MIEBO is the ONLY Rx eye drop for DED that directly targets evaporation[1]

An Rx drop with demonstrated efficacy and an excellent safety profile across 2 pivotal trials

Rapid and sustained relief[1-4]*

- Patients experienced **significant improvement** in the signs and symptoms of dry eye disease (DED) **as early as Day 15** with continued improvement through Day 57
  - **2x improvement** vs hypotonic saline (control) in total corneal fluorescein staining (tCFS) at Day 57†
  - **1.5x improvement** vs control in eye dryness (VAS) at Day 57‡
- **100% of patients had clinical signs of MGD at enrollment**

Excellent tolerability[1-4§]

- **No incidences** of serious ocular adverse events (AEs)
- **Low discontinuation rate** due to AEs (0.2%)
- **Low rate of burning or stinging** (0.5%)
- **One ocular AE** with an **incidence ≥2.0%** (blurred vision, 2.1%)

See inside for results from an in vitro study evaluating evaporation rates with MIEBO

CFB, change from baseline; MGD, meibomian gland dysfunction; SD, standard deviation; VAS, Visual Analog Scale.

***Study design:** 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 outcomes were change from baseline in tCFS and change from baseline in eye dryness score (VAS) at Day 57. **Day 15 was the earliest time point at which signs and symptoms were evaluated in the trials. Day 57 (primary endpoints) was the last.**[1-3]

†**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.

‡**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.

§In 2 pivotal studies of >1200 patients (614 patients received MIEBO), there were no incidences of serious ocular AEs with MIEBO. Most AEs were considered mild. The 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% (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%-3% of individuals.[1-4]

INDICATION

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

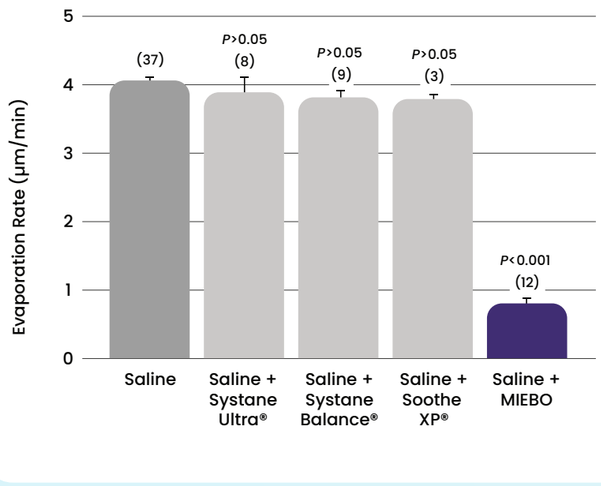
IMPORTANT SAFETY INFORMATION

- 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.
Please see full Prescribing Information for MIEBO in pocket.

In an in vitro study, MIEBO inhibited evaporation more effectively than artificial tears or human meibum[5]

Mean Evaporation Rates of Saline With Artificial Tears or MIEBO*

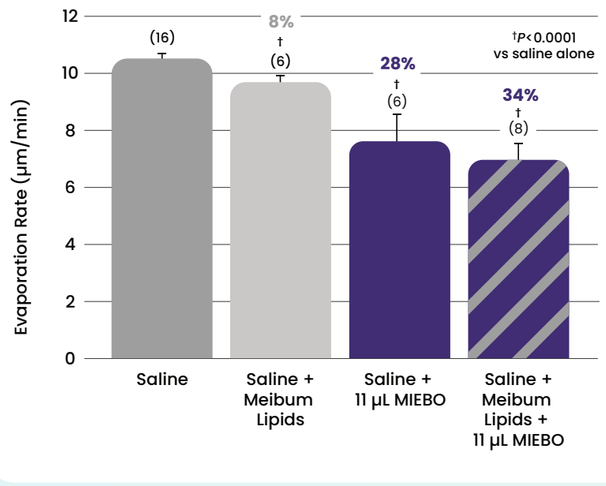


MIEBO significantly INHIBITED THE EVAPORATION RATE of saline, unlike artificial tears

- At 100 µL, MIEBO inhibited the evaporation rate of saline by 81% ($P<0.0001$)
- The addition of various artificial tear eye drops at 100 µL had no influence on the evaporation rate (R_{evap}) of saline ($P \geq 0.13$ vs saline alone)

The clinical significance of this data has not been established.

Mean Evaporation Rates of Saline With Meibum Lipids and/or MIEBO*



MIEBO was 4x MORE EFFECTIVE at inhibiting evaporation vs meibum lipids

- There was no significant difference between the R_{evap} of saline with only MIEBO layered on top compared with both meibum lipids and MIEBO layered on top ($P>0.5$)

The clinical significance of this data has not been established.

Study design: The R_{evap} of saline was measured following application of either MIEBO or different OTC artificial tears. The R_{evap} was measured gravimetrically at 25 °C using an analytical balance after layering 100 µL of MIEBO or artificial tears on the surface of 1 mL of saline in a container with a surface area similar to that of the human ocular surface. Evaporation rates are presented as standard error of the mean (SEM).[5]

All brand names and trademarks used herein are the property of their respective owners; Systane Ultra (Alcon, Fort Worth, Texas), Systane Balance (Alcon, Fort Worth, Texas), Soothe XP (Bausch + Lomb, Bridgewater, New Jersey). **No clinical efficacy is implied.**

*Numbers in parentheses are the number of determinations. *P* values to test for significance vs saline alone were measured using the *t* test.[5]

Study design: The inhibitory effect of MIEBO vs meibum on the R_{evap} of saline was evaluated in an in vitro model. Meibum lipids were collected from a single healthy volunteer. The R_{evap} of saline was measured gravimetrically at 35 °C after layering either a single drop of MIEBO or the collected human meibum lipids to approximate the tear lipid layer in vivo over the top of 1 mL saline in a plastic container with a surface area approximating that of the human ocular surface. Evaporation rates are presented as SEM.[5]

*Percentage values are percent inhibition of the R_{evap} of saline. Numbers in parentheses are the number of determinations. *P* values to test for significance were measured using the *t* test.[5]

MIEBO contains 1 active ingredient—it's 100% perfluorohexyloctane with NO vehicle[1]

IMPORTANT SAFETY INFORMATION (CONTINUED)

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

Please see additional Important Safety Information throughout.
Please see full Prescribing Information for MIEBO in pocket.

IMPORTANT SAFETY INFORMATION (CONTINUED)

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

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Miebo™ (perfluorohexyloctane ophthalmic solution)

MIEBO—an Rx drop with a novel mechanism of action[1-3,5-7]

Inhibits evaporation by forming an anti-evaporative layer at the air-liquid interface of the tear film

Mimics key functions of natural meibum

Promotes healing on the ocular surface

May reduce friction

The exact mechanism of action for MIEBO in DED is not known.

Want to learn more about MIEBO?
Visit MIEBO-ECP.COM

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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 full Prescribing Information for MIEBO in pocket.

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.** 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 **6.** 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 **7.** Schmidl D, Bata AM, Szegedi S, et al. Influence of perfluorohexyloctane eye drops on tear film thickness in patients with mild to moderate dry eye disease: a randomized controlled clinical trial. *J Ocul Pharmacol Ther.* 2020;36(3):154-161. doi:10.1089/jop.2019.0092

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