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Relevant Citations on this Formulation:

I. Facts and Comparisons, Last viewed October 2018, Triamcinolone Acetonide Intravitreal Injection, Revision date January 2017, https://www.wolterskluwercdi.com/facts-comparisons-online/.

2. Fisher BL and Potvin R. Transzonular vitreous injection vs a single drop compounded topical pharmaceutical regimen after cataract surgery. Clin Ophthalmol. 2016;10:1297-1303.

3. Lindstrom RL, Galloway MS, Grzybowski A, Liegner JT. Dropless Cataract Surgery: An Overview. Current Pharmaceutical Design. 2017;23:558-564.

4. Tyson SL, Bailey R, Roman JS, Zhan T, Hark LA, Haller JA. Clinical outcomes after injection of a compounded pharmaceutical for prophylaxis after cataract surgery: a large-scale review. Curr Opin Ophthalmol. 2017;28(1):73-80.

5. Vedantham V and Kim R. Intravitreal injection of triamcinolone acetonide for diabetic macular edema: Principles and practive. Indian Journal of Ophthalmology. 2006;54(2):133-137.

To access any of the above research, please contact us at **info@imprimisrx.com** or call **(844) 446-6979**

Questions? Contact us at: (844) 446-6979

Imprimis Pharmaceuticals, Inc.
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imprimis Rx®

Product Name:

Triamcinolone Acetonide

Moxifloxacin HCl

Intraocular Suspension for Injection

Imprimis is committed to providing you with relevant and current information about what is known about the individual ingredients in this formulation, as well as the formulation as a whole. We supplement this product insert with verified information from our customers based on observations made in the field and reported to our clinical staff.

	Triamcinolone Acetonide (15mg/mL) *May be customized.*	Moxifloxacin HCl (1mg/mL) *May be customized.*	
Possible Indications	Postoperative Ophthalmic Inflammation Sympathetic Ophthalmia Diffuse Posterior Uveitis Allergic Corneal Margin Ulcer Iritis and Keratitis Optic Neuritis	Bacterial Conjunctivitis	
Field Experience with Regards to Temporary Visual Impairment	Following intraocular administration of Triamcinolone Acetonide Suspension, it has been reported that visual acuity and "floaters" can take several hours; up to 36 hours to clear and in rare cases, up to 48 hours. Because of the nature of a suspension, which includes particles suspended in a vehicle, it is likely to affect the visual field for a period of time and consequently, patients should be appropriately counseled prior to use. The patient is encouraged to sit upright for 6 hours.		
Possible Adverse Effects	Anaphylactoid Shock Blindness Cataract Corneal Perforation Cortical Cataract Conjunctival Hemorrhage Eye Pain, Infection, Irritation Pruritus Abnormal Sensation in Eyes Abnormal Sensory Symptoms Edema Bleeding at Injection Site Glaucoma Hypertension Hypopyon Increased Intraocular Pressure Increased Lacrimation Vitreous Detachment Vitreous Opacity Wound Healing Impairment	Conjunctival Irritation Fever Eye Irritation Airway Obstruction Anaphylaxis Angioedema Circulatory Shock Dyspnea Facial Edema Fungal Superinfection Laryngeal Edema Loss of Consciousness Pharyngeal Edema Pruritus Superinfection Urticaria Pigment Dispersion Syndrome	
Potential Contraindications/ Precautions	Infants Lactation Pregnancy Cataract Eye Infection Increased Intraocular Pressure	Infants Lactation Pregnancy	
Storage	Store at Room Temperature	20°C to 25°C (68°F to 77°F)	
Auxiliary Labeling	Shake well before use	Store upright in original bottle	For professional use only