

Enhancing the Management of **Red Eye**

How Clinical **Advancements**
Are **Evolving** Eye Care Practice

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Dear Colleagues,

For many years, we in eye care had few reliable options to offer patients in the area of ocular redness relief due to minor eye irritation—commonly from conjunctival inflammation leading to vasodilation of the conjunctival blood vessels.^{1,2} We knew that redness could be triggered by issues such as allergy, infection, dryness or fatigue,² in addition to prolonged visual tasking and contact lens wear,² and more recently digital eye strain³ and cosmetic lash treatments.^{4,5} But we often avoided bringing up redness during our conversations with patients unless it was severe since we weren't able to effectively manage the symptoms.

Over time, a percentage of our patients who were frustrated by their readily apparent red eyes went in search of over-the-counter medications such as topical vasoconstrictors marketed as eye redness relievers. However, these products potentially introduced unwanted side effects such as tachyphylaxis,⁶ rebound vasodilation,⁷ toxicity,⁸ and risk of over-use.⁸ As a result of these possible complications, many of us advised against using these products; yet, a number of our patients persisted in employing them, frequently leading to rebound redness, protracted application, and a repeated cycle of ocular redness.

Starting in 2017 with the introduction of an eye redness relieving eye drop, eye care providers were presented with a tremendous opportunity to advance clinical practice in an area of eye care critically in need of our attention. With the addition of LUMIFY® Redness Reliever eye drops to our management protocols, many of us began experiencing firsthand the giant leap forward this product has taken eye redness relief.

For one thing, science has borne out the product's safety and efficacy. Research has shown that the mechanism of action of LUMIFY® can safely and efficaciously address ocular redness. In clinical trials, there were no reported serious side effects such as intraocular pressure changes, allergic reaction, or pupil effects; no reports of tachyphylaxis, and few reports of rebound vasodilation.² Remarkably, it can do so within a minute of installation for up to eight hours.² In addition, the positive clinical effect LUMIFY® has had on so many of our patients has been nothing short of remarkable. We have observed during office demonstrations patients' eyes literally change from red with minor irritation, to clear and quiet in 60 seconds. Looking through a wider lens, we have seen the myriad ways a new offering in redness relief can elevate our patients' eye care experience, in addition to their confidence in us as practitioners.

LUMIFY® (brimonidine tartrate ophthalmic solution 0.025%) is the first and only over-the-counter eye drop developed with low-dose brimonidine tartrate for the treatment of ocular redness due to minor eye irritations. Its importance for eye care practice today should not be overlooked. In the following discussion, we explain reasons why optometric professionals who want to stay at the forefront of eye care developments need to take a closer look at implementing this essential product in their practices.

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Presentation & Treatment of Red Eye

Dr. Karpecki: *What are the more common causes of red eye that you see in your practice?*

Dr. Epstein: We are seeing patients who work longer hours and who are using their computers much more extensively. Patients are also presenting with a greater prevalence of dry eye symptoms, and they are using an increasing number of medications than in the past. In general, this is a time where we're seeing more and more redness, and more and more patient awareness of it as well.

Dr. Hauser: Working in a tertiary dry eye center, I see a lot of redness that is related to dry eye and other ocular surface disease—blepharitis, allergy, and so forth.

Dr. Brujic: Oftentimes, these patients are hyper-cognizant of the condition and how it makes their eye look.

When to Schedule Your Patient for More Serious Causes of Red Eye

By Paul M. Karpecki, OD, FAAO

It's important to recognize eye redness secondary to minor irritation. But many patients don't have the ability to distinguish a red eye caused by minor irritation that will do well with LUMIFY® Redness Reliever eye drops from one caused by more serious underlying conditions—such as infection, corneal ulcer, neurotrophic keratitis, acute angle closure—that needs to be addressed immediately and evaluated in an exam. Here is a partial list of symptoms that may help the practice determine if a red eye requires immediate attention and scheduling:

- Decreased or blurred vision
- Pain
- Photophobia
- Severe headache
- Halos around lights
- Nausea
- Discharge

Dr. Karpecki: *We're all very busy, and if the patient is not complaining about redness, a lot of times it gets overlooked. How do you approach your diagnosis when it comes to redness?*

Dr. Epstein: One of the things I like to do is, as I'm summing up a case and how I'm going to approach

Protocols for Causes of Redness Secondary to Minor Irritation

By Paul M. Karpecki, OD, FAAO

1. Redness secondary to meibomian gland dysfunction (MGD)/mild blepharitis. Four components typically must be addressed in patients with mild MGD/blepharitis: obstructed meibomian glands (MGs), biofilm, tear film, and redness. A clinician can control mild blepharitis with hydrating or moist compresses, blink exercises, lid hygiene and possibly omega-fatty acid supplements. LUMIFY® Redness Reliever eye drops can be used for residual eye redness.

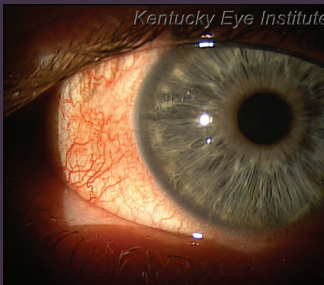
2. Redness secondary to mild allergic conjunctivitis. Mild allergies are another common condition in North America and a common cause of eye irritation, itching, and redness. This condition requires treating the allergic conjunctivitis and redness, and supporting the tear film, as many topical and oral antihistamines cause eye dryness. Options for mild allergic conjunctivitis include cool compresses, topical antihistamine drops either over-the-counter or by prescription. Many of these therapeutic anti-histamine drops also stabilize mast cells. The tear film can be supported with preservative-free artificial tears. Residual eye redness can be managed with LUMIFY® Redness Reliever eye drops.

3. Mild or episodic dry eye. Mild or episodic, as opposed to chronic, dry eye causes temporary symptoms of dryness, burning, and irritation. Patients often experience symptoms later in the day, while in dry environments or after extensive digital device use. This condition requires treating the obstructed MGs, mild dry eye, the tear film, and redness. Treatments may include hydrating compresses, in-office lid debridement, microblepharoexfoliation, and thermal pulsation/expression procedures. The dry eye component can be treated with oral omega fatty acids, and topical dry eye therapies such as cyclosporine or lifitegrast. The tear film can be supported with artificial tears and environmental changes. Residual redness can be addressed with LUMIFY® Redness Reliever eye drops.

Case: Red, Itchy Eyelids

By Paul M. Karpecki, OD, FAAO

A 54-year-old Caucasian male, computer programmer/manager for a telephone/internet company and longstanding daily-wear contact lens wearer presented with complaints of “red eyes,” and secondary complaints of “itchy, irritated, and gritty eyes.” His symptoms had persisted for more than two years, and the patient said he was self-conscious after hearing people talking about his red eyes. As a result, he hesitated to go out and socialize, and his wife and family often went out without him. The patient had tried numerous OTC drops marketed for conditions such as dry eye and allergy, and had seen two doctors previously, but with no improvement.



Exam findings revealed: BCVA: 20/20-2 OD and 20/25+2 OS (current Rx), with fluctuating vision during the test; IOP: 17/18mmHg; and osmolarity: 310/313mOsm/l. Slit lamp revealed: Grade 3 clear sleeves at base of lashes; Grade 2+ eyelid notching and irregularity; paste-like MG expression; and conjunctival injection grade 3 OU. Other evaluations revealed: TFBUT<3 seconds; partial blink>50% of the time; and incomplete eyelid closure noted on transillumination.

I diagnosed the patient as having *Demodex* blepharitis with classic clear sleeves at the base of the lashes; mild dry eye; mild—though elevated—osmolarity; limited MGD with a paste-like expression, and eyelids with marked telangiectasia.

Treatment was several-fold. For the dry eye disease, I had the patient continue artificial tears and discussed other therapeutic options. For the *Demodex* blepharitis, I did blepharoxfoliation in-office, and recommended tea tree lid scrubs for daily at-home use. For the MGD portion of dry eye, I recommended hydrating compresses, a thermal pulsation procedure, and discussed oral doxycycline vs. omega fatty acids. I also recommended the patient consider an intense pulsed light procedure and low light therapy. I would have been remiss as a clinician had I not addressed the patient’s chief complaint of eye redness, so I added LUMIFY® Redness Reliever eye drops for occasional use.



At four-week follow-up, exams revealed: IOP: 18/17 mmHg; VA: 20/20-2 OD and 20/20-1 OS; and osmolarity: 308/306mOsm/l. The patient stated his vision was still blurry at times. However, the MGD had improved slightly on expression, the blepharitis and collarettes had improved significantly, and the conjunctival redness/injection had improved significantly to grade trace. The patient said any eyelid itching and irritation had diminished to the point that he no longer noticed it. His eye redness had improved dramatically, and the patient said his family and friends had taken notice.

it, I’ll ask patients if redness bothers them. If they say yes, I tell them to go look in the mirror. Afterward, they usually say something like, ‘My eyes are kind of red.’ I hand them a tissue and put a drop of LUMIFY® Redness Reliever eye drops in each eye, and I continue with the conversation. After about a minute, I say, “Do me a favor, and go take a look at your eyes again.” Most patients are amazed at how their eyes look because the redness has been reduced. At the same time, they look at me differently than they did before because now they have proof positive that I know what I’m doing.

Dr. Hauser: Now that I have another option to treat the patient’s redness, it makes me open that discussion up more proactively. I think a lot

of doctors have a “don’t ask, don’t tell” policy when it comes to things like redness. They might identify it as part of their exam and put hyperemia in the chart, but they don’t usually address it with patients. Now, I feel like I broach the subject a lot more with patients. And once you ask the question, once you talk to them about it, you realize what a high priority it is for them.

Dr. Brujic: I agree. I think redness was one of those conditions that we tried to ignore because we needed more options for it. So now that we have another option, and now that we can immediately show the patient the ramifications of that option, it’s just created a whole new conversation with this patient.

Step Back from the Slit Lamp to Better Identify Redness

Dr. Hauser: One of the things I would recommend to colleagues is to look at your patient outside of the slit lamp. I think that we might identify redness better just in conversation, just like the patient's colleagues do, like their coworkers do. Because once you get behind the slit lamp, everything's magnified, and you're busy looking for superficial punctate keratopathy and corneal staining. And sometimes we just, I think, casually swing past the hyperemia there.

Dr. Epstein: It's funny because I always tell myself, 'Shut up, and listen to the patient.' But it's not just listening to the patient. It's looking at the patient. And I think that's almost an art form that has been lost over the years in terms of training new students. You get much more information from a patient just by that brief conversation, by looking at them, how they sit, how they walk, and looking at their eyes before you put them behind the slit lamp.

Dr. Karpecki: How does LUMIFY® Redness Reliever eye drops fit within the treatment regimen for dry eye-related conditions?

Dr. Hauser: With the chronic progressive nature of dry eye, we treat the dry eye disease with an appropriate product; however, one of the more lingering effects that the patient can have is hyperemia. We may see improvements in the cornea, we may see improvements in vision, but the patient may still have that little bit of lingering redness. And effective red eye relief has been the final thing that I have struggled to satisfy the patient with. So having something now that I can add on for that patient, that really is the icing on the cake.

Broaching the Subject of Redness Relievers With Patients

Dr. Karpecki: When asked about their current medications, many patients won't list topical over-the-counter products for ocular redness

Self-Treatment to Address a Pervasive Issue for Patients

Dr. Karpecki: A high percentage—9 out of 10 patients—report self-medicating at some point for ocular redness due to minor irritation.⁹ So we know that ocular redness is impacting our patients from an emotional standpoint if they are so motivated to self-treat.

Dr. Brujic: I think self-treating eye redness is a red flag to the profession. I think that speaks volumes about the degree that this affects patients.

Dr. Hauser: More than anything else, what I hear is that patients report that friends, family members, and coworkers identify it, and it's a point of embarrassment for them.

Dr. Karpecki: And their identification with [redness], unfortunately, in their minds, in their coworkers', their families' [minds] is: Have they been crying, which is negative; have they been not sleeping, which is negative; have they been drinking, bingeing; going out too long, late at night?

Dr. Epstein: One female patient with eye redness told me she thought she looked like a vampire. So I clarified, "You're here specifically because your eyes are red, and is that a big issue?" She said, "Yeah, it literally dominates my whole life."

Dr. Brujic: That single statistic of patients' self-medicating highlights how important it is in patients' minds. So if we're not offering them options, what's happening is many of them are going and trying to figure out what the best solution is.

Dr. Epstein: Patients are finding ways of dealing with a problem that you're ignoring, and you're an eye doctor, and it's an eye problem.

Dr. Hauser: Many patients think red eye is frivolous to us, so they're not necessarily going to be the ones to bring that to our attention. As a profession, we have to be proactive.

because, one, they are over-the-counter, and two, patients think 'it's just a redness reliever.' At the same time, many of our colleagues will not address redness if the patient isn't complaining, as a number of us tended to do before LUMIFY® Redness Reliever eye drops were available. How do you bring up eye redness?

Dr. Brujic: I was guilty of this a few years ago—I

would examine my most severe patients and think, 'Well, this is something that I have to bring up.' And I would start molding the conversation. Now, if I've identified the patient as having any hyperemia that I feel is more than the normal, quiet, white eye, I ask them: 'Do you ever wish your eyes were less red?'

Dr. Karpecki: I always ask the question: 'Do your eyes ever get red?' Not meaning they are today, I just want to know where the patient is at.

Addressing Previous Redness Relievers

Dr. Karpecki: *With the development of LUMIFY® Redness Reliever eye drops, management of ocular redness has improved dramatically for many of us in practice. What were some of the issues associated with previous eye redness relievers?*

Dr. Epstein: We became zealots at telling our patients to stay away from over-the-counter products because of their potential for rebound redness.

Dr. Hauser: The ideal redness reliever is something that you can use only when needed. When you have associated rebound redness with a product, it's a cycle of "and now I need some more" to avoid the rebound. So it's a cycle that patients have difficulty getting off of vs. treating a minor redness problem with a product that they would use periodically.

Dr. Brujic: These products were the ones that carried side effects that may not necessarily be as desirable and may have more potential to cause long-term damage than they can actually benefit to the eyes.

How Changing Patient Characteristics Affect Management

Dr. Karpecki: *When it comes to increasing issues*

Directions for Using LUMIFY® Redness Reliever Eye Drops

Drug Facts

Active ingredient	Purpose
Brimonidine tartrate (0.025%).....	Redness reliever

Use

- relieves redness of the eye due to minor eye irritations

Warnings

For external use only

Do not use

- if solution changes color or becomes cloudy

Stop use and ask a doctor if

- you experience eye pain, changes in vision, continued redness or irritation of the eye
- condition worsens or persists for more than 3 days

If pregnant or breast-feeding, ask a health professional before use.

Keep out of reach of children. If swallowed, get medical help or contact a Poison Control Center right away.

Directions

- adults and children 5 years of age and over:
 - instill 1 drop in the affected eye(s) every 6-8 hours
 - do not use more than 4 times daily
 - remove contact lenses before use
 - wait at least 10 minutes before re-inserting contact lenses after use
 - if using other ophthalmic products while using this product, wait at least 5 minutes between each product
 - to avoid contamination, do not touch tip of container to any surface
 - replace cap after each use
- children under 5 years of age: consult a doctor

Drug Facts (continued)

Other information

- store at 15°-25°C (59°-77°F)

Inactive ingredients

benzalkonium chloride, boric acid, calcium chloride dihydrate, glycerin, potassium chloride, sodium borate decahydrate, sodium chloride, water for injection. Hydrochloric acid and/or sodium hydroxide may be used to adjust pH.

Questions or comments?

Call: 1-800-553-5340

related to dry eye, digital eye strain, the popularity of cosmetic products and eyelash extenders, etc., how is that impacting the management of ocular redness in your patient base?

Dr. Hauser: You really hit on a demographic—that has dry eye disease, that uses cosmetic products and digital devices, all in one patient now. We always talk about the multifactorial nature of dry eye disease, but the modern lifestyle is multifactorial, too. And we can treat the dryness, talk to patients about how to remove products, but there's always going to be that little underlying element that tends to linger, which is oftentimes the redness component. So I don't think we're going to be able to change our patients' lifestyles 100 percent. We can make some adjustments, but they're not going to discontinue using a lot of these products, they're not going to get off their phones. And I think that we have to help them work around that when they have occasional redness.

Dr. Brujic: Now we have something in our armamentarium that we can recommend safely to these patients. You don't have to wonder what the patient is going to do when they leave your office, if there still is this smoldering or lingering redness that you're working on, and you wonder if they're going to be doing something that you don't want them doing at home. Now we can give them direct recommendations on what to use.

A Leap Forward: The Mechanism of Action of LUMIFY®

Dr. Karpecki: *Brimonidine tartrate, the active ingredient in LUMIFY® Redness Reliever eye drops, has been around for more than 20 years and is a second-generation glaucoma medication and adrenergic receptor agonist. At higher doses, it was used for lowering intraocular pressure and was associated with hyperemia; at low doses, it was used to reduce redness.² In the clinical trial to validate safety and efficacy of LUMIFY® (brimonidine tartrate ophthalmic solution 0.025%), there were no reports of abnormal IOP elevation, pupil effects, or allergic reaction.²*

The MOA of LUMIFY® Explained

LUMIFY® Redness Reliever eye drops' active ingredient is low-dose brimonidine tartrate (0.025%), a selective imidazoline α_2 -adrenergic receptor agonist that has a relative α_2 -adrenergic receptor binding affinity 1,000 times greater than for α_1 -adrenergic receptors.⁹ Some topical vasoconstrictors are considered selective α_1 -adrenergic receptor agonists, while others are considered mixed α_1/α_2 -adrenergic receptor agonists.² Brimonidine tartrate affects vasoconstriction primarily via the α_2 -adrenergic receptor, which is associated with less tachyphylaxis and rebound redness when used as directed.² Studies in nonocular tissues suggest that α_2 -adrenergic receptor agonists selectively constrict veins, helping to avoid the potential decrease of blood flow and oxygen to surrounding tissues, and helping to prevent occurrence of generalized ischemia, which begins the cascade leading to rebound redness.^{10,11} Unlike α_1 -adrenergic receptor agonists, brimonidine tartrate does not impact receptor down-regulation to the same extent.⁶

Dr. Epstein: We need to educate patients. Patients sometimes wonder, if this is a drug are there risks associated with it? Well, there's risks associated with everything, but this is a drug that's been used in a much higher concentration for more than 20 years, and it's been my experience that there have been virtually no issues whatsoever, although I am aware that allergic conjunctivitis, conjunctival hyperemia, and eye pruritus are possible adverse events.

Dr. Hauser: Many of us treat a lot of dry eye patients who have a chronic disease. And we have a long-term treatment plan for these individuals. The difference with using LUMIFY® Redness Reliever eye drops for occasional redness is the happiness factor that I usually do not get to bestow on my patients.

Dr. Karpecki: *Is there anything you find exciting about the mechanism of action of LUMIFY®?*

Dr. Epstein: Its longevity. The fact that it will last for up to eight hours is actually quite surprising.

Dr. Brujic: How quickly it functions is remarkable. It

doesn't slow the exam process down. I turn to make a few notes, I turn back, and it's already worked.

Dr. Hauser: I've recorded after installation and just watched the eye change, and then showed it to the patient, and it's really compelling.

Dr. Karpecki: One of my first patients using LUMIFY® Redness Reliever eye drops was a woman who came in

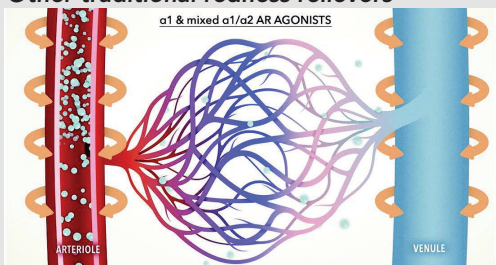
MOA Snapshot of LUMIFY®

LUMIFY® (brimonidine tartrate ophthalmic solution 0.025%):

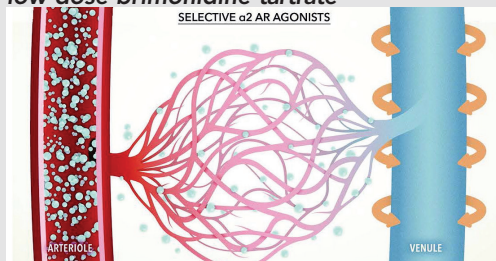
- Is a selective imidazoline α_2 -adrenergic receptor (AR) agonist¹²
- Primarily constricts the venules, alleviating the potential decrease of blood and oxygen flow through the arteries to surrounding tissue, thereby reducing resultant ischemia^{10,11}
- With a relative α_2 -AR binding affinity 1,000 times greater than α_1 -AR, exhibits a low risk of potential for tachyphylaxis or rebound hyperemia as it has minimal action at the α_1 -AR present in the arterioles⁹⁻¹²

In contrast, nonselective vasoconstrictors are commonly associated with rebound hyperemia and tachyphylaxis by their action on the arteriole, decreasing blood and oxygen flow to surrounding tissue.²

Other traditional redness relievers



LUMIFY® Redness Reliever eye drops with low-dose brimonidine tartrate



with a primary complaint of redness and some underlying dry eye, which we treated as well. She had been unable to get a job after many job interviews, despite the fact that she felt very qualified for the advertised positions. She said, "You know, I've been through 22 job interviews, and I really feel like they're looking at my red eyes the whole time and assuming things that are not the case." I told her about a new product available for redness and that she would be one of my first patients to try it. About a week after she tried LUMIFY® Redness Reliever eye drops, she called the office to tell us that she had gotten a job on her next interview. I don't think it was because the redness had been relieved so her eyes appeared whiter, I think it was just that her confidence was improved.

Dr. Epstein: For some professions, appearance is a critical issue—sales, for example. I've had salespeople come in saying, "I just look like I'm wrecked, like I'm always not sleeping." Now I can demo LUMIFY® Redness Reliever eye drops and give them a product that could make a meaningful difference to them.

Dr. Hauser: And we live in a society where certain age groups—and the age groups are expanding—are active on social media. When you're on social media, there are a lot of tricks and filters and apps to enhance the way you look. And I think a product like this enables people to live up to the persona that they develop online so they look as good as they think they do.

Dr. Karpecki: What essential information about the MOA of LUMIFY® should be emphasized to our colleagues?

Dr. Brujic: The traditional alpha-1 adrenergic receptors are extremely selective for the arterial bed. When we think about decreasing blood flow into that arterial bed and the resulting capillary bed, these alpha-1 receptors are physiologically changing the amount of blood supply that the tissue wants in there for a reason. Whereas the alpha-2 adrenergic receptor agonists are hyperspecific for the venule. And because of that, they're reaching the blood vessels that we're seeing; we know that the venules are more superficially located. In addition, they're not altering

REDNESS RELIEVERS



Other OTC redness relievers (α_1 or α_1/α_2 -AR agonist)

Commonly associated with rebound redness and tachyphylaxis

Acts on the arteriole, decreasing blood and oxygen flow to surrounding tissue.

VS



LUMIFY with low dose Brimonidine (Selective α_2 -AR agonist)

No tachyphylaxis and virtually no rebound redness in clinical trials

LUMIFY selectively constricts the venule, while maintaining availability of oxygen to surrounding tissue.

some of those reasons why the eyes remain red.

Dr. Karpecki: In the clinical trial looking at the safety and efficacy of LUMIFY® Redness Reliever eye drops, the product appeared safe and effective for reduction of ocular redness, worked within a minute, and lasted up to eight hours, with next to no rebound hyperemia, no evidence of tachyphylaxis, and comparable adverse events to the vehicle.²

the blood flow within the tissue. I think that's critically important to understand so that clinicians can recommend LUMIFY® Redness Reliever eye drops for all the reasons that we don't recommend traditional vasoconstrictors.

Dr. Epstein: The eyes are red for a reason, and by reducing the blood flow, this mechanism of action reduces

What ECPs Want to Know About LUMIFY®

Dr. Karpecki: *What questions come up the most about LUMIFY® Redness Reliever eye drops when you're speaking at events and educating other colleagues?*

Safety & Efficacy of LUMIFY® Redness Reliever Eye Drops

In a single-center, double-masked, Phase III clinical trial to evaluate the safety and efficacy of brimonidine tartrate ophthalmic solution 0.025% for the treatment of ocular redness, adult subjects with baseline redness of more than one unit in both eyes (0- to 4-unit scale) were randomized 2:1 to brimonidine tartrate 0.025% or vehicle.² A single dose was administered in-office (day 1); thereafter, subjects instilled treatment four times a day for four weeks, with clinic visits on days 15, 29, and 36 (7 days post-treatment). Sixty subjects were randomized (n=40 brimonidine tartrate, n=20 vehicle). Here were some of the findings:

- Investigator-assessed redness was lower with brimonidine tartrate vs. vehicle over the 5- to 240-minute post-instillation period (mean [SE], 0.62 [0.076] vs. 1.49 [0.108]; $p < .0001$) and at each time point within that period ($p < .0001$).
- At 1, 360, and 480 minutes post-instillation, respectively, the mean differences (95% confidence interval) between treatments were -0.73 (-1.05 to -0.41), -0.57 (-0.84 to -0.29), and -0.39 (-0.67 to -0.10), respectively.
- No tachyphylaxis was evident with brimonidine tartrate on days 15 and 29, and minimal rebound redness was observed following discontinuation.
- The brimonidine tartrate eye drop at 0.025% was rated as very comfortable when used as directed.
- Ocular adverse events were also mild when used as directed. Three people experienced four ocular adverse events including: itching, tearing, foreign body sensation, and pain at site installation.

Researchers concluded that brimonidine tartrate 0.025% appeared safe and effective for reduction of ocular redness, with an 8-hour duration of action, no evidence of tachyphylaxis, and minimal rebound redness.

Dr. Brujic: Optometrists seem to understand that LUMIFY® is safe when used as directed, but there tends to be some discrepancies on fully understanding the mechanism of action and why it is different than those in traditional redness relievers. So helping really crystalize that is important so that we can effectively communicate this to our patients. The second thing is “What’s the dosing on it? How many times a day can somebody use it safely?” LUMIFY® can be used every six to eight hours and should not be used more than four times per day. When patients come back and report their experiences with LUMIFY® to me, they usually say they used it once or twice a day. My patients tend to get a long span of efficacy from a single drop, and sometimes they need that second drop later in the day, but not frequently.

Dr. Hauser: Across the board, I think eye care providers acknowledge the symptoms of dry eye disease, the irritation, foreign body sensation, and overall dryness. Then a smaller subset is starting to acknowledge the visual components of it and the blur that comes along with it. And then further down the road is the aesthetic component and how the eye looks relative to residual redness. But it’s really all three of those that need to be considered when treating the patient.

Dr. Karpecki: The questions I tend to get from physicians are regarding intraocular pressure. And we know there were no reports of abnormal IOP elevation in the clinical trial.² The other one that comes up is, “I’ve heard about allergies to brimonidine tartrate in the glaucoma concentration. Are you seeing that?” In the clinical trial, we did not get any reports of allergic reaction.² And I’m not seeing associated allergies in my patients who use LUMIFY® Redness Reliever eye drops.

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How LUMIFY® Has Helped Strengthen the Practice

Dr. Hauser: A lot of my long-term patients are women over the age of 40, and they’re the medical decision makers in their households. If you’ve got patients excited about LUMIFY® Redness Reliever eye drops, then they’re absolutely going to be the best advocates for your practice.

Dr. Karpecki: The patient leaving with whiter-looking eyes thinks, “Wow, that doctor really knows what she or he is doing.” And that patient is more likely to do everything else you recommend just because of the way their residual redness has improved so quickly.

Dr. Epstein: Anything that we can do to better our relationship with our patients, solidify that, and also distinguish ourselves and reinforce our therapeutic ability is an anchor in turbulent times. So this is a significant advantage that we have now.

Dr. Karpecki: I have staff who use LUMIFY® Redness Reliever eye drops, so of course that helps—they are conveying the excitement that they are experiencing with it. But just the impact they see on patients who use it, I think, invigorates the staff. And we’ve rarely had opportunities to be able to witness that to such a degree as a practice.

Dr. Epstein: LUMIFY® is a practice differentiator. We are using LUMIFY® in-office, recommending it, and it’s one of the few products that we provide in-office if patients want to purchase it from us. The product is also available in the eye care aisle at national retailers. Why not be the conduit for it? If you want to differentiate your practice from your colleague down the street, provide something that can make a difference. It’s something to consider.

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*In Home Use Test, March 2018. n=301. †LUMIFY is an OTC selective α_2 -AR agonist. †McLaurin E, Cavet ME, Gomes PJ, Ciolino JB. Brimonidine ophthalmic solution 0.025% for reduction of ocular redness: a randomized clinical trial. *Optom Vis Sci*. 2018;95(3):264-271. LUMIFY is a trademark of Bausch & Lomb Incorporated or its affiliates. © 2020 Bausch & Lomb Incorporated or its affiliates. LUM.0179.USA.20 05/2020

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