



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: Daniel M. Miller, MD, PhD — Cincinnati, OH

Board-certified Diplomate of the American Board of Ophthalmology and fellowship-trained retina specialist
Dr. Miller serves as the Medical Director of the Cincinnati Eye Institute

Academic affiliations:

- MD/PhD at the Ohio State University College of Medicine — graduated with recognition for academic excellence and national awards for his research contributions
- Internship at Riverside Methodist Hospital in Columbus, Ohio
- Ophthalmology residency and subspecialty training at the Bascom Palmer Eye Institute associated with the University of Miami School of Medicine

PATIENT PROFILE¹ Sex: Female | Age: 68 | Diagnosis: DME | Treated eye: OD

Concomitant conditions:

- High blood pressure

Treatment history:

- 2X Focal laser
- 14X Anti-VEGF
- 1X Corticosteroid

Notes:

Phakic to pseudophakic

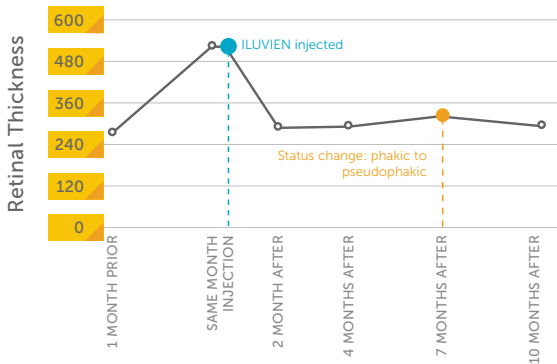
“This phakic patient with cataracts was concerned about frequent injections for her DME. I chose ILUVIEN for this patient and her edema improved, and after cataract surgery she is seeing great.”

— Dr. Miller

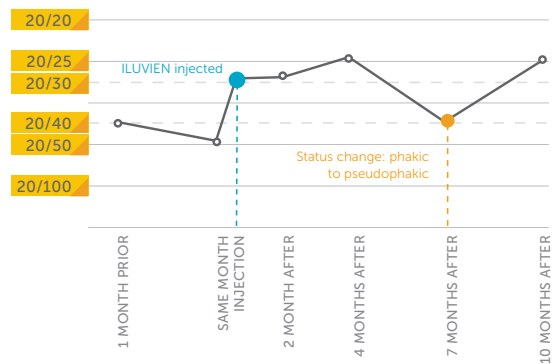
Reasons Dr. Miller chose ILUVIEN:

- Multiple prior lasers and intravitreal injections without consistent control of swelling in the macula
- Patient concern about frequent injections and results that were not optimal
- Looking for a longer-acting treatment option

RETINAL THICKNESS (µm)



BEST CORRECTED VISUAL ACUITY (BCVA)



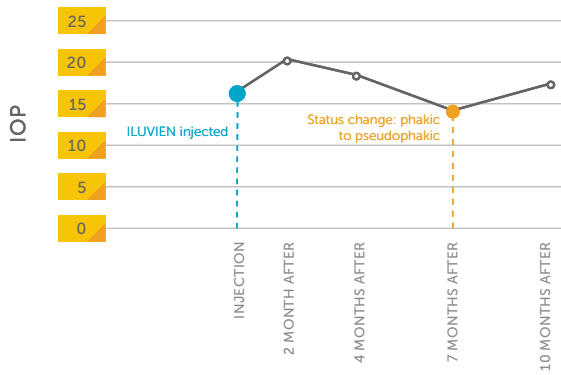
IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

- ILUVIEN is contraindicated in patients with active or suspected ocular or periocular infections including most viral disease 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

“Since the patient’s ILUVIEN treatment, she has been extremely pleased, her visits are far less frequent than before ILUVIEN, and she does quite well with her vision.”

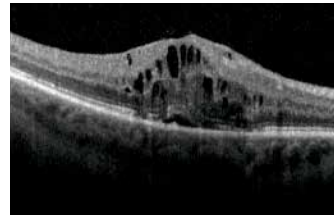
— Dr. Miller

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PATIENT OUTCOME:

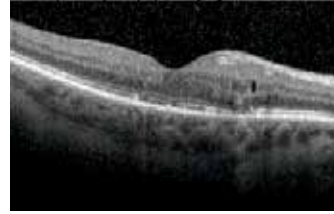
- After nearly 1 year of follow-up, no additional treatments for DME were administered despite 17 prior treatments
- Visual acuity improved
- Good changes in optical coherence tomography (OCT)

SELECTED OCT SCANS



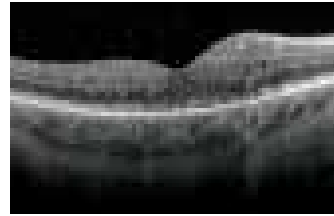
ILUVIEN injected
05/18/2015

Visual Acuity: 20/30
Letters: 76
OCT: 511 μm
IOP: 16 mm Hg



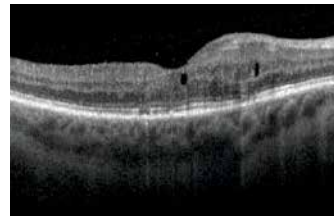
2 MONTHS AFTER

Visual Acuity: 20/30
Letters: 76
OCT: 292 μm
IOP: 20 mm Hg



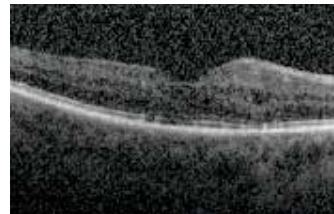
4 MONTHS AFTER

Visual Acuity: 20/25
Letters: 80
OCT: 288 μm
IOP: 18 mm Hg



7 MONTHS AFTER

Note: Status change:
phakic to pseudophakic
Visual Acuity: 20/40
Letters: 70
OCT: 317 μm
IOP: 14 mm Hg



10 MONTHS AFTER

Visual Acuity: 20/25
Letters: 80
OCT: 294 μm
IOP: 17 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%).

Reference: 1. Data on file. Alimera Sciences, Inc.



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