

easOtic®

(hydrocortisone aceponate, miconazole nitrate, gentamicin sulfate)
Otic Suspension for Dogs

Anti-inflammatory, antifungal, and antibacterial

Rx

For Otic Use in Dogs Only

CAUTION

Federal law restricts this drug to use by or on the order of a licensed veterinarian.

DESCRIPTION

EASOTIC® Otic Suspension contains 1.11 mg/mL hydrocortisone aceponate, 17.4 mg/mL miconazole nitrate and 1.5 mg/mL gentamicin (as sulfate). The inactive ingredient is a semi-liquid petroleum jelly.

INDICATIONS

EASOTIC Otic Suspension is indicated for the treatment of otitis externa in dogs associated with susceptible strains of yeast (*Malassezia pachydermatis*) and bacteria (*Staphylococcus pseudintermedius*).

DOSAGE AND ADMINISTRATION

Verify that the tympanic membrane is intact. **Shake well before each use.**

Priming the canister: Prior to the first use of the dosing container, press firmly on the pump several times until the product fills the nozzle (canula tip) with a full dose of product.

Carefully insert the canula into the affected external ear canal(s) and apply 1 mL (a single pump) of Otic Suspension once per day for 5 days. Wash hands after usage.

CONTRAINDICATIONS

Do not use in dogs with known tympanic membrane perforation.

EASOTIC Otic Suspension is

contraindicated in dogs with known or suspected hypersensitivity to corticosteroids, imidazole antifungals, or aminoglycoside antibiotics.

WARNINGS

Human Warnings: Not for use in humans. Keep this and all drugs out of reach of children. In case of accidental skin contact, wash area thoroughly with water. Avoid contact with eyes.

Humans with known or suspected hypersensitivity to hydrocortisone, aminoglycoside antibiotics, or azole antifungals should not handle this product.

In case of accidental ingestion by humans, contact a physician immediately. Physicians may contact a Poison Control Center for advice concerning cases of ingestion by humans.

Animal Warnings: As a class, aminoglycoside antibiotics are associated with ototoxicity, vestibular dysfunction and renal toxicity. The use of EASOTIC Otic Suspension in a dog with a damaged tympanic membrane can result in damage to the structures of the ear associated with hearing and balance or in transmission of the infection to the middle or inner ear. Immediately discontinue use of EASOTIC Otic Suspension if hearing loss or signs of vestibular dysfunction are observed during treatment (see **ADVERSE REACTIONS**).

PRECAUTIONS

Do not administer orally.

Concurrent administration of potentially ototoxic drugs should be avoided.

Use with caution in dogs with impaired hepatic or renal function (see **ANIMAL SAFETY**).

Long-term use of topical otic corticosteroids has been associated with adrenocortical suppression and iatrogenic hyperadrenocorticism in dogs (see **ANIMAL SAFETY**).

The safe use of EASOTIC Otic Suspension in dogs used for breeding purposes, during pregnancy, or in lactating bitches, has not been evaluated.

ADVERSE REACTIONS

In a field study conducted in the United States (see **EFFECTIVENESS**), there were no adverse reactions reported in 145 dogs administered EASOTIC Otic Suspension.

In foreign market experience, reports of hearing loss and application site erythema have been received. In most reported cases, the hearing loss and erythema were transient and resolved with discontinuation of EASOTIC® suspension.

To report suspected adverse drug events, contact Virbac AH, Inc. at 1-800-338-3659 or the FDA at 1-888-FDA-VEHS or www.fda.gov/reportanimalae.

For technical assistance or to obtain a Safety Data Sheet, call Virbac at 800-338-3659 or visit us at us.virbac.com.

PHARMACOLOGY

Hydrocortisone aceponate is a glucocorticoid with anti-inflammatory effects. Miconazole nitrate is an imidazole

antifungal. Gentamicin sulfate is an aminoglycoside antibiotic.

In the target animal safety study, hydrocortisone aceponate, miconazole and gentamicin were shown to be systemically absorbed from the ears of healthy dogs (see **ANIMAL SAFETY**); increased systemic absorption may be observed in inflamed ears.

MICROBIOLOGY

The compatibility and additive effect of each of the components in EASOTIC® Otic Suspension was demonstrated in a component effectiveness and non-interference study. An in vitro study of organisms collected from clinical cases of otitis externa in dogs and from dogs enrolled in the clinical effectiveness study for EASOTIC Otic Suspension determined that miconazole nitrate and gentamicin sulfate inhibit the growth of bacteria and yeast commonly associated with otitis externa in dogs. No consistent synergistic or antagonistic effect of the two antimicrobials was demonstrated. The addition of hydrocortisone aceponate to the combination did not impair antimicrobial activity to any clinically-significant extent.

In a field study (see **EFFECTIVENESS**), the minimum of 10 isolates from successfully treated cases was met for *S. pseudintermedius* and *M. pachydermatis*.

EFFECTIVENESS

The effectiveness of this drug was evaluated in 157 dogs with otitis externa. The study was a double-masked field study with a placebo control. One hundred and four dogs were treated with EASOTIC Otic Suspension and 53 dogs were treated with the placebo control. Treatment was administered once daily for 5 consecutive days to the affected ear(s). The dogs were evaluated at 4 different intervals over the course of 1 month to determine response to therapy. The 6 clinical signs evaluated were: malodor, aural discharge, pruritus, erythema, swelling and pain. The individual clinical scores were assigned based on the severity of each sign. Success was based on clinical improvement at Day 28 $\pm$ 2 days. The success rates of the 2 groups were significantly different ($p=0.0179$); 68.5% of dogs administered EASOTIC Otic Suspension were successfully treated, compared to 21.8% of the dogs in the placebo control group.

ANIMAL SAFETY

In the target animal safety study, EASOTIC Otic Suspension was administered at 0X, 1X, 3X and 5X the recommended dose for 15 consecutive days (3 times the recommended treatment duration) in laboratory Beagles, with 8 dogs per group. Hypersensitivity reactions in the external ear canal and inner pinnae were seen in all EASOTIC Otic Suspension groups and included mild to severe aural erythema (3X group), papules and ulceration (1X and 5X groups), otitis externa (3X and 5X groups), and otitis media (5X group). Renal tubular crystals were present in the cortex and medulla (0X, 1X, 3X, and 5X groups) and mild renal tubular basophilia and atrophy were present in one 5X group dog. Baseline cortisol values and the cortisol response to ACTH stimulation were lower in treated dogs compared to the control dogs. The ACTH stimulation test results are consistent with systemic absorption of topical corticosteroids causing suppression of the hypothalamic-pituitary-adrenal axis. Dogs in the 3X and 5X groups demonstrated elevations in AST and ALP, while dogs in the 1X, 3X, and 5X groups had elevated cholesterol, total protein, and albumin levels. Dogs in the 3X and 5X groups also had higher liver weights and greater food consumption.

STORAGE INFORMATION: Store at temperatures between 20° C-25° C (68° F-77° F), with excursions permitted between 15° C-30° C (59° F-86° F).

HOW SUPPLIED: EASOTIC Otic Suspension is supplied in a polyethylene canister, with a soft applicator canula.

Each canister contains ten 1 mL doses. Made in the U.S.A.

Distributed by:
Virbac AH, Inc.
P.O. Box 162059
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Medicine+Surgery

Dermatology

Earlier dermatology referral rewards primary care practice (part 2):

boosting client perceptions

Survey data from the American College of Veterinary Dermatology show that dermatology referrals have a major impact on clients' confidence in the quality of care they receive



Part 1 of this article series introduced survey data from the American College of Veterinary Dermatology (ACVD) and

discussed how earlier dermatology referrals may impact client satisfaction, client costs, patient care, and revenue for the practice. Part 2 seeks to further examine this survey data and explore key takeaways that clinicians can put into practice.

BOOSTING CLIENT SATISFACTION

The American College of Veterinary Dermatology survey illustrated that 87% of clients have high confidence in a veterinary dermatologist's diagnosis and 80% are highly satisfied with their pet's treatment results provided by a veterinary dermatologist (**Figures 1 and 2**).

The survey also revealed that 82% of clients said they would have felt better about their primary care veterinarian if they had been referred to a veterinary dermatologist earlier, and 58% said they are more satisfied with and confident in their primary care veterinarian when they are referred to a board-certified veterinary dermatologist.

Thus, although the survey didn't specifically explore this, perhaps even when clients choose to forgo referral, it's reasonable to expect that simply offering referral confers a positive lasting impact for the primary care veterinarian. In addition, it's helpful to note that 39% of survey participants reported they were aware of board-certified veterinary dermatologists before visiting their primary care veterinarian, which suggests clients know of the potential for referral, but they may not ask about it.

COLLABORATIVE CARE REWARDS

Collaborative care—wherein primary care veterinarians and specialists work together effectively to provide optimal pet care options—can help pets achieve longer, healthier lives and therefore confer benefits to their owners and to primary care practitioners.^{1,2}

In a separate retrospective study, dogs with chronic otitis had better long-term outcomes when primary care veterinarians collaborated with a board-certified veterinary dermatologist within 6 months of treatment.² The longer a patient with chronic otitis externa was treated by a primary care veterinarian before referral, the more recurrences and longer the episodes of otitis, which results in more patient discomfort, more patient and owner distress, and higher owner expenses. The authors concluded that referral to or consultation with a veterinary dermatologist should be considered for canine patients with persistent or quickly recurring (within 30 days) otitis over 6 months. The otitis study also revealed that 18% of clients stopped visiting their primary care veterinarian and chose to visit a new primary care veterinarian because their dogs were not referred for specialist treatment sooner.³ That percentage coincides with the 15% of clients in this ACVD survey who reported they had stopped visiting their primary care practice altogether after reaching the tipping point of frustration.

TAKE-HOME CONSIDERATIONS

The limitations of this survey include its reliance on observations made by clients who are not trained medical professionals and a lack of medical record and invoice review to verify case management and expenses. Nonetheless, these

Figure 1. Client Satisfaction (%) With Treatment and Confidence in Diagnosis

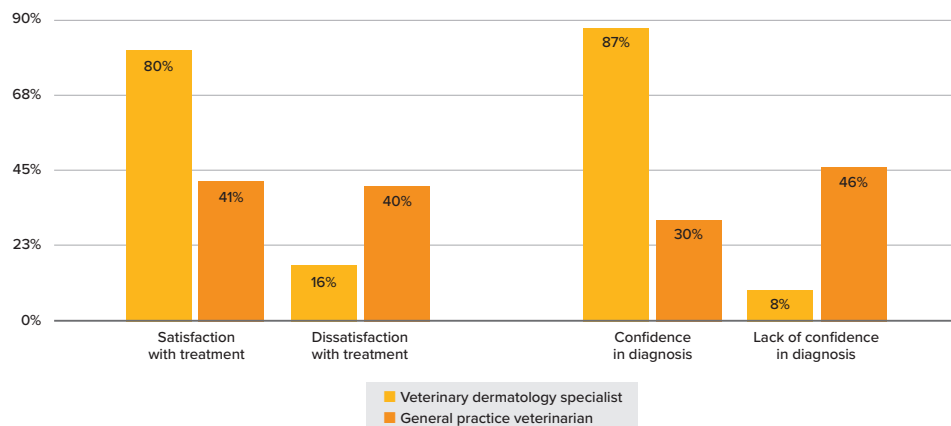
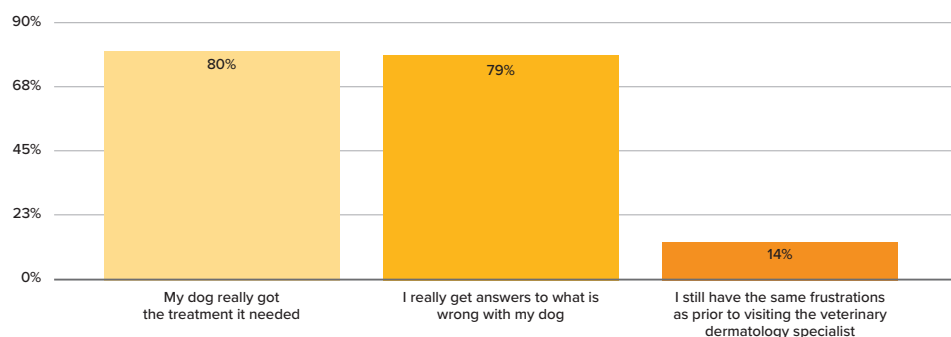


Figure 2. Client Satisfaction (%) With Dogs' Treatment Results Provided by a Veterinary Dermatologist



survey results are valuable because the data reveal clients' real-world perceptions about their experiences with veterinary medical care for their dogs with skin disease.

In summary, this survey illustrated that primary care practitioners should talk with clients about referral to a veterinary dermatology specialist on or before a patient's third visit for evaluation of a dermatologic condition. The results demonstrated that earlier dermatology referral could boost patient care efficiency and save clients 25% in veterinary care costs, improve client confidence in their primary care veterinarian's level of care, and support client retention to preserve primary care practice revenue. Given that retaining clients and garnering positive online practice reviews and word-of-mouth recommendations are vital to the financial and emotional health and growth of veterinary practices and veterinary health care professionals, it's reasonable to anticipate that collaborating earlier and effectively with board-certified veterinary dermatologists can help protect and support primary care practices.

Most veterinary primary care and referral centers are operating at full capacity in relation to the COVID-19 pandemic and to veterinary workforce shortages. Wait times for referral appointments have increased substantially and wait times for nonurgent appointments may be weeks to

months.^{3,4} Therefore, discussing referral with clients earlier in a patient's disease process has perhaps become even more important for primary care practitioners.

Clients ultimately decide what and how much veterinary care to pursue. Keep in mind that client caregiver burden can increase when their pet's treatment is ineffective or when clients have inadequate understanding of their pet's disease and the expected efficacy of treatment. Increased client caregiver burden can contribute to increased veterinary team workload and stress. By presenting clients with the facts about a range of veterinary health care options available—without judgment—primary care veterinarians and specialists can offer clients opportunities for the care for their pets that best matches up with their financial, emotional, physical, and time resources. 🐾

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written by

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