Welcome to Scottsdale and GLOW 2026!

We are so happy you are here.

Over the next few days, we hope you will find much more than great education. GLOW was created to bring together the clinical, professional and personal sides of life in vision care—and to create space for the conversations, connections and experiences that don't always happen in a traditional conference setting.

We invite you to learn something new, ask questions, share your experiences, meet someone you didn't know when you arrived, and perhaps even step a little outside your comfort zone.

Our incredible Education Directors and faculty have put together a program filled with thought-provoking clinical education, leadership and personal development. And we've made sure there is time in the schedule to connect, recharge, laugh and enjoy being together.

While you are here, make yourself at home. Say hello to someone new. Join a conversation. Take a walk. Move your body. Enjoy the sunshine. And most importantly, take advantage of the community that makes GLOW so special.

Whether this is your first GLOW or you've been with us from the beginning, you are an important part of this community.

Thank you for being here and for helping us make GLOW what it is.
We can't wait to see where the conversations—and the connections—take you.
Let's GLOW!

Warmly,
Maureen & Jenna - Event Producers, GLOW
Drs. Daddi Fadel, Karen Carrasquillo, Melissa Barnett, Avani Dave,
Rute Araju , Patricia Flores

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WOMEN IN EYECARE

GLOW 2026 Conference Agenda

September 17–19, 2026 | DoubleTree Resort by Hilton Paradise Valley, Scottsdale, AZ

COPE Approval Pending

THURSDAY | September 17, 2026

4:00 pm	**Opening and Keynote Presentation** **Dry Eye Disease in Children: Current Evidence and Clinical Implications** **Moderator:** Karen Carrasquillo, OD, PhD **Speaker:** Raquel Gil, MSc, PhD
4:50 pm	**Break**
4:55 pm	***Sponsor Message from Tixel - Dr. Raquel Gil*** *"Tixel i for Dry Eye"*
5:15 pm Concurrent	**Avoiding Medical Billing Errors** **Moderator:** LaCendra (Penny) Morrison
5:15 pm Concurrent	**The Leadership Lens – A Global Perspective (no CE)** **Moderator:** Daddi Fadel, DOptom; Melissa Barnett, OD **Panel:** Gihade Abi Haidar (Lebanon), Anitha Arvind (India), Gulnara Andrienko (Russia), Meryem Kebir (Algeria), Lakshmi Shine (India), Sheila Nangena Maina (Kenya), Ogechi Nwokedi (Nigeria), Elizabeth Chetty (South Africa)
6:15 pm	*Pink and Prints Reception*

FRIDAY | September 18, 2026

7:00 am	**Pilates for All Levels –** *Camelback Lawn – Instructor Katy Ohm*
8:15 am	***Breakfast Symposium with Bausch + Lomb – Dr. Melissa Barnett*** *"Practical Dry Eye Pathways: From Evidence to Implementation"* *Exhibit Time*
9:15 am	**Leadership Session – The Art of Strategic Presence: Precision Communication & Influence in Eye Care** Melissa Barnett, OD & Erin Robison
11:05 am	*Coffee Break with Exhibitors*
11:35 am	**Glaucoma Update 2026** **Moderator:** Analisa Arosemena, MD **Panel:** Sherrol Reynolds, OD
12:25 pm	***Lunch & Learn with Johnson & Johnson - Dr. Meredith Bishop*** *"Barriers to Myopia Management"* *Exhibits*
1:15 pm	**Retina and Glaucoma Update 2026** **Moderator:** Sherrol Reynolds, OD **Panel:** Analisa Arosemena, MD
2:05 pm	**The Gut-Eye Connection: Nutrition, Immunity, Metabolism & Longevity** **Moderator:** Avani Dave, OD **Panel:** Dorothy Hitchmoth, OD; Mila Ioussifova, OD
2:55 pm	*Coffee Break and Exhibits*
3:15 pm	**Leadership Session – Advanced Communication & Influence in Eye Care** Melissa Barnett, OD & Erin Robinson
5:05 pm	**Women Leading the Future of Myopia Management** **Moderator:** Daddi Fadel **Panel:** Monica Jong, OD; Ashley Tucker, OD; Glenda Aleman, OD
6:45 pm	**Glitter and Glow Gala Dinner**

GLOW 2026 Conference Agenda

September 17–19, 2026 | DoubleTree Resort by Hilton Paradise Valley, Scottsdale, AZ

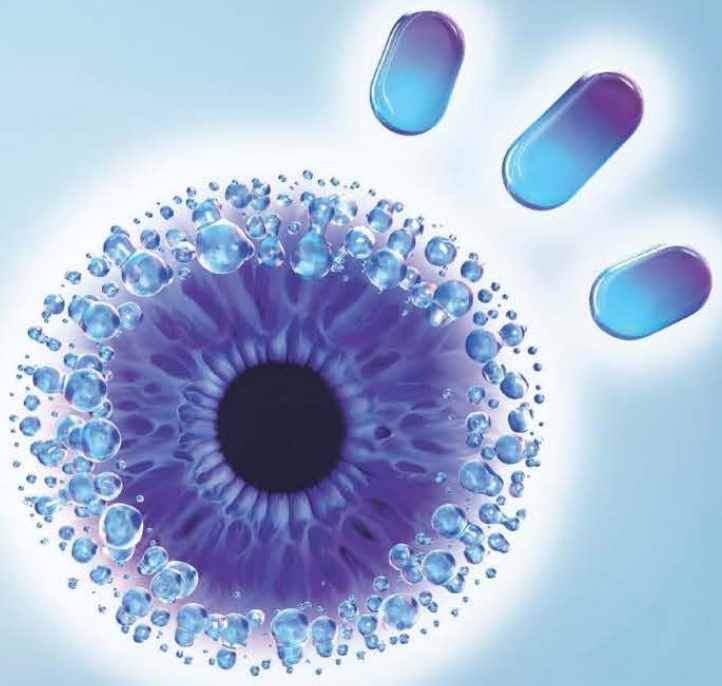
COPE Approval Pending

SATURDAY | September 19, 2026

8:00 am	***Breakfast Symposium with CooperVision – Dr. Leah Johnson*** *"CooperVision: Helping People Experience Life's Beautiful Moments"* *Exhibit Time*
9:00 am	**Leadership Session – The Art of Strategic Presence: Professional Identity, Influence & Conflict in Eye Care** Melissa Barnett, OD & Erin Robinson
10:50 am	*Coffee Break with Exhibitors*
11:15 am	**Restoring the Ocular Surface; The New Era of Dry Eye Treatment** **Moderator:** Avani Dave, OD **Panel:** Ada Noh, OD; Lauren McLoughlin, OD; Mila Ioussifova, OD
12:05 pm	***Lunch & Learn with Harrow – Dr. Ada Noh*** *"Give Your Patients Relief without Compromeyes with a Water-Free Anti-Inflammatory Treatment"* *Exhibit Time*
1:05 pm	**Innovation to Impact - Technology, AI & Pharma in Eye Care** **Moderator:** Avani Dave, OD **Panel:** Rutvi Doshi, OD; Michele Pendrak, OD; Karen Havenstrite, PhD; Nathalie Nguyen, OD
1:55 pm	**How Special are Specialty Contact Lenses?** **Moderator:** Rute Araujo, PhD **Panel:** Daddi Fadel; Patricia Flores, MSc, OD, PhD; Caitlin Morrison, OD
2:45 pm	**Program Concludes**

MIEBO works *fast and lasts*

Long-lasting relief and promotes ocular surface healing at ~2 weeks through ~8 weeks (primary endpoint in pivotal trials), **maintained over 1 year***†



*GOBI and MOJAVE were 2 pivotal 57-day, multicenter, double-masked, saline-controlled studies conducted in adults ≥18 years old with a self-reported history of dry eye disease in both eyes and clinical signs of meibomian gland dysfunction. Patients administered 1 drop of MIEBO 4 times daily during the study. Primary endpoints were change from baseline in total corneal fluorescein staining (tCFS) score and change from baseline in eye dryness score (Visual Analog Scale) at Day 57. **Day 15 was the earliest time point at which signs and symptoms were evaluated in the trials, and Day 57 was the last.**

†KALAHARI was a 52-week, multicenter, single-arm, open-label extension study in adults ≥18 years who completed the GOBI study. The primary endpoint was the occurrence of ocular and non-ocular adverse events. **Study limitations include** open-label design, lack of a control group, and exclusion of patients with severe dry eye (tCFS score >11).

INDICATION

MIEBO® (perfluorohexyloctane ophthalmic solution) is indicated for the treatment of the signs and symptoms of dry eye disease.

IMPORTANT SAFETY INFORMATION

- MIEBO is contraindicated in patients with known hypersensitivity to perfluorohexyloctane
- MIEBO should not be administered while wearing contact lenses. Contact lenses should be removed before use and for at least 30 minutes after administration of MIEBO
- Instruct patients to instill one drop of MIEBO into each eye four times daily
- The safety and efficacy in pediatric patients below the age of 18 have not been established
- In pivotal trials, the most common ocular adverse reaction was blurred vision (1% to 3% of patients reported blurred vision and conjunctival redness)

Please see Brief Summary of full Prescribing Information on adjacent page for MIEBO.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

LEARN MORE ABOUT MIEBO

References: 1. MIEBO. Prescribing Information. Bausch & Lomb, Inc. **2.** Tauber J, Berdy GJ, Wirta DL, Krösser S, Vittitow JL; GOBI Study Group. NOV03 for dry eye disease associated with meibomian gland dysfunction: results of the randomized phase 3 GOBI study. *Ophthalmology*. 2023;130(5):516-524. doi:10.1016/j.ophtha.2022.12.021 **3.** Sheppard JD, Kurata F, Epitropoulos AT, Krösser S, Vittitow JL; MOJAVE Study Group. NOV03 for signs and symptoms of dry eye disease associated with meibomian gland dysfunction: the randomized phase 3 MOJAVE study. *Am J Ophthalmol*. 2023;252:265-274. doi:10.1016/j.ajo.2023.03.008 **4.** Protzko EE, Segal BA, Korenfeld MS, Krösser S, Vittitow JL. Long-term safety and efficacy of perfluorohexyloctane ophthalmic solution for the treatment of patients with dry eye disease: the KALAHARI study. *Cornea*. 2024;43(9):1100-1107. doi:10.1097/ICO.0000000000003418

Miebo® (perfluorohexyloctane ophthalmic solution)

BAUSCH + LOMB

BRIEF SUMMARY OF PRESCRIBING INFORMATION

This Brief Summary does not include all the information needed to use MIEBO safely and effectively. See full Prescribing Information for MIEBO.

MIEBO® (perfluorohexyloctane ophthalmic solution), for topical ophthalmic use

Initial U.S. Approval: 2023

1 INDICATIONS AND USAGE

MIEBO™ (perfluorohexyloctane ophthalmic solution) is indicated for the treatment of the signs and symptoms of dry eye disease (DED).

4 CONTRAINDICATIONS

4.1 Hypersensitivity

MIEBO is contraindicated in patients with a history of hypersensitivity reaction to perfluorohexyloctane..

5 WARNINGS AND PRECAUTIONS

MIEBO should not be administered while wearing contact lenses. Advise patients that contact lenses should be removed prior to and for at least 30 minutes after administration of MIEBO.

6 ADVERSE REACTIONS

6.1 Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in 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.

In patients with DED, 614 patients received at least one dose of MIEBO in two randomized controlled clinical trials across 68 sites in the United States. The most common ocular adverse reaction was blurred vision. Blurred vision and conjunctival redness were reported in 1-3% of individuals.

In four premarketing studies (three open-label [n=127], one randomized [n=24 treated with at least one dose of perfluorohexyloctane] the most common adverse reaction was hypersensitivity..

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Risk Summary

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

In animal reproduction studies with oral administration of perfluorohexyloctane during the period of organogenesis, no adverse maternal or developmental effects were observed in rats at doses up to 162 times the recommended human ophthalmic dose (RHOD) (*see Data*). Maternal toxicity, miscarriages and reduced fetal weights were observed in rabbits at all doses tested, with the lowest dose as 41 times the RHOD.

All pregnancies have a risk of birth defect, loss, or other adverse outcomes. In the US general population, the estimated background risk of major birth defects is 2 to 4%, and of miscarriage is 15 to 20%, of clinically recognized pregnancies.

Data

Animal Data

An embryofetal study was conducted in pregnant rabbits administered perfluorohexyloctane by oral gavage on gestation days 6 to 19, to target the period of organogenesis.

Perfluorohexyloctane produced maternal toxicity, characterized by reduced body weight gain and food consumption, and miscarriages at all doses tested, with the lowest dose as ≥ 250 mg/kg/day (41 times the RHOD based on body surface area). Reduced fetal weights were also observed at ≥ 250 mg/kg/day but no fetal mortality or malformations. A no observed adverse effect level (NOAEL) for maternal toxicity was not established in rabbits.

An embryofetal study was conducted in pregnant rats administered perfluorohexyloctane by oral gavage on gestation days 6 to 17, to target the period of organogenesis. There was no evidence of embryofetal toxicity or teratogenicity at doses up to 2,000 mg/kg/day (162 times the RHOD).

8.2 Lactation

There are no data on the presence of perfluorohexyloctane in human milk, the effects on the breastfed infant, or the effects on milk production. The lack of clinical data during lactation precludes a clear determination of the risk of MIEBO to an infant during lactation; however, the developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for MIEBO.

8.4 Pediatric Use

The safety and effectiveness of MIEBO in pediatric patients below the age of 18 years have not been established.

8.5 Geriatric Use

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

12 CLINICAL PHARMACOLOGY

12.3 Pharmacokinetics

The pharmacokinetics of perfluorohexyloctane following topical ocular administration of MIEBO has not been quantitatively characterized in humans. A single pharmacokinetic (PK) study was conducted that showed low systemic perfluorohexyloctane blood levels after topical ocular administration. Perfluorohexyloctane was not metabolized by human liver microsomes in vitro.

13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

Long-term studies in animals have not been conducted to evaluate the carcinogenic potential of perfluorohexyloctane.

Perfluorohexyloctane was not mutagenic or clastogenic in a standard battery of genotoxicity tests, including a bacterial mutagenicity assay (Ames assay), an in vitro chromosome aberration assay using human peripheral lymphocytes, and an in vivo bone marrow micronucleus assay in rats.

17 PATIENT COUNSELING INFORMATION

Use with Contact Lenses

Advise patients that contact lenses should be removed prior to and for at least 30 minutes after administration of MIEBO.

Administration Instructions

Advise patients to instill one drop of MIEBO four times daily into each eye as depicted in the Administration Instructions.

Distributed by:

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Patented. See https://patents.bausch.com for US patent information.

MBO.0510.USA.25 Issued: 11/2025

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*Subject rating for a typical day at 2-week visit. **1.** CVI data on file 2020. Prospective, double-masked, bilateral, one-week dispensing study UK with MyDay® multifocal; n=104 habitual multifocal contact lens wearers. **2.** CVI data on file 2021. Prospective, subject-masked, randomized, bilateral, two-week dispensing study at 5 US sites with MyDay® multifocal; n=58 habitual multifocal contact lens wearers. **3.** CVI data on file 2021. Prospective, double-masked, bilateral, one-week dispensing study with clariti® 1 day multifocal 3 add; n=90 habitual MFCL wearers. **4.** CVI data on file, July 2025. Vs. multifocal designs in 1-day soft contact lenses from Johnson & Johnson, Alcon, and Bausch + Lomb in the US market. **5.** CVI data on file 2021. Observational in-practice assessment with MyDay® multifocal in US with 40 ECPs and 372 wearers. **6.** CVI data on file 2022. Verve Online Brand Survey with ECPs who recommend somofilcon A for new wearers in US, Spain, Italy, UK & Korea. n=249 (88% strongly agree/agree). **7.** CVI data on file, 2024. CVI data on file, 2022. Prospective, crossover, bilateral, subject masked, daily wear, dispensing study (4 clinical sites in U.S.) (n=58 habitual soft MFCL wearers).

19001 01/26

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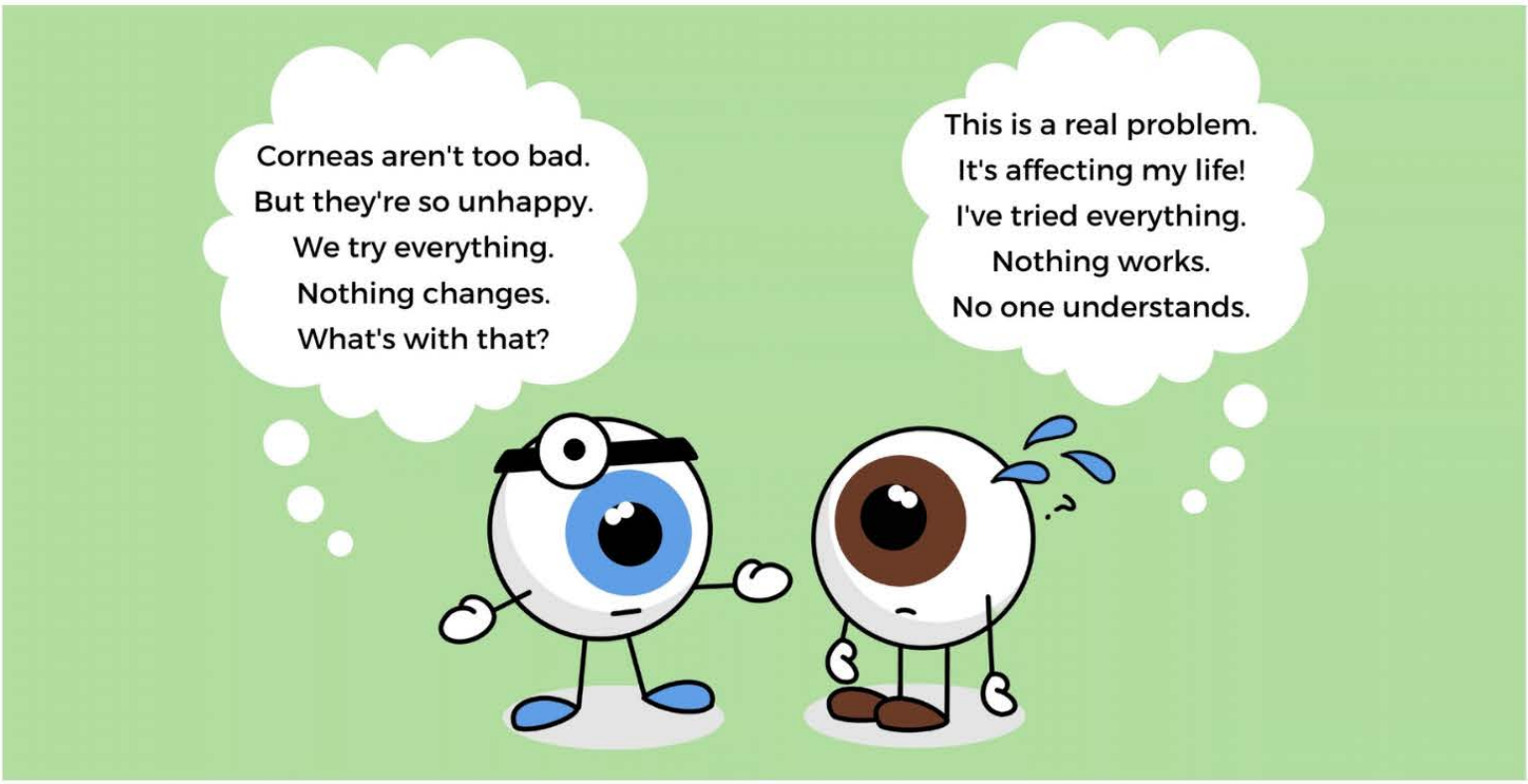

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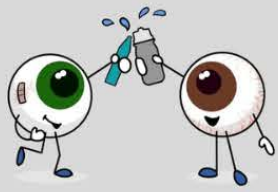
Information

Trusted information portals where patients can research their disease and treatments

the dry eye zone



Community

Zoom groups
Forums
Facebook groups
Advocacy Day

Browse our free patient resources:

The Dry Eye Foundation is a 501(c)(3) nonprofit foundation.
Our mission is to improve quality of life for people suffering from ocular surface diseases. Visit dryeyefoundation.org for more information.

800-484-0244 (voice/text)

the dry eye foundation

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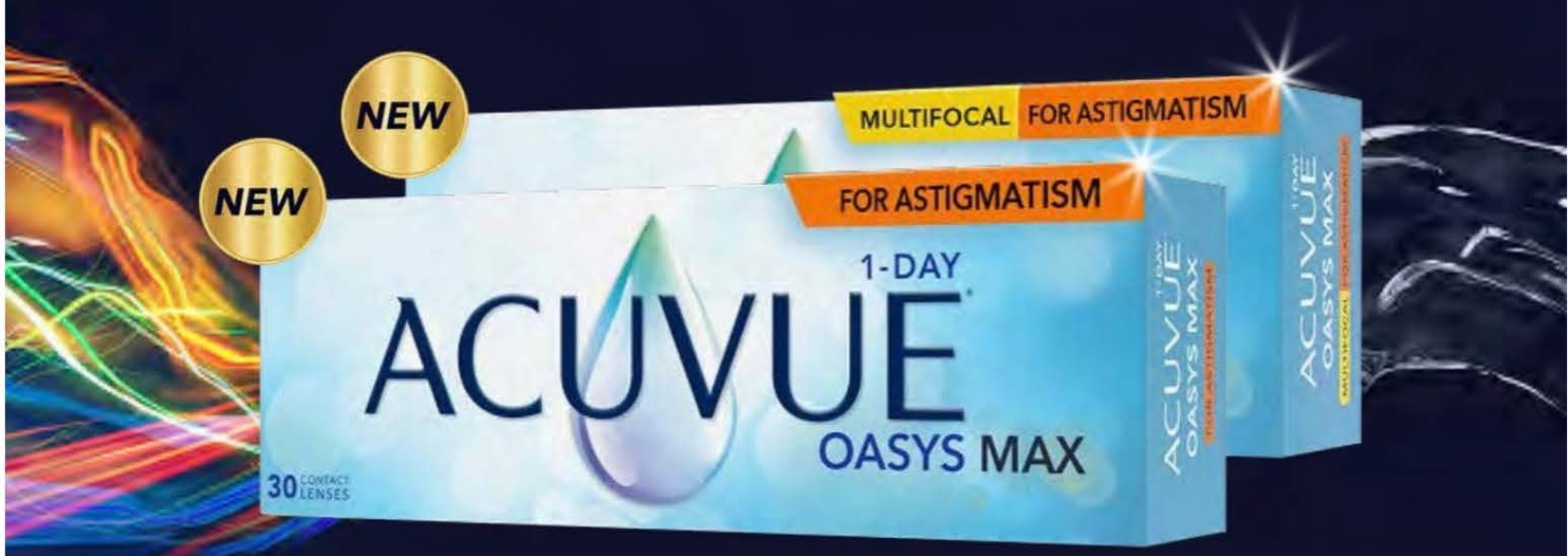

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Maxitrol® (neomycin and polymyxin B sulfates and dexamethasone ophthalmic suspension)

Natacyn® (natamycin ophthalmic suspension) 5%™

Nevanac® (nepafenac ophthalmic suspension) 0.1%

Opuviz™ aflibercept

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Verkazia™ cyclosporine ophthalmic emulsion 0.1%

Vigamox® (moxifloxacin HCl ophthalmic solution) 0.5% as base

ZERVIATE® cetirizine ophthalmic solution, 0.24%

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EVENTS