MIEBO is the ONLY Rx eye drop with preclinical data supporting evaporation inhibition[1]

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

Fast and lasting relief[2-5]*

- Patients experienced **significant improvement** in the signs and symptoms of DED **at ~2 weeks**, with continued improvement through ~8 weeks (the end of the trials)
  - **2x improvement** vs hypotonic saline (control) in total corneal fluorescein staining (tCFS) at ~8 weeks†
  - **1.5x improvement** vs control in eye dryness (VAS) at ~8 weeks‡

Excellent tolerability[2-6§]

- **No incidences** of serious ocular 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%)

In the trials, 100% of patients had evidence of evaporative DED with clinical signs of MGD[2-4]

See pages 3-5 for results from in vitro studies evaluating evaporation rates with MIEBO

AEs, adverse events; CFB, change from baseline; DED, dry eye disease; MGD, meibomian gland dysfunction; SD, standard deviation; tCFS, total corneal fluorescein staining; 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 and clinical signs of MGD. Primary endpoints 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, and Day 57 was the last.**[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.[2-4]

‡**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.[2-4]

§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.[2-6]

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.
Please see full Prescribing Information for MIEBO at MIEBO-ECP.COM.

How MIEBO works

MIEBO spreads quickly and evenly to form a protective layer on the ocular surface, preventing tear evaporation[1,2,7-9]

Mimics key functions of natural meibum and helps stabilize the tear film[1,2,7,9,10]

Promotes healing on the ocular surface[1,2]

May reduce friction[3,4,11]

The exact mechanism of action for MIEBO in DED is not known.[2]

MIEBO consists of 1 active ingredient—it's 100% perfluorohexyloctane with NO vehicle[2]

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
- In pivotal trials, the most common ocular adverse reaction was blurred vision (1% to 3% of patients reported blurred vision and conjunctival redness)

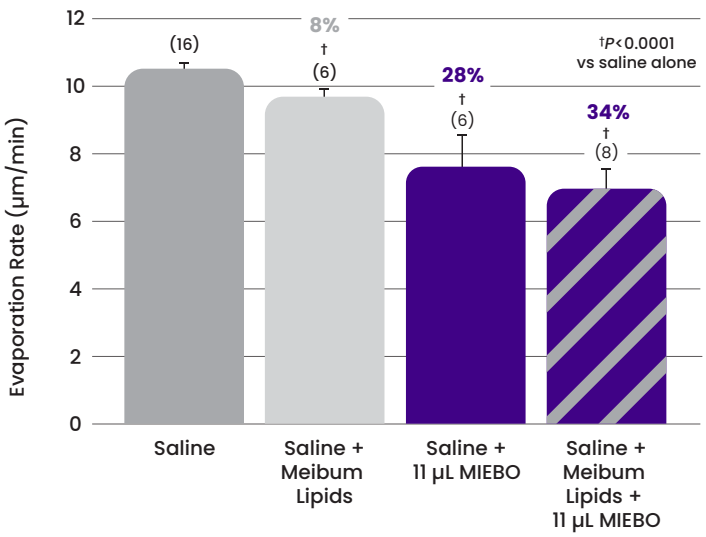
Please see additional Important Safety Information throughout.
Please see full Prescribing Information for MIEBO at MIEBO-ECP.COM.

Miebo® (perfluorohexyloctane ophthalmic solution)

There's no other Rx eye drop like MIEBO[1,2]

MIEBO VS MEIBUM

Mean Evaporation Rates of Saline With Meibum Lipids and/or MIEBO[1]*



MIEBO was 4X MORE EFFECTIVE at inhibiting evaporation vs meibum lipids[1]

- There was no significant difference between the evaporation rate (R_{evap}) of saline with only MIEBO layered on top compared with both meibum lipids and MIEBO layered on top ($P>0.5$)[1]

The clinical significance of this data has not been established.
The exact mechanism of action for MIEBO in DED is not known.[2]

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.[1]

*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.[1]

IMPORTANT SAFETY INFORMATION (CONTINUED)

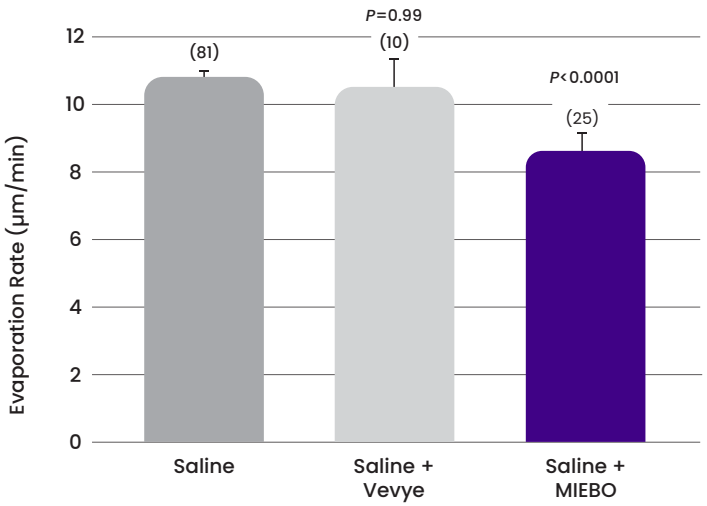
- MIEBO is contraindicated in patients with known hypersensitivity to perfluorohexyloctane

Please see additional Important Safety Information throughout.
Please see full Prescribing Information for MIEBO at MIEBO-ECP.COM.

Miebo® (perfluorohexyloctane ophthalmic solution)

MIEBO VS VEVYE® (CYCLOSPORINE OPHTHALMIC SOLUTION) 0.1%

Evaporation Rates of Saline With 11 µL MIEBO or Vevye[12]*



MIEBO achieved SIGNIFICANT EVAPORATION INHIBITION with a single drop (11 µL), whereas Vevye did not[12]

- A single drop of MIEBO significantly inhibited saline evaporation, while the same volume of Vevye did not[12]

The clinical significance of this data has not been established.

Study design: To evaluate the effect of MIEBO or Vevye on the R_{evap} of saline, 1 mL of saline was added to a container with a surface area similar to that of the human ocular surface. The R_{evap} of saline alone or saline with 11 µL of the MIEBO or Vevye layered over top were evaluated gravimetrically at 35 °C. Total sample weight was recorded every 10 minutes over 100 minutes, and R_{evap} was obtained from the slope of the best-fit line obtained by least squares linear regression analysis. 11 µL is equivalent to 1 drop of MIEBO when dosed on the eye.[12]

All brand names and trademarks used herein are the property of their respective owners; Vevye (Harrow, Inc., Nashville, TN). **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.[12]

IMPORTANT SAFETY INFORMATION (CONTINUED)

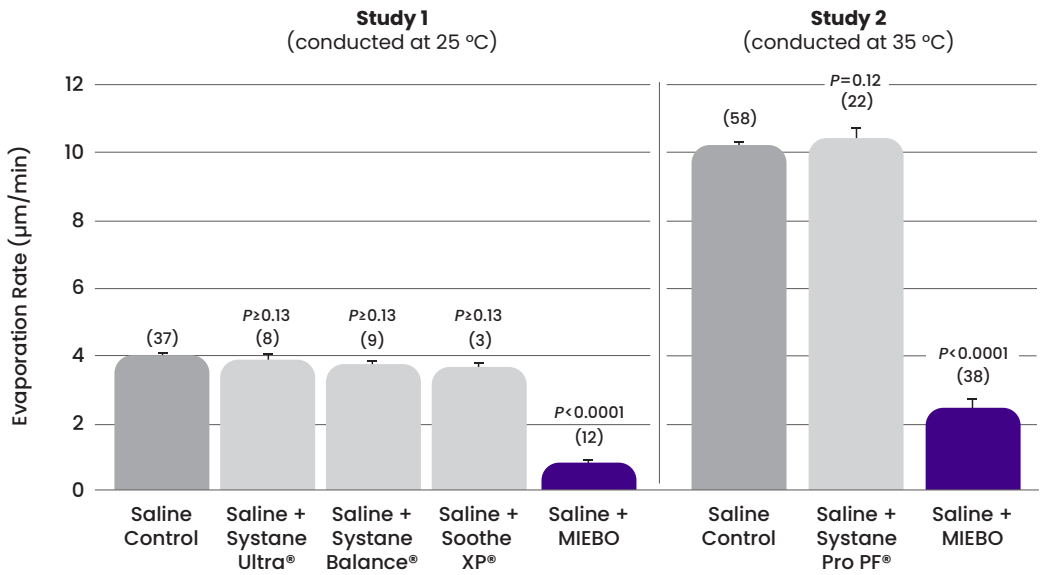
- MIEBO should not be administered while wearing contact lenses. Contact lenses should be removed before use and for at least 30 minutes after administration of MIEBO
- Instruct patients to instill one drop of MIEBO into each eye four times daily

Please see additional Important Safety Information throughout.
Please see full Prescribing Information for MIEBO at MIEBO-ECP.COM.

Miebo® (perfluorohexyloctane ophthalmic solution)

MIEBO VS ARTIFICIAL TEARS

Mean Evaporation Rates of Saline With Artificial Tears or MIEBO[1,6]*



MIEBO significantly INHIBITED THE EVAPORATION RATE of saline, unlike artificial tears[1,6]

- At 100 µL, MIEBO inhibited the evaporation rate of saline by 76%-81% ($P<0.0001$)[1,6]
- The addition of various artificial tear eye drops at 100 µL had no influence on the R_{evap} of saline ($P\geq0.12$ vs saline alone)[1,6]

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 over-the-counter artificial tears. The R_{evap} was measured gravimetrically at 25 °C (Study 1) or at 35 °C (Study 2) 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. The evaporation rates are presented as mean (standard error of the mean). Results showed the R_{evap} of saline was inhibited by 81% at 25 °C and by 76% at 35 °C when layering 100 µL MIEBO over saline while the evaluated artificial tears were without effect.[1,6]

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), Systane Pro PF (Alcon, Fort Worth, Texas). **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.[1,6]

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 at MIEBO-ECP.COM.

Miebo® (perfluorohexyloctane ophthalmic solution)

MIEBO is the ONLY Rx eye drop that directly targets excessive tear evaporation due to MGD—a leading cause of DED[2-4,7,13-15]

MIEBO was 4x more effective at inhibiting evaporation vs meibum lipids[1]

MIEBO achieved significant evaporation inhibition with a single drop (11 µL), whereas Vevye did not[12]

MIEBO significantly inhibited the evaporation rate of saline, unlike artificial tears[1,6]

The clinical significance of this data has not been established and no clinical efficacy is implied. The exact mechanism of action for MIEBO in DED is not known.[2]

To directly target tear evaporation, start with MIEBO—scan here or 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.
Please see full Prescribing Information for MIEBO at MIEBO-ECP.COM.

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. 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 **2.** MIEBO. Prescribing Information. Bausch & Lomb, Inc. **3.** 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 **4.** 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 **5.** Fahmy AM, Harthan JS, Evans DG, et al. Perfluorohexyloctane ophthalmic solution for dry eye disease: pooled analysis of two phase 3 clinical trials. *Front Ophthalmol (Lausanne)*. 2024;4:1452422. doi:10.3389/fopht.2024.1452422 **6.** Data on file. Bausch & Lomb, Inc. **7.** 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 **8.** Meinert H, Roy T. Semifluorinated alkanes – a new class of compounds with outstanding properties for use in ophthalmology. *Eur J Ophthalmol*. 2000;10(3):189-197. doi:10.5301/EJO.2008.1838 **9.** Agarwal P, Khun D, Krösser S, et al. Preclinical studies evaluating the effect of semifluorinated alkanes on ocular surface and tear fluid dynamics. *Ocul Surf*. 2019;17(2):241-249. doi:10.1016/j.jtos.2019.02.010 **10.** Jones L, Craig JP, Markoulli M, et al. TFOS DEWS III management and summary report. *Am J Ophthalmol*. 2025: 1-315. doi:10.1016/j.ajo.2025.05.039 **11.** 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 **12.** Cavet ME, Vittitow JL, Borchman D. Effect of increasing chain length on inhibition of evaporation by perfluoro compounds in an in vitro gravimetric assay. *Exp Eye Res*. 2026;264:110824. doi:10.1016/j.exer.2025.110824 **13.** Lemp MA, Crews LA, Bron AJ, Foulks GN, Sullivan BD. Distribution of aqueous-deficient and evaporative dry eye in a clinic-based patient cohort: a retrospective study. *Cornea*. 2012;31(5):472-478. doi:10.1097/ICO.0b013e318225415a **14.** Rabensteiner DF, Aminfar H, Boldin I, et al. The prevalence of meibomian gland dysfunction, tear film and ocular surface parameters in an Austrian dry eye clinic population. *Acta Ophthalmol*. 2018;96:e707-e711. doi:10.1111/aos.13732 **15.** Badian RA, Utheim TP, Chen X, et al. Meibomian gland dysfunction is highly prevalent among first-time visitors at a Norwegian dry eye specialist clinic. *Sci Rep*. 2021;11(23412):1-8. doi:10.1038/s41598-021-02738-6

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