

EVALUATION OF 2 MYDRIATIC DOSING REGIMENS DELIVERED BY MICRO-ARRAY PRINT TECHNOLOGY FOR COMPARISON OF PUPIL DILATION SPEED

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Unmet Needs with Topical Ophthalmic Drug Delivery

While standard of care, conventional eye drops have several caveats:1-7



Ocular and Systemic side effects²⁻⁴



Excess medication volume causing over exposure to medication/preservatives⁴



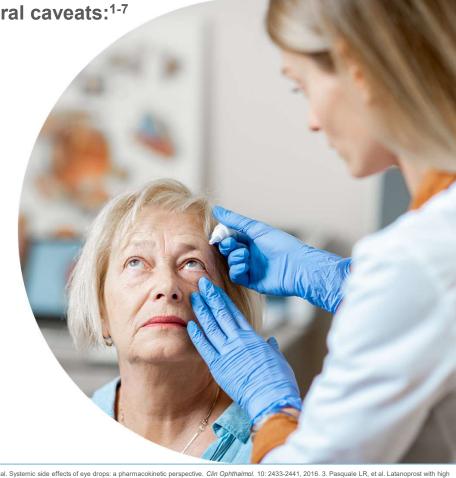
Dependent on proper eye drop technique (head angle, squeezing force, etc.)⁵



Poor compliance⁶ and no remote monitoring



Risk of contamination from protruding tip of multiuse eye drop bottles⁷



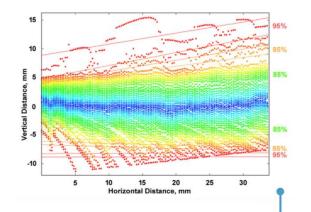
1. Grob SR, et al. Management of mydriasis and pain in cataract and intraocular lens surgery: review of current medications and future directions. Clin Ophthalmol. 2014;8:1281-1289. 2. Farkouh A, et. al. Systemic side effects of eye drops: a pharmacokinetic perspective. Clin Ophthalmol. 10: 2433-2441, 2016. 3. Pasquale LR, et al. Latanoprost with high precision, piezo-ejection coular microdose delivery for IOP lowering: clinical results of the PG21 study of 0.4 µg daily microdose. Clin Ophthalmol. 2018;12:2451-2457. 4. lanchulev T, et al. High-precision piezo-ejection ocular microdosing: Phase II study on local and systemic effects of topical phenylephrine. Ther Deliv. 2018;9(1):17-27. 5-Feng A, et al. Systemic piezo-ejection ocular microdosing: Phase II study on local and systemic effects of topical phenylephrine. Ther Deliv. 2018;9(1):17-27. 5-Feng A, et al. Systemic piezo-ejection ocular microdosing: Phase II study on local and systemic effects of topical phenylephrine. Ther Deliv. 2018;9(1):17-27. 5-Feng A, et al. Systemic side effects of eye drops: a pharmacokinetic perspective. Clin Ophthalmol. 2018;12:2451-2457. 4. lanchulev T, et al. High-precision piezo-ejection ocular microdose delivery for IOP lowering: Clinical results of the PG21 study of 0.4 µg daily microdose. Clin Ophthalmol. 2018;12:451-2457. 4. lanchulev T, et al. High-precision piezo-ejection ocular microdose delivery for IOP lowering: Clinical results of the PG21 study of 0.4 µg daily microdose. Clin Ophthalmol. 2018;12:451-2457. 4. lanchulev T, et al. High-precision piezo-ejection ocular microdose delivery for IOP lowering: Clinical results of 0.1 µg daily microdose. Clin Ophthalmol. 2018;12:451-2457. 4. lanchulev T, et al. Contamination of multi dose eyedrops in the intra and perioperative context. Sci. Rep. 2021;11(1):20364.

்ு Optejet® Microdose Array Print (MAP™) Technology

Administers a microdose volume (6-8 μ L) very rapidly (in <100 ms) to deliver topical ophthalmic drug prior to the involuntary human blink¹



Piezoelectric element delivers a finely controlled microdroplet mist with precisely defined volume, velocity, geometry^{1,2}



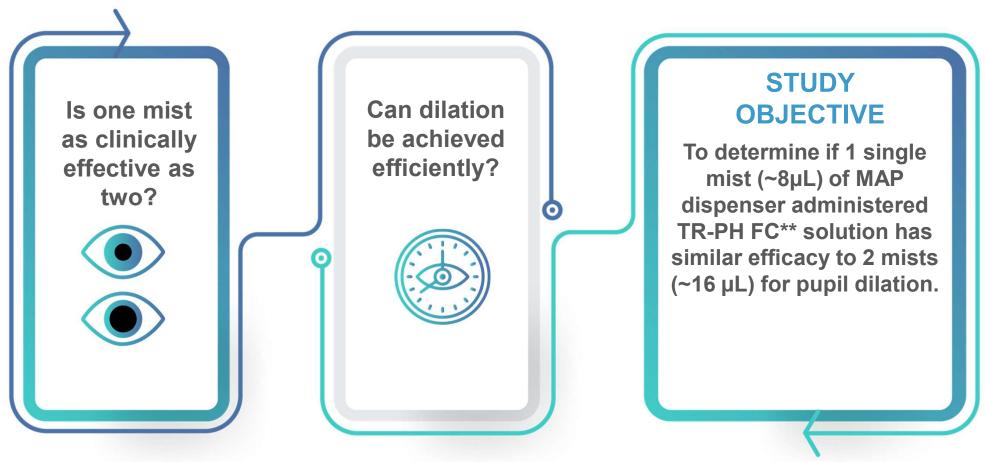
Delivers ophthalmic drug in a horizontal direction as a columnar mist directly to the cornea^{1,2}



No protruding nozzle and shutter feature, designed to minimize the risk of touch during administration and therefore to reduce contamination¹

1.lanchulev T, et al. Pharmacodynamic profile of mydriatic agents delivered by ocular piezo-ejection microdosing compared with conventional eyedropper. Ther Deliv. 2016;7(11):751-760 2.Wirta DL, et al. Mydriasis with micro-array print touch-free tropicamide-phenylephrine fixed combination MIST: pooled randomized Phase III trials. Ther Deliv. 2021;12(3):201-214.





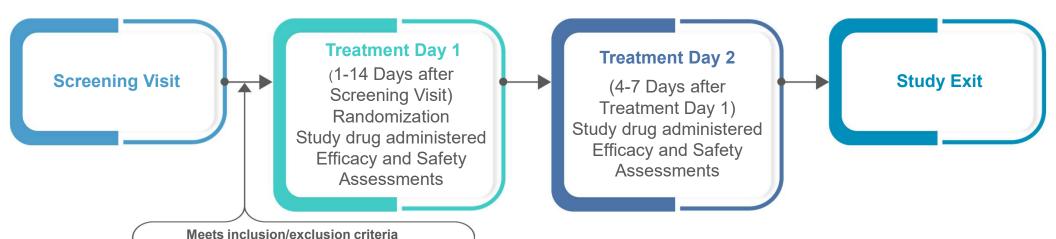
^{*}A SINGLE-CENTER, ASSESSOR-MASKED, ACTIVE-CONTROLLED, PHASE 4 STUDY EVALUATING SPEED OF PUPIL DILATION WITH THE MICRO-ARRAY PRINT (MAP) DISPENSER WHEN COMPARING 2 DOSING REGIMENS OF TROPICAMIDE-PHENYLEPHRINE FIXED COMBINATION OPHTHALMIC SOLUTION (THE SPEED STUDY)

^{**}Tropicamide-Phenylephrine Fixed Combination (TR-PH FC) = T-P OFTENO SOLUCIÓN 50 mg/8 mg/ ml, a commercially available mydriatic product.



SPEED Study Trial Design & Treatment Schedule

- Single-center
- Single masked
- Active-controlled
- Cross-over
- Non-inferiority trial
- Randomized Tx
 - TR-PH FC solution administered OU via Optejet MAP dispenser over 2 visits:
 - > 1 mist OU (either Tx Day 1 or 2)
 - 2 mist OU (either Tx Day 1 or 2)



Key inclusion Criteria

- ≥18 years old
- Photopic screening pupil diameter ≤ 3.5 mm in each eye

Key exclusion criteria

- Allergy to active ingredients of pharmaceutical treatment
- Anatomically narrow AC angles or closed-angle glaucoma
- Ocular surgery or laser treatment



SPEED Study Outcome Measures

PRIMARY ENDPOINT

Mean change in pupil diameter at 35 minutes versus per-visit baseline, measured by digital pupillometry in highly photopic conditions

EXPLORATORY OUTCOMES

- Mean change in pupil diameter at 15- and 55-mins post-dose
- Proportion of eyes achieving pupil diameter ≥ 6.0 mm at 35 minutes post-dose

SAFETY OUTCOMES

- Occurrence of adverse events (AEs)
- Incidence of ocular touch

SPEED Patient Demographics

	n	%
N (subjects)	60 (120 eyes)	
Age (Years) Mean (SD) Median Min, Max	40.3 (14.2) 37.0 [18.0, 69.0]	
Gender Male Female	23 37	38.3% 61.7%
Race White	60	100%
Ethnicity Hispanic or Latino Not Hispanic or Latino	59 1	98.3% 1.7%



SPEED Primary Efficacy Endpoints

Primary Endpoint

Mean change in pupil diameter (mm) at 35 minutes versus per-visit baseline

Mean (SD)

1 mist/eye	2 mists/eye
4.55 (0.68)	4.88 (0.60)

- In this study, the **primary endpoint** of mean change in pupil diameter at 35 minutes post-dose of 4.55 mm and 4.88 mm for one mist and two mists using commercially available mydriatic T-P OFTENO SOLUCIÓN 50 mg/8 mg/ ml, respectively, was successfully achieved.
- The mean change in pupil diameter from baseline with a single-mist was non-inferior to twomists (estimated difference -0.249 mm).

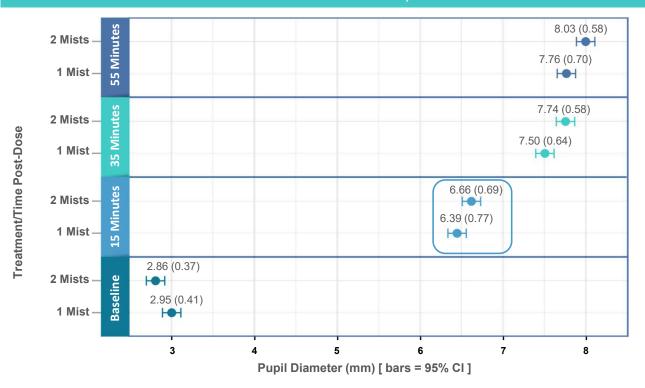


A similar mean change in pupil diameter (SE) of 4.72 (0.04) was observed using the same primary endpoint in the MIST clinical trials at 35 min post-administration of 2 mists using a mydriatic investigational agent FC of Tropicamide 1%-Phenylephrine 2.5%.



SPEED Exploratory Results: Mean Pupil Diameter by Treatment and Time Post Dose

FOREST PLOT OF MEAN PUPIL DIAMETER BY TREATMENT AND TIME POST-DOSE (ITT AND PP POPULATION)



- Clinically relevant dilation was achieved quickly at 15 minutes post dose with no significant difference between 1 mist (6.39 mm) and 2 mists (6.66 mm).
- Dilation at 35 minutes was
 7.50 mm for 1 mist and
 7.74 mm for 2 mists.
- Dilation at 55 minutes dilation was 7.76 for 1 mist and 8.03 for 2 mists.

No significant differences were observed in speed of dilation comparing 1 mist vs. 2 mists at all 3 time points.



SPEED Safety & Administration

SAFETY

- No Ocular or Systemic Adverse Events were reported during the study.
- Mydriatic delivered by Optejet® was well tolerated with a positive benefit/risk profile.

ADMINISTRATION

There were no reports of ocular touch.

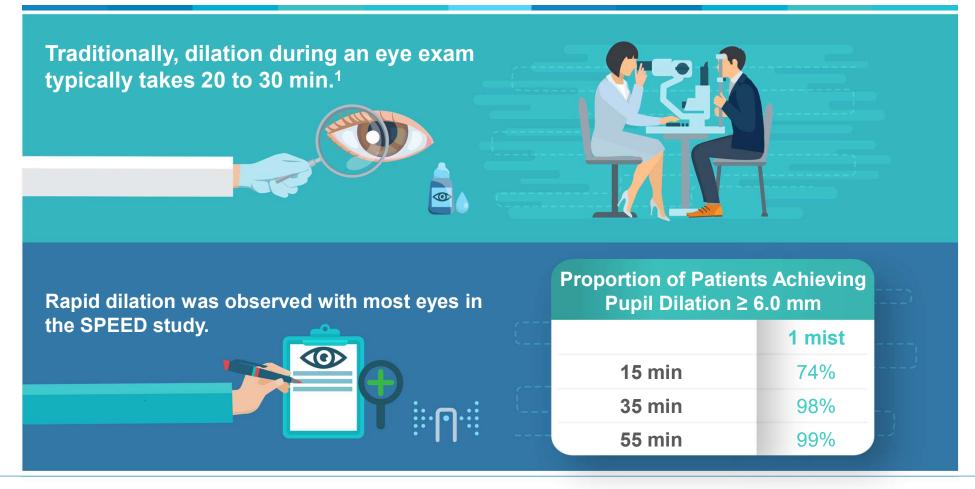
Proportion of Eyes Achieving Successful Administration on the 1st Attempt

1 mist 2 mist 94% 98%

*The Overall rate of successful mists per attempt was 360/369 = 98% (95% CI = 96.8%, 99.4%).



Clinical Applications for an Eye Exam



SPEED Summary



Optejet® delivered TR-PH FC solution leads to effective pupil dilation with 1 mist.

Clinically effective dilation occurs at 15 minutes post dose.

There is no clinical or statistical benefit with using 2 mists.

Optejet[®] demonstrates a high rate of successful administration upon first attempt.

