XIPERE® PATIENT PROFILE SERIES

Bilateral macular edema due to sarcoidosis-related panuveitis in a phakic patient

Not an actual patient.

Naomi: 51 years old, female

Medical History

Naomi's medical history includes sarcoidosis, which was previously treated with oral corticosteroid and immunomodulatory therapy, but the therapy was discontinued due to poor tolerability.

Clinical Presentation

Naomi presents with bilateral panuveitic macular edema associated with sarcoidosis. Her systemic symptoms are currently mild. Her native lenses are mostly clear, although mild clouding was recently observed, accompanied by blurred vision 6 months after intravitreal corticosteroid therapy.

Patient Journey

7 Months Ago	Diagnosed with bilateral sarcoidosis-associated uveitis affecting the anterior segment **Rx:** Topical corticosteroid OU prescribed due to poor tolerability of oral therapy
6 Months Ago	BCVA worsened after oral corticosteroid was fully tapered, and imaging revealed posterior segment involvement OU and macular edema OS, despite topical corticosteroid use **Rx:** Dexamethasone intravitreal implant OU
Today	Uveitic Macular Edema recurred OS, and new-onset macular edema has developed OD; trace posterior subcapsular opacification was observed OD

Why XIPERE®?

- Naomi's UME responded to an intravitreal dexamethasone implant but recurred months later, and she could benefit from another retreatment option
- XIPERE® has demonstrated significant and sustained BCVA improvements and a proven safety profile in patients with UME[1,2]
- In the 6-month PEACHTREE phase 3 pivotal study, the rates of cataract were comparable in patients receiving XIPERE® compared with control[1,2]*

REVIEW IMAGING FINDINGS ON BACK

*7% for patients receiving XIPERE® vs 6% for control.[1,2]

BVCA=best corrected visual acuity; OD=oculus dexter (the right eye); OS=oculus sinister (the left eye); OU=oculus uterque (both eyes); UME=uveitic macular edema.

INDICATION

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

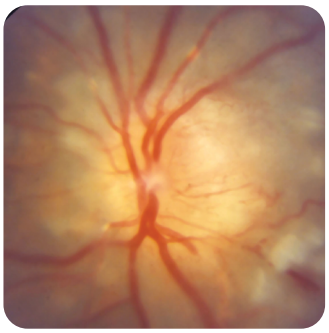
IMPORTANT SAFETY INFORMATION

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

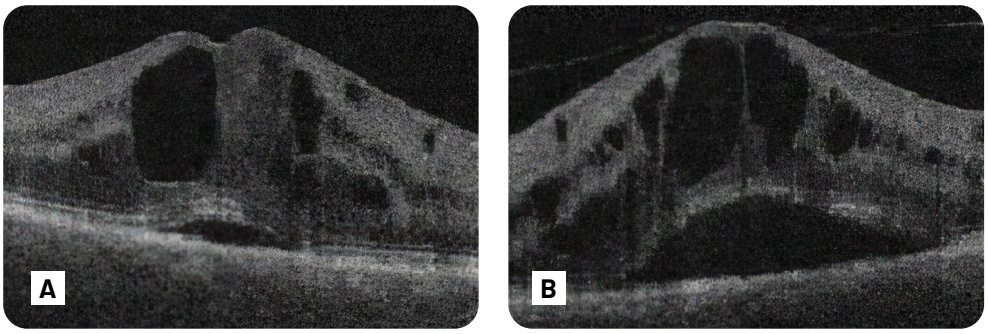
Please see additional Important Safety Information on the back and full Prescribing Information in the here.

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

Imaging Findings



Fundus photograph following corticosteroid taper, when posterior segment involvement was first noted. The left eye (pictured) showed swelling of the optic nerve, retinal vasculitis, and chorioretinal nodules.



OCT images following depletion of dexamethasone implant. The right eye (A) showed recurrence of macular edema, while the left eye (B) revealed new-onset macular edema. An incomplete posterior vitreous detachment can also be seen in the left eye.

Images courtesy of Retina World Congress and Retina Rocks (www.retinarocks.com, @retina.rocks).

CONSIDER XIPERE® FOR YOUR PATIENTS WITH UME ASSOCIATED WITH SARCOIDOSIS.[1]

Scan the QR code to learn more about appropriate XIPERE® patients.

OCT=optical coherence tomography; UME=uveitic macular edema.

IMPORTANT SAFETY INFORMATION (CONT'D)

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

To report SUSPECTED ADVERSE REACTIONS, contact Bausch + Lomb at 1-800-321-4576 or FDA at 1-800-FDA-1088 or visit www.fda.gov/medwatch.
Please see additional Important Safety Information on reverse full Prescribing Information here.

Reference: 1. XIPERE®. Prescribing Information. Clearside Biomedical, Inc; 2022. **2.** Yeh S, Khurana RN, Shah M, et al. Efficacy and safety of suprachoroidal CLS-TA for macular edema secondary to noninfectious uveitis: phase 3 randomized trial. *Ophthalmology*. 2020;127(7):948-955.

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