MDForLives

THE GLOBAL PULSE OF HEALTHCARE · OPTOMETRY INSIGHT REPORT

Presbyopia Eye Drops: Why Patient Interest Isn't Becoming Long-Term Use

A detailed view of how optometrists are responding to patient interest in pharmacologic presbyopia treatment, how often drops are prescribed, which patients appear most satisfied, how products are positioned, what characteristics shape prescribing, why repeat use falls away, how price and side effects influence persistence, and how retinal screening and market expectations are shaping the next phase of adoption.

Interest → Trial → Patient Fit → Persistence

29	2	86.2%
Survey records	Countries represented USA · Italy	Completion rate

WHY THIS REPORT

Presbyopia drops have moved from a novel add-on to a growing treatment category, but the real test is whether patients value them enough to keep using them

Pharmacologic presbyopia treatment has changed quickly. FDA-approved options now include pilocarpine formulations, aceclidine, and a carbachol-brimonidine combination. VIZZ, approved in July 2025, added a pupil-selective aceclidine approach; YUVEZZI, approved in 2026, added a fixed dual-agent carbachol and brimonidine option. The expanding choice makes presbyopia drops increasingly relevant to optometry because they can be discussed alongside readers, progressives, contact lenses, and procedural strategies rather than as a single-product novelty.

The category also carries practical trade-offs. Current FDA labeling for newer miotic products includes warnings about temporary dim or blurred vision and rare retinal tears or detachments, with retinal examination advised before treatment for VIZZ and YUVEZZI. Clinical trials can establish efficacy and safety under controlled conditions, but routine adoption depends on a second layer of evidence: whether patients like the effect in daily life, whether it fits their visual tasks, whether side effects are tolerable, whether cash cost feels justified, and whether the prescription is still being refilled months later.

The MDForLives Optometry survey examines that real-world layer. It asks how often patients initiate the conversation, how much prescribing is actually occurring, which patients appear to do best, whether drops are positioned as daily replacement or situational support, which formulation attributes matter most, how many patients persist beyond 90 days, why they stop, what they are willing to pay, how retinal screening is handled, and where optometrists expect the category to fit over the next three years.

Methodology and data note. Audience: optometrists. Survey ID 8957513. The source export contains 29 survey records, an 86.2% completion rate, and responses from the USA and Italy. The hidden country-punching item is used only for geography metadata. Administrative tracking, bad-ID, required-text, after-question, and honeypot fields are excluded from interpretation. The export contains no substantive open-ended item, so no qualitative themes or invented open-text percentages are used.

EXECUTIVE SUMMARY

Six signals that explain why presbyopia drops are attracting interest without yet becoming a durable mainstream habit

INSIGHT 01

Patient curiosity is already part of routine optometry

36.0% say patients ask about drops a few times per month, with another group hearing the question much more often.

INSIGHT 02

Prescribing is real, but mostly low-volume

64.0% write or dispense only one to five prescriptions or trial doses in a typical month.

INSIGHT 03

Early presbyopes are the perceived sweet spot

60.0% identify early presbyopes with minimal distance refractive error as the profile with the highest long-term satisfaction.

INSIGHT 04

Persistence collapses after the first prescription

56.0% report that fewer than 20% of their presbyopia-drop patients continue to refill and use after 90 days.

INSIGHT 05

Cost is the leading refill barrier

48.0% cite out-of-pocket cost or lack of insurance among the top two reasons patients discontinue or refuse a refill.

INSIGHT 06

Retinal screening is built into the prescribing decision

68.0% require a dilated fundus examination for all patients before initiating presbyopia drops.

01

PATIENT INTEREST

Patients are already asking about pharmacologic presbyopia treatment often enough to make it a routine conversation

36.0% say patients proactively ask about eye drops a few times per month, while 24.0% hear the question daily or multiple times per week.

CONTEXT

Presbyopia patients increasingly arrive aware that near-vision correction is no longer limited to readers, progressives, multifocal contacts, monovision, or surgery. More FDA-approved pharmacologic options and direct-to-patient awareness have made eye drops a question optometrists now have to answer even when they ultimately recommend a different solution.

WHAT THE DATA SHOWS

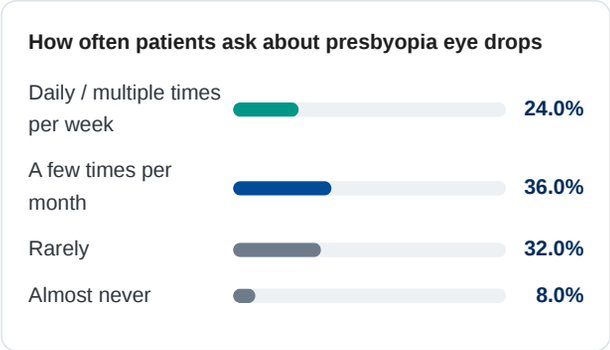
A few times per month is the most common response at 36.0%. Rarely, defined as one to two times per quarter, follows at 32.0%. Daily or multiple-times-per-week questions are reported by 24.0%, while only 8.0% say patients almost never ask.

THE INSIGHT

Demand is visible across most practices, but it is distributed. The category is not driven only by a small group of highly proactive patients, nor is it yet a daily question for most optometrists. Instead, it sits in the middle: frequent enough to require a consistent explanation of benefits, limits, safety, and alternatives.

WHY IT MATTERS

That makes patient communication a workflow issue. A practice that can quickly identify the patient's goal, occasional spectacle independence, daily near performance, post-refractive near boost, or something else, can decide earlier whether a pharmacologic discussion is likely to be useful.



02

PRESCRIBING VOLUME

Most optometrists are trying presbyopia drops, but monthly volume remains deliberately modest

64.0% prescribe or dispense only one to five prescriptions or trial doses in a typical month.

CONTEXT

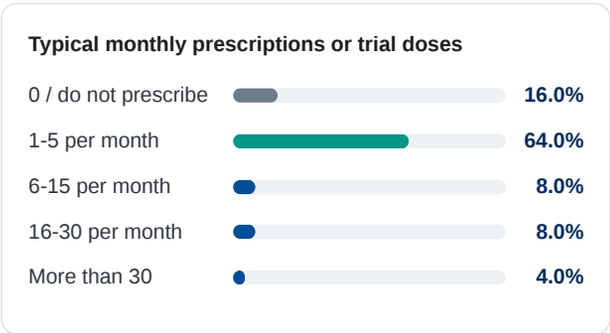
Interest does not automatically translate into routine prescribing. Pharmacologic presbyopia treatment requires a patient who wants the use case, has appropriate ocular status, understands the temporary nature of the effect, can tolerate the visual trade-offs, and is willing to pay if coverage is limited. Those filters naturally reduce volume.

WHAT THE DATA SHOWS

One to five prescriptions or trial doses per month is the dominant band at 64.0%. Another 16.0% do not currently prescribe. The remaining responses are split across 6-15 per month at 8.0%, 16-30 per month at 8.0%, and more than 30 per month at 4.0%.

THE INSIGHT

The market is active without being routine. Most respondents have moved beyond zero use, but high-volume prescribing is uncommon. That pattern fits an adoption phase in which clinicians are learning which patients return satisfied rather than treating every motivated presbyope as a candidate.



WHY IT MATTERS

Low-volume use can be clinically rational while a category is maturing. It also means every early experience matters: a poorly selected trial can reinforce skepticism, while a well-matched patient can clarify which use cases are worth repeating.

03

PATIENT SELECTION

The strongest perceived outcomes sit with early presbyopia, where expectations can be matched to a limited but meaningful near-vision boost

60.0% identify early presbyopes aged 40-47 with minimal distance refractive error as the profile with the highest long-term satisfaction and success.

CONTEXT

Pharmacologic presbyopia treatment does not restore youthful accommodation. Most current approaches temporarily increase depth of focus, so the same near-vision gain can feel very different to a 43-year-old who wants occasional freedom from readers and a more advanced presbyope seeking complete spectacle independence.

WHAT THE DATA SHOWS

Early presbyopes lead by a wide margin at 60.0%. Post-refractive surgery emmetropes seeking a near boost are next at 28.0%. Moderate-to-advanced presbyopes seeking complete spectacle independence account for 8.0%, and pseudophakic patients with monofocal IOLs 4.0%.

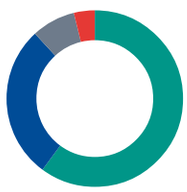
THE INSIGHT

The hierarchy suggests that success is partly expectation management. Early presbyopes may need less absolute near improvement and may be more satisfied with a temporary, reversible option that preserves their good distance vision. Post-refractive patients form a second recognizable use case because their distance result may be strong while near demand has emerged later.

WHY IT MATTERS

Patient selection becomes a value decision, not just an eligibility screen. Optometrists may get more durable satisfaction when the promised outcome is modest, concrete, and tied to the tasks the patient actually wants to perform without readers.

Patient profile associated with highest long-term satisfaction



- Early presbyopes · 60.0%
- Post-refractive emmetropes · 28.0%
- Moderate-to-advanced presbyopes · 8.0%
- Pseudophakic patients · 4.0%

04

POSITIONING IN PRACTICE

Presbyopia drops are more often framed as situational support than as a full-time replacement for reading correction

40.0% primarily position the drops as a supplemental or part-time option for selected activities.

CONTEXT

The language used at prescribing can shape the patient's interpretation of success. A drop positioned as a daily replacement for readers is judged against a high standard. The same product positioned for dinner menus, meetings, travel, social events, or active periods may be judged against a more achievable goal.

WHAT THE DATA SHOWS

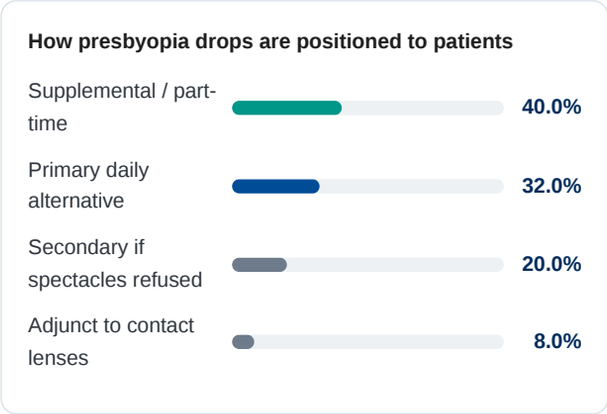
Supplemental or part-time use is the leading position at 40.0%. A primary daily alternative to reading glasses or progressives follows at 32.0%. Another 20.0% reserve drops for patients who refuse spectacles or contacts, and 8.0% use them mainly as an adjunct to contact lenses.

THE INSIGHT

The modal answer is flexible use. That is consistent with a treatment whose effect is temporary and whose value depends on timing, lighting, task, and patient tolerance. It also suggests that the category may grow first as an additional tool in the presbyopia toolkit rather than as a wholesale replacement for optical correction.

WHY IT MATTERS

Positioning affects persistence. Patients who understand that a drop is intended for particular situations may be less likely to interpret the continued need for readers at other times as treatment failure.



05

FORMULATION CHOICE

Pupil selectivity and dual-action duration matter more to optometrists than simply getting the fastest onset

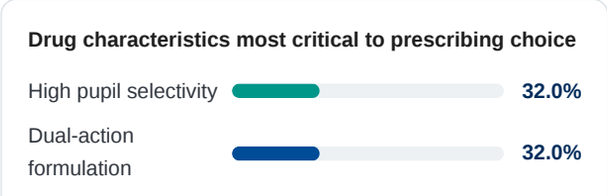
Pupil selectivity and dual-action combination formulations are tied at 32.0% as the most critical prescribing characteristic.

CONTEXT

The pharmacologic presbyopia category is no longer defined by a single formulation. Current and emerging products differ in the degree and mechanism of miosis, ciliary-muscle effect, concentration, preservative profile, duration, and adverse-event pattern. That makes product characteristics part of patient selection.

WHAT THE DATA SHOWS

High pupil selectivity is selected by 32.0%, tied with dual-action combination formulations at 32.0%. Lower-concentration or preservative-free options follow at 20.0%, affordability at 12.0%, and rapid onset speed at 4.0%.

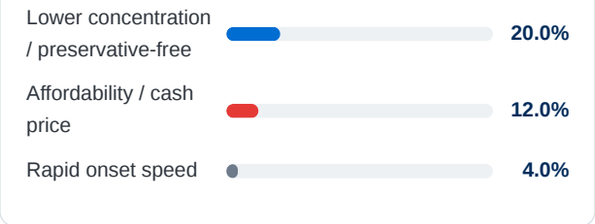


THE INSIGHT

The low ranking for onset is notable. Optometrists appear more concerned with how the pupil is modulated, whether the formulation can extend useful duration, and whether tolerability can be improved. In other words, the quality of the visual experience may matter more than a few minutes of faster effect.

WHY IT MATTERS

This creates room for differentiated prescribing. A patient worried about night driving, discomfort, duration, or ciliary symptoms may value different product characteristics, so class-level enthusiasm is less useful than matching the mechanism and label to the patient's priorities.



06

90-DAY PERSISTENCE

The most important adoption problem appears after initiation: most optometrists see very low refill persistence at 90 days

56.0% report that fewer than 20% of their presbyopia-drop patients continue to refill and use after 90 days.

CONTEXT

A pharmacologic presbyopia product can perform in a clinical trial and still struggle in routine use. Persistence depends on whether the near-vision benefit is noticeable in the patient's real tasks, whether side effects are acceptable, whether the dosing pattern fits daily life, and whether recurring cost feels justified.

WHAT THE DATA SHOWS

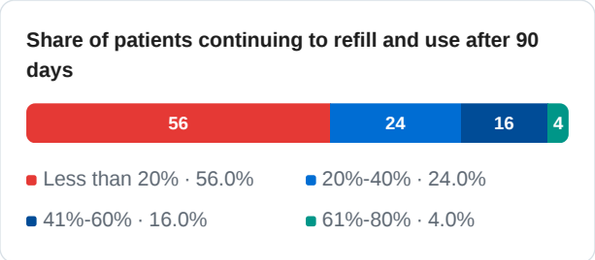
The most selected continuation band is less than 20% at 56.0%. Another 24.0% report 20%-40% continuation, 16.0% report 41%-60%, and only 4.0% report 61%-80% continuation after 90 days.

THE INSIGHT

The distribution turns the adoption question upside down. The first prescription is not the hard endpoint; the refill is. Even if patient interest and trial use continue to grow, the category will remain constrained if most users decide within three months that the benefit, trade-offs, or cost do not justify continuing.

WHY IT MATTERS

For optometrists, follow-up becomes part of product learning. Asking why a patient did not refill can reveal whether the problem was insufficient near effect, dim vision, headache, irritation, price, or mismatch between the prescribed use case and the patient's actual needs.



07

WHY PATIENTS STOP

Cost leads discontinuation, but insufficient near vision and visual side effects are nearly as important

48.0% cite out-of-pocket cost or lack of insurance among the top two reasons patients discontinue or refuse to refill.

CONTEXT

Repeat use requires a recurring trade-off. A patient may be willing to tolerate transient symptoms for a meaningful benefit, or pay cash for a treatment that clearly replaces another inconvenience. The same patient may stop quickly if the visual gain is modest, the side effects interfere with night function, or the monthly price feels disconnected from the benefit.

WHAT THE DATA SHOWS

Cost or lack of insurance leads at 48.0%, followed by insufficient near-vision improvement at 44.0%. Headache or brow ache and dimness or reduced low-light vision are each selected by 36.0%, ocular discomfort or redness by 32.0%, and rebound or short duration by 4.0%. Respondents selected their top two reasons.

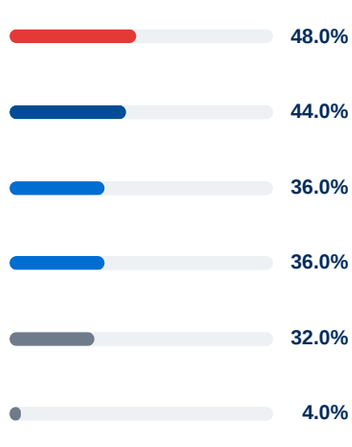
THE INSIGHT

No single barrier explains drop-off. Financial value, efficacy, and tolerability sit close together. That means improving persistence may require more than a lower price or a better adverse-event profile alone; the treatment has to deliver enough functional benefit for the patient's specific near tasks to outweigh both.

WHY IT MATTERS

Current FDA labels for newer miotic products list symptoms such as dim vision, visual impairment, ocular irritation or pain, and headache. The survey does not measure incidence, but it shows that these kinds of experiences can become real-world reasons not to continue, alongside cost and unmet expectations.

Top reasons patients discontinue or refuse to refill



08

AFFORDABILITY

The monthly price most patients are willing to accept is concentrated in a narrow band

56.0% say most patients are willing to pay $30-$50 per month for presbyopia eye drops.

CONTEXT

Cash price matters because coverage for newer therapies can be variable, and presbyopia is often managed successfully with relatively inexpensive optical alternatives. A recurring prescription therefore competes not only with another drug, but with readers, progressives, contact lenses, and the option of simply tolerating some near-vision inconvenience.

WHAT THE DATA SHOWS

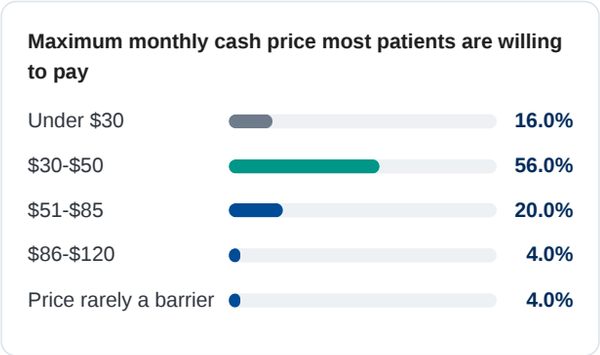
The $30-$50 monthly band is selected by 56.0%. Another 16.0% put the ceiling below $30, 20.0% at $51-$85, 4.0% at $86-$120, and 4.0% say price is rarely a barrier for their patient demographic.

THE INSIGHT

The willingness-to-pay curve is concentrated below the level at which many branded therapies historically launch. That helps explain why cost leads discontinuation even though only 12.0% name affordability as the single most critical drug characteristic when choosing what to prescribe. Clinicians may choose based on mechanism and tolerability, but patients ultimately decide whether the recurring price is worth it.

WHY IT MATTERS

Price discussion belongs early in the treatment conversation. A clinically suitable product can still be a poor fit if the patient is unlikely to refill at the expected monthly cost, and a short trial can create disappointment if affordability is only addressed after benefit is demonstrated.



09

SAFETY SCREENING

Retinal evaluation is being treated as part of the prescribing workflow, not as an exception reserved only for high-risk patients

68.0% require a dilated fundus examination for all patients before initiating presbyopia drops.

CONTEXT

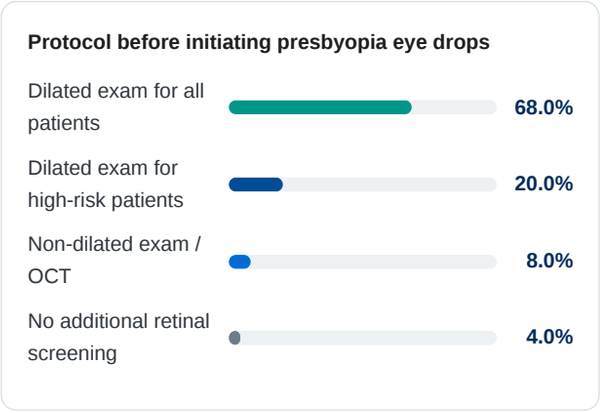
Miotic therapy changes pupil size and can create visual effects in low illumination. More importantly, current FDA labeling for VIZZ and YUVEZZI notes rare retinal tears or detachments with miotics and advises examination of the retina before initiation. That places posterior-segment assessment directly into the workflow for a treatment that may otherwise look like a simple office prescription.

WHAT THE DATA SHOWS

A dilated fundus examination for all patients is the dominant protocol at 68.0%. Another 20.0% reserve dilation for high myopes or other at-risk patients, 8.0% use a standard non-dilated examination or OCT during the routine visit, and 4.0% report no specific retinal screening beyond the routine annual exam.

THE INSIGHT

The survey suggests that safety screening is not being minimized to accelerate adoption. Most respondents are building a retinal check into the decision, which may reflect familiarity with miotic warnings and the need to identify pre-existing risk before treatment.



WHY IT MATTERS

This is operationally relevant because any new therapy competes for chair time. If retinal evaluation, counseling about flashes and floaters, low-light caution, and product-specific contraindications are part of prescribing, the practice workflow has to support those steps consistently rather than treating the drop like a low-friction retail add-on.

ADOPTION TRAJECTORY

Optometrists expect presbyopia drops to grow, but most do not yet see them becoming a first-line mainstream modality

The survey contains no substantive open-ended question, so this section uses the approved interpretive module to synthesize the structured three-year outlook instead of creating qualitative themes. The source export reports four distinct expectations for where pharmacologic drops may fit in presbyopia management.

Minor niche remains the modal expectation

48.0% select the minor niche treatment option. The source export truncates the parenthetical detail for this option, so the report does not reconstruct missing wording.

Moderate growth is a close second

40.0% expect a moderate-growth role covering roughly 10%-25% of presbyopes, suggesting real expansion without a full replacement of established correction strategies.

Mainstream use is a minority view

8.0% expect drops to become a major mainstream modality used by 25%-50% of presbyopes over the next three years.

First-line dominance is not the expected near-term endpoint

Only 4.0% expect drops to become the preferred first-line therapy for more than half of early presbyopes, reinforcing a selective rather than universal adoption story.

What the trajectory adds: the category has room to grow, but the survey's persistence, affordability, patient-fit, and safety findings explain why most optometrists still expect a bounded role rather than rapid first-line dominance.

OPTOMETRY PRESCRIBING LENS

What a more durable presbyopia-drop pathway could look like in routine optometry

The survey does not define a clinical protocol. It does identify the decision points most likely to shape whether a patient moves from curiosity to a refill.

Start with the use case, not just the diagnosis

Clarify whether the patient wants occasional freedom from readers, a daily near-vision option, a post-refractive near boost, or near support alongside contact lenses before selecting a pharmacologic strategy.

Set expectations around partial and temporary benefit

Explain that pharmacologic treatment may improve near function without creating full spectacle independence, and that lighting, task, duration, and individual response can change the experience.

Build product-specific safety into the visit

Use current prescribing information for retinal evaluation, ocular history, low-light counseling, contact-lens instructions, contraindications, and warning symptoms rather than treating all miotic drops as interchangeable.

Discuss price and follow-up before the refill decision

Confirm the expected recurring cost and ask about real-world benefit, tolerability, and continued reader use after initiation so non-persistence becomes actionable feedback rather than an invisible loss to follow-up.

PEOPLE ALSO ASK

Frequently asked questions about presbyopia eye drops

What are presbyopia eye drops?

Presbyopia eye drops are prescription ophthalmic treatments designed to improve near vision in adults with presbyopia. Current pharmacologic approaches mainly use miotic mechanisms that constrict the pupil and increase depth of focus for a limited period.

How do presbyopia eye drops improve near vision?

Most approved drops improve near vision by reducing pupil size and creating a pinhole-like optical effect that increases depth of focus. The exact mechanism, dosing schedule, onset, and duration vary by product.

Can presbyopia eye drops replace reading glasses?

They may reduce dependence on reading glasses for some patients and situations, but they do not eliminate presbyopia or guarantee spectacle-free near vision. Patient selection, visual demands, lighting, tolerance, and response all influence how useful they are.

How long do presbyopia eye drops last?

Duration depends on the specific formulation. FDA-approved products have different dosing schedules and labeled durations of effect, so optometrists should use the current prescribing information for the product being considered.

What side effects can presbyopia eye drops cause?

Depending on the product, reported effects can include ocular irritation or pain, headache or brow ache, temporary dim or dark vision, blurred vision, and other visual symptoms. Current prescribing information should guide counseling and risk assessment.

Why is a retinal exam considered before some presbyopia drops?

Miotic agents have been associated with rare retinal tears or detachments, particularly in susceptible individuals. Current FDA labeling for some newer presbyopia drops advises retinal examination before treatment and prompt evaluation of new flashes, floaters, or vision loss.

CLOSING PERSPECTIVE

Presbyopia drops will earn a larger place in optometry only if the real-world experience becomes as compelling as the initial idea

The MDForLives data describes a category that has already crossed the awareness threshold. Patients are asking about eye drops, most optometrists are prescribing at least occasionally, and the market now includes multiple pharmacologic mechanisms rather than a single early entrant. Yet the survey does not describe a treatment that has become routine for most presbyopes. It describes a selective tool whose long-term value is still being defined.

Patient fit is the first filter. Respondents overwhelmingly identify early presbyopes with minimal distance refractive error as the profile with the strongest long-term satisfaction, while post-refractive emmetropes form a smaller second use case. That suggests pharmacologic treatment may work best when the patient wants a targeted near boost rather than complete spectacle independence. The leading way optometrists position drops reinforces the same idea: part-time or supplemental use is more common than presenting them as a full daily replacement for readers or progressives.

Product selection is becoming more nuanced at the same time. Pupil selectivity and dual-action formulations lead prescribing priorities, while rapid onset ranks last. That hierarchy suggests clinicians are focusing on the quality and durability of the visual effect and on tolerability rather than treating every product as equivalent. As additional formulations reach practice, the question will increasingly shift from whether presbyopia drops work at all to which mechanism is the best match for a particular patient's ocular status, daily tasks, and tolerance for trade-offs.

The persistence data is the strongest signal of what remains unresolved. More than half of respondents say fewer than one in five patients are still refilling and using the drops after 90 days. Cost and lack of coverage lead the stated reasons for discontinuation, but insufficient near-vision improvement is almost as prominent, and headache, dimness in low light, and ocular discomfort remain meaningful barriers. The category therefore has to win a three-part value test: enough functional benefit, acceptable side effects, and a recurring price patients believe is worth paying.

Safety also keeps the treatment anchored in professional care rather than simple consumer demand. Most respondents require a dilated fundus examination before initiating drops, consistent with current labeling for some newer miotic products that advises retinal examination before therapy. This screening burden is not necessarily a barrier, but it is part of the workflow that any scaled adoption model must respect.

The three-year outlook brings these threads together. Most optometrists expect either a niche role or moderate growth, while relatively few anticipate mainstream or first-line dominance. That is not a rejection of pharmacologic presbyopia treatment. It is a measured view of a therapy category still proving where it fits. Wider adoption is likely to depend less on initial curiosity and more on whether better patient selection, differentiated formulations, realistic positioning, affordability, and follow-up can turn trial use into repeat use.

1 · Clarify the patient's real goal

Distinguish occasional near independence from a desire to replace readers all day before discussing pharmacologic treatment.

2 · Match the product to the patient

Use ocular history, refractive status, visual demands, mechanism, duration, and current labeling to guide product-specific selection.

3 · Make expectations measurable

Agree on the near tasks the patient wants to perform and use those tasks to judge whether the treatment is meaningfully useful.

4 · Address safety before convenience

Keep retinal assessment, warning symptoms, low-light effects, and product-specific precautions inside the prescribing workflow.

5 · Discuss recurring cost early

Set expectations around cash price and coverage before the patient invests in a treatment they may not be willing to refill.

6 · Learn from the 90-day outcome

Ask why patients continue or stop so prescribing choices evolve from actual persistence rather than initial trial volume alone.

Help future optometry insights reflect what happens after the first presbyopia-drop prescription.

Share your perspective with MDForLives and help build a clearer view of patient selection, product choice, safety screening, affordability, real-world visual benefit, refill persistence, and the evolving role of pharmacologic presbyopia treatment.

Join the Panel

Sources used for this report

1. **MDForLives Optometry Insight Survey_Aug, SGID 8957513.** Source survey report: 29 survey records, 86.2% completion rate, two countries, and question-level values used exactly as reported. Administrative and validation fields were excluded. No substantive open-ended item was available for qualitative coding.
2. **U.S. Food and Drug Administration.** Drug Trials Snapshot: VIZZ (aceclidine ophthalmic solution). Approval date July 31, 2025; indicated for treatment of presbyopia in adults. https://www.fda.gov/drugs/drug-trials-snapshots/drug-trials-snapshots-vizz
3. **U.S. Food and Drug Administration.** VIZZ (aceclidine ophthalmic solution) 1.44% prescribing information. The label advises caution with dim or blurred vision and states that retinal examination is advised before treatment because rare retinal tears and detachments have been reported with miotics. https://www.accessdata.fda.gov/drugsatfda_docs/label/2025/218585s000lbl.pdf
4. **U.S. Food and Drug Administration.** YUVEZZI (carbachol and brimonidine tartrate ophthalmic solution) 2.75% / 0.1% prescribing information, initial U.S. approval 2026. The label includes warnings about blurred or dim vision and advises retinal examination before initiation. https://www.accessdata.fda.gov/drugsatfda_docs/label/2026/220142s000lbl.pdf
5. **U.S. Food and Drug Administration.** QLOSI approval package and prescribing information. QLOSI (pilocarpine hydrochloride ophthalmic solution) 0.4% was approved for treatment of presbyopia in adults in October 2023. https://www.accessdata.fda.gov/drugsatfda_docs/nda/2024/217836Orig1s000Approv.pdf
6. **García-Montero M, et al.** An updated systematic review of pharmacological treatments for presbyopia. The review summarizes miotic approaches, mechanisms, evolving formulations, and the need for continued real-world and long-term evidence. PubMed PMID 39512930. https://pubmed.ncbi.nlm.nih.gov/39512930/

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