WOMEN IN OPTOMETRY®

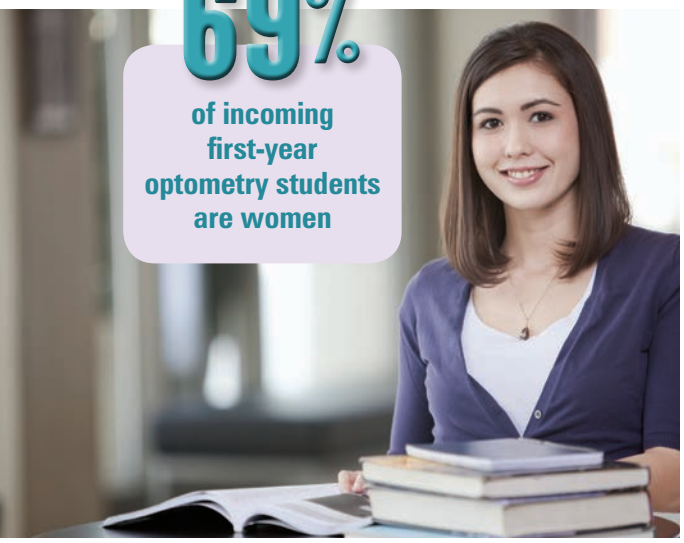
The State of Women in Optometry 2020

Changing Workforce, Changing Health Care Demands

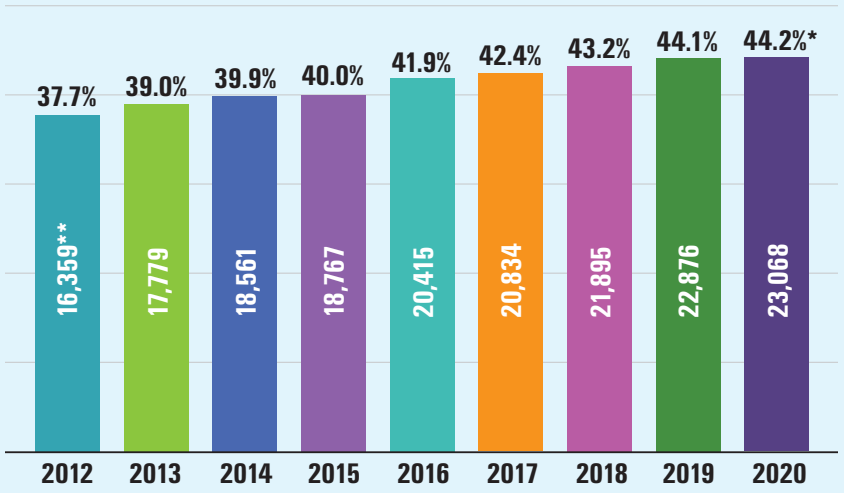
Demographic changes inside the profession and with the patient population create new opportunities and challenges for ODs

The optometric profession is undergoing rapid change as the scope of practice expands, the technologies and products to help patients increase and the demand for medically focused services escalates with an aging population and nearly flat growth in the number of ophthalmologists. Each of these alone is a significant factor; combined, they are creating professional opportunities that can be both daunting and exhilarating.

The State of Women in Optometry looks at how some of these trends have already and will continue to impact both the profession as a whole and the increasing number of women who have sought out this vital health care role.



Women in the Profession Over Time



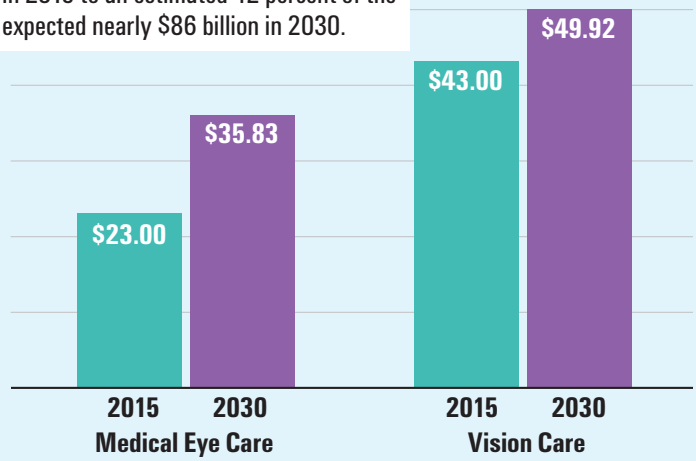
** Includes Guam and Puerto Rico*

***Total women ODs*

Source: Women In Optometry, *2012-2020, based on healthgrades.com data*

Eye Care Expenditures 2015-2030 ($ Billions)

Medical eye care grows from 35 percent of the $66 billion spent in eye health care in 2015 to an estimated 42 percent of the expected nearly $86 billion in 2030.



Source: The Eyeconomist, Richard C. Edlow, OD

RELY ON THE EXPERIENCE

~7.6 M
PATIENTS
PRESCRIBED[3]

#1
DISPENSED
BRANDED
EYE DROP[4]

17
YEARS
OF TEARS AND
COUNTING

Individual results may vary.

RESTASIS® helps more of your patients make their own real tears.[1,2]*

For patients with decreased tear production presumed to be due to ocular inflammation associated with chronic dry eye

Restasis®
(Cyclosporine Ophthalmic Emulsion) 0.05%

94% AND 95% OF COMMERCIAL AND PART D PATIENTS ARE COVERED[5†]

*Increased tear production was seen at 6 months when used as directed.[1,2]

†Source: Managed Markets Insight & Technology, LLC™, a trademark of MMIT Database, as of March 2020. Data are subject to change. Data are not guarantee of coverage, or partial or full payment, by any payers. Actual benefits determined by respective plan administrators, insurer plans, coverage criteria, and formularies are subject to change without notice. Check each patient's coverage with applicable insurer. Allergan does not endorse any individual plan. Formulary coverage does not imply efficacy or safety.

INDICATIONS AND USAGE: RESTASIS® and *RESTASIS MultiDose*® ophthalmic emulsion are indicated to increase tear production in patients whose tear production is presumed to be suppressed due to ocular inflammation associated with keratoconjunctivitis sicca. Increased tear production was not seen in patients currently taking topical anti-inflammatory drugs or using punctal plugs.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS: RESTASIS® and *RESTASIS MultiDose*® are contraindicated in patients with known or suspected hypersensitivity to any of the ingredients in the formulation.

WARNINGS AND PRECAUTIONS

POTENTIAL FOR EYE INJURY AND CONTAMINATION: Be careful not to touch the container tip to your eye or other surfaces to avoid potential for eye injury and contamination.

USE WITH CONTACT LENSES: RESTASIS® and *RESTASIS MultiDose*® should not be administered while wearing contact lenses. If contact lenses are worn, they should be removed prior to the administration of the emulsion. Lenses may be reinserted 15 minutes following administration of RESTASIS® and *RESTASIS MultiDose*® ophthalmic emulsion.

ADVERSE REACTIONS: In clinical trials, the most common adverse reaction following the use of cyclosporine ophthalmic emulsion 0.05% was ocular burning (upon instillation)—17%. Other reactions reported in 1% to 5% of patients included conjunctival hyperemia, discharge, epiphora, eye pain, foreign body sensation, pruritus, stinging, and visual disturbance (most often blurring).

PLEASE SEE NEXT PAGE FOR A BRIEF SUMMARY OF THE FULL PRODUCT INFORMATION.

REFERENCES: 1. RESTASIS® (cyclosporine ophthalmic emulsion) 0.05% [prescribing information]. Irvine, CA: Allergan, Inc; 2017. **2.** *RESTASIS Multidose*® (cyclosporine ophthalmic emulsion) 0.05% [prescribing information]. Irvine, CA: Allergan, Inc; 2016. **3.** Symphony Health, PHAST Prescription Monthly, data through October 2019. **4.** IQVIA, Xponent PlanTrak, January 2019- October 2019. **5.** Managed Markets Insight & Technology, LLC. Yardley, PA: Managed Markets Insight & Technology, LLC; March 2020.

Allergan
an AbbVie company

RESTASIS® (Cyclosporine Ophthalmic Emulsion) 0.05% and RESTASIS MULTIDOSE® (Cyclosporine Ophthalmic Emulsion) 0.05%

BRIEF SUMMARY—PLEASE SEE THE RESTASIS® AND RESTASIS MULTIDOSE® PACKAGE INSERTS FOR FULL PRESCRIBING INFORMATION.

INDICATION AND USAGE

RESTASIS® and **RESTASIS MULTIDOSE®** ophthalmic emulsion are indicated to increase tear production in patients whose tear production is presumed to be suppressed due to ocular inflammation associated with keratoconjunctivitis sicca. Increased tear production was not seen in patients currently taking topical anti-inflammatory drugs or using punctal plugs.

CONTRAINDICATIONS

RESTASIS® and **RESTASIS MULTIDOSE®** are contraindicated in patients with known or suspected hypersensitivity to any of the ingredients in the formulation. *[see Adverse Reactions]*

WARNINGS AND PRECAUTIONS

Potential for Eye Injury and Contamination

Be careful not to touch the container tip to your eye or other surfaces to avoid potential for eye injury and contamination.

Use with Contact Lenses

RESTASIS® and **RESTASIS MULTIDOSE®** should not be administered while wearing contact lenses. Patients with decreased tear production typically should not wear contact lenses. If contact lenses are worn, they should be removed prior to the administration of the emulsion. Lenses may be reinserted 15 minutes following administration of **RESTASIS®** and **RESTASIS MULTIDOSE®** ophthalmic emulsion.

ADVERSE REACTIONS

The following serious adverse reactions are described elsewhere in the labeling: Potential for Eye Injury and Contamination
[see Warnings and Precautions]

Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the 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 clinical trials, the most common adverse reaction following the use of cyclosporine ophthalmic emulsion 0.05% was ocular burning (17%).

Other reactions reported in 1% to 5% of patients included conjunctival hyperemia, discharge, epiphora, eye pain, foreign body sensation, pruritus, stinging, and visual disturbance (most often blurring).

Post-marketing Experience

The following adverse reactions have been identified during post approval use of cyclosporine ophthalmic emulsion 0.05%. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

Reported reactions have included: hypersensitivity (including eye swelling, urticaria, rare cases of severe angioedema, face swelling, tongue swelling, pharyngeal edema, and dyspnea); and superficial injury of the eye (from the container tip touching the eye during administration).

USE IN SPECIFIC POPULATIONS

Pregnancy

Risk Summary: Clinical administration of cyclosporine ophthalmic emulsion 0.05% is not detected systemically following topical ocular administration *[see Clinical Pharmacology (12.3)]*, and maternal use is not expected to result in fetal exposure to the drug. Oral administration of cyclosporine to pregnant rats or rabbits did not produce teratogenicity at clinically relevant doses *[see Data]*.

Data

Animal Data: At maternally toxic doses (30 mg/kg/day in rats and 100 mg/kg/day in rabbits), cyclosporine oral solution (USP) was teratogenic as indicated by increased pre- and postnatal mortality, reduced fetal weight and skeletal retardations. These doses (normalized to body surface area) are 5,000 and 32,000 times greater, respectively, than the daily recommended human dose of one drop (approximately 28 mcL) of cyclosporine ophthalmic emulsion 0.05% twice daily into each eye of a 60 kg person (0.001 mg/kg/day), assuming that the entire dose is absorbed. No evidence of embryofetal toxicity was observed in rats or rabbits receiving cyclosporine during organogenesis at oral doses up to 17 mg/kg/day or 30 mg/kg/day, respectively. These doses in rats and rabbits are approximately 3,000 and 10,000 times greater, respectively, than the daily recommended human dose.

An oral dose of 45 mg/kg/day cyclosporine administered to rats from Day 15 of pregnancy until Day 21 postpartum produced maternal toxicity and an increase in postnatal mortality in offspring. This dose is 7,000 times greater than the daily recommended human dose. No adverse effects in dams or offspring were observed at oral doses up to 15 mg/kg/day (2,000 times greater than the daily recommended human dose).

Lactation

Risk Summary

Cyclosporine is known to appear in human milk following systemic administration, but its presence in human milk following topical treatment has not been investigated. Although blood concentrations are undetectable following topical administration of cyclosporine ophthalmic emulsion 0.05% *[see Clinical Pharmacology (12.3)]*, caution should be exercised when **RESTASIS®** and **RESTASIS MULTIDOSE®** are administered to a nursing woman. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for **RESTASIS®** and **RESTASIS MULTIDOSE®** and any potential adverse effects on the breast-fed child from cyclosporine.

Pediatric Use

Safety and efficacy have not been established in pediatric patients below the age of 16.

Geriatric Use

No overall difference in safety or effectiveness has been observed between elderly and younger patients.

NONCLINICAL TOXICOLOGY

Carcinogenesis, Mutagenesis, Impairment of Fertility

Carcinogenesis: Systemic carcinogenicity studies were carried out in male and female mice and rats. In the 78-week oral (diet) mouse study, at doses of 1, 4, and 16 mg/kg/day, evidence of a statistically significant trend was found for lymphocytic lymphomas in females, and the incidence of hepatocellular carcinomas in mid-dose males significantly exceeded the control value.

In the 24-month oral (diet) rat study, conducted at 0.5, 2, and 8 mg/kg/day, pancreatic islet cell adenomas significantly exceeded the control rate in the low-dose level. The hepatocellular carcinomas and pancreatic islet cell adenomas were not dose related. The low doses in mice and rats are approximately 80 times greater (normalized to body surface area) than the daily human dose of one drop (approximately 28 mcL) of cyclosporine ophthalmic emulsion, 0.05% twice daily into each eye of a 60 kg person (0.001 mg/kg/day), assuming that the entire dose is absorbed.

Mutagenesis: Cyclosporine has not been found to be mutagenic/genotoxic in the Ames Test, the V79-HGPRT Test, the micronucleus test in mice and Chinese hamsters, the chromosome-aberration tests in Chinese hamster bone-marrow, the mouse dominant lethal assay, and the DNA-repair test in sperm from treated mice. A study analyzing sister chromatid exchange (SCE) induction by cyclosporine using human lymphocytes *in vitro* gave indication of a positive effect (i.e., induction of SCE).

Impairment of Fertility: No impairment in fertility was demonstrated in studies in male and female rats receiving oral doses of cyclosporine up to 15 mg/kg/day (approximately 2,000 times the human daily dose of 0.001 mg/kg/day normalized to body surface area) for 9 weeks (male) and 2 weeks (female) prior to mating.

PATIENT COUNSELING INFORMATION

Handling the Container

Advise patients to not allow the tip of the container to touch the eye or any surface, as this may contaminate the emulsion. Advise patients to not touch the container to their eye to avoid the potential for injury to the eye.
[see Warnings and Precautions]

Use with Contact Lenses

RESTASIS® and **RESTASIS MULTIDOSE®** should not be administered while wearing contact lenses. Patients with decreased tear production typically should not wear contact lenses. Advise patients that if contact lenses are worn, they should be removed prior to the administration of the emulsion. Lenses may be reinserted 15 minutes following administration of **RESTASIS®** and **RESTASIS MULTIDOSE®** ophthalmic emulsion.
[see Warnings and Precautions]

Administration

Advise patients that the emulsion from one individual single-use vial is to be used immediately after opening for administration to one or both eyes, and the remaining contents should be discarded immediately after administration.

Advise patients to read the Instructions for Use for detailed first-time use instructions for the multidose bottle.

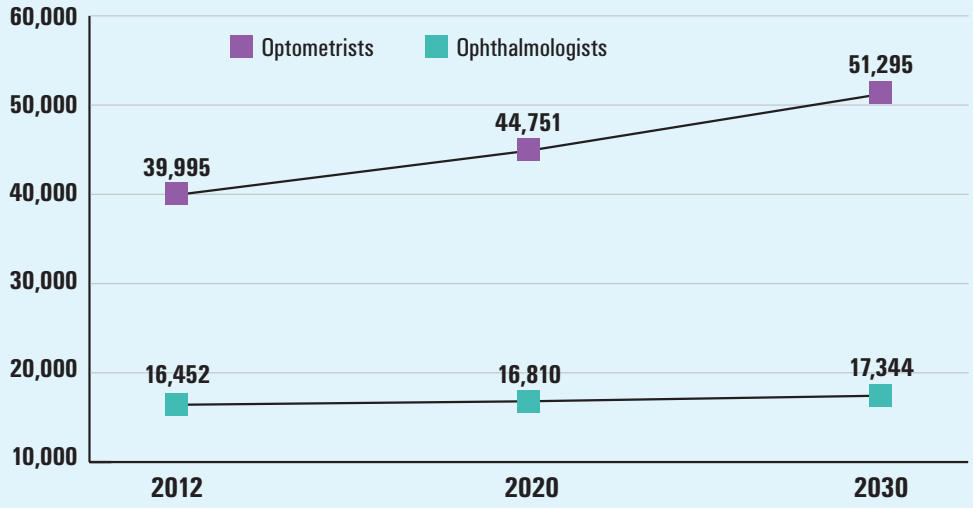
Rx Only

Allergan

Based on package inserts 71876US19 and 72843US12

RES103567_v3 09/17
Patented. See www.allergan.com/products/patent_notices
Made in the U.S.A.

Ophthalmologist and Optometrist Supply 2012-2030 (Total ODs and MDs)



Source: The Eyeconomist, Richard C. Edlow, OD

30.5%

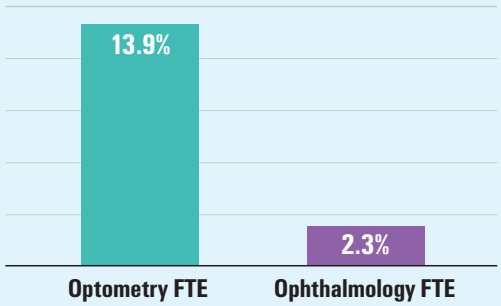
The U.S. population age 65+ is expected to grow by 30.5% by 2030.

If Not Optometrists, Then Who?

These charts show how these demographic forces are creating an undeniable opportunity for optometry in the future. Indeed, as the demand for medical eye care services rises, particularly among the aging population, it becomes clear that professionals other than ophthalmologists will need to provide those, says "Eyeconomist" Richard C. Edlow, OD, who has been studying the demographic trends.

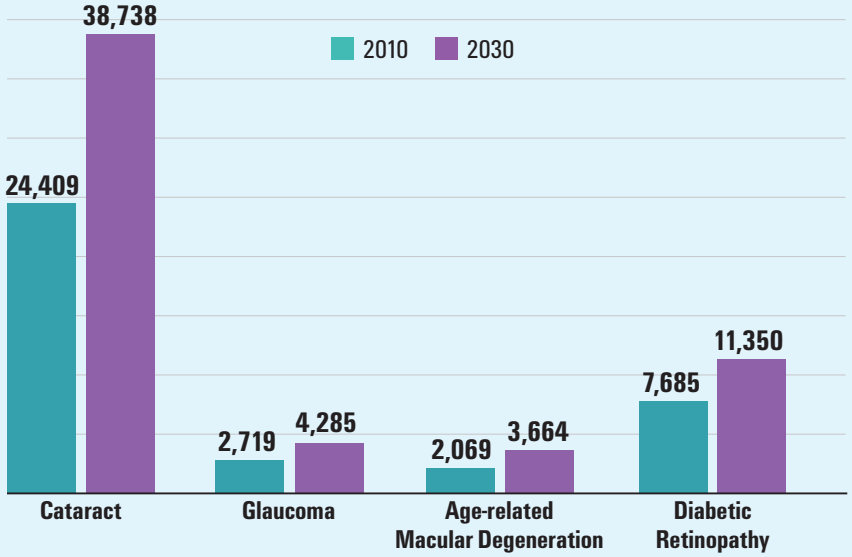
The demand for routine exams over the next decade is expected to increase only 1.8 percent, while the demand for medical exams is expected to rise more than 26 percent, says Dr. Edlow.

Workforce Demographics Shifts 2020-2030 (Total % Change 10 Years)



Source: The Eyeconomist, Richard C. Edlow, OD

Age-Related Eye Disease Prevalence (000's of Adults)



Source: The Eyeconomist, Richard C. Edlow, OD

Entering Class of 2024: 69% Women

The percentage of women entering North American schools and colleges of optometry equals 69 percent for the fall of 2020. For 12 of the past 14 years, the percentage of women entering the first-year class has been at least 65 percent.

School	2020 total	# of women	% of women
Illinois College of Optometry	125	96	77%
Indiana University School of Optometry	86	53	62%
Inter American University of Puerto Rico School of Optometry	61	44	72%
MCPHS University School of Optometry	72	53	74%
Michigan College of Optometry, Ferris State University	37	26	70%
Midwestern University Arizona College of Optometry	70	40	57%
Midwestern University Chicago College of Optometry	62	45	73%
New England College of Optometry	132	104	79%
Northeastern State University Oklahoma College of Optometry	28	16	57%
Nova Southeastern University College of Optometry	110	82	75%
The Ohio State University College of Optometry	68	46	68%
Pacific University College of Optometry	96	69	72%
Salus University Pennsylvania College of Optometry*	150	111	74%
Southern California College of Optometry at Marshall B. Ketchum University	103	75	73%
Southern College of Optometry	136	90	66%
State University of New York College of Optometry	97	72	74%

**PCO Accelerated Scholars Optometry Program (class of 2023)—Total class size: 14; Male: 2, Female: 12 (not included in the count above)*

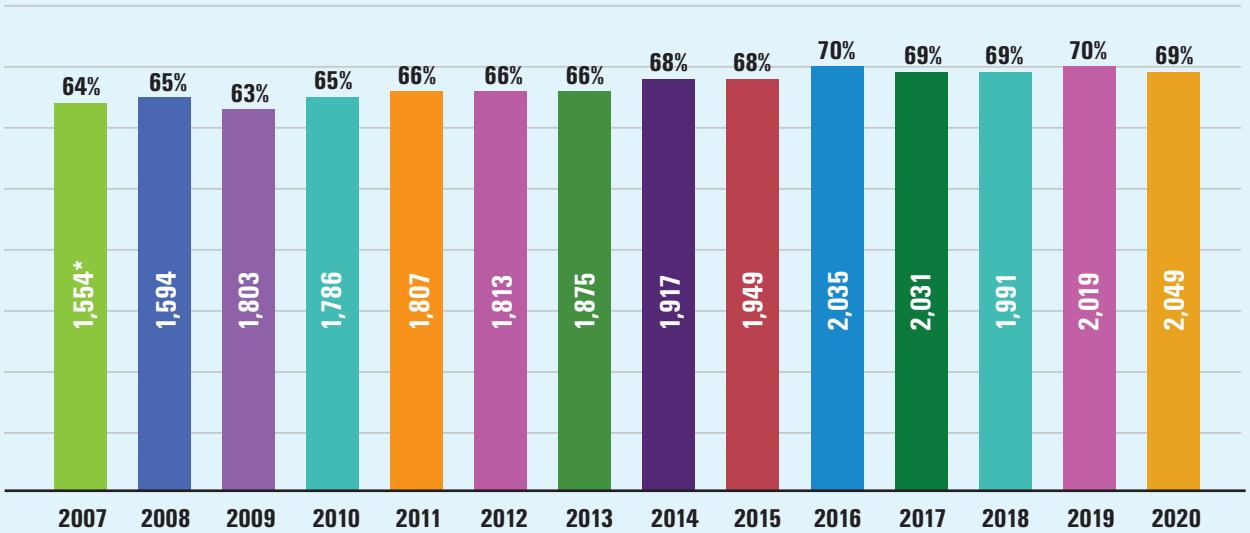
Continued

Entering Class of 2024: 69% Women *Continued*

School	2020 total	# of women	% of women
University of Alabama at Birmingham School of Optometry	60	40	67%
University of California, Berkeley, School of Optometry	52	41	79%
University of Houston College of Optometry	102	65	64%
University of the Incarnate Word Rosenberg School of Optometry	70	45	64%
University of Missouri, St. Louis, College of Optometry	49	25	51%
University of Montreal School of Optometry	44	28	64%
University of Pikeville-Kentucky College of Optometry	59	23	39%
University of Waterloo School of Optometry	90	57	63%
Western University of Health Sciences' College of Optometry	96	68	71%
TOTAL:	2,055	1,414	69%

Source: Individual schools and colleges of optometry
Note: These enrollment numbers may or may not include students who are repeating the first year of the program.

Women's First-year Enrollment Percentages



Source: Individual schools and colleges of optometry
**Total first-year enrollment during the fall of each year indicated*

AVAILABLE NOW

NEW

VARILUX® COMFORT MAX

FOCUS ON FLEXIBILITY

Give your patients a progressive lens that adjusts to their unique natural postures, not the other way around. NEW Varilux® Comfort Max lenses with Flex Optim Technology™ provide unique benefits of postural flexibility for all day long vision comfort.*

LEARN MORE AT ESSILORPRO.COM/VARILUX

* Essilor R&D avatar simulations 2019. Increase in the total number of head positions vs. Varilux® Comfort W2+ lens considering a Plano Add 2 prescription, 2 target objects (at 65cm, 76cm) and max binocular visual acuity loss of 0.15 logMAR. A head position is defined as a 1 degree head angle variation, vertically or horizontally.

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Is the Gap Widening or Shrinking?

Across the board, on average, male ODs working full time reported earning more than women ODs did in 2019—even when years of experience and practice modality were taken into consideration. But the gap is narrowest among younger ODs, which could be a sign that the gap is shrinking. However, notice how dramatically the gap begins to widen among survey respondents with more experience. Is there a point at which men's income trajectories begin to outpace women's significantly, or will future surveys show that newer grads will see their incomes accelerate along roughly the same lines?

While average compensation rose, according to responses to the Jobson Optical Research compensation survey in 2020 compared to the year before, men's reported earnings rose by 18 percent while women's rose by nearly 11 percent. The charts on this and following pages show that the income disparity based on gender is reflected in every geographic region of the country, by location type and by ownership or employee status.

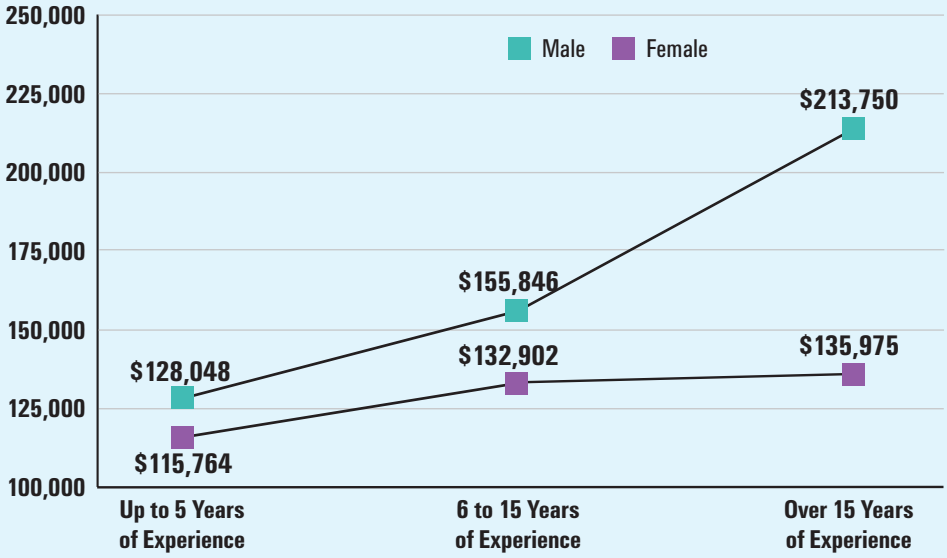
Note that 66 percent of women said their income is the only or predominant income for the household. Those poll results show that women's income is essential to the family's financial well-being.

AVERAGE INCOMES OVERALL

	ALL	MALE	FEMALE
2019 Report	$147,624	$168,258	$117,196
2020 Report	$163,579	$197,714	$130,017

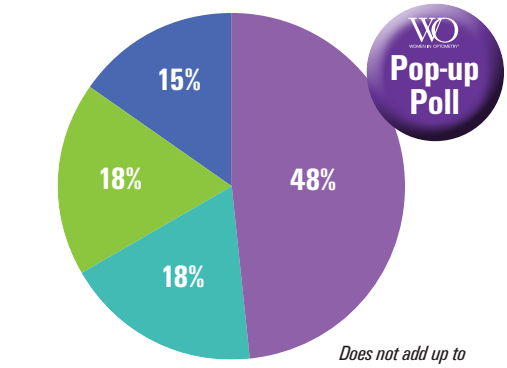
Source: Jobson Optical Research, 2019 and 2020 Compensation Surveys

Average Incomes by Experience



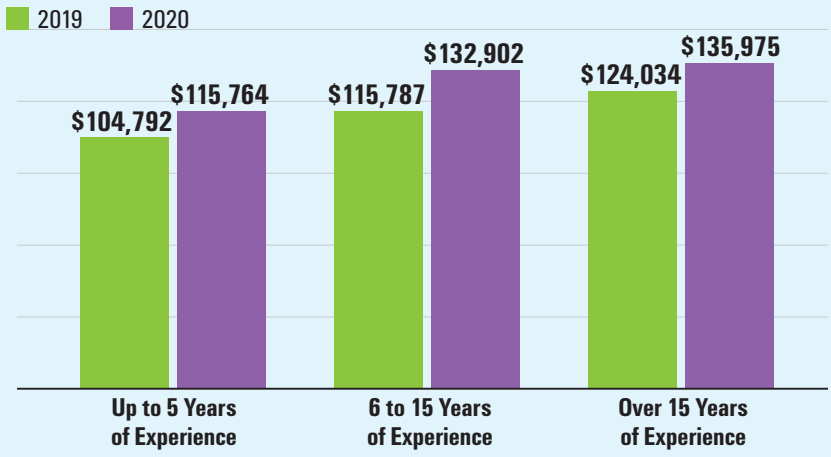
Source: Jobson Optical Research, 2020 Compensation Survey

Who is the primary breadwinner in your household? (Women OD-only respondents)



Does not add up to 100% due to rounding

Women Report Average Higher Incomes in 2020 Report



Source: Jobson Optical Research, 2019 and 2020 Compensation Surveys

KIDS SHOULD GROW STRONGER

Their myopia shouldn't.

CLINICALLY PROVEN

Now you can help slow the progression of myopia in your young patients.[1]

Introducing the **Brilliant Futures™ Myopia Management Program with MiSight® 1 day** contact lenses. MiSight® 1 day is the first and only FDA-approved* soft contact lens to slow the progression of myopia in children aged 8-12 at the initiation of treatment.[1†]

59%

Slows Myopia Progression
on average[1†]

52%

Axial Length Elongation Reduction
on average[1†]

Child Friendly[1]
1 day lens

BRILLIANT FUTURES™

WITH MiSight® 1 day

CooperVision®

Ask your CooperVision sales representative about Brilliant Futures™ with MiSight® 1 day lenses

*__Indications for use:__ MiSight® 1 day (omafilcon A) soft (hydrophilic) contact lenses for daily wear are indicated for the correction of myopic ametropia and for slowing the progression of myopia in children with non-diseased eyes, who at the initiation of treatment are 8-12 years of age and have a refraction of -0.75 to -4.00 diopters(spherical equivalent) with ≤ 0.75 diopters of astigmatism. The lens is to be discarded after each removal.

†Compared to a single vision 1 day lens over a 3 year period.

[1]Chamberlain P, et al. A 3-year randomized clinical trial of MiSight® lenses for myopia control. *Optom Vis Sci*. 2019; 96(8):556-567.

AVERAGE INCOMES BY LOCATION TYPE

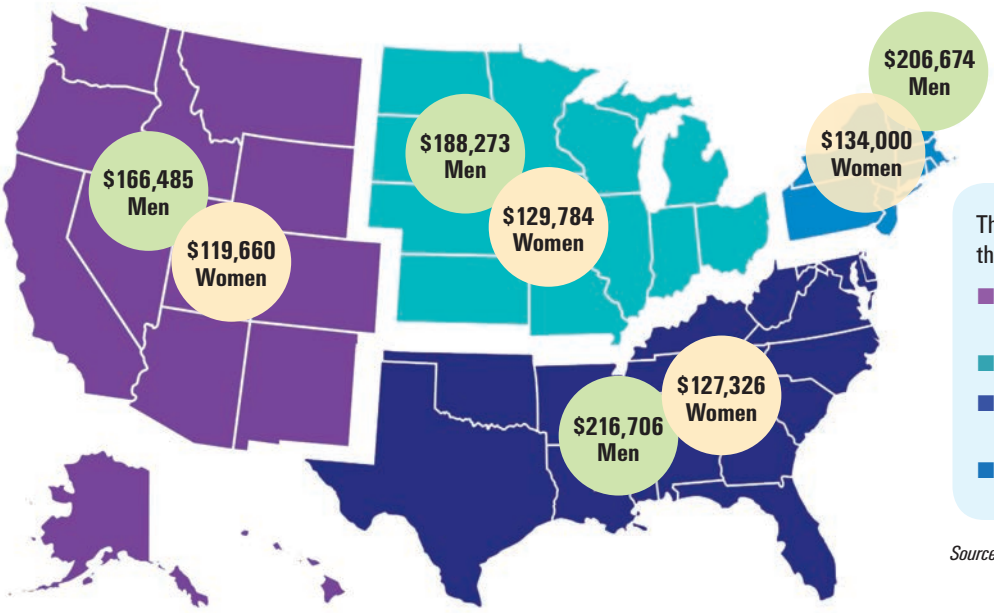
	ALL	MALE	FEMALE
INDEPENDENT/SMALL GROUP *(Up to 10 locations)*	$159,620	$184,827	$129,241
CHAIN *(More than 10 locations)*	$169,808	$224,278	$131,015

Source: Jobson Optical Research, 2020 Compensation Survey

AVERAGE INCOMES BY OWNERSHIP

	ALL	MALE	FEMALE
OWNER/PART-OWNER	$192,195	$220,821	$135,376
NOT OWNER	$135,608	$151,500	$127,323

Source: Jobson Optical Research, 2020 Compensation Survey



Income by Region

The survey included responses from ODs throughout the country.

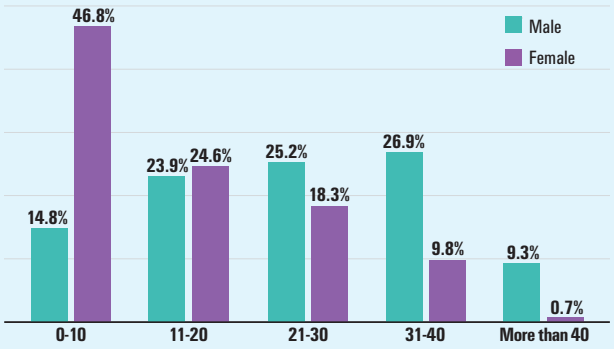
- West: AK, AZ, CA, CO, HI, ID, MT, NV, NM, OR, UT, WA, WY
- Midwest: IL, IN, IA, KS, MI, MN, MO, NE, ND, OH, SD, WI
- South: AL, AR, DE, DC, FL, GA, KY, LA, MD, MS, NC, OK, PR, SC, TN, TX, VA, WV
- Northeast: CT, ME, MA, NH, NJ, NY, PA, RI, VT

Source: Jobson Optical Research, 2020 Compensation Survey

Who Responded to Compensation Survey

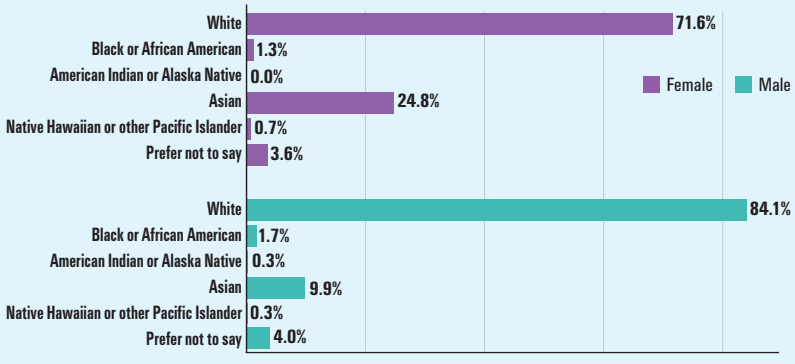
The 2020 compensation study had a fairly high percentage of younger women respondents. Just more than half (50.2 percent) of all respondents said that they were the owner or part-owner of a practice, 66.9 percent of male respondents said they were the owner/part-owner, and 34.5 percent of the female ODs said they were an owner or part-owner. Another interesting finding was that the percent of ODs working in an independent practice dropped between the 2019 and 2020 reports. In the 2019 report, 75.3 percent of men and 74.2 percent of women ODs said they were working in an independent practice. In the 2020 report, those percentages dropped to 67.5 percent and 56.5 percent, respectively.

Number of Years in Profession – Survey Respondents



Source: Jobson Optical Research, 2020 Compensation Survey

Ethnicity – Survey Respondents



Source: Jobson Optical Research, 2020 Compensation Survey *Respondents could choose more than one ethnicity.*

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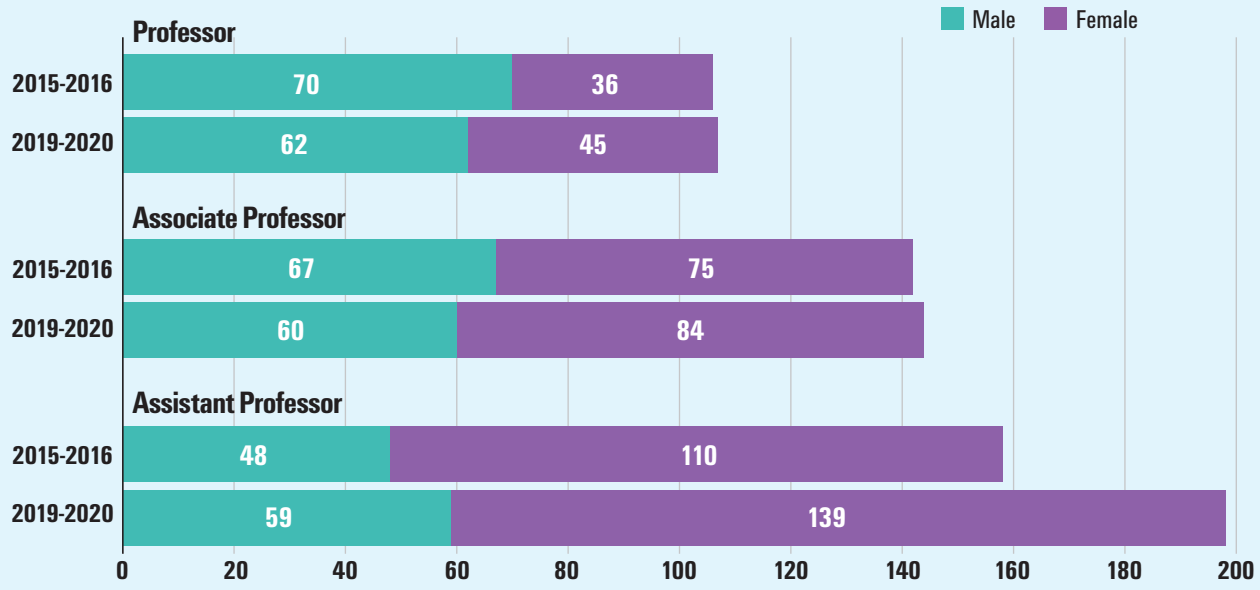
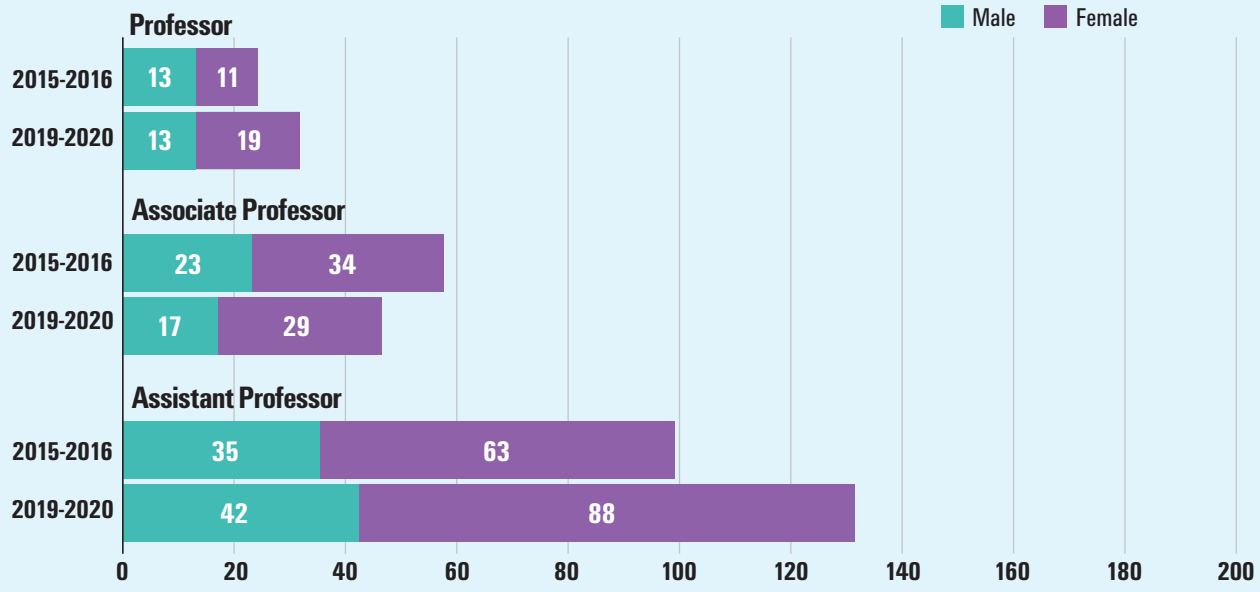
The Front of the Class

A glance at the shifting demographics in optometric education

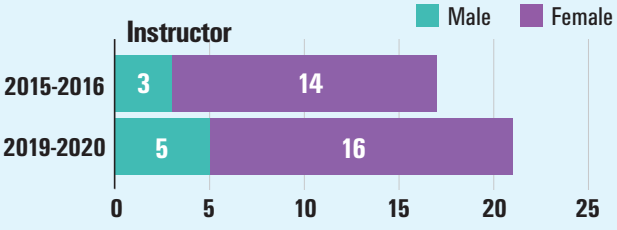
Didactic Faculty



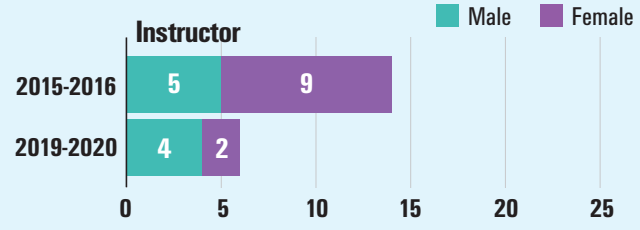
Clinical OD Faculty



Didactic Faculty



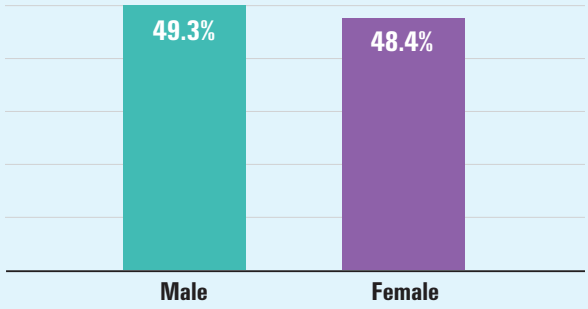
Clinical OD Faculty



Source: Association of Schools and Colleges of Optometry

In Original Practice Where Career Started

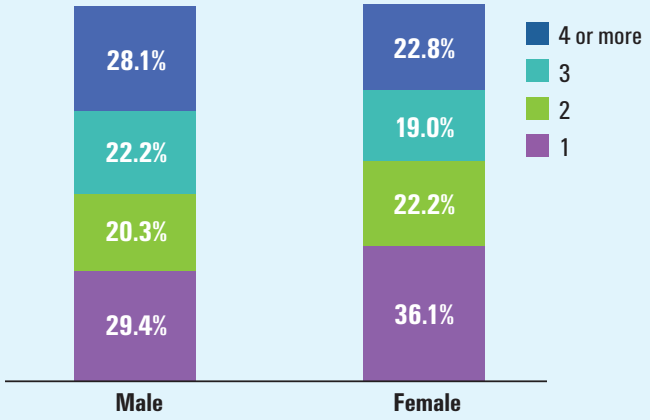
(May not be the physical location, but with the same practice/employer)



Source: Jobson Optical Research, 2020 Compensation Survey

Number of Times Switched Professional Jobs

(If not in original practice where career started)

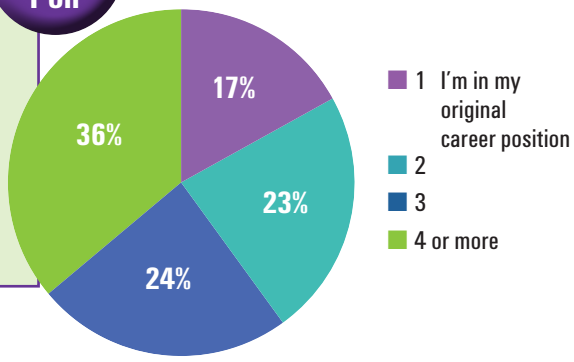


Source: Jobson Optical Research, 2020 Compensation Survey
Does not add up to 100% due to rounding

Pop-up Poll

In how many optometry-related places have you worked?

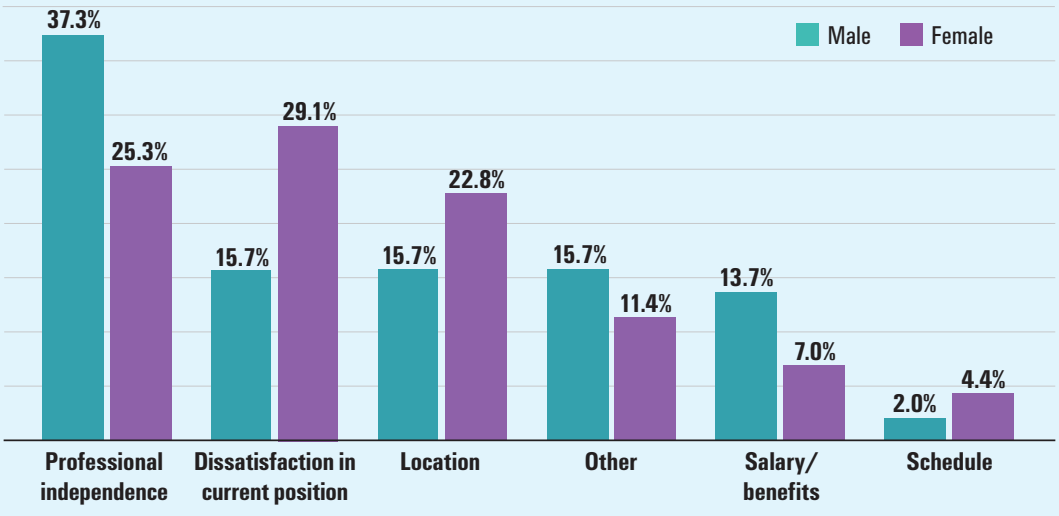
(Not moving your own office, for example, but switching employers or moving from employed to owner or vice versa)



37.3%

of women negotiated/asked for more money in the past year.

Key Factor in Switching (If not in original practice where career started)



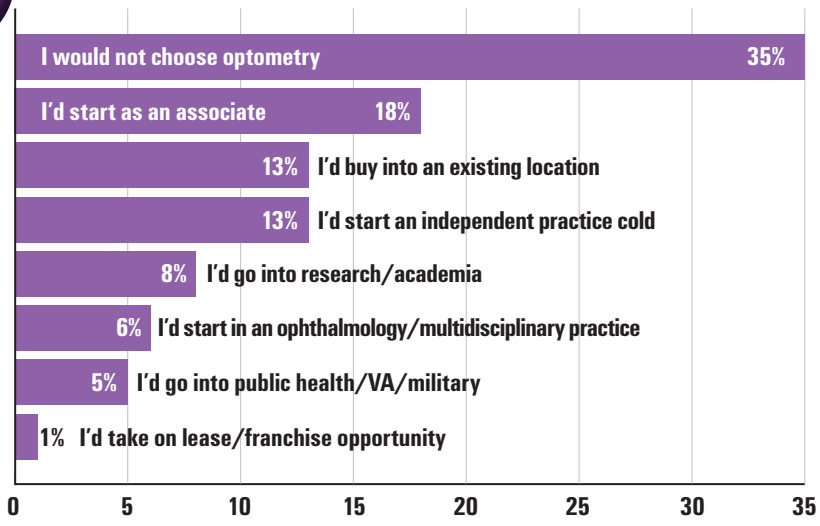
Source: Jobson Optical Research, 2020 Compensation Survey

28.9%

of women negotiated/asked for other benefits in the past year (paid CE benefits, AOA membership, more vacation time, etc.).

Pop-up Poll

If you could choose now...



Does not add up to 100% due to rounding

59.9%

of those who said they would not choose optometry again said that they think they would have preferred another medical profession.

Those who would not choose optometry again

47% of those in practice <5 years

50% of those in practice 6-10 years

35% of those in practice 11-15 years

33% of those in practice 16-20 years

37% of those in practice 21-30 years

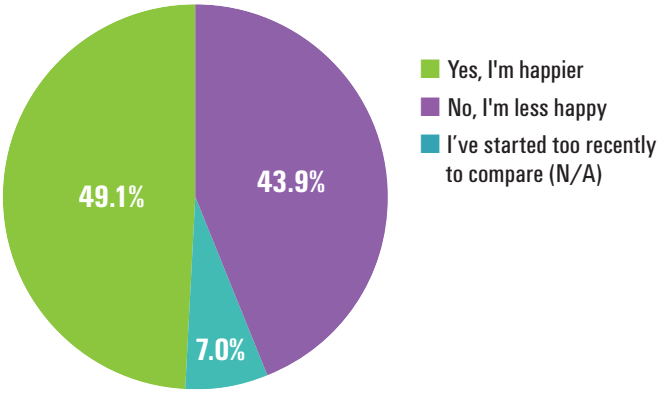
8% of those in practice 31-40 years

50% of those in practice 40+ years

Pop-up Poll

Pop-up Poll

Are you happier in your career now than when you started?



Pop-up Poll

Which factors have had a positive impact on your happiness?

88% said the ability to help patients

62% said income

Pop-up Poll

Which factors have had a negative impact?

57% said COVID-19 changes

41% said student loan debt

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Neurolens partners only with independent eye care professionals

- The Neurolens Measurement Device and prescription process require the clinical precision and patient knowledge best provided by independent eye care practitioners.

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