

Real-World Evidence of an Intracanalicular Dexamethasone Insert Saving Time on Patient Education and Calls for Post-Cataract Surgery Care

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Financial Disclosures

- Lisa Nijm, Cynthia Matossian, Richard A. Lehrer, Maria E. Rosselson, and Sanjeev Dewan were participants in the survey
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Introduction and Rationale

Burden of Post-Cataract Surgery Eyedrops on Physicians

- Clinicians invest time on:
 - training patients eyedrop administration
 - following up to ensure compliance
 - addressing complications from improper technique
- Patient and pharmacy questions regarding use of post cataract surgery eyedrops are major drivers of calls to physician offices¹

DEXTENZA (dexamethasone ophthalmic insert) 0.4 mg

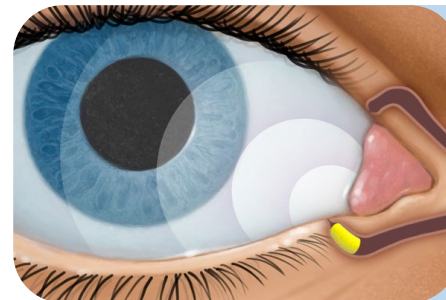
- Intracanalicular, sustained-release, bioresorbable, hydrogel-based insert that releases dexamethasone over 4-weeks²
- FDA-approved for treatment of ocular inflammation and pain following ophthalmic surgery, and ocular itching associated with allergic conjunctivitis²

This study evaluated the impact of using the physician-administered intracanalicular dexamethasone insert instead of topical steroid eye drops



Activates:^{2,3}

- With moisture
- Swells to fit in the canaliculus



Releases:^{2,3}

- Dexamethasone for up to 30 days



Resorbs:^{2,3}

- Slowly through the course of treatment
- Clears via the nasolacrimal duct

Methods: Study Design

Phase 4 Experiential Cross-Sectional Survey Study

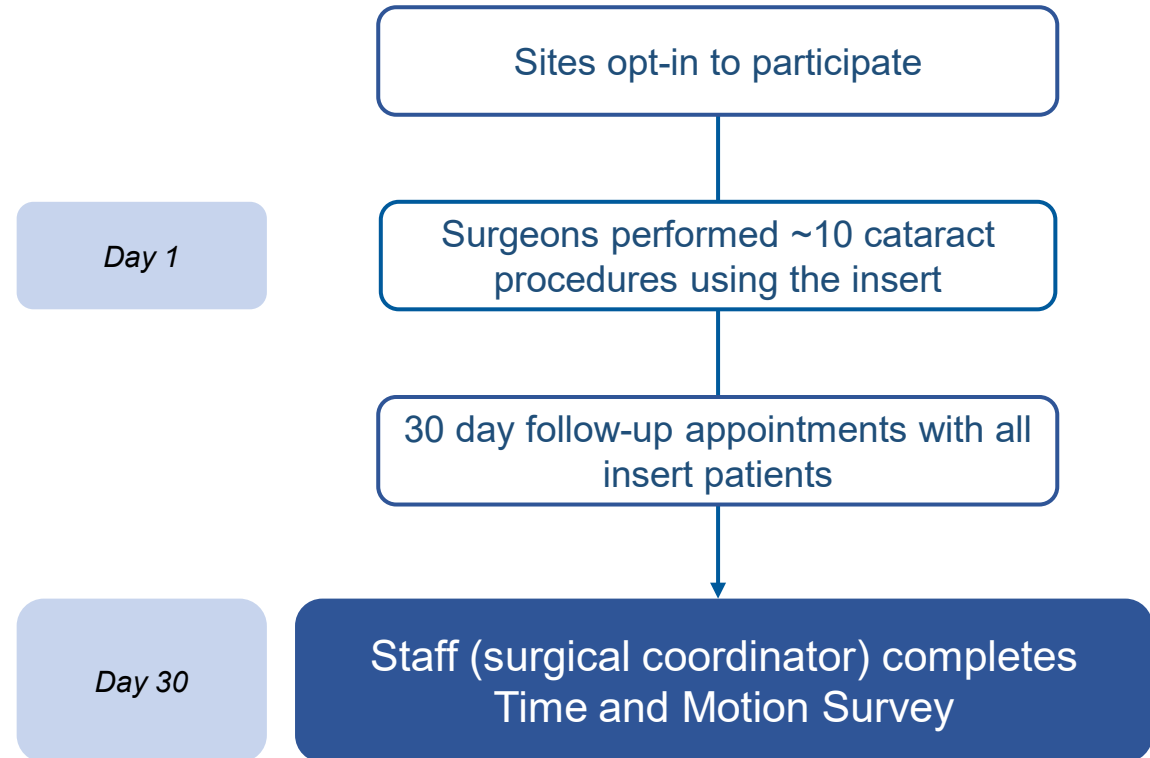
Early Experience Program

- Collected initial user experience and feedback with DEXTENZA in cataract surgery patients

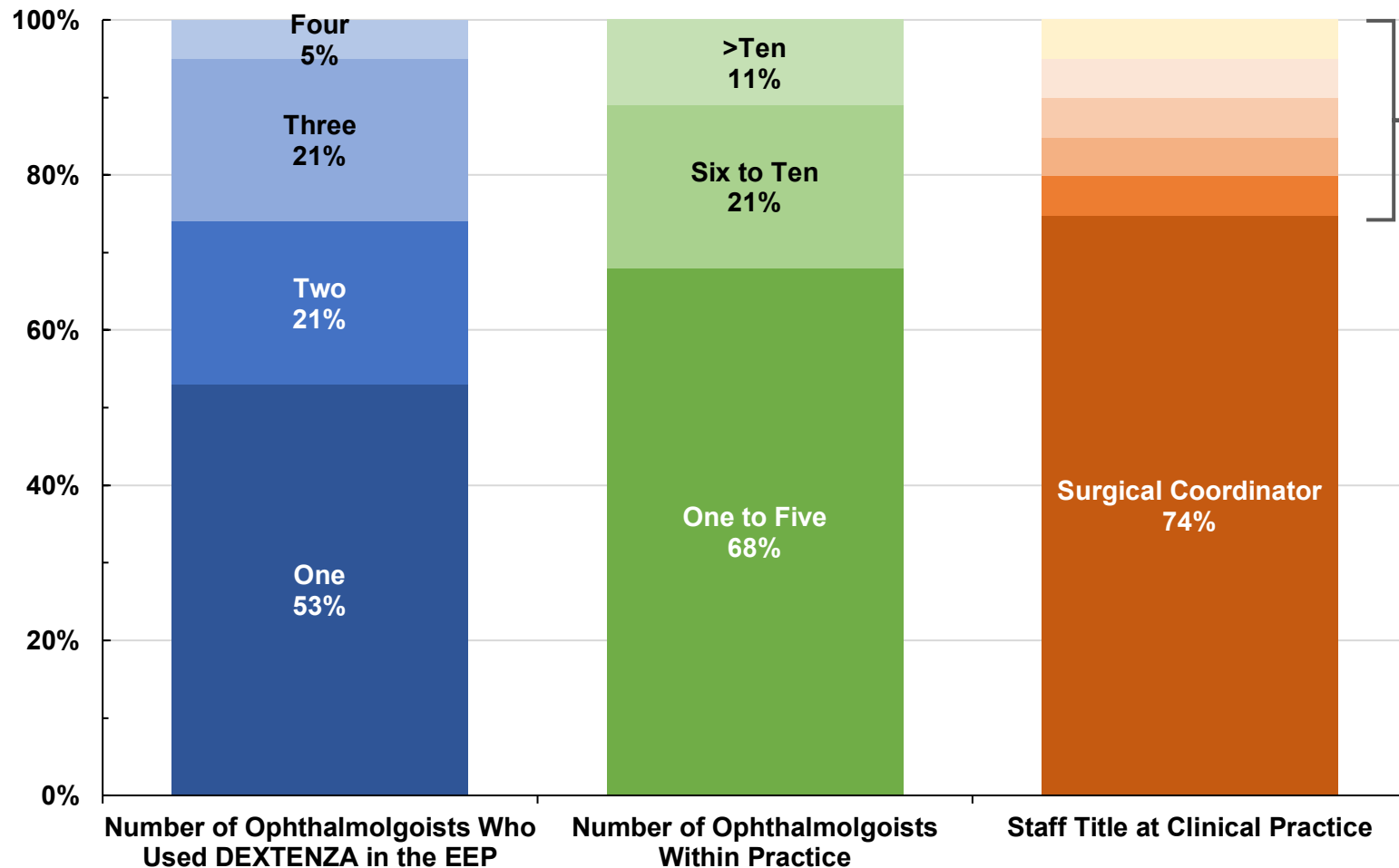
Survey Respondents

- Practice staff representatives at US sites, including ambulatory surgical clinical settings and outpatient clinical settings
- Sites selected based on geographic region, presence of >2 surgical ophthalmologists, and cataract surgery volume

Study Flow: Staff Representatives



Practice Demographics (N=19)

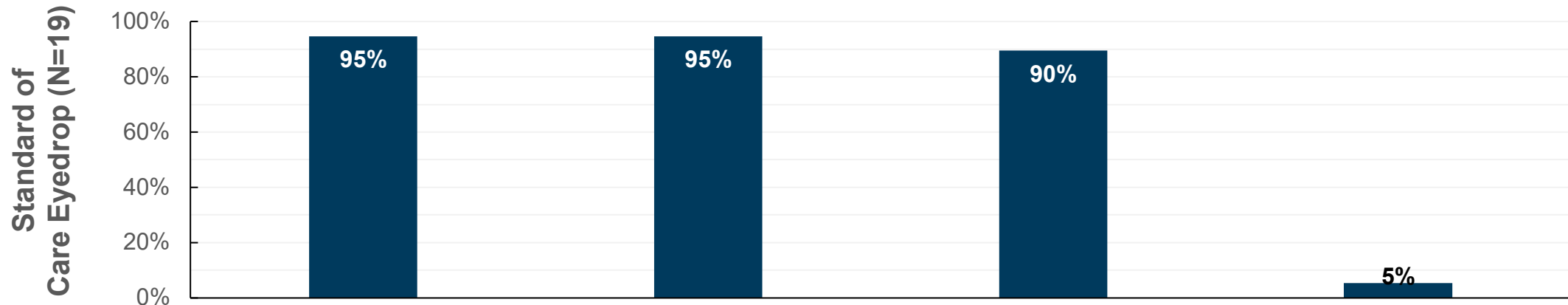


5% Each: Office Manager, Lead Ophthalmic Technician, Surgery Coordinator Supervisor, Research Director, COA Surgical Coordinator

Predominant functions of staff representatives included:

- scheduling surgery with hospital/ambulatory surgical center
- patient counseling
- scheduling surgery with patient
- answering post-operative patient question
- verifying insurance coverage

The Most Common Eyedrop Regimen After Cataract Surgery Reported was 4 Weeks of Steroids, 4 Weeks of NSAIDs, and 1 Week of Antibiotic Drops



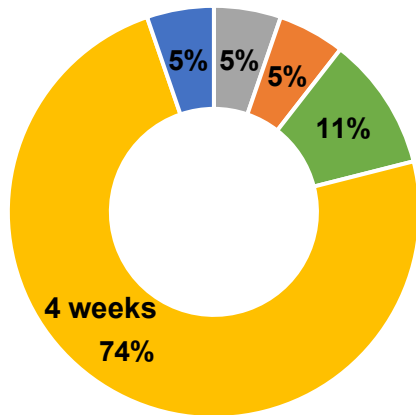
Steroid

NSAID

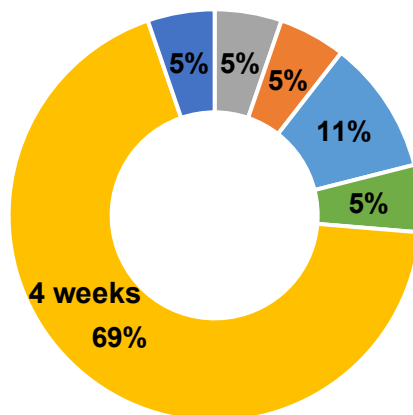
Antibiotic

Other

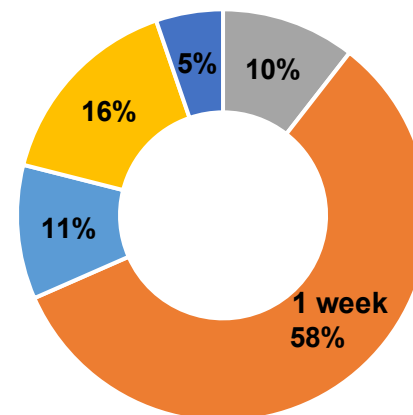
Typical Length of Use of Eyedrop (N=19)



Mean of 3.9 weeks of steroid use after surgery



Mean of 3.7 weeks of NSAID use after surgery

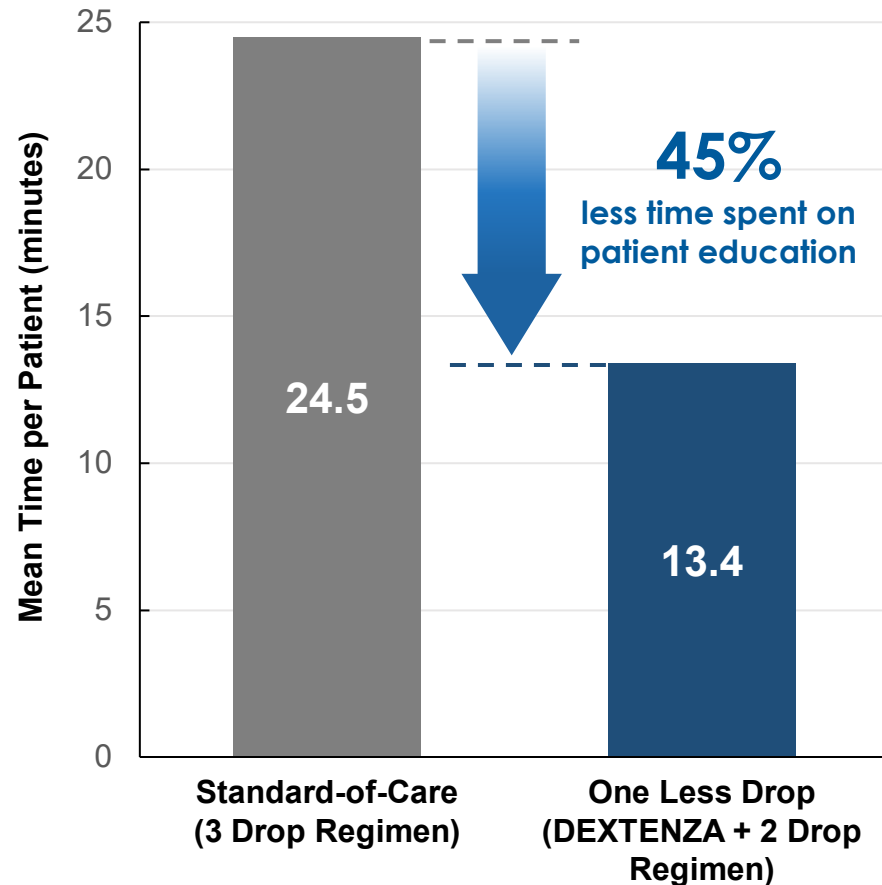


Mean of 2.0 weeks of antibiotic use after surgery

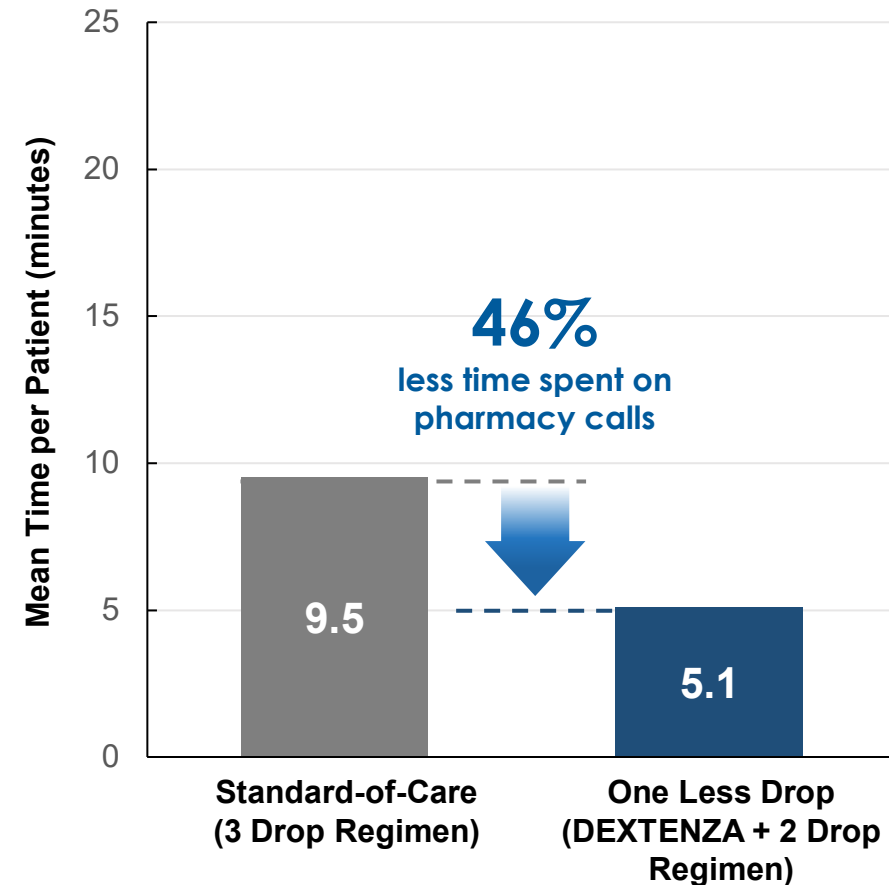
- Do not use as part of standard of care
- 1 week
- 2 weeks
- 3 weeks
- 4 weeks
- 7 weeks

DEXTENZA Reduced the Amount of Time Staff Spent on Postoperative Drop Counseling by 45% per Patient

Amount of Time Practice Staff Spend on Patient Education per Patient (N=19)



Amount of Time Practice Staff Spend on Pharmacy Calls per Patient (N=19)



Time Savings with Using DEXTENZA Equates to Approximately 40 Staff Hours in a Week

Mean of **8.3 ophthalmologists** per practice

Mean of **19.3 surgeries per ophthalmologist** in a week

Average case volume of surveyed practices is **160.2 surgeries per practice in a week**

11.1 minutes saved on patient education

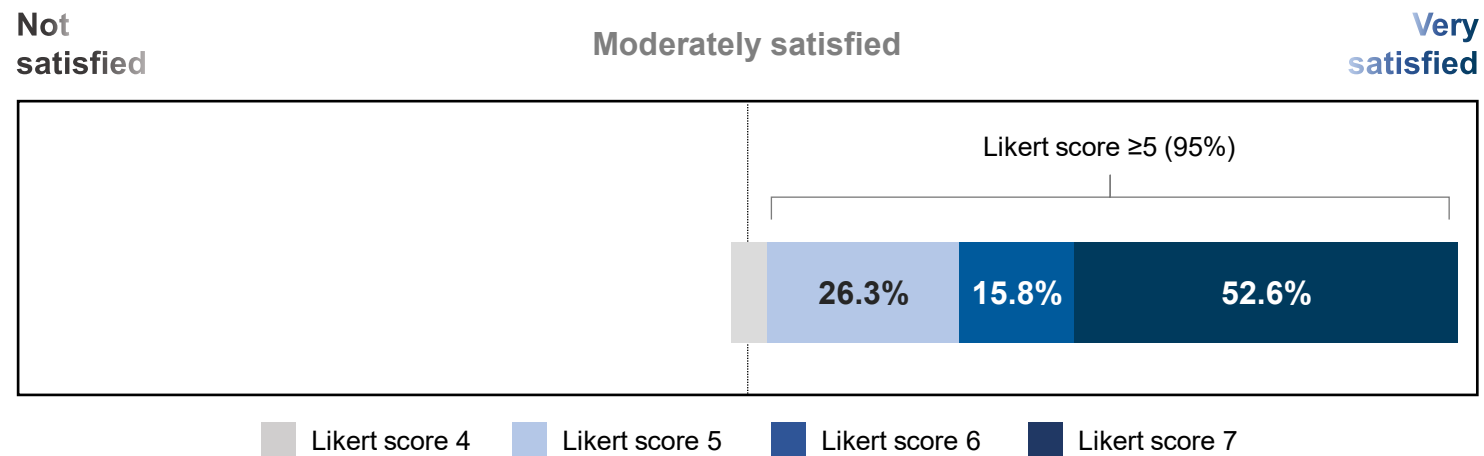
4.4 minutes saved on pharmacy calls

Practice staff spend a total of **15.5 minutes less on each patient**

41.4 staff hours saved in a week per practice by using DEXTENZA

Overall, a Majority of Staff (95%) were Satisfied with DEXTENZA

Staff Representatives' Overall Satisfaction with DEXTENZA*



*Staff representatives (N=19) were asked to rate how satisfied they were with DEXTENZA as a new means of providing 30 days of steroid treatment for cataract patients on a Likert scale of 1 (extremely dissatisfied) to 7 (extremely satisfied)

Conclusions

Utilization of the DEXTENZA conserved time practice staff spent on patient education and callbacks



The most common standard-of-care eyedrop regimens after cataract surgery were 4-week taper of steroids, 4 weeks of NSAID use, and 1 week of antibiotic drops



Real-world practice evidence demonstrated **the time surgical staff spent on patient education and pharmacy calls was almost halved with the use of the intracanalicular dexamethasone 0.4 mg insert** compared to standard-of-care



For a typical practice that participated in the survey, time savings with using the intracanalicular dexamethasone 0.4 mg insert was approximately **40 staff hours per week**



A majority of staff reported **high satisfaction** with the use of the intracanalicular dexamethasone 0.4 mg insert as a postoperative steroid treatment following cataract surgery