



ILUVIEN® (fluocinolone acetonide intravitreal implant) 0.19 mg is indicated for the treatment of diabetic macular edema (DME) in patients who have been previously treated with a course of corticosteroids and did not have a clinically significant rise in intraocular pressure.



OUR COLLEAGUE: John W. Kitchens, MD – Lexington, KY

Dr. Kitchens is a partner and practicing retinal specialist at Retina Associates of Kentucky, the largest “retina only” practice in the state. He has been voted one of the “Best Doctors in America” and one of “America’s Top Ophthalmologists.”

Education:

- Received his MD from the Indiana University School of Medicine
- Completed his ophthalmology residency at the University of Iowa Hospitals and Clinics Eye and Ear Infirmary followed by a vitreoretinal fellowship at the University of Chicago Department of Ophthalmology and Visual Sciences
- Was Chief Resident at Bascom Palmer Eye Institute in Miami, Florida where he also completed his retinal fellowship

ILUVIEN PATIENT PROFILE Sex: Male | Age: 64 | Diagnosis: DME | Treated eye: OD | Lens status: Pseudophakic

Concomitant condition:

- Poorly controlled Type II diabetes mellitus

Treatment history:

- 30X anti-VEGF therapy (bevacizumab, ranibizumab and aflibercept)
- 11X corticosteroid (intravitreal triamcinolone and dexamethasone)
- 1X grid laser

“If the patient is not responding sufficiently to your current therapy, you owe it to them to treat the edema and trust either yourself or your colleagues to manage the rest, if needed.”

— Dr. Kitchens

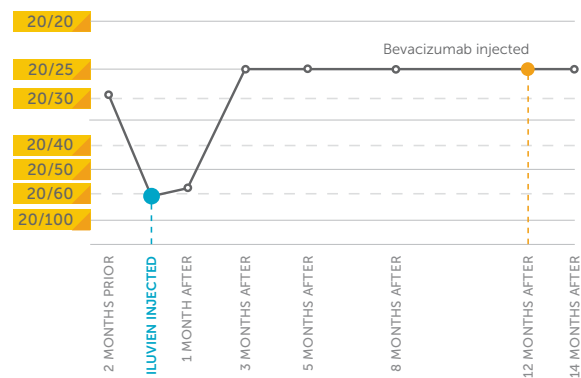
Reasons Dr. Kitchens chose ILUVIEN:

- This patient experienced a gradual waning of response to anti-VEGF therapy
- Patient concern with frequent injections
- Prior IOP elevation with corticosteroid therapy was managed effectively with topical drops and considered not clinically significant

RETINAL THICKNESS (µm)



BEST CORRECTED VISUAL ACUITY (BCVA)



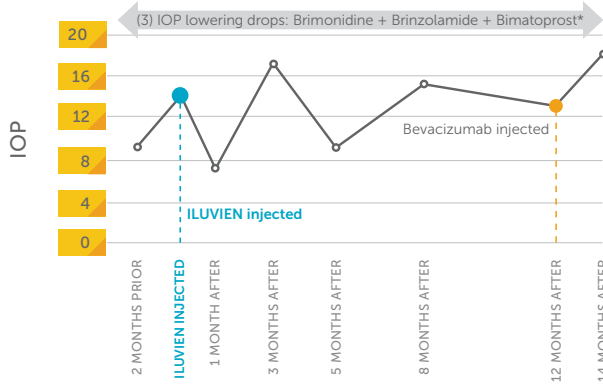
IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

- ILUVIEN 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.
- ILUVIEN is contraindicated in patients with glaucoma who have cup to disc ratios of greater than 0.8.
- ILUVIEN is contraindicated in patients with known hypersensitivity to any components of this product.

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

IOP (mm Hg)



IOP, intraocular pressure

*Patient started IOP drops after first IV steroid treatment and remains on therapy

“For this patient, I decided that ILUVIEN was the best course of therapy, despite his history of an IOP response. I pretreated him with drops and things seem to be going really well.”

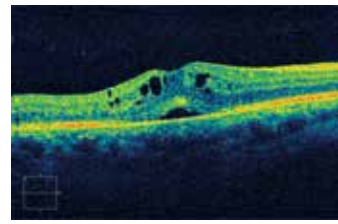
— Dr. Kitchens

ILUVIEN® (fluocinolone acetonide intravitreal implant) 0.19 mg:

PATIENT OUTCOME:

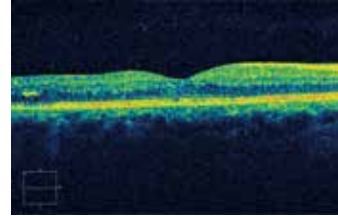
- ILUVIEN treatment with CONTINUOUS MICRODOSING™ Delivery was initiated with the goal of providing a long-lasting treatment
- In this patient, ILUVIEN has provided sustained results for 14 months with just one additional anti-VEGF injection
- Improvement was seen in both visual acuity and retinal edema
- With ongoing topical therapy, no clinically significant rise in IOP has been observed

SELECTED OCT SCANS



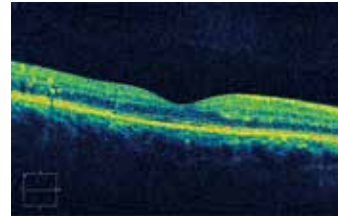
ILUVIEN INJECTED

Visual Acuity: 20/70
Letters: 55
OCT: 491 µm
IOP: 14 mm Hg



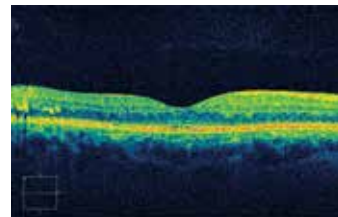
1 MONTH AFTER

Visual Acuity: 20/60
Letters: 60
OCT: 288 µm
IOP: 7 mm Hg



5 MONTHS AFTER

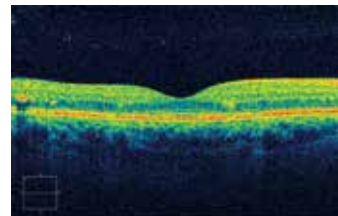
Visual Acuity: 20/25
Letters: 80
OCT: 256 µm
IOP: 9 mm Hg



12 MONTHS AFTER

Anti-VEGF injected

Visual Acuity: 20/25
Letters: 80
OCT: 271 µm
IOP: 13 mm Hg



14 MONTHS AFTER

Visual Acuity: 20/25
Letters: 80
OCT: 250 µm
IOP: 18 mm Hg

Above results are from a single case; results may vary.

IMPORTANT SAFETY INFORMATION (CONTINUED)

WARNINGS AND PRECAUTIONS

- Intravitreal injections, including those with ILUVIEN, have been associated with endophthalmitis, eye inflammation, increased intraocular pressure, and retinal detachments. Patients should be monitored following the intravitreal injection.
- Use of corticosteroids including ILUVIEN may produce posterior subcapsular cataracts, increased intraocular pressure and glaucoma. Use of corticosteroids may enhance the establishment of secondary ocular infections due to bacteria, fungi, or viruses. Corticosteroids are not recommended to be used in patients with a history of ocular herpes simplex because of the potential for reactivation of the viral infection.
- Patients in whom the posterior capsule of the lens is absent or has a tear are at risk of implant migration into the anterior chamber.

ADVERSE REACTIONS

- In controlled studies, the most common adverse reactions reported were cataract development (ILUVIEN 82%; sham 50%) and intraocular pressure elevation of ≥ 10 mm Hg (ILUVIEN 34%; sham 10%).

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