XIPERE® PATIENT PROFILE SERIES

Chronic pseudophakic cystoid macular edema associated with anterior uveitis

Not an actual patient.

Paul: 68 years old, male

Medical History

Paul's medical history includes hypertension managed with an angiotensin receptor blocker.

Clinical Presentation

Paul had cataract surgery 14 weeks ago, after which he developed anterior chamber inflammation and cystoid macular edema, which has not resolved despite topical corticosteroid therapy.

Patient Journey

14 Weeks Ago	Cataract surgery with IOL implant, which required pupil expansion **Rx:** Topical NSAID **Initial follow-up:** Trace anterior chamber cells and flare
11 Weeks Ago	Light sensitivity, blurred vision, increased cells and flare, CME evident on SD-OCT **Rx:** Combination of topical corticosteroid and NSAID
6 Weeks Ago	**After corticosteroid taper:** Worsened vision, increased central subfield thickness on OCT **Rx:** Resume topical corticosteroid
Today	Chronic pseudophakic CME

Why XIPERE®?

- XIPERE® is designed to deliver triamcinolone acetonide to posterior tissues, via the suprachoroidal space (SCS®)[1,2]
- 25.6% of patients (n=41/60) had macular edema associated with anterior uveitis in the XIPERE® phase 3 pivotal PEACHTREE trial[3]

REVIEW IMAGING FINDINGS ON BACK

CME=cystoid macular edema; IOL=intraocular lens; NSAID=nonsteroidal anti-inflammatory drug; OCT=optical coherence tomography; SD-OCT=spectral-domain optical coherence tomography.

INDICATION

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

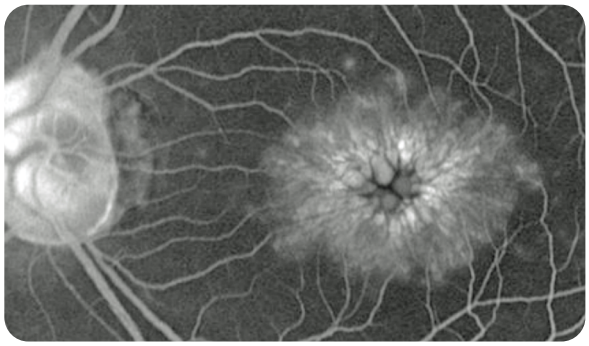
IMPORTANT SAFETY INFORMATION

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

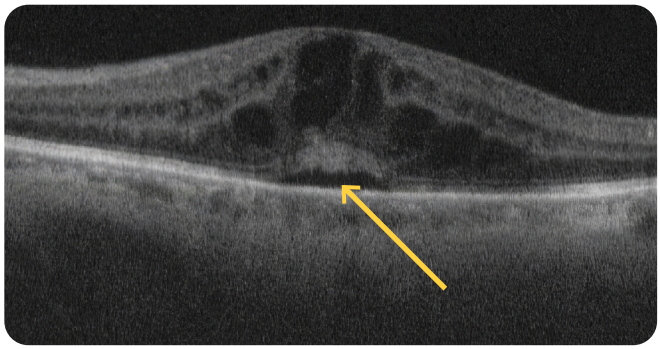
Please see additional Important Safety Information on the back and full Prescribing Information here.

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

Imaging Findings



Late-frame fluorescein angiogram collected 3 weeks after cataract surgery revealed petaloid perifoveal leakage.



SD-OCT showed CME (central subfield thickness of 639 µm) persisting 14 weeks after cataract surgery.

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

CONSIDER XIPERE® FOR YOUR PATIENTS WITH CHRONIC CYSTOID MACULAR EDEMA ASSOCIATED WITH UVEITIS.[1]

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

CME=cystoid macular edema; SD-OCT=spectral-domain optical coherence tomography.

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 and full Prescribing Information here.

References: 1. XIPERE® Prescribing Information. Clearside Biomedical Inc; 2022. **2.** Chiang B, Jung JH, Prausnitz MR. The suprachoroidal space as a route of administration to the posterior segment of the eye. *Adv Drug Deliv Rev.* 2018;126:58-66. **3.** 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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