**Supplementary file B**

**Exploratory analysis**

Exploratory endpoints were (1) correlation between change from baseline in TOSS and the average number of administrations per day within the PRN group (0 to 1, >1 or ≤ 2, >2 to ≤ 3, and >3), (2) correlation between change from baseline in TOSS and IDEEL symptom-bother (SB) scores by severity (mild [> 16 to 38] and moderate [>38 to 65]) for both treatment regimens, and (3) Correlation between change from baseline in TOSS and IDEEL treatment satisfaction (TS) scores (treatment effectiveness score and treatment inconvenience score).

No association was observed in the average number of drops administered and TOSS score for patients in the PRN group. Similarly, there was no association in the change from baseline in TOSS score and the average number of drop administrations for patients dosed PRN with mild or moderate IDEEL SB scores at baseline. Mean changes in TOSS scores were similar in all subgroups for numbers of drops and IDEEL SB score severity. A moderate negative correlation (Pearson correlation coefficient = −0.393, p = 0.296) in change from baseline in TOSS score and IDEEL SB score for patients with mild IDEEL SB scores at baseline was observed for the QID group. A negative correlation (Pearson correlation coefficient = −0.405, p = 0.019) between change from baseline in TOSS score and IDEEL TS treatment effectiveness score was observed for the QID group, but not for the PRN group. A weak negative correlation (Pearson correlation coefficient = −0.239, p = 0.180) between change from baseline in TOSS score and IDEEL TS treatment inconvenience score was observed for the QID group.