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What's New in Glaucoma Topical Therapies?

Announcer:
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Dr. Van Tassel:
Numerous topical therapies are available for the treatment of elevated intraocular pressure and glaucoma. What's new and how good are they at maintaining target IOP?

This is CME on ReachMD and I'm Dr. Sarah Van Tassel.

Dr. Schweitzer:
And I'm Dr. Justin Schweitzer. And that's really a great question. Excited to be here with you, Sarah. And let's take a look at some of the new agents that are out there. We have combination or fixed-combination agent called netarsudil along with latanoprost. We have netarsudil by itself, the ROCK inhibitor class. We have preservative-free latanoprost as well. And then, some other exciting ones as well, not quite on the market, but being omidenepag, and so I'd love to chat a little bit about this.

I think the first thing to talk about would be some data that's come out when we look at and netarsudil by itself, which is the MOST trial. The take-home for me from that clinical trial is that regardless of whether or not you combine the netarsudil with a prostaglandin, whether you combine netarsudil with multiple medications, you're going to get about a 20% reduction, and that's what that study showed. We saw that in the ROCKET trials as well. When it was used as a monotherapy, you got about a 20% reduction and so you can feel confident grabbing that agent and feeling like, with a variety of different studies of phase 4, phase 3, that you're going to get a 20% reduction.

And then, we look at preservative-free latanoprost, something that now has been recently approved. Two phase 3 clinical trials on that, one in the US, one in Europe.

And they showed in a high baseline pressure situation and also a low baseline pressure situation in those phase 3 clinical trials it also is as effective as our branded prostaglandins.

But as you know, adherence is a big challenge, and so where does that come into play with this, Sarah?

Dr. Van Tassel:
Yeah, adherence is a huge challenge. I think these new additions to the market are really great. Obviously, if you have a combination therapy like netarsudil with latanoprost, these are easier for patients to remember to use. They're convenient because patients don't have to wait between the two drops. And when you're using one drop rather than more, you obviously have less exposure to preservatives, which is better for the ocular surface.

Of course, with the preservative-free latanoprost option, also newish to the market, this also allows us to be mindful of patients' ocular

surfaces. So an exciting time.

Let's do switch gears here, as you mentioned, and talk about omidenepag isopropyl, or OMDI. It's, as you know, a selective nonprostaglandin prostanoid EP2 receptor agonist. Despite its approval, it's actually not on the market yet. How do you think about implementing it into your practice?

Dr. Schweitzer:
Yeah, that was a mouthful, by the way. Good job. You're correct, all that talk about all the mechanism of it, the way that it works. Yeah, we look at it like this. It's coming. It's another prostaglandin. We're comfortable with prostaglandins. Where does it fit? We know in their phase 3 clinical trial that it was shown to be noninferior to latanoprost, but it did show a little bit of additional IOP reduction compared to latanoprost. When we look at the side effect profile, I think that's really the key with it. We saw less periorbital changes, and with prostaglandins, we know that patients that are on those types of medications, you can get periorbital changes. So I think of it, like, in a patient where maybe we have asymmetric glaucoma, maybe we have a situation where in just one eye, we need to use a medication and we don't need to treat the other eye, this would be an agent that I would consider utilizing in that patient scenario.

Dr. Van Tassel:
Yeah, I totally agree. I think this is going to have a lot of uses in patients particularly sensitive to periorbitopathy. I also think the mechanism of increasing trabecular outflow is exciting because of the possibility for synergies with our other TM-targeted interventional options like SLT and MIGS.

We are just about out of time today. Justin, what's your one take-home message for the audience?

Dr. Schweitzer:
I think we have some really good new topical medications, and we shouldn't forget about topical medications. It's easy in this world right now to think about SLT and interventional glaucoma, and of course, that's an exciting arena. But with new additions like ROCK inhibitors and other agents, preservative-free latanoprost, we have some great topical agents to really manage our glaucoma patients.

Dr. Van Tassel:
Yeah, I totally agree. This is the era of personalized glaucoma therapy. Lots of different options to make it work for each patient.

So that is all the time we have today. Thanks for joining me for a great discussion, Justin.

Dr. Schweitzer:
Thanks for having me. I really appreciate it.

Dr. Van Tassel:

And thanks to our audience for tuning in. This has been CME on ReachMD.

Announcer:
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