In wet AMD patients with predominantly classic lesions...

**Persistent activity may continue despite anti-VEGF therapy**

Moderate to severe persistent activity, such as persistent leakage, increased lesion growth, fibrosis or hemorrhage has been shown to occur in 25% of wet AMD patients with classic lesions.

### Diagnostic imaging at baseline

- **CNV**
- **Fibrosis**
- **Presence of subretinal fluid**

### Diagnostic imaging after 6 courses of Anti-VEGF

- **CNV enlargement**
- **Progressive fibrosis**
- **Persistent subretinal fluid**

- FA images indicate subfoveal CNV that bled or increased in size
- OCT images of subfoveal CNV show persistent significant residual sub-retinal fluid

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**How do you meet the challenge of persistent activity in these patients?**

Imaging is used to assess the level of damage in patients with macular degeneration.

FA=fluorescein angiography
OCT=optical coherence tomography

Images courtesy of Scott Cousins, MD, presented at Hawaiian Eye symposium, 2014.

Please see Important Safety Information on the following pages and accompanying full Prescribing Information.
Arteriolarized*-type of neovascular AMD is not VEGF-mediated and may need vaso-occlusive therapy²,4-6

ICGA can demonstrate evident neovessel remodeling and large caliber, branching AVC²,6

**Pretreatment imaging**

<table>
<thead>
<tr>
<th>Degree of activity</th>
<th>Classic NV AMD</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>33%</td>
</tr>
<tr>
<td>Mild</td>
<td>42%</td>
</tr>
<tr>
<td>Moderate</td>
<td>20%</td>
</tr>
<tr>
<td>Severe</td>
<td>5%</td>
</tr>
</tbody>
</table>

- Duke Severity scale subclassifies lesions into mild, moderate or severe based on a point system reflecting OCT, fluorescein and clinical findings³
- 25% of classic NV AMD show moderate or severe persistent activity²,6

**Indications and Usage**

Visudyne® (verteporfin for injection) is indicated for the treatment of predominantly classic subfoveal choroidal neovascularization due to age-related macular degeneration, pathologic myopia, or presumed ocular histoplasmosis. There is insufficient evidence to indicate Visudyne for the treatment of predominantly occult subfoveal choroidal neovascularization.

With Visudyne® treatment in naive patients, less progression and leakage was seen compared to placebo at month 24* †7,8

**Important Safety Information**

- Visudyne® (verteporfin for injection) is contraindicated for patients with porphyria or known hypersensitivity to any of its components.
- Avoid exposure of skin and eyes to direct sunlight or bright indoor light for 5 days. If extravasation occurs during infusion, the extravasation area must be thoroughly protected from direct light until swelling and discoloration have faded in order to prevent the occurrence of a local burn which could be severe. If emergency surgery is necessary within 48 hours after treatment, as much of the internal tissue as possible should be protected from intense light.

**Please see additional Important Safety Information on back.**
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Patients who experience severe vision decrease (≥ 4 lines within 1 week) should not be retreated until their vision completely recovers to pretreatment levels and potential benefits and risks of subsequent treatment are carefully considered.

Use of incompatible lasers that do not provide the required characteristics of light for photoactivation of Visudyne® could result in incomplete treatment due to partial photoactivation or overtreatment due to overactivation, or damage to surrounding normal tissue.

For injection of Visudyne®, avoid small hand veins in favor of the largest possible arm vein, preferably the antecubital vein.

The most frequently reported adverse events (10% to 30% incidence) were injection site reactions (including pain, edema, inflammation, extravasation, rashes, hemorrhage, and discoloration), and visual disturbances (including blurred vision, flashes of light, decreased visual acuity, and visual field defects, including scotoma).

Please see full Prescribing Information provided.

References:
VISUDYNE® (verteporfin for injection) is contraindicated for patients with porphyria or a known hypersensitivity to any component of this preparation. [see Adverse Reactions (6.1)]

CONTRAINDICATIONS

1. Local Anatomical Reactions – Extravasation

2. Intravenous injection site reactions are described above in the label.

3. Dose adjustment is unnecessary in patients with renal dysfunction. The maximum drug and light dose can be repeated in patients with bilirubin levels up to 4 mg/dL (68 μmol/L). In patients with bilirubin levels greater than 4 mg/dL, a dose adjustment is necessary as described in the table. [see Dosage and Administration (2.4)]
The chemical names for the verteporfin regioisomers are:

A

up to 66% of the corresponding plasma levels and declined below the limit of quantification (2 ng/mL)

Animal Data

exposure at the recommended clinical dose.

There are no data with the use of VISUDYNE in pregnant women to inform a drug-associated risk.

8.1

6 mg/m2, based on body surface area).

A2 inhibitors, could also decrease the efficacy of VISUDYNE therapy.

sulfonylurea hypoglycemic agents, thiazide diuretics and griseofulvin) could increase the potential for

the vascular endothelium. Other photosensitizing agents (e.g., tetracyclines, sulfonamides, phenothiazines,

Calcium channel blockers, polymyxin B or radiation therapy could enhance the rate of VISUDYNE uptake by

or neovascularization in ocular tissues. Animal studies indicate that VISUDYNE preferentially accumulates in

and preferentially accumulate in neovascular tissues, including choroidal neovascularization. However, animal

models indicate that VISUDYNE is also present in the retina.

Therefore, there may be collateral damage to retinal

 missions, but in clinical trials, verteporfin retinal toxicity was not observed.

The following adverse events have occurred either at low incidence (<1%) during clinical trials or have been

Non-ocular Events:

Ocular Treatment Site:

Based on the mechanism of action of verteporfin, many drugs used concomitantly could influence the effect

of VISUDYNE therapy. Possible examples include the following:

Based on the presence of vitamin A (retinol) in the retina, the observed reductions in the number of patients

with visual loss in the VISUDYNE-treated groups might be attributed to the pharmacological properties of the

drug. VISUDYNE does not work by causing additional photoreceptor cell death, but instead induces

compensation or salvage of at least some of the remaining photoreceptor cells whereas non-active treatments

will usually cause a progressive decline in visual function.

In a study of patients with mild hepatic insufficiency (defined as having two abnormal hepatic function tests

at enrollment), AUC and Cmax were not significantly different from the control group; half-life, however, was

significantly increased by approximately 20%.

In pregnant rabbits, a decrease in maternal body weight gain and food consumption was observed in animals

treated with VISUDYNE. The decrease in food consumption was comparable to that observed in untreated control

animals. A statistically significant decrease in fetal weight was observed; however, there were no other significant

effects of VISUDYNE at this dose.

The safety and efficacy of VISUDYNE beyond 2 years have not been demonstrated.