

Indication

ILUVIEN® (fluocinolone acetonide intravitreal implant) 0.19 mg is an implant injected into the eye (vitreous) and used for the treatment of diabetic macular edema in patients who have been treated with corticosteroids before and did not have a significant increase in eye pressure.

Important Safety Information

- Do not use ILUVIEN if you have or think you might have an infection in or around the eye.
- ILUVIEN should not be used if you have glaucoma.

Please see Important Safety Information on page 10 and enclosed full Prescribing Information.

Learn about ILUVIEN®



About this guide

Use this guide to learn about ILUVIEN (fluocinolone acetonide intravitreal implant) 0.19 mg and how it works. Write down any questions you have and talk to your doctor about ILUVIEN.



What is ILUVIEN?



ILUVIEN is a tiny implant designed to release a continuous, low dose treatment to the retina for up to 36 months. The medicine in ILUVIEN is called fluocinolone acetonide (FAc), a type of corticosteroid. FAc helps treat the inflammation associated



How does ILUVIEN work?



When DME develops, fluid collects in a part of the eye called the macula causing it to swell, which results in blurry vision. ILUVIEN® is a corticosteroid used in the treatment of DMF.

There are different types of steroids. Corticosteroids are man-made drugs that closely resemble cortisol, a hormone produced by the adrenal glands. Corticosteroids are different from the male hormone-related steroid compounds that some athletes abuse

ILUVIEN is different from many other DME treatments because of the way it works. The tiny ILUVIEN implant is inserted into the eye and remains in the eye for continuous drug delivery. It is the only FDA-approved implant that delivers medication for up to 36 months.

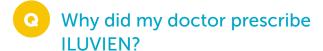
Important Safety Information (continued)

- You should not use ILUVIEN if you are allergic to any ingredients of ILUVIEN.
- Injections into the vitreous in the eye are associated with a serious eye infection (endophthalmitis), eye inflammation, increased eye pressure, glaucoma, and retinal detachments. Your eye doctor should monitor you regularly after the injection.

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Why ILUVIEN®?





ILUVIEN® (fluocinolone acetonide intravitreal implant) 0.19 mg is used for the treatment of diabetic macular edema (DME) in people who have been treated with corticosteroids before and did not have a significant increase in eye pressure.

Based on clinical study results, ILUVIEN was proven to be safe and effective in the treatment of this condition as demonstrated for 36 months. Your doctor may recommend ILUVIEN to treat the inflammation related to your DME.

You should not be treated with ILUVIEN if you have severe glaucoma, an infection in or around the eye, or if you are allergic to any of the ingredients of ILUVIEN.

Important Safety Information (continued)

 Use of corticosteroids including ILUVIEN may produce cataracts (ILUVIEN 82%; sham 50%), increased eye pressure (ILUVIEN 34%; sham 10%), glaucoma, and may increase secondary eye infections due to bacteria, fungi, or viruses. Let your doctor know if you have a history of herpes viral infections of the eye.

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What should I expect during the ILUVIEN injection procedure?

A single ILUVIEN® is administered by a retina specialist during an in-office procedure.

Prior to the procedure, your eye is numbed. The ILUVIEN implant is then delivered via a tiny needle. As the implant is being injected, you may feel some pressure on your eye.

Your doctor will monitor your eye after the injection for possible side effects, including development of cataracts, eye infection (endophthalmitis), eye inflammation, increased eye pressure, glaucoma, and retinal detachments.



Risks associated with ILUVIEN®





ILUVIEN® (fluocinolone acetonide intravitreal implant) 0.19 mg is a prescription medicine that is inserted in the eye and has its risks.

The most common risk related to ILUVIEN treatment is the formation of cataracts. If a cataract occurs, your vision will decrease and you will need cataract surgery to restore your vision.

Another risk of ILUVIEN is increased pressure within the eye, which may progress to glaucoma. This increase in pressure can be treated with eye pressure-lowering medicines (usually eye drops). However, some people may require eye surgery to treat their increased eye pressure.

Intravitreal injections, including those with ILUVIEN, have been associated with serious eye infection (endophthalmitis), eye inflammation, increased eye pressure, and retinal detachments. Patients should be monitored following the intravitreal injection.

Important Safety Information (continued)

• If the posterior capsule of the lens of your eye is missing or torn the ILUVIEN implant may move to the front chamber of the eye.

What type of follow-up can I expect?

A ILUVIEN® (fluocinolone acetonide intravitreal implant) 0.19 mg lasts for up to 36 months. However, your doctor will still want to see you periodically to monitor your condition and to monitor for development of cataracts, eye infection (endophthalmitis), eye inflammation, increased eye pressure, glaucoma, and retinal detachments.

It is important to make sure to keep your routine exams with your doctor. Committing to your eye health with ILUVIEN means keeping your appointments with your doctor.

What more can I do to manage my DME?

A It's important to know that DME can develop without symptoms. Fortunately, early diagnosis can lead to early treatment of DME.

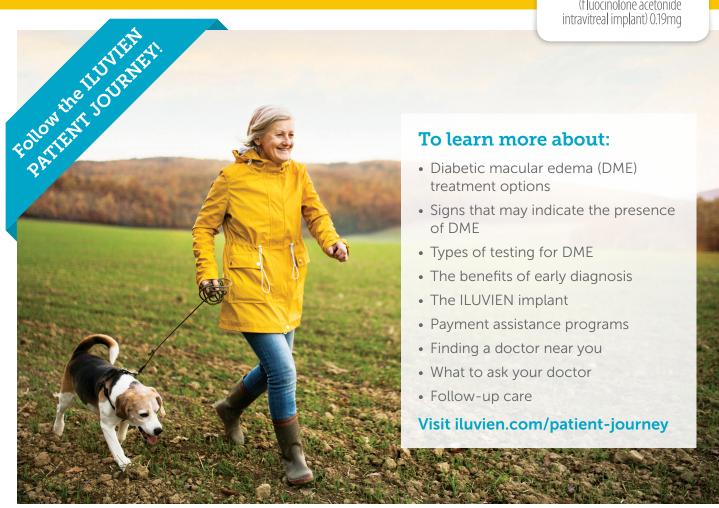
You can also take steps to maintain a healthy lifestyle, like regulating your blood sugar levels with proper diet and exercise. Talk to your doctor about what you can do in addition to treatment with ILUVIEN.

Please see Important Safety Information on page 10 and enclosed full Prescribing Information.

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The ILUVIEN® patient journey





ILUVIEN is the only continuous treatment option for DME that maintains vision without the need for monthly injections.

Important Safety Information (continued)

 The most common side effects reported in patients with diabetic macular edema who were treated with ILUVIEN include cataracts (ILUVIEN 82%; sham 50%) and increased eye pressure (ILUVIEN 34%; sham 10%).

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IMPORTANT SAFETY INFORMATION

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- ILUVIEN should not be used if you have glaucoma.
- You should not use ILUVIEN if you are allergic to any ingredients of ILUVIEN.
- Injections into the vitreous in the eye are associated with a serious eye infection (endophthalmitis), eye inflammation, increased eye pressure, glaucoma, and retinal detachments. Your eye doctor should monitor you regularly after the injection.
- ILUVIEN is the only option designed for continuous treatment of DME for up to 36 months.



- Use of corticosteroids including ILUVIEN may produce cataracts (ILUVIEN 82%; sham 50%), increased eye pressure (ILUVIEN 34%; sham 10%), glaucoma, and may increase secondary eye infections due to bacteria, fungi, or viruses. Let your doctor know if you have a history of herpes viral infections of the eye.
- If the posterior capsule of the lens of your eye is missing or torn the ILUVIEN implant may move to the front chamber of the eye.
- The most common side effects reported in patients with diabetic macular edema who were treated with ILUVIEN include cataracts (ILUVIEN 82%; sham 50%) and increased eye pressure (ILUVIEN 34%; sham 10%).

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda. gov/medwatch, or call 1-800-FDA-1088.

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Many patients experience improved vision, reduction in retinal edema, and significantly fewer eye injections after ILUVIEN.



Ask your doctor about ILUVIEN—one injection for up to 3 years of continuous treatment.

To visit the ILUVIEN patient journey or to watch patients describe their journey with ILUVIEN, use your mobile device to scan the QR code



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