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Evolving Strategies for Sustained-Release Glaucoma Treatments

Announcer:
Welcome to CME on ReachMD. This episode is part of our MinuteCE curriculum.

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Dr. Schweitzer:
Sustained drug delivery options for glaucoma are now available, with more in the pipeline. What are they and how should we be using them?

This is CME on ReachMD, and I'm Dr. Justin Schweitzer.

Dr. Van Tassel:
And I'm Dr. Sarah Van Tassel. As you said, it's an exciting time and we have these two approved sustained-release treatment options now. Of course, the first to market was bimatoprost intracameral implant. This is a biodegradable polymer that releases bimatoprost, the molecule we know and use frequently. It releases it over 3 to 4 months. There's flexibility to insert it in the clinic or in the OR.

The best data for clinical utilization comes from the ARTEMIS 1 and 2 trials. These were identical randomized multicenter trials. These data show us that a single bimatoprost implant was noninferior to timolol at week 12 after administration. Average IOP in the bimatoprost group tended to be about 7.7 mmHg, compared to 7.1 mmHg in the timolol group when it was dosed BID. The FDA has limited us to a single application due to the risk of endothelial loss.

And then, the more recent addition to the market is the iDose TR implant. This is an intracameral sustained-release implant delivering travoprost to the anterior chamber. It does require surgical insertion. It's anchored to the sclera via the trabecular meshwork. The travoprost oil is preloaded and it's designed to be removed and replaced over time, this reservoir that holds the drug.

The pivotal phase 3 data shows us that about 81% of patients were free of topical medication at a year. On average, the implant bested topical prostaglandins by about 1.3 mmHg.

Dr. Schweitzer:
Yeah, these are really exciting treatment options. The things that resonate with me based on what you just said there is just reducing that medication burden for our patients. That's going to help compliance; it's going to help with adherence.

Now these patients, a lot of them are suffering from other things like ocular surface disease on top of the glaucoma, and the quality of life matters just as much as preventing blindness in these patients. And to have these types of options available are really, really exciting.

What else do we have coming down the pipeline that is being looked at in regards to sustained drug delivery?

Dr. Van Tassel:
Yeah, absolutely. So prostaglandin analogs are the workhorse of topical therapy, so it is no surprise that this is one of the classes of

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most interest to companies investigating pipeline sustained-release options. I'll also mention that there is an IOL haptic-based drug delivery system. These are almost like little life preservers for each haptic. They slowly elute drug over time. This is a novel method of drug delivery, and I would say it's a highly anticipated innovation.

Dr. Schweitzer:
Yeah, this is a big field with a lot of innovation occurring, not only from some contact lens technologies, some insertable technologies, as you just mentioned. There's just a lot going on, and it's really exciting from an adherence/compliance and ocular surface disease standpoint. And of course, slowing down glaucoma progression being the most important.

Any other take-home messages for our audience today?

Dr. Van Tassel:
I think the best take-home here is rising tides lift all boats. I think it's really exciting to see new market entrants, to drum up enthusiasm, both among patients and among doctors, and to provide more treatment options to our patients. So more to come, but this is definitely a reasonable way to preserve vision for the long haul.

Dr. Schweitzer:
So, Sarah, thank you so much for joining me today.

Dr. Van Tassel:
And thank you, Justin.

Dr. Schweitzer:
So thank you to the audience for tuning in. This has been CME on ReachMD.

Announcer:
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