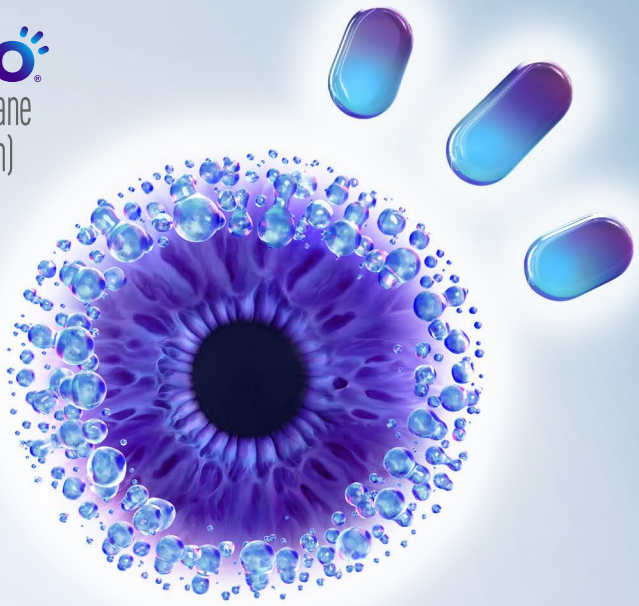
Miebo®
(perfluorohexyloctane ophthalmic solution)



MIEBO works *fast and lasts*[1-5]

Long-lasting relief and **promotion of ocular surface healing** at ~2 weeks through ~8 weeks (primary endpoint in pivotal trials), maintained over 1 year[1-4*†]

*GOBI and MOJAVE were 2 pivotal 57-day, multicenter, double-masked, saline-controlled studies conducted in adults ≥18 years old with a self-reported history of dry eye disease (DED) in both eyes and clinical signs of meibomian gland dysfunction (MGD). Patients administered 1 drop of MIEBO 4 times daily (QID) during the study. Primary endpoints were change from baseline in total corneal fluorescein staining (tCFS) score and change from baseline in eye dryness score (Visual Analog Scale [VAS]) at Day 57. **Day 15 was the earliest time point at which signs and symptoms were evaluated in the trials, and Day 57 was the last.**[1-3]

†KALAHARI was a 52-week, multicenter, single-arm, open-label extension study in adults ≥18 years who completed the GOBI study. The primary endpoint was the occurrence of ocular and non-ocular adverse events. **Study limitations include** open-label design, lack of a control group, and exclusion of patients with severe dry eye (tCFS score >11).[4]

INDICATION

MIEBO® (perfluorohexyloctane ophthalmic solution) is indicated for the treatment of the signs and symptoms of dry eye disease.

IMPORTANT SAFETY INFORMATION

- MIEBO is contraindicated in patients with known hypersensitivity to perfluorohexyloctane
- 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

Please see additional Important Safety Information throughout.

Click here for full Prescribing Information for MIEBO.

MIEBO *works fast and lasts*— demonstrated in pivotal trials, supported by long-term and phase 4 studies[1-5]

GOBI and MOJAVE pivotal trials[1-3]

- **Significant improvement** in the signs and symptoms of DED at ~2 weeks, with continued improvement through ~8 weeks (the end of the trials)[1-3]

2x
IMPROVEMENT
vs hypotonic saline (control) in **tCFS** at ~8 weeks[1-3,6*]

1.5x
IMPROVEMENT
vs control in **eye dryness** (VAS) at ~8 weeks[1-3,6†]

INDIVIDUAL STUDY DATA

*__GOBI:__ Mean baseline (standard deviation [SD]) 6.7 (1.8) for MIEBO vs 6.7 (1.9) for control; 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 baseline (SD) 7.0 (2.0) for MIEBO vs 7.1 (2.1) for control; 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]

†__GOBI:__ Mean baseline (standard deviation [SD]) 66.5 (19.1) for MIEBO vs 68.8 (18.7) for control; 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 baseline (SD) 64.7 (19.5) for MIEBO vs 64.3 (19.8) for control; 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]

‡Key criteria for enrollment included MGD defined as a total MGD score ≥3 (based on secretion of 5 central glands on lower eyelid [each scored 0–3]; 0 = normal; 1 = thick/yellow, whitish, particulate; 2 = paste; 3 = none/occluded) and tear film breakup time ≤5 seconds at Visit 0 and Visit 1.[2,3]

had evidence of evaporative DED with **clinical signs of MGD**[1-3‡]

IMPORTANT SAFETY INFORMATION (CONTINUED)

- Instruct patients to instill one drop of MIEBO into each eye four times daily
- The safety and efficacy in pediatric patients below the age of 18 have not been established

Please see additional Important Safety Information throughout.

Click here for full Prescribing Information for MIEBO.

KALAHARI safety extension study[4]

- **Maintained improvement in DED signs and symptoms,** reinforcing results from MIEBO pivotal trials[4]*

Long-lasting, consistent relief over 1 year[4]

Phase 4 open-label study[5]

- **Relief as fast as *5 minutes*** with continued improvement through Day 14 (the end of the study)[5†]

~47%
SYMPTOM REDUCTION
at 5 minutes on Day 1[5‡]

~66%
SYMPTOM REDUCTION
at Day 14[5‡]

*Patients in the 2-month GOBI study were treated with MIEBO and continued to the 12-month KALAHARI study (n = 97). In the KALAHARI study, patients in the MIEBO continuation group maintained the improvements in tCFS and eye dryness scores that were observed in the GOBI study, and patients in the saline crossover group demonstrated improvements in tCFS and eye dryness by Week 4 of KALAHARI, and results were maintained through Week 52.[4]

†The phase 4 study assessed DED symptoms (severity and frequency) and treatment satisfaction using a VAS (0–100). Adults ≥18 years with a self-reported history of bilateral DED and clinical signs of MGD (score ≥3 on a 0–15 scale) were included and received MIEBO QID for 14 days. Study participants completed early outcomes surveys on Day 1 (pre-dose [baseline] and at 5 minutes and 60 minutes after the first instillation of MIEBO) and on Days 3, 7, and 14 (within 30 minutes to 4 hours post-dose). **Study limitations include** open-label design, lack of a control group, lack of assessment of clinical signs of DED (eg, corneal fluorescein staining score), and limited diversity of the study population. **Data should be interpreted with the study design and these limitations in mind. No formal conclusions should be drawn.[5]**

‡Patients rated the severity of overall dry eye symptoms on a VAS from 0 (none) to 100 (worst severity possible). From a mean baseline score of 72.1, overall symptom severity was reduced by 46.6% at 5 minutes post-instillation, 56.3% at 60 minutes, 53.8% at Day 3, **61.7% at Day 7 (primary endpoint)**, and 65.9% at Day 14. All $P<0.0001$ vs baseline (paired t test).[5]

IMPORTANT SAFETY INFORMATION (CONTINUED)

- In pivotal trials, 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.

Click here for full Prescribing Information for MIEBO.

Miebo®
(perfluorohexyloctane ophthalmic solution)

Excellent safety and tolerability you can trust

Across phase 3 trials and a phase 4 open-label study[1-5*†‡]

No incidences of serious ocular adverse events (AEs)

With consistent comfort and satisfaction

In pivotal trials, **the majority of patients rated MIEBO as comfortable or very comfortable** on instillation[7§]

~2 in 3 patients described MIEBO as **silky**, **smooth**, or **soothing**[5‖]

*Data were pooled from >1200 total patients from 2 pivotal clinical studies (GOBI and MOJAVE). Of the 614 patients who received MIEBO, there were no incidences of serious ocular AEs with MIEBO. Most AEs were considered mild. The discontinuation rate for MIEBO due to AEs was comparable to control (pooled: 0.2% vs 0.5%; GOBI: 0.3% vs 1.0%; MOJAVE: 0% vs 0%). 0.5% (pooled) of patients experienced instillation site pain AEs, such as burning or stinging (GOBI: 1.0%; MOJAVE: 0%). 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% to 3% of patients.[1-3,6,7]

†In KALAHARI, there were no incidences of serious ocular AEs. 14% of patients had ≥1 ocular AE and 24.5% had ≥1 non-ocular AE; most non-ocular AEs were mild (12.5%) or moderate (10.1%) in severity. The discontinuation rate due to AEs was 2.4%. The most common ocular AEs were vitreous detachment (1.9% of patients, none considered treatment-related), allergic conjunctivitis (1.4%), blurred vision (1.4%), and increased lacrimation (1.4%).[4]

‡In the phase 4 study, MIEBO was well tolerated with no reports of treatment-related AEs. One AE was reported: 1 patient experienced eye pain (in the right eye) that was moderate in severity and deemed as not serious and not related to treatment.[5]

§Questionnaire was given on Day 1 of the GOBI and MOJAVE studies. Mean pooled comfort score was 8.0 for MIEBO and 8.4 for saline (scale of 0-10, 0 = not comfortable and 10 = very comfortable). 81% of patients treated with MIEBO reported a score of 7 or higher.[7]

‖At the 5-minute post-dose assessment on Day 1, patients selected up to 3 terms (out of 10) to describe how MIEBO felt when placed in the eyes. The majority chose silky (68.7%), smooth (67.7%), and soothing (65.7%).[5]

IMPORTANT SAFETY INFORMATION (CONTINUED)

- MIEBO is contraindicated in patients with known hypersensitivity to perfluorohexyloctane

Please see additional Important Safety Information throughout.

Click here for full Prescribing Information for MIEBO.

MIEBO is covered for most patients nationwide,* with 2 ways to help them save

Patients can download or activate their **copay card**† in a matter of minutes.

Miebo Rx in a blink

Patient support powered by BLINKRx

BlinkRx is an option that can help patients save time and money on their prescriptions.

Eligible commercially insured patients may pay no more than $79 for refills, even if they have a high deductible or their PA is denied.‡ Uninsured patients may pay a reduced cash price of $225.§

PA, prior authorization.

*Based on MMIT Analytics of total MIEBO coverage as of May 2026.

†For eligible commercially insured patients. Offer not valid for patients whose prescriptions are reimbursed by any federal or state healthcare program, including Medicaid, Medicare, TRICARE, or any other federal or state healthcare program. Other restrictions apply. See complete Eligibility Criteria and Terms and Conditions at MIEBO.blsavingscard.com.

‡**Copay card at Retail:** PA must be submitted through PARx for patient to be eligible for MIEBO at $79.
BlinkRx: PAs can be submitted through CoverMyMeds or PARx for patient to be eligible for MIEBO at $79.

§$225 cash price available for uninsured patients under 65.

IMPORTANT SAFETY INFORMATION (CONTINUED)

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Miebo
(perfluorohexyloctane ophthalmic solution)

Miebo® (perfluorohexyloctane ophthalmic solution)

The only Rx eye drop that directly targets excessive tear evaporation due to MGD—a leading cause of DED[1-3,8-11]

Works *fast and lasts*

- **Long-lasting relief** and ocular surface healing at ~2 weeks through ~8 weeks (primary endpoint in pivotal trials), **maintained over 1 year**, with **significant relief as fast as 5 minutes** on Day 1 through Day 14 in a phase 4 open-label study[1-5]

Delivers high patient satisfaction

- In a phase 4 open-label study, ~2 in 3 patients described MIEBO as **silky, smooth,** or **soothing**. In pivotal trials, the majority of patients rated MIEBO as **comfortable or very comfortable** on instillation[5,7]

Promotes ocular surface healing

- Forms a **protective layer** that inhibits tear evaporation and **helps stabilize the tear film**, helping the ocular surface **heal itself** with continued use[1,8,12-14]*

Please see full data and supporting details throughout.

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

To directly target tear evaporation, start with MIEBO—visit MIEBO-ECP.COM for more data

IMPORTANT SAFETY INFORMATION (CONTINUED)

- In pivotal trials, 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.
Click here for full Prescribing Information for MIEBO.

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.

References: 1. MIEBO. Prescribing Information. Bausch & Lomb, Inc. **2.** Tauber J, et al. *Ophthalmology*. 2023;130(5):516-524. **3.** Sheppard JD, et al. *Am J Ophthalmol*. 2023;252:265-274. **4.** Protzko EE, et al. *Cornea*. 2024;43(9):1100-1107. **5.** Bacharach J, et al. *Ophthalmol Ther*. 2025;14(4):693-704. **6.** Fahmy AM, et al. *Front Ophthalmol (Lausanne)*. 2024;4:1452422. **7.** Data on file. Bausch & Lomb, Inc. **8.** Sheppard JD, et al. *Ophthalmol Ther*. 2023;12(3):1397-1418. **9.** Lemp MA, et al. *Cornea*. 2012;31(5):472-478. **10.** Rabensteiner DF, et al. *Acta Ophthalmol*. 2018;96:e707-e711. **11.** Badian RA, et al. *Sci Rep*. 2021;11(23412):1-8. **12.** Vittitow J, et al. *Curr Ther Res Clin Exp*. 2023;98:100704. **13.** Agarwal P, et al. *Ocul Surf*. 2019;17(2):241-249. **14.** Jones L, et al. *Am J Ophthalmol*. 2025:1-315.

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