

Transcript

(ISI voiceover)

Indication

Xiidra® (lifitegrast ophthalmic solution) 5% is indicated for the treatment of signs and symptoms of dry eye disease (DED).

[Garlich]

Hi everyone, Thank you for attending the program today. My name is Jackie Garlich. I am an optometrist and I have a private practice in downtown Boston, and I see a lot of dry eye patients. A lot of my patients stare at computer screens all day so I'm happy to be discussing a case with you all of a common patient of mine. This is an educational program that's sponsored by Bausch & Lomb. I am the speaker for this program, and I've received compensation from Bausch & Lomb to present this program. And please note that this is not an accredited CME program. So today we're gonna review a patient case that is well suited for Xiidra, specifically a dry eye patient with inflammation. So let's get started.

I'd like to introduce you to my patient, a 59-year-old female that works as an attorney right by my office. She is relatively healthy. She does have high cholesterol, which is sometimes associated with an inflammatory response and she takes simvastatin for this.

She works as an attorney, spends a lot of time staring at a computer screen, and she presents to me because she is bothered by a lot of just diffuse redness that she has in her eyes. She feels that not only does she notice this, but sometimes other people, her colleagues, will comment on some of this redness that they see in her eyes, and they're asking if she's okay.

She's also talking a lot about blurry vision that she notices at a distance and reading even with her glasses on; she feels maybe her prescription needs to be changed. And then she has some watering when she goes outside. So particularly, when there's a windy environment and, you know, oftentimes she's walking with colleagues to a local restaurant to eat and is feeling a little self-conscious about the watering as well. She also talks about some fatigue at the end of the day and some burning.

This is particularly noticeable on a day where there's a lot of screen use.

So let's look at her clinical exam findings here.

So I've got a photograph here of her slit lamp exam. So we've put in some fluorescein dye to look at her cornea. And even before we do this, we're starting with just a standard refraction for her. Does she actually need a prescription change? She feels her vision isn't as crisp. Her vision is 20/20 on the phoropter, which on paper seems good, but it's a soft 20/20, and she doesn't feel like she has that crispness to her vision that she's wanting.

And there's no real change to what her previous glasses are. Her lashes are clear, so there is no evidence of collarettes, no debris on her lashes.

If we look at her cornea, there is some staining here particularly noticeable at that inferior cornea. I would call that mild to moderate staining.

And her lids oftentimes I'm looking for every patient I'm using my thumb to press on the lower lid. And this particular time, I grabbed some forceps just to express the little meibum from these meibomian glands and to see what we look like here. And this is probably more than a turbid expression. This is almost toothpaste inconsistency.

So we've got some meibomian gland dysfunction present here. I agree with her. She does have some mild conjunctival hyperemia. And she has a really noticeable reduced tear breakup time around 2 to 3 seconds that we're seeing in both eyes.

So following this clinical exam, it's really pretty confirmed that this patient does have moderate dry eye disease with an inflammatory component. We see the inflammation on the cornea. We see the irritation on the conjunctiva with the redness. And, you know, she does report that she was using some artificial tears. She couldn't remember which ones she was using, but it was refractory to her first line treatment, which was an artificial tear. And then she, as we talked about earlier, feels like these symptoms really affect her quality of life. She has discomfort, she has some anxiety due to

these symptoms, and she's really concerned about her fluctuating vision. So she's wanting to know what are some other options. What else can she be doing?

So when patients come in and we're talking about dry eye disease and how to manage their condition and what to expect, I often will talk about the various treatment options for a patient and whether or not we need some at-home therapies, or if we need something that's more pharmaceutical in nature.

And we often talk about the use of at home therapies in the term of warm compresses or oral nutraceuticals and lid scrubs¹, which are great mainstay therapies to do at home, but sometimes when our clinical signs are more significant and our patient's symptoms are more significant, we need to do something else for this patient.

After providing patient education and establishing basic self-care, what is your recommended next step treatment option for this patient? Would you recommend Xiidra? Would you recommend preservative-free artificial tears four times a day, or might you recommend punctal plugs?

So in cases like this where there's ocular surface inflammation that we are observing on the eye, whether that be cornea and conjunctiva, initiating an immunomodulator like Xiidra can really help reduce the inflammation and alleviate symptoms. And so Xiidra is not a new product for us. Xiidra has been around for almost a decade and is a proven dry eye treatment.²

I have a lot of success using Xiidra with patients to really calm the inflammation.* And this is a very common patient that I see in my practice—typically, a woman in her 60s. She's complaining about this discomfort or even just the appearance of her eyes. But this corneal staining along with some conjunctival hyperemia can really sort of point us in a direction that we know we've got a lot of surface inflammation that we need to quiet.*

*The exact mechanism of Xiidra in dry eye disease is not known.

So Xiidra [is] specifically designed to target dry eye inflammation.^{2*} It can deliver symptom relief in as early as two weeks, and that often builds over time.^{2†} So patients are often feeling some improvement at two weeks. And then I find that that just continues to improve as they use the drop.

*The exact mechanism of Xiidra in dry eye disease is not known.

†Xiidra significantly reduced symptoms of eye dryness at 2 weeks in 2 of 4 studies, with improvements observed at 6 and 12 weeks in all 4 studies.²⁻⁶

Xiidra is well tolerated in clinical trials. There are four multicenter clinical trials with over 2000 patients enrolled. And the most common adverse reaction reported in five to 25% of patients were instillation site irritation, altered taste, and reduced visual acuity.²⁻⁶

As for why I didn't choose the other therapies that we talked about on the previous slide, option two or option three, the use of preservative free artificial tears three times or three or four times a day—this is not sufficient in this case, and all we're doing is really masking the inflammation that is present there.^{7,8}

So this patient has also already tried an artificial tear and is looking for something with a little more power. And I agree with that plan completely. In terms of punctal plugs, I generally don't use a punctal plug in a patient that is inflamed and or has meibomian gland dysfunction as we're just trapping all of that inflammation on the eye longer.⁹

So back to this patient case. This patient started using Xiidra twice a day after the first visit, and I saw her back for a two-month follow up. So you can see how much better her cornea looks in this photograph here.

The patient felt better, but probably one of the symptoms I'm most happy to hear from a patient, is that they don't have to think about their eyes as often. They don't think about them. And so although she did certainly also report some less fluctuating vision, minimal end of the day burning that had improved for her as well. And then she had some increased comfort with prolonged screen time, which is what her life is.

She did notice some reduced watering outside. I didn't necessarily think we would alleviate that completely, given what the meibum looked like from her meibomian glands but we did see a marked improvement in her corneal staining, and the patient was very happy with the treatment.

She does report not using warm compresses at home. We run into that issue with some of the at-home care and the compliance with that. And sometimes there's a case where I might talk about some in-office therapies that may, that may improve for meibomian gland dysfunction but this patient was happy with her therapy and with the Xiidra prescription.*

*Individual results may vary, while this patient's own experience is accurate, other patients may or may not experience a similar response

(ISI voiceover)

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Xiidra® (lifitegrast ophthalmic solution) 5% is indicated for the treatment of signs and symptoms of dry eye disease (DED).

Important Safety Information

- Xiidra is contraindicated in patients with known hypersensitivity to lifitegrast or to any of the other ingredients.
- In clinical trials, the most common adverse reactions reported in 5-25% of patients were instillation site irritation, dysgeusia, and reduced visual acuity. Other adverse reactions reported in 1% to 5% of the patients were blurred vision, conjunctival hyperemia, eye irritation, headache, increased lacrimation, eye discharge, eye discomfort, eye pruritis, and sinusitis.
- To avoid the potential for eye injury or contamination of the solution, patients should not touch the tip of the single-use container to their eye or to any surface.
- Contact lenses should be removed prior to the administration of Xiidra and may be reinserted 15 minutes following administration.
- Safety and efficacy in pediatric patients below the age of 17 years have not been established.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088

Please see Full Prescribing Information at Xiidra-ecp.com

[Garlich]

Thank you so much for joining me today as I discuss a patient that I see often in my clinic, and I would imagine many of you see patients like this who spend a lot of time on their computer screens, who have tried some relief at home in the form of an artificial tear and have not gotten success with that. And so hopefully talking about the clinical signs that we see in an inflamed dry eye patient can help really guide our treatment options.

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