References for CEQUA® (cyclosporine ophthalmic solution) 0.09%

[a]The safety of CEQUA was evaluated in clinical trials that included 769 patients who received at least 1 dose of study treatment.[2]

Study design: CEQUA was studied in two 12-week, randomized, multicenter, double-masked, vehicle-controlled studies. Patients were randomly assigned to treatment and dosed twice a day. Study 1 included 455 patients (152 received CEQUA) and Study 2 included 744 patients (371 received CEQUA). The co-primary endpoints for Study 1 were conjunctival staining and global symptom scores (change from baseline to Day 84). The primary endpoint for Study 2 was percentage of eyes demonstrating an improvement of ≥10 mm in Schirmer score after 84 days of treatment. Both studies assessed corneal staining as a secondary endpoint.[1,2,6]

Staining in each region of the conjunctiva was evaluated using a score ranging from 0 (no staining) to 3 (severe staining). Staining in each region of the cornea was evaluated using a score ranging from 0 (no staining) to 4 (severe staining).[1,6]

Patients were excluded from the studies if they experienced prior treatment failure with cyclosporine 0.05% or used the therapy within 3 months prior to screening. Use of artificial tears was not allowed during the studies. The mean age was 59 years (range, 18-90 years). Eighty-three percent of patients were female.[1,6]

Study design: Single arm, Phase 4, 12-week, multicenter study of 124 adults with DED inadequately controlled (ie, still symptomatic and/or exhibiting disease signs) on current Restasis® therapy. The co-primary endpoints were corneal fluorescein staining (CFS) and modified Symptom Assessment in Dry Eye (mSANDE) at Week 12. Patients received 1 drop, 2X daily of CEQUA in each eye. Enrolled patients were selected by their doctors based on: Clinical diagnosis of DED and treatment on Restasis for ≥3 months; BCVA of ≥20/200; mSANDE score of ≥40; total CFS ≥6 or CFS in an individual zone ≥2 at baseline.[3-5]

Exclusions: Previous history of failure on Restasis; discontinued/switched to a different immunomodulatory; allergic conjunctivitis; stable dose for ≥3 months of immunomodulators, antihistamines, cholinergics, antimuscarinics, phenothiazines, retinoids, or any systemic or topical corticosteroids.[4]

References:

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2. CEQUA [package insert]. Cranbury, NJ: Sun Pharmaceutical Industries, Inc.; 2022.
3. Data on file. Cranbury, NJ: Sun Pharmaceutical Industries, Inc.
4. Effect of CEQUA in Subjects with Dry Eye Disease, ClinicalTrials.gov identifier NCT04357795. Updated Sept 09, 2022. Accessed August 29, 2023. https://www.clinicaltrials.gov/study/NCT04357795
5. Johnston, J. Effect of OTX-101 0.09% on corneal staining and SANDE scores in patients with dry eye disease uncontrolled on cyclosporine ophthalmic emulsion 0.05%. Abstract presented at American Academy of Optometry 2023; October 12, 2023; New Orleans, LA.

6. Tauber J, Schechter BA, Bacharach J, et al. A phase II/III, randomized, double-masked, vehicle-controlled, dose-ranging study of the safety and efficacy of OTX-101 in the treatment of dry eye disease. *Clin Ophthalmol*. 2018;12:1921-1929.

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