

WHEN EQUAL IS NOT EQUAL

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Tips on how to help patients receive the branded medications they are prescribed, so the best possible postoperative outcomes are achieved.

BY MITCHELL A. JACKSON, MD, AND WILLIAM B. TRATTLER, MD

The following article highlights key questions addressed during an educational webinar series about using branded versus generic medications for patients undergoing cataract surgery. The webinar was presented by Drs. Mitchell A. Jackson and William B. Trattler and can be viewed in its entirety, along with others in the series, at eyetube.net/series/when-equal-is-not-equal.

William B. Trattler, MD: In this last installment of the *When Equal Is Not Equal* series, I would like to start by discussing what shapes physicians' opinions about branded versus generic medications. Mitch, I know you are a big proponent of using branded pharmaceutical drugs with your patients who are undergoing cataract surgery. What led you to that position? Why do you have confidence in branded medications?

Mitchell A. Jackson, MD: I have been using branded ophthalmic medications in my practice base from the very beginning, based on a desire for certainty. If I do perfect cataract surgery, perfect LASIK surgery or another perfect anterior segment procedure, I need to know that there is not a factor outside my control that will undo those efforts. If I do everything exactly as planned, and then put a patient on a generic medication, I do not have the same confidence in the results that I have with branded medications.

Dr. Trattler: Why do you not have the same confidence in generic medications?

Dr. Jackson: There are two major reasons. First, we do not know with certainty about the efficacy of some generic drugs. In contrast, the clinical trials that branded products undergo show us how well they work. I know what outcomes I am going to get with the branded medications. In generic versions, only the active molecule has to be the same, while other differences are permitted

to exist. We have no idea how the generic performs in all of the areas that the FDA requires the branded products to prove. For example, generic medicines can have less uniform dosing, which can impact the drug's therapeutic efficacy.¹

The second reason is that although a generic antibiotic might work to prevent infection, for example, it also might create problems on the ocular surface. Generic medications have a history of being detrimental to the ocular surface, causing keratitis that can actually induce an infection with the breakdown in the cornea. Again, I am doing my best to perform surgery perfectly. If there is a chance of a generic product causing problems, I cannot recommend it and allow it to potentially compromise my perfect outcome after surgery.

Dr. Trattler: Those are great points. I agree that the choice of branded versus generic medications can make a big difference in our outcomes. But when it comes to the medications that our patients purchase, there are complex elements at work. As a surgeon who is always working to get the best possible results with cataract surgery—and choosing branded medications as part of that work—how do you handle a patient who has some challenges getting a branded medication? Is there anything you can do?

Dr. Jackson: The primary barrier is the cost of some branded medications. Everyone likes to pay less for things, and medications are no exception. Some of my patients can comfortably pay for branded medications, while others cannot. Members of that first group are often getting advanced cataract surgery, which means they are spending money on a toric or accommodating intraocular lens, the femtosecond laser, and wavefront aberrometry. And faced with the option to save a few dollars on medication, they will buy the generic rather than spend full price for branded products.

In these situations, education is the cure. I explain that they have opted for surgery that provides the best visual outcomes,

and using a substitute for my recommended medication defeats the whole purpose. I tell them branded medications are just another part of the procedure. They are paying a premium price for premium surgery, and branded medications are part of that.

Dr. Trattler: It makes sense that for patients who are already investing in premium out-of-pocket products and services, branded medications are another component of their advanced surgery. But what about your patients who cannot comfortably afford branded medications?

Dr. Jackson: For those patients who cannot really afford it, we actually have a way to get them to the branded product. Bausch + Lomb participates in a fairly new program called Philidor, which is an online/mail order pharmacy that carries products from Bausch + Lomb and other manufacturers.

My patients do not have to use this service on their own – my staff takes them through it. We ask patients if they would like help paying for their medications. If they say yes, then our surgery counselors go online with them and help them opt out of Medicare for those specific products for the year through their Medicare Part D coverage.

For my cataract patients, this usually means opting out of three medications: the nonsteroidal anti-inflammatory medication bromfenac (Prolensa, B+L), topical corticosteroid loteprednol etabonate ophthalmic gel (Lotemax GEL, B+L), and the quinolone antibiotic besifloxacin (Besivance, B+L). After patients opt out of these medications, they get to use the Philidor copay program to help pay for the branded medications. On average, it costs my patients a total of about \$150 or \$180 for all three medications, compared with \$480 it would have cost them if they were not using the Philidor program. That is a lot of money saved and patients still obtain the branded products.

Dr. Trattler: Sometimes the generics can be quite expensive. The Philidor copay cost sounds as though it may be even less expensive than buying generic medications.

Dr. Jackson. Yes. That is a great point. Most of the time, it is cheaper to use the Philidor program to buy branded medications than it is to buy generics. The goal is to take the price difference out of the decision-making process for patients, but the effect is that we are often presenting them with a cheaper option. Not only are we saving them money, but we are also keeping them away from generic medications that may work improperly or potentially cause an adverse event.

Dr. Trattler: This program sounds exciting. You mentioned that the Philidor program is newly launched. Is it available to any surgeon?



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Dr. Jackson: Yes, I believe it is available to all surgeons, although not everyone is aware of it yet. As I mentioned, it is not just for Bausch + Lomb products. We have used it for other brands of anterior segment and glaucoma products.

One thing to keep in mind is that the Philidor program is not for acute therapy. Because this is an online/mail order pharmacy, patients do not receive their medicines for about 3 days on average. When I am performing a planned elective cataract refractive procedure, I usually have 3 days for patients to receive their medications, but clearly that would not be the best way to get medication for a patient with, for example, acute viral keratitis who needs treatment immediately.

Dr. Trattler: Thank you so much for talking to us about Philidor, and for sharing your insights into branded versus generic medications. This is helpful for all of us aiming for the very best outcomes with cataract surgery. ■

1. Marlowe ZT, Davio SR. Dose uniformity of loteprednol etabonate ophthalmic gel (0.5%) compared with branded and generic prednisolone acetate ophthalmic suspension (1%). *Clin Ophthalmol.* 2014;8:23-29.

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