

Efficacy and Safety of 0.25% Reproxalap Ophthalmic Solution in Patients With Dry Eye Disease: Results From a Dry Eye Chamber Trial

Justin Schweitzer, OD¹, Jaclyn Garlich, OD², Patricia Couroux, MD³, Desiree Owen, OD⁴, Ashley Nguyen, PharmD⁴,
Todd Brady, MD, PhD⁵

¹Vance Thompson Vision, Sioux Falls, SD, USA; ²Envision Optometry, Boston, MA, USA; ³Clinatha Research, St. Petersburg, FL, USA; ⁴Allergan, an AbbVie company, North Chicago, IL, USA; ⁵Aldeyra Therapeutics, Inc., Lexington, MA, USA

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Reproxalap is an investigational therapy that has not received FDA (or any regulatory authority) approval and has not been demonstrated safe or effective for any use.

Reproxalap is owned by Aldeyra Therapeutics and subject to option exercise pursuant to an agreement between Aldeyra Therapeutics and AbbVie.

Introduction

Objective:

To evaluate the efficacy and safety of reproxalap compared with a vehicle ophthalmic solution in improving ocular discomfort in patients with dry eye disease (DED)



DED is a common ocular condition that is characterized in part by ocular discomfort

- Many current therapeutic options for DED require weeks or months of treatment to achieve noticeable levels of activity, and may lead to adverse events such as installation site pain, ocular burning, temporary blurring of vision, and dysgeusia¹
- Reproxalap, a novel reactive aldehyde species inhibitor in development for the treatment of DED, has demonstrated improvement in DED symptoms within minutes of administration, without clinically significant safety concerns

Methods



Study Design: Randomized, double-masked, vehicle-controlled, parallel group, Phase 3 clinical trial that was conducted in a dry eye chamber and included 4 visits



Visit 1: Screening

Medical screening and administration of vehicle treatment



Visit 3: Randomization

Patients were randomized 1:1 to receive four doses of reproxalap or vehicle



Visit 2: Vehicle Chamber Visit

All patients received vehicle ~ 5 minutes before and 50 minutes after entry to the dry eye chamber

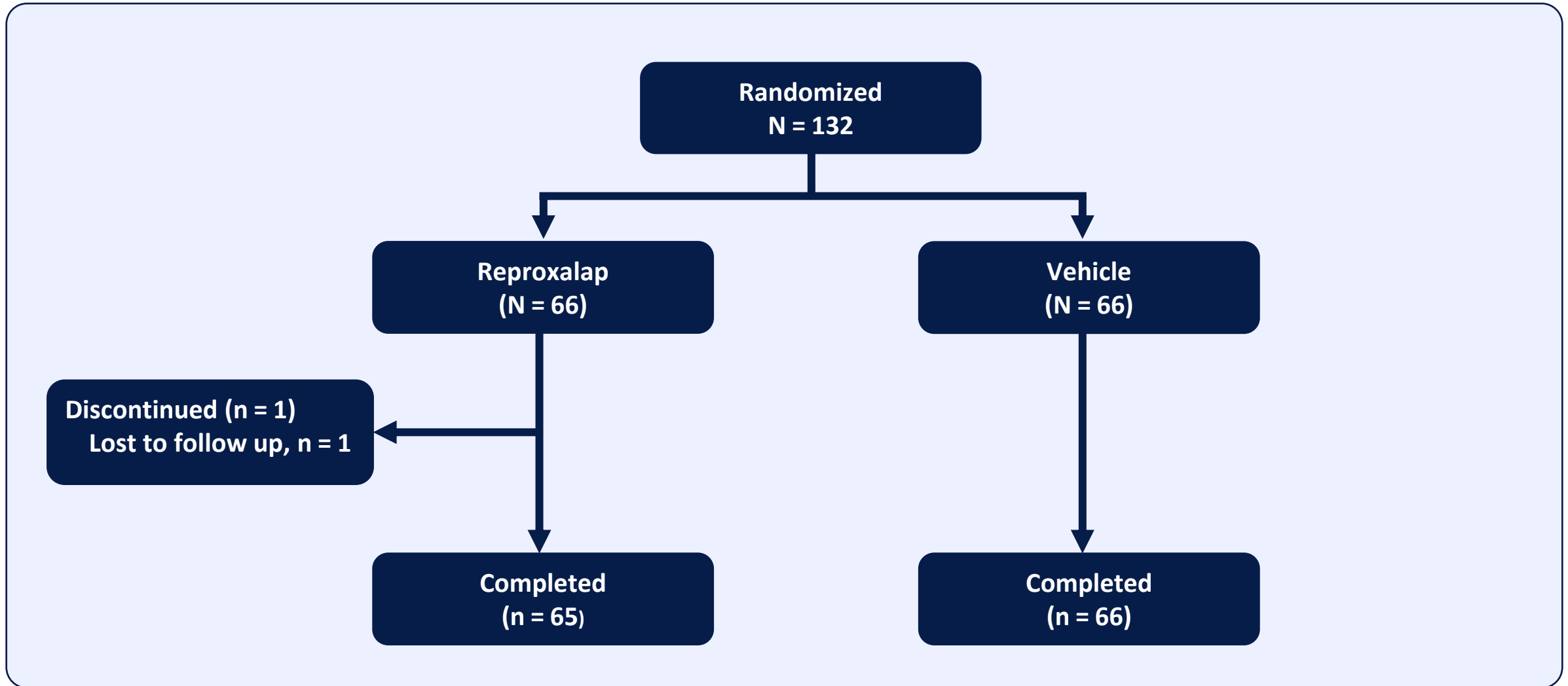


Visit 4: Treatment Chamber Visit

The same treatment was administered the following day, during which patients received treatment ~ 5 minutes before and 50 minutes after entry to the dry eye chamber

- The **primary endpoint** of ocular discomfort symptom score (visual analogue score of 0 to 100; Treatment Chamber – Vehicle Chamber) was assessed from 80 to 100 minutes after chamber entry
- Ocular discomfort was recorded at -12 and -7 minutes before chamber entry and every 5 minutes after chamber entry from 10 to 100 minutes

Figure 1. Patient Disposition



Baseline characteristics were similar for both groups

Table 1. Baseline Characteristics

Outcome	ReproXalap N = 66	Vehicle N = 66
Age, mean (SD)	49.6 (11.9)	46.5 (11.5)
Age ≥ 65, n (%)	6 (9.1)	5 (7.6)
Female, n (%)	53 (80.3)	41 (62.1)
Ethnicity, n (%)		
Hispanic or Latino	10 (15.2)	16 (24.2)
Not Hispanic or Latino	54 (81.8)	50 (75.8)
Not reported	2 (3.0)	0
Race, n (%)		
Asian	11 (16.7)	14 (21.2)
Black or African American	7 (10.6)	10 (15.2)
White	46 (69.7)	40 (60.6)
Other or not reported	2 (3.0)	2 (3.0)
Eye disorders other than DED, n (%)		
Myopia	23 (34.8)	23 (34.8)
Presbyopia	21 (31.8)	15 (22.7)
Hypermetropia	11 (16.7)	7 (10.6)
Astigmatism	2 (3.0)	0
Amblyopia	0	1 (0.5)
Lagophthalmos	0	1 (0.5)
Pterygium	1 (0.5)	0
Visual impairment	1 (0.5)	0
Vitreous floaters	0	1 (0.5)
Mean ocular discomfort score	43	36

Ocular discomfort score ranges from 0 to 100, with lower scores indicating less severe symptoms.

Abbreviation: DED, dry eye disease.

Reproxalap-treated patients experienced significantly less ocular discomfort

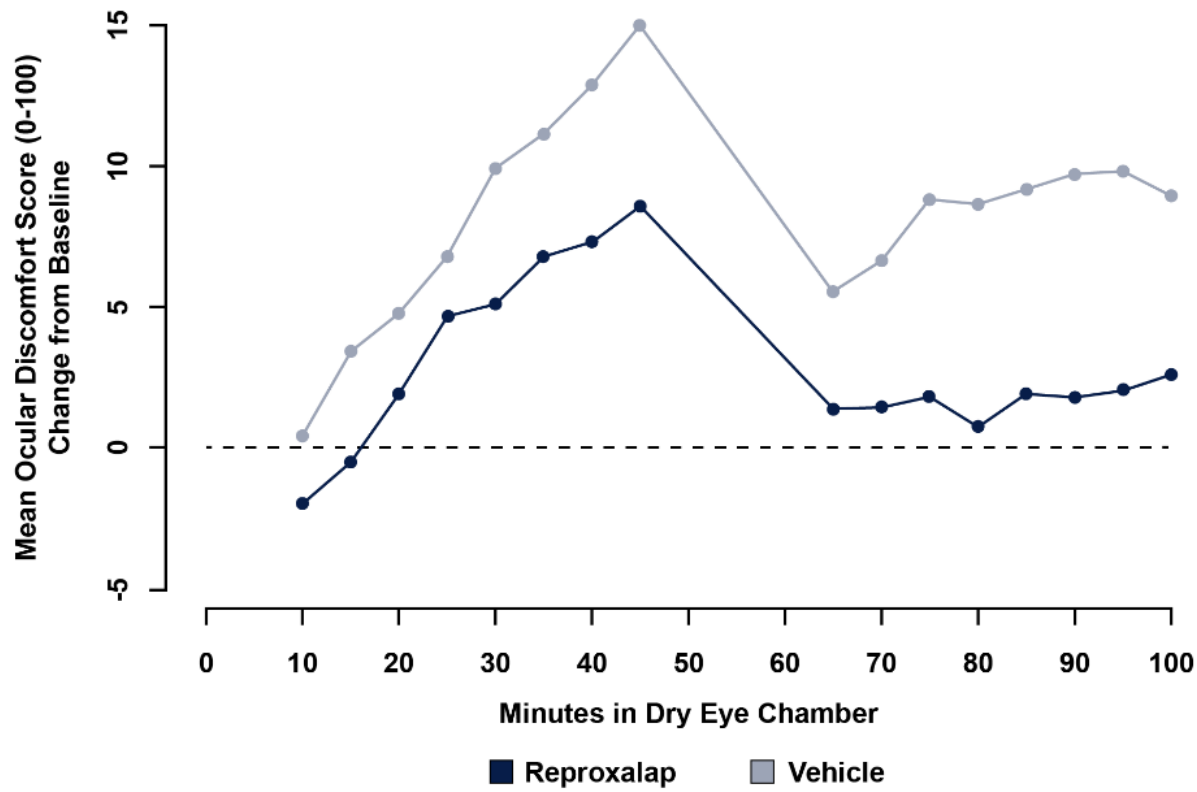
Table 2. Primary Efficacy Analysis of Ocular Discomfort Symptom Score (ITT Population): Treatment Chamber vs Vehicle Chamber for Time Points of ≥ 80 Minutes After Chamber Entry

Outcome	Reproxalap N = 66	Vehicle N = 66
Mean (SD)	-13.97 (18.49)	-10.67 (20.40)
LS mean (SE)	-16.87 (1.32)	-11.65 (1.28)
95 % CI for LS mean	-19.46, -14.27	-14.17, -9.14
<i>P</i> Value	< .0001	< .0001
LS mean difference vs vehicle (SE)	-5.21 (1.82)	-
95 % CI for LS mean difference	-8.79, -1.63	-
<i>P</i> Value	.0044	-

- Compared with Vehicle Chamber, adjusted patient-reported ocular discomfort at Treatment Chamber was significantly lower in reproxalap-treated patients from 80 to 100 minutes after chamber entry (LS mean difference [95% CI]: -5.21 [-8.79, -1.63]; *P* = .0044) (**Table 2**)

Ocular discomfort remained lower in reproxalap-treated patients for the entirety of the chamber

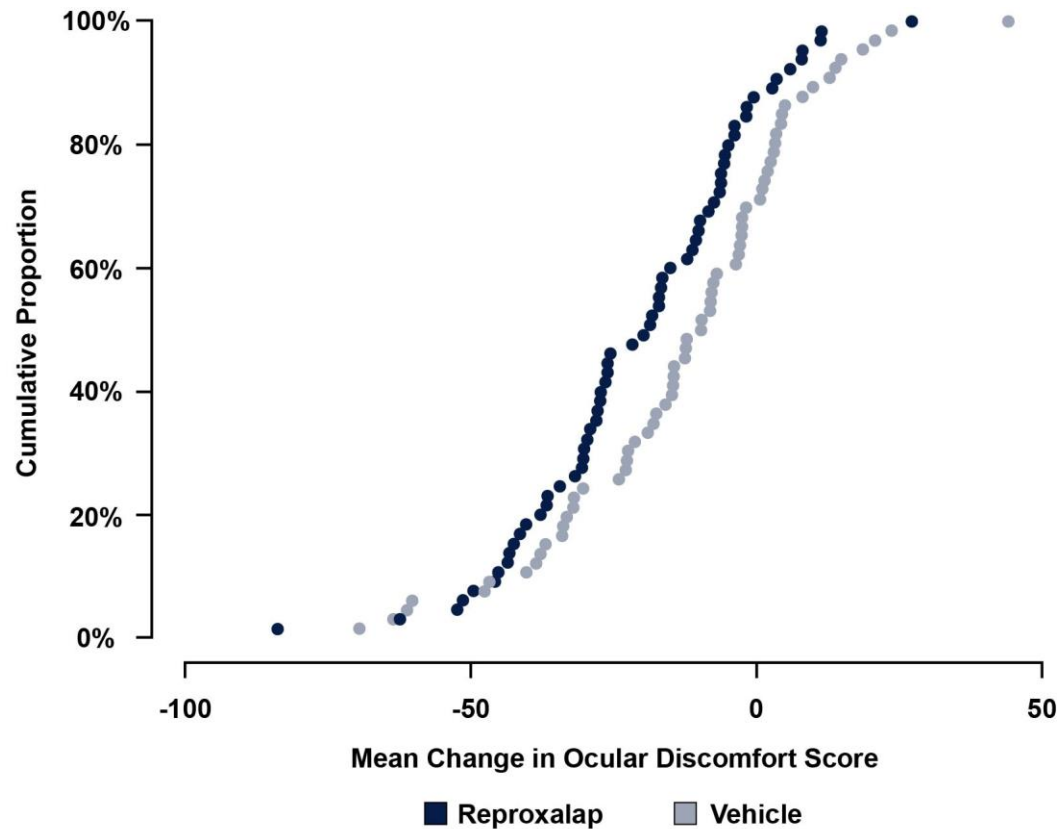
Figure 2. Mean Change from Baseline for Ocular Discomfort Score at Each Timepoint in the Randomized Treatment Dry Eye Chamber (Treatment Chamber) (ITT Population)



- Change from baseline in ocular discomfort was numerically lower with reproxalap than with vehicle at every time point in the dry eye chamber
- In contrast to vehicle-treated patients, mean ocular discomfort scores from patients treated with reproxalap approached baseline by the end of the chamber

Ocular discomfort scores were lower for a greater proportion of reproxalap-treated patients

Figure 3. Distribution Function of Time-Matched Change from Baseline in Ocular Discomfort Dry Eye Chamber Score (Treatment Chamber- Vehicle Chamber) Averaged Across Eyes and Primary Endpoint Contrast Timepoints (80-100 Minutes)



- The cumulative distribution function of time-matched change from baseline in ocular discomfort score (Treatment Chamber – Vehicle Chamber), averaged across both eyes and all prespecified contrast timepoints (80-100 minutes after chamber entry), indicated that reproxalap was superior to vehicle across nearly all thresholds
- From 80 to 100 minutes after chamber entry, ocular discomfort scores of approximately 89% of patients in the reproxalap treatment arm were lower in Treatment Chamber than in Vehicle Chamber vs approximately 70% in the vehicle treatment arm

Most ocular TEAEs were mild or moderate for reproxalap-treated patients

Table 3. All Treatment and Ocular Treatment-Emergent Adverse Events (Safety Population)

TEAEs	Reproxalap N = 66 N (%) [# of events]	Vehicle N = 66 N (%) [# of events]
Any TEAE	60 (90.9) [299]	20 (15.2) [31]
Any TEAE related to study intervention	60 (90.9) [299]	20 (15.2) [31]
Any ocular TEAE	60 (90.9) [298]	14 (10.6) [24]
Eye disorders	2 (3.0) [3]	4 (3.0) [7]
Abnormal sensation in eye	1 (1.5) [2]	0
Asthenopia	0	1 (0.8) [3]
Eye pain	0	1 (0.8) [1]
Eye pruritus	0	1 (0.8) [1]
Foreign body sensation in eye	0	1 (0.8) [1]
Swelling of eyelid	0	1 (0.8) [1]
Vision blurred	1 (1.5) [1]	0
General disorders and administration site conditions	60 (90.9) [295]	10 (7.6) [17]
Instillation site irritation	60 (90.9) [291]	10 (7.6) [17]
Instillation site pruritus	3 (4.5) [4]	0

- 60 (90.9%) of patients in the reproxalap group experienced 299 TEAEs compared with 20 (15.2%) of patients in the vehicle group that experienced 31 TEAEs. All were considered related to the test article
 - The majority of TEAEs (reproxalap: n = 59 [89.4%]; vehicle: n = 18 [13.6%]) were mild in severity; no serious or severe TEAEs were reported, and no TEAE led to withdrawal or death
- Ocular TEAEs occurred in 60 (90.9%) patients who received reproxalap and 14 (10.6%) who received vehicle
- Ocular TEAEs were mild in 59 (89.4%) patients who received reproxalap and in 18 (13.6%) patients who received vehicle
- Ocular TEAE's were moderate in 1 (1.5%) patient who received reproxalap (instillation site irritation), and 2 (1.5%) patients who received vehicle (eye pain; swelling of eyelid)
- The most common ocular TEAE in both treatment groups was instillation site irritation, which was almost always mild (reproxalap: n = 59 [89.4%]; vehicle: n = 10 [7.6%]) and most commonly lasted < 1 minute

Limitations

- Interpretation of this study is limited by several factors, including:
 - Single-center design
 - Small number of patients included
 - Long-term effects not assessed

Conclusions

Patient-reported ocular discomfort scores from Vehicle Chamber to Treatment Chamber for 80 to 100 minutes after dry eye chamber entry were significantly lower in reproxalap-treated patients compared with vehicle-treated patients

The primary endpoint of ocular discomfort symptom score was achieved, indicating the rapid activity of reproxalap in reducing ocular discomfort associated with DED in a challenge model designed to mimic dry eye flare, the most described aspect of DED for most patients

No patients discontinued from the trial due to adverse events, nor were there any serious adverse events, which is consistent with previous studies

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