



Product Name:

Triamcinolone Acetonide
Moxifloxacin HCl

Intraocular Suspension for Injection
Preservative-Free

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.

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

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**Relevant Citations
on this Formulation:**

1. Facts and Comparisons, Last viewed October 2018, Triamcinolone Acetonide Intravitreal Injection, Revision date January 2017, <https://www.wolterskluwer CDI.com/facts-comparisons-online/>.

2. Fisher BL and Potvin R. Transzonolone 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 practice. 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

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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