



Trends-in-Medicine

May 2008

by Lynne Peterson

Quick Pulse

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EYE CARE UPDATE #2

To check on trends in the eye care field, 41 optometrists, mostly from Florida, were interviewed at the Dade County Optometric Association's Miami Nice Education Symposium in Coral Gables on April 19 and 20, 2008. They offered opinions and outlooks on the economy, contact lenses, contact lens solutions, refractive surgery, and glaucoma and dry eye medications.

Economy

According to these optometrists, the refractive surgery market is slowing as a result of the problems with the U.S. economy – the drop in housing prices, the credit crunch, rising gasoline prices, and talk of a recession. However, the contact lens market is feeling much less effect.

Economic Outlook

Eye care area	Slowing	No slowing
Contact lenses	39%	61%
Refractive surgery	76%	24%

Other effects doctors reported included:

- “I’m seeing more patients in my ‘low income’ or discount-oriented stores, with mostly insurance patients in the retail ‘strip mall’ store.”
- “I’m seeing more elective surgeries (plastics, premium intraocular lenses).”
- “There is less spending on eyewear.”
- “Patients are changing frames less often, even if they change lenses, and patients are more cognizant of the limitations of insurance coverage. They are trying to keep out-of-pocket expenses down, and they are less likely to upgrade or get add-ons.”
- “More patients are seeking online vendors.”
- “I have the same number of patients, but they are spending less money.”
- “There are fewer routine eye visits.”
- “I’ve seen a big decrease in refractive surgery and fewer patients changing eyeglass lenses.”

Contact lenses

Compared to six months ago, contact lens fittings are flat for these doctors, and the outlook is for contact lens fittings over the next 6-12 months to be flat to slightly

up (~2%). Among their comments were:

- “I’ve seen a slowing of both contact lens fittings and the refractive surgery market. There is an increase in the presbyopic market resulting in increasing interest in contact lenses, but the poor economy is resulting in a decrease in patients’ ability to afford them.”
- “My contact lens fittings are up 2% over the last six months, and I expect them to increase another 2% over the next 6-12 months. This is driven by more patient interest in contact lenses.”
- “My contact lens fittings are down 15% compared to six months ago, and they are likely to go down another 15% because of the economy and because patients pay too much to the ‘middleman’ (insurance companies) which have not kept up with inflation.”

In this environment, doctors are prescribing more once-daily contact lenses. Among the doctors not reporting an increase in once-daily contact lenses, cost was the major limiting factor. Doctors who are prescribing more dailies cited these reasons:

- Increased marketing.
- Increased patient interest.
- The doctor’s belief that these lenses are better for patients, especially “problem” patients.
- Increased fitting options.
- Appeal among part-time users and kids. A doctor explained, “Some awareness of the contact lens solution infection issues make it easier to encourage infrequent wearers and solution abusers to switch to dailies.” Another said, “More of my patients are seeking increased convenience or part-time contact lens use.”

While doctors have a number of contact lenses that they like and dislike, Johnson & Johnson/Vistakon’s Acuvue, particularly the Acuvue Oasys was rated No. 1, but that was followed closely by CooperVision’s family of lenses. A “worst” lens was harder to identify, but it appears to be Ciba Vision’s older version of the O₂Optix.

Best and Worst Contact Lenses

Lens	Best	Worst
J&J/Vistakon’s Acuvue Oasys	25%	4%
J&J/Vistakon’s Acuvue, Acuvue Advance, Acuvue Moist, and Acuvue Bifocal	20%	30%
Ciba Vision’s Night & Day	10%	4%
Ciba Vision’s Air Optix (new) and O ₂ Optix (old)	5% (new)	24% (old)
B&L’s PureVision	5%	8%
CooperVision’s Biomedics, Biofinity, Frequency 55, and Proclear	30%	19%
Other	5%	11%

Contact lens manufacturers are offering a variety of incentives to encourage doctors to use their lenses, and CooperVision was described as the most aggressive with incentives right now. Among the incentives being offered by various companies are:

- Fitting kits.
- Staff lunches.
- Rebate coupons that lower the cost of the lens. CooperVision appears to be the most active in this area.
- Payment for participating in studies.
- Earned volume credits.
- Direct-to-patient shipping and incentives.

A third of these doctors have already started using CooperVision’s Biofinity silicone hydrogel lens. Among those who are using it, usage is up an average of 23% compared to six months ago, and none have decreased usage. Among the comments on Biofinity were:

- “It’s a very good lens with a good fit.”
- “It’s a great lens.”
- “So far, I’ve had good feedback on comfort and vision.”

Optometrists’ Use of CooperVision Lenses

Lens	Doctors with use stable or gaining
Proclear	25
Biomedics	21
Frequency	13
Vertex	8
Hydrasoft	4
Preference	3
Expressions	1

Most doctors have heard about CooperVision’s new Avaira, a two-week silicone hydrogel lens that was recently launched, but most (73%) have not decided yet whether or not they plan to try it. While 15% plan to try it, 12% do not. Doctors who are going to use it expect it to be used in lieu of J&J/Vistakon’s Acuvue Advance or Oasys.

Ciba Vision recently launched the Air Optix toric with astigmatism, which competes with B&L’s PureVision and Acuvue Advance for Astigmatism. A source predicted that the new Ciba toric will do well – if availability isn’t a problem.

B&L has created a very neat sales tool for the sales reps: a digital photo frame that cycles through PureVision advertising that the reps can give to doctors for their offices.

Other interesting comments about contact lenses included:

- “B&L has the best optics; Oasys has the best comfort.”
- “B&L is having better results with PureVision in new myopes.”
- “The availability of CooperVision’s Avaira is very limited, but it will hurt PureVision...The problem is that many two-week patients will use Avaira monthly, stretching the time.”
- “Biofinity is taking share from PureVision and O₂Optix. Avaira is taking share from Acuvue Advance.”
- “I don’t understand CooperVision’s strategy – going from a monthly to a two-week lens. That’s backwards.”
- “CooperVision’s Biofinity is as good as or equal to the industry leader (Acuvue Oasys) in some cases...But there are not enough kits (trial sets), and CooperVision is still struggling with inventory.”
- “The market trend is to monthly disposables, and Avaira is a two-week lens. Patients will abuse the wear schedule and use them monthly. The strategy doesn’t make a lot of sense. I hear the product is wonderful, and I think it will bite into Acuvue, but it’s hard to knock Oasys off the top...Avaira is too little too late.”
- “CooperVision is trying to deal with Wal-Mart. They think doctors don’t care about 1-800-Contacts now that it is with Wal-Mart, but they are wrong.”
- “The hottest lenses right now are B&L’s, especially their new torics. They are going after a niche market. It’s a good strategy. I think B&L will do well. And they are getting good exposure on television with commercials on HGTV and the cooking channel.”
- “Doctors are seeing as many patients, but the patients are spending less.”
- “Doctors are not recommending enough supplies at one time. Patients are buying a two-month supply instead of a 6- or 12-month supply. Doctors need to become better and smarter marketers.”
- “(CooperVision’s) Proclear 1-day and Biomedics 1-day are really growing because the company positioned them as economically feasible for patients (cheaper).”

Contact lens solutions

In 2006, Bausch & Lomb’s ReNu with MoistureLoc contact lens solution was recalled worldwide when it was linked to an outbreak of *Fusarium* keratitis. Then in 2007 Advanced Medical Optics (AMO) was forced to recall its Complete MoisturePlus multipurpose contact lens solution after the Centers for Disease Control and Prevention (CDC) linked it to an increase in *Acanthamoeba* keratitis.

Before the infection-related recalls occurred in 2006/2007, Alcon’s Opti-Free was the most commonly recommended contact lens solution, and this is still the case now. Overwhelmingly, these doctors said they have not recently changed the primary contact lens solution they recommend. Only one doctor plans to change his recommended contact lens solution over the next 6-12 months – from AMO’s Complete to Novartis/Ciba Vision’s Clear Care.

Contact Lens Solution Use

Lens	Before the recalls	Currently
Alcon’s Opti-Free	59%	64%
AMO’s Complete	26%	17%
B&L’s ReNu	15%	4%
Ciba Vision’s Clear Care	0	13%
Ciba Vision’s AQUify	0	2%

Nearly two-thirds of doctors (65%) reported an increase in the use of peroxide disinfection. Mostly, they said they are using peroxide for specific problem patients, such as dry eye or sensitive patients. One said, “I started my wife on peroxide because she had a lot of irritation, and she loves it.”

Patient concern about contact lens solution safety has started to settle down, doctors agreed. Yet, only half said patient concerns about fungal infections are receding enough that they are drifting back to store-brand solutions. Comments included:

- “Fungal infections are not a big concern any more. Price is more important.”
- “Concern about fungal infections has decreased. Alcon says rubbing is still not necessary with Opti-Free, but I counsel patients to rub and to replace contact lens cases every three months.”
- “There was an amazing lack of awareness at the height of the recall about which solutions were a problem.”
- “There are increasing cost concerns.”
- “Patients are drifting back to store brands but I try to discourage that.”
- “Convenience and cost are a concern, not the brand name.”
- “Patients did not discontinue or change from store-brand solutions even with the concerns about fungal infections because they did not perceive the store solutions as the ones that were the targets of the concerns.”
- “AMO is giving away a lens case in every box, and I like that. The FDA has approved Complete for no-rub, but AMO took that off the box.”
- “ReNu is making a come back.”

- “Doctors and patients are starting to forget about the fungal infections with contact lens solutions. Peroxide is seeing a slight increase, and Ciba Vision’s Clear Care is gaining. Opti-Free is losing more share to B&L’s ReNu than AMO’s Complete because the problems with ReNu are further away.”
- “Concern with contact lens solution safety has definitely become a non-issue with both doctors and patients.”

Refractive surgery

Compared to April 2007, optometric referrals for LASIK refractive procedures in April 2008 were down an average of 6%, but they are expected to remain steady at that level for the remainder of 2008. The economy and cost were the key factors having a negative impact on LASIK referrals, but the economy is having more impact on procedures than referrals, doctors said. They also estimated that LASIK pricing has dropped an average of 2% over the last few months. Comments included:

- “I don’t find LASIK a desirable procedure because of the results and risk:benefit.”
- “Fewer people are showing a strong interest in LASIK.”
- “There is less interest due to the economy.”
- “Interest is down, usually due to cost.”
- “My referrals are up, but that is due to a deliberate effort on my part.”
- “I try to dissuade patients.”
- “I’m seeing a little increase in referrals because of the good outcomes.”
- “Interest is the same, but there is less immediate need, and the economy is having an effect.”
- “Patient interest is way down.”
- “I expect referrals to pick up a little because the cost is declining.”

A third of these optometrists reported increased interest in – and referrals for – refractive procedures other than LASIK, particularly refractive lens exchange (RLE) and corneal rings. Multifocal IOLs, accommodative IOLs (e.g., B&L/eyeonics’ Crystalens), and presbyopic laser vision correction are viewed as the next technological advance in refractive surgery.

Glaucoma

Allergan’s Lumigan is picking up a little market share this year from Pfizer’s Xalatan among the optometrists questioned. Few doctors (14%) have started prescribing Allergan’s new combination medication, Combigan. Combigan market share is expected to increase during 2008, but only slightly. Half of

Glaucoma Medication Use

Drug	Use in 2007	Outlook for use in 2008
Allergan’s Lumigan (bimatoprost)	14%	19%
Pfizer’s Xalatan (latanoprost)	43%	38%
Alcon’s Travatan (travoprost)	29%	29%
Beta blocker only	8%	6%
Merck’s Cosopt (dorzolamide + timolol)	4%	3%
Allergan’s Combigan (Alphagan + timolol)	<1%	3%
Other	1%	2%

the doctors not already using it plan to start in the next six months. Those with no plans to prescribe Combigan generally said it is because they don’t treat glaucoma patients. Combigan users said it won’t be a first-line drug, but it will replace Cosopt or separate prescriptions for Alphagan and timolol. Comments included:

- “Combigan seems like a promising drug, but I don’t manage complex (glaucoma) patients.”
- “I use Combigan in selected patients. When Cosopt goes off patent, it will become something that third party payors will make the preferred drug...A lot of doctors, like me, favor Xalatan as the first prostaglandin, but the generic will probably be substituted when it’s available.”
- “If I don’t have a sales rep visit and give me samples, it will take longer for me to prescribe it.”
- “Managed care plans list Combigan as a Tier 3 medication on their formularies, so the copays are higher.”
- “I’m waiting for a consensus on Combigan.”
- “It’s an excellent combination.”
- “I haven’t used it because I don’t have any samples.”
- “I may use it as an adjunct, but I prefer prostaglandins as first tier.”
- “I’ve only used it a few times – as samples – and so far it is okay.”
- “I haven’t used it yet, but I will start. (But) Combigan overdoses timolol for most patients.”
- “It’s a good idea, but I haven’t used it yet.”
- “I don’t plan to prescribe Combigan. My experience with timolol is limited.”

When Xalatan goes generic, doctors said they will want to use it to reduce patient costs and improve compliance, but they will also be forced to use it by managed care formularies. The glaucoma market also is one where doctors expect to see therapeutic substitutions.

- “I’ll use the generic for uninsured patients.”

- “Generic latanoprost will decrease the cost, and that is good for patient compliance.”
- “Managed care companies will mandate use of the least expensive.”
- “I will definitely use it if it is just as effective.”
- “I will likely prescribe Xalatan more than the other prostaglandins because this will be the prostaglandin of choice for managed care formularies.”

Dry eye

AMO recently launched a new, over-the-counter dry eye drop, blink Tears, and most optometrists (81%) are already recommending it to patients. The doctors who are not recommending it said they like the sale rep for another company or prefer homeopathic remedies, suggesting that, at least among these doctors, blink Tears has already penetrated this market very well. Reportedly, blink also is being used pre- and post-operatively by ophthalmologists and by LASIK centers.

On average 16% of these optometrists' dry eye patients are currently on Allergan's Restasis (cyclosporine A). That doesn't reflect their opinion of the efficacy of Restasis, which most doctors described as good-to-excellent. The durability of Restasis was described as okay-to-good.

These doctors have not become convinced that patients should be pre-treated with Restasis before cataract surgery. In fact, only one has increased Restasis use in these patients.

Cost is the main reason these doctors aren't using more Restasis, but some doctors also complained about lack of efficacy, burning/pain upon insertion, problems with patient compliance, and the time it takes to start working. A few doctors also cited the lack of insurance coverage, a lack of samples, liver damage, and better reimbursement for punctal plugs as factors discouraging them from prescribing Restasis. If another cyclosporine eye drop were available, doctors were divided on whether or not it would have trouble competing with Restasis. They pointed out that Restasis has name recognition, but if the new drug were cheaper, it probably would do well, doctors predicted. They also thought a new cyclosporine would expand the market more than just cannibalize Restasis. Comments included:

- “Restasis is spectacular, but it is expensive. A new cyclosporine would expand the market because it would raise patient awareness.”
- “It would be very easy for another cyclosporine because it is a huge market.”
- “Restasis is very good. It only fails about 10% of the time.”
- “There are no samples, I get paid to put in punctal plugs, and it takes three weeks to work.”

- “I'm convinced there are probably more applications for Restasis than I've taken advantage of, so my use can grow, and Allergan will push to the point of increased utilization. I will increase my use just from what I've read in the literature...Overall, there will be increased cyclosporine use, but there won't be an explosion in 2008. Awareness will increase slowly.”
- “There should be more advertisements on: Is it good for me?...When a patient is happy, it is like an endowment. Another cyclosporine would have a difficult time.”
- “A new cyclosporine would have to be preservative free.”
- “It takes too long to see an improvement.”
- “Restasis only works in 50% of patients, but once it works it continues to do so.”
- “Restasis helps about 25% of patients. It doesn't work in 50%, and 25% don't like it.”
- “Restasis has good efficacy in a very small percentage of patients. Patient retention is poor...Most patients do not see results fast enough to satisfy them or do not get enough benefit to justify the expense in their minds. Many patients complain about the discomfort of the drops...But it would be difficult for competitors unless they invested a lot of money in patient advertising like Allergan did.”

Miscellaneous: BAUSCH & LOMB. Nearly all the doctors agreed that their perception of B&L has not changed since the company was taken private by Warburg Pincus in October 2007. One commented, “B&L's the same, but they shouldn't have stopped giving free samples of contact lens solutions.” Another said, “There is less support available. For example, they cut down on contact lens solution starter packs. There is also a sense of greater pressure to focus on financial welfare at the company.”

