September 6, 2016

Alimera Sciences Announces 23 Clinical Presentations and a Sponsored Symposium at 16th EURETINA Congress

ATLANTA, Sept. 06, 2016 (GLOBE NEWSWIRE) -- Alimera Sciences, Inc. (NASDAQ:ALIM) (Alimera), a leader in research, development and commercialization of prescription ophthalmic pharmaceuticals, today announced that data from an unprecedented 23 ILUVIEN® post marketing studies involving more than 450 cases will be presented during the 16th European Society of Retina Specialists Congress (EURETINA), September 8-11, 2016, in Copenhagen. Eight presentations will be given by speakers from the podium, while there will be 15 electronic posters that will be available throughout the meeting for review by EURETINA attendees.

In addition, on Friday, September 9, Alimera will sponsor a symposium as part of the *EuroTimes* Satellite Education Program. Entitled "Continuous Microdosing with Intravitreal Corticosteroids: A Real-World Perspective in Patients with Chronic DME," the lunchtime event will be moderated by Prof. Francesco Bandello, University Vita-Salute, Scientific Institute San Raffaele, Milano, Italy. Panel participants include: Prof. Ramin Tadayoni, Université Paris 7 (Sorbonne Paris Cité) Hôpital Lariboisière, Paris, France; Prof. Frank Koch, Universitäts Klinikum, Frankfurt, Germany; and Dr. Fahd Quhill, Royal Hallamshire Hospital, Sheffield, England.

The scheduled times, titles and locations of the eight speaker presentations are as follows:

- U. Chakravarthy, C. Bailey, F. Koch, U.K. and Germany
  Safety and clinical outcomes in the European registry study of ILUVIEN implant (fluocinolone acetonide; FAc) usage in diabetic macular edema, Thursday, September 8, 11:00 a.m., Auditorium A2.

- J. Henriques, J. Figueira, M. Amaro, V. Rosas, Portugal
  Structural and functional outcomes of lens status in patients with chronic Diabetic Macular Edema (DME) treated with the ILUVIEN implant (0.2 mcg/day fluocinolone acetonide): Results from the RESPOND trial, Thursday, September 8, 12:12 p.m., Auditorium A2.

- Elaraoud, Y. Yang, J. Maya, N. Narendran, C. Bailey, A. Lotery, Y. Yang, U.K.
  Efficacy assessment of ILUVIEN (0.2 mcg/d fluocinolone acetonide) using the area-under-the-curve method, Friday, September 9, 8:42 a.m., Auditorium C6.

- H. Bayat, L. Makris, M. Loutfi, A. Kamal, U.K.
  Initial experience of ILUVIEN intravitreal implant (190 micrograms fluocinolone acetonide) in the management of chronic diabetic macular oedema (DME) in a real clinical setting, Friday, September 9, 2:36 p.m., Auditorium 15.

- F. Alfaqawi, S. Elsherbiny, P. Lip, B. Mushtaq, U.K.
  Fluocinolone acetonide intravitreal implant (ILUVIEN) as the treatment for chronic diabetic macular oedema in a real-world clinical practice in the UK: 18-month results, Friday, September 9, 4:30 p.m., Auditorium A3.

- A. Brent, S. Ch'ng, T. Empeslidis, V. Konidaris, S. Banerjee, U.K.
  2 year results from a prospective on-going audit of ILUVIEN outcomes for diabetic macular oedema (DMO), Saturday, September 10, 8:48 a.m., Auditorium C6.

- C. Bailey, U. Chakravarthy, J. Cunha-Vaz,C. Wykoff, U.K.
  Evaluation of diabetic retinopathy progression with chronic diabetic macular edema (DME) patients treated with ILUVIEN (0.2 mcg/d), Saturday, September 10, 4:36 p.m., Auditorium 10.

- P. Richardson, P. Wright, UK
  Fluocinolone acetonide intravitreal implantation for chronic diabetic macular oedema: 12 months clinical data, Saturday, September 10, 5:42 p.m., Auditorium 10.

About ILUVIEN

www.ILUVIEN.com.

ILUVIEN'S U.S. Indication

ILUVIEN (fluocinolone acetonide intravitreal implant) 0.19 mg is a sustained release intravitreal implant approved in the U.S. to treat diabetic macular edema in patients who have been previously treated with a course of corticosteroids and did not have a clinically significant rise in intraocular pressure. Each ILUVIEN implant is designed to release submicrogram levels of fluocinolone acetonide, a corticosteroid, for 36 months.

ILUVIEN'S E.U. Indication

ILUVIEN is indicated for the treatment of vision impairment associated with chronic diabetic macular oedema, considered insufficiently responsive to available therapies.

About Diabetic Macular Edema (DME)

DME, the primary cause of vision loss associated with diabetic retinopathy, is a disease affecting the macula, the part of the retina responsible for central vision. When the blood vessel leakage associated with diabetic retinopathy results in swelling of the macula, the condition is called DME. The onset of DME is painless and may go unreported by the patient until it manifests with the blurring of central vision or acute vision loss. The severity of this blurring may range from mild to profound loss of vision. The Wisconsin Epidemiologic Study of Diabetic Retinopathy found that over a 10-year period approximately 19% of people with diabetes included in the study were diagnosed with DME. All people with type 1 or type 2 diabetes are at risk of developing DME.

About Alimera Sciences, Inc.

www.alimerasciences.com

Alimera Sciences (NASDAQ:ALIM), founded in June 2003, is a pharmaceutical company that specializes in the research, development and commercialization of prescription ophthalmic pharmaceuticals. Alimera is presently focused on diseases affecting the back of the eye, or retina, because these diseases are not well treated with current therapies and will affect millions of people in our aging populations. Alimera's commitment to retina specialists and their patients is manifest in Alimera's product and development portfolio designed to treat early- and late-stage diseases. For more information, please visit www.alimerasciences.com.

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