

**ANSWERS TO PATIENTS' FREQUENTLY ASKED QUESTIONS REGARDING  
RESTASIS® OPTHALMIC EMULSION**



# FAQ

Allergan, Inc. has recently launched an educational direct-to-consumer advertising campaign, which may increase phone volume and traffic in your practice. This quick Q&A reference will help your staff efficiently answer many of the questions patients will have about Chronic Dry Eye due to decreased tear production and RESTASIS® Ophthalmic Emulsion.

## Q: WHAT IS CHRONIC DRY EYE?

- Chronic Dry Eye may be caused by a decreased ability to produce tears, which are needed to protect the surface of the eye
- Chronic Dry Eye affects millions of Americans
- Up to 25% of all visits to Eye Care Professionals are due to dry eye, making it one of the most common complaints seen by Eye Care Professionals<sup>1</sup>

## Q: HOW IS CHRONIC DRY EYE DIAGNOSED?

Patients may present with eyes that feel dry, or they may state that they are using artificial tears frequently throughout the day. Eye Care Professionals may want to perform one or more of these tests:

- Schirmer's Test is performed by placing filter paper inside the lower lid of the eye. After a few minutes, the paper is removed and tested for its moisture content
- Tear break-up time (the amount of time a tear maintains a coat over the eye) can be measured with or without fluorescein stain
- Surface eye staining with either rose Bengal, Lissamine green, or fluorescein dyes will stain the damaged area of the ocular surface
- Only an Eye Care Professional can diagnose this condition

## Q: WHAT IS RESTASIS®?

- RESTASIS® Ophthalmic Emulsion is the only eye drop proven to increase tear production in patients with Chronic Dry Eye. Increased tear production was not seen in patients currently taking topical anti-inflammatory drugs or using tear duct plugs

## Q: HOW IS RESTASIS® DIFFERENT FROM ARTIFICIAL TEARS?

- Artificial tears provide temporary relief
- In patients with Chronic Dry Eye, RESTASIS® Ophthalmic Emulsion works by increasing the production of your eyes' own tears. Artificial tears do not increase tear production

## Q: HOW FREQUENTLY DOES A PATIENT APPLY RESTASIS®?

- RESTASIS® Ophthalmic Emulsion only needs to be applied twice a day— one drop in each eye, approximately 12 hours apart

## **Q: HOW LONG WILL A PATIENT HAVE TO USE RESTASIS®?**

- Patients may benefit from increased tear production as long as they're on RESTASIS® Ophthalmic Emulsion therapy

## **Q: IS RESTASIS® WELL TOLERATED?**

- RESTASIS® Ophthalmic Emulsion has been studied in clinical trials and has shown no systemic absorption or interaction with other drugs
- The most common side effect experienced by some patients is a burning sensation (approximately 1 in 5) when first applying RESTASIS® Ophthalmic Emulsion

## **Q: HOW SHOULD PATIENTS WHO WEAR CONTACT LENSES USE RESTASIS®?**

- People with decreased tear production typically should not wear contact lenses
- RESTASIS® Ophthalmic Emulsion should not be administered while wearing contacts
- Patients must remove contact lenses 15 minutes before applying RESTASIS®
- After applying RESTASIS® Ophthalmic Emulsion, patients must wait 15 minutes to put lenses back in

## **Q: ARE THERE ANY REASONS WHY PATIENTS SHOULDN'T USE RESTASIS®?**

- RESTASIS® Ophthalmic Emulsion should not be used in patients with active infections of the eye
- RESTASIS® has not been studied in patients with a history of active herpes viral infections of the eye
- RESTASIS® Ophthalmic Emulsion is contraindicated in patients with known or suspected allergies to any of the ingredients in the formulation

## **Q: IS RESTASIS® COVERED BY MANAGED CARE PLANS?**

- Nearly 90% of formularies recognize and cover RESTASIS® Ophthalmic Emulsion<sup>2</sup>

RESTASIS® Ophthalmic Emulsion is indicated to increase tear production in patients whose tear production is presumed to be suppressed due to ocular inflammation associated with keratoconjunctivitis sicca. Increased tear production was not seen in patients currently taking anti-inflammatory drugs or using punctal plugs.

RESTASIS® is contraindicated in patients with active ocular infections and has not been studied in patients with a history of herpes keratitis. The most common adverse event was ocular burning (upon instillation)—17%.

Other events reported in 1% to 5% of patients included conjunctival hyperemia, discharge, epiphora, eye pain, foreign body sensation, pruritus, stinging, and visual disturbance (most often blurring).

**Please see full prescribing information.**



**References:** 1. Stevenson D, Tauber J, Reis BL, The Cyclosporin A Phase 2 Study Group. Efficacy and safety of cyclosporin A ophthalmic emulsion in the treatment of moderate-to-severe dry eye disease: a dose-ranging, randomized trial. *Ophthalmology*. 2000;107:967-974. 2. NDC, Data on file, January 2003-January 2004.