ILUVIEN® (fluocinolone acetonide intravitreal implant) 0.19mg

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: Christopher L. Haupert, MD — West Des Moines, IA

Dr. Haupert is a vitreoretinal specialist licensed in the state of Iowa who practices at Iowa Retina Consultants.

Education:

- Medical School – University of Iowa, Carver College of Medicine, Iowa City, Iowa
- Residency – Chief Resident at Emory University, Atlanta, Georgia
- Fellowship – Vitreoretinal Surgical, Duke University, Durham, North Carolina

DME PATIENT PROFILE

Sex: Female | **Age:** 74 | **Treated Eye:** OD | **Lens Status:** Pseudophakic

Comorbidities:
- None

Duration of Disease:
DM: 29 years
DME: 12 years

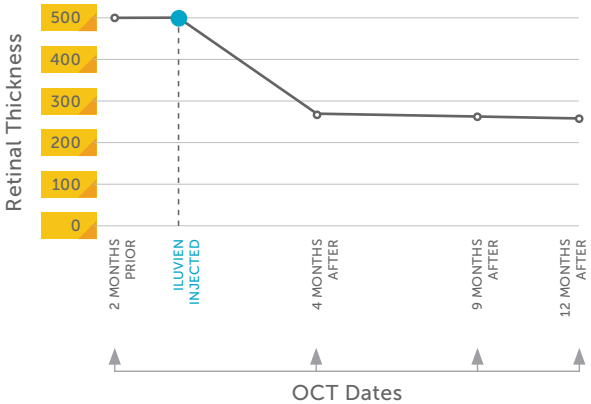
Treatment History:
14X Anti-VEGF, **3X** corticosteroid
1X Focal grid laser
Vitrectomy

"Anti-VEGF injections every 6 to 8 weeks to maintain vision was a hefty burden for my patient. Post-ILUVIEN, she has not needed any additional therapy."
— Dr. Haupert

Reasons Dr. Haupert chose ILUVIEN:
- Anti-VEGF injections were needed every 6 to 8 weeks to maintain vision
- Patient considered the frequency of treatment to be burdensome
- Prior response to corticosteroid therapy with no clinically significant increase in IOP

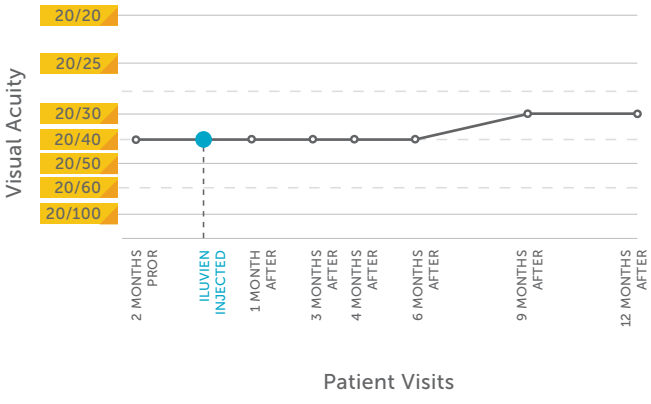
RETINAL THICKNESS (µm)

All injection times after the ILUVIEN injection are approximate



VISUAL ACUITY (VA)

All follow up visit dates are approximate



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.

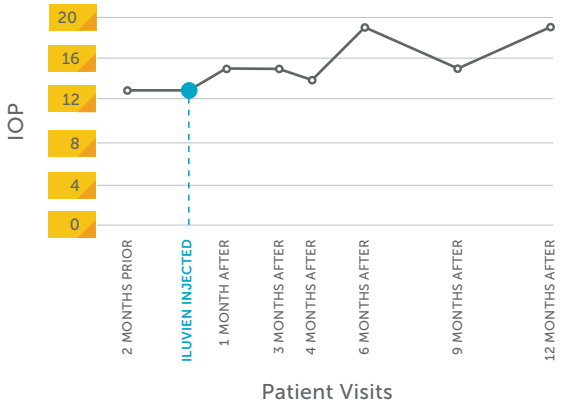
Please see full Prescribing Information in pocket and additional Important Safety Information on back.

ILUVIEN Treatment in a Vitrectomized Patient

Haupert

INTRAOCULAR PRESSURE (IOP) (mm Hg)

All follow up visit dates are approximate



"Prior to ILUVIEN, I aggressively treated this patient's macular edema to protect her vision. Since ILUVIEN, the patient's edema has been controlled for over a year without need of any other injections."

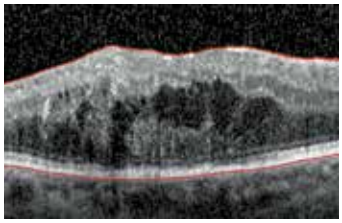
— Dr. Haupert

ILUVIEN® (fluocinolone acetonide intravitreal implant) 0.19 mg**:**

PATIENT OUTCOME:

- ILUVIEN with CONTINUOUS MICRODOSING™ Delivery was initiated to provide a long-lasting treatment while decreasing patient treatment burden
- ILUVIEN treatment reduced retinal edema within 4 months
- Improvement in visual acuity was seen at 9 months
- No clinically significant rise in IOP was observed
- No additional treatment needed for 12 months post ILUVIEN in a vitrectomized eye

SELECTED OCT SCANS



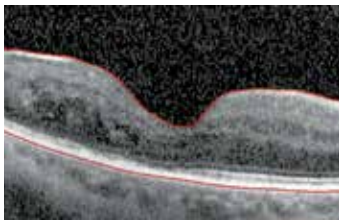
PRIOR TO ILUVIEN

Visual Acuity: 20/40
Letters: 70
OCT: 500 µm
IOP: 13 mm Hg

OCT NOT AVAILABLE

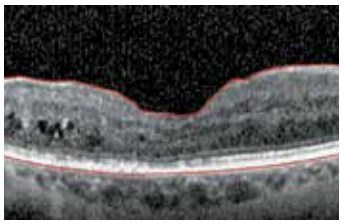
ILUVIEN INJECTED

Visual Acuity: 20/40
Letters: 70
OCT: No data
IOP: 13 mm Hg



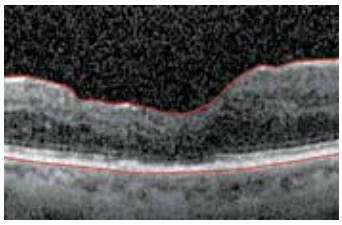
4 MONTHS AFTER

Visual Acuity: 20/40
Letters: 70
OCT: 267 µm
IOP: 14 mm Hg



9 MONTHS AFTER

Visual Acuity: 20/30
Letters: 75
OCT: 263 µm
IOP: 15 mm Hg



12 MONTHS AFTER

Visual Acuity: 20/30
Letters: 75
OCT: 257 µm
IOP: 19 mm Hg

Above results are from a single case; results may vary. No follow up is available after the last OCT listed above.

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%).

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

ALIMERA SCIENCES

1-844-445-8843. Printed in USA. US-ILV-MMM-0447 02. 07/2017