



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: Jessica D. McCluskey, MD – Atlanta, GA

Board-certified ophthalmologist and fellowship-trained retina specialist at Thomas Eye Group, a large multispecialty ophthalmology practice

Academic affiliations:

- Medical School at the University of Mississippi – received Awards in Excellence in the fields of ophthalmology and neurosurgery
- Four-year ophthalmology residency at the University of Mississippi where she served as chief resident
- Two-year retina fellowship at the University of Texas Southwestern Medical Center

Dr. McCluskey serves as a medical reviewer for Alimera Sciences, Inc.

PATIENT PROFILE¹ Sex: Female | Age: 73 | Diagnosis: DME | Treated eye: OS

Concomitant conditions:

- High blood pressure
- Hypercholesterolemia
- Proliferative diabetic retinopathy with 2 panretinal photocoagulations

Treatment history:

- 2X** Focal laser
- 8X** Anti-VEGF
- 6X** Corticosteroid

Notes:

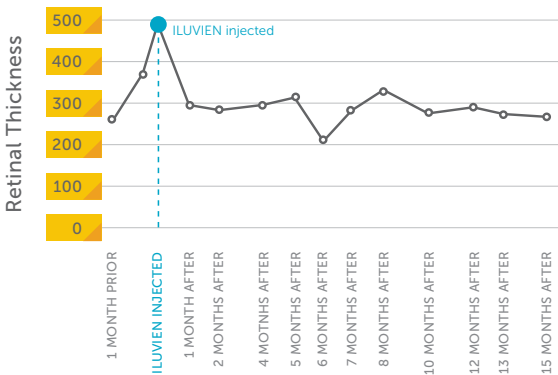
Pseudophakic

"I wanted a treatment that was designed to treat patients for a longer time. When your patients ask, answer and act."
— Dr. McCluskey

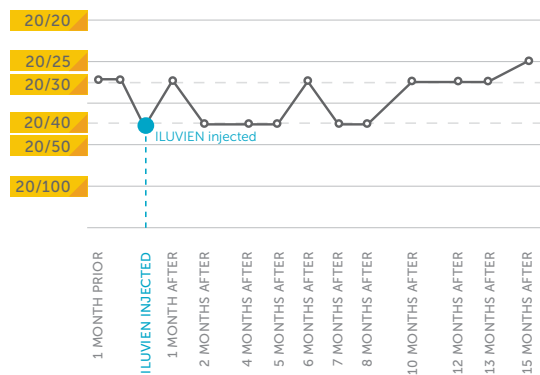
Reasons Dr. McCluskey chose ILUVIEN:

- Patient history of monthly injections over the course of 6 years
- Missed injections negatively impacted patient's vision
- Interested in an alternative to monthly injections

RETINAL THICKNESS (µm)



BEST CORRECTED VISUAL ACUITY (BCVA)



IMPORTANT SAFETY INFORMATION

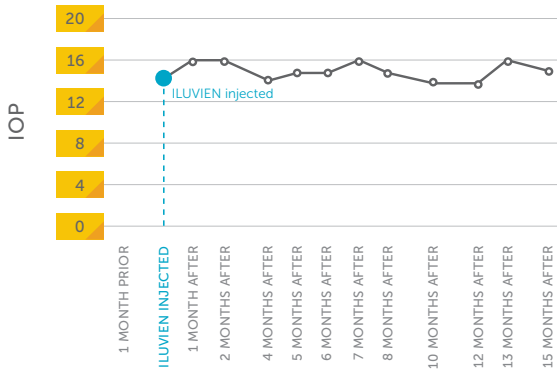
CONTRAINDICATIONS

- 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

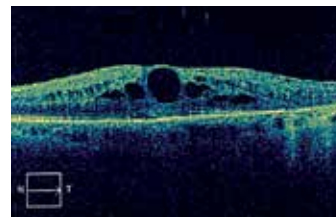
“This patient received monthly DME injections for years and after the ILUVIEN injection, she has not had another injection in 16 months. That’s a huge success for my patient.”
– Dr. McCluskey

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PATIENT OUTCOME:

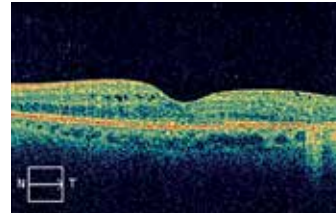
- Vision maintained over 1 year of follow-up, despite having DME for 6 years with 16 prior treatments
- Good optical coherence tomography (OCT) reduction and maintenance
- IOP stable
- No further treatment was needed during the 15-month follow-up period

SELECTED OCT SCANS



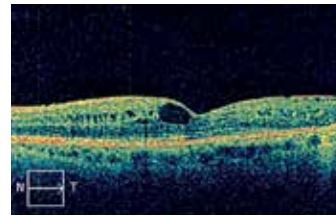
ILUVIEN INJECTED

Visual Acuity: 20/40
 Letters: 70
 OCT: 485 µm
 IOP: 14 mm Hg



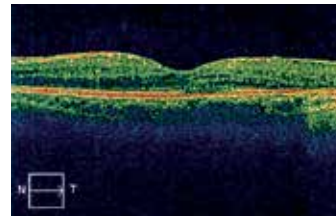
1 MONTH AFTER

Visual Acuity: 20/30
 Letters: 76
 OCT: 291 µm
 IOP: 16 mm Hg



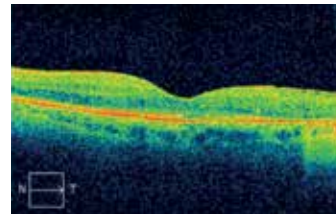
8 MONTHS AFTER

Visual Acuity: 20/40
 Letters: 70
 OCT: 311 µm
 IOP: 15 mm Hg



12 MONTHS AFTER

Visual Acuity: 20/30
 Letters: 76
 OCT: 284 µm
 IOP: 14 mm Hg



15 MONTHS AFTER

Visual Acuity: 20/25
 Letters: 80
 OCT: 262 µm
 IOP: 15 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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