OZURDEX® (Dexamethasone 700 micrograms intravitreal implant in applicator)

Indications:
- Advanced glaucoma which cannot be adequately controlled by medicinal products alone. Aphakic eyes with infection including most viral diseases of the cornea and conjunctiva, including active epithelial herpes
- Hypersensitivity to the active substance or to any of the excipients. Active or suspected ocular or periocular broad spectrum antimicrobial drops daily for 3 days before and after each injection.

Contraindications:
- Patients should be monitored following the injection to permit early treatment if an implant to be administered intra-vitreally to the affected eye. Administration to both eyes concurrently is not recommended. Repeat doses should be considered when a patient experiences a response to treatment followed subsequently by a basic visual acuity and in the physician's opinion may benefit from retreatment without being exposed to significant risk. Patients who experience repeated improved vision should not be retreated. Patients who experience a deterioration in vision, which is not slowed by OZURDEX, should not be retreated. In RVO and uveitis there is only very limited information on repeat dosing intervals less than 7 implants. Patients should be monitored following the injection to permit early treatment if an implant misplacement. (*Adverse reactions considered to be related to the intravitreous injection procedure rather than the dexamethasone implant). Please refer to Summary of Product Characteristics for full information on side effects. Marketing Authorisation Number: CH/0262/2014.

Known & Manageable Safety Profile

Rapid & Sustained Vision Improvement

Fits Patient Lifestyle

With Few Injections

Improves Capacity & Value

SEE THE DIFFERENCE WITH 360° THERAPY

OZURDEX® (dexamethasone intravitreal implant): For the treatment of adult patients with visual impairment due to diabetic macular edema (DME) who are considered unsuitable for, or insufficiently responsive to, non-corticosteroid therapy or are pseudophakic.

-НЕВ INDICATION

Adverse events should be reported to your local regulatory authorities and your Allergan Office.

References:

NEW INDICATION

Targeted Inflammation Control

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Ophthalmologica

The European Retina Journal

Founded 1899 as 'Zeitschrift für Augenheilkunde' by H. Kuhnt and J. von Michel
Continued by J. Meller (1923–1938); C. Behr (1925–1938); A. Brückner (1938–1959);
J. François (1959–1979); E.B. Streiff (1954–1979); H. Sautter (1979–1984);
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Types of Papers

Editorial
Original Paper
Review
New Technologies in Ophthalmology
Letter to the Editor
Euretina Lecture

Reviews are either invited, or may be submitted for consideration. Invited reviews, if accepted, are not subject to page charges. The recommended length is 6 printed pages (approx. 15 double-spaced manuscript pages).

Mini Reviews should contain an easy-to-read literature overview on a specific topic. Papers are either invited or may be submitted for consideration. Only concise articles of no more than 2 printed pages (approx. 6 double-spaced manuscript pages), including an abstract of max. 200 words and references, will be accepted. Please submit your mini review online.

Letter to the Editor
Letters are only accepted if they directly concern articles previously published in this journal and clinical subjects related to the matters discussed. The editor reserves the right to submit copies of such letters to the authors of the articles concerned prior to publication in order to permit them to respond in the same issue of the journal. Letters should have a maximum of one printed page (350–420 words, up to 8 references).

Arrangement

Title page: The first page of each paper should indicate the title, the authors' names, the institute where the work was conducted, and a short title for use as running head.

Full address: The exact postal address of the corresponding author complete with postal code must be given at the bottom of the title page. Please also supply phone and fax numbers, as well as e-mail address.

Key words: Please supply 3–10 key words in English that reflect the content of the paper.

Abstract: Each paper needs an abstract in English of not more than 150 words. The abstract is of utmost importance. It should contain the following information: purpose of the study, procedures, results, conclusions and message of the paper.

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Examples


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Defining the standard of care in Medical Retina

**LUCENTIS® for treatment of:**

- Neovascular (wet) age-related macular degeneration (AMD).
- Visual impairment due to diabetic macular edema (DME).
- Visual impairment due to macular edema secondary to retinal vein occlusion (branch RVO or central RVO).
- Visual impairment due to choroidal neovascularisation (CNV) secondary to pathologic myopia (PM).

**Indications:**

- Treatment of neovascular (wet) age-related macular degeneration (AMD).
- Treatment of visual impairment due to diabetic macular edema (DME).
- Treatment of visual impairment due to macular edema secondary to retinal vein occlusion (branch RVO or central RVO).
- Treatment of visual impairment due to choroidal neovascularisation (CNV) secondary to pathologic myopia (PM).

**Dosage and administration:**

- The recommended dose is 0.5 mg (0.05 mL) given as a single intravitreal injection.
- Treatment is initiated with one injection per month until maximum visual acuity is achieved and/or there are no signs of disease activity.
- Treatment intervals should be determined by the physician and should be based on disease activity as assessed by visual acuity and/or anatomic parameters.
- Monitoring for disease activity may include clinical examination, functional testing or imaging techniques (e.g. optical coherence tomography or fluorescein angiography).
- While applying the treat-and-extend regimen, the treatment interval should be extended by two weeks at a time for wet AMD and central RVO, or by one month at a time for DME and branch RVO.
- Lucentis and laser photocoagulation in DME or in branch RVO: Lucentis has been used concomitantly with laser photocoagulation in clinical studies. When given on the same day, Lucentis should be administered prior to the injection.
- Lucentis must be administered by a healthcare professional.
- Lucentis Indications may vary from country to country. Physicians should refer to their National Prescribing Information.

**Warnings and precautions:**

- Hypersensitivity to ranibizumab or to any of the excipients.
- Treatment is contraindicated for patients with active or suspected ocular or periocular infections, patients with active intraocular inflammation.
- Warnings and precautions include:
  - A small number of patients have experienced endophthalmitis, intracocular inflammation, rhegmatogenous retinal detachment, retinal tear and iatrogenic traumatic cataract. Therefore specific aseptic injection techniques must be used.
  - Patients should be monitored during the week following the injection to permit early treatment if an infection occurs.
  - Intraocular injection pressure (IOP) has been seen within 60 minutes of injection of Lucentis. Sustained IOP increases have also been reported.
  - Patients should be monitored for the presence of anterior chamber flare, injection site hemorrhage, eye irritation, foreign body sensation in eyes, lacrimation increased, blepharitis, dry eye, ocular hyperemia, eye pruritus, intraocular pressure increased, nasopharyngitis, headache, arthralgia.

**Adverse drug reactions:**

- Very common (≥1/10): intracocular inflammation, vitritis, vitreous detachment, retinal hemorrhage, visual disturbance, eye pain, vitreous floaters, conjunctival hemorrhage, eye irritation, foreign body sensation in eyes, lacrimation increased, blepharitis, dry eye, ocular hyperemia, eye pruritus, intraocular pressure increased, nasopharyngitis, headache, arthralgia.
- Common (≥1/100; <1/10): retinal degeneration, retinal disorder, retinal detachment, retinal tear, detachment of the retinal pigment epithelium, retinal pigment epithelium tear, visual acuity reduced, vitreous hemorrhage, vitreous disorder, uveitis, iritis, iridocyclitis, cataract, cataract subcapsular, posterior capsule opacification, punctate keratitis, corneal abrasion, anterior chamber flare, vision blurred, injection site hemorrhage, eye hemorrhage, conjunctivitis, conjunctivitis allergic, eye discharge, photophobia, photophobia, ocular discomfort, eyelid edema, eyelid pain, conjunctival hyperemia, stroke, influenza, urinary tract infection, anemia, anxiety, cough, nausea, allergic reactions (rash, pruritus, urticaria, erythema).
- Uncommon (≥1/1000; <1/100): blindness, endophthalmitis, hypopyon, hypHEMA, keratopathy, iris adhesions, corneal deposits, corneal edema, corneal striae, injection site pain, injection site irritation, abnormal sensation in eye, eyelid irritation.
- Serious adverse events related to intravitreal injections include endophthalmitis, rhegmatogenous retinal detachment, retinal tear and iatrogenic traumatic cataract.

**Pack and prices:**

- Country-specific.

**Legal classification:**

- Country-specific.
Euretina Lecture

1 Gene Therapy for Retinal Disease: What Lies Ahead
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