PROMOTIONAL SUPPLEMENT TO

May/June 2023

Sponsored by

CRST GT

Cataract & Refractive Surgery Today

Glaucoma Today

Real-World Experience Implementing Sustained-Release Medication in the Glaucoma Treatment Paradigm

COURTNEY BOVEE, MD
- Bovee Eye, Tampa Bay, Florida
- courtneybovee@gmail.com
- Consultant (Allergan, an AbbVie company, Bausch + Lomb), *Iridex®*, Tarsus, *Ocular Therapeutix™*, New World Medical, Sight Sciences

PETER T. CHANG, MD
- Associate Professor & Director, Glaucoma Fellowship – Ophthalmology, Baylor College of Medicine, Houston, Texas
- glaucomamd@gmail.com
- Consultant (Aerie, Allergan, an AbbVie company, New World Medical)

BRIAN M. SHAFER, MD
- Adjunct Assistant Professor of Ophthalmology, Perelman School of Medicine, University of Pennsylvania
- Brian.M.Shafer@gmail.com
- Consultant (Alcon, Allergan, an AbbVie company, *Harrow™*, Tarsus, *Visus Therapeutics™*)

SAVAK "SEV" TEYMOORIAN, MD, MBA
- Harvard Eye Associates, Laguna Hills, CA
- Founder of Powerupdoc
- steymoorian@harvardeye.com
- Consultant (Aerie, Alcon, Allergan, an AbbVie company, *Ocular Therapeutix™*)

Glaucoma causes irreversible vision loss and is the second leading cause of blindness in the United States and worldwide.[1,2] Reducing elevated IOP is the only modifiable factor shown to decrease the risk of visual field loss associated with glaucoma.[3] Over the course of a patient's glaucoma treatment journey, physicians need to make changes to their treatment, which can lead to patients feeling uncertain. As physicians, we have the opportunity to partner with our patients on their journey and adapt our treatment strategies to their disease and needs.

DURYSTA® (bimatoprost intracameral implant 10 mcg) (Allergan, an AbbVie company) is a first-in-class, FDA-approved, sustained-release, biodegradable, intracameral implant for intraocular pressure (IOP) reduction in patients with open-angle glaucoma (OAG) or ocular hypertension (OHT).[4] Proven safe and efficacious, DURYSTA provides reliable IOP-lowering and 24/7 drug delivery for several months.[5,6] While there are numerous therapies for OAG and/or OHT, including drop therapy, many patients with mild-to-moderate disease could benefit from a nondrop, nonsurgical, preservative-free treatment delivered directly to the eye. In this roundtable discussion, Courtney Bovee, MD; Peter Chang, MD; Brian Shafer, MD; and Sev Teymoorian, MD, MBA, discuss how they use DURYSTA in their practices, the results they see, and their advice to colleagues who are considering incorporating DURYSTA into their practices.

HOW HAS YOUR PERCEPTION OF DURYSTA CHANGED OVER TIME, AND WHAT RESULTS HAVE YOU HAD USING DURYSTA IN YOUR PRACTICE?

Dr. Shafer: DURYSTA has completely shifted the treatment algorithm for me. Initially, I thought of it as an intervention for

patients with advanced glaucoma. Now, I recognize the beauty of utilizing DURYSTA early in the treatment paradigm. Bimatoprost is a highly efficacious prostaglandin analog and a great first-line therapy for patients with elevated IOP due to glaucoma. It is not just for patients with severe disease or for whom I have exhausted all other options.

Dr. Chang: Looking at my first 100 cases, the majority have gone longer than I originally anticipated and without needing additional intervention. I realized the difference DURYSTA® makes when, after treating one eye in my first set of patients, they were eager to treat the second eye. The treated eyes looked white, quiet, and less inflamed. I have also had success in reducing my patients' medication burden. I use DURYSTA frequently for patients on up to four medications. It may not eliminate all their medications, but it can reduce their medication burden to a more tolerable regimen for a time.[7]

Dr. Teymoorian: In my clinical practice, I am seeing great results. I've been very pleased with the duration of effect.

Dr. Bovee: My patients have responded well to DURYSTA. It removes the issue of compliance, and the drug is exactly where it needs to be. Patients appreciate that they can reduce their drops for a time while still getting the medication they need to help control their IOP. Sustained-release delivery also facilitates better comanagement in my practice. It gives me a sense of comfort knowing that, when I send patients back to their OD or MD, they have a reliable treatment in place to control their intraocular pressure.

WHAT IS YOUR PHILOSOPHY ON IDENTIFYING PATIENTS FOR DURYSTA?

Dr. Shafer: I consider all open-angle glaucoma patients as interventional therapy candidates. It is a matter of ruling out rather than ruling in. In my practice, every OAG patient is a DURYSTA candidate until proven otherwise.

Dr. Teymoorian: If you listen to your patients, they will identify themselves. Complaints of cost, tolerability, forgetting, or difficulty administering drops indicate that DURYSTA could be an option.

> "In my practice, every OAG patient is a DURYSTA® candidate until proven otherwise."
>
> —Dr. Shafer

Dr. Bovee: I think we tend to minimize the fact that patients get judged on their physical appearance. The redness and irritation that glaucoma drops may cause can elicit serious stigma and affects how patients are perceived. My patients are my calling card, so I want them to look and feel great. The DURYSTA sustained-release approach helps me address this and allows me to be more empathetic to patients struggling with compliance, because now I understand how profoundly impactful the drops were.

OVER THE YEARS, HAS THERE BEEN A SHIFT IN WHEN YOU USE DURYSTA IN THE PATIENT JOURNEY?

Dr. Bovee: When DURYSTA was introduced, I initially thought it was a limited-use monotherapy; however, I realized that I could use this therapy anywhere in the treatment paradigm, especially for patients early on when they need to protect their vision. I quickly saw the value of taking compliance—and all of the other variables that can alter the treatment plan—out of the patients' hands.

Dr. Chang: Now that I've had experience with DURYSTA, I have shifted to considering it as my first intervention. I also see it as an option for patients who have already had interventions such as selective laser trabeculoplasty (SLT) or in whom I'd consider using minimally invasive glaucoma surgery (MIGS).

Dr. Teymoorian: DURYSTA has reframed how I take care of my glaucoma patients: I now take a more interventional mindset. I realize the issue of noncompliance, and although many patients are on a multiple-drop regimen, they are not consistently getting the drops. When I see patients, I assess why they are on drops and whether there is something else I can do for them.

HOW DOES DURYSTA FIT INTO THE PRACTICE FLOW FOR YOU AND YOUR STAFF?

Dr. Shafer: DURYSTA fits nicely into our practice flow. Our staff knows what DURYSTA is and who is potentially a good candidate. During intake, our technicians are trained to gather keywords. The way we phrase questions and the words we use matter here. Rather than asking, "Are you having any problems?" we ask, "What problems are you having?" We do not ask, "Do you forget to administer your drops?" Instead, we ask, "How many times a week do you miss taking your drops?" and, "Are your drops irritating you?" If any of these questions trigger a response indicating noncompliance or irritation, my staff is adept at letting me know that the patient is a potential DURYSTA® candidate.

Dr. Teymoorian: My technical staff members are also an important piece to this because they collect the information. They are very motivated to do a little more up-front to identify DURYSTA candidates because it reduces the pain point around the administrative burden of medication refills and authorizations.

Dr. Shafer: After discussing options with the patients, the next steps are determined based on their insurance. This flow has proven effective, but it did take us some time to get it down. It is critical that your team understands the value; otherwise, it feels like a burden to them. Once they realize you are helping patients, they are excited to talk to them about it.

> "[DURYSTA®] is a safe and efficacious intervention for patients early on in their glaucoma journey."
>
> —Dr. Chang

HOW HAS SUSTAINED DELIVERY CHANGED YOUR APPROACH TO TREATMENT AND YOUR SEQUENCING OF GLAUCOMA THERAPIES?

Dr. Shafer: Sustained drug delivery in glaucoma provides several months of intervention without requiring patient compliance. In my practice, it has often supplanted adding on more drop therapies or going straight to surgery. I typically use it early in the treatment paradigm or wherever it fits best based on the patient's history.

Dr. Teymoorian: I like to use DURYSTA in sequence with SLT for patients on two or more drops and in patients who have had cataract surgery plus MIGS to lower their pressure. After their postoperative "drop holiday," they did not want to go back to eyedrops.

Dr. Chang: Drawing an analogy to SLT, if we only performed it on patients who are on four drops with pressures in the high 20s and in need of incisional surgery, then we would be horribly disappointed with the results. We need to look at DURYSTA the same way. It is a safe and efficacious intervention for patients early on in their glaucoma journey.

WHAT IS YOUR APPROACH TO COUNSELING DURYSTA PATIENTS?

Dr. Teymoorian: Patients need to feel your confidence to trust you to guide them through the glaucoma journey. When I discuss options with my patients, I tell them which one I believe will be their best option and the reasons why. Ultimately, patients want to know what you would do if it were your eyes. We are the professionals, and it is our job to deliver recommendations.

Dr. Shafer: When I introduce anything to a glaucoma patient, I make it clear that their glaucoma is going to fight us, and our goal is to fight back. I explain that, like surgery, the effect of DURYSTA does not last forever, and that we will plan several steps ahead about what is next once the effect wanes. A key part of this conversation is to lay out all the options we have—medication, lasers, surgery—and explain that we may do all of them over their lifetime. Then, when it is time to move on to another treatment, whether procedural or pharmacological, patients do not feel like anything failed. Rather, they feel like it is a natural progression.

Real-World Experience Implementing Sustained-Release Medication in the Glaucoma Treatment Paradigm

> "Confidence is key, and that comes from experiencing great outcomes. The value of the product is there."
>
> —Dr. Bovee

Dr. Chang: It is important to educate patients that glaucoma is an incurable chronic disease, and that even if everything goes well, they will still have the disease. My approach is to give them a benchmark to something they have already done that they can compare the treatment to. For example, I may tell a patient that DURYSTA insertion is straightforward and similar to having their pressure checked. I also make sure that patients know that bimatoprost has been used successfully in the glaucoma space for decades. An interesting fact to share is that DURYSTA is equivalent to one drop of medicine,[8] and over 4 months, that would be 120 drops per eye. That is when they realize how much medicine is shed from the surface of their eye.

WHAT WOULD YOU SAY TO OTHER PHYSICIANS WHO HAVE NOT ADOPTED DURYSTA?

Dr. Bovee: Just try it. Confidence is key, and that comes from experiencing great outcomes. The value of the product is there. It meets my patients' needs. They are happy that they have a drop-free alternative, and it's well covered by their insurance. Patients feel at ease knowing that their potentially blinding disease is being controlled by managing their IOP.

Dr. Teymoorian: Patients are always looking for alternatives, and to stay relevant, we need to be aware of the options and provide the information to our patients. Their job is to pick what they want to do moving forward.

Dr. Shafer: DURYSTA® is no longer new technology. Look at the data. After nearly 50,000 implants, we have seen great success with an established safety profile.[4] The trials show us that sustained drug delivery provides reliable IOP reduction.[4] This is the first generation of sustained drug delivery, and it is only going to get better from here. Get involved now.

Dr. Chang: There are very few things that we do in glaucoma that have an instant feedback loop from the patient. DURYSTA is one of those things. Here is a straightforward treatment using a proven ingredient placed exactly where the medicine should be. It bypasses the ocular surface[4] and eliminates the barriers of chronic drop therapy. The procedure is straightforward; if you can remove a stitch or do an anterior chamber paracentesis at the slit lamp, you can implant DURYSTA. If all you do in your career is what you learned in training, then you are limiting yourself as a clinician or surgeon. ■

1. Quigley HA, Broman AT. The number of people with glaucoma worldwide in 2010 and 2020. *Br J Ophthalmol.* 2006;90(3):262-267.
2. Gupta P, Zhao D, Guallar E, et al. Prevalence of glaucoma in the United States: The 2005-2008 National Health and Nutrition Examination Survey. *Invest Ophthalmol Vis Sci.* 2016;57(6):2905-2913. doi:10.1167/iovs.15-18469.
3. Akpek EK, Smith RA. Overview of age-related ocular conditions. *Am J Manag Care.* 2013;19(suppl 5):S67-S75.
4. DURYSTA® Prescribing Information.
5. Bacharach J, Tatham A, Ferguson G, et al; ARTEMIS 2 Study Group. Phase 3, randomized, 20-month study of the efficacy and safety of bimatoprost implant in patients with open-angle glaucoma and ocular hypertension (ARTEMIS 2). *Drugs*. 2021;81(17):2017-2033. doi:10.1007/s40265-021-01624-9.
6. Medeiros FA, Walters TR, Kolko M, et al; ARTEMIS 1 Study Group. Phase 3, randomized, 20-month study of bimatoprost implant in open-angle glaucoma and ocular hypertension (ARTEMIS 1). *Ophthalmology*. 2020;127(12):1627-1641. doi:10.1016/j.ophtha.2020.06.018.
7. Data on file, AbbVie, Inc. ABVRRT174643.
8. Lewis RA, Christie WC, Day DG, et al; Bimatoprost SR Study Group. Bimatoprost sustained-release implants for glaucoma therapy: 6-month results from a phase I/II clinical trial. *Am J Ophthalmol.* 2017;175:137-147. doi:10.1016/j.ajo.2016.11.020.

IMPORTANT SAFETY INFORMATION (CONTINUED)

ADVERSE REACTIONS

In controlled studies, the most common ocular adverse reaction reported by 27% of patients was conjunctival hyperemia. Other common adverse reactions reported in 5%-10% of patients were foreign body sensation, eye pain, photophobia, conjunctival hemorrhage, dry eye, eye irritation, intraocular pressure increased, corneal endothelial cell loss, vision blurred, iritis, and headache.

Please see additional Important Safety Information throughout.
Please see accompanying full Prescribing Information or visit https://www.rxabbvie.com/pdf/durysta_pi.pdf