Discover the first and only Rx eye drop for DED that DIRECTLY TARGETS EVAPORATION[1]

Indicated for the treatment of the signs and symptoms of DED[1]

DED, dry eye disease.

INDICATION

MIEBO™ (perfluorohexyloctane ophthalmic solution) is a semifluorinated alkane indicated for the treatment of the signs and symptoms of dry eye disease.

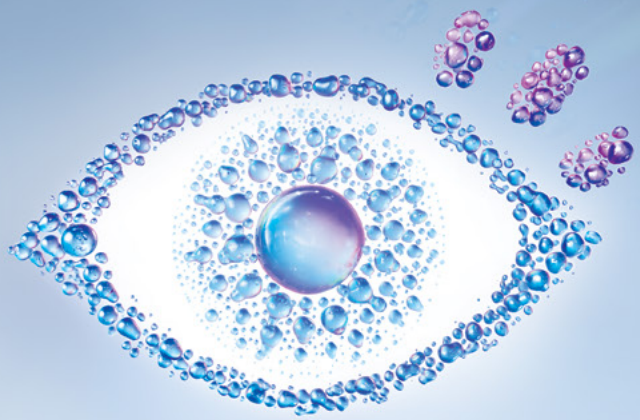
IMPORTANT SAFETY INFORMATION

- MIEBO should not be administered while wearing contact lenses. Contact lenses should be removed before use and for at least 30 minutes after administration of MIEBO
- Instruct patients to instill one drop of MIEBO into each eye four times daily

Please see additional Important Safety Information throughout.

Click here for full Prescribing Information for MIEBO.

Miebo™
(perfluorohexyloctane ophthalmic solution)



100%

of patients had clinical signs of MGD[1-3]

Robust, reproducible efficacy and tolerability results across 2 pivotal studies[1]

Study design[1-3]:

- Two 57-day, multicenter, double-masked, saline-controlled studies (GOBI and MOJAVE) were conducted in adults ≥18 years old with a self-reported history of DED in both eyes
- Primary endpoints were change from baseline in tCFS and change from baseline in eye dryness score (Visual Analog Scale) at Day 57
- Day 15 was the earliest time point at which signs and symptoms were evaluated in the trials. Day 57 was the last

1 drop per eye, QID dosing.

Convenient, preservative-free multidose bottle (about 270 drops or 1-month supply).[1,5]

Contact lenses should be removed prior to and for at least 30 minutes after the administration of MIEBO.[1]

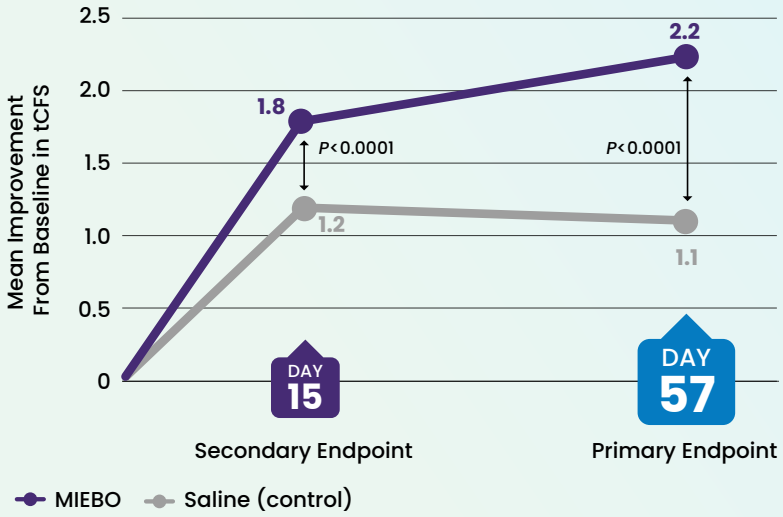
Not actual size.

MGD, meibomian gland dysfunction; QID, four times daily.

Significant improvement in the signs and symptoms of DED[1-4]

Rapid and sustained improvement in TOTAL corneal staining as early as Day 15 through Day 57[1,4]

TOTAL Corneal Fluorescein Staining (tCFS)[2-4]



2x IMPROVEMENT vs control in **total CFS** at Day 57[1,4]

Pooled analysis (above): Mean baseline tCFS = 6.9 for MIEBO and control. tCFS grading scale: 0-15 (0-3 in each of 5 areas). Across GOBI and MOJAVE, 614 patients received MIEBO and 603 patients received control with 591 and 575, respectively, assessed on Day 57.[2-4]

GOBI: Mean (SD) CFB −2.0 (2.6) for MIEBO (n = 289) vs −1.0 (2.7) for control (n = 279) (*P*<0.001) at Day 57. **MOJAVE:** Mean (SD) CFB −2.3 (2.8) for MIEBO (n = 302) vs −1.1 (2.9) for control (n = 296) (*P*<0.001) at Day 57.[1-3]

MIEBO also demonstrated **4x improvement vs control in CENTRAL CFS at Day 57**, which was a secondary endpoint[4]

CFB, change from baseline; CFS, corneal fluorescein staining.

IMPORTANT SAFETY INFORMATION (CONTINUED)

- The safety and efficacy in pediatric patients below the age of 18 have not been established

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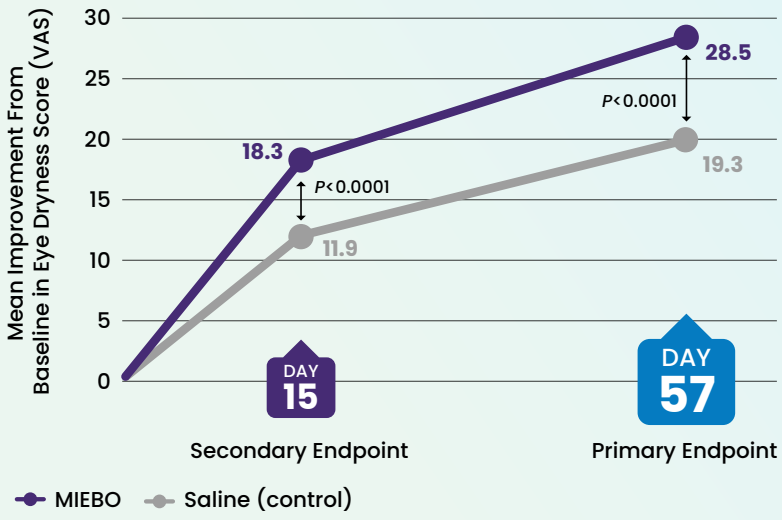
Miebo™ (perfluorohexyloctane ophthalmic solution)

Significant improvement in the signs and symptoms of DED[1-4]

Rapid and sustained relief of EYE DRYNESS as early as Day 15 through Day 57[1,4]

Eye Dryness Score (Visual Analog Scale)[2-4]



1.5x IMPROVEMENT vs control in **eye dryness** at Day 57[1,4]

Pooled analysis (above): Mean baseline eye dryness score = 65.6 for MIEBO, 65.5 for control. Eye dryness Visual Analog Scale (VAS): 0-100 (0 = no discomfort, 100 = maximal discomfort). Across GOBI and MOJAVE, 614 patients received MIEBO and 603 patients received control with 591 and 575, respectively, assessed on Day 57.[1,4]

GOBI: Mean (SD) CFB −27.4 (27.9) for MIEBO (n = 289) vs −19.7 (26.7) for control (n = 279) ($P<0.001$) at Day 57. **MOJAVE:** Mean (SD) CFB −29.5 (28.6) for MIEBO (n = 302) vs −19.0 (27.2) for control (n = 296) ($P<0.001$) at Day 57.[1-3]

IMPORTANT SAFETY INFORMATION (CONTINUED)

- The most common ocular adverse reaction was blurred vision (1% to 3% of patients reported blurred vision and conjunctival redness)

Please see additional Important Safety Information throughout.

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Miebo™ (perfluorohexyloctane ophthalmic solution)

Safety and tolerability

A tolerability profile you've been looking for[1-3]

In 2 pivotal clinical studies with >600 patients treated with MIEBO:

0

No incidences of serious ocular adverse events (AEs)[2,3]

Most AEs were considered mild

0.2%

Low discontinuation rate due to AEs[2-4]

Discontinuation rate for MIEBO was comparable to control (pooled: 0.2% vs 0.5%; GOBI: 0.3% vs 1.0%; MOJAVE: 0% vs 0%)

0.5%

Low rate of burning or stinging[2-4]

The pooled incidence of instillation site pain, such as burning or stinging, was 0.5% (GOBI: 1.0%; MOJAVE: 0%)

2.1%

One ocular AE with an incidence of ≥2%[1-4]

The most common ocular AE was blurred vision, which was mostly mild and transient. Blurred vision (pooled: 2.1%; GOBI: 3.0%; MOJAVE: 1.3%) and conjunctival redness (pooled: 0.8%; GOBI: 0%; MOJAVE: 1.3%) were reported in 1%–3% of individuals

IMPORTANT SAFETY INFORMATION (CONTINUED)

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Choose MIEBO for your patients with DED

The first and only Rx eye drop for DED that DIRECTLY TARGETS EVAPORATION[1]

Inhibits evaporation[1,5,6*]

Mimics key functions of natural meibum. Forms a monolayer at the air-liquid interface of the tear film.

Rapid and sustained relief[1]

Significant improvement in the signs and symptoms of DED as early as Day 15 with continued improvement through Day 57. 100% of patients had clinical signs of MGD at enrollment.

Excellent tolerability[1-4]

No serious ocular AEs (0), low discontinuation rate due to AEs (0.2%), and low rate of burning or stinging on instillation (0.5%). The most common ocular adverse reaction was blurred vision (2.1%), which was mostly mild and transient.

***The exact mechanism of action for MIEBO in DED is not known.[1]**

IMPORTANT SAFETY INFORMATION (CONTINUED)

- The safety and efficacy in pediatric patients below the age of 18 have not been established
- The most common ocular adverse reaction was blurred vision (1% to 3% of patients reported blurred vision and conjunctival redness)

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 additional Important Safety Information throughout.

Click here for full Prescribing Information for MIEBO.

References: 1. MIEBO. Prescribing Information. Bausch & Lomb, Inc; 2023. **2.** Tauber J, Berdy GJ, Wirta DL, Krösser S, Vittitow JL; GOBI Study Group. NOV03 for dry eye disease associated with meibomian gland dysfunction: results of the randomized phase 3 GOBI study. *Ophthalmology*. 2023;130(5):516-524. doi:10.1016/j.ophtha.2022.12.021 **3.** Sheppard JD, Kurata F, Epitropoulos AT, Krösser S, Vittitow JL; MOJAVE Study Group. NOV03 for signs and symptoms of dry eye disease associated with meibomian gland dysfunction: the randomized phase 3 MOJAVE study. *Am J Ophthalmol*. 2023;252:265-274. doi:10.1016/j.ajo.2023.03.008 **4.** Data on file. Bausch & Lomb, Inc; 2023. **5.** Sheppard JD, Nichols KK. Dry eye disease associated with meibomian gland dysfunction: focus on tear film characteristics and the therapeutic landscape. *Ophthalmol Ther*. 2023;12(3):1397-1418. doi:10.1007/s40123-023-00669-1 **6.** Vittitow J, Kissling R, DeCory H, Borchman D. In vitro inhibition of evaporation with perfluorohexyloctane, an eye drop for dry eye disease. *Curr Ther Res Clin Exp.* 2023;98:100704. doi:10.1016/j.curtheres.2023.100704

BAUSCH + LOMB

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