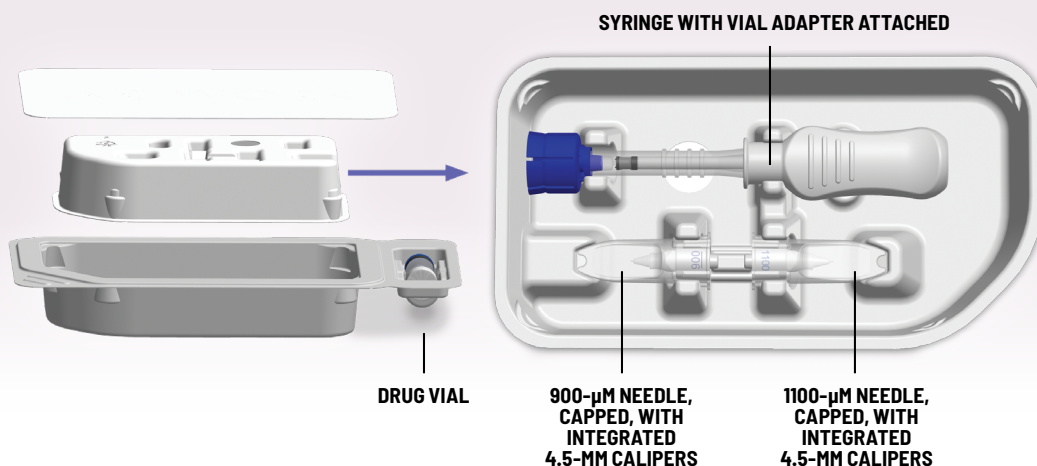


XIPERE[®]
(triamcinolone acetonide
injectable suspension) 40 mg/mL

HOW TO INJECT INTO THE SUPRACHOROIDAL SPACE (SCS[®])



Components of the SCS Microinjector[®] Kit



INDICATION

XIPERE[®] (triamcinolone acetonide injectable suspension) for suprachoroidal use is a corticosteroid indicated for the treatment of macular edema associated with uveitis.

IMPORTANT SAFETY INFORMATION

Patients should be monitored following injection for elevated intraocular pressure.
See Dosage and Administration instructions in full Prescribing Information.

Please see additional Important Safety Information throughout and [click here](#) for full Prescribing Information.

Before the procedure:

Key steps to prep the patient for injection¹

IMPORTANT

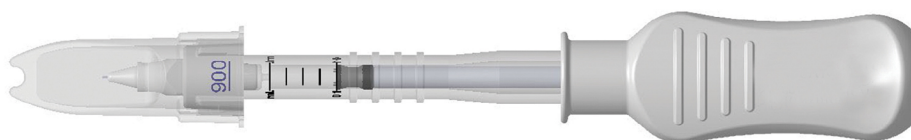
Preparation and administration of XIPIRE[®] should be carried out under controlled aseptic conditions.

Check that you have the following:

- ✓ Adequate anesthesia (topical or subconjunctival)
- ✓ Sterile supplies, including lid speculum and cotton swabs
- ✓ Broad-spectrum microbicide on skin, eyelid, and ocular surface prior to injection

Preparation of the SCS Microinjector[®] should not begin until after these initial patient preparation steps are completed.

SCS[®] injection is a unique treatment delivery technique that differs from an intravitreal injection.



A quick conversation with your patients prior to treatment with XIPIRE[®] will help set expectations for the procedure.

IMPORTANT SAFETY INFORMATION (CONT'D)

- XIPIRE[®] is contraindicated in patients with **active or suspected ocular or periocular infections** including most viral diseases of the cornea and conjunctiva, including active epithelial herpes simplex keratitis (dendritic keratitis), vaccinia, varicella, mycobacterial infections, and fungal diseases.

STEP 1 Open the Sterilized Compartment

REMOVE
the tray
from carton

ENSURE
the cover is
fully intact

PEEL
off the
cover

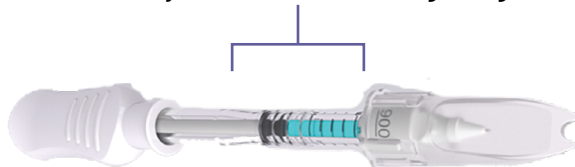
GRASP
the long
sides of tray

INVERT
and gently
squeeze
to release
the inner
compartment

REMOVE
the vial from
the uncovered
compartment
and place it safely
within reach

STEP 2 Prepare the SCS Microinjector[®]

NOTE: The syringe should be handled by the clear barrel during filling, connecting, and disconnecting



Refer to the latest version of the Prescribing Information for detailed instructions.



Vigorously shake the drug vial for 10 seconds. Prepare per your standard practice, including removing seal and cleaning septum.



Connect the vial adapter to the prepared vial by firmly pushing the adapter spike through the vial septum until it snaps into place.



Invert and slide the white plunger handle all the way back and forth multiple times to fill the syringe and remove air.



Disconnect the vial adapter from the syringe and replace with the 900-µm needle.



Prime the microinjector and set it to 0.1 mL.

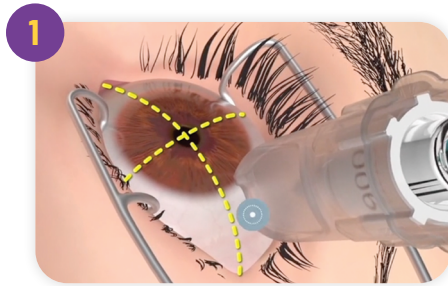
IMMEDIATELY
fill syringe

IMMEDIATELY
perform injection

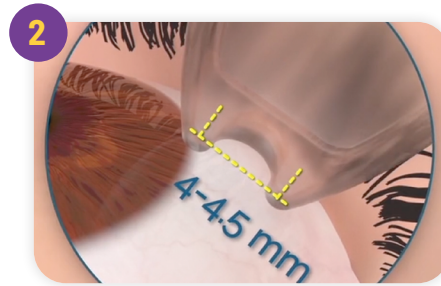
Please see additional Important Safety Information throughout and [click here](#) for full Prescribing Information.

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STEP 3 Identify the Injection Site



Identification of the injection site and administration should be performed without delay after filling the syringe.



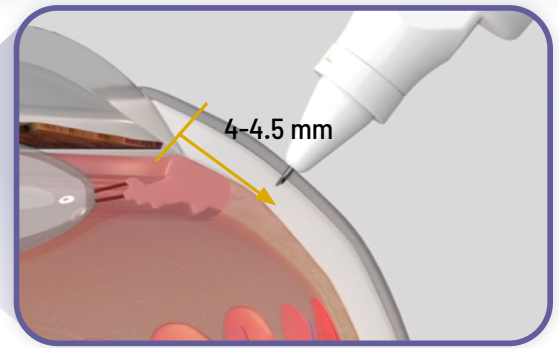
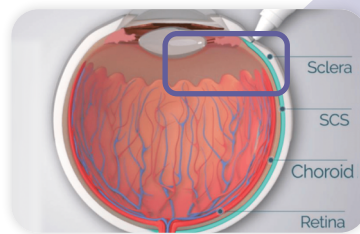
Identify the injection site by measuring 4 mm to 4.5 mm posterior to the limbus with the needle cap or calipers. The quadrant selected for injection is at the discretion of the physician.



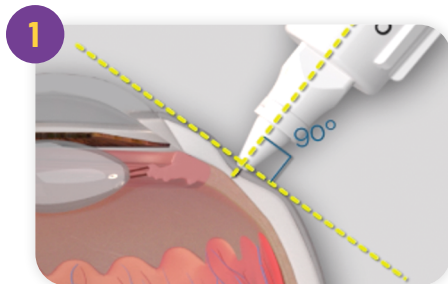
Carefully pull off the needle cap to expose the needle.

STEP 4 Position and Inject

There are 3 things to remember when injecting the patient with the microinjector, **P**erpendicular, **D**imple, and **S**low, or **PDS**

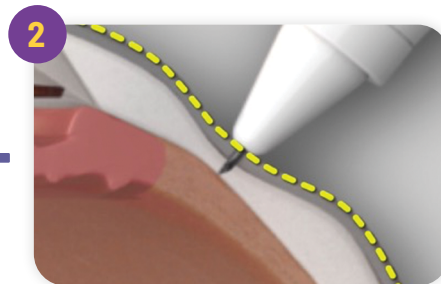


MAINTAIN DURING INJECTION



Hold the syringe **perpendicular** to the ocular surface and insert the needle.

+



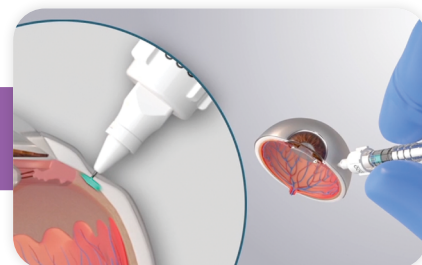
Ensure **firm contact** with hub of the needle and the conjunctiva, **creating a dimple** on the ocular surface.

→



Gently press on the white plunger handle and slowly inject over **5 to 10 seconds**.

Small adjustments in positioning the needle can be made to the needle position as per the package insert.



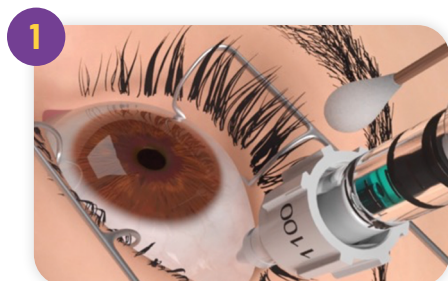
IMPORTANT SAFETY INFORMATION (CONT'D)

- XIPERE® is contraindicated in patients with known **hypersensitivity to triamcinolone acetonide** or any other components of this product.

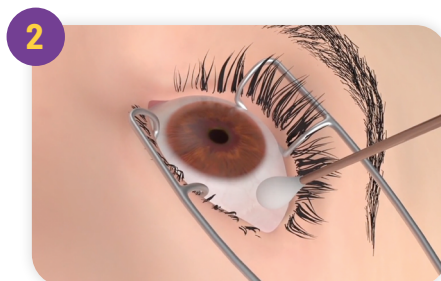
IMPORTANT TO NOTE

- ✓ If you feel resistance, the needle tip is in the sclera
- ✓ **Small adjustments in positioning can be made to the needle position per the PI**
- ✓ An 1100- μ m needle is provided if the 900- μ m needle is not long enough to reach the SCS[®]
- ✓ If patient safety is not at risk and if there is still resistance in the new site, switch to the 1100- μ m needle, which has the same preparation and injection
- ✓ Your patient may feel a pressure sensation, which means the drug is reaching the SCS[®]

STEP 5 After Injection



Maintain the needle hub against the eye for **3 to 5 seconds** after injection.



Remove the needle slowly and simultaneously cover it with a sterile cotton swab. Hold the swab adjacent as you remove the needle; keep swab over injection site with light pressure for a few seconds and then remove.

> **The dimple should be maintained until the needle is removed**

As standard with intraocular injections, monitor the patient's IOP.

IMPORTANT SAFETY INFORMATION (CONT'D)

- Use of corticosteroids may produce cataracts, increased intraocular pressure, and glaucoma. Use of corticosteroids may enhance the establishment of secondary ocular infections due to bacteria, fungi, or viruses, and should be used cautiously in patients with a history of ocular herpes simplex.

Please see additional Important Safety Information throughout and [click here](#) for full Prescribing Information.


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LOOK INSIDE

for Important Guidance on Injecting Into the SCS®

- Preparation and administration of XIPERE® should be carried out **under controlled aseptic conditions**
- **Handle the syringe by the clear barrel** during filling, connecting and disconnecting; **inject immediately after filling the syringe**
- **Measure 4 mm to 4.5 mm posterior to the limbus** with the needle cap or calipers to identify the injection site
- **Remember, Perpendicular, Dimple, and Slow, or PDS,** when injecting the patient with the microinjector
- **Keep the needle hub against the eye for 3 to 5 seconds after injection** while maintaining the dimple until the needle is removed

IMPORTANT SAFETY INFORMATION (CONT'D)

- Hypothalamic-pituitary-adrenal (HPA) axis suppression, Cushing's syndrome, and hyperglycemia can occur following administration of a corticosteroid. Monitor patients for these conditions with chronic use.
- In controlled studies, the most common ocular adverse reactions were increased ocular pressure, non-acute (14%), eye pain, non-acute (12%), cataract (7%), increased intraocular pressure, acute (6%), vitreous detachment (5%), injection site pain (4%), conjunctival hemorrhage (4%), visual acuity reduced (4%), dry eye (3%), eye pain, acute (3%), photophobia (3%), and vitreous floaters (3%), and in 2% of patients: uveitis, conjunctival hyperaemia, punctate keratitis, conjunctival oedema, meibomianitis, anterior capsule contraction, chalazion, eye irritation, eye pruritus, eyelid ptosis, photopsia, and vision blurred.

The most common non-ocular adverse event was headache (5%).

- Corticosteroids should be used during pregnancy or nursing only if the potential benefit justifies the potential risk to the fetus or nursing infant.

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 and [click here](#) for full Prescribing Information.

Reference: 1. XIPERE. Prescribing Information. Clearside Biomedical Inc.

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