



**Discover the first and only
Rx eye drop for DED that
DIRECTLY TARGETS EVAPORATION¹**

Indicated for the treatment of the signs and symptoms of DED¹

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

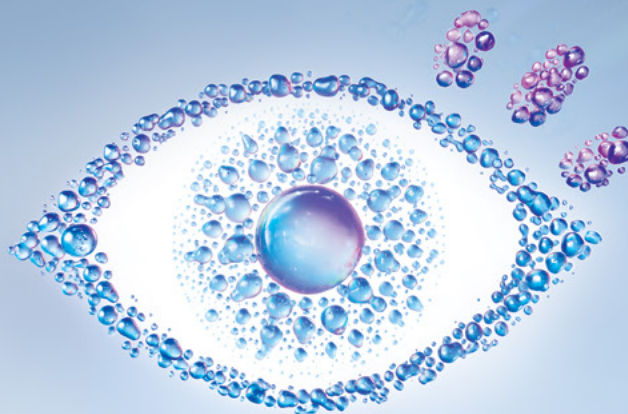
- MIEBO should not be administered while wearing contact lenses. Contact lenses should be removed before use and for at least 30 minutes after administration of MIEBO
- Instruct patients to instill one drop of MIEBO into each eye four times daily

Please see additional Important Safety Information throughout.

Click [here](#) for full Prescribing Information for MIEBO.

Miebo™

(perfluorohexyloctane
ophthalmic solution)



**of patients had
clinical signs of MGD¹⁻³**

**Robust, reproducible
efficacy and tolerability
results across
2 pivotal studies¹**

Study design¹⁻³:

- 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**

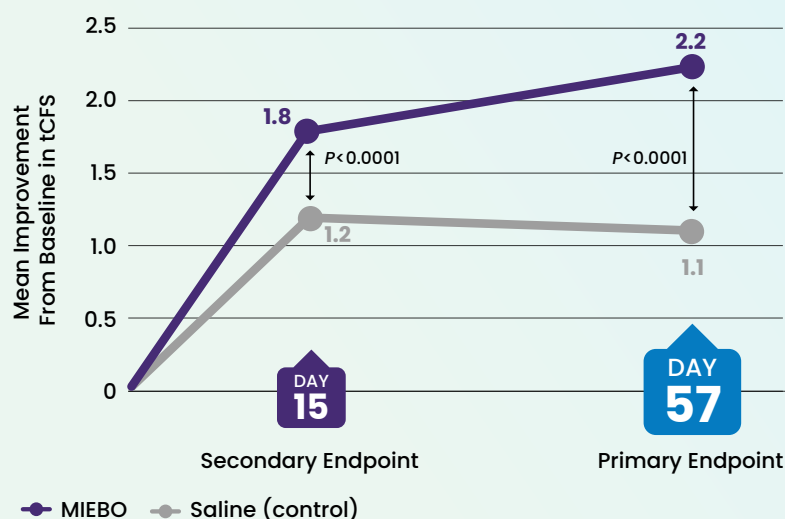
Not actual size.

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

Significant improvement in the signs and symptoms of DED¹⁻⁴

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 endpoint⁴

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

Please see additional Important Safety Information throughout.

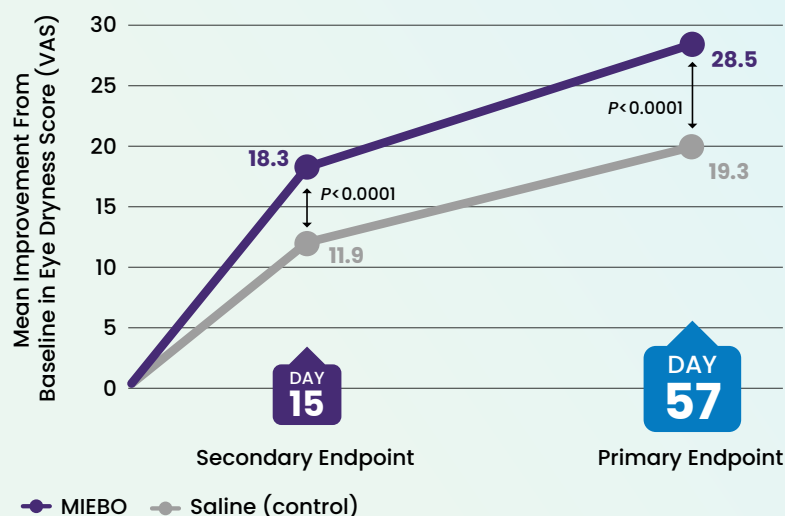
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Significant improvement in the signs and symptoms of DED¹⁻⁴

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)

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Safety and tolerability

A tolerability profile you've been looking for¹⁻³

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



No incidences of serious ocular adverse events (AEs)^{2,3}

Most AEs were considered mild



Low discontinuation rate due to AEs²⁻⁴

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



Low rate of burning or stinging²⁻⁴

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



One ocular AE with an incidence of $\geq 2\%$ 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

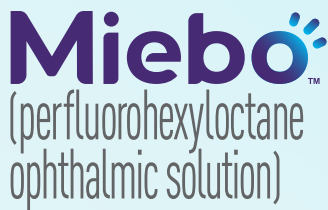
IMPORTANT SAFETY INFORMATION (CONTINUED)

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Choose MIEBO for your patients with DED

The first and only Rx eye drop for DED that DIRECTLY TARGETS EVAPORATION¹



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 relief¹

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 tolerability¹⁻⁴

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

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