Ophtha
Franchise

GLAUC & EED Portfolio

Presentor : MONAMI PATRICK

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NOVARTIS

Glaucoma Portfolio

EARLY GLAUCOMA

ADVANCED GLAUCOMA

Treatment

NOVARTIS | Reimagining Medicine

Preserve their vision

DUOTRAV®

40 micrograms/ml + 5 mg/ml eye drops solution (travoprost/timolol)

Kate (65 years old) has taken up painting since she retired.

- The IOP in her left eye is 26 mmHg
- Prescribed prostaglandin analogues (PGA) for 3 years
- Aware that her glaucoma needs further control

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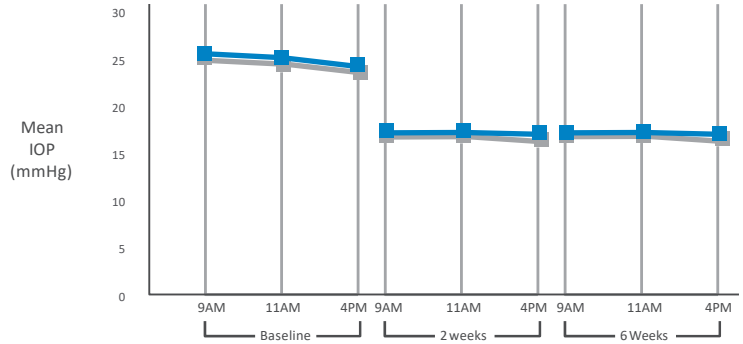
Introducing the new formulation of DUOTRAV®solution DUOTRAV®is now preserved with POLYQUAD®[1]

DUOTRAV® with POLYQUAD® maintains the efficacy you expect[1]

Proportion of patients achieving IOP reduction ≥30% or IOP <18 mmHg[1]



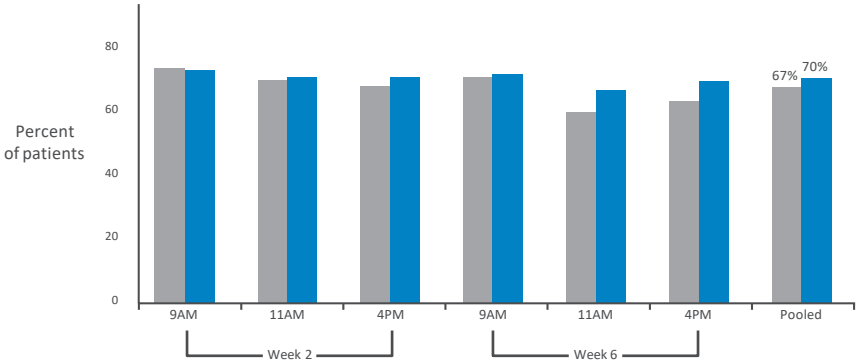
DUOTRAV® containing Polyquad® preservative (n=188)
DUOTRAV® Solution with BAK (n=184)

Prospective randomized controlled trial, subjects with IOP of at least 22mmHg in one or both eyes at 0900 h, and IOP of at least 21mmHg in one or both eyes at 1100 h and 1600 h at two eligibility visits were randomly assigned to receive either TRA/TIM BAK-free (n=195) or TRA/TIM (n=193), dosed once daily in the morning (0900 h) for 6 weeks. Adapted from Kitazawa Y, et al; 2011.[1]

IOP reductions were equivalent with POLYQUAD® and BAK preservatives[1]

With DUOTRAV®, more than two thirds of patients achieve IOP reduction ≥30% or IOP <18 mmHg[1]

Proportion of patients achieving IOP reduction ≥30% or IOP <18 mmHg[1]



Prospective randomized controlled trial, subjects with IOP of at least 22mmHg in one or both eyes at 0900 h, and IOP of at least 21mmHg in one or both eyes at 1100 h and 1600 h at two eligibility visits were randomly assigned to receive either TRA/TIM BAK-free (n=195) or TRA/TIM (n=193), dosed once daily in the morning (0900 h) for 6 weeks. Pooled = percentage of patients whose IOP percent reduction from baseline ≥30% or IOP <18 mmHg pooled across all time points for week 2 and week 6. Adapted from Kitazawa Y, et al; 2011.[1]

Overall response rate was the same in patients treated with DUOTRAV® preserved with POLYQUAD® or BAK (p=0.3710)[1]

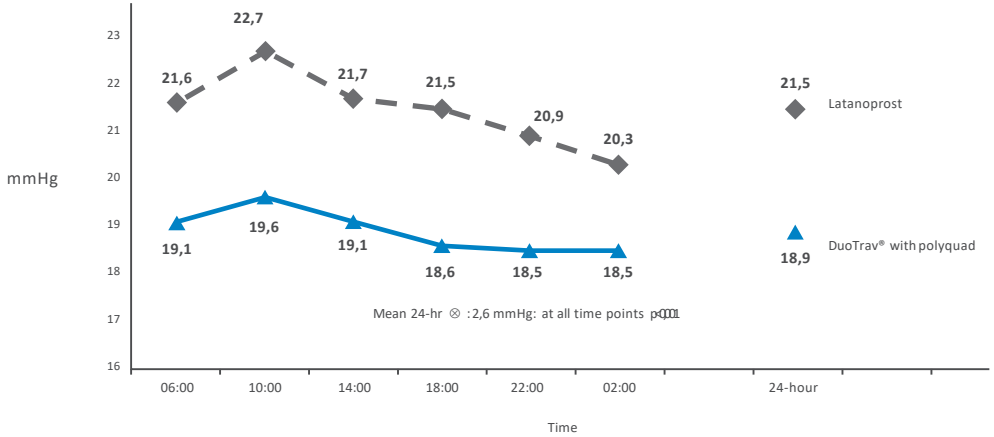
DeLIVeRs exTRA effIcAcY cOMPAReD TO PGA ALOne

consistent 24-hour IOP control means less IOP fluctuation throughout the dosing interval[2]

Greater variation in 24-hour IOP may be an independent risk factor in progression of glaucoma[2]

DUOTRAV® with POLYQUAD® provides consistent 24-hour IOP control[2,3]

Mean IOP



Prospective, observer-masked, active controlled, cross-over study in 42 patients with open-angle glaucoma with inadequate control of IOP (>20 mmHg) on latanoprost therapy. Adapted from Konstas AGP,et al; 2014.[3]

Less diurnal variation than PGA monotherapy[2]

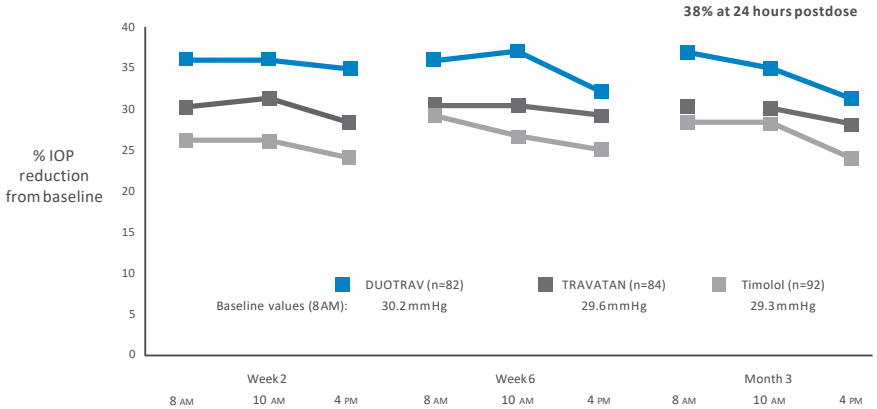
IOP fluctuation over 24 hours:

Baseline	TRAVATAN®	DUOTRAV®
6.1 mmHg	4.0 mmHg	3.0 mmHg

Patients with severe glaucoma need a little extra to reach target values

Up to 38% reduction in IOP with DUOTRAV®[4]

Percentage change in IOP values with DUOTRAV® (24 hours post-dose)[4]



Randomised, double-blind, parallel-group study of the safety and efficacy of DUOTRAV compared to TRAVATAN or timolol alone in adults with open-angle glaucoma or ocular hypertension (n=258). The primary outcome was mean IOP at the 8 AM, 10 AM, and 4 PM time points, compared to the baseline in the ITT group. DUOTRAV provided clinically relevant and statistically significant, greater IOP reductions vs. timolol alone at all time points ($p<0.003$) and vs. TRAVATAN alone at 7 of the 9 time points measured during the study ($p \leq 0.02$). Adapted from Barnebey Hs, et al; 2005.[4]

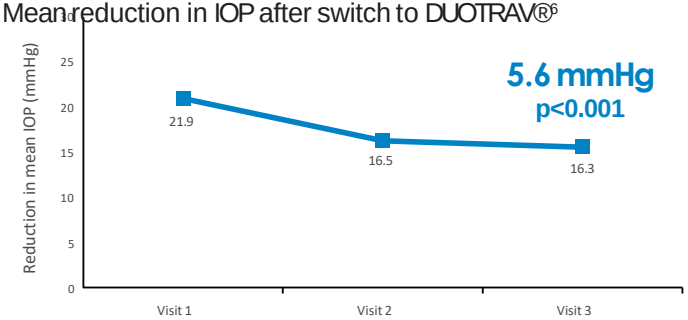
Every 1 mmHg reduction in IOP reduces the chance of glaucoma progression by 10%[5]

switch to DUOTRAV® for statistically significant IOP-reduction[6]

Mean 5.6 mmHg reduction in IOP following switch from previous therapy[6]

(Previous therapies: timolol, latanoprost, latanoprost/timolol fixed combination, travoprost, or other)[6]

Mean reduction in IOP after switch to DUOTRAV®[6]



Additional IOP reduction from baseline 12 weeks after switching to DUOTRAV® in relation to baseline IOP on previous treatment. Previous treatments included travoprost (n=45), timolol (n=130), latanoprost (n=60), latanoprost/timolol fixed combination (n=47), brinzolamide (n=30), bimatoprost (n=16). Per protocol analysis. Adapted from Pfeiffer n, et al, 2010.[6]

91% of patients experienced reduction in IOP after switch to DUOTRAV®[6]

9 out of 10 patients were regarded as treatment success after switching to DUOTRAV®[5]

DeLIVeRs exTRA effIcAcY cOMPAReD TO PGA ALOne

DUOTRAV®
40 micrograms/ml + 5 mg/ml eye drops solution (travoprost/timolol)

DUOTRAV®, now preserved with POLYQUAD®

Maintains the efficacy that you have come to expect with DUOTRAV®[1]:

- **Consistent 24-hour IOP control with minimal diurnal variation[2,3]**
- **Up to 38% reduction in IOP[4]**
- **Efficiently reduces IOP in patients poorly controlled with alternative therapies[6]**

1. Kitazawa Y, smith P,sasaki n, *et al*. Travoprost 0.004%/timolol 0.5%-fixed combination with and without Benzalkonium chloride: a prospective, randomized, doubled-masked comparison of safety and efficacy. *eye* 2011; **25**(9): 1161-1169.
2. Konstas AGP,Mikropoulos D, Haidich A-B, *et al*. Twenty-four-hour intraocular pressure control with the Travoprost/timolol maleate fixed combination compared with Travoprost when both are dosed in the evening in primary open-angle glaucoma. *Br J Ophthalmol* 2009; **93**(4): 481-485.
3. Konstas AGP,Voudouragkaki Ic, Boboridis KG,*et al*. 24-hour efficacy of travoprost/timolol BAK-free versus latanoprost/timolol fixed combinations in patients insufficiently controlled with latanoprost. *Adv Ther* 2014; **31**(6): 592-603.
4. Barnebey Hs, Orengo-nania s, flowers Be, *et al*. The safety and efficacy of Travoprost 0.004%/timolol 0.5% fixed combination ophthalmic solution. *Am J Ophthalmol* 2005; **140**: 1-7.
5. Leske Mc, Heijl A, Hussein M, *et al*. factors for glaucoma progression and the effect of treatment. The early Manifest glaucoma Trial. *Arch Ophthalmol* 2003; **121**: 48-56.
6. Pfeiffer n, scherzer M-L, Maier H, *et al*. safety and efficacy of changing to the travoprost/timolol maleate fixed combination (DuoTrav) from prior mono- or adjunctive therapy. *clin Ophthalmol* 2010; **4**: 459-466.

DuoTrav® eye Drops, solution. each 1ml contains travoprost 40 µg and timolol 5 mg. Reg. no.: H2009/18759/516.

Please refer to the package insert approved by the medicines regulatory authority for further information.nVS KenyaLtd, BritamTowers 27th Floor–Road, Upper HILL, P.O.BOx 46057-00100, GPOnairobi, Kenya. Tel: +254 202 959 000
5/2020/Duotrav/1340223

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Duotrav Features and benefits

Features	Benefits
Proven IOP lowering up to 38% from untreated baseline	Better Visual acuity
BAK Free, POLYQUAD Preservative	Less irritating to the eye
One bottle, one drop	Convenience
Once daily – Fewer drops to instill vs BB alone	Convenience

Facts : Efficacy of Anti-Glaucoma agent

Anti-Glaucoma	Dosage	mm Hg reduction	% reduction	Remarks
Travatan BAK-Free	OD	7 to 9	up to 33%	24 hrs endurance efficacy, sustained 30% IOP reduction, nocturnal efficacy, BAK-free, convenience & compliance
Duotrav BAK-Free	OD	9 to 12	up to 38%	24 hrs endurance efficacy, up to 38% IOP reduction, BAK-free, convenience & compliance
Azarga	BID	7 to 9	up to 35%	more comfortable (pH 7.2) than Cosopt with same efficacy, lower allergic rate compare to Combigan, nocturnal efficacy
Simbrinza	BID	6 to 10	25% to 37%	Combined with PG combo can achieved maximum medical therapy (4 agents, 3 drops, 2 bottles), does not contain BB,

Thank you

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