## Phase 1 Study of an Intracameral Travoprost Hydrogel-based Implant for the Treatment of POAG and Ocular Hypertension

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#### **Financial Disclosures**

- Sponsorship of clinical trial: Ocular Therapeutix, Inc.
- Goldberg D (presenting author), Walters TR and Bacharach J are investigators in the clinical trial sponsored by Ocular Therapeutix, Inc.
- Goldstein MH, Cheung M, Braun E & Silva F are employees of Ocular Therapeutix, Inc.

# Unmet Need in Glaucoma Therapy

Poor Adherence has been shown to be Associated with Disease Progression and Blindness

- Glaucoma is a chronic condition which cannot be reversed and must be monitored for life<sup>1</sup>
- Lowering intraocular pressure (IOP) is critical for slowing disease progression in glaucoma and ocular hypertension<sup>2</sup>
- Prostaglandin analogues are commonly used as the first line of therapy to effectively lower IOP<sup>3</sup>

### Chronic Eye Drop Therapy Issues affecting IOP Control Management

- Poor adherence to regimen<sup>1,4,5</sup>
- Limited bioavailability<sup>6</sup>
- Dissatisfaction with local side effects<sup>7</sup>
  - Hyperemia with topical travoprost eye drops
- Limitations with topical drops application<sup>8</sup>
  - Difficulty with handling the bottle
  - Limited instillation accuracy
  - Potential washout of drops

<sup>1.</sup> Nordstrom BL, Friedman DS, Mozaffari E, Quigley HA, Walker AM. Am J Ophthalmol. 2005;140(4):598-606.

<sup>2.</sup> Noecker RJ. Ther Clin Risk Manag. 2006;2(2):193-206.

<sup>3.</sup> Quigley HA, Broman AT. Br J Ophthalmol. 2006;90(3):262-267.

<sup>4.</sup> Olthoff CMG, Schouten JSAG, van de Borne BW, Webers CAB. Ophthalmology. 2005;112(6):953-961.

<sup>5.</sup> Schwartz GF, Quigley HA. Surv Ophthalmol. 2008;53 Suppl1:S57-68.

<sup>6.</sup> Saettone MF. Business Briefing: Pharmatech. 2002;1:167-171.

<sup>7.</sup> Inoue K. Managing adverse effects of glaucoma medications. Clin Ophthalmol. 2014;8:903-913.

<sup>8.</sup> An JA, Kasner O, Samek DA, Lévesque V. J Cataract Refract Surg. 2014;40(11):1857-1861.

# OTX-TIC (Travoprost Intracameral Implant)

For Intracameral Injection

### **Product Attributes**

- Travoprost loaded microparticles in hydrogel with a goal of sustained drug delivery of 4-6 months
- Administered via a single injection with proprietary injector (26G-27G)
- Implant resides in the iridocorneal angle, hydrates in less than 2 minutes
- Preservative-free
- Fully biodegradable

#### In preclinical models (beagle dogs):

- Steady state *in vitro* and *in vivo* release through 4 months, which correlates to a duration of 4-6 months in humans
- Demonstrated IOP lowering effect of approximately 25-30% through 4 months



## OTX-TIC PHASE 1 STUDY

OBJECTIVE: To evaluate the safety, tolerability and efficacy of a single OTX-TIC implant, in subjects with primary open-angle glaucoma or ocular hypertension in a Phase 1 study

#### DESIGN

- Open-label, proof-of-concept study
- US study, 19 subjects at 5 sites
- One eye per patient will be treated
- Key Inclusion criteria:
  - Controlled ocular HTN or POAG
  - Open, normal anterior chamber angles on gonioscopy

#### **EVALUATIONS**

- Safety, tolerability, and biological activity
- Diurnal IOP at Baseline, 2 weeks, 6 weeks, 12 weeks, Month 4, and Month 6 (8 AM, 10 AM, 4 PM)

#### **ACTIVE COMPARATOR**

• Non-study eye receives topical travoprost daily



## All Cohorts: Mean IOP Change From Baseline

IOP Decreased After 2 Days Following OTX-TIC Implantation & Lowering to 7-11 mmHg Recorded



NB: Interim look as of 04/12/2021. Unmonitored data (8AM measurements). If the study eye was given other IOP lowering medication, the IOP value was removed from the analysis

## All Cohorts: Duration Of Effect With One Implant

Cohort 2 Showed the Most Consistent Durable Response in all Subjects up to Month 6 & 50% of Subjects up to Month 9

	<b>Day 42</b> % (n/N)	<b>Day 85</b> % (n/N)	Month 4 % (n/N)	Month 5 % (n/N)	Month 6 % (n/N)	Month 7 % (n/N)	Month 8 % (n/N)	Month 9 % (n/N)	Month 10-22 % (n/N)
Cohort 1 (15 µg) <sub>N=5</sub>	<b>100</b> (5/5)	<b>100</b> (5/5)	<b>80</b> (4/5)	<b>80</b> (4/5)	<b>60</b> (3/5)	40 (2/5)	40 (2/5)	40 (2/4)	20 (1/5)
Cohort 2 (26 µg) N=4	<b>100</b> (4/4)	<b>100</b> (4/4)	<b>100</b> (4/4)	<b>100</b> (4/4)	<b>100</b> (4/4)	<b>100</b> (4/4)	<b>75</b> (3/4)	<b>50</b> (2/4)	NA
Cohort 3 (15 µg) (Fast-degrading) N=5	<b>100</b> (5/5)	<b>60</b> (3/5)	40 (2/5)	40 (2/5)	40 (2/5)	20 (1/5)	20 (1/5)	20 (1/5)	NA
Cohort 4 (5 µg) (Fast-degrading) N=5‡	<b>100</b> (5/5)	<b>100</b> (5/5)	<b>80</b> (4/5)	<b>75</b> (3/4) ‡	<b>75</b> (3/4) ‡	NA	NA	NA	NA
<b>Total</b> *	100 (19/19)	89 (17/19)	74 (14/19)	72 <sup>‡</sup> (13/18)	67‡ (12/18)	50 (7/14)	43 (6/14)	39 (5/13)	20 (1/5)

<sup>‡</sup>Last subject in Cohort 4 past Month 4 timepoint so far and follow-up is ongoing



## All Cohorts: Safety Overview

Ocular Adverse Events in the Study Eye

	Fast-de				
Number of subjects with ocular AEs:	Cohort 1 (15µg) N=5	Cohort 2 (26µg) N=4	Cohort 3 (15µg) N=5	Cohort 4* (5µg) N=5	OTX-TIC N=19
Iritis (low grade)	2	2	1	1	6
Peripheral anterior synechiae	3	0	0	0	3
Corneal Edema	0	1	0	0	1
Subconjunctival Hemorrhage	0	0	1	0	1
Elevated IOP	0	0	2	0	2
Transient BCVA decrease	0	1	1	0	2
Total AEs per cohort	5	4	5	1	15

NB: In Cohort 1, two same subjects had low grade iritis and peripheral anterior synechiae

## All Cohorts: No Effect Observed On Corneal Health

Pachymetry & Endothelial Cell Counts Indicate No Clinically-Meaningful Change from Baseline



## Conclusions

OTX-TIC shows Promise as a Sustained-Release Therapy with a Long Duration of Action

### Clinically-meaningful decrease in IOP

Mean IOP values were decreased in patients receiving both OTX-TIC as early as two days following administration, and mean IOP decrease was comparable to topical travoprost therapy

### $\square$ Duration of therapy

Many subjects exhibited duration of IOP-lowering effect of 6+ months in Cohorts 1 and 2, and between 3-6 months in Cohorts 3 and 4 (fast degrading implant) with a single implant: Longest and most consistent IOP lowering in Cohort 2

### Bioresorbable

Implant biodegraded in 5-7 months (Cohorts 1 & 2); Fast degrading implants biodegraded in 3-5 months (Cohorts 3 & 4)

#### Implant location and movement

Implant was not observed to move at slit lamp and was visible at all exams in all patients using gonioscopy

## Corneal health

Endothelial cell counts, pachymetry assessments, and slit lamp examinations indicate no changes from baseline

NB: Interim look as of 04/12/2021; Unmonitored data.

#### **NEXT STEPS:**

- Ongoing Study; Continued long-term evaluation in 1 subject in Cohort 4
- Phase II Trial Planning Initiated; Planned start-up later this year