Visudyne™ therapy for predominantly classic CNV secondary to AMD allows you to help slow down the inevitable progression towards the loss of central vision in a broad number of patients.

- **Visudyne Reduces The Risk of Vision Loss**
  59% of Visudyne patients lost less than 3 lines of vision over 24 months (vs 31% of placebo patients, \(P<0.001\))

- **Visudyne Helps Maintain Visual Acuity Over 24 Months**
  19% of Visudyne patients experienced no change in visual acuity¹
  13% of Visudyne patients experienced an improvement of ≥1 line in visual acuity

- **Visudyne Restricts The Growth Of Lesions**
  55% of Visudyne patients vs 25% of placebo patients maintained ≤6 Macular Photocoagulation Study (MPS) disc areas (DA) at 24 months

- **Visudyne Offers A Favorable Safety Profile**
  Proven safety of 2240 treatment courses over 24 months¹
  1.9% of Visudyne patients discontinued treatment due to adverse events¹
  Treatment rate was an average of 3.7 courses of therapy over year one and 2.1 courses over year two¹

Reference:

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Visudyne therapy is contraindicated in patients with known hypersensitivity to verteporfin or to any component of the formulation. Visudyne is used to treat age-related macular degeneration in patients with predominantly classic subfoveal neovascularization.

- **Indication:** Visudyne is indicated for the treatment of age-related macular degeneration in patients with predominantly classic subfoveal neovascularization.
- **Dosage:**
  1. Infusion of 6 mg verteporfin per m² body surface dissolved in 30 mL 5% glucose for injection over a period of 10 minutes.
  2. 15 minutes after the start of the infusion, exposure of 50 J/m² of red light (689 nm) onto the choroidal neovascularization over a period of 83 seconds with an appropriate laser device.
- **Treatment should be repeated every 3 months if CNV recurs.**
- **Contraindications:** Known hypersensitivity to verteporfin or to any component of the formulation. In patients with severe hepatic impairment.
- **Precautions/Warnings:**
  - Patients must avoid direct exposure to direct sunlight or bright indoor light for 48 hours after the treatment.
  - Visudyne therapy should be considered carefully in patients with moderate hepatic impairment and biliary obstruction.
  - Patients who experience a severe decrease of vision (4 lines or more) within one week should not be retreated until their vision completely recovers to pre-treatment level.
  - If extravasation occurs, infusion should be stopped immediately. The affected area must be thoroughly protected from direct light until swelling and discoloration have disappeared. Cold compresses should be placed on the injection site and analgesics may be given if necessary.
  - Visudyne therapy under general anesthesia should be considered with caution.
  - Interactions: Concomitant treatment with other photosensitizing agents may increase photosensitivity reactions.
  - Intravascular effects (52% and higher):
    - Ocular side effects: Abnormal vision such as hazy, fuzzy vision or halos of light, decreased vision, visual field defect such as grey or dark haloes, scotoma and black spots, scotoma and night vision, visual hallucinations.
    - Injection site side effects: Pain, edema, inflammation, subcutaneous hematoma, subcutaneous extravasation.
    - Systemic side effects: Nausea, photophobia, myalgia, injection site pain, flushing, sweating, weight gain, weight loss, headache, dizziness, fatigue, nausea, vomiting.

To order Visudyne contact your local sales representative
For additional information visit
www.visudyne.com

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Discuss perceptions of neovascular AMD