



Pearls From the Experts: Part I

Managing Postoperative Inflammation

Please refer to the full Prescribing Information for management of IOP or other effects associated with ocular steroids.

In terms of inflammation control, what do you see in your patients after using DEXYCU® (dexamethasone intraocular suspension) 9%?

Eric D. Donnenfeld, MD: We have found DEXYCU to be quite effective at controlling inflammation, and this has been shown in my clinical experience as well as in the clinical trials. In the clinical trials, we found that DEXYCU achieved statistical significance in terms of inflammation control as measured by anterior chamber cells at day 8, with a separation from placebo as early as day 1.¹

In clinical trials for DEXYCU, the percentage of patients who received DEXYCU (517 mcg) who had anterior chamber (AC) cell clearing on day 8 was 60% (n=94/156) vs. 20% (n=16/80) in the placebo group.¹ $P < 0.001$

John A. Hovanesian, MD: One of the things I really like about DEXYCU is that I can put it in the eye and basically forget about it, because it's going to release dexamethasone over the course of about a month. It's going to treat

INDICATION AND USAGE

DEXYCU® (dexamethasone intraocular suspension) 9% is indicated for the treatment of postoperative inflammation.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

None.

WARNINGS AND PRECAUTIONS

Increase in Intraocular Pressure

- Prolonged use of corticosteroids, including DEXYCU, may result in glaucoma with damage to the optic nerve, defects in visual acuity and fields of vision
- Steroids should be used with caution in the presence of glaucoma

Delayed Healing

- The use of steroids after cataract surgery may delay healing and increase the incidence of bleb formation
- In those diseases causing thinning of the cornea or sclera, perforations have been known to occur with the use of corticosteroids

Please see continued Important Safety Information on adjacent page.

my patients' inflammation silently yet effectively, with a tapering dose of drug. This is, of course, exactly what we need after surgery.

One of the other nice things about DEXYCU is its simplicity. After surgery, it slowly releases inside the eye, and, because of that, we don't need to worry about patient compliance. We don't need to consider when they're going to have a problem getting their medication, paying for it, taking it with them on vacation, or running out of drops and calling the office on Saturday night to get a refill.

Michael Saidel, MD: We have achieved good outcomes with our patients in terms of safety and efficacy after inserting DEXYCU. More specifically, what we've found is pretty well-controlled inflammation. To date, we have not had to rescue any patients who have received DEXYCU.

We have not found the need to add any additional steroids or postoperative inflammation medication in our DEXYCU patients thus far. The cumulative percentage of patients receiving rescue medication with an ocular steroid or a nonsteroidal anti-inflammatory drug (NSAID) by day 30 in the FDA trial was significantly lower in the DEXYCU treatment group than in the placebo group: only 20% of patients (31 out of 156) in the DEXYCU group compared to 54% of patients (43 out of 80) in the placebo group.¹

Steven M. Silverstein, MD, FACS: The key is to get the medicine in the eye and allow the dexamethasone to impact the inflammatory cascade.



Managing postoperative inflammation is one of the first hurdles after cataract surgery. In the first of a three-part series, Eric D. Donnenfeld, MD; Steven M. Silverstein, MD, FACS; Michael Saidel, MD; and John A. Hovanesian, MD, discuss using DEXYCU (EyePoint Pharmaceuticals) for postoperative inflammation, the first intracameral steroid approved for the treatment of postoperative inflammation.



ERIC D. DONNENFELD, MD



JOHN A. HOVANESIAN, MD



MICHAEL SAIDEL, MD



STEVEN M. SILVERSTEIN, MD, FACS

Do you believe there's a benefit to having inflammation control at the site of inflammation? Is there a positive aspect to having inflammation control in the hands of the provider by administering treatment at the time of surgery?

Dr. Donnenfeld: Clearly, it's great to place the corticosteroid inside the eye if you want to control intraocular inflammation. Willie Sutton said it best when he said, "Why do you rob banks? Because that's where the money is." And that's why I place corticosteroids inside the eye when I want to control inflammation best, because that's where the inflammation occurs. Putting steroids inside the eye is going to target the source of inflammation.² This has been demonstrated in the clinical trials as well, that DEXYCU is effective at reducing inflammation in intraocular surgery.

Dr. Saidel: Yes. I've heard it said before and I've repeated this, using a metaphor of a car engine. You put the oil *in* the engine, not on the engine. The eye is no different. I think there is a great deal of common sense in putting a medicine like this inside the eye at the site of inflammation, as opposed to putting it on the surface. ■

ERIC D. DONNENFELD, MD

- Professor of Ophthalmology, New York University, New York
- Trustee, Dartmouth Medical School, Hanover, New Hampshire

References

1. DEXYCU® (dexamethasone intraocular suspension) 9% full U.S. Prescribing Information. EyePoint Pharmaceuticals, Inc. June 2020.
2. Dua HS, Attre R. Treatment of post-operative inflammation following cataract surgery – a review. *Eur Ophthalmic Rev.* 2012;6(2):98-103.

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

Exacerbation of Infection

- The use of DEXYCU, as with other ophthalmic corticosteroids, is not recommended in the presence of most active viral diseases of the cornea and conjunctiva including epithelial herpes simplex keratitis (dendritic keratitis), vaccinia, and varicella, and also in mycobacterial infection of the eye and fungal disease of ocular structures
- Use of a corticosteroid in the treatment of patients with a history of herpes simplex requires caution and may prolong the course and may exacerbate the severity of many viral infections
- Fungal infections of the cornea are particularly prone to coincidentally develop with long-term local steroid application and must be considered in any persistent corneal ulceration where a steroid has been used or is in use. Fungal culture should be taken when appropriate
- Prolonged use of corticosteroids may suppress the host response and thus increase the hazard of secondary ocular infections. In acute purulent conditions, steroids may mask infection or enhance existing infection

Cataract Progression

- The use of corticosteroids in phakic individuals may promote the development of posterior subcapsular cataracts

ADVERSE REACTIONS

- The most commonly reported adverse reactions occurred in 5-15% of subjects and included increases in intraocular pressure, corneal edema and iritis

Please see brief summary of full Prescribing Information on adjacent page and full Prescribing Information at DEXYCU.com/PI.

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