

Congratulations! You have made the decision to add Corneal Refractive Therapy with Paragon CRT® to your practice. You and your staff are excited about the innovative option you are bringing to your patients and the fresh opportunity for practice growth that Paragon CRT offers. You are certified and ready for your first Paragon CRT patient. So now what?

This manual, *Connecting Revenue and Treatment with Paragon CRT®*, and the accompanying materials are designed to provide a guide for you and your staff as you begin to offer Paragon CRT and expand your practice. You will find basic information to help you get started from Paragon CRT patient selection and setting appointments to tools for in-office promotion, advertising, public relations and even a step-by-step guide to conducting a Paragon CRT patient seminar. Whether you are a marketing expert or a novice, you will find ideas for promotion that you can use starting today. The concepts are not all specific to Corneal Refractive Therapy; they can be used to promote your complete practice offering as well.

Initial Patient Selection

The FDA approval for Paragon CRT® includes up to –6.00D of myopia with or without up to –1.75D of astigmatism. Further, there are no age restrictions. However, there are additional factors that can influence patient selection. We suggest that a practice's selection of their *initial* CRT patients is critically important for success.

Often, practitioners who are trying a new material or design for the first time will attempt to put the new product to the “test” by beginning with cases that are at the outer limits of the product's approval range. They desire to fit the new product, solve some persistent patient problems and/or fulfill the most motivated patient's needs, all at the same time.

This is definitely **not** the best approach for any practitioner interested in introducing Corneal Refractive Therapy in their practice.

Paragon Vision Sciences has developed a unique therapeutic lens design and a precise and accurate Diagnostic Dispensing System that ensures a high rate of patient success. However, as with any new, practice-expanding modality, there is an experience-based learning curve in patient fitting and patient management that is best experienced with a series of “routine” cases.

There also is a significant “WOW” factor with Corneal Refractive Therapy that is exciting for patients and practitioners alike. Low to moderate myopes frequently experience this “WOW” factor very early in the fitting process, often waking with surprising vision the morning after the first night's wear!

Practitioners who give themselves and their patients that shared experience early, as part of their first group of CRT patients, will become Corneal Refractive Therapy's most successful and most highly rewarded proponents.

We suggest the first five or six cases be patients in the moderate myopia range with Manifest Refraction Spheres of $-1.00D$ to $-4.00D$ with up to $1.00D$ of astigmatism.

We also strongly urge that these initial patients be existing soft contact lens wearers or spectacle wearers (some of which may be soft lens dropouts). GP contact lens wearers or daily wear orthokeratology wearers may have cornea molding that could make the transition to Paragon CRT more challenging. After building on solid, successful experience with carefully selected initial patients, practitioners can move on to these more challenging cases with confidence.

What factors make patients good candidates for Corneal Refractive Therapy with Paragon CRT?

While Paragon CRT is approved for an extensive range of myopia, patients' interest level in Corneal Refractive Therapy and their clinical candidacy may be based on a number of factors other than their nearsightedness. There are a number of patient lifestyles and clinical profiles that lead to the CRT choice.

1. Patients who are interested in the benefits of Refractive Surgery but...
 - A. Are apprehensive about having eye surgery.
 - B. Are afraid of a bad surgical result (so the reversibility of CRT is attractive).
 - C. Wish to "test drive" the benefits of refractive surgery beforehand.
 - D. Are too young for refractive surgery.
 - E. Feel laser surgery is just too expensive.

2. Soft Contact Lens Wearers

Mistakenly, many practitioners assume the best candidates for CRT are current, experienced GP wearers. In fact, in the Paragon Vision Sciences' FDA study, 75% of the study patients were current soft lens wearers. With Paragon CRT, lens comfort should not be a concern as the traditional GP adaptation period is virtually non-existent. In fact, in the Paragon CRT clinical study there was only a 3.9% discontinuance rate for "lack of comfort."

Many patients have varying levels of dissatisfaction with soft contact lens wear and refer to a variety of complaints relating to discomfort often described as "inconvenience."

The following are issues some consumers may have.

1. Daily Wear Soft Lenses

- a. Decreased wearing time due to vague complaints of chronic dryness
- b. Environmental problems related to dust, wind, fumes, etc.
- c. Low-grade, chronic care system-related problems
- d. Issues related to sport activities (i.e. swimming)
- e. Lack of crisp vision
- f. Lens durability issues
- g. Care and handling problems

2. Extended or Continuous Wear* soft lenses can answer some of these convenience complaints, but with the need for daytime wear of these lenses, (24-hour wear) open-eye dryness symptoms can still occur.

*Many patients decline Extended or Continuous Wear Lenses, choosing to let their eyes “breathe” throughout the day, enjoying unobstructed access to oxygen, since overnight Corneal Refractive Therapy lenses are worn only while sleeping.

3. Spectacle Wearers and Contact Lens Dropouts

Many spectacle wearers are motivated to reduce or eliminate their dependency on their eyeglasses. Of those, many have tried contact lenses but were unable to adapt to or sustain contact lens wear over time. Historically, there are about as many contact lens dropouts annually (estimated at 2 million dropouts in the USA) as there are new contact lens wearers. The reasons for dropping out of contact lenses seem to relate to inconvenience as described above. In the Paragon CRT clinical study, 18% of the subjects were non-contact lens wearers, perhaps including some contact lens dropouts.

4. Oxygen Permeable Contact Lens Wearers

These patients can be good candidates for Corneal Refractive Therapy and can usually be fitted and begin treatment immediately. But note the following:

All contact lens wear, even soft spherical contact lens wear has an effect on the epithelial layer and its topography. If the pre-CRT treatment topography has a generally symmetrical presentation with a centrally located corneal apex, practitioners should proceed with the fitting and dispensing of Paragon CRT lenses.

If topography is unavailable or if topography indicates contact lens wear has substantially redistributed the epithelium from pre-contact lens baseline, then

it may be prudent to discontinue contact lens wear 1-2 weeks before CRT fitting and allow the cornea to return to baseline curvatures.

Any lens-wear-influenced cornea (i.e., a lid-attachment, high riding GP lens can affect significant corneal changes) may influence the opportunity for centration at the initial fit/dispense and therefore negatively impact eventual success.

Again, these patients are not the best *initial* candidates and should be reserved for the future as practitioners build experience.

Scheduling Appointments

It is important to schedule a regular time in the practice for Corneal Refractive Therapy diagnostic fitting and dispensing. Many practices begin with a ½ day specifically scheduled and devoted to Paragon CRT fitting and expand accordingly. (Any open times remaining at the 24-hours-in-advance point can be filled with the next calls for routine appointments.)

**Set aside
one day a
week**

Scheduling a specific morning or day of the week for Paragon CRT fitting will enable the novice CRT practitioner to take the appropriate amount of time with each patient and not have the concern of “falling behind” schedule with other routine patient visits. Because of the significant practitioner fees for Paragon CRT fitting, this relatively limited number of patients will enable you to easily match or, likely, exceed practice revenues compared to the other days.

Once you have gained experience with the Paragon CRT therapeutic lens and the Diagnostic Dispensing System and can estimate initial “fit” chair time with consistency, you may choose to integrate CRT fittings into the normal practice schedule.

We recommend 45-60 minutes per fitting initially*. The time required per fit will reduce as your experience expands. Allow 30 minutes for each follow-up exam, however many may take no longer than 15 minutes*.

Remember Monday through Thursday is best for fittings, as patients will require a check-up the morning after dispensing, making Friday fittings appropriate only if there are Saturday morning office hours.

*Time allotted for fittings is, as always, dependent on the level of delegation of routine tasks to staff, i.e. visual acuity testing, corneal topography, over-refraction, history taking, etc.