresolved VMA can lead to vitreomacular traction (VMT), causing visual consequences such as decreased visual acuity^{1,4,7}
- Macular hole resulting from VMT can lead to vision loss⁸⁻¹⁰
- Spontaneous resolution of VMT or macular hole occurs infrequently and is not predictable^{4,11}

Resolution of persistent VMA can improve anatomical outcomes and visual acuity^{4,12}

For more information, please visit: www.SymptomaticVMA.com/RPH

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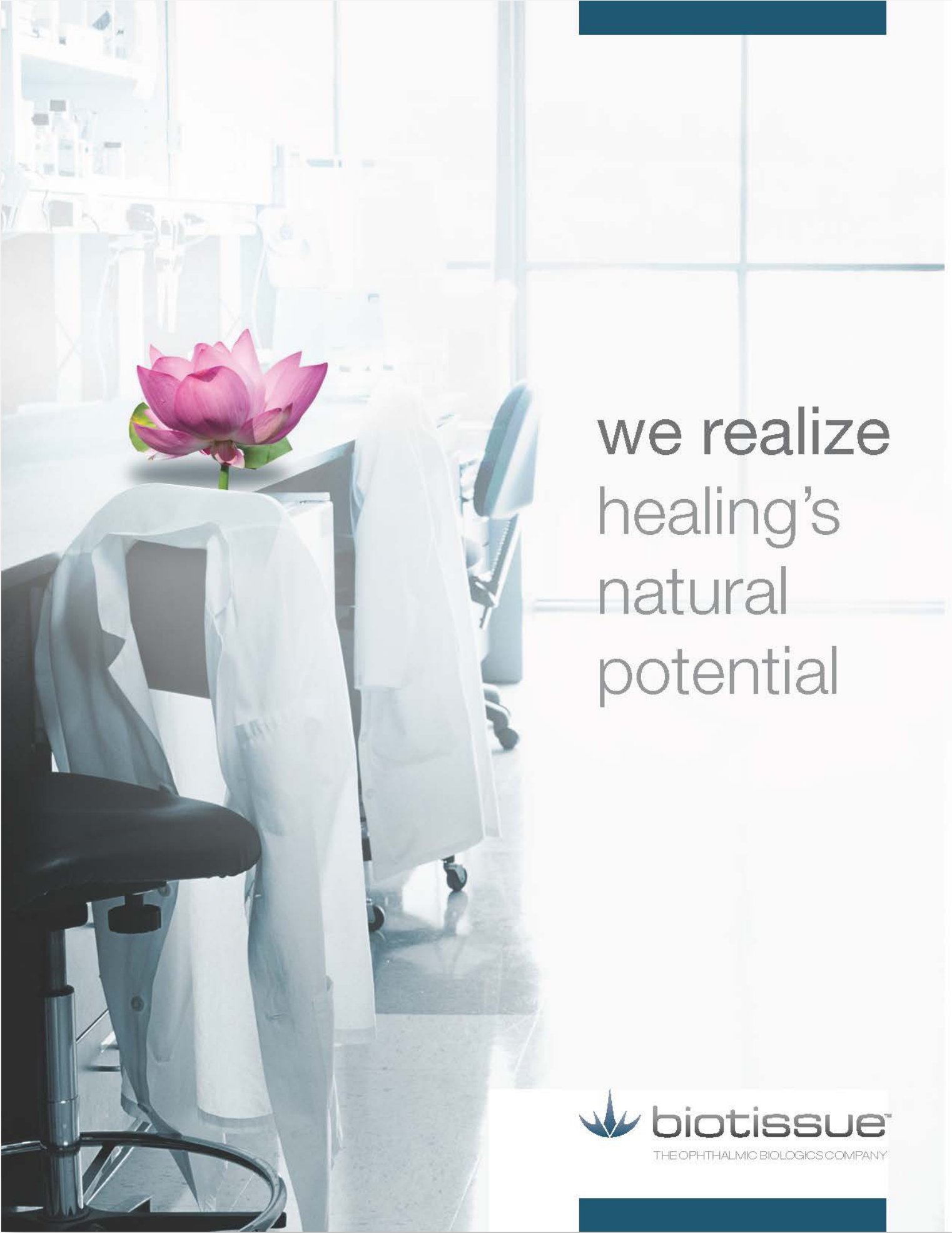
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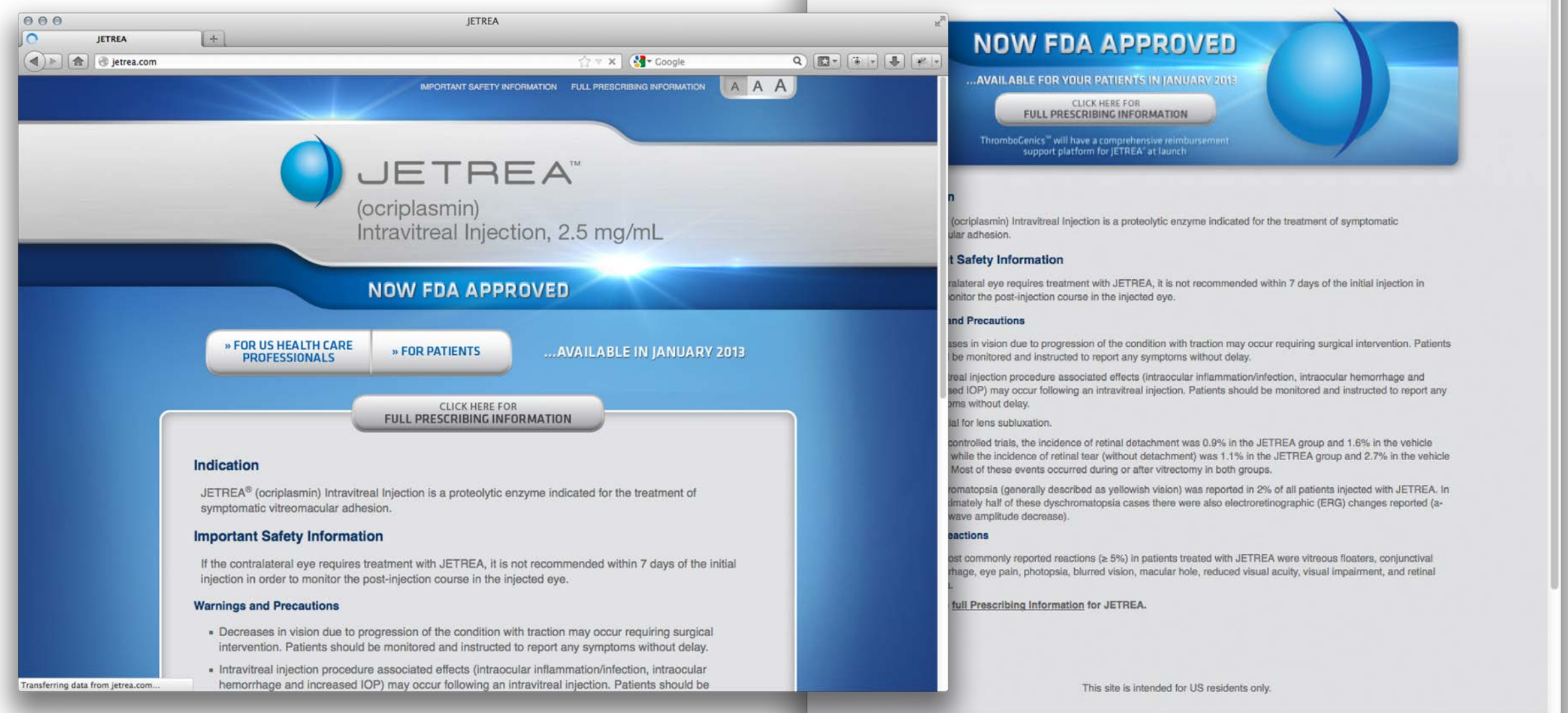


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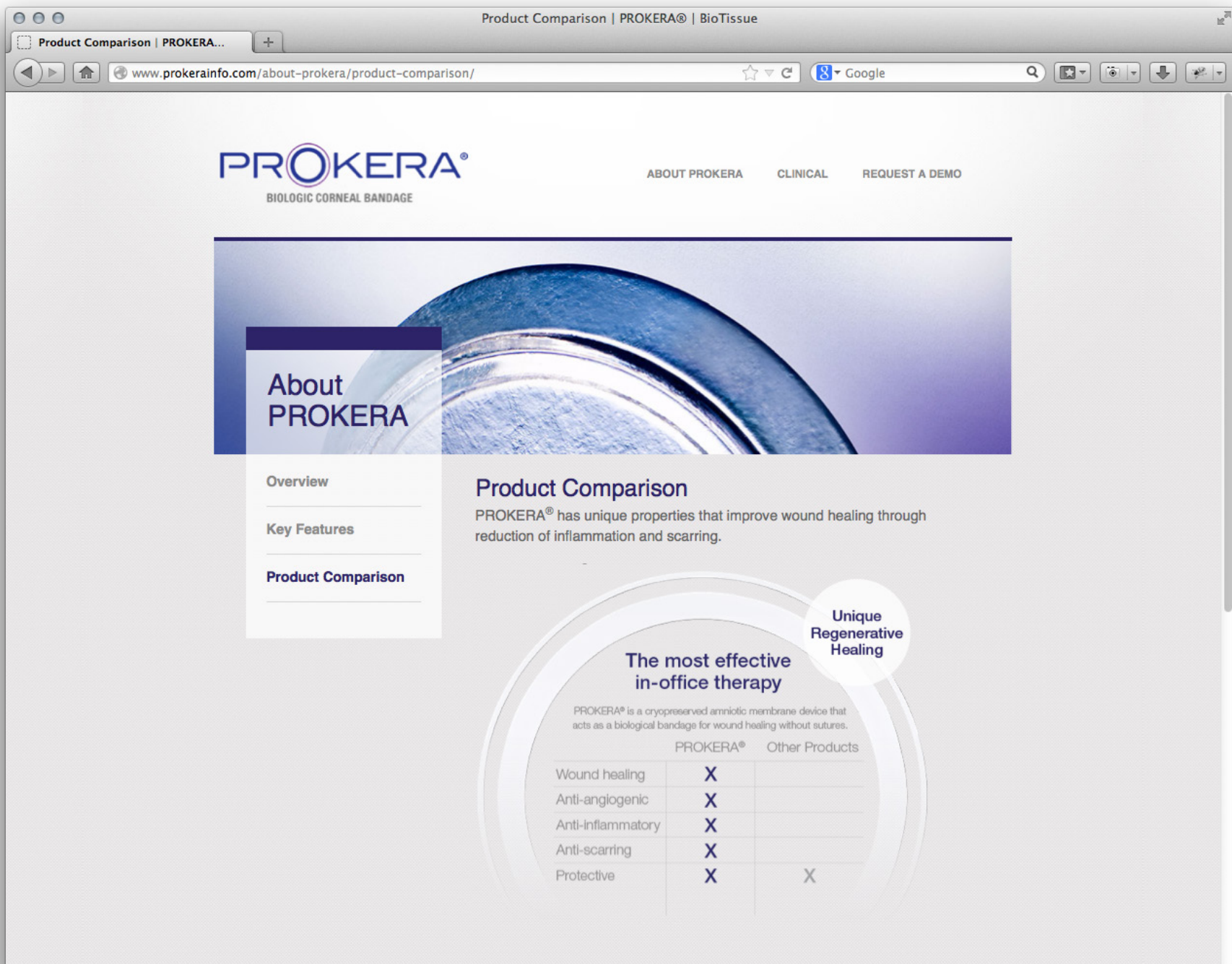
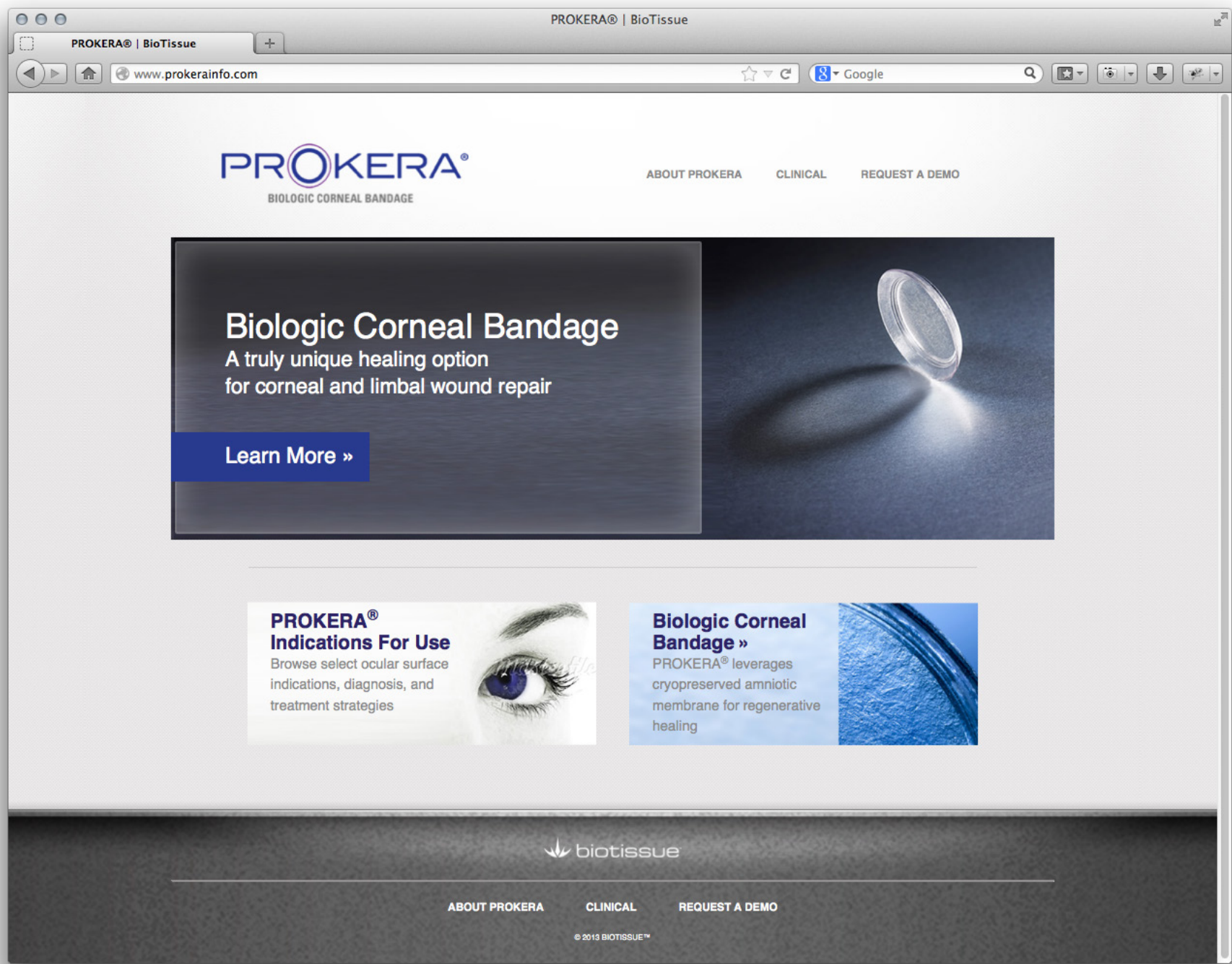


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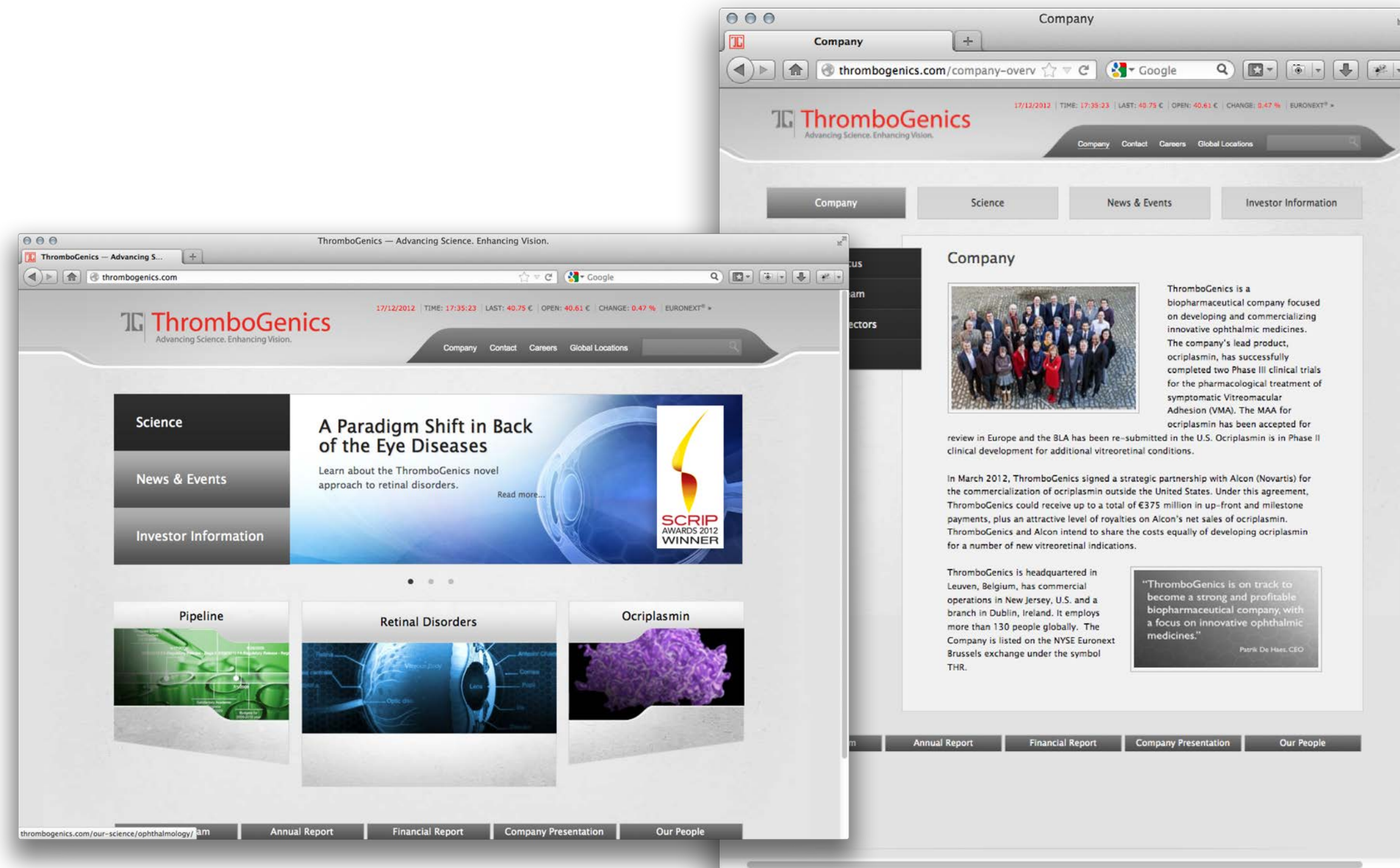
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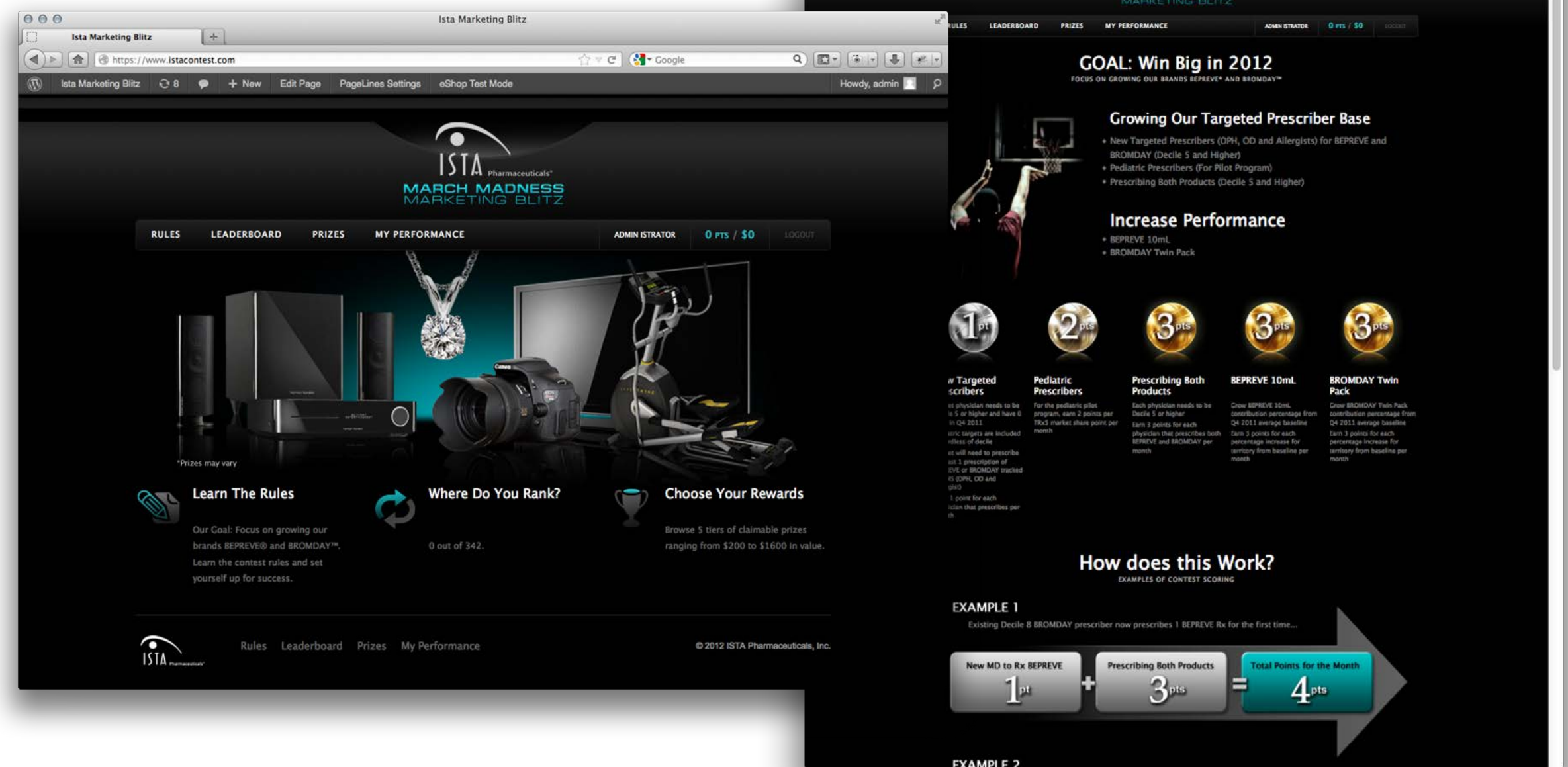


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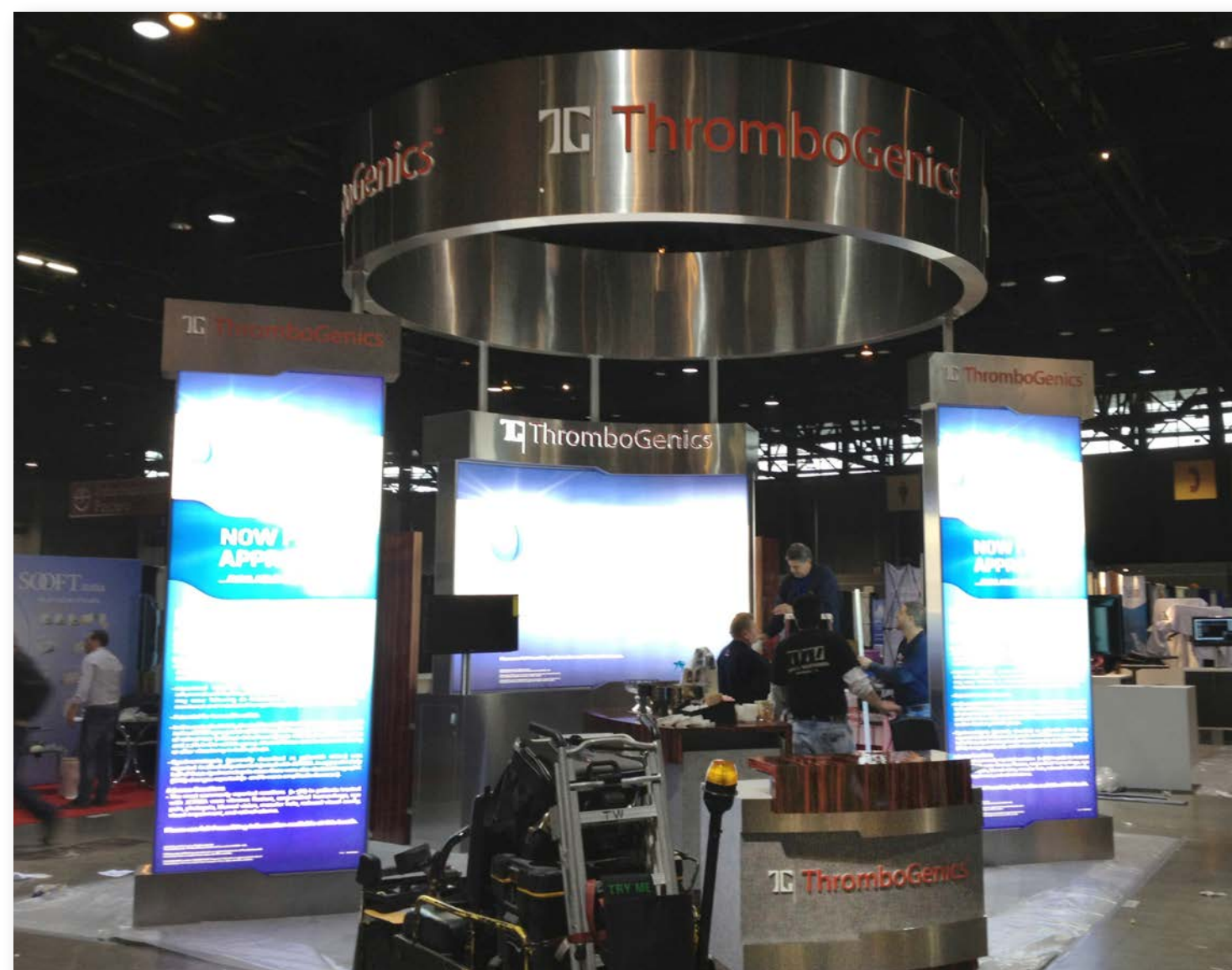
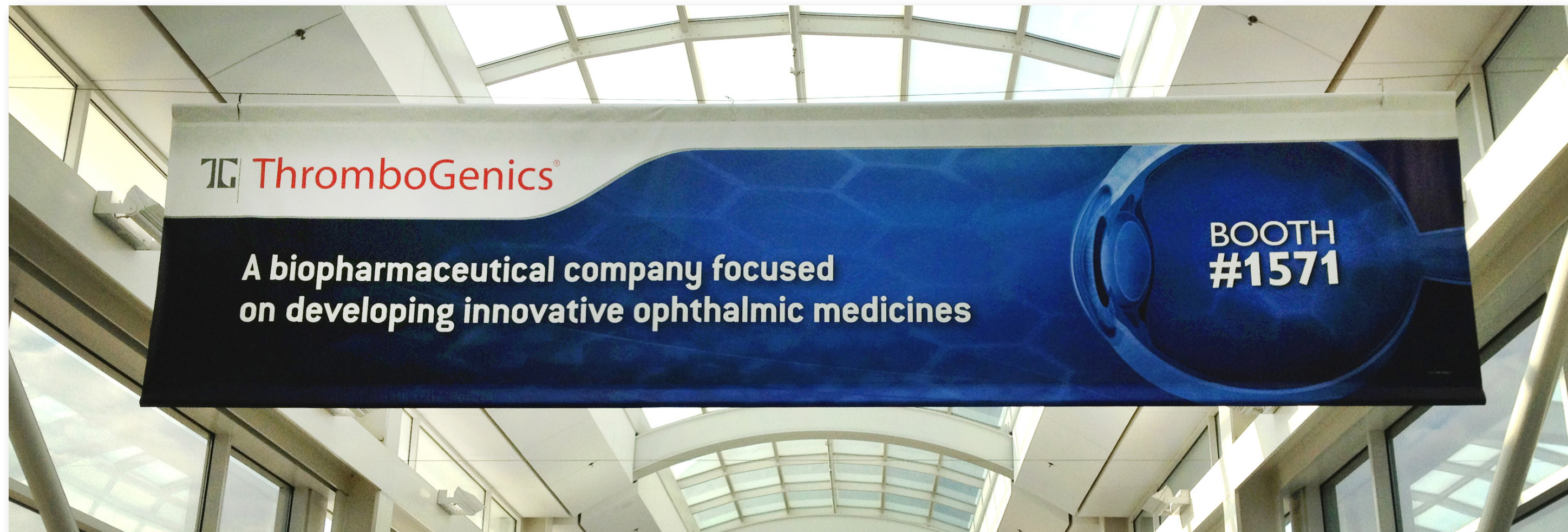


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EDUCATIONAL TOPICS

- The management of challenging retinal detachment
- Retinal manifestations of systemic disease
- Differential diagnosis of uveitis
- The management of unusual sources of vitreomacular traction (VMT)
- Multimodal imaging and new imaging technology

SPEAKERS

PRAVIN DUGEL, MD

Phoenix, Arizona

Retinal Consultants of Arizona, Ltd.



Pravin U. Dugel, MD, is managing partner of Retinal Consultants of Arizona. Dr. Dugel serves as clinical instructor of vitreoretinal diseases and surgery in the department of ophthalmology at the University of Arizona, Tucson. He earned his medical degree from the University of California, Los Angeles, School of Medicine. He then completed his residency at the Doheny Eye Institute, University of Southern California School of Medicine, Los Angeles, and fellowships in vitreoretinal surgery at the Doheny Eye Institute and in vitreoretinal diseases at the Bascom Palmer Eye Institute, University of Miami, Florida.

Dr. Dugel is an author of more than 50 peer-reviewed articles and 15 book chapters. He is a member of several professional organizations, including the American Academy of Ophthalmology, the Association for Research in Vision and Ophthalmology, the American Medical Association, and the American Society of Retinal Surgeons, among others. He is also the first person to receive fellowships from both the Heed Ophthalmic Foundation and the Ronald G. Michels Fellowship Foundation.

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PROGRAM SCHEDULE

6:30 – 6:45 PM

Arrivals and Welcome

6:45 – 7:00 PM

Nibh Venenatis Ornare Eiusmod Cursum Lorem Dapibus Tristique
John Smith, MD

7:00 – 7:15 PM

Tortor Tullus Venenatis Magna
Mike Jones, MD

8:00 – 8:15 PM

Discussion Case Topics

8:15 – 8:30 PM

Closing Remarks

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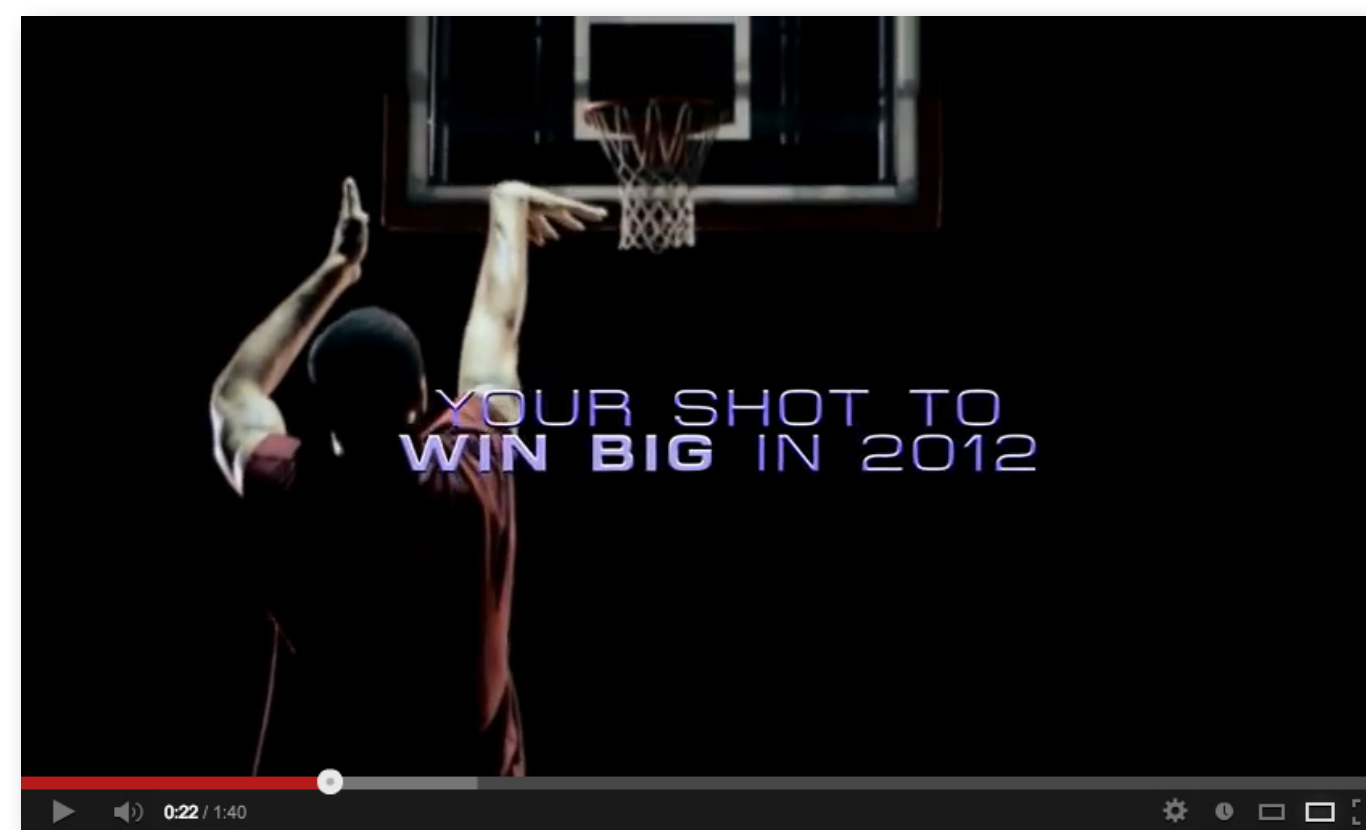
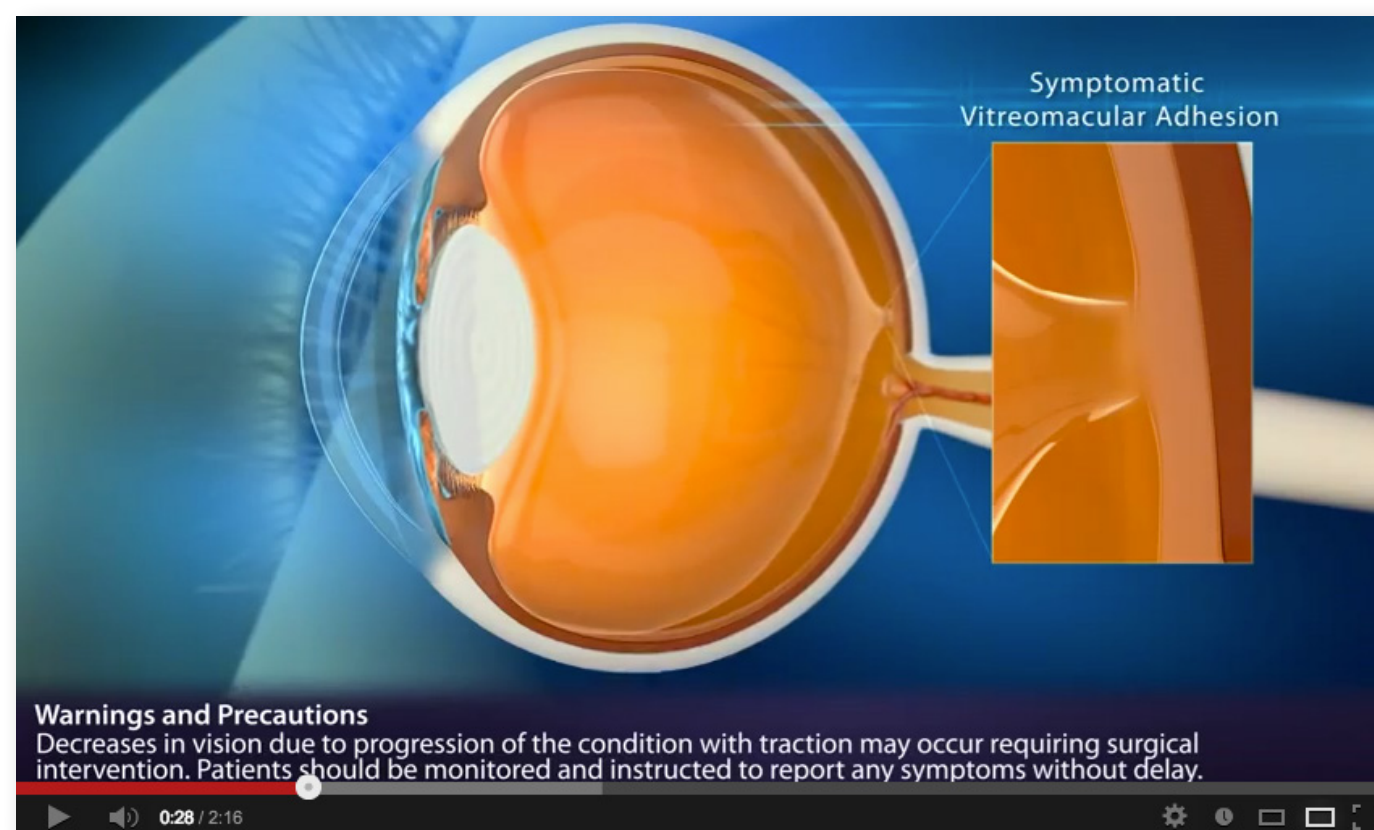
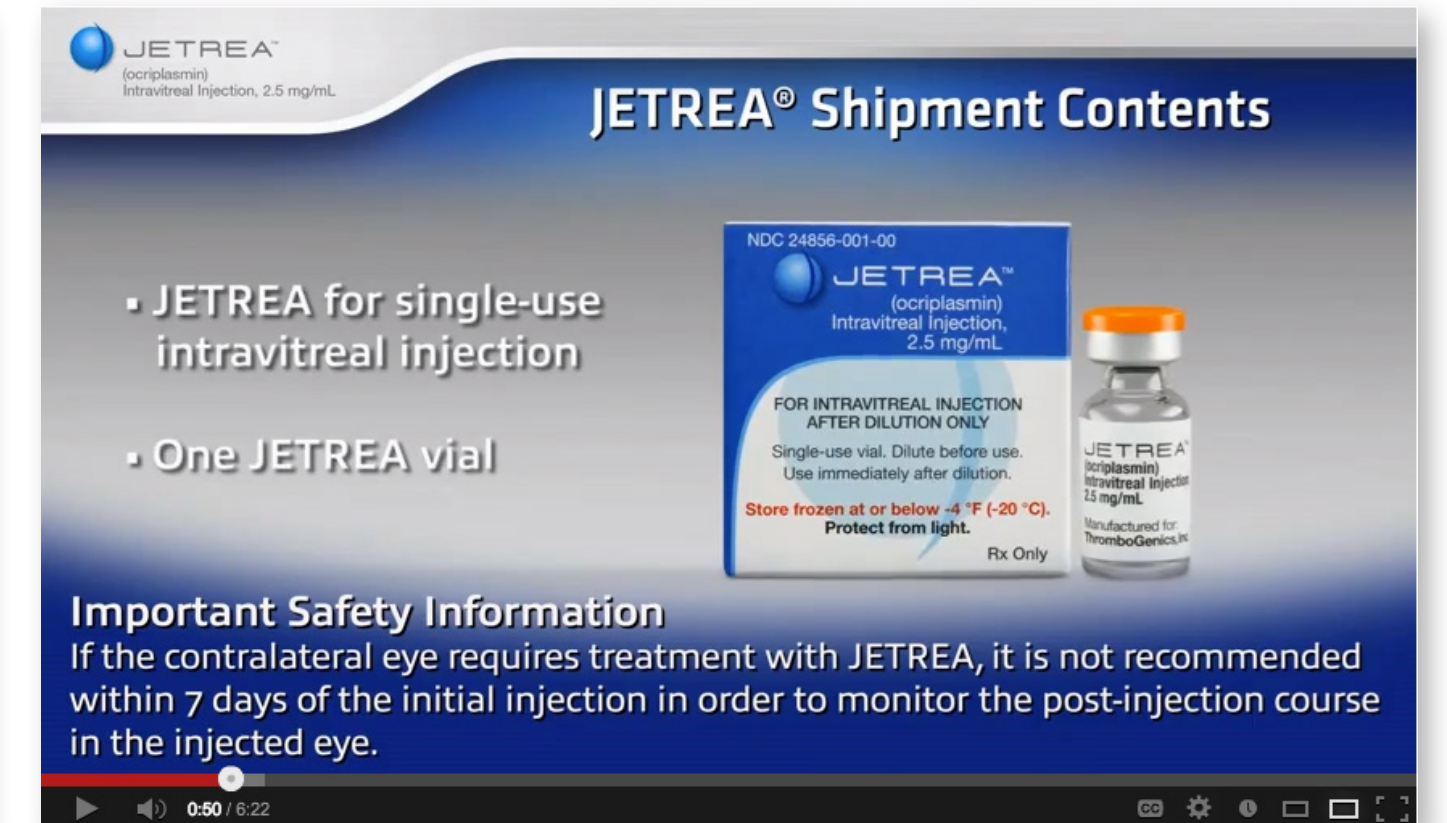
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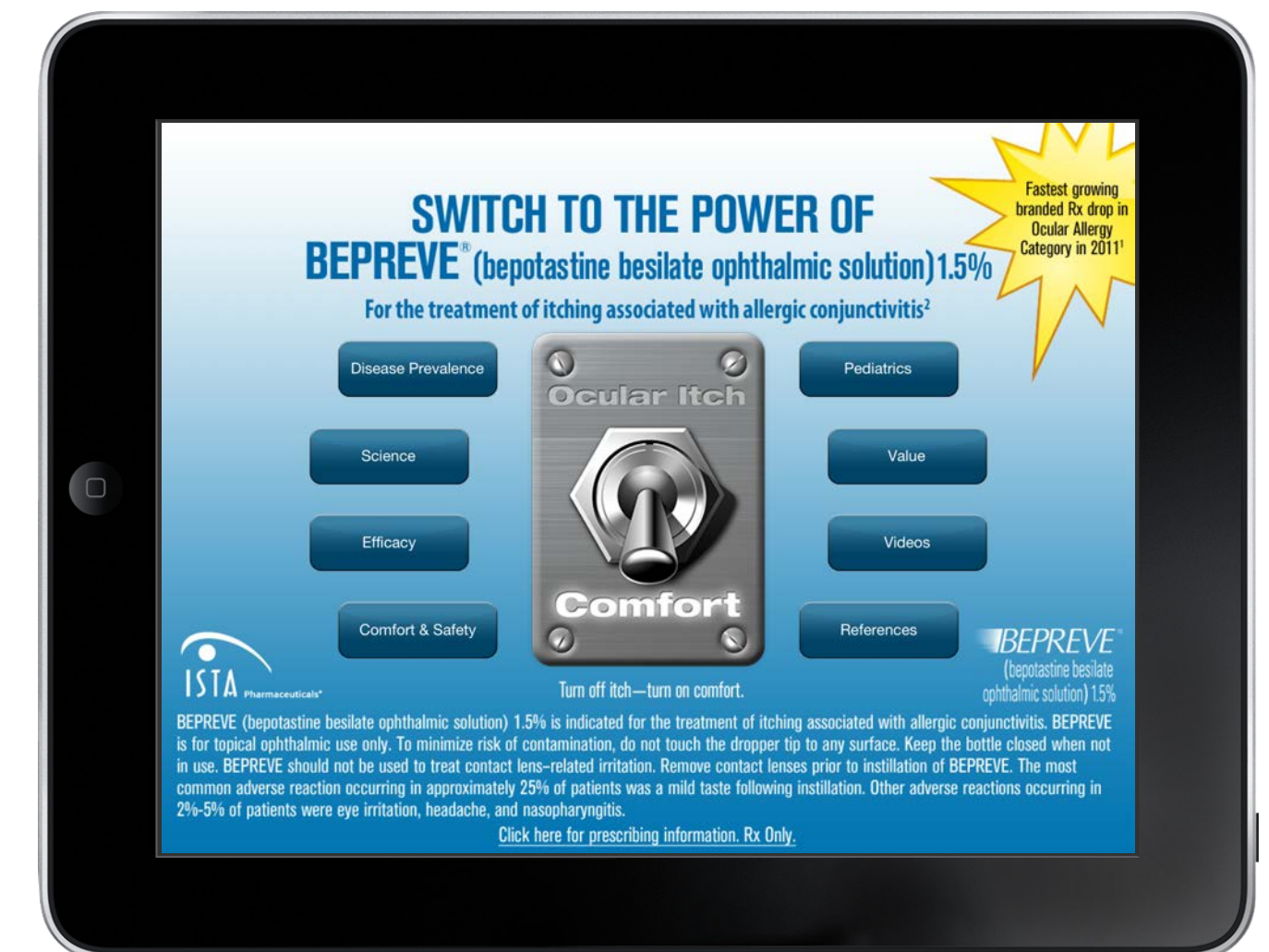
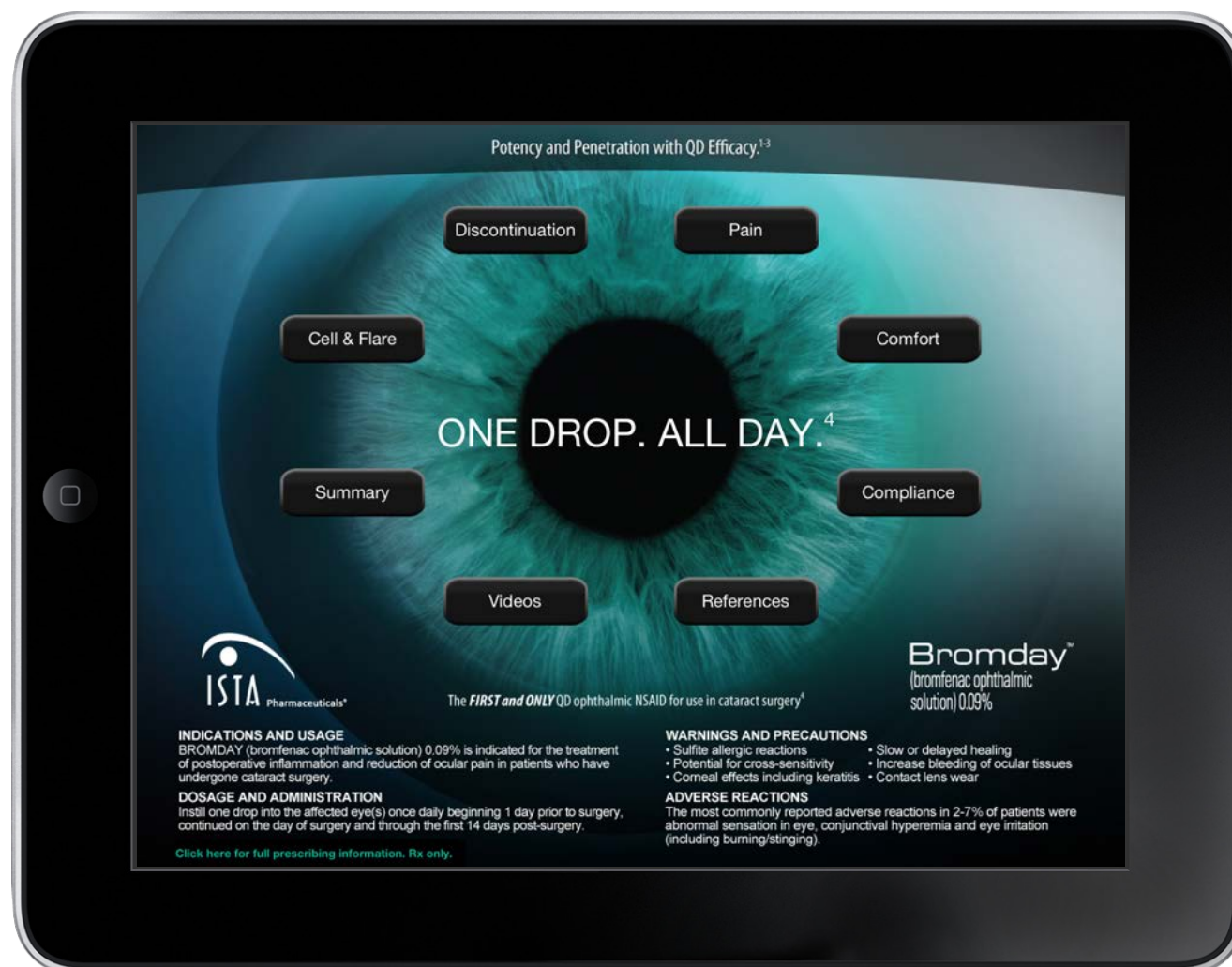
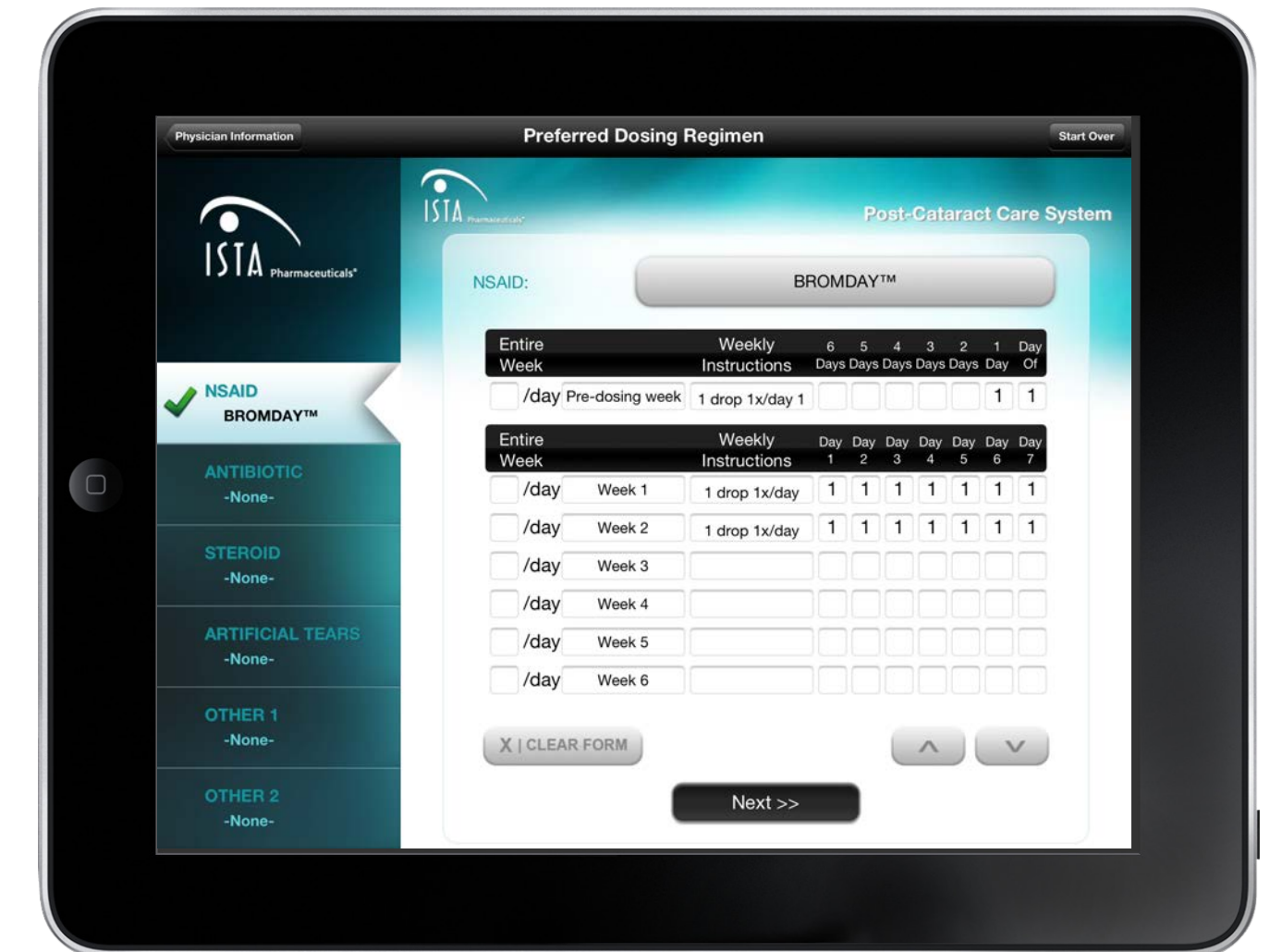
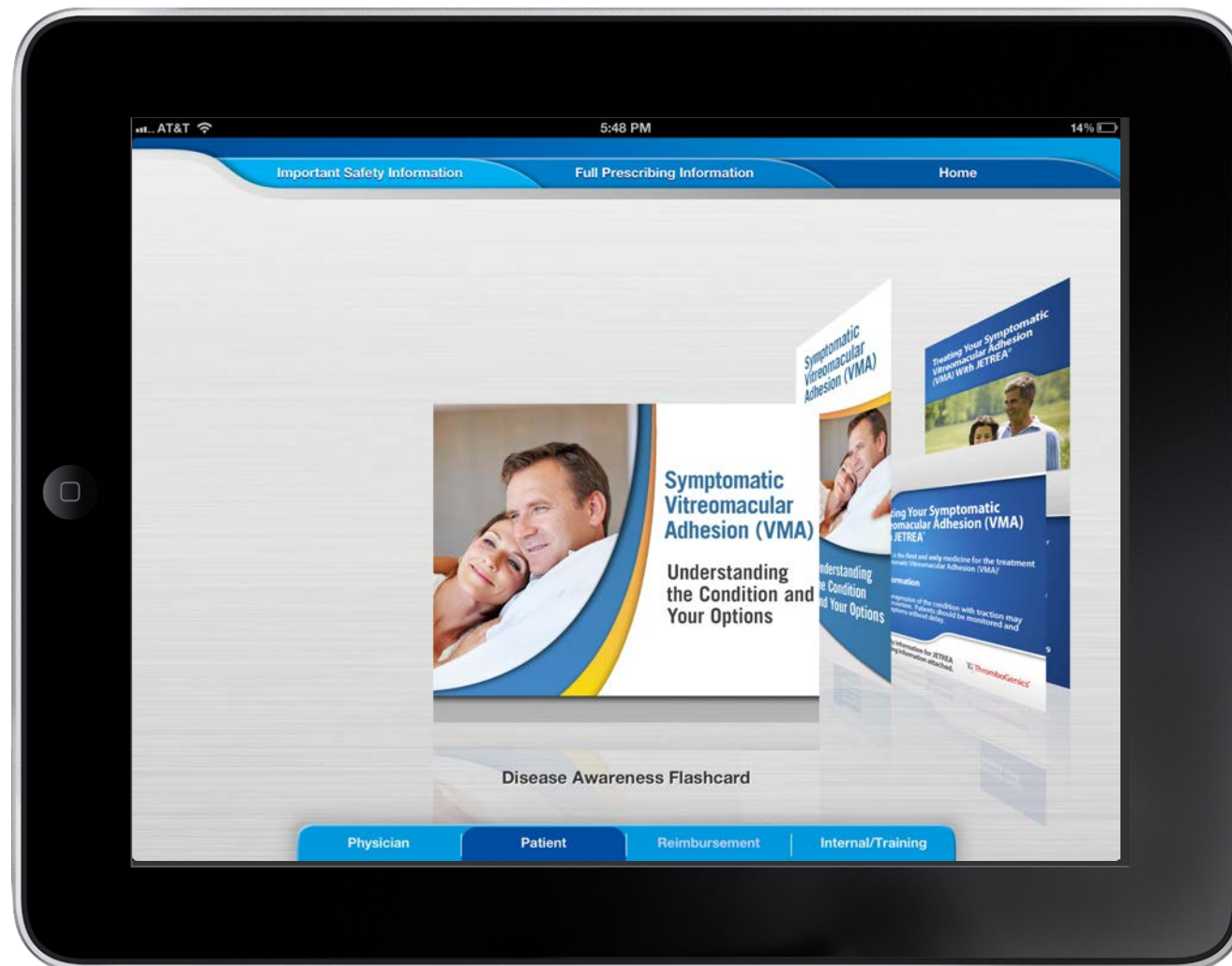


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Featured: Product Showcase, National Sales Meeting, Dosing Instructions, Mechanism of Action, Sales Force Contest, Role Play



APPS



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Featured: Sales Force Materials, Clinical Team Overview, Post-Cataract Care Sheet Creator, Interactive Sales Aids

