





REDIRECT THE CURRENT IN POINT-OF-CARE TESTING

50%

of conjunctivitis cases are misdiagnosed¹.

Is it:







Allergy

Viral

Bacterial

An Ideal OSD Point-of-Care Test

An ideal OSD Point-of-Care test should be:

- Objective
- Quantitative
- Rapid (less than 15 min)
- Specific
- Reproducible
- Informing/guiding clinical management and/or therapeutic decisions
- Simple to allow implementation by ancillary staff with an efficient workflow

Advanced Tear-based Point-of-Care (T-POC) quantitative results support early diagnosis and intervention as well as therapeutic monitoring to confirm adequate disease control or progression².

Prevalence of Select Ocular Surface Diseases

50M

50 million people suffer from **Allergic Conjunctivitis**³ in the U.S.

23-40M

23-40 million people suffer from **Dry Eye**⁴⁻⁵



T-POC QUANTITATIVE TESTING PLATFORM

- Improves ocular surface disease management in the clinic, assists with contact lens tolerance, and supports surgical management.
- With T-POC in your practice, patients can be diagnosed, treated, and monitored directly within your practice.
- Quantitative IgE and Lactoferrin results delivered within minutes.
- Just 1 2 µL of tear sample from each eye required.

- Lactoferrin and IgE are the only dry eye/ allergy tests available to test for aqueous deficient dry eye and ocular allergies.
- T-POC testing will help improve the management and treatment of patients with ocular surface disease.
- T-POC testing will benefit the patient and physician by identifying ocular surface disease and then guide the appropriate treatment.

Redirect the Current in Key Patient Types

POC testing can be used in a wide range of patients



Symptomatic Dry Eye

Patients with a positive symptom questionnaire or complaints of sandy/gritty, burning, stinging, foreign body sensation, fluctuating vision, or tearing should be considered for routine tear-based testing



Pre-operative Screening (Hidden Dry Eye)

Identifying OSD at the preoperative evaluation for cataract and refractive surgery patients will help determine who may benefit from more aggressive treatment to optimize the ocular surface prior to surgery



Contact Lens Applications

Testing all patients desiring contact lenses for Dry Eye will help determine who may be eligible for contact lenses, both comfortably and for a long duration

T-POC Testing Workflow



Complete an ocular surface disease questionaire or symptom survey

Collection Time: 1-2 minutes per eye Quantitative results delivered in 6-8 minutes

T-POC TESTING GUIDES THERAPEUTIC DECISIONS⁶

Positive SPEED Test/OSDI IgE < 80 ng/mL Lactoferrin < 1.4 mg/mL AQUEOUS DEFICIENT DRY EYE ALLERGIC & AQUEOUS DEFICIENT DRY EYE DRY EYE

Low inflammation MMP-9 < 40 ng/mL OR Lactoferrin ≥ 1.0 mg/mL

PF tears

Punctal occlusion

High inflammation MMP-9 ≥ 40 ng/mL OR

Lactoferrin ≤ 0.9 mg/mL

- PF tears
- Immunomodulator
 - Cyclosporine
 - Lifitegrast

Low inflammation

MMP-9 < 40 ng/mL OR Lactoferrin ≥ 1.0 mg/mL

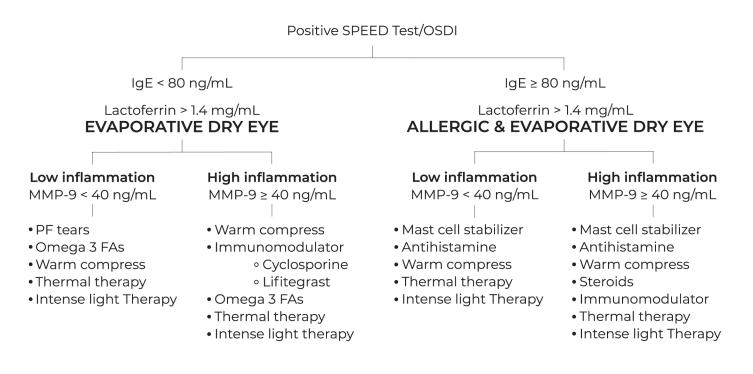
- Mast cell stabilizer
- Antihistamine
- PF tears
- Punctal occlusion

High inflammation

MMP-9 ≥ 40 ng/mL OR Lactoferrin ≤ 0.9 mg/mL

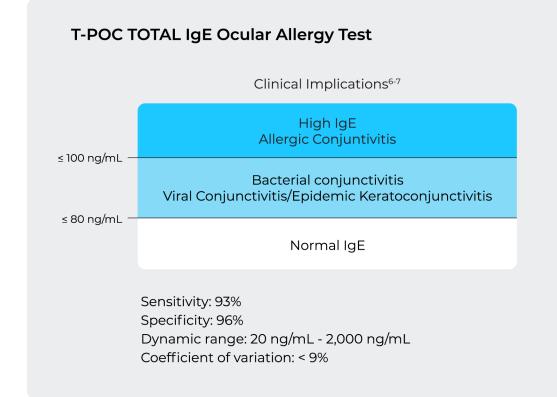
- Mast cell stabilizer
- Antihistamine
- PF tears
- Steroids
- Immunomodulator

Amniotic membrane grafts, serum tears, and scleral lenses for treatment failures.

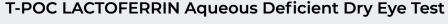


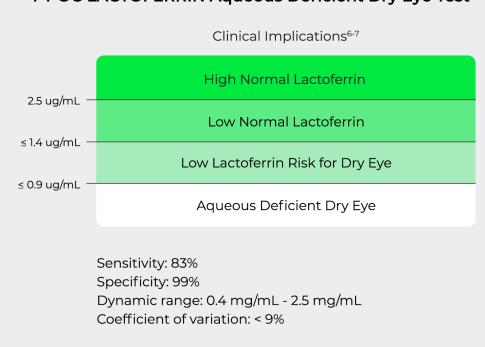
Amniotic membrane grafts, serum tears, and scleral lenses for treatment failures.

AVAILABLE BIOMARKERS WITH T-POC











PRACTICE BENEFITS TO REDIRECT THE CURRENT



Clinical advantage

- Better outcomes
- More accurate treatment plans
- •Therapeutic monitoring



Marketing advantage

• Differentiates practice from competition



Economic advantage

- Reimbursement and cash pay options
- Follow up visits to assess therapeutic responses
- Lack of seasonality

Billing & Coding for Medicare Patients

Biomarker	Lactoferrin	Total IgE
CPT code	83520	82785

Versea cannot guarantee payment from any payor.

Only T-POC Meets All of the Criteria for an Ideal POC Test²

Feature	T-POC TOTAL IgE	T-POC LACTOFERRIN	Osmolarity	Adenovirus	ММР-9
Objective	✓	✓	✓	✓	✓
Quantitative	✓	✓	✓		
Rapid	/	✓	✓	✓	/
Specific	/	✓	✓	✓	
Reproducible	✓	✓		✓	/
Inform/Guide tx decisions	✓	✓		✓	/
Simple & efficient workflow	/	✓	/	✓	/

1. O'Brien TP, Jeng BH, McDonald M, Raizman MB. Curr Med Res Opin 2009;25(8):1953-1961. 2. Lin H, Yiu SC. Dry eye disease: A review of diagnostic approaches and treatments. Saudi J Ophthalmol. 2014 Jul;28(3):173-81. 3. Pepose JS, Wilhelmus KR. Divergent approaches to the management of corneal ulcers. Am J Ophthalmol. 1992;114: 630-632. 4. Focus on Dry Eye Professional. Prevalence of Chronic Dry Eye. http://www.focusondryeye.com/_professionals/_pro_CDE_info/CDE_prevalence.htm. Accessed July 11, 2011. 5. Sheppard JD. Dry eye moves beyond palliative therapy. Manag Care. 2003;12(suppl):6-8. 6. Thomas Chester, Sumit (Sam) Garg, Josh Johnston, Brandon Ayers & Preeya (2023) How Can We Best Diagnose Severity Levels of Dry Eye Disease: Current Perspectives, Clinical Ophthalmology, 17:, 1587-1604, DOI: 10.2147/OPTH.5388289. 7. Nomura K, Takamura E. Tear IgE concentrations in allergic conjunctivitis. Eye (Lond). 1998;12 (Pt 2):296-8.

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