

(12) STANDARD PATENT
(19) AUSTRALIAN PATENT OFFICE

(11) Application No. AU 2017246889 B2

(54) Title
Implantable ocular drug delivery devices

(51) International Patent Classification(s)
A61F 9/00 (2006.01) **A61K 9/00** (2006.01)

(21) Application No: **2017246889** (22) Date of Filing: **2017.04.05**

(87) WIPO No: **WO17/176886**

(30) Priority Data

(31) Number **62/318,582** (32) Date **2016.04.05** (33) Country **US**

(43) Publication Date: **2017.10.12**
(44) Accepted Journal Date: **2021.12.16**

(71) Applicant(s)
ForSight Vision4, Inc.

(72) Inventor(s)
Campbell, Randolph E.;Sacherman, Kevin W.;Bachelder, Bradley G.;Erickson, Signe;Boyette, Jeremy

(74) Agent / Attorney
Phillips Ormonde Fitzpatrick, PO Box 323, COLLINS STREET WEST, VIC, 8007, AU

(56) Related Art
US 2015/0080846 A1
US 2013/0304031 A1
US 2013/0245544 A1
WO 2012/065006 A2



TZ, UG, ZM, ZW), Eurasian (AM, AZ, BY, KG, KZ, RU, TJ, TM), European (AL, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HR, HU, IE, IS, IT, LT, LU, LV, MC, MK, MT, NL, NO, PL, PT, RO, RS, SE, SI, SK, SM, TR), OAPI (BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, KM, ML, MR, NE, SN, TD, TG).

Published:

— with international search report (Art. 21(3))

IMPLANTABLE OCULAR DRUG DELIVERY DEVICES

CROSS-REFERENCE TO PRIORITY APPLICATION

[0001] This application claims priority to U.S. Provisional Application No. 62/318,582, filed April 5, 2016, entitled “Implantable Ocular Drug Delivery Devices,” the entire content of which is hereby incorporated by reference in its entirety.

FIELD

[0002] The present technology relates generally to implantable ocular drug delivery devices and more particularly, to refillable implantable ocular drug delivery devices having improved retention in the eye.

BACKGROUND

[0003] Diseases that affect vision can be treated with a variety of therapeutic agents, but the delivery of drugs to the eye continues to be challenging. Injections of therapeutic via the eye can be painful, involve some risk of infection, hemorrhage and retinal detachment. Depending on the frequency, intra-ocular injections can be time-consuming for both patient and physician. Consequently, in at least some instances the drug may be administered less often than the prescribed frequency resulting in sub-optimal treatment benefit. Further, bolus intra-ocular injections may not provide the ideal pharmacokinetics and pharmacodynamics. A bolus injection of drug into the vitreous humor of a patient can result in a peak drug concentration several times higher than the desired therapeutic amount and then before the patient is able to get the next injection drop to a drug concentration that is far below therapeutic effectiveness.

[0003a] A reference herein to a patent document or any other matter identified as prior art, is not to be taken as an admission that the document or other matter was known or that the information it contains was part of the common general knowledge as at the priority date of any of the claims.

SUMMARY

[0004] Described are drug delivery devices configured to be at least partially implanted in an eye through the sclera. In an aspect, the drug delivery device configured to be at least partially implanted in an eye through the sclera, comprises a retention structure positioned near a proximal end region of the device comprising; a proximal flange element defining an access port into the device; and a neck having a proximal region and a distal extension, the proximal region having a major axis dimension and a minor axis dimension, wherein, upon implantation through a penetration site in a sclera of an eye, the proximal flange element is configured to remain outside the sclera, the proximal region of the neck is configured to span the penetration site in the sclera, and the distal extension is configured to be positioned inside the sclera, wherein the access port of the proximal flange extends through the proximal region of the neck defining a trans-scleral access port region of the access port and extends through the distal extension of the neck defining a sub-scleral access port region of the access port; a penetrable element coupled to and extending within at least a portion of the access port, wherein the penetrable element has a first portion positioned within the trans-scleral access port region and a second portion positioned within the sub-scleral access port region, a maximum distance across the first portion being less than a maximum distance across the second portion; a porous drug release element positioned in fluid communication with an outlet of the device; and a reservoir having a volume configured to contain one or more therapeutic agents and to be in fluid communication with the outlet through the porous drug release element, wherein the device is configured to be at least partially inserted into the eye along an axis of insertion.

[0005] The reservoir can be configured to enlarge from an insertion configuration having a first three-dimensional shape to an expanded configuration having a second three-dimensional shape. A first portion of the volume of the reservoir in the expanded configuration can enlarge away from the lens of the eye and can be greater than a remaining portion of the volume. The first portion and the remaining portion can each remain outside the visual axis of the eye. The reservoir can be formed of a non-compliant material. The non-compliant material of the reservoir can expand from the first three-dimensional shape to the second three-dimensional shape, but does not stretch beyond the second three-dimensional shape. A proximal end of the reservoir can be separated a distance from one or more internal tissue surfaces surrounding a penetration site of the eye when in the expanded configuration. The device can remain outside the visual axis in the expanded configuration.

[0006] The device can further include an elongated core element having a longitudinal axis extending from the proximal end region of the device to a distal end region of the device. The drug release element can be coupled to the elongated core element near the distal end region of the device and the retention structure can be coupled to the elongated core element near the proximal end region of the device. The elongated core element can include an inner lumen and one or more openings extending through a wall of the elongated core element. The inner lumen of the elongated core element can be in fluid communication with the reservoir volume through the one or more openings. The one or more openings can direct flow of material injected into the device into the reservoir volume. The elongated core element can have a cylindrical geometry and further include a flow director to direct flow through the one or more openings. The flow director can include a first cylindrical region coupled to a second cylindrical region by a funnel shaped region. The first cylindrical region can have a larger cross-sectional diameter than the second cylindrical region. The flow director can include a penetrable barrier positioned within the inner lumen of the elongated core element. The penetrable barrier can seal the inner lumen.

[0007] The second three-dimensional shape can be eccentrically positioned relative to the

axis of insertion. When the device is in the first three-dimensional shape, a distal end region of the device can be aligned with the axis of insertion. When the device is in the second three-dimensional shape, the distal end region of the device need not be aligned with the axis of insertion. The second three-dimensional shape can be a curvilinear shape that remains outside the visual axis of the eye and avoids contact with internal surfaces of the eye adjacent a penetration site. The second three-dimensional shape can be symmetrical or asymmetrical.

[0008] The reservoir can be formed of non-compliant material. The non-compliant material of the reservoir can be collapsed around an elongated core element forming a first three-dimensional shape prior to filling the volume with the one or more therapeutic agents when the device is in an insertion configuration. The non-compliant material of the reservoir can be enlarged away from the elongated core element forming a second three-dimensional shape upon filling the volume with the one or more therapeutic agents when the device is in an expanded configuration.

[0009] The retention structure can include a proximal flange element configured to extend outside the sclera of the eye and a neck. The neck can have a proximal region configured to extend through a penetration site in the sclera of the eye and a distal extension extending inside the sclera of the eye. A proximal end of the reservoir can form a shoulder configured to capture scleral tissue in a region between an inner surface of the retention structure and an upper surface of the shoulder. The proximal region can be sized along a cross-section to fit a penetration site through the sclera such that the proximal region is narrowed compared to the distal extension. The proximal region of the neck can have a major axis dimension and a minor axis dimension. The penetrable element can be positioned in the proximal region of the neck. The minor axis dimension can be between about 1.5 mm to about 2.6 mm. The penetrable element can be positioned in the distal extension of the neck distal to the proximal region of the neck. The minor axis dimension can be between about 1.0 mm to about 1.3 mm. The major diameter can be limited to no greater than a length of an incision through which the reservoir is implanted. The proximal region of the neck can have a cross-sectional shape that is substantially cylindrical and an access port extending through the proximal region into the reservoir is substantially cylindrical. The proximal region of the neck can have a cross-sectional shape that is substantially lenticular forming a pair of outer pinched regions on either side of the major diameter. The cross-sectional shape can be formed by a cross-section taken from between about 0.50 mm from an underneath side of the flange to about 1.0

mm from an underneath side of the flange. The proximal region of the neck can be flared and an access port extending through the proximal region into the reservoir can be tapered. The proximal region can have a length from an underside of the retention structure to the distal extension that is at least about 0.3 mm to about 0.7 mm. A minor dimension across the proximal region can be about 1.0 mm to about 1.2 mm. The penetrable element can be positioned in the distal extension of the neck such that a bulk of the penetrable element is located distal to the proximal region of the neck.

[0010] In some variations, one or more of the following can optionally be included in any feasible combination in the above methods, apparatus, devices, and systems. More details of the devices, systems, and methods are set forth in the accompanying drawings and the description below. Other features and advantages will be apparent from the description and drawings.

BRIEF DESCRIPTION OF THE DRAWINGS

[0011] These and other aspects will now be described in detail with reference to the following drawings. Generally speaking the figures are not to scale in absolute terms or comparatively but are intended to be illustrative. Also, relative placement of features and elements may be modified for the purpose of illustrative clarity.

[0012] FIG. 1 is a cross-sectional, schematic view of a portion of the human eye;

[0013] FIG. 2 is a partial, cross-sectional, schematic view of a portion of the eye having an implementation of a therapeutic device at least partially implanted within the sclera of the eye along an axis of insertion A;

[0014] FIG. 3 is a partial, cross-sectional, schematic view of a portion of the eye having another implementation of a therapeutic device at least partially implanted within the sclera of the eye along an axis of insertion A;

[0015] FIGs. 4 and 5 are partial, cross-sectional, schematic views of a portion of the eye having another implementation of a therapeutic device at least partially implanted within the sclera of the eye along an axis of insertion A;

[0016] FIG. 6 is a cross-sectional view of the therapeutic device of FIG. 5;

[0017] FIGs. 7 and 8 are cross-sectional views of the therapeutic device of FIG. 5;

[0018] FIG. 9 is a top down view of the therapeutic device of FIG. 5;

[0019] FIG. 10 is a cross-sectional view of another implementation of a therapeutic device having an implementation of a flow director;

[0020] FIG. 11 is a cross-sectional view of another implementation of a therapeutic device having another implementation of a flow director;

[0021] FIG. 12 is a cross-sectional view of another implementation of a therapeutic device;

[0022] FIG. 13 is a partial, cross-sectional perspective view of an implementation of a flange element on a therapeutic device;

[0023] FIGs. 14-16 illustrate various views of another implementation of an expandable therapeutic device;

[0024] FIGs. 17-18 illustrate various views of another implementation of an expandable therapeutic device;

[0025] FIGs. 19A-19D illustrate sequential views of a device inserted for filling of a therapeutic device;

[0026] FIGs. 20A-20F schematic, top-down views of an implementation of a treatment device having an expandable, asymmetric reservoir in various stages of folding;

[0027] FIG. 21A is a priming tool for use with a treatment device;

[0028] FIG. 21B is a close-up view of the distal end of the priming tool in FIG. 21A and having a treatment device in an unexpanded configuration held therein;

[0029] FIG. 21C is a perspective view of the priming tool of FIG. 21B holding the treatment device being primed with fluid;

[0030] FIG. 21D is a detailed view of a distal end of a priming tool releasing a primed treatment device;

[0031] FIG. 22A illustrates a distal end of an implementation of an insertion tool;

[0032] FIG. 22B illustrates the insertion tool of FIG. 22A coupled with a priming tool;

[0033] FIGs. 23A-23B are detailed views of a distal end region of an implementation of an insertion tool;

[0034] FIGs. 23C-23E are detailed views of the distal end region of the insertion tool of FIGs. 23A-23B coupled with a proximal end of a treatment device;

[0035] FIGs. 24A-24C illustrate an insertion tool coupled with a treatment device in various stages of implantation;

[0036] FIGs. 24D-24F are detailed views of the insertion tool of FIGs. 24A-24C in the various stages of implantation;

[0037] FIG. 24G is a detailed partially exploded, transparent view of the insertion tool of FIGs. 24D-24F;

[0038] FIG. 25 is a perspective view of a refill needle and hub;

[0039] FIGs. 26A-26C are cross-sectional views of the distal end region of various implementations of a treatment device;

[0040] FIGs. 27A-27B are cross-sectional views of an upper end region of an implementation of a treatment device along a minor axis dimension and a major axis dimension, respectively;

[0041] FIGs. 28A-28B are cross-sectional views of an upper end region of another implementation of a treatment device along a minor axis dimension and a major axis dimension, respectively;

[0042] FIGs. 29A-29B are cross-sectional views of an upper end region of another implementation of a treatment device along a minor axis dimension and a major axis dimension, respectively;

[0043] FIGs. 30A-30B are cross-sectional views of an upper end region of an implementation of a treatment device along a minor axis dimension and a major axis

dimension, respectively;

[0044] FIGs. 31A-31B are side views of an upper end region of an implementation of a treatment device along a major axis dimension and a minor axis dimension, respectively;

[0045] FIGs. 32A-32B are side views of an upper end region of an implementation of a treatment device along a major axis dimension and a minor axis dimension, respectively;

[0046] FIGs. 33A-33B are side views of an upper end region of another implementation of a treatment device along a minor axis dimension and a major axis dimension, respectively;

[0047] FIGs. 34A-34B are side views of an upper end region of another implementation of a treatment device along a minor axis dimension and a major axis dimension, respectively;

[0048] FIGs. 35A-35B are side views of an upper end region of another implementation of a treatment device along a minor axis dimension and a major axis dimension, respectively;

[0049] FIG. 35C is a cross-sectional view of the upper end region of FIG. 35A;

[0050] FIG. 36 is a comparison of the circumference and minor diameter lengths of varying distances from the flange of various implementations of a treatment device;

[0051] FIGs. 37A-37D show an implementation of a treatment device configured to be implanted sub-sclerally;

[0052] FIGs. 38A-38E are various views of another implementation of a treatment device configured to be implanted sub-sclerally;

[0053] FIGs. 39A-39E are various views of an implementation of a retention structure for use with the treatment devices described herein;

[0054] FIGs. 40A-40B are side views of an upper end region of another implementation of a treatment device along a minor axis dimension and a major axis dimension, respectively;

[0055] FIG. 40C is a cross-sectional view of the upper end region of FIG. 40B;

[0056] FIGs. 41A-41B are side views of an upper end region of another implementation of a treatment device along a minor axis dimension and a major axis dimension, respectively;

[0057] FIG. 41C is a cross-sectional view of the upper end region of FIG. 41B;

[0058] FIGs. 42A-42B are side views of an upper end region of another implementation of a treatment device along a minor axis dimension and a major axis dimension, respectively; and

[0059] FIG. 42C is a cross-sectional view of the upper end region of FIG. 42B.

DETAILED DESCRIPTION

[0060] Described herein are implantable devices, systems and methods of use for the delivery of one or more therapeutics for the treatment of diseases.

[0061] The devices and systems described herein maximize reservoir volume and capacity while minimizing overall device invasiveness and impact on eye anatomy and vision. In some implementations, the devices described herein include an expandable reservoir that can be compressed into a first configuration for minimally-invasive delivery into the eye, for example, through the sclera and expanded into a second, enlarged configuration upon filling with therapeutic agent following implantation in the eye. When in the second configuration, the reservoir can avoid interfering with the visual axis of the eye as well as remain a safe distance away from certain anatomical structures of the eye so as to avoid damage and impacting vision. As will be described herein, in some implementations the expandable reservoir in the expanded configuration takes on a shape that is eccentric, asymmetrical, or otherwise off-set from the axis of placement of the device into the eye tissue, for example an axis of insertion through the sclera. This off-set can result in a majority of the expanded volume of the reservoir being directed away from certain critical structures of the anterior segment of the eye, for example, the lens, the ciliary body, the choroid, the retina, as well as the sclera and surrounding internal tissue layers through which the device was inserted. In other implementations, the expandable reservoir in the expanded configuration can remain symmetrical or coaxial with a central axis of the device, but can be shaped such that at least a portion of the device is curved, angled, or otherwise off-set relative to the axis of insertion. For example, the expanded reservoir can be shaped into an arc or other curvilinear shape relative to the axis of insertion. Alternatively, the expanded reservoir can be shaped to form an angle relative to the axis of insertion. In these implementations, the overall length of the device can be increased while still remaining outside the visual axis or significantly

impacting the visual field. These and other features of the devices described herein will be described in more detail below.

[0062] It should be appreciated that the devices and systems described herein can incorporate any of a variety of features described herein and that elements or features of one implementation of a device and system described herein can be incorporated alternatively or in combination with elements or features of another implementation of a device and system described herein as well as the various implants and features described in U.S. Pat. No. 8,399,006; U.S. Pat. No. 8,623,395; PCT Pat. Publication No. WO2012/019136; PCT Pat. Publication No. WO2012/019047; PCT Pat. Publication No. WO 2012/065006; and U.S. Publication No. 2016/0128867; the entire disclosures of which are incorporated herein by reference thereto. For example, the expandable reservoirs described herein may be used with any of the various implementations of a device or system. For the sake of brevity, explicit descriptions of each of those combinations may be omitted although the various combinations are to be considered herein. Additionally, described herein are different methods for implantation and access of the devices. The various implants can be implanted, filled, refilled etc. according to a variety of different methods and using a variety of different devices and systems. Provided are some representative descriptions of how the various devices may be implanted and accessed, however, for the sake of brevity explicit descriptions of each method with respect to each implant or system may be omitted.

[0063] It should also be appreciated that the devices and systems described herein can be positioned in many locations of the eye and need not be implanted specifically as shown in the figures or as described herein. The devices and systems described herein can be used to deliver therapeutic agent(s) for an extended period of time to one or more of the following tissues: intraocular, intravascular, intraarticular, intrathecal, pericardial, intraluminal and intraperitoneal. Although specific reference is made below to the delivery of treatments to the eye, it also should be appreciated that medical conditions besides ocular conditions can be treated with the devices and systems described herein. For example, the devices and systems can deliver treatments for inflammation, infection, and cancerous growths. Any number of drug combinations can be delivered using any of the devices and systems described herein.

[0064] The materials, compounds, compositions, articles, and methods described herein may be understood more readily by reference to the following detailed description of specific

aspects of the disclosed subject matter and the Examples included therein. Before the present materials, compounds, compositions, articles, devices, and methods are disclosed and described, it is to be understood that the aspects described below are not limited to specific methods or specific reagents, as such may vary. It is also to be understood that the terminology used herein is for the purpose of describing particular aspects only and is not intended to be limiting.

[0065] *Definitions*

[0066] Unless defined otherwise, all technical and scientific terms used herein have the same meaning as is commonly understood by one of skill in the art to which the invention(s) belong. All patents, patent applications, published applications and publications, websites and other published materials referred to throughout the entire disclosure herein, unless noted otherwise, are incorporated by reference in their entirety. In the event that there are pluralities of definitions for terms herein, those in this section prevail. Where reference is made to a URL or other such identifier or address, it is understood that such identifiers can change and particular information on the internet can come and go, but equivalent information is known and can be readily accessed, such as by searching the internet and/or appropriate databases. Reference thereto evidences the availability and public dissemination of such information.

[0067] As used herein, relative directional terms such as anterior, posterior, proximal, distal, lateral, medial, sagittal, coronal, transverse, etc. are used throughout this disclosure. Such terminology is for purposes of describing devices and features of the devices and is not intended to be limited. For example, as used herein “proximal” generally means closest to a user implanting a device and farthest from the target location of implantation, while “distal” means farthest from the user implanting a device in a patient and closest to the target location of implantation.

[0068] As used herein, a disease or disorder refers to a pathological condition in an organism resulting from, for example, infection or genetic defect, and characterized by identifiable symptoms.

[0069] As used herein, treatment means any manner in which the symptoms of a condition, disorder or disease are ameliorated or otherwise beneficially altered. Treatment also encompasses any pharmaceutical use of the devices described and provided herein.

[0070] As used herein, amelioration or alleviation of the symptoms of a particular disorder, such as by administration of a particular pharmaceutical composition, refers to any lessening, whether permanent or temporary, lasting or transient that can be attributed to or associated with administration of the composition.

[0071] As used herein, an effective amount of a compound for treating a particular disease is an amount that is sufficient to ameliorate, or in some manner reduce the symptoms associated with the disease. Such an amount can be administered as a single dosage or can be administered according to a regimen, whereby it is effective. The amount can cure the disease but, typically, is administered in order to ameliorate the symptoms of the disease. Repeated administration can be required to achieve the desired amelioration of symptoms. Pharmaceutically effective amount, therapeutically effective amount, biologically effective amount and therapeutic amount are used interchangeably herein to refer to an amount of a therapeutic that is sufficient to achieve a desired result, i.e. Therapeutic effect, whether quantitative or qualitative. In particular, a pharmaceutically effective amount, *in vivo*, is that amount that results in the reduction, delay, or elimination of undesirable effects (such as pathological, clinical, biochemical and the like) in the subject.

[0072] As used herein, sustained release encompasses release of effective amounts of an active ingredient of a therapeutic agent for an extended period of time. The sustained release may encompass first order release of the active ingredient, zero order release of the active ingredient, or other kinetics of release such as intermediate to zero order and first order, or combinations thereof. The sustained release may encompass controlled release of the therapeutic agent via passive molecular diffusion driven by a concentration gradient across a porous structure.

[0073] As used herein, a subject includes any animal for whom diagnosis, screening, monitoring or treatment is contemplated. Animals include mammals such as primates and domesticated animals. An exemplary primate is human. A patient refers to a subject such as a mammal, primate, human, or livestock subject afflicted with a disease condition or for which a disease condition is to be determined or risk of a disease condition is to be determined.

[0074] As used herein, a therapeutic agent referred to with a trade name encompasses one or more of the formulation of the therapeutic agent commercially available under the tradename, the active ingredient of the commercially available formulation, the generic name

of the active ingredient, or the molecule comprising the active ingredient. As used herein, therapeutic or therapeutic agents are agents that ameliorate the symptoms of a disease or disorder or ameliorate the disease or disorder. Therapeutic agent, therapeutic compound, therapeutic regimen, or chemotherapeutic include conventional drugs and drug therapies, including vaccines, which are known to those skilled in the art and described elsewhere herein. Therapeutic agents include, but are not limited to, moieties that are capable of controlled, sustained release into the body.

[0075] As used herein, a composition refers to any mixture. It can be a solution, a suspension, an emulsion, liquid, powder, a paste, aqueous, non-aqueous or any combination of such ingredients.

[0076] As used herein, fluid refers to any composition that can flow. Fluids thus encompass compositions that are in the form of semi-solids, pastes, solutions, aqueous mixtures, gels, lotions, creams and other such compositions.

[0077] As used herein, a kit is a packaged combination, optionally, including instructions for use of the combination and/or other reactions and components for such use.

[0078] *Eye anatomy*

[0079] FIG. 1 is a cross-sectional, schematic view of a portion of the human eye 10 showing the anterior chamber, posterior chamber and vitreous body of the eye. The eye 10 is generally spherical and is covered on the outside by the sclera 24. The bulk of the eye 10 is filled and supported by the vitreous body (referred to herein as vitreous humor or just vitreous) 30, a clear, jelly-like substance disposed between the lens 22 and the retina 26. The retina 26 lines the inside posterior segment of the eye 10 and includes the macula 32. The retina 26 registers the light and sends signals to the brain via the optic nerve. The fovea centralis is the part of the eye located in the center of the macula 32 of the retina 26 and is the region responsible for sharp central vision, for example in order to read or drive. An imaginary line passing from the midpoint of the visual field to the fovea centralis is called the visual axis 27. The hypothetical straight line passing through the centers of curvature of the front and back surfaces of the lens 22 is the optic axis 29.

[0080] The elastic lens 22 is located near the front of the eye 10. The lens 22 provides

adjustment of focus and is suspended within a capsular bag from the ciliary body 20, which contains the muscles that change the focal length of the lens 22. A volume in front of the lens 22 is divided into two by the iris 18, which controls the aperture of the lens 22 and the amount of light striking the retina 26. The pupil is a hole in the center of the iris 18 through which light entering anteriorly passes. The volume between the iris 18 and the lens 22 is the posterior chamber. The volume between the iris 18 and the cornea 12 is the anterior chamber. Both chambers are filled with a clear liquid known as aqueous humor.

[0081] The cornea 12 extends to and connects with the sclera 24 at a location called the limbus 14 of the eye. The conjunctiva 16 of the eye is disposed over the sclera 24 and the Tenon's capsule (not shown) extends between the conjunctiva 16 and the sclera 24. The eye 10 also includes a vascular tissue layer called the choroid 28 that is disposed between a portion of the sclera 24 and the retina 26. The ciliary body 20 is continuous with the base of the iris 18 and is divided anatomically into pars plicata and pars plana 25, a posterior flat area approximately 4 mm long.

[0082] The devices described herein can be positioned in many locations of the eye 10, for example in the pars plana region away from tendon of the superior rectus muscle and one or more of posterior to the tendon, anterior to the tendon, under the tendon, or with nasal or temporal placement of the therapeutic device. As shown in FIG. 2, the devices described herein can be positioned along an axis of insertion A through the sclera 24 in the pars plana region and expanded such that the device avoids interfering with the visual field, and in particular, the visual and optic axes 27, 29.

[0083] Surgical placement of trans-scleral ocular implants designed to penetrate the globe such that certain regions of the implant occupy supra-scleral, trans-scleral, sub-scleral, and intravitreal aspects of the ocular anatomy in the pars plana region involves a risk of acute vitreous hemorrhage (VH) following surgery. The devices described herein incorporate one or more features that mitigate the risk of vitreous hemorrhage at the time of surgical implantation and improved healing following surgery.

[0084] *Treatment Devices*

[0085] The devices described herein are referred to as drug delivery devices, treatment devices, therapeutic devices, port delivery systems, and the like. It should be appreciated that

these terms are used interchangeably herein and are not intended to be limiting to a particular implementation of device over another. The devices and systems described herein can incorporate any of a variety of features described herein and the elements or features of one implementation of a device and system described herein can be incorporated alternatively or in combination with elements or features of another implementation of a device and system described herein as well as the various implants and features described in U.S. Pat. No. 8,399,006; U.S. Pat. No. 8,623,395; PCT Pat. Publication No. WO2012/019136; PCT Pat. Publication No. WO2012/019047; PCT Pat. Publication No. WO 2012/065006; and U.S. Publication No. 2016/0128867, filed November 10, 2015. For the sake of brevity, explicit descriptions of each of those combinations may be omitted although the various combinations are to be considered herein. Additionally, described herein are different methods for implantation and access of the devices. The various implants can be implanted, filled, refilled etc. according to a variety of different methods and using a variety of different devices and systems. Provided are some representative descriptions of how the various devices may be implanted and accessed, however, for the sake of brevity explicit descriptions of each method with respect to each implant or system may be omitted.

[0086] The porous structures (also referred to herein as a drug release mechanism, drug release element, release control element, RCE, or frit) as described herein can be used with a number of various different implantable therapeutic devices including one or more of those devices described U.S. Pat. No. 8,399,006; U.S. Pat. No. 8,623,395; PCT Pat. Publication No. WO2012/019136; PCT Pat. Publication No. WO2012/019047; and PCT Pat. Publication No. WO 2012/065006; the entire disclosures of which are incorporated herein by reference thereto.

[0087] FIGs. 2 and 3 as well as FIGs. 4-9 illustrate implementations of an expandable treatment device 100 configured to deliver one or more therapeutic agents to one or more regions of the eye 10. The device 100 can include a proximal retention structure 105 having a smooth protrusion or flange element 110, a porous drug release element 120, and an expandable reservoir 130. An access port 111 can extend through the retention structure 105 and a penetrable element 115 can be positioned within at least a portion of the access port 111. The penetrable element 115 and the access port 111 allow for access to the inner volume of the reservoir 130, for example, to fill, refill, and/or flush materials in the reservoir 130. In some implementations, the access port 111 can be formed by an opening through the

retention structure 105 into the reservoir 130 and covered by a penetrable material and/or the penetrable element 115. The penetrable element 115 can be a septum configured to be penetrated and resealed such that material does not leak out of the reservoir 130 following penetration of the material during *in situ* refilling of the reservoir 130. Alternatively, one or more regions of the flange element 110 itself can be formed of a penetrable material.

[0088] The drug release element 120 can be positioned in a variety of locations within the device 100 such that the volume of the reservoir 130 is in fluid communication with the drug release element 120. For example, the drug release element 120 can be positioned near a distal end region of the device 100 such as within an outlet 125 of the device 100, for release of the one or more therapeutic agents contained within the reservoir 130 into the eye. The drug release element 120 can also be positioned in a region of the device proximal of the distal end region. The drug release element 120 can also be positioned towards a particular area to be treated, such as the retina.

[0089] The device 100 can be implanted in the eye such that at least a portion of the device 100, for example the reservoir 130, the drug release element 120 and one or more outlets 125, are positioned intraocularly. In some implementations, the device 100 can be positioned so as to extend through the sclera 24 from the pars plana region so as to release the therapeutic agent directly into the vitreous body 30. As mentioned above, the device 100 can be positioned in the eye along an axis of insertion A (see FIGs. 5-6). The flange element 110 can form a smooth protrusion configured for placement along the sclera 24. The flange element 110 can remain generally external to the eye to aid in retention of the device 100 while the remainder of the device 100 is at least partially positioned intraocularly. The flange element 110 can have any of a variety of shapes, for example, oval, ovoid, elliptical, circular, or other shape as will be discussed in more detail below. In some implementations, the flange element 110 can be generally curved so as to have a contour along a surface of a sphere. An outer-facing surface 112 of the flange element 110 can have a convex shape and an inner-facing surface 113 can have a concave shape such that the flange element 110 can better conform to the curvature of the eye. In other implementations, the flange element 110 can be generally flat. The edges of the flange element 110 can be generally smooth and rounded. In some implementations, when the flange element 110 is positioned such that the inner-facing surface 113 of the flange element 110 can contact the sclera 24 and the outer-facing surface 112 of the flange element 110 can be positioned under the conjunctiva 16 (not

shown in FIG. 6) such that the conjunctiva 16 covers the outer-facing surface 112 of the flange element 110 and protects the therapeutic device 100. The conjunctiva 16 covering the outer-facing surface 112 of the flange element 110 can allow access to the device 100 while decreasing the risk of infection to the patient. When the therapeutic agent is inserted or injected into the device 100 through the access port of the flange element 110, the conjunctiva 16 may be lifted away, incised, or punctured with a needle to access the therapeutic device 100.

[0090] As best shown in FIGs. 7 and 8, the retention structure 105 can include the proximal flange element 110 as well as a neck positioned adjacent the flange element 110. The neck can include a proximal region 116 and a distal extension 117. The proximal region 116 of the neck can be sized along a cross-section to fit a penetration site through the sclera 24, such as an incision and/or a puncture. For example, the proximal region 116 can be narrowed relative to the flange element 110 to fit more snugly within the penetration site in the sclera 24. FIG. 7 shows a first cross-sectional view of the narrowed proximal region 116 of the neck. FIG. 8 shows a second cross-sectional view of the narrowed proximal region 116 of the neck taken along a plane orthogonal to the first cross-sectional view. The proximal region 116 of the neck can have a first cross-sectional distance across when taken along a first plane and a second cross-sectional distance across when the cross-section is taken along a second, orthogonal plane and the first cross-sectional distance can be different from the second cross-sectional distance. The distance across the proximal region 116 of the neck is shorter in the view of FIG. 7 (minor axis) compared to the distance across the proximal region 116 of the neck in the view of FIG. 8 (major axis). In some implementations, the cross-sectional shape of the proximal region 116 of the neck can complement a shape of the incision, puncture or other penetration site through which the device 100 is inserted. The cross-sectional shape of the proximal region 116 of the neck can be elongated, including but not limited to one of a lentoid, oval, and ellipse shape. In some implementations, the cross-sectional shape of the proximal region 116 of the neck is a first curve along a first axis and a second curve along a second axis that is different from the first curve. U.S. Patent Nos. 8,277,830, which is incorporated by reference herein in its entirety, describes further details regarding the geometry of the proximal region of the devices described herein. It should be appreciated that the dimensions of the neck or trans-scleral region of the devices described herein can vary as well be described in more detail below.

[0091] As mentioned above, the neck of the retention structure 105 can also include a distal extension 117. The distal extension 117 of the neck can extend inside the eye a distance away from the inner surface of the sclera 24 at the penetration site. As described above and as best shown in FIG. 6, the flange element 110 can form a smooth protrusion configured for placement along the sclera 24. The proximal portion 116 of the neck can fit within the penetration site of the sclera 24 such that the tissue being penetrated is received snugly within the proximal portion 116 of the neck. The distal extension 117 can be arranged coaxial with the insertion axis A of the device and can extend a distance away from the proximal portion 116.

[0092] The distal extension 117 of the neck can provide stabilization to the penetrable region of the device 100 while eliminating contact between the expandable reservoir 130 and inner surfaces of the eye adjacent the proximal end of the device 100. FIG. 2 shows an implementation of a device 100 having a reservoir 130 that in the expanded configuration makes contact with one or more internal surfaces of the eye adjacent the proximal end of the device 100. The proximal end of the reservoir 130 can wedge against the internal tissue surfaces surrounding the penetration site through the sclera 24 and can act to stabilize the penetrable region of the device 100. In some implementations, contact between the reservoir 130 and the internal tissue surfaces is prevented to avoid irritation and/or damage of the delicate tissues of the eye. For example, as shown in FIG. 3, the proximal end of the reservoir 130 in the expanded configuration can be separated or off-set a distance D' from one or more internal tissue surfaces surrounding the penetration site. The distal extension 117 of the neck can aid in preventing contact between the device 100 and tissues adjacent the penetration site while still providing stabilization to the penetrable region of the device 100. For example, the distal extension 117 of the neck can be sufficiently long and contoured such that the reservoir 130 of the device is located a distance away from the adjacent tissue layers of the penetration site even when the reservoir 130 is in the expanded configuration. In some implementations, the distal extension 117 of the neck has a length and contour configured to prevent any portion of the device 100 distal to the extension 117 from contacting any of the internal structures of the eye except the vitreous 30 within which it is implanted. In some implementations, upon implantation and expansion of the device 100 in the eye, only the flange element 110 and the proximal region 116 of the neck come into contact with the tissue layers of the eye and the remaining portions of the device 100, such as the distal extension

117, the reservoir 130, and the drug release element 120, come into contact only with the vitreous 30. The shape of the reservoir 130 in the expanded configuration can also aid in preventing this contact as will be discussed in more detail below.

[0093] As mentioned above, the devices described herein can include one or more drug release elements 120. The drug release element 120 can be positioned adjacent and/or within the one or more outlets 125 such that the drug release element 120 can control or regulate the delivery of the one or more therapeutic agents from the reservoir 130 through the one or more outlets 125. The contents of the reservoir 130 can be delivered according to slow diffusion rather than expelled as a fluid stream. In some implementations, the one or more drug release elements 120 can be disposed within a region of the reservoir 130, such as a distal end region, or a region proximal to the distal end region of the device. In some implementations, the drug release element 120 can be a covering or lining having a particular porosity to the substance to be delivered and can be used to provide a particular rate of release of the substance. The drug release element 120 can be a release control element, including but not limited to a wicking material, permeable silicone, packed bed, small porous structure or a porous frit, multiple porous coatings, nanocoatings, rate-limiting membranes, matrix material, a sintered porous frit, a permeable membrane, a semi-permeable membrane, a capillary tube or a tortuous channel, nano-structures, nano-channels, sintered nanoparticles and the like. The drug release element 120 can have a porosity, a cross-sectional area, and a thickness to release the one or more therapeutic agents for an extended time from the reservoir. The porous material of the drug release element 120 can have a porosity corresponding to a fraction of void space formed by channels extending through or between the material. The void space formed can be between about 3% to about 70%, between about 5% to about 10%, between about 10% to about 25%, or between about 15% to about 20%, or any other fraction of void space. The drug release element 120 can be selected from any of the release control elements described in more detail in U.S. Patent No. 8,277,830, which is incorporated by reference herein.

[0094] As mentioned above, the devices described herein include a reservoir 130 configured to enlarge from a generally minimally-invasive insertion configuration to an expanded configuration with an increased volume. The insertion configuration of the devices described herein has a three-dimensional shape that is relatively low profile such that the device 100 can be inserted at least partially into the eye using a small gauge device, or

directly into the eye through a small incision. Many of the devices described herein can be inserted using an incision or puncture that is minimally-invasive, for example in a range of about 1 mm to about 5 mm. In some implementations, the incision is a 3.2 mm incision. It should also be appreciated that in some implementations, the device 100 can have column strength sufficient to permit the device 100 to pierce through eye tissue without an internal structural support member or members. The device can be inserted through the sclera 24 without a prior incision or puncture having been made in the eye. For example, the device can be inserted using a needle cannula member extending through an interior of the device and the drug release element 120 pressed or secured inside at a distal tip of the cannula member.

[0095] Generally, when in the insertion configuration the portion of the device 100 configured to penetrate the eye (e.g. the reservoir 130) can have a smaller cross-sectional diameter compared to the cross-sectional diameter of the portion of the device 100 configured to remain external to the eye (e.g. the flange element 110). In some implementations, the cross-sectional diameter of the reservoir 130 (e.g. collapsed around a central core element 135 as will be described in more detail below) in the insertion configuration can be about 1.3 mm to about 1.5 mm in diameter, the diameter of the proximal portion 116 of the neck can be about 2.7 mm long and about 1.5 mm wide, and the flange element 110 can be about 4.5 mm long and about 3.8 mm wide. In some implementations, the device 100 can be approximately 25 gauge such that the device 100 can be inserted through a needle bore. In this implementation, the flange element 110 can be of a resilient material (such as shape memory or a flexible silicone) such that it can be housed in the needle bore during implantation and released out the distal end of the needle bore at which point the flange element 110 can retake its shape. Further, the cross-sectional shape of the eye-penetrating portion of the device 100 when in the insertion configuration can vary including circular, oval, or other cross-sectional shape. Also, when in the insertion configuration the device 100 can have a substantially uniform diameter along its entire length or the cross-sectional dimension and shape can change along the length of the device 100. In some implementations, the shape of the device 100 in the insertion configuration can be selected to facilitate easy insertion into the eye. For example, the device 100 can be tapered from the proximal end region to the distal end region.

[0096] The length of the device 100 can vary depending on where and how the device 100 is to be implanted in the eye. Generally, the length is selected so as not to impact or enter the

central visual field or cross the visual axis 27 of the eye upon implantation and filling of the device 100. In some implementations, the total length of the device can be between about 2 mm to about 10 mm. In some implementations, the total length of the device can be between about 3 mm to about 7 mm. In some implementations, the length of the intraocular region of the device is about 4 mm to about 5 mm long.

[0097] The reservoir 130 of the devices described herein can expand into a particular contour or shape that can maximize its overall capacity while minimizing its impact on the internal eye anatomy. The insertion configuration of the reservoir 130 can have a first three-dimensional shape and the expanded configuration can have a second three-dimensional shape that is different from the first. Again with respect to FIGs. 2 and 3, the reservoir 130 in the expanded configuration can be generally symmetrical relative to the insertion axis A. In this implementation, both the first three-dimensional shape and the second three-dimensional shape can be concentric with the longitudinal axis of the device 100 and the insertion axis A. In another implementation as shown in FIGs. 4-9, the reservoir can be configured to enlarge from an insertion configuration having a first three-dimensional shape to an expanded configuration having a second three-dimensional shape, wherein the second three-dimensional shape is eccentrically positioned or generally asymmetrical relative to the insertion axis A. In this implementation, the first three-dimensional shape can be concentric with the insertion axis A and the second three-dimensional shape can be eccentric with the insertion axis A. FIG. 9 shows a top down view of a device 100 and illustrates an axis of insertion A extending through a center of the flange element 110. A plane can be drawn parallel to the axis of insertion A and orthogonal to the surface of the sclera 24 through which the device is inserted. In some implementations, more of the expanded volume of the reservoir 130 can be located on a first side of this plane than on the opposite side of this plane such that the expanded volume on the first side extends towards a posterior region of the eye or enlarges away from the lens 22 of the eye such that contact with the lens 22 is mitigated (see, e.g. FIG. 5 and also FIG. 13). Thus, a portion of the overall volume of the reservoir 130 in the expanded configuration enlarged away from the lens of the eye and is greater than the remaining portion of the reservoir 130 volume. Further, the reservoir 130 can expand such that a majority of the reservoir volume extends away from the inner surface of the sclera through which the device was inserted such that the expanded reservoir 130 avoids contacting interior surfaces of the eye that can contribute to choroidal effusions, hemorrhage or cause

other unintentional contact, damage or irritation between the eye and the device 100, such as with the ciliary body or choroid. Further, when in the expanded configuration the entire reservoir 130 can remain generally outside the central visual field, such as outside the visual axis of the eye.

[0098] The expandability of the reservoir 130 from a low profile dimension for insertion to an expanded profile dimension after insertion allows for the device to be inserted in a minimally-invasive manner and also have an increased reservoir capacity. This increased reservoir capacity, in turn, increases the duration of drug delivery from the device such that the device 100 need not be refilled as frequently, and/or can reach the targeted therapeutic concentration of drug in the eye. In some implementations, the volume of the reservoir 130 can be between about 0.5 μ L to about 100 μ L. In some implementations, the volume of the reservoir 130 can be at least about 1 μ L, 2 μ L, 3 μ L, 4 μ L, 5 μ L, 10 μ L, 15 μ L, 20 μ L, 25 μ L, 30 μ L, 35 μ L, 40 μ L, 45 μ L, 50 μ L, 55 μ L, 60 μ L, 65 μ L, 70 μ L, 75 μ L, 80 μ L, 85 μ L, 90 μ L, 95 μ L, 96 μ L, 97 μ L, 98 μ L, or 99 μ L or other volume.

[0099] An outer wall of the reservoir 130 can be formed of a substantially non-compliant material that is expandable yet effectively rigid or having little tensile capabilities for elastically stretching and/or non-distensible material. As such, the reservoir 130 can be filled into the expanded configuration, but the material of the reservoir 130 is configured to maintain its shape and does not stretch so as to avoid an unintentional driving force created by the memory of the wall material of the reservoir 130. In other implementations, the outer wall of the reservoir 130 can be a compliant material such that a controllable pressure can be provided by the compliant wall of the reservoir 130 up to the point of pressure equalization, for example, to provide a small initial boost of drug delivery from the reservoir after filling. Examples of expandable, non-distensible, substantially non-compliant materials are provided herein, including but not limited to PET, Nylon, and acrylics. Examples of expandable, compliant materials are also provided herein, including but not limited to silicone, urethane, and acrylics.

[00100] In some implementations, the volume of the reservoir 130 and the shape of the reservoir 130 in the expanded configuration are selected to maximize the payload capacity as well as maximizing the distance away from the lens 22 and/or the sclera 24 adjacent the penetration site. For example, in some implementations, the volume of the reservoir 130 can

be 60 μ L and the shape of the reservoir 130 in the expanded configuration can be D-shaped, C-shaped, elliptical, eccentric, or other shape that can extend away from the insertion axis A of the device (see FIG. 6). Thus, compared to a symmetrically expanded reservoir of smaller capacity, the eccentric or asymmetrically expanded reservoir 130 can maintain a greater distance D away from the lens 22. The reservoir 130 in the expanded configuration also can be tapered on a proximal end to maximize the distance D' the expanded reservoir 130 is offset from the sclera 24 through which the device extends. Maintaining a greater distance D' helps to prevent contact between the expanded reservoir 130, for example the proximal end of the expanded reservoir 130, and the internal tissue surfaces surrounding the penetration site and other neighboring tissue layers of the eye such as the retina 26, choroid 28, sclera 24, ciliary body 20, and/or the lens 22. The proximal tapering of the reservoir 130 also allows for improved removal of the device 100 from the eye. The shape of the reservoir 130 can alternatively or additionally be tapered on a distal end. A distal end taper can further help the device to avoid entering the visual axis and avoid contact with certain internal structures such as the lens. Further, a smooth and gradual transition to the end of the device can also improve the ease of insertion as will be described in more detail below.

[00101] As best shown in FIGs. 7 and 8, the devices described herein can include a central core element 135 extending between the proximal end region of the device 100 and the distal end region of the device 100. The central core element 135 can be a generally cylindrical and relatively rigid element positioned around a longitudinal axis of the device 100 such that it is generally concentric with the axis of insertion A. The central core element 135 can include an inner lumen 137 and one or more openings 139 extending through a wall of the central core element 135. In some implementations, the central core element 135 can include an inlet 138 on a proximal end positioned relative to the penetrable element 115 in the access portion to receive material injected into the device, which will be described in more detail below. The inlet 138 or a portion of the central core element 135 near the inlet 138 can be surrounded by the distal extension 117 of the retention structure 105. The central core element 135 can also include an outlet located a distance away from the inlet 138 that can form the outlet 125 from the device 100, for example near a distal end of the central core element 135. The drug release element 120 can be positioned within the outlet such that therapeutic agent can be released from the reservoir 130 into the eye. The central core element 135 can protect the material of the reservoir 130 from unintended penetration or

puncture. For example, during filling a portion of the central core element 135 near the inlet 138 can receive a fill needle configured to inject material into the device. The central core element 135 can be formed of a material that is relatively rigid and less likely to snag on the sharp tip of the fill needle compared to the substantially non-compliant yet thinner material of the reservoir 130. Thus, the rigid core element 135 can prevent penetration of reservoir material near the inlet 138 by the needle during filling. Further, the rigid core element 135 can be formed of a material incapable of being penetrated by a sharpened fill needle, such as a metallic material like titanium or stainless steel, such that the reservoir wall material is protected during initial fill and refilling.

[00102] The one or more openings 139 in the wall of the central core element 135 allow for fluid communication between the inner lumen 137 of the central core element 135 and the reservoir 130. Material introduced through the penetrable element 115 such as via a delivery element can be injected within the lumen 137 and the flow of fluid directed through the one or more openings 139 into the reservoir 130. The introduction of material into the reservoir 130 expands the inner volume of the reservoir 130 and causes the walls of the reservoir 130 to move away from the longitudinal axis of the device and/or move away from the central core element 135. Expansion of the reservoir volume changes the reservoir from the initial, insertion configuration to the expanded configuration, which will be described in more detail below. Optimizing the size of the one or more openings 139 in relation to the diameter of the inner lumen 137 can help to direct flow through the central core element 135 through the one or more openings 139 into the reservoir 130. The central core element 135 can also include a flow director 140 to facilitate filling of the reservoir 130 and increase efficiency of filling (see FIG. 10). In some implementations, the flow director 140 can include a first cylindrical region 142 coupled to a second cylindrical region 144 by a funnel shaped region 146 to direct flow through the one or more openings 139. The first cylindrical region 142 can be positioned proximal to the second cylindrical region 144 the second cylindrical region 144. The first cylindrical region 142 can have a larger cross-sectional diameter than the second cylindrical region 144. Further, the one or more openings 139 of the flow director 140 can be smaller in size than in an implementation of the device without a flow director 140. In another implementation, the flow director 140 positioned within the inner lumen 137 of the central core element 135 can be a penetrable barrier, for example an element through which a delivery element extends (see FIG. 11). In this implementation, the flow director 140 can be

a silicone element that has an outer diameter sized and shaped to wedge within the inner lumen 137 of the core element 135. For example, the flow director 140 that is a penetrable element can be penetrated by a fill/refill needle or other delivery element such that the device 100 can be filled/refilled from the bottom up. The material can be initially injected in a distal end region of the device until the proximal end region of the device is also filled and expanded. The fill/refill needle is described in more detail below. Refill efficiency in a device having no flow director 140 or core element 135 with openings 139 optimized to inside diameter of the central core element 135 relies on fluid densities to enable bottom-up filling and/or relatively high volume exchanges to allow for substantial mixing. The devices described herein having a flow director 140 or other core structure with optimized openings 139 can leverage paths of least resistance for evacuation of pre-existing materials from the device being filled improving refill efficiency at lower refill volumes for example, by preventing backflow and/or directing bottom-up or bottom-first filling.

[00103] As mentioned above, the treatment devices described herein can be held by an insertion tool and inserted through the puncture or incision into the target region. As such, the distal end region of the devices can be shaped in order to ease initial scleral entry. A distal end region of the device having a larger diameter and/or a flatter distal tip can be more difficult to find and insert through an incision or puncture as small as about 2 mm, or about 3 mm. Further, abrupt edges in the outer contour of the device due to bonding between structural elements of the device (e.g. where a distal edge of the reservoir material bonds to the central core element) can negatively impact tissue entry. In some implementations, the distal end region of the treatment device is beveled, tapered or has a bullet-point tip or other element such that it smoothly penetrates the tissue during implantation.

[00104] In some implementations, the distal end of the treatment device can have a sleeve 131 associated with it, for example inserted over it or inside a region of the distal end (see FIGs. 26A-26C). In some implementations, the sleeve 131 is coupled to an internal region of the distal end of the device 100 such that a proximal portion of the sleeve 131 receives the drug release element 120 and inserts within a distal outlet of the central core element 135. The sleeve 131 can receive the drug release element 120 within an internal cavity 132 that extends from a proximal end region of the sleeve 131 through to a distal outlet 134 such that diffusion of drug from the reservoir 130 through the drug release element 120 is not blocked by the sleeve 131. Edges of the sleeve 131 surrounding the internal cavity 132 can be

rounded to reduce coring or catching of tissue inside the internal cavity 132. The sleeve 131 can be a polymer material having a tapered geometry. A distal portion of the sleeve 131 can extend beyond the distal end of the device 100 such that the sleeve 131 forms a tapered tip (see FIG. 26A). It should be appreciated, however, that the sleeve 131 need not extend beyond the distal end of the device 100. The sleeve 131 can taper from the 0.05" diameter near where the drug release element 120 is positioned in the internal cavity 132 of the sleeve 131 down to approximately 0.03" at the distal tip of the sleeve 131. The drug release element 120 can be fused to the internal cavity 132 of the polymer sleeve 131, which in turn can be inserted and attached to the central core element 135 (see FIG. 26A). The distal edge of the material forming the reservoir 130 can then be attached around the central core element 135.

[00105] In other implementations, the sleeve 131 can insert over a distal end region of the treatment device 100 (see FIG. 26B). For example, the distal edge of the material forming the reservoir 130 can be bonded over the central core element 135 and the two components together inserted within a proximal region of the internal cavity 132 of the sleeve 131. The sleeve 131 can smooth the distal tip of the device 100 and eliminate snagging of the tissue against connection points between the reservoir 130 and the central core element 135 providing for a smoother entry of the device 100 through the incision. The coupling between the sleeve 131 over the distal end region can further provide support to the bond between the distal end of the reservoir 130 and the central core element 135. As such the sleeve 131 could, but does not necessarily have a smaller outer diameter than the distal end region of the treatment device 100. Further, the rounded edges can improve finding and insertion into the incision.

[00106] In a further implementation, the sleeve 131 can insert over the distal end of the treatment device 100 as described above (see FIG. 26C). The sleeve 131 can extend distal to the device and have a tip with an outer diameter that is approximately 0.02". As with prior implementations, the sleeve 131 can have rounded edges to reduce coring and one or more side outlet holes 133 in addition to or in alternative to the distal outlet 134 through which drug can escape the internal cavity 132 of the sleeve 131.

[00107] The treatment devices described herein need not incorporate a sleeve 131 for attaching the drug release element 120. For example, the drug release element 120 can also be press-fit or directly laser-welded into the central core element 135 or another portion of

the device. These alternative mechanisms of attachment may offer manufacturing benefits as well as allow for a reduced diameter of the central core element 135 compared to implementations incorporating the sleeve 131.

[00108] As mentioned above, the central core element 135 can be bonded at a proximal end to an upper portion of the reservoir 130 and at a distal end to a lower portion of the reservoir 130. The bond between the central core element 135 and the reservoir 130 as well as the central core element 135 and the drug release element 120 can be achieved by adhesives such as a two-part epoxy like Epotech 301. In some implementations, thermal fusing between the components is used. For example, if the central core element 135 and the reservoir material can both be made from thermally bondable materials, such as nylon or polysulfone (PSU), the two may be thermally bonded together using heat and compression providing a simpler manufacturing process and more reliable bond than adhesive. The central core element 135 also can be formed of a metal material and designed to accept the flow of plastic such that it can be joined to the reservoir using heat and compression despite not be formed of the same thermally bondable material. In some implementations, the distal and/or proximal region of the central core element 135 can incorporate a plurality of small holes to accept the flow of a polymer material such as a small hole pattern laser drilled into the core. If the reservoir material and the central core element are made from similar materials or the core has features designed to accept the flow of a polymer material an ultrasonic welding process can be used to provide energy required to create the bond between them. In further implementations, the central core element 135 can be formed of a thermoplastic that can allow for the development of an over-molding process between the drug release element 120 to create a bond joint between the drug release element 120 and the central core element 135 at the distal end of the device.

[00109] It should be appreciated that the devices described herein need not include a flow director 140 or a central core element 135. For example, FIG. 12 shows an implementation of a device 100 having an expandable reservoir 130 coupled on a proximal end to a retention structure 105 having a flange element 110, a penetrable barrier 115 positioned within an access port 111 and a distal extension 117. The expandable reservoir 130 is coupled on a distal end region to an outlet 125 having a drug release element 120 positioned therein. However, there is no central core element 135 or flow director 140 incorporated. The material of the reservoir 130 can provide sufficient rigidity to the device such that it can be

inserted through a penetration site along an axis of insertion A without collapsing in on itself or warping away from the insertion configuration or axis of insertion A. In some implementations, the material of the reservoir 130 is Polyethylene terephthalate (PET) and has a wall thickness in the range of about 0.0005 mm to about 0.05 mm such that the device has column strength and is generally rigid enough to insert into the eye without a central core element or flow director. In some implementations, the devices described herein can be implanted using a stylet or other rigid, longitudinal element that can be inserted within a region of the reservoir at the time of placement and then removed once the necessary column strength has been imparted and the device has penetrated through the sclera. The material of the reservoir 130 can also include Urethane, Nylon, Pebax, Polyurethanes, cross-linked polyethylene, FEP, PTFE, and similar materials and blends of materials. The materials may also include multiple layers of the above materials and other materials known in the art for manufacturing expandable elements.

[00110] As discussed above, the device can include a proximal retention structure 105 having a smooth protrusion or flange element 110 configured to remain generally external to the eye to aid in retention of the device 100 when the remainder of the device 100 is implanted intraocularly. The flange element 110 can also help to identify the location of the penetrable septum for refill. For example, the septum can appear relatively dark compared to the remainder of the flange element 110 providing a target of sorts for penetration during refill. In some implementations, the flange element 110 can be designed to provide an identifiable orientation of the device 100 for implanting in the eye such that the direction of expansion of an eccentrically expanding reservoir 130 is predictable and according to a desired orientation. The reservoir 130 once implanted within the vitreous 30 may not be directly visualized. Thus, an orientation indicator 150 on a portion of the device 100, such as the flange element 110, that can be visualized from outside the eye allows a user to know the expansion of the reservoir 130 will be in the correct plane. For example, FIG. 9 illustrates an orientation indicator 150 that is a dot or other visual indicator on an upper surface of the flange element 110. FIG. 13 illustrates an orientation indicator 150 that is a shape of the flange element 110 that indicates the orientation of the eccentric volume of the reservoir. For example, because the expandable reservoirs 130 can be designed to expand along a particular orientation relative to the longitudinal axis of the device and/or the insertion axis A, the relative orientation of that portion of the expandable reservoir 130 around the axis A can be

critical in ensuring the device does not impinge on certain intraocular structures. In some implementations, the flange element 110 can incorporate a mark or other orientation indicator 150 on an upper surface 112 that is visible to a user to indicate orientation of reservoir filling. The orientation indicator 150 can be any of a variety of shapes, colors or combination of shapes and colors providing guidance regarding where the eccentric volume is located. Alternatively or additionally, the orientation indicator 150 can be the shape of the flange element 110 itself. For example, the flange element 110 can be shaped in such a way to provide directional guidance to a user for implantation of the device. The flange element 110 can have a variety of shapes such as an ovoid, elliptical, polygonal, triangular, or diamond shape or other shape such as an arrow having a side or angle or portion that indicates where the reservoir 130 is designed to have a greater expansion compared to another side of the reservoir 130. FIG. 13 illustrates a flange element 110 having a particular shape indicating orientation of the eccentric region of the reservoir 130. Upon filling, the orientation indicator 150 will indicate to a user the portion of the reservoir 130 that will expand away from one or more internal structures of the eye, such as the lens 22. It should be appreciated that the flange element 110 can be keyed or configured to couple with an insertion and/or fill device having keyed features that also provides visual feedback to the user regarding the orientation of the eccentric volume of the device prior to insertion, fill and/or refilling.

[00111] The devices described herein can incorporate expanding reservoirs that are also symmetrically distributed in the expanded configuration. As previously shown in FIGs. 2 and 3, the reservoir 130 can enlarge from the insertion configuration to an expanded configuration such that the volume of the reservoir 130 is symmetrically distributed about the longitudinal axis of the device as well as the axis of insertion A. In another implementation, the devices described herein can have expanded configurations that are symmetrically distributed along a cross-section, but the overall expanded shape of the device itself can be formed into a curvilinear or other shape that is not aligned with the axis of insertion A. FIGs. 14-16 show an implementation of a device 200 having a reservoir 230 that expands generally symmetrically along a cross-section of the device, but the implanted portion of the device 200 (i.e. the portion of the device 200 distal to the proximal retention structure 205) is shaped to curve away from the axis of insertion A. In some implementations, the portion of the device 200 within the vitreous 30 can extend generally perpendicular to the inner-facing surface 213 of the flange element 210 prior to implantation and filling. However, after implantation and

filling, the device 200 can be formed or shaped such that the device 200 as a whole is off-axis relative to the insertion axis A. The device 200 is positioned generally such that even the distal-most region of the device 200 remains outside the visual axis of the eye and/or avoids contact with certain structures of the internal eye anatomy as described above. In some implementations, the device 200 in the expanded configuration is shapeable into a curvilinear shape that remains outside the visual axis of the eye. The device 200 can have an insertion configuration in which the reservoir 230 is collapsed around a longitudinal axis of the device into a minimally-invasive dimension for insertion through the sclera. After insertion through the sclera, the implanted portion of the device 200 distal to the retention structure 210 can be pre-shaped according to a desired angle and/or curve. For example, the region of the device 200 implanted in the vitreous 30 can be angled away from the insertion axis A. In another implementation, the region of the device 200 implanted in the vitreous 30 can be formed into a curve away from the insertion axis A, for example a curve that approaches the curve of the eye (see FIG. 16). Once the distal end region of the device 200 is shaped into the desired shape, the reservoir 230 can then be filled with therapeutic material to expand the reservoir 230 into the expanded configuration. The expanded configuration can be a symmetrically distributed expanded configuration such as that shown in FIGs. 14-16. Alternatively, the expanded configuration of the device 200 can be asymmetrically expanded or eccentrically expanded as described above such that the device 200 does not impinge upon certain internal structures of the eye and/or the visual field, visual axis, and/or optical axis. It should also be appreciated that the reservoir 230 can be a rigid, non-expandable configuration similar to those described in U.S. Patent No. 8,277,830, which is incorporated by reference herein.

[00112] FIGs. 17-18 illustrate another implementation of a device 200 having a reservoir 230 that expands generally symmetrically. The implanted portion of the device 200 (i.e. the portion of the device 200 distal to the proximal retention structure 205) is shaped to curve away from the axis of insertion A upon filling. The device 200 can have an insertion configuration configured to be inserted through the sclera 24 into the vitreous 30 along the axis of insertion A and in a generally, minimally invasive manner. After insertion, the device 200 can be filled to expand the reservoir 230 into the expanded configuration. In the expanded configuration, the reservoir 230 can extend along a curvilinear path around a perimeter of the eye such that the device 200 does not impinge upon the visual field and/or the visual or optic axes 27, 29 (see FIG. 18). It should be appreciated that the device 200 can

be pre-shaped and filled to expand the reservoir 230 afterwards. It should be appreciated that the drug release element can be positioned within any of a variety of outlets of the device. For example, each of the reservoir portions extending away from the insertion axis can have an outlet each with a drug release element positioned within or near the outlet or each of the reservoir portions can direct therapeutic agent through a single outlet, for example, an outlet positioned near a distal end of the device along the central axis of the device. Further, a wall of the reservoir can include highly calibrated perforations as the drug release element. In some implementations, the central core can be generally straight and concentric with the insertion axis A and the reservoir 230 expands away from the central core, wherein the expansion of the reservoir 230 can be in a generally symmetrical manner (see FIG. 17).

[00113] The treatment devices described herein can be designed for prolonged retention in the eye to deliver drug to the vitreous for an extended period of time. The way in which the treatment devices described herein are retained in the eye can vary. For example, in some implementations the treatment device can include a proximal retention structure having a flange element that is configured to reside extra-sclerally and work in concert with portions of the device residing trans- or sub-sclerally to affix the device to the eye and provide stability during use. Other implementations of the treatment devices described herein have no extra-scleral retention structure *per se* and rely upon suturing to the sclera to affix the device to the eye. For example, the device can be implanted trans- and/or sub-sclerally and a proximal region of the device sutured to the sclera to affix the device to the eye. In further implementations, the treatment devices described herein may have an extra-scleral retention structure providing fixation that is further enhanced by suturing. For example, the flange element of the retention structure can incorporate one or more anchor features to enhance fixation or stabilization of the device in the eye, including, but not limited to holes, indentations, or other features that provide a location for suturing of the device to the eye. Some additional retention and stabilization features for use with the treatment devices will be described in more detail below.

[00114] As described elsewhere herein the proximal aspects of the implants (sometimes referred to herein as the “upper region” or “trans-scleral region” or “neck”) allow for re-charging of the implant depot/reservoir from outside the eye. For example, the arrangement of the retention structure, if present, relative to the eye tissue ensures the penetrable element is accessible from outside the eye such that techniques commonly employed for direct

intravitreal injections of the eye can be used to refill and/or flush the reservoir of the implant. As will be described in more detail below, placement of the implants described herein can involve the temporary resection of the conjunctiva followed by creation of an incision of fixed length (e.g. 3.22 mm) in the pars plana region using a flat surgical blade. Implants such as those described herein can allow for persistent physical access such as via a needle-type accessory and can physically contact trans-scleral tissues including one or more of the sclera, scleral blood vessels, the choroid, and possibly adjacent retinal and/or ciliary body tissues. The insertion of the implant in the trans-scleral region can cause a physical interference between the implant and the tissues of the eye adjacent the implantation site that can disrupt the edges of the incision and prevent the tissues from returning to a more natural or relaxed state around the implant. Further, the choroid can be disturbed upon penetration of the trans-scleral and sub-scleral components of the implant at the time of surgical implantation, which can increase risk of acute delamination of the tissue layers and contribute to the risk of bleeding at the site of implantation at the time of surgery that can lead to vitreous hemorrhage. As will be described in more detail below (for example, with respect to FIGs. 27A-39E), the devices described herein can incorporate features that although they may pass through the scleral interface with the choroid for proper implantation in the eye, the risk of delamination and vitreous hemorrhage is minimized while still providing sufficient fixation in the eye, and a resealing septum region to provide effective sealing following multiple needle penetrations over time for prolonged treatment with the device.

[00115] FIGs. 27A-27B are cross-sectional views of an upper end region of an implementation of a treatment device having a retention structure 2705 showing the minor axis dimension and the major axis dimension, respectively. As in other implementations described above, the upper region can include a flange element 2710 forming a smooth protrusion configured for placement along the sclera. The flange element 2710 can remain generally external to the eye to aid in retention of the device while the remainder of the device is at least partially positioned intraocularly. The upper region can include a proximal region 2716 and a distal extension 2717. The distal extension 2717 can be designed to provide stabilization to the penetrable region of the device while eliminating contact between the reservoir (not shown in FIGs. 27A-27B) and inner surfaces of the eye adjacent the proximal end of the device. It should be appreciated, however, that the distal extension 2717 may also incorporate a shape and/or features providing stabilizing contact with the inner

surfaces of the eye. For example, FIGs. 28A-B, 29A-B, and 30A-B show the distal extension 2717 of various implementations of the device having a shoulder 2820S configured to capture the scleral tissue in the region between the inner surface of the flange 2710 and the upper surface of the shoulder 2820S. The retention structure 2705 (with or without a shoulder 2820S) allows for the device to be implanted and secured in place in a way that minimizes the risk of explantation. The retention structure 2705 can also provide fixation of the device without the need for adjunctive sutures to secure it in the eye. However, it should be appreciated that some implementations of the devices described herein have no retention structure 2705 and are secured with sutures.

[00116] Again with respect to FIGs. 27A-27B, the proximal region 2716 can be sized along a cross-section to fit a penetration site through the sclera such that the proximal region 2716 is narrowed compared to the distal extension 2717. The distance across the proximal region 2716 in FIG. 27A is shorter than the distance across the proximal region 2716 in FIG. 27B. The penetrable element 2715, such as a septum, can be positioned in the trans-scleral region of the device (i.e. the region of the device that seats within the scleral tissue). The minor dimension of the retention structure 2705 or the distance across the proximal region 2716 is related to the size of the penetrable element 2715 positioned within the proximal region 2716. The minor dimension of the retention structure 2705 shown in FIGs. 27A-27B can be between about 1.5 mm to about 2.6 mm depending upon where the cross-section is taken. For example, the minor dimension of the retention structure 2705 shown in FIG. 27A at its narrowest point can be approximately 1.47 mm.

[00117] In some implementations, the major diameter of the trans-scleral region of the device (as well as any portion of the device passing through the sclera) is no greater than the length of the incision, and preferably smaller than the length of the incision, which can be between about 1 mm to about 5 mm. The dimensions of the treatment devices described herein generally avoid stretching of the incision during implantation and subsequent use. In some implementations, the minor diameter of the retention structure 2705, which is primarily responsible for ‘propping’ open the tissue edges of the incision, can be minimized. Minimization of the trans-scleral regions of the device allows for the device to be inserted in a manner that does not enlarge the incision and allows for the tissue edges to be in a more relaxed state around the implant neck or upper end region and minimize disturbance to ocular wall tissue structures (e.g. choroid). In some implementations, the largest minor diameter of

the trans-scleral region of the implant can be no greater than and preferably less than 3.3 mm, 3.2 mm, 3.1 mm, 3.0 mm, 2.9 mm, 2.8 mm, 2.7 mm, 2.6 mm, or 2.5 mm. In some implementations, the largest minor diameter of the trans-scleral region is between about 1.0 mm to about 2.6 mm.

[00118] FIGs. 28A-28B show an implementation of a device in which the trans-scleral region of the retention structure 2805 is minimized, for example by shifting the larger diameter region distally out of the trans-scleral region. As in other implementations, the upper region can include a flange element 2810 configured for placement along the sclera, a proximal region 2816 designed to receive the scleral tissue during use, and a distal extension 2817 designed to provide stabilization to the penetrable region of the device. In this implementation, the penetrable element 2815 is positioned distally within the access port 2811 a distance away from the proximal flange element 2810 such as within the distal extension of the neck distal to the proximal region of the neck. In this implementation, the penetrable element 2815 does not reside within the portion of the neck that would be received trans-sclerally upon implantation. Because the penetrable element 2815 is positioned more distally away from the trans-scleral region of the device, the circumference and minor diameter of the trans-scleral region can be minimized. In some implementations, the minor diameter of the trans-scleral region can be between about 1 mm to about 1.2 mm, or between about 1 mm to about 1.3 mm, or between about 1 mm to about 1.4 mm, or between about 1 to about 1.5 mm, or between about 1 to about 1.6 mm, or between about 1 mm to about 1.7 mm. Penetrable barriers positioned distal to the trans-scleral region upon implantation, such as within the sub-scleral region, may be used with either rigid or expandable reservoirs. However, it should be appreciated that it can be preferable to incorporate an expandable reservoir with such configurations. Moving the penetrable barrier distally to the sub-scleral region can result in the barrier occupying volume that would otherwise be available for fluid filling. The expandable reservoir allows for that volume occupied by the penetrable barrier to be recaptured by the main reservoir volume in a fashion where the reservoir capacity or drug payload available is not compromised. The configuration of the expandable reservoirs described herein (e.g. asymmetric or eccentric expansion) also ensure that even with the larger drug payload internal ocular structures are not impacted.

[00119] The shape of the trans-scleral, proximal region 2816 and access port 2811 can vary including, but not limited to cylindrical, lentoid, funnel, cone, or other tapered shaped. The

access port 2811 and proximal region 2816 shown in FIGs. 28A-28B as well as FIGs. 30A-30B are substantially straight forming a generally cylindrical trans-scleral region. However, it should be appreciated that the proximal region 2816 and/or the access port 2811 need not be substantially cylindrical. For example, FIGs. 35C and 41C show a cylindrical access port 2811 and a slightly flared proximal region 2816. The slightly flared proximal region 2816 provides for a larger target area for penetration by a refill needle. The tapering of the access port 2811 down towards the reservoir provides guidance to the needle. Also, the larger access port area allows for use of a septum that has a larger girth that may facilitate resealing.

[00120] The length of the proximal region 2816 can vary as well. For example, FIGs. 28A-28B show a distance x extending between an inner-facing surface 2813 of the flange element 2810 to the shoulder 2820S of the distal extension 2817. FIGs. 29A-29B show a distance x that is slightly longer than the distance x of the implementation of FIGs. 28A-28B. In implementations where a shoulder 2820S is not incorporated, the distance x can be the distance between the inner-facing surface 2813 of the flange element 2810 to an enlarged region where the septum resides. The distance x can be between about 0.2 mm to about 3.0 mm and the minor dimension across this region can be about 1 mm to about 3.0 mm. In some implementations, the distance x can be about 0.2 mm to about 0.7 mm and the minor dimension across this region can be about 1 mm to about 1.2 mm. It should be appreciated that the length of distance x as well as the length of the barrier within the access port can affect the overall travel distance and thus, length and stability of the refill needle, which will be described in more detail below.

[00121] FIGs 31A-31B, 32A-32B, 33A-33B, 34A-34B, 35A-35B, FIGs. 40A-40B, 41A-41B, and 42A-42B illustrate side views of upper end regions of various implementations of a treatment device along a major axis dimension and a minor axis dimension, respectively. FIG. 36 and also Table 1 below show a comparison of the circumference and minor diameter lengths of varying distances from the flange of the various implementations of the treatment devices of FIGs. 31A-35B. Some of these implementations have penetrable barriers positioned within the trans-scleral region of the implant (see FIGs. 31A-31B, 32A-32B, 35A-35B, and 40A-40B); whereas others have their penetrable barrier moved more distally outside the trans-scleral region of the implant (see FIGs. 33A-33B, 34A-34B, 41A-41B, and 42A-42B). Still further, the overall shape of the penetrable barrier incorporated within the upper end region of the various implementations of the devices may vary. Some of these

implementations incorporate a more spherical shaped penetrable barrier having a larger overall girth (see FIGs. 31A-31B, 32A-32B, 41A-41C and 42A-42C) whereas others incorporate a penetrable barrier having a slightly smaller overall dimension (see FIGs. 33A-33B, 34A-34B, 35A-35C, and 40A-40C). As such, the circumference, major axis and minor axis diameter lengths of the various implementations can vary. As described elsewhere herein, any of the configurations of upper end regions can be incorporated with any of a variety of treatment device configuration, including a rigid, non-expandable reservoir or a reservoir that expands. Generally, the upper end regions in which the penetrable barrier is positioned within the trans-scleral region such that it does not encroach upon the reservoir volume may be used with small volume reservoirs. The upper end regions in which the penetrable barrier is positioned within the sub-scleral region may be preferably used with expandable reservoirs or reservoirs having a larger volume capacity as the penetrable barrier can encroach upon that reservoir volume. In some implementations, the upper end region of a rigid treatment device (referred to herein as “rPDS”) can include that shown in FIGs. 31A-31B. In other implementations, the upper end region of an expandable treatment device (referred to herein as “ePDS”) can include that shown in FIGs. 32A-32B. In some implementations, where the penetrable element is shifted more distally in the device (such as in FIGs. 33A-33B and FIGs. 34A-34B), the upper end region can be incorporated with an expandable treatment device. The upper end region shown in FIGs. 35A-35C can be incorporated with an implementation of a rigid treatment device. The upper end regions shown in FIGs. 40A-40C, as well as FIGs. 41A-41C, and 42A-42C can be used with implementations having an expandable reservoir.

[00122] In some implementations, additional material can be found at the neck region along the major axis of the ePDS compared to the rPDS. FIG. 31A illustrates the major axis of the rPDS and FIG. 32A illustrates the major axis of the ePDS. These views show a slightly different cross-sectional shape and sized neck region in the ePDS. FIG. 36 and also Table 1 additionally show the comparison of the neck regions of the rPDS and the ePDS in these implementations. For example, as best shown in FIG. 36, the circumference of the rPDS neck 0.50 mm from the flange can be about 6.1 mm whereas the circumference of the ePDS neck can be slightly greater at about 6.6 mm. Additionally, the shape of the cross-section at this location can differ between the rPDS and the ePDS in that the rPDS shape can be more circular whereas the cross-sectional shape of the ePDS at this location can be more lenticular

in shape such that it forms a double-convex shape having pinched regions forming “ears” on either side of the major diameter. FIG. 36 also shows this difference in cross-sectional size and cross-sectional shape between the ePDS and the rPDS at distances of 0.75 mm as well as 1.00 mm from the flange. The cross-sectional shape of the ePDS provides for additional stability of the system within the incision. For example, this additional material at the neck region can provide a more significant anti-rotation function within the incision, which can be particularly useful for an eccentric or asymmetrical expandable reservoir of an ePDS during placement as well as once implanted. In some implementations, the “ears” of the neck region in the ePDS described above can be used to stabilize the system and provide anti-rotation function. Smaller neck dimensions of the ePDS in which a bulk of the septum is recessed or moved downward into the reservoir volume are also considered herein (see ePDS3 of Table 1, for example).

[00123] The penetrable barrier of any of the treatment devices described herein can include those described in U.S. Publication No. 2014/0296800, which is incorporated by reference herein. The penetrable barrier can incorporate one or more features providing enhanced retention of the penetrable barrier within the access port using any of a number of features as described therein. For example, the penetrable barrier can be shaped to mate with a corresponding region within the access port. The penetrable barrier can incorporate one or more features such as a skirt region configured to extend past the access port into the reservoir volume to further support retention. The device can include a cover to improve the integrity of the penetrable barrier and its sealing engagement with the access port. The access port can include an inner anchor feature such as a donut-shaped element configured to encircle at least a region of the penetrable barrier and/or a secondary penetrable barrier positioned above and/or below the primary penetrable barrier. For example, in the implementations shown in FIGs. 28A-28B, 29A-29B, 30A-30B, 33A-33B, 34A-34B, 41A-41C, and 42A-42C, a secondary penetrable barrier can be positioned above the penetrable barrier such that a refill needle must extend through both the secondary penetrable barrier and the primary penetrable barrier to fill the reservoir. The two barriers provide a level of redundancy to the system providing a more robust seal. The secondary penetrable barrier can be formed of the same material or a different material as the primary barrier. The material of the primary penetrable barrier can have a lower durometer material, for example, near a central region of the barrier for improved penetration such as by a needle and a higher

durometer material near the perimeter for improved retention, and an additional low durometer material positioned above the barrier. In this implementation, the penetrable barrier can be a septum that is manufactured by pulling it into place through the upper end region and trimmed from a proximal end of the device. The septum can incorporate a lip, flange or other feature that helps to prevent the septum from being withdrawn out through the access port of the device upon filling and refilling. The septum can be adhered into place. The upper end regions shown in FIGs. 40A-40C can include a septum that is manufactured by pulling it into place through the upper end region and trimmed from a proximal end region of the device. However, the septum need not incorporate any lip or flange and can be cylindrical in overall shape and adhered into place. The upper end regions shown in FIGs. 41A-41C and also FIGs. 42A-42C incorporate a spherical shaped penetrable barrier positioned on a sub-scleral region of the device such that the trans-scleral region of the device can be minimized in overall dimension. These implementations can also incorporate a shoulder region on the sub-scleral side to enhance stabilization of fixation in conjunction with the flange element. The implementation of the penetrable barrier in FIGs. 41A-41C can have a slightly funnel shaped region extending trans-sclerally whereas the penetrable barrier in FIGs. 42A-42C can have a straight region extending through the trans-scleral region.

[00124] The penetrable barriers described herein need not be a septum formed of a penetrable material. For example, any of the treatment devices described herein can incorporate a valve mechanism with or without a septum as the penetrable barrier. The valve can be configured to receive an elongate fill device through it, such as a blunt needle or elongate cannula, for filling of the reservoir with a drug. The valve can be configured to open upon application of a force in the distal direction by the fill device. The opening of the valve can permit the fill device to form a fluid tight engagement and allow fluid communication between a fluid container attached to the fill device and the reservoir of the treatment device. The valve and the fill device can be configured to seal during injection such that fluid enters the reservoir in a manner that prevents fluid from leaking between the valve/fill device interface. The configuration of the valve can vary, including, but not limited to a split septum, a check valve, a ball valve, a flap valve, a disc valve, a duckbill valve, or other valve configuration. In some implementations, the penetrable barrier can be a twist valve. The twist valve can include a tortuous path that prevents fluid from entering or exiting the device. The fill needle can include a sharp element for penetration of an outer septum

material and a blunt obturator for insertion through the tortuous path. As the obturator is inserted through the tortuous path it straightens the path until a distal tip of the fill needle is located within the reservoir such that material can be inserted/withdrawn from the reservoir. Upon removal of the fill needle from the path, the tortuosity of the path returns maintaining the fluid-tight seal.

[00125] As mentioned above, FIG. 36 and also Table 1 show a comparison of the circumference and minor diameter lengths of varying distances from the flange of the various implementations of the treatment devices of FIGs. 31A-35B.

[00126] Table 1

| Distance from flange (mm) | rPDS1 | | rPDS2 | | rPDS3 | |
|---------------------------|--------------|-----------------|--------------|-----------------|--------------|-----------------|
| | Circumf (mm) | Minor axis (mm) | Circumf (mm) | Minor axis (mm) | Circumf (mm) | Minor axis (mm) |
| 0 | 10.8 | 2.6 | 10.8 | 2.6 | 11.3 | 2.7 |
| .25 | 6.3 | 1.5 | 4.6 | 1.5 | 6.7 | 1.7 |
| .50 | 6.1 | 1.7 | 4.6 | 1.5 | 6.6 | 1.9 |
| .75 | 6.1 | 1.9 | 4.5 | 1.4 | 7.0 | 2.2 |
| 1.0 | 7.0 | 2.2 | 5.2 | 1.7 | 7.8 | 2.5 |
| ePDS1 | | ePDS2 | | ePDS3 | | |
| Distance from flange (mm) | Circumf (mm) | Minor axis (mm) | Circumf (mm) | Minor axis (mm) | Circumf (mm) | Minor axis (mm) |
| 0 | 10.8 | 2.6 | 10.8 | 2.6 | 10.8 | 2.6 |
| .25 | 6.5 | 1.5 | 3.8 | 1.2 | 4.2 | 1.3 |
| .50 | 6.6 | 1.7 | 3.4 | 1.1 | 4.2 | 1.3 |
| .75 | 6.7 | 1.9 | 3.0 | 1.0 | 4.1 | 1.3 |
| 1.0 | 7 | 2.2 | 3.2 | 1.0 | 4.1 | 1.3 |

[00127] It should be appreciated that the minimized minor diameter can be incorporated into any of a number of implantable devices whether the reservoir of such devices are refillable, expandable, or rigid. Repositioning the penetrable element distal to the trans-scleral region allows for a much narrower cross-sectional dimension. The trans-scleral region of the ePDS2 has the smallest overall circumference and minor axis dimension. However,

this can impact the overall payload size or reservoir capacity of the device. With regard to ePDS2 of Table 1, the reservoir wall is expandable such that the penetrable element can encroach further into the interior of the device without negatively impacting the overall payload size of the device for drug delivery. In contrast, a rigid wall device may undergo at least some reduction in overall payload size for drug delivery.

[00128] The treatment devices described herein may also forego a proximal retention structure and instead incorporate alternative ways in which to secure the treatment device in the eye. FIGs. 37A-37D and also FIGs. 38A-38E illustrate implementations of a treatment device 3700 configured to be implanted sub-sclerally inside the eye residing fully inside the vitreous cavity. As with other implementations described herein, the device 3700 can include an upper flange 3710 and a distal bushing 3738 defining an outlet 3725 and configured to support a release control element (not shown) near a distal end of the reservoir 3730. The upper flange 3710 can define an access port 3711 into the device and for supporting the penetrable barrier or septum. The access port 3711 can provide a relatively large target for re-access of the device 3700 from outside the eye. In some implementations, the diameter of the access port 3711 can be approximately 1.5 mm across. The upper flange 3710 can be contoured to match a curvature of the eye.

[00129] The upper flange 3710 can be coupled to an expandable reservoir 3730. The flexibility of the reservoir 3730 allows the device 3700 to be inserted through a small incision size while the payload capacity of the reservoir 3730 can be maximized. For example, prior to implantation the reservoir 3730 can be empty and collapsed. The wall of the reservoir 3730 can be collapsed in a variety of ways such that the overall diameter of the empty device is minimized for insertion. For example, in some implementations, the reservoir wall can collapse against the upper flange 3710 in an accordion-like fashion (see FIGs. 37A-37D). The collapsed configuration of the device 3700 can be inserted through an incision, for example, by turning the device 90 degrees before inserting the narrow dimension through the sclera. Once positioned intrasclerally, the device can be turned back 90 degrees such that the upper flange 3710 is positioned flush to the inner surface of the sclera for fixation. Rather than collapsing in an accordion-like manner along the central axis of the device extending between the access port 3711 and a distal end of the device, the reservoir wall can also be folded or wrapped around the central axis A (see FIGs. 38A-38E). In some implementations, the device 3700 can incorporate a central post element coupled to a proximal region and a

distal region and the walls fold or wrap around the central post element. Alternatively, an elongate delivery element can extend through the device 3700 such that the walls of the reservoir 3730 can fold or wrap around the elongate delivery element. In some implementations, the walls of the reservoir 3730 are configured to expand more near one side of the device 3700 than another such that the expanded shape is eccentric relative to the central axis of the device. In this implementation, the walls can fold as described elsewhere herein.

[00130] Any of the device implementations described herein can incorporate one or more features that provide for fixation of the device in the eye in any combination. The features can include the proximal retention structure having a flange element configured to be positioned in a supra-scleral location when the treatment device is in use. The features can also include the relative shape of the upper end of the treatment device (i.e. proximal region and distal extension) to improve trans-scleral and/or sub-scleral fixation. The features can also include features that allow for suturing of the treatment device. These features can be used alone or in combination. For example, the treatment devices described herein can rely only upon suturing in place or suturing can be incorporated as an enhanced fixation feature. The treatment devices described herein need not rely upon suturing for fixation and can rely upon one or more features of the upper end of the treatment device to maintain the device in place. Thus, the features for fixation of the treatment device can be sub-scleral, intra-scleral, and or supra-scleral features.

[00131] Upon insertion, the device 3700 can be sutured to an inner surface of the sclera 24 allowing a trans-scleral exchange needle to access and refill the device 3700 through the sclera 24 (see FIGs. 37A-37D). The upper flange 3710 can incorporate a plurality of anchor features 3712 in order to attach the device 3700 via suturing against the inner surface of the sclera for stabilization. The anchor features 3712 can be holes through the flange 3710, loops, or other features configured to receive a suture. The arrangement of the anchor features 3712 and/or the resulting suture pattern can provide visualization guidance and be used as a target guide with or without adjunctive use of another method of visualization such as ultrasound imaging to confirm target location.

[00132] FIGs. 39A-39E illustrate an implementation of a retention structure 3905 having anchor features 3912 for supra-scleral fixation. As described elsewhere herein, the retention

structure 3905 can include a flange element 3910 configured for placement along the sclera, a proximal region 3916 designed to receive the scleral tissue during use, and a distal extension 3917. The distal extension 3917 can be designed to provide stabilization to the penetrable region of the device. For example, the proximal region 3916 can have a shoulder for stabilizing contact with the inner surface of the sclera or can be designed to avoid contact with the inner surface of the sclera. The flange element 3910 can define an access port 3911 within which a penetrable element (not shown) can be positioned. The penetrable element, such as a septum, can be positioned near a proximal end of the access port 3911 or positioned more distally within a portion of the neck that is not trans-scleral upon implantation. The proximal region 3916 can be sized along a cross-section to fit a penetration site through the sclera such that it is narrowed compared to the distal extension 3917. The distance across the proximal region 3916 can be shorted along one dimension compared to another as described elsewhere herein or the proximal region 3916 can be generally cylindrical. As described elsewhere herein, the dimensions of the trans-scleral portion of the neck can be minimized, particularly where the septum is positioned distal to the trans-scleral region allowing for the tissue edges of the incision to be more relaxed and more likely to align and oppose one another for better healing of the wound. The anchor features 3912 for supra-scleral fixation can include one or more wings 3938 extending outward on either side of the access port 3911 via indented regions 3939. The indented regions 3939 can facilitate scleral suturing. The anchor features 3912 provide for securing the device within the incision as well as assisting with closing the incision post-surgery. For example, as shown in FIG. 39D the upper flange 3910 can lie along the incision line IL and the indented regions 3939 can be used to install suture loops SL that can extend around the indented regions 3939 as well as through the opposing walls of the scleral incision line IL. As the suture loops SL are tightened to fix the upper flange 3910 to the sclera so too are the tissue edges approximated. The overall span of the wings 3938 can vary and can be approximately the same length as the overall incision length such that the wings 3938 span the incision and provide suture anchor features for apposition of tissue edges. In some implementations, each wing 3938 can have more than the single indented region 3939. For example, each wing 3938 can have two, three or more indented regions 3939 such that more than a single suture loop SL can be formed on each side of the access port 3911. Thus, each wing 3938 on either side of the access port 3911 can have a generally circular or elliptical shape or if two indented regions 3939 are incorporated, a figure-eight shape, or if three indented regions 3939 are incorporated, a “snowman” shape,

etc. The plurality of indented regions 3939 on either side of the access port 3911 allow for a greater number of suture loops SL to be stitched along the incision. This can be useful for longer incision length to improve not just retention, but also incision closure. It should be appreciated that the wings 3938 may also incorporate other anchor features such as holes through the upper flange 3910 such that additional sutures can be installed. Generally, holes through the flange would not be as useful for drawing the tissue edges together as would the indented regions 3939.

[00133] *Methods of Use*

[00134] It should be appreciated that the treatment devices described herein can be used in a variety of locations and implanted in a variety of ways. The implantation method and use of the treatment devices described herein can vary depending on the type of treatment device being implanted and the intended location and drug for treatment. As will be described in more detail below, the treatment devices described herein can be primed, implanted, filled, refilled, and/or explanted using one or more devices.

[00135] In one implementation of treatment device implantation, a sclerotomy is created according to conventional techniques. The sclerotomy can be created posterior to an insertion site of the treatment device through the sclera 24 or the sclerotomy can be created directly above the insertion site of the post through the sclera 24. The conjunctiva 16 can be dissected and retracted so as to expose an area of the sclera 24. An incision in the conjunctiva 16 can be made remote from the intended insertion site of the treatment device. A scleral incision or puncture can be formed. The scleral incision or puncture can be made with a delivery device tool or using a distal tip of the treatment device, as described above. In some implementations, the treatment device is implanted using sutureless surgical methods and devices. In other implementations, the treatment device can be positioned sub-sclerally such as under a scleral flap. The post can be inserted into the eye (such as within the vitreous or the anterior chamber, etc.) until at least one of the outlets is positioned within or near the target delivery site and, if a flange element is present, until the inner-facing surface of the flange element can abut an outer surface of the eye. An additional fixation element can be used such as a suture or other element if needed following implantation of the treatment device in the eye as described elsewhere herein. The treatment device can remain in position to deliver the one or more therapeutic agents to the eye for a period of time sufficient to treat

a condition including, but not limited to 1, 2, 3, 4, 5, 10, 15, 20, 25 days or any number of days, months and year, up to at least about 3 years. After the therapeutic agent has been delivered for the desired period of time, the treatment device can be refilled for further delivery or removed. In some implementations, the treatment device is configured to deliver drug for at least 90 days, at least 3 months, at least 6 months, or at least 12 months without refilling.

[00136] Generally, the implementations of the treatment devices described herein contain drug solutions, drug suspensions and/or drug matrices. The treatment devices described herein can also contain therapeutic agents formulated as one or more solid drug core or pellets formulated to deliver the one or more therapeutic agents at therapeutically effective amounts for an extended period of time. The period of time over which the treatment device delivers therapeutically effective amounts can vary. In some implementations, the treatment device is implanted to provide a therapy over the effective life of the device such that refill of the device is not necessary.

[00137] FIGs. 19A-19D show a generalized tool 300 designed to prime, fill and/or refill the treatment devices described herein. The tool 300 can include a trocar introducer cannula 305 having an internal lumen through which an internal fill cannula 310 can extend. The introducer cannula 305 can extend through the penetrable element 115 in the proximal region of the device 100 until the distal end of the cannula 305 enters a proximal end region of the reservoir 130 (see FIG. 19B) and/or the proximal end of the central core element 135, if present. A region of the tool 300 can have a hard stop to prevent the distal tip 315 from extending too far into the reservoir 130. The internal fill cannula 310 can extend through the internal lumen of the introducer cannula 305 and into at least the proximal end region of the reservoir 130 (see FIG. 19C). The fill cannula 310 can extend further into the reservoir 130 towards a distal end region of the reservoir 130. The overall length of the fill cannula 310 can be selected based on the treatment device with which it will be used such that the fill cannula 310 can extend towards a distal end region of the reservoir 130 or the central core element 135, if present. Or if the device includes a flow director 140, the fill cannula 310 can have a length configured to extend through at least a region of the flow director 140. The fill cannula 310 can include a distal tip 315 that is blunted and has an opening 320 through which material may flow out of the fill cannula 310 (see FIG. 19D). The opening 320 can be in a sidewall of the fill cannula 310 and/or can be at the distal tip 315 of the fill cannula 310.

Further, there can be more than a single opening 320 from the fill cannula 310. The flow of material through the fill cannula 310 and out the opening 320 near the distal tip 315 allows for filling of the reservoir 130 in a bottom-up manner. A distal end region of the introducer cannula 305 can be configured to receive pre-existing material from the reservoir 130 such that it can be flushed out from the reservoir 130 upon filling with new material through the fill cannula 310. This in combination with a flow director 140 can increase refill efficiency. The tool 300 can incorporate one or more features of other refill devices described, for example, in U.S. Patent No. 8,399,006; U.S. Patent No 8,623,395; U.S. Publication No. 2013/0324918; and U.S. Publication No. 2013/0165860, which are each incorporated in their entireties herein. It should be understood that depending on the overall length of the access region as well as the penetrable barrier installed in the access region of the treatment device, the fill cannula 310 may have any of a variety of lengths and/or reinforcement structures.

[00138] As described herein the treatment device can have an expandable reservoir formed of a generally non-compliant material. The reservoir can be folded down so that it fits within the internal volume of a delivery element and deployed reliably upon expansion. FIGs. 20A-20F show in schematic, top-down views an implementation of a treatment device 2100 in various stages of reservoir folding. The treatment device 2100 has a reservoir 2130 surrounding in an eccentric manner an axis A of the device. For the sake of simplicity, the folding of the reservoir 2130 will be described in terms of this axis A. The axis A can be coaxial with a central axis of the central core 2135, if present, although it should be appreciated that the central core element 2135 need not be present for the device to be folded as described below. The reservoir 2130 can be eccentric in that more of the expanded volume of the reservoir 2130 can be located on a first side of a plane drawn parallel to the axis A than on the opposite side of the plane such that the reservoir 2130 expands asymmetrically relative to the axis A. As shown in FIG. 20A, the asymmetric reservoir 2130 in an unfolded configuration can have a central region with an oval cross-sectional shape having a long axis LA and a short axis SA. An eccentric volume EV of the expanded portion of the reservoir 2130 can be located on a first side of the plane drawn parallel to the axis A. FIG. 20B shows a first step in folding the reservoir 2130 during which opposing regions of the reservoir 2130 along the long axis LA are urged inward towards one another creating a narrowed pinched region near a center of the reservoir volume. Opposing regions of the reservoir 2130 along the short axis SA can then be urged towards one another and toward the

central axis A (see FIG. 20C). This configuration creates four folds or pleats 2137a, 2137b, 2137c, 2137d in the material of the reservoir 130, two on either side of the axis A extending outward along the long axis LA of the reservoir 130. Each pleat 2137a, 2137b, 2137c, 2137d can have a pleat end 2138a, 2138b, 2138c, 2138d. Adjoining pleats 2137a, 2137c can form a first trough 2139a and adjoining pleats 2137b, 2137d can form a second trough 2139b. The pleat ends 2138a, 2138c of a first two of the pleats 2137a, 2137c can be urged in a clockwise manner relative to the axis A toward the eccentric volume EV side and the pleat ends 2138b, 2138d of a second two of the pleats 2137b, 2137d can be urged in a counter-clockwise manner relative to the axis A toward the eccentric volume EV side forming a third trough 2139c (see FIG. 20D). Pleat end 2138a can be urged in the clockwise direction until pleat 2137a folds down inside third trough 2139c. Pleat 2137b folds up against the central core 2135 onto the first trough 2139a (FIG. 20E). Pleat end 2138c is then urged in the counter-clockwise manner relative to the axis A until pleat 2137c overlies pleat 2137a. Pleat 2137d folds up against central core 2135 onto second trough 2139b. The asymmetric shape of the reservoir 2130 relative to the axis A of the device and the folding process results in pleats 2137a, 2137c forming longer “wings” of material relative to the pleat 2137b, 2137d. Further, this configuration results in pleat 2137c overlying pleat 2137a while the pleat 2137b, 2137d being pressed against the sides of the central core 2135. It should be appreciated, however that pleat 2137c can fold into the third trough 2139c and pleat 2137a overlie pleat 2137c. Generally, two of the pleats that are longer (i.e. the pleats on the eccentric volume EV side of the reservoir) can overlap at least a portion of their length while two of the pleats that are shorter (i.e. the pleats on the opposite side) do not overlap. It should be appreciated that the folding described above can also be applied to compliant materials in as much as necessary to deal with any excess material that may be needed to produce the asymmetric region of the reservoir. It should be appreciated that the reservoir may also fold up accordion-style and get inserted sideways through the scleral incision as described elsewhere herein.

[00139] The treatment devices described herein can be primed and inserted using one or more devices described in U.S. Publication No. 2015/0080846, which is incorporated by reference herein. In some implementations, the folded down treatment device 2100 can be held within a priming tool 2200. FIGs. 21A-21B show an unloaded priming tool 2200 and a close-up of the priming tool 2200 loaded with a treatment device 2100, respectively. The priming tool 2200 can be a separate tool or can be integrated with a delivery system used to

fill and/or implant the treatment device 2100. In some implementations, a user can hold the priming tool 2200 by handles 2205 on a proximal end of the tool 2200 and operatively coupled to opposing clamshells 2210 on a distal end. The handles 2205 can have a reverse tweezer type of actuation mechanism such that the clamshells 2210 are biased in a closed position against one another and a squeeze inward moves the opposing clamshells 2210 a distance away from one another. The clamshells 2210 each can have a recessed internal geometry configured to contain at least a portion of the treatment device 2100. For example, one of the clamshells 2210 can have a first recess portion and the second of the clamshells 2210 can have a second recess portion that when the clamshells 2210 are in a closed position together the recess portions form a cavity 2215 having a shape substantially the same as an outer contour of the treatment device 2100. The priming tool 2200 can hold the treatment device 2100 within the cavity 2215 formed by the opposed recess portions and the folded pleats of the reservoir 2130 can be constrained and prevented from expanding, particularly during priming as will be described in more detail below. The clamshells 2210 can be formed of a substantially clear material for optimal viewing and/or visual indications during priming of the treatment device 2100.

[00140] The priming tool 2200 can further include a channel 2220 between the clamshells 2210 (see FIG. 21B) such that an upper surface of the treatment device 2100 can be accessed when the treatment device 2100 is held within the priming tool 2200. For example, the channel 2220 allows for insertion of a needle through the septum of the treatment device 2100 to prime and/or fill the device prior to insertion into a patient as shown in FIG. 21C. The channel 2220 of the priming tool 2200 can incorporate one or more features that provide proper alignment and access between the needle and the septum of the treatment device.

[00141] The treatment device 2100 can be primed using a priming needle. The priming needle can be part of an insertion tool or can be a separate priming needle of a separate tool. The priming needle can penetrate the septum of the treatment device 2100 constrained within the cavity 2215 between the opposing clamshells 2210 of the priming tool 2200. The priming needle can be coupled to a syringe filled with an amount of priming fluid. The syringe can be actuated such as via a plunger to inject fluid into the constrained device to purge air out of the device 2100. The air can be purged through a porous structure in the treatment device 2100, such as the drug release element at a distal end of the treatment device 210, as the injected priming fluid is injected into the reservoir 2130 of the device 2100. The priming fluid can be

a fluid such as saline or can be a drug solution to be delivered to the patient. Because the treatment device 2100 is constrained between the clamshells 2210 priming does not discernibly expand the reservoir 2130.

[00142] FIGs. 22A-22B shows an implementation of an insertion tool 2300 for use with the priming tool 2200. It should be appreciated that although the insertion tool 2300 is described as being separate from the priming tool 2200 and/or the priming needle, the various tools can be integrated within a single device or system that serves the various functions of holding, priming, and inserting. The insertion tool 2300 can include a proximal handle 2305 and a distal needle post 2310 having a pointed tip 2315, and optionally a seating element 2325 positioned between the needle post 2310 and the handle 2305. The needle post 2310 can be inserted through channel 2220 of the priming tool 220 and directed toward an upper surface of the treatment device 2100 held between the clamshells 2210. The needle post 2310 can penetrate through the septum of the treatment device 2100 held within the clamshells 2210 such that the device 2100 is secured to the insertion tool 2300. Once the treatment device 2100 is primed and secured to the insertion tool 2300, the priming tool 2200 can be actuated to move the clamshells 2210 away from one another releasing the treatment device 2100 from within the cavity 2215 therebetween (see FIG. 21D).

[00143] Again with respect to FIG. 22A-22B, the insertion tool 2300 can incorporate one or more body geometries, visual indicators, and/or mechanical keying features that allow for proper alignment upon insertion of the needle post 2310 through the septum of the treatment device 2100 held within the priming tool 2200. For example, a portion of the insertion tool 2300 can include a raised, mechanical key 2301 that extends outward from a cylindrical surface of the tool. The key 2301 can slide into a correspondingly shaped slot 2302 in a portion of the priming tool 2200. The key 2301 slides through the slot 2302 as the needle penetrates the septum only when the insertion tool 2300 is in a certain orientation relative to the priming tool 2200. The key 2301 prevents the needle from penetrating the septum in any other orientation as the key 2301 would abut the priming tool 2200 as the needle post 2310 inserts through the channel 2220. The insertion tool 2300 can also incorporate one or more visual markers to guide a user to position the insertion tool 2300 relative to the treatment device 2100 in a desired or known orientation. As such, once the treatment device 2100 is penetrated by the insertion tool 2300 the operator can be made generally aware of the relative orientation of the treatment device 2100 being held by the insertion tool 2300 and will know

in which direction the eccentric volume of the reservoir 2130 will expand and can insert the treatment device 2100 through the incision accordingly.

[00144] Although the treatment device 2100 held by the insertion tool 2300 can be inserted through a puncture or an incision in the target region in a known manner, the orientation of the treatment device 2100 can be rotationally adjusted once inserted, if desired. In some implementations, the insertion tool 2300 can incorporate one or more features designed specifically to rotate the treatment device 2100 around the axis of insertion A. As mentioned above, the insertion tool 2300 can include a seating element 2325 configured to urge the treatment device 2100 through the incision. The seating element 2325 can have a distal end 2320 shaped to mate with and apply torque to the treatment device 2100. As best shown in FIGs. 23A-23E, the distal end 2320 of the seating element 2325 can include a cavity 2330 sized and shaped to receive at least a portion of the flange element 2110 at a proximal end of the treatment device 2100. As described elsewhere herein, the proximal flange element 2110 of the treatment device 2100 can have a specific geometry, for example a long axis and a short axis or an asymmetrical shape. The distal end 2320 of the insertion tool 2300 can slide down over the flange element 2110 such that the flange element 2110 inserts within the cavity 2330 such that the flange element 2110 and thus the treatment device 2100 rotates upon rotation of the insertion tool 2300. Additionally, the distal end 2320 can include a pair of edge features 2335 located on opposite sides of the cavity 2330 that can make contact with portions of the flange element 2110 to further aid in the rotation of the treatment device 2100 in a clockwise or counter-clockwise direction around the axis A. It should be appreciated that the seating element 2325 can also have a flat face at its distal-most end configured to abut an upper surface of the treatment device 2100 during insertion.

[00145] The seating element 2325 and/or the needle post 2310 can be movable relative to the handle 2305, for example, rotated as described above, advanced in a distal direction, and/or withdrawn in a proximal direction. Alternatively, the seating element 2325 and needle post 2310 can be fixed relative to the handle 2305 such that the entire insertion tool 2300 is moved by the operator in a clockwise, counter-clockwise, distal or proximal direction relative to a patient to seat the therapeutic device. Once the treatment device 2100 is properly oriented within the target treatment location, the seating element 2325 can be used to seat the treatment device 2100 into its final position in the incision with a single advancing motion.

[00146] FIGs. 24A-24F illustrate an implementation of an insertion tool 2300 having a handle 2305, a needle post 2310, a seating element 2325, an actuator 2345, and opposing end effectors 2350. The needle post 2310 and seating element 2325 can extend coaxially with each other as well as with the handle 2305 and the end effectors 2350. As described above, the treatment device 2100 can be held by the insertion tool 2300 such that the needle post 2310 extends through the septum of the device 2100. The needle post 2310 can be visible through an opening 2360 formed by the opposing end effectors 2350 (see FIG. 24D). The end effectors 2350 of the insertion tool 2300 can clamp onto the proximal end of the treatment device 2100. When the end effectors 2350 are closed around the flange element 2110 of the treatment device 2100, their distal ends 2355 wrap around a region of the treatment device 2100 near an underneath side of the flange element 2110. However, the thickness of these distal ends 2355 wrapping around the underneath side of the flange element 2110 fills this region of the treatment device 2100 that would otherwise be surrounded by the tissue through which the device 2100 is implanted if the device 2100 were fully seated within the incision. Thus, the end effectors 2350 can be urged away from one another (see FIG. 24E), for example by the sliding actuator 2345 as the device 2100 is seated in place. The seating element 2325 extending coaxially within the end effectors 2350 and over the needle post 2310 can be urged distally to press against the upper surface of the flange element 2110 of the treatment device 2100 (see FIG. 24F). The treatment device 2100 can thus be urged down into and seat within the incision. The movement of the seating element 2325 in a distal direction and the end effectors 2350 in outward direction can occur substantially simultaneously upon a single actuation of the actuator 2345 or in a step-wise manner such that the end effectors 2350 move away from the flange element 2110 before the seating element 2325 extends in a distal direction.

[00147] In some implementations, the seating element 2325 can have an outer surface that is shaped to engage an inner surface of the end effectors 2350 to urge them in an outward direction as the seating element 2325 is advanced distally through the end effectors 2350 to seat the treatment device 2100. As best shown in FIG. 24G, the end effectors 2350 can be coupled at their proximal ends to the handle by a hinge pin such that the pair of end effectors 2350 can pivot towards and away from the axis A and each other. The seating element 2325 can extend distally between the end effectors 2350 coaxial to axis A within a central channel of the end effectors 2350. The central channel of the end effectors 2350 can include a feature

2365 such as a cam configured to engage a corresponding surface feature 2360 on an outer surface of the seating element 2325 extending through the central channel of the end effectors 2350. As such, when the seating element 2325 is urged in a forward, linear direction by the actuator 2345, the feature 2360 on the outer surface of the seating element 2325 engages the feature 2365 of the end effectors 2350 urging the end effectors 2350 to pivot outward away from one another. This releases the flange element 2110 of the treatment device 2100 being held by the distal ends of the end effectors 2350 such that the flange element 2110 can be seated within the incision in an unobstructed manner. The actuator 2345 can be coupled to the seating element 2325 by a retention spring that presses against the actuator 2345 and keeps the end effectors 2350 biased in a closed position around the treatment device 2100. The retention spring can also keep the needle post 2310 from puncturing the septum of the treatment device 2100 prior to implantation. Thus, this implementation of an insertion tool can hold the treatment device 2100 by the flange element 2110 by the distal ends of the end effectors 2350 and bias the needle post 2310 and the seating element 2325 in a proximal position until actuated to seat the device 2100.

[00148] The reservoir 2130 can be filled and expanded following implantation and seating of the device. However, it should be appreciated that the reservoir 2130 can be filled prior to, during, or after final seating the treatment device 2100 fully within the incision as will be described in more detail below. In some implementations, the fill needle 2500 can be a 30 gauge needle that has a hub providing visual feedback via its fluid return path when the treatment device 2100 has been filled (see FIG. 25). For example, the fill needle 2500 can include a transparent or translucent chamber for viewing return fluid. The fill needle 2500 can also include one or more return fluid path holes. The fill needle can be used to inject therapeutic fluid into the device 2100 until the prime fluid is removed from the treatment device 2100. The reservoir 2130 expands as the device 2100 is filled with fluid. The device 2100 can be slightly overfilled to ensure maximum expansion.

[00149] In some implementations, the fill needle 2500 can be the same as the prime needle used to prime and purge air from the treatment device as described above. The fill needle 2500 can also be the same as the needle on the insertion device 2300 used to hold and deliver the treatment device into position as described above. It should be appreciated that the priming needle, needle post 2310, and fill needle 2500 can each be separate devices such that three penetrations of the septum in the treatment device 2100 occurs during prime, insertion

and filling. It should be appreciated that the priming needle, needle post 2310, and fill needle 2500 can be the same needle such that a single penetration of the septum is performed during prime, insertion and filling. Alternatively, the prime needle and needle post 2310 can be the same component and the fill needle 2500 separate component or the prime needle a separate component and the needle post 2310 and the fill needle 2500 the same component such that only two penetrations are needed to prime, insert, and fill the therapeutic device initially. It should also be appreciated that the treatment devices described herein can be refilled after a period of time. The septum of the treatment device can be penetrated during refill with a refill needle, for example such as that described in U.S. Patent No. 9,033,911 or in U.S. Publication No. 2013/0165860, which are each incorporated by reference herein. The refill needle and the fill needle can be the same type of needle or can be distinct from one another. For example, the fill needle may or may not incorporate features to visualize filling whereas the refill needle does incorporate such features.

[00150] As mentioned elsewhere herein, the fill needle and/or refill needle used in conjunction with the device implementations having elongated neck regions and/ or redundant penetrable barriers may be longer than needles used in conjunction with device implementations having shorter neck regions. In some implementations, such as when redundant barrier systems are incorporated, the needle may include one or more reinforcement structures to accommodate the longer travel through the septum or a concentration of return holes near the distal end of the refill needle in order to refill the system efficiently. For example, to access the reservoir of a device having an elongated upper end region and incorporating, for example, a redundant septum or a penetrable element that does not reside within the proximal portion of the neck a needle may incorporate one or more features to provide for better penetration including, but not limited to a longer length, a reinforcement structure surrounding at least a region of its length, and/or concentration of return fluid holes near the distal end of the needle.

[00151] Once the expanded volume of the implanted reservoir is achieved, the device can be refilled at predictable intervals (e.g. every 3, 4, 5, 6 months or as long as every 12 months). However, changing the volume of the expanded device once implanted in the eye may not be desirable (e.g. movement in the eye once implanted may lead to potential trauma to surrounding structures or fluctuations in intraocular pressure) and is thus something to be avoided. The treatment devices described herein once implanted and expanded can maintain

a consistent volume such that the outer diameter or contour of the reservoir does not change substantially throughout the use of the device and regardless of fill status. Further, the treatment devices described herein can maintain the same expanded shape even while fluid is being injected into the reservoir and/or while fluid is being removed from the reservoir (e.g. using the refill needle with or without flow directors). For example, drug passively diffuses through the porous drug delivery element and out of the expanded reservoir over time. Despite this drug release into the eye, the expanded reservoir can remain filled with fluid, for example, fluid that enters the reservoir from the vitreous and drug formulation fluid remaining in the reservoir. The reservoir material can be formed of a substantially non-compliant material that tends to maintain its physical structure regardless of whether the interior of the reservoir is filled with drug. Further, refill of the treatment devices described herein can be performed such that a negative pressure and/or a positive pressure do not build within it. The refill and exchange devices used can incorporate features to avoid aspirating or evacuating the fluid within the reservoir and instead exchange the fluid while maintaining a substantially constant internal pressure. The treatment devices as well can incorporate one or more features to encourage this pressure-neutral exchange. For example, the treatment device can incorporate a central core element extending through the volume of the reservoir that has a wall surrounding a lumen, an inlet to the lumen, an outlet from the lumen, and one or more openings extending through the wall of the central core element between the inlet and the outlet. The lumen can be in fluid communication with the volume of the reservoir via the one or more openings. In some implementations, the one or more openings are located along the wall of the central core element to encourage exchange of new drug formulation fluid with the fluid remaining within the reservoir. For example, a first opening can be located near a distal end region of the central core element such that upon insertion of the refill/exchange needle through the inlet new drug formulation is delivered near this first opening. At least a second opening can be located near a proximal end region of the central core element. The fluid remaining within the reservoir that is to be exchanged for the new drug formulation can exit the reservoir volume through the second opening(s). An outlet lumen of the refill/exchange needle can be positioned near this second opening such that the fluid is removed from the treatment device through the outlet lumen. This arrangement of inlet and outlet openings in the central core element can encourage exchange of fluids (e.g. new formulation for old formulation) without mixing and without impacting the pressure within the reservoir volume that could impact the outer diameter or contour of the expandable

reservoir. Further, the central core element can protect the material of the reservoir as the refill needle is inserted through the inlet of the central core element. The insertion configuration of the treatment device is when the non-compliant material of the reservoir is collapsed around the central core and forms a first three-dimensional shape prior to filling the volume with the one or more therapeutic agents. The non-compliant material of the reservoir is enlarged away from the central core element forming a second three-dimensional shape upon filling the volume with the one or more therapeutic agents when in an expanded configuration. This second three-dimensional shape achieved upon filling is then maintained throughout the life of the treatment device regardless of fill status or whether or not fluid is being added to the reservoir or taken from the reservoir.

[00152] The treatment devices described herein need not be removed and can remain in place indefinitely so long as therapeutically effective and beyond. However, the treatment device 2100 can be explanted (i.e. removed from the target location). Because the reservoir 2130 is expanded to a profile that is greater than the insertion profile, the reservoir 2130 is preferably unexpanded prior to removal. An aspiration needle can be connected, such as by tubing or other connector, to an aspiration device. The aspiration device can be a vacuum-lock syringe that creates a vacuum and provides suction for aspiration from the reservoir 2130. The syringe can be actuated by a luer lock lever, for example, to aspirate the reservoir 2130 of the treatment device 2100 and remove remaining contents. This system can be used to aspirate the contents of the reservoir 2130 for refill of the device and/or for removal of the device. The contents aspirated can be made visible through the aspiration device for visual feedback on completion of the aspiration process. Aspiration can collapse the expanded reservoir to a low profile such that the device 2100 can be explanted through the incision cavity. Smaller profile can reduce the removal force required as well as limit contact with internal tissues that can cause bleeding and damage. The aspirated and collapsed treatment devices described herein can be removed according to the methods and using the devices described in U.S. Patent Publication No. 2015/0080846, which is incorporated by reference herein. A long cannula or stylet can aid in stabilizing the therapeutic device during explantation, for example, if the device 2100 has no central core element 135, during evacuation of the reservoir 130 to a smaller outer diameter for ease of removal during explant.

[00153] *Indications*

[00154] The treatment devices described herein can be used to treat and/or prevent a variety of other ocular conditions besides glaucoma, including but not limited to dry or wet age-related macular degeneration (AMD), neuroprotection of retinal ganglion cells, cataract or presbyopia prevention, cancers, angiogenesis, neovascularization, choroidal neovascularization (CNV) lesions, retinal detachment, proliferative retinopathy, proliferative diabetic retinopathy, degenerative disease, vascular diseases, occlusions, infection caused by penetrating traumatic injury, endophthalmitis such as endogenous/systemic infection, post-operative infections, inflammations such as posterior uveitis, retinitis or choroiditis and tumors such as neoplasms and retinoblastoma. Still further conditions that can be treated and/or prevented using the devices and methods described herein, include but are not limited to hemophilia and other blood disorders, growth disorders, diabetes, leukemia, hepatitis, renal failure, HIV infection, hereditary diseases such as cerebrosidase deficiency and adenosine deaminase deficiency, hypertension, septic shock, autoimmune diseases such as multiple sclerosis, Graves' disease, systemic lupus erythematosus and rheumatoid arthritis, shock and wasting disorders, cystic fibrosis, lactose intolerance, Crohn's disease, inflammatory bowel disease, gastrointestinal or other cancers, degenerative diseases, trauma, multiple systemic conditions such as anemia.

[00155] *Therapeutics*

[00156] Examples of therapeutic agents that may be delivered by the treatment devices described herein and/or are described in the applications incorporated by reference herein are provided below and in Table 1 of U.S. Application Serial No. 14/937,754, published as 2016/0128867, which is incorporated herein in its entirety.

[00157] Therapeutics that can be delivered from the devices described herein include but are not limited to Triamcinolone acetonide, Bimatoprost (Lumigan) or the free acid of bimatoprost, latanoprost or the free acid or salts of the free acid of latanoprost, Ranibizumab (LucentisTM), Travoprost (Travatan, Alcon) or the free acid or salts of the free acid of travoprost, Timolol (Timoptic, Merck), Levobunolol (Betagan, Allergan), Brimonidine (Alphagan, Allergan), Dorzolamide (Trusopt, Merck), Brinzolamide (Azopt, Alcon). Additional examples of therapeutic agents that may be delivered by the therapeutic device include antibiotics such as tetracycline, chlortetracycline, bacitracin, neomycin, polymyxin, gramicidin, cephalexin, oxytetracycline, chloramphenicol kanamycin, rifampicin,

ciprofloxacin, tobramycin, gentamycin, erythromycin and penicillin; antifungals such as amphotericin B and miconazole; anti-bacterials such as sulfonamides, sulfadiazine, sulfacetamide, sulfamethizole and sulfisoxazole, nitrofurazone and sodium propionate; antivirals such as idoxuridine, trifluorotymidine, acyclovir, ganciclovir and interferon; antiallergics such as sodium cromoglycate, antazoline, methapyrilene, chlorpheniramine, pyrilamine, cetirizine and prophenpyridamine; anti-inflammatories such as hydrocortisone, hydrocortisone acetate, dexamethasone, dexamethasone 21-phosphate, fluocinolone, medrysone, prednisolone, prednisolone 21-phosphate, prednisolone acetate, fluoromethalone, betamethasone, and triamcinolone; non-steroidal anti-inflammatories such as salicylate, indomethacin, ibuprofen, diclofenac, flurbiprofen and piroxicam; decongestants such as phenylephrine, naphazoline and tetrahydrozoline; miotics and anticholinesterases such as pilocarpine, salicylate, acetylcholine chloride, physostigmine, eserine, carbachol, diisopropyl fluorophosphate, phospholine iodide and demecarium bromide; mydriatics such as atropine sulfate, cyclopentolate, homatropine, scopolamine, tropicamide, eucatropine and hydroxyamphetamine; sympathomimetics such as epinephrine; antineoplastics such as carmustine, cisplatin and fluorouracil; immunological drugs such as vaccines and immune stimulants; hormonal agents such as estrogens, estradiol, progestational, progesterone, insulin, calcitonin, parathyroid hormone and peptide and vasopressin hypothalamus releasing factor; beta adrenergic blockers such as timolol maleate, levobunolol HCl and betaxolol HCl; growth factors such as epidermal growth factor, fibroblast growth factor, platelet derived growth factor, transforming growth factor beta, somatotropin and fibronectin; carbonic anhydrase inhibitors such as dichlorophenamide, acetazolamide and methazolamide and other drugs such as prostaglandins, antiprostaglandins and prostaglandin precursors. Other therapeutic agents known to those skilled in the art which are capable of controlled, sustained release into the eye in the manner described herein are also suitable for use in accordance with embodiments of the devices described herein.

[00158] The therapeutic agent can also include one or more of the following: Abarelix, Abatacept, Abciximab, Adalimumab, Aldesleukin, Alefacept, Alemtuzumab, Alpha-1-proteinase inhibitor, Alteplase, Anakinra, Anistreplase, Antihemophilic Factor, Antithymocyte globulin, Aprotinin, Arcitumomab, Asparaginase, Basiliximab, Bepaclermin, Bevacizumab, Bivalirudin, Botulinum Toxin Type A, Botulinum Toxin Type B, Capromab, Cetorelix, Cetuximab, Choriogonadotropin alfa, Coagulation Factor IX, Coagulation factor

VIIa, Collagenase, Corticotropin, Cosyntropin, Cyclosporine, Daclizumab, Darbepoetin alfa, Defibrotide, Denileukin diftitox, Desmopressin, Dornase Alfa, Drotrecogin alfa, Eculizumab, Efalizumab, Enfuvirtide, Epoetin alfa, Eptifibatide, Etanercept, Exenatide, Felypressin, Filgrastim, Follitropin beta, Galsulfase, Gemtuzumab ozogamicin, Glatiramer Acetate, Glucagon recombinant, Goserelin, Human Serum Albumin, Hyaluronidase, Ibritumomab, Idursulfase, Immune globulin, Infliximab, Insulin Glargine recombinant, Insulin Lyspro recombinant, Insulin recombinant, Insulin, porcine, Interferon Alfa-2a, Recombinant, Interferon Alfa-2b, Recombinant, Interferon alfacon-1, Interferonalpha-n1, Interferon alfa-n3, Interferon beta-1b, Interferon gamma-1b, Lepirudin, Leuprolide, Lutropin alfa, Mecasermin, Menotropins, Muromonab, Natalizumab, Nesiritide, Octreotide, Omalizumab, Oprelvekin, OspA lipoprotein, Oxytocin, Palifermin, Palivizumab, Panitumumab, Pegademase bovine, Pegaptanib, Pegaspargase, Pegfilgrastim, Peginterferon alfa-2a, Peginterferon alfa-2b, Pegvisomant, Pramlintide, Ranibizumab, Rasburicase, Reteplase, Rituximab, Salmon Calcitonin, Sargramostim, Secretin, Sermorelin, Serum albumin iodonated, Somatropin recombinant, Streptokinase, Tenecteplase, Teriparatide, Thyrotropin Alfa, Tositumomab, Trastuzumab, Urofollitropin, Urokinase, or Vasopressin.

[00159] The therapeutic agent can include one or more of compounds that act by binding members of the immunophilin family of cellular proteins. Such compounds are known as “immunophilin binding compounds” Immunophilin binding compounds include but are not limited to the “limus” family of compounds. Examples of limus compounds that may be used include but are not limited to cyclophilins and FK506-binding proteins (FKBPs), including sirolimus (rapamycin) and its water soluble analog SDZ-RAD, tacrolimus, everolimus, pimecrolimus, CCI-779 (Wyeth), AP23841 (Ariad), and ABT-578 (Abbott Laboratories). The limus family of compounds may be used in the compositions, devices and methods for the treatment, prevention, inhibition, delaying the onset of, or causing the regression of angiogenesis-mediated diseases and conditions of the eye, including choroidal neovascularization. The limus family of compounds may be used to prevent, treat, inhibit, delay the onset of, or cause regression of AMD, including wet AMD. Rapamycin may be used to prevent, treat, inhibit, delay the onset of, or cause regression of angiogenesis-mediated diseases and conditions of the eye, including choroidal neovascularization. Rapamycin may be used to prevent, treat, inhibit, delay the onset of, or cause regression of AMD, including wet AMD.

[00160] The therapeutic agent can include one or more of: pyrrolidine, dithiocarbamate (NF. κ .B inhibitor); squalamine; TPN 470 analogue and fumagillin; PKC (protein kinase C) inhibitors; Tie-1 and Tie-2 kinase inhibitors; proteosome inhibitors such as VelcadeTM (bortezomib, for injection; ranibuzumab (LucentisTM) and other antibodies directed to the same target; pegaptanib (MacugenTM); vitronectin receptor antagonists, such as cyclic peptide antagonists of vitronectin receptor-type integrins; α -v/ β -3 integrin antagonists; α -v/ β -1 integrin antagonists; thiazolidinediones such as rosiglitazone or troglitazone; interferon, including γ -interferon or interferon targeted to CNV by use of dextran and metal coordination; pigment epithelium derived factor (PEDF); endostatin; angiostatin; tumistatin; canstatin; anecortave acetate; acetonide; triamcinolone; tetrathiomolybdate; RNA silencing or RNA interference (RNAi) of angiogenic factors, including ribozymes that target VEGF expression; AccutaneTM (13-cis retinoic acid); ACE inhibitors, including but not limited to quinopril, captopril, and perindopril; inhibitors of mTOR (mammalian target of rapamycin); 3-aminothalidomide; pentoxifylline; 2-methoxyestradiol; colchicines; AMG-1470; cyclooxygenase inhibitors such as napafenac, rofecoxib, diclofenac, rofecoxib, NS398, celecoxib, vioxx, and (E)-2-alkyl-2(4-methanesulfonylphenyl)-1-phenylethene; t-RNA synthase modulator; metalloprotease 13 inhibitor; acetylcholinesterase inhibitor; potassium channel blockers; endorepellin; purine analog of 6-thioguanine; cyclic peroxide ANO-2; (recombinant) arginine deiminase; epigallocatechin-3-gallate; cerivastatin; analogues of suramin; VEGF trap molecules; apoptosis inhibiting agents; VisudyneTM, snET2 and other photo sensitizers, which may be used with photodynamic therapy (PDT); inhibitors of hepatocyte growth factor (antibodies to the growth factor or its receptors, small molecular inhibitors of the c-met tyrosine kinase, truncated versions of HGF e.g. NK4).

[00161] The therapeutic agent can include inhibitors of VEGF receptor kinase; inhibitors of VEGFA, VEGFC, VEGFD, bFGF, PDGF, Ang-1, Ang-2, PDGFR, cKIT, FGF, BDGF, mTOR, α v β 3, α v β 5, α 5 β 1 integrin, and alpha2 adrenergic receptor; inhibitors of complement factor B (e.g. TA106), complement factor D (CFD) (Lampalizumab / TNX-234), C3 (e.g. APL-2, novel compstatin analogs), C5 (e.g. Eculizumab, Zimura, ARC1905, ALN-CC5), C5a (e.g. JPE-1375), and tubulin; AAV-CD56. The therapeutic agent can also include Complement Factor H (CFH), engineered mini-CFH, or recombinant CFH (rCFH).

[00162] The therapeutic agent can include a combination with other therapeutic agents and

therapies, including but not limited to agents and therapies useful for the treatment of angiogenesis or neovascularization, particularly CNV. Non-limiting examples of such additional agents and therapies include pyrrolidine, dithiocarbamate (NF kappa B inhibitor); squalamine; TPN 470 analogue and fumagillin; PKC (protein kinase C) inhibitors; Tie-1 and Tie-2 kinase inhibitors; inhibitors of VEGF receptor kinase; proteosome inhibitors such as VelcadeTM (bortezomib, for injection; ranibizumab (LucentisTM) and other antibodies directed to the same target; pegaptanib (MacugenTM); vitronectin receptor antagonists, such as cyclic peptide antagonists of vitronectin receptor-type integrins; .alpha.-v/.beta.-3 integrin antagonists; .alpha.-v/.beta.-1 integrin antagonists; thiazolidinediones such as rosiglitazone or troglitazone; interferon, including .gamma -interferon or interferon targeted to CNV by use of dextran and metal coordination; pigment epithelium derived factor (PEDF); endostatin; angiostatin; tumistatin; canstatin; anecortave acetate; acetonide; triamcinolone; tetrathiomolybdate; RNA silencing or RNA interference (RNAi) of angiogenic factors, including ribozymes that target VEGF expression; AccutaneTM (13-cis retinoic acid); ACE inhibitors, including but not limited to quinopril, captopril, and perindopril; inhibitors of mTOR (mammalian target of rapamycin); 3-aminothalidomide; pentoxifylline; 2-methoxyestradiol; colchicines; AMG-1470; cyclooxygenase inhibitors such as napafenac, rofecoxib, diclofenac, rofecoxib, NS398, celecoxib, vioxx, and (E)-2-alkyl-2(4-methanesulfonylphenyl)-1-phenylethene; t-RNA synthase modulator; metalloprotease 13 inhibitor; acetylcholinesterase inhibitor; potassium channel blockers; endorepellin; purine analog of 6-thioguanine; cyclic peroxide ANO-2; (recombinant) arginine deiminase; epigallocatechin-3-gallate; cerivastatin; analogues of suramin; VEGF trap molecules; inhibitors of hepatocyte growth factor (antibodies to the growth factor or its receptors, small molecular inhibitors of the c-met tyrosine kinase, truncated versions of HGF e.g. NK4); apoptosis inhibiting agents; VisudyneTM, snET2 and other photo sensitizers with photodynamic therapy (PDT); and laser photocoagulation.

[00163] Prostaglandin analogues (PGAs) can be used to increase outflow of aqueous through the ciliary body and/or the trabecular meshwork including travaprost (0.004%), bimatoprost (0.03%, 0.01%), tafluprost (0.0015%), and latanoprost (0.005%). Beta blockers can be used to reduce aqueous fluid production by the ciliary body. Drugs in this class include timolol (0.5%). Carbonic anhydrase inhibitors can be used to reduce aqueous fluid production by the ciliary body as well. Drugs in this class include brinzolamide (1%),

methazolamide, dorzolamide (2%), and acetazolamide. Alpha antagonists can be used to reduce aqueous fluid production by the ciliary body and increase outflow through the trabecular meshwork. Thus, the drug targets tissues located in both the anterior chamber and the posterior chamber and as such the devices can be implanted in either location to achieve a therapeutic result. Drugs in this class include brimonidine (0.1%, 0.15%) and apraclonidine (0.5%, 1.0%). Commercially available combinations of therapeutics considered herein include COMBIGAN® (brimonidine tartrate/timolol maleate ophthalmic solution; Allergan), and COSOPT® (dorzolamide hydrochloride-timolol maleate ophthalmic solution; Merck). Further, other sustained release therapeutics considered herein include subconjunctival latanoprost (Psivida/Pfizer), intracameral bimatoprost (Allergan), and intravitreal brimonidine (Allergan).

[00164] Various pharmaceutically acceptable carriers for the therapeutic agents described herein can include such as, for example, solids such as starch, gelatin, sugars, natural gums such as acacia, sodium alginate and carboxymethyl cellulose; polymers such as silicone rubber; liquids such as sterile water, saline, dextrose, dextrose in water or saline; condensation products of castor oil and ethylene oxide, liquid glyceryl triester of a lower molecular weight fatty acid; lower alkanols; oils such as corn oil, peanut oil, sesame oil, castor oil, and the like, with emulsifiers such as mono- or di-glyceride of a fatty acid, or a phosphatide such as lecithin, polysorbate 80, and the like; glycols and polyalkylene glycols; aqueous media in the presence of a suspending agent, for example, sodium carboxymethylcellulose, sodium hyaluronate, sodium alginate, poly(vinyl pyrrolidone) and similar compounds, either alone, or with suitable dispensing agents such as lecithin, polyoxyethylene stearate and the like. The carrier may also contain adjuvants such as preserving, stabilizing, wetting, emulsifying agents or other related materials

[00165] *Materials*

[00166] Generally, the components of the devices described herein are fabricated of materials that are biocompatible and preferably insoluble in the body fluids and tissues that the device comes into contact with. The materials generally do not cause irritation to the portion of the eye that it contacts. Materials may include, by way of example, various polymers including, for example, silicone elastomers and rubbers, polyolefins, polyurethanes, acrylates, polycarbonates, polyamides, polyimides, polyesters, and polysulfones. One or more

components of the devices described herein can be fabricated of a permeable material including, but not limited to, polycarbonates, polyolefins, polyurethanes, copolymers of acrylonitrile, copolymers of polyvinyl chloride, polyamides, polysulphones, polystyrenes, polyvinyl fluorides, polyvinyl alcohols, polyvinyl esters, polyvinyl butyrate, polyvinyl acetate, polyvinylidene chlorides, polyvinylidene fluorides, polyimides, polyisoprene, polyisobutylene, polybutadiene, polyethylene, polyethers, polytetrafluoroethylene, polychloroethers, polymethylmethacrylate, polybutylmethacrylate, polyvinyl acetate, nylons, cellulose, gelatin, silicone rubbers and porous rubbers. One or more components of the devices described herein can be fabricated of a nonbiodegradable polymer, including but not limited to polymethylmethacrylate, a silicone elastomer, or silicone rubber. Other suitable non-erodible, biocompatible polymers which may be used in fabricating the devices described herein may include polyolefins such as polypropylene and polyethylene, homopolymers, and copolymers of vinyl acetate such as ethylene vinyl acetate copolymer, polyvinylchlorides, homopolymers and copolymers of acrylates such as polyethylmethacrylate, polyurethanes, polyvinylpyrrolidone, 2-pyrrolidone, polyacrylonitrile butadiene, polycarbonates, polyamides, fluoropolymers such as polytetrafluoroethylene and polyvinyl fluoride, polystyrenes, homopolymers and copolymers of styrene acrylonitrile, cellulose acetate, homopolymers and copolymers of acrylonitrile butadiene styrene, polymethylpentene, polysulfones, polyesters, polyimides, natural rubber, polyisobutylene, polymethylstyrene and other similar non-erodible biocompatible polymers.

[00167] One or more of the components of the devices described herein can be fabricated of a substantially non-compliant material that can be expanded to a particular shape. One or more of the components of the devices described herein can be fabricated of a rigid, non-pliable material. One or more of the components of the devices described herein can be fabricated of a shape memory material and/or superelastic material including, but not limited to shape memory alloys (SMA) like Nitinol (Ni--Ti alloy) and shape memory polymers (SMP) like AB-polymer networks based on oligo(*e*-caprolactone) dimethacrylates and *n*-butyl acrylate. Shape memory alloys generally have at least two phases: (1) a martensite phase, which has a relatively low tensile strength and which is stable at relatively low temperatures, and (2) an austenite phase, which has a relatively high tensile strength and which is stable at temperatures higher than the martensite phase. The shape memory characteristics are imparted on the material by heating the material to a temperature above the

temperature at which the austenite phase is stable. While the material is heated to this temperature, the device is held in the "memory shape", which is shape that is desired to be "remembered".

[00168] While this specification contains many specifics, these should not be construed as limitations on the scope of what is claimed or of what may be claimed, but rather as descriptions of features specific to particular embodiments. Certain features that are described in this specification in the context of separate embodiments can also be implemented in combination in a single embodiment. Conversely, various features that are described in the context of a single embodiment can also be implemented in multiple embodiments separately or in any suitable sub-combination. Moreover, although features may be described above as acting in certain combinations and even initially claimed as such, one or more features from a claimed combination can in some cases be excised from the combination, and the claimed combination may be directed to a sub-combination or a variation of a sub-combination. Similarly, while operations are depicted in the drawings in a particular order, this should not be understood as requiring that such operations be performed in the particular order shown or in sequential order, or that all illustrated operations be performed, to achieve desirable results. Only a few examples and implementations are disclosed. Variations, modifications and enhancements to the described examples and implementations and other implementations may be made based on what is disclosed. The claimed subject matter has been described in conjunction with the detailed description thereof, the foregoing description is intended to illustrate and not limit the scope of the claimed subject matter of the appended claims.

[00169] Where any or all of the terms "comprise", "comprises", "comprised" or "comprising" are used in this specification (including the claims) they are to be interpreted as specifying the presence of the stated features, integers, steps or components, but not precluding the presence of one or more other features, integers, steps or components.

THE CLAIMS DEFINING THE INVENTION ARE AS FOLLOWS:

1. A drug delivery device configured to be at least partially implanted in an eye through the sclera, the device comprising:

a retention structure positioned near a proximal end region of the device comprising;

a proximal flange element defining an access port into the device; and

a neck having a proximal region and a distal extension, the proximal region having a major axis dimension and a minor axis dimension,

wherein, upon implantation through a penetration site in a sclera of an eye, the proximal flange element is configured to remain outside the sclera, the proximal region of the neck is configured to span the penetration site in the sclera, and the distal extension is configured to be positioned inside the sclera,

wherein the access port of the proximal flange extends through the proximal region of the neck defining a trans-scleral access port region of the access port and extends through the distal extension of the neck defining a sub-scleral access port region of the access port;

a penetrable element coupled to and extending within at least a portion of the access port, wherein the penetrable element has a first portion positioned within the trans-scleral access port region and a second portion positioned within the sub-scleral access port region, a maximum distance across the first portion being less than a maximum distance across the second portion;

a porous drug release element positioned in fluid communication with an outlet of the device; and

a reservoir having a volume configured to contain one or more therapeutic agents and to be in fluid communication with the outlet through the porous drug release element,

wherein the device is configured to be at least partially inserted into the eye along an axis of insertion.

2. The device of claim 1, wherein the reservoir is configured to enlarge from an insertion configuration having a first three-dimensional shape to an expanded configuration having a second three-dimensional shape.

3. The device of claim 2, wherein a first portion of the volume of the reservoir in the expanded configuration enlarges away from the lens of the eye and is greater than a remaining portion of the volume.

4. The device of claim 3, wherein the first portion and the remaining portion each remain outside the visual axis of the eye.

5. The device of any one of claims 1-4, wherein the reservoir is formed of a non-compliant material.

6. The device of claim 5, wherein the non-compliant material of the reservoir expands from the first three-dimensional shape to the second three-dimensional shape, but does not stretch beyond the second three-dimensional shape.

7. The device of any one of claims 2-4, wherein a proximal end of the reservoir is separated a distance from one or more internal tissue surfaces surrounding a penetration site of the eye when in the expanded configuration.

8. The device of any one of claims 2-4, wherein the device remains outside the visual axis in the expanded configuration.

9. The device of claim 1, further comprising an elongated core element having a longitudinal axis extending from the proximal end region of the device to a distal end region of the device.

10. The device of claim 9, wherein the drug release element is coupled to the elongated core element near the distal end region of the device and the retention structure is coupled to the elongated core element near the proximal end region of the device.

11. The device of claim 9, wherein the elongated core element comprises an inner lumen and one or more openings extending through a wall of the elongated core element.

12. The device of claim 11, wherein the inner lumen of the elongated core element is in fluid communication with the reservoir volume through the one or more openings.

13. The device of claim 2, wherein the second three-dimensional shape is eccentrically positioned relative to the axis of insertion.

14. The device of claim 2, wherein when the device is in the first three-dimensional shape a distal end region of the device is aligned with the axis of insertion, and

when in the second three-dimensional shape the distal end region of the device is not aligned with the axis of insertion.

15. The device of claim 1, further comprising an elongated core element, wherein the reservoir is formed of non-compliant material, the non-compliant material of the reservoir is collapsed around the elongated core element forming a first three-dimensional shape prior to filling the volume with the one or more therapeutic agents when the device is in an insertion configuration, and wherein the non-compliant material of the reservoir is enlarged away from the elongated core element forming a second three-dimensional shape upon filling the volume with the one or more therapeutic agents when the device is in an expanded configuration.

16. The device of claim 1, wherein a proximal end of the reservoir forms a shoulder configured to capture scleral tissue in a region between an inner surface of the retention structure and an upper surface of the shoulder.

17. The device of claim 1, wherein the proximal region of the neck is sized along a cross-section to fit the penetration site through the sclera such that the proximal region is narrowed compared to the distal extension.

18. The device of claim 1, wherein the proximal region of the neck has a cross-sectional shape that is substantially cylindrical and an access port extending through the proximal region into the reservoir is substantially cylindrical.

19. The device of claim 1, wherein the proximal region of the neck has a cross-sectional shape that is substantially lenticular forming a pair of outer pinched regions on either side of the major diameter.

20. The device of claim 1, wherein a maximum distance across the proximal region of the neck along the minor axis dimension is shorter than a maximum distance across the distal extension, and wherein a maximum distance across the proximal region of the neck along the major axis dimension is longer than a maximum distance across the distal extension.

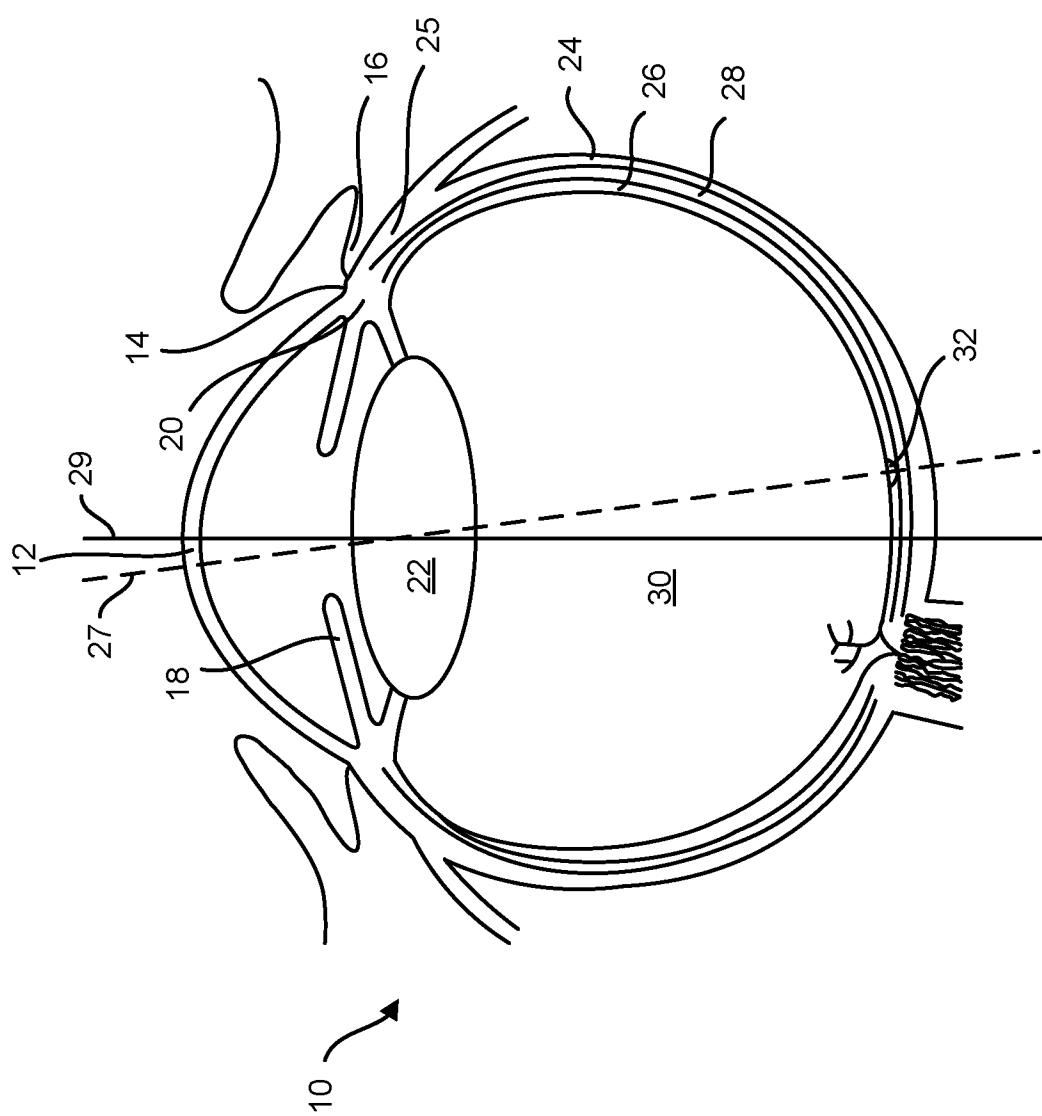


FIG. 1

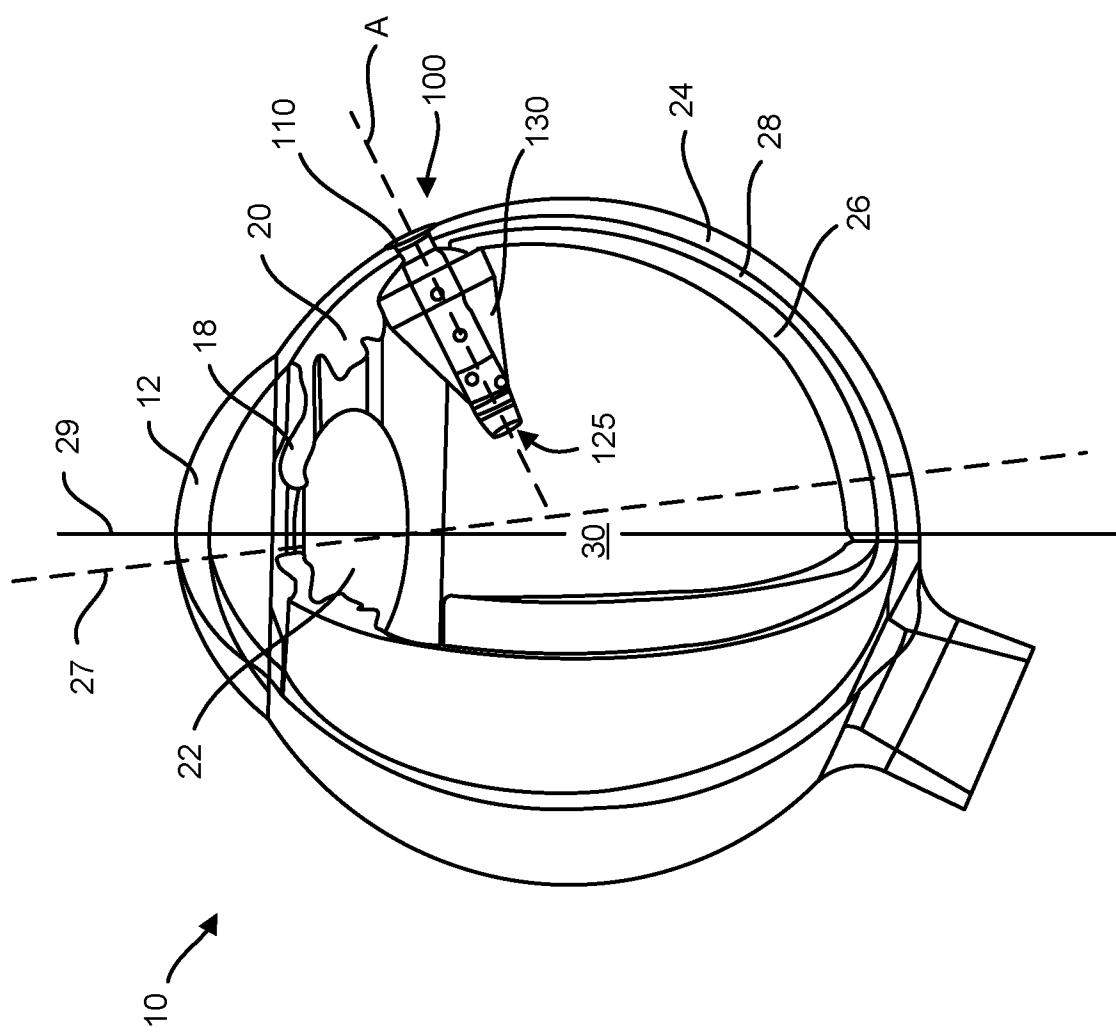


FIG. 2

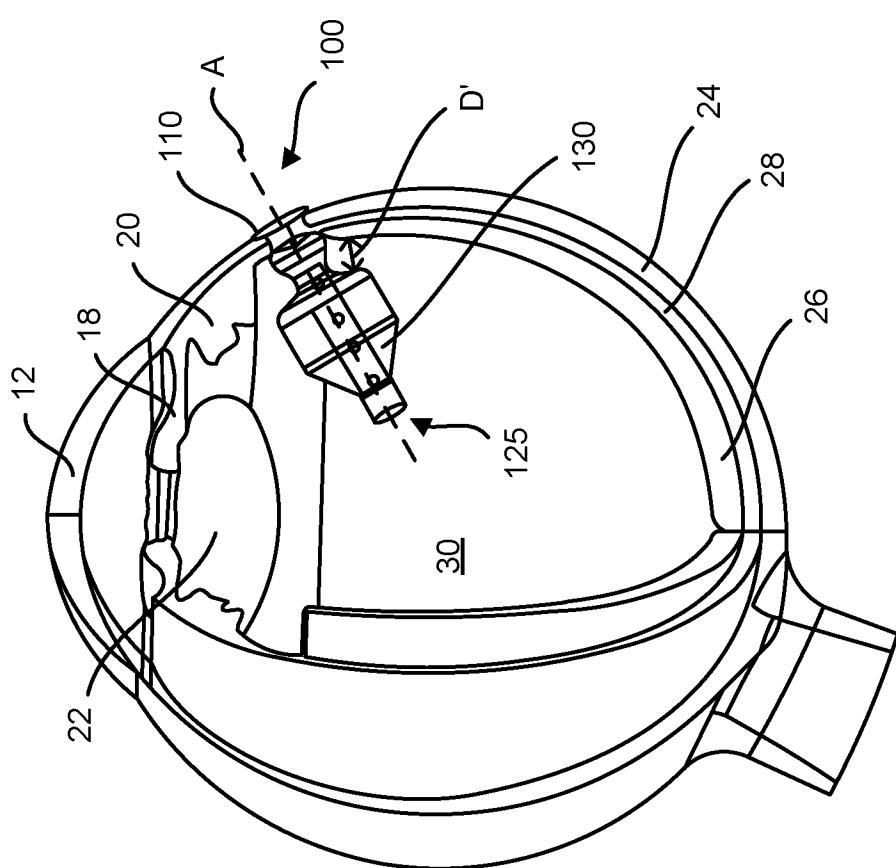


FIG. 3

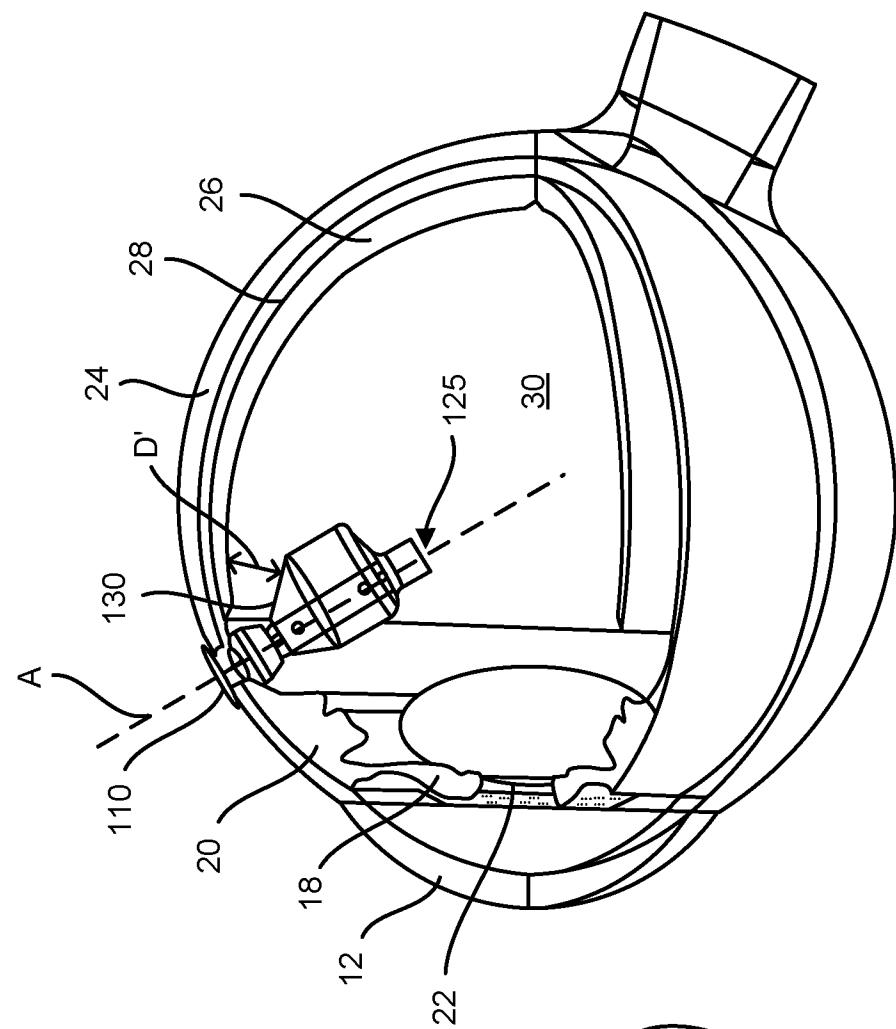


FIG. 5

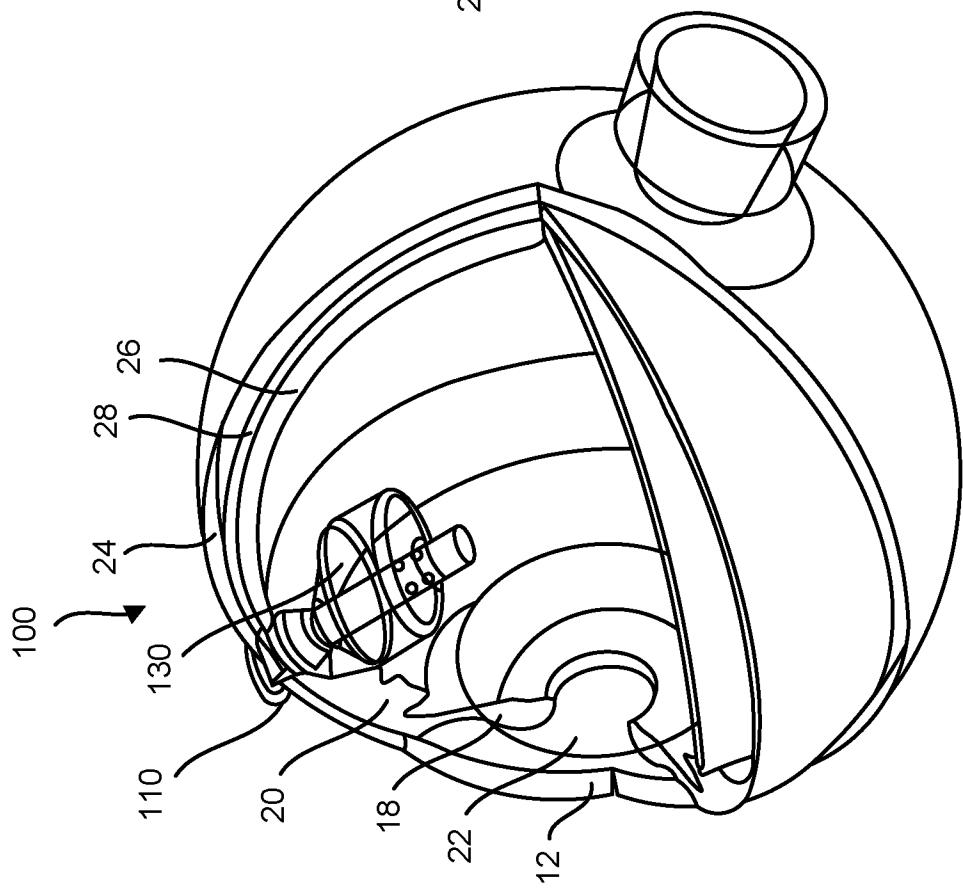


FIG. 4

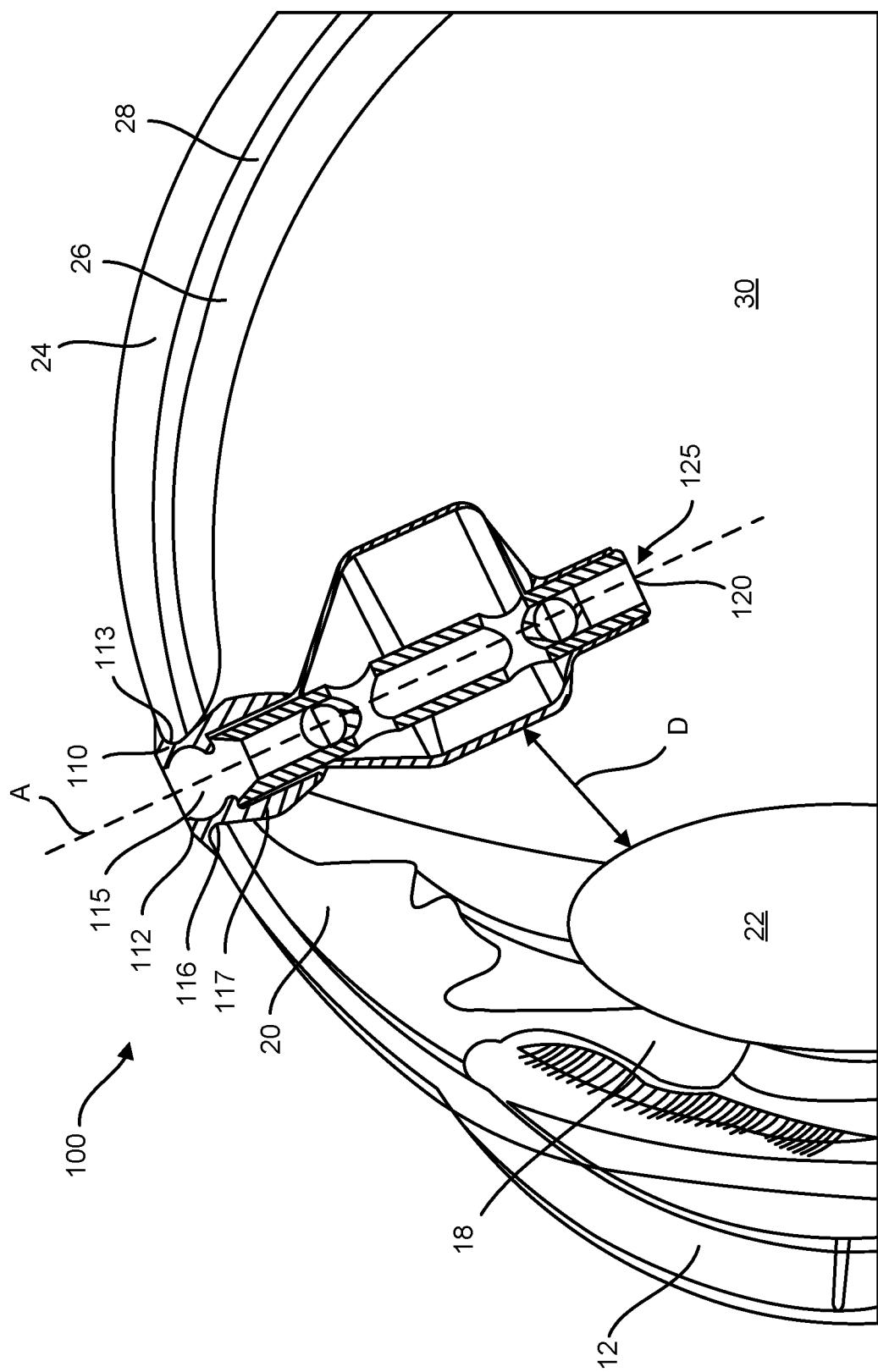
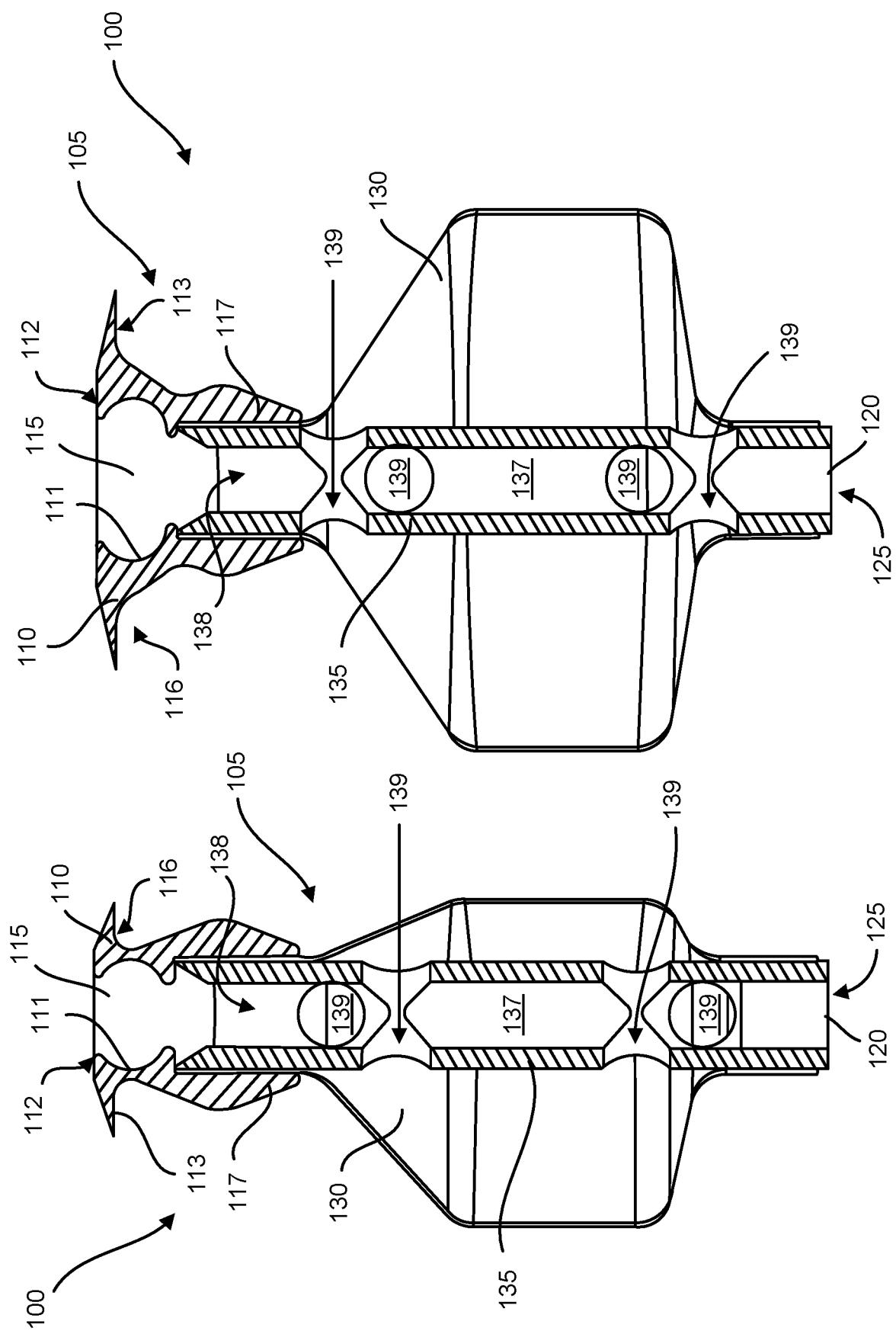


FIG. 6



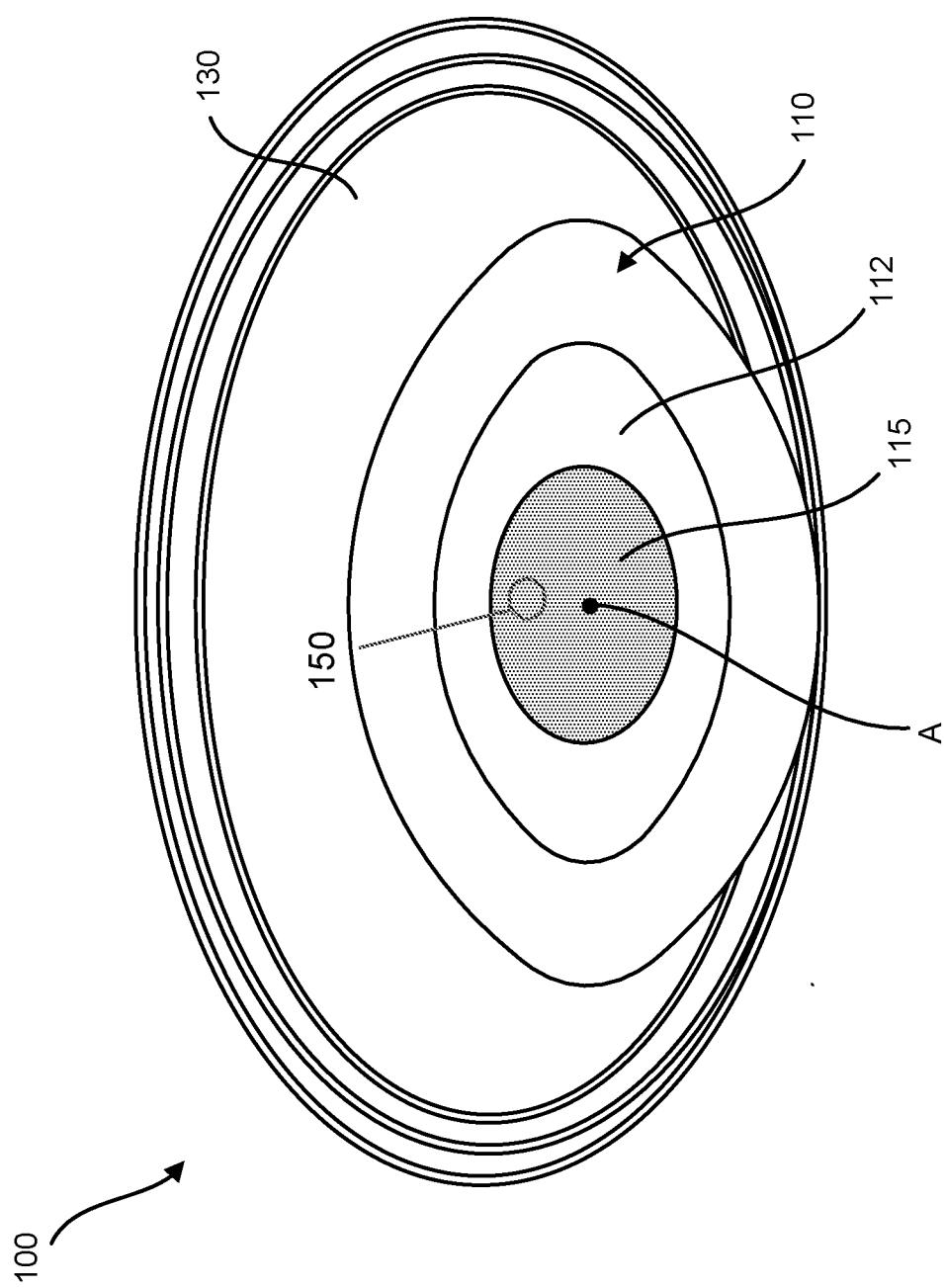


FIG. 9

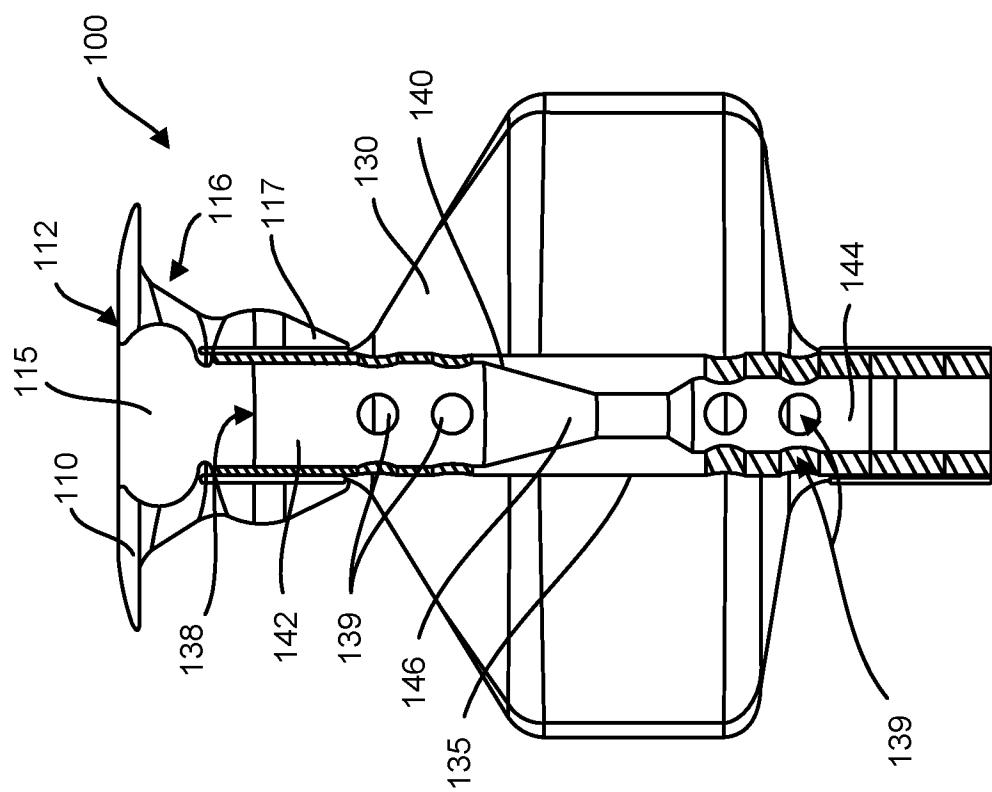


FIG. 10

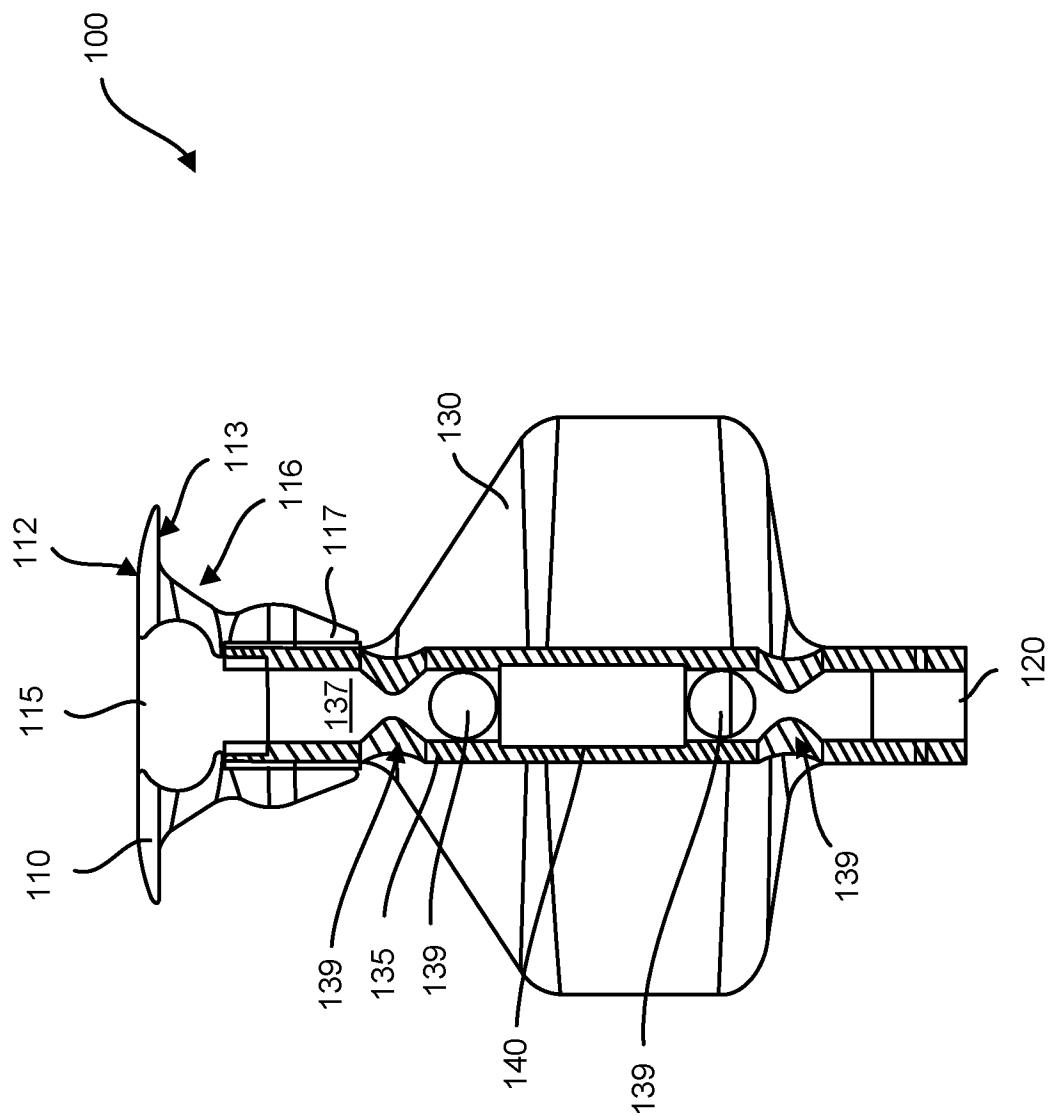


FIG. 11

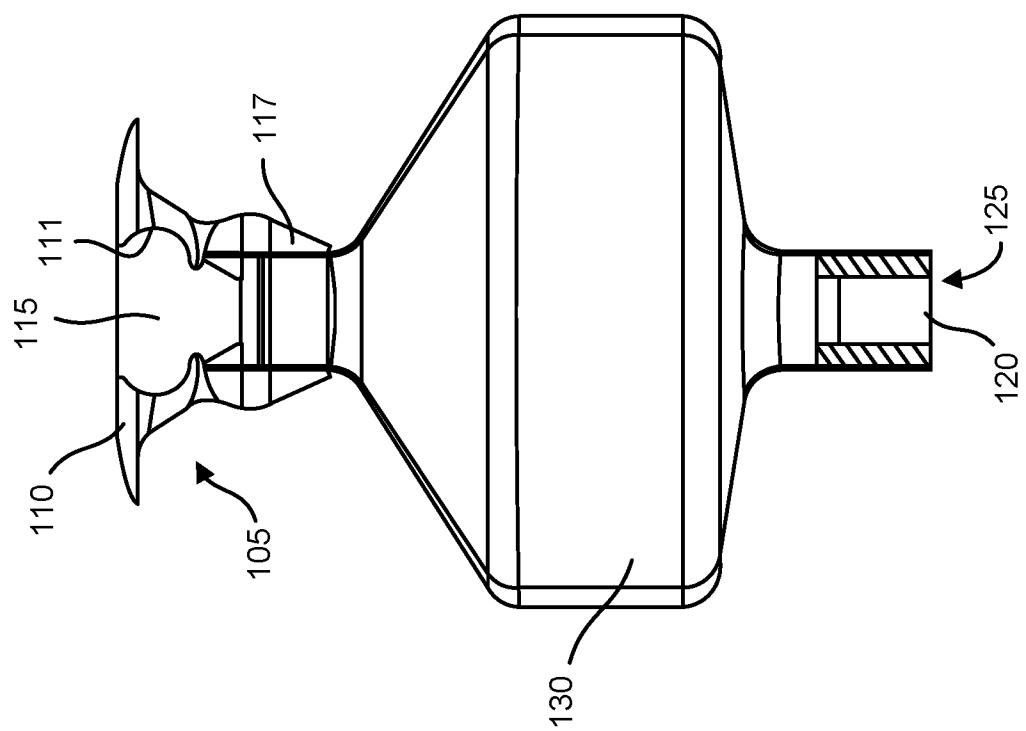


FIG. 12

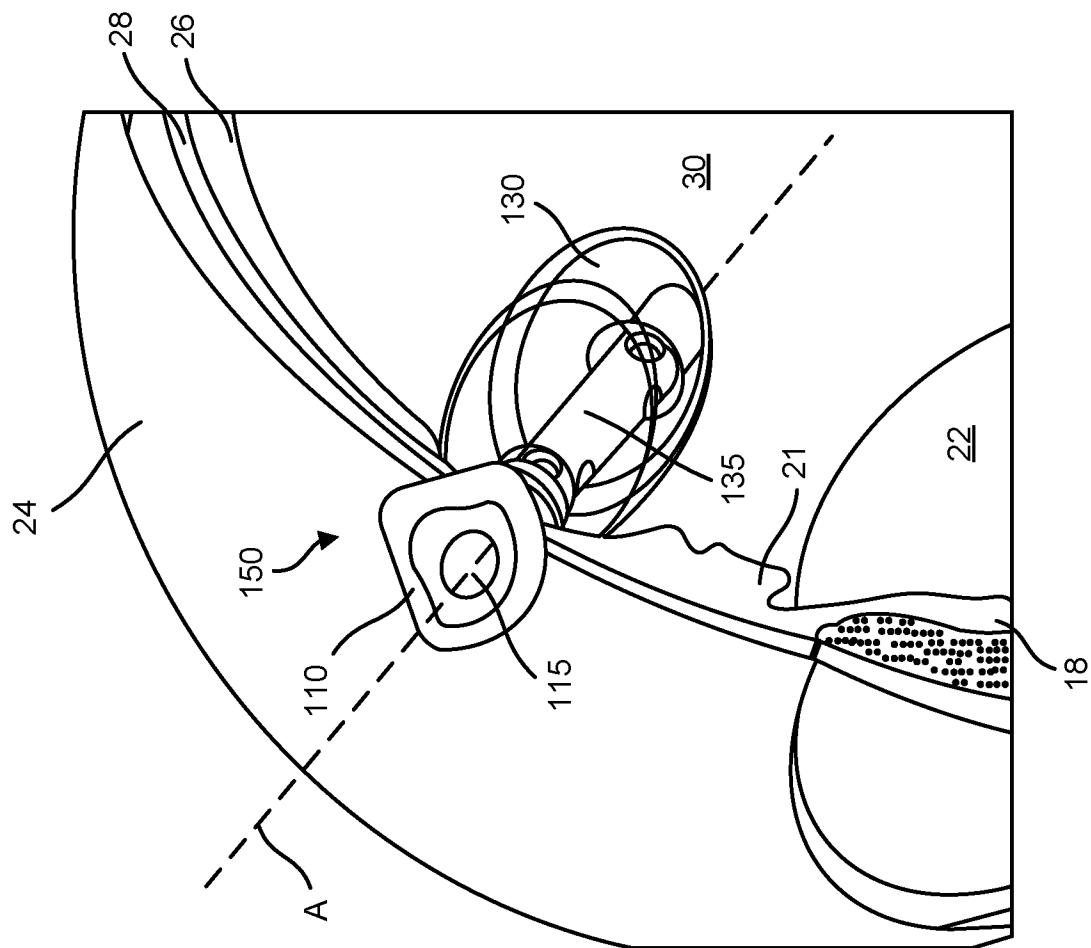


FIG. 13

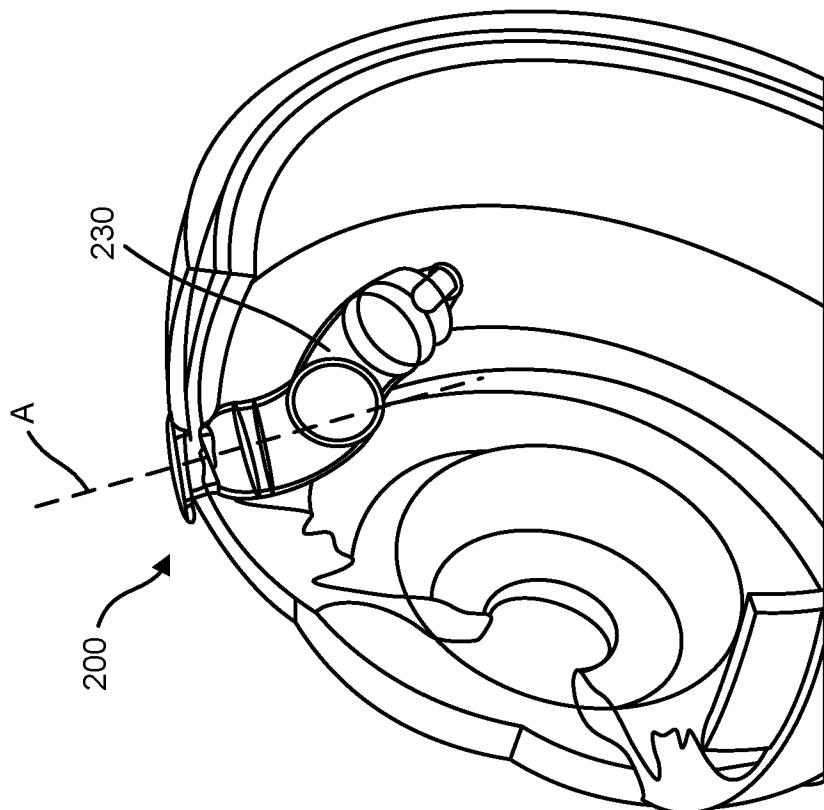
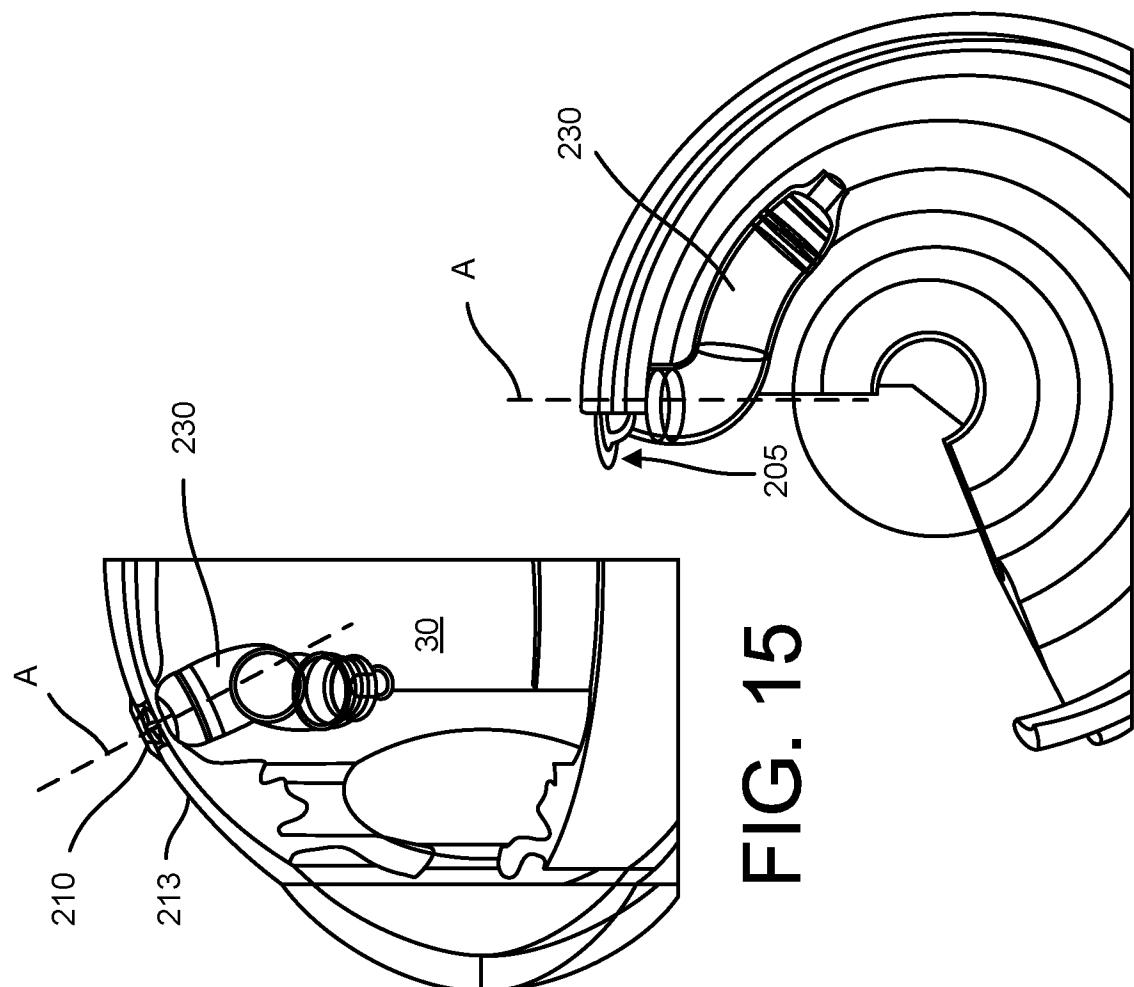


FIG. 16

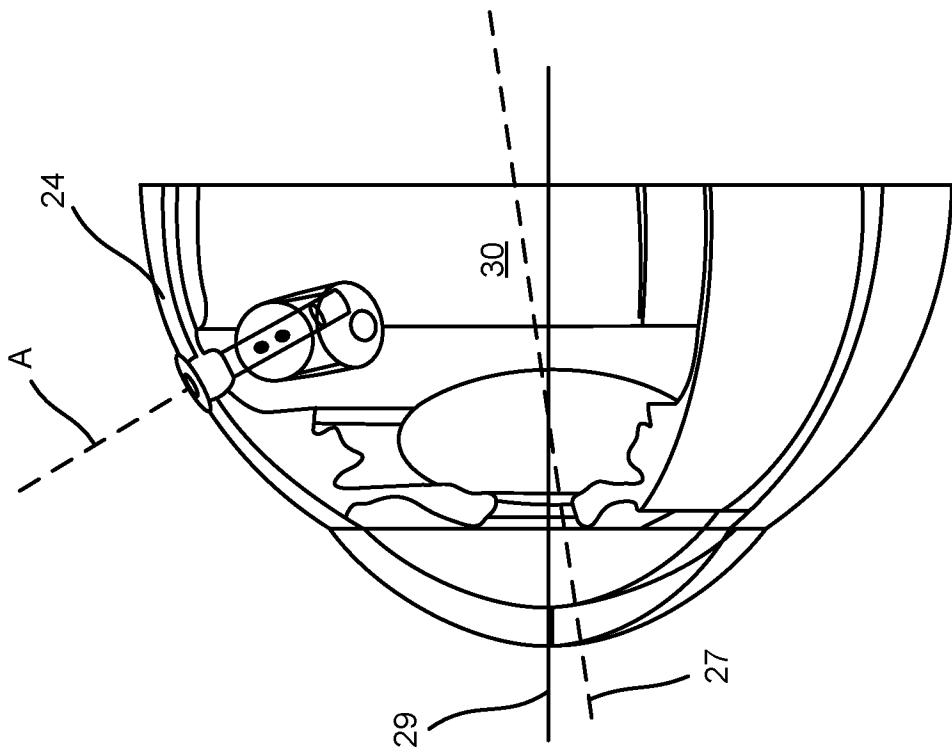


FIG. 18

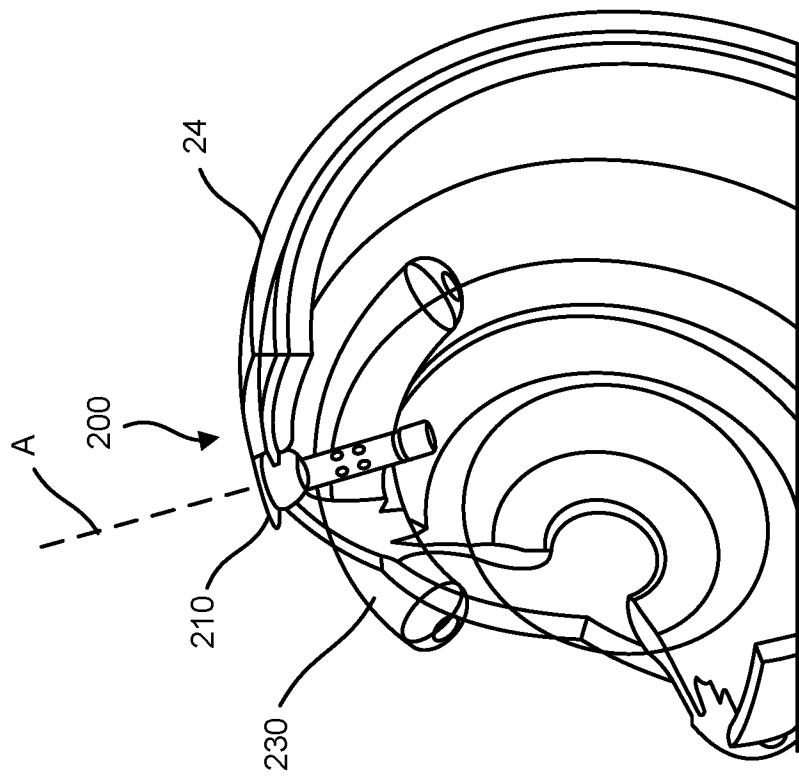
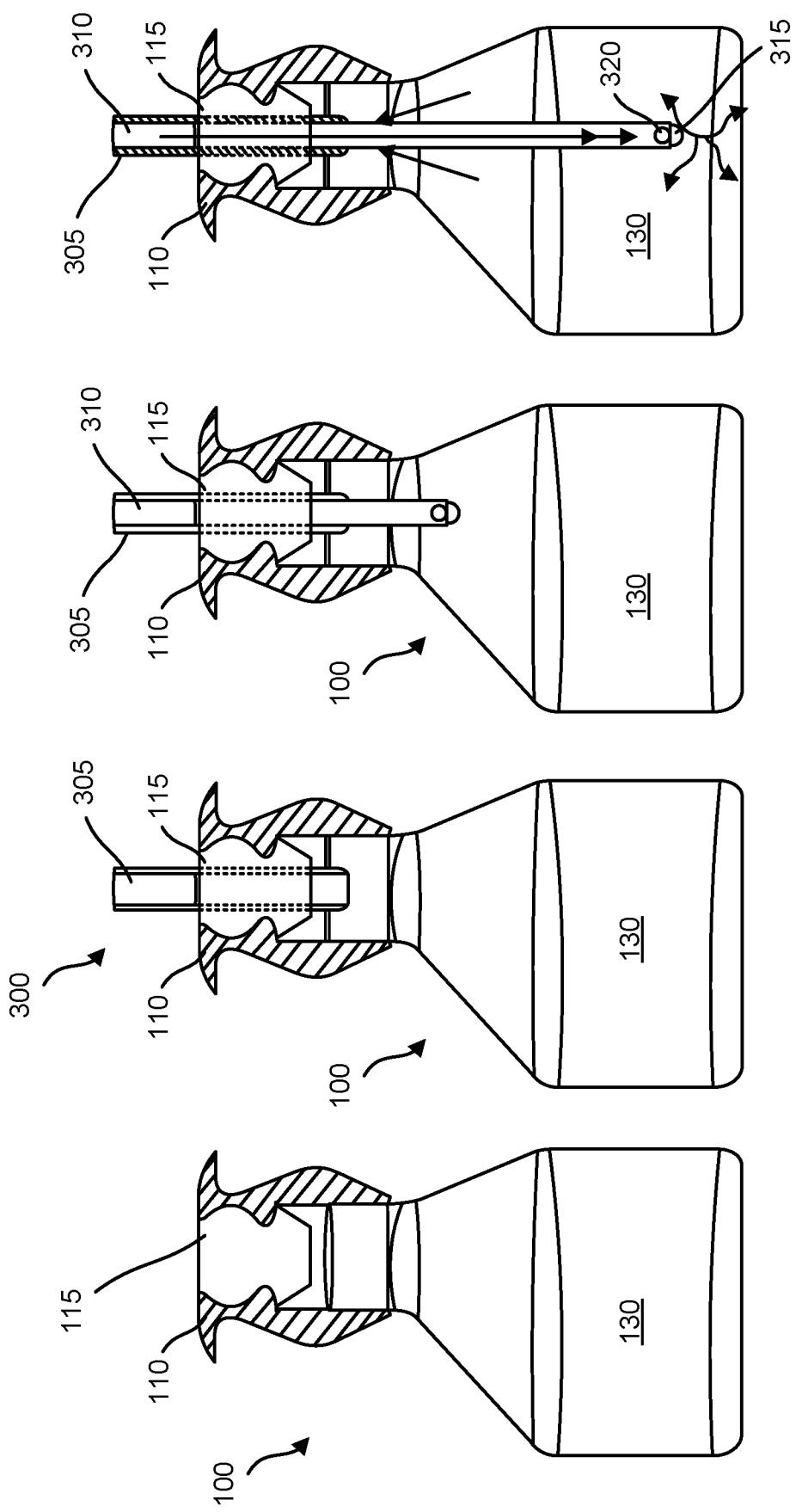


FIG. 17

FIG. 19A FIG. 19B FIG. 19C FIG. 19D



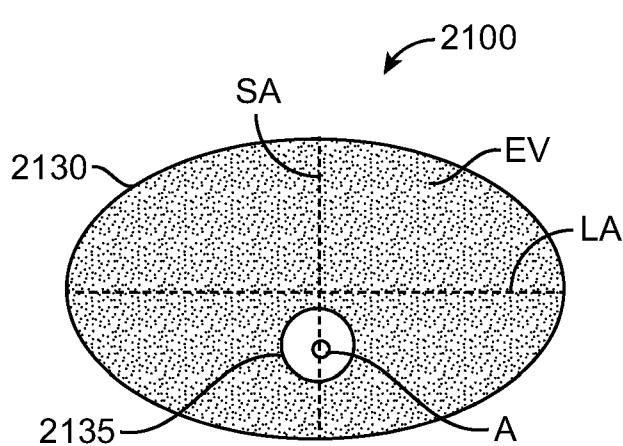


FIG. 20A

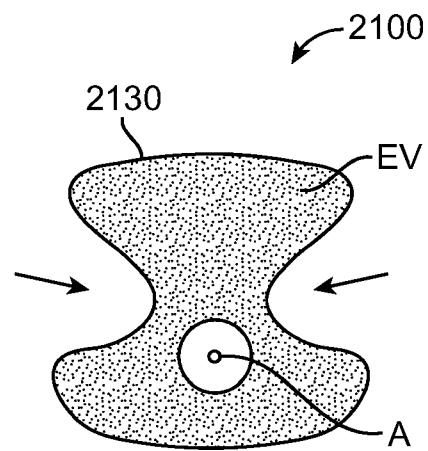


FIG. 20B

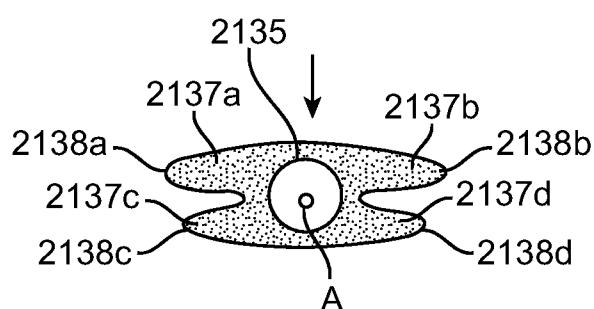


FIG. 20C

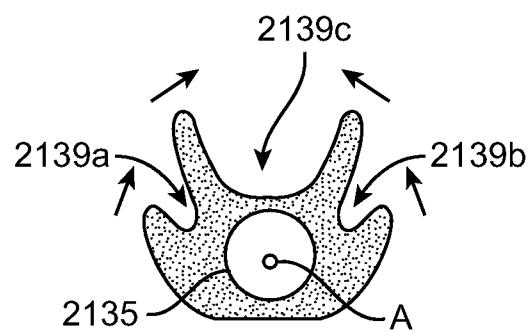


FIG. 20D

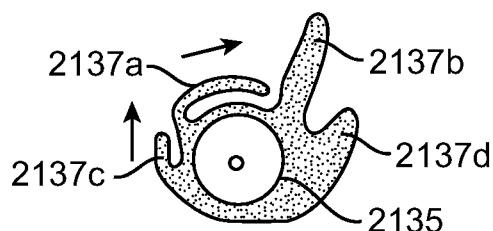


FIG. 20E

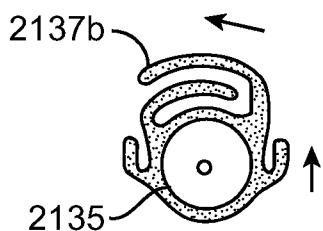


FIG. 20F

16 / 40

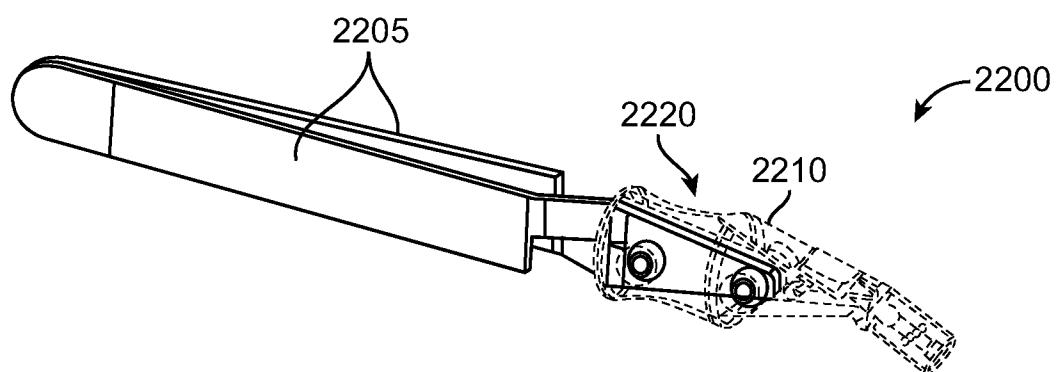


FIG. 21A

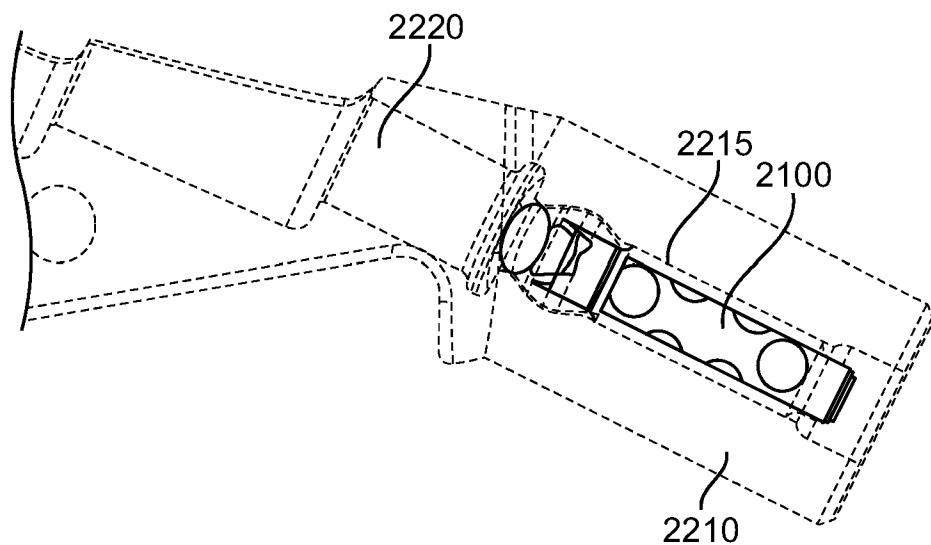
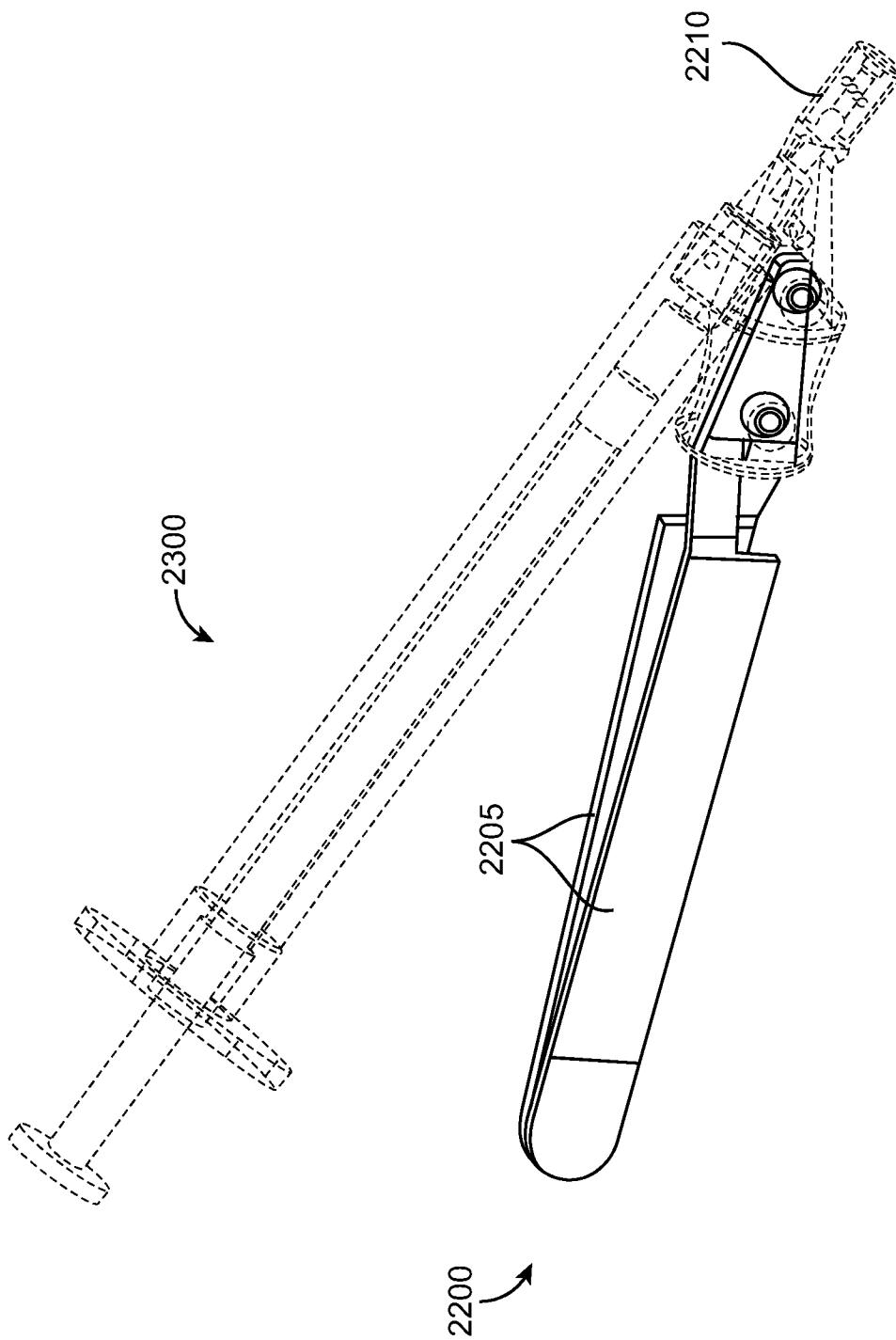


FIG. 21B



18 / 40

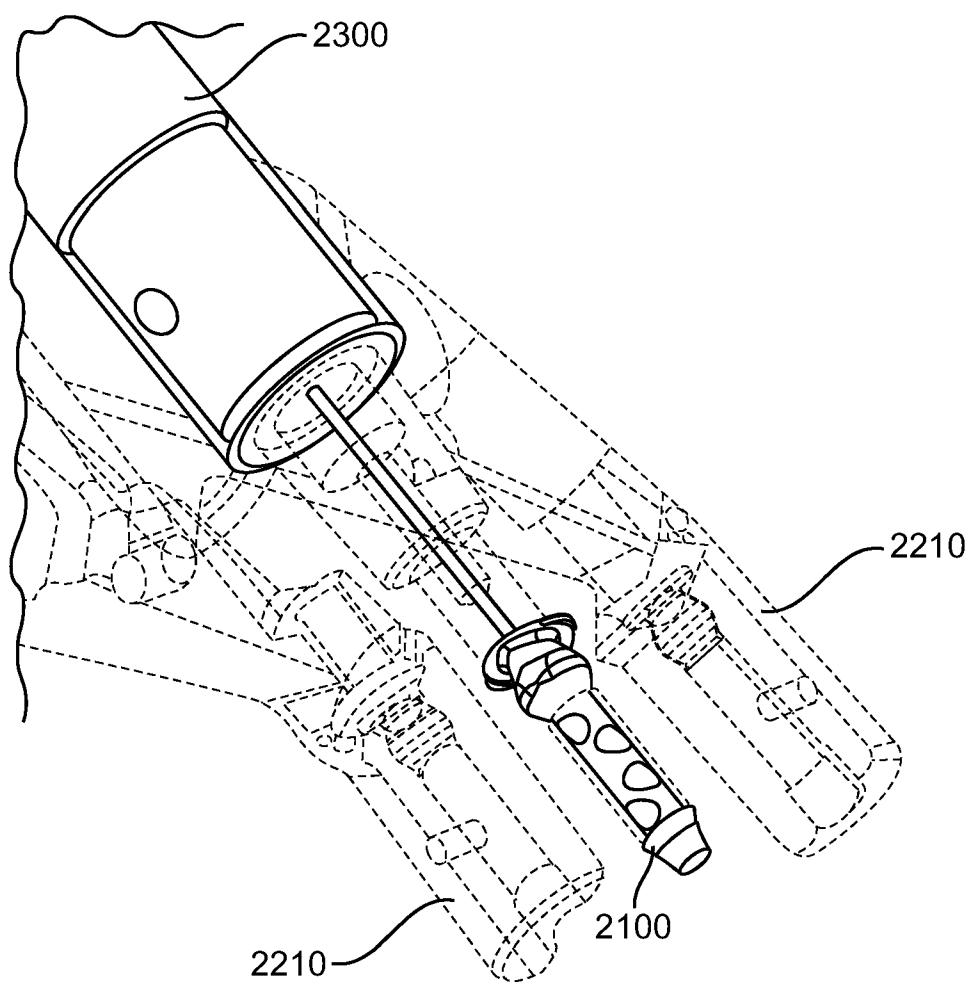


FIG. 21D

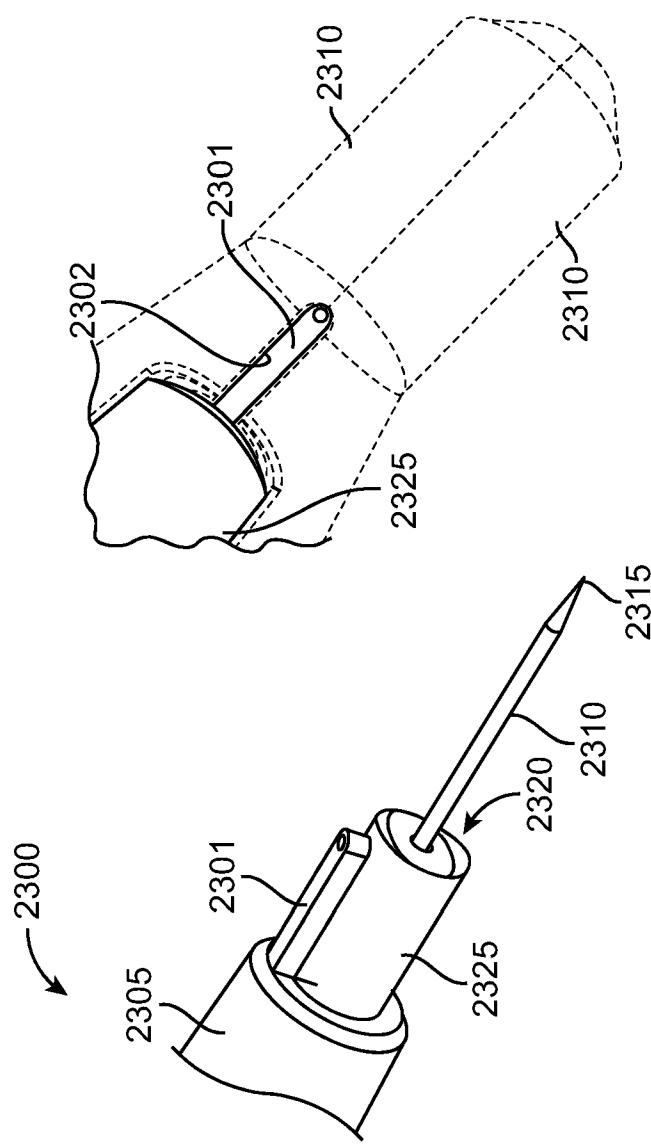


FIG. 22B

FIG. 22A

20 / 40

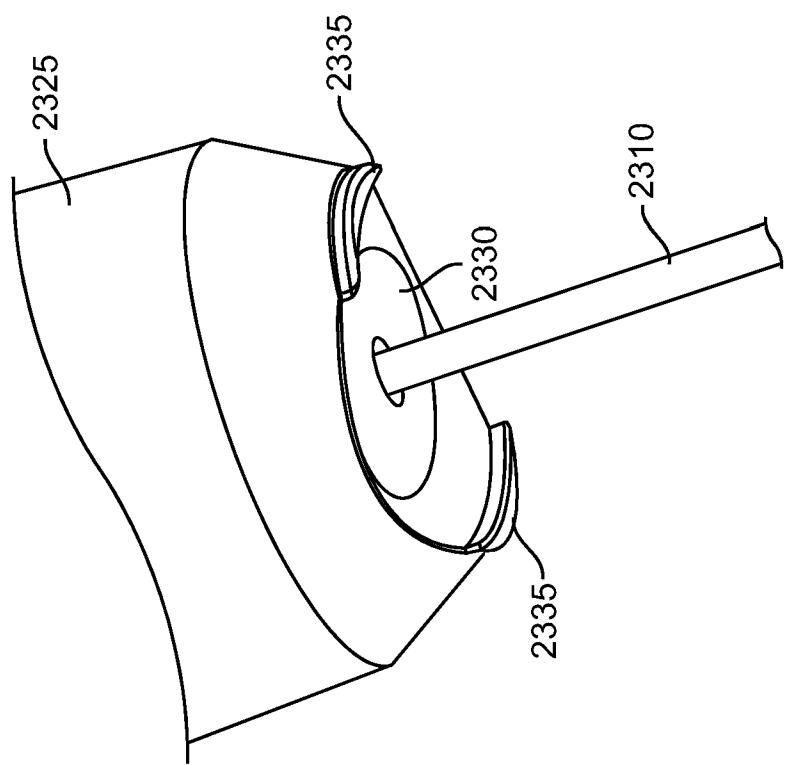


FIG. 23B

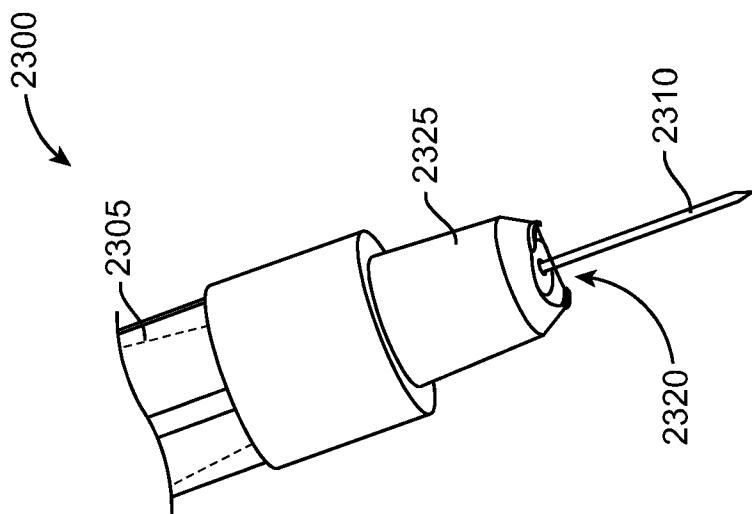


FIG. 23A

21 / 40

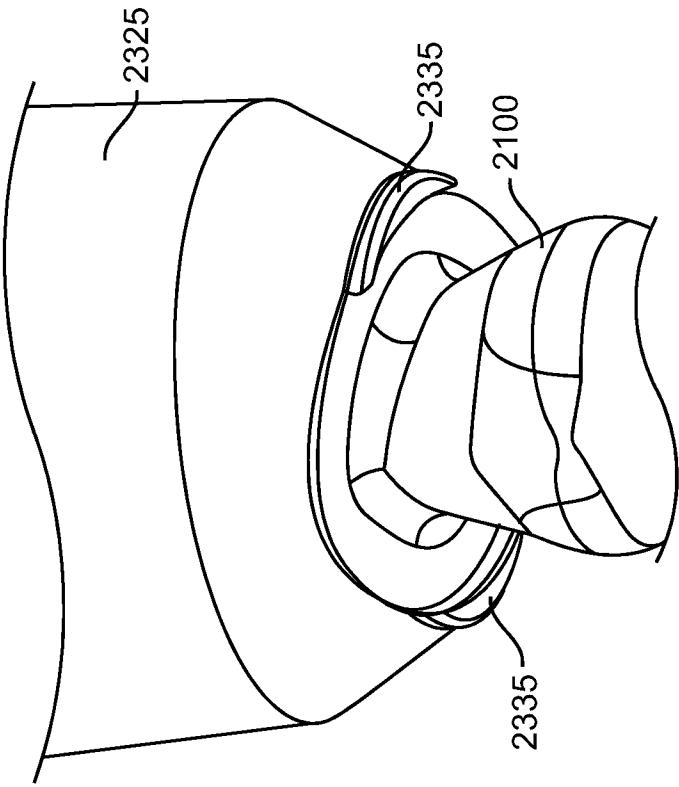


FIG. 23E

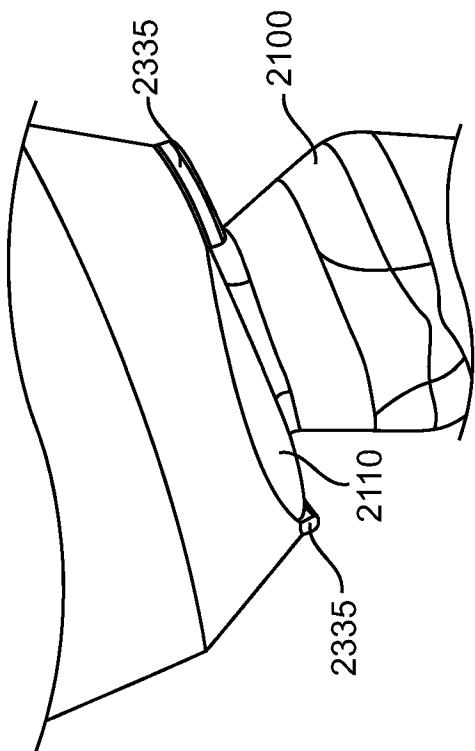


FIG. 23C

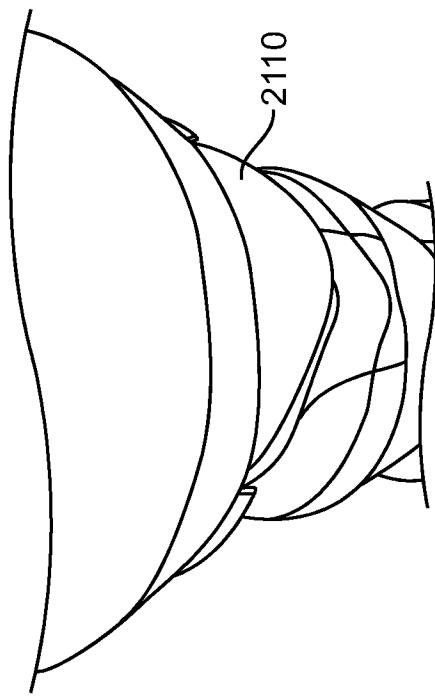


FIG. 23D

22 / 40

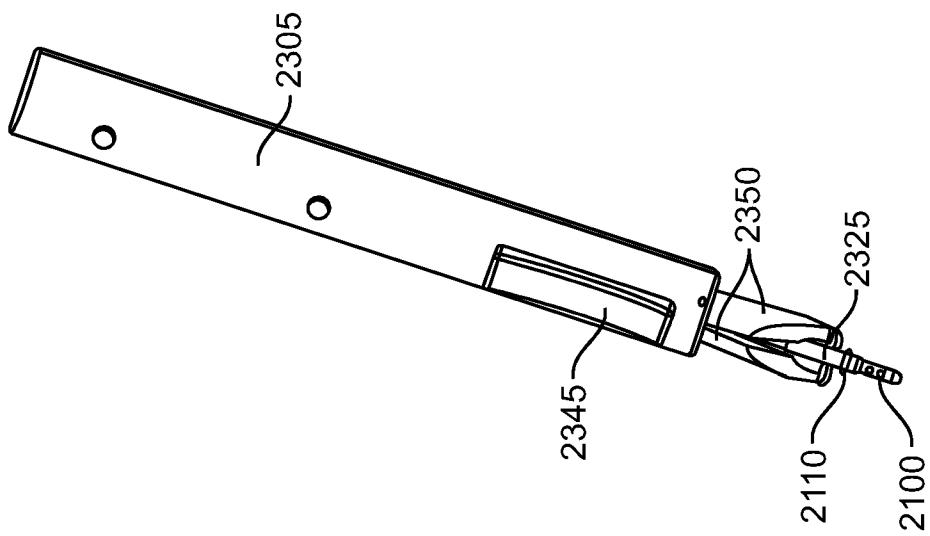


FIG. 24C

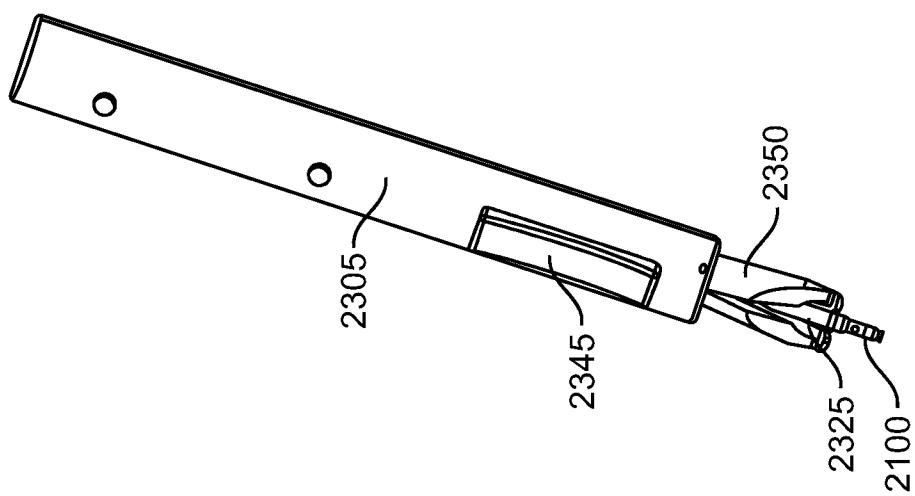


FIG. 24B

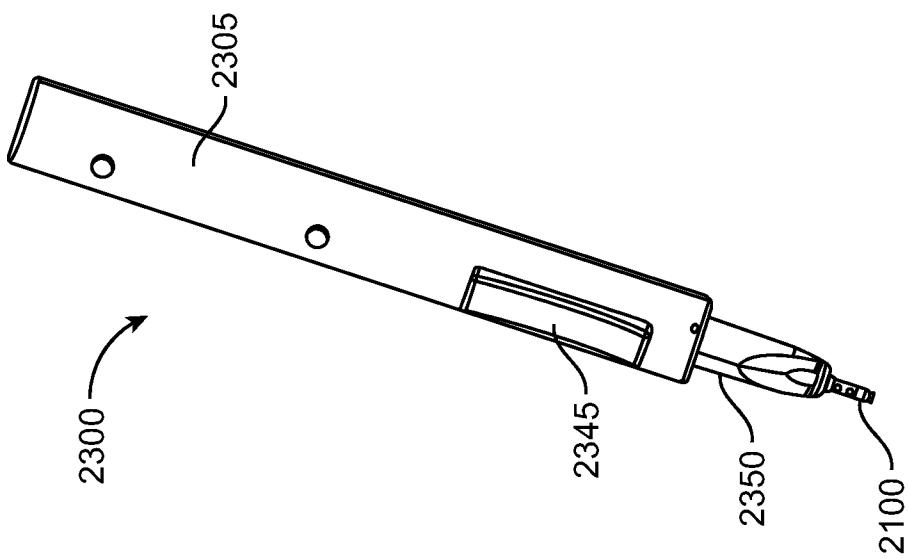


FIG. 24A

23 / 40

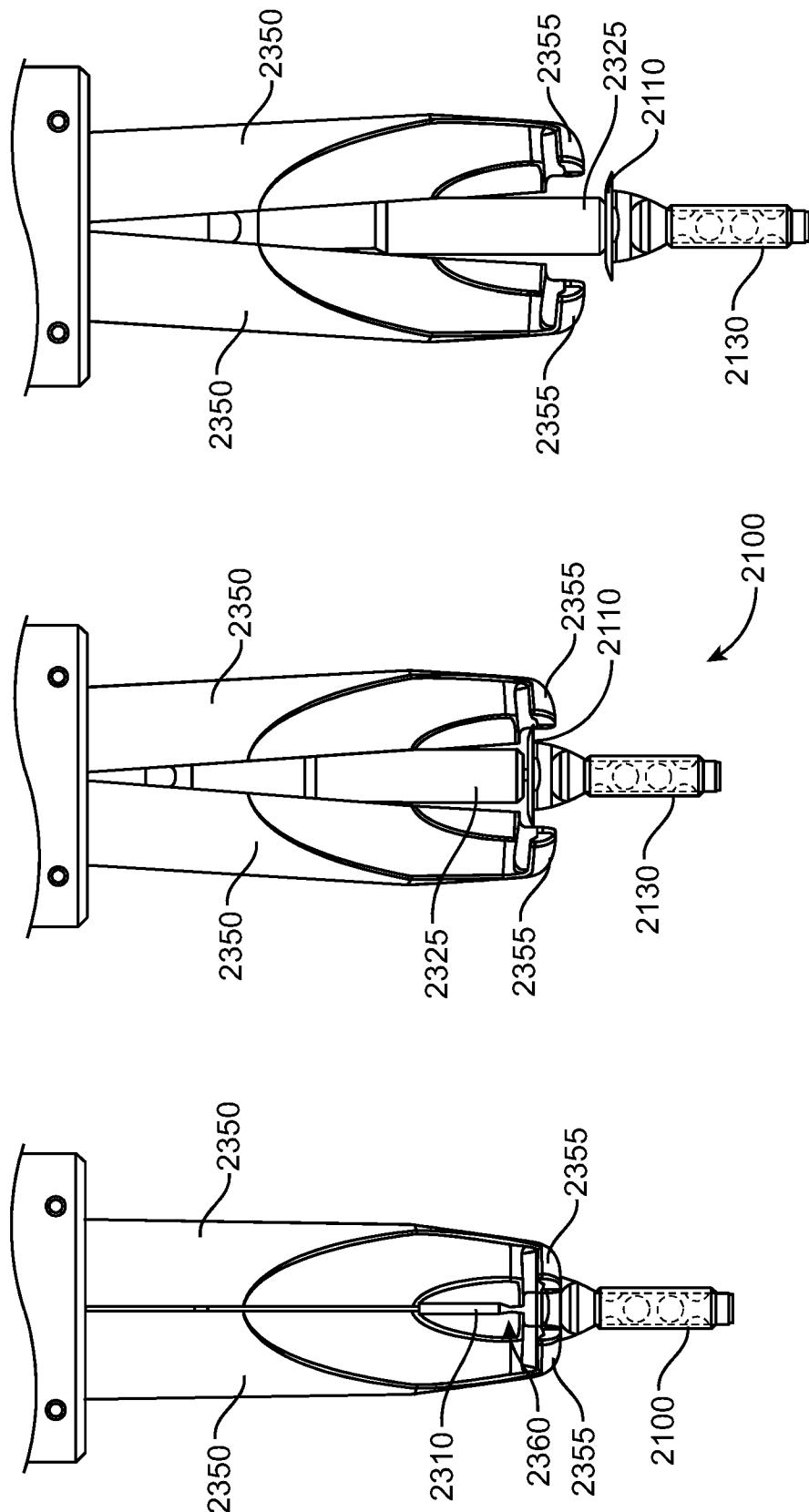


FIG. 24D

FIG. 24E

FIG. 24F

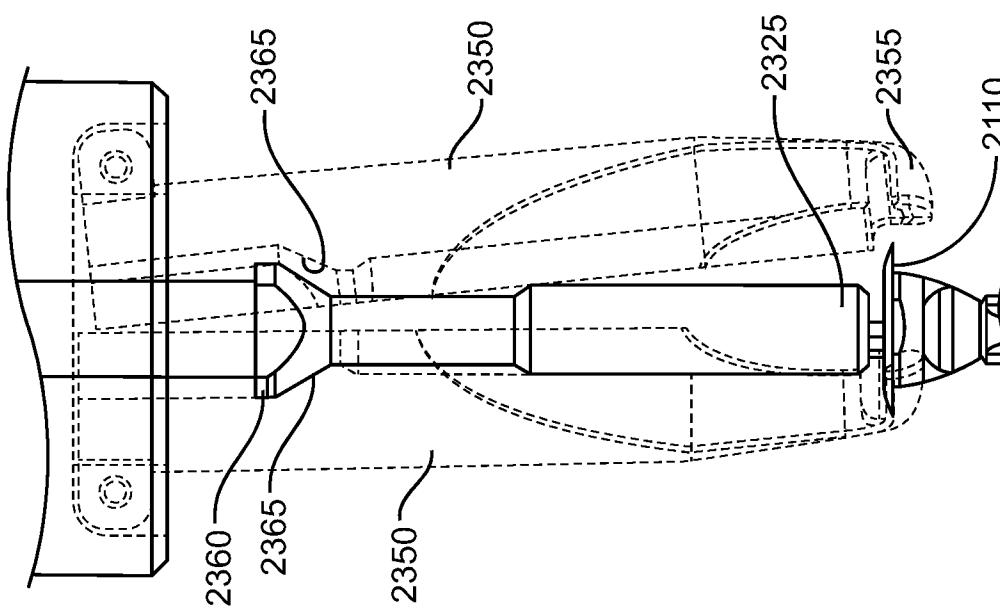


FIG. 24G

25 / 40

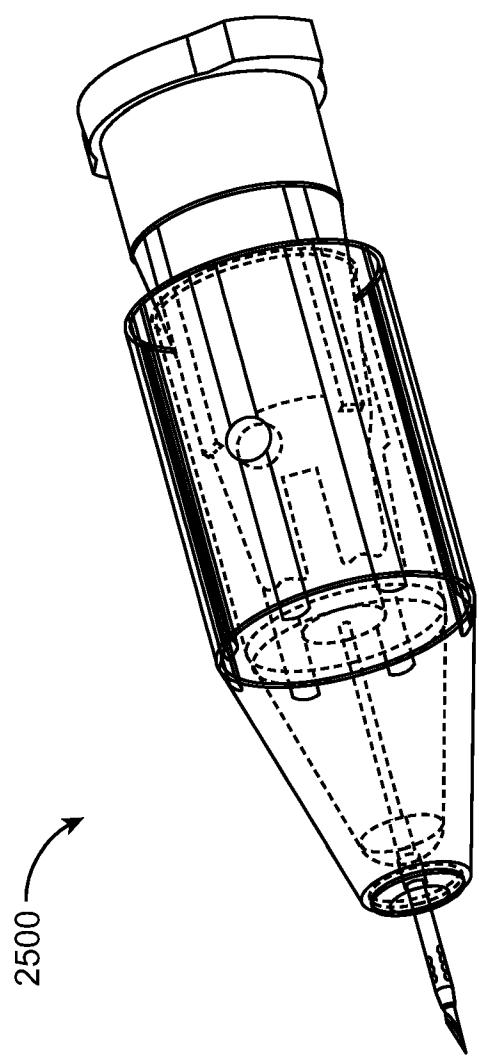


FIG. 25

26 / 40

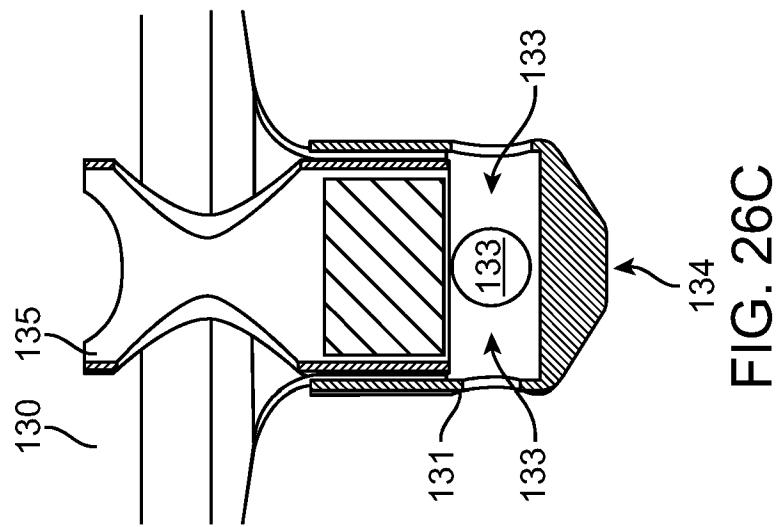


FIG. 26C

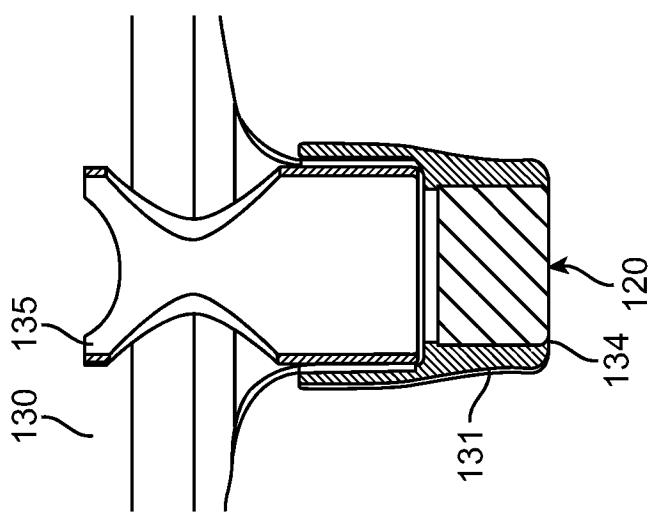


FIG. 26B

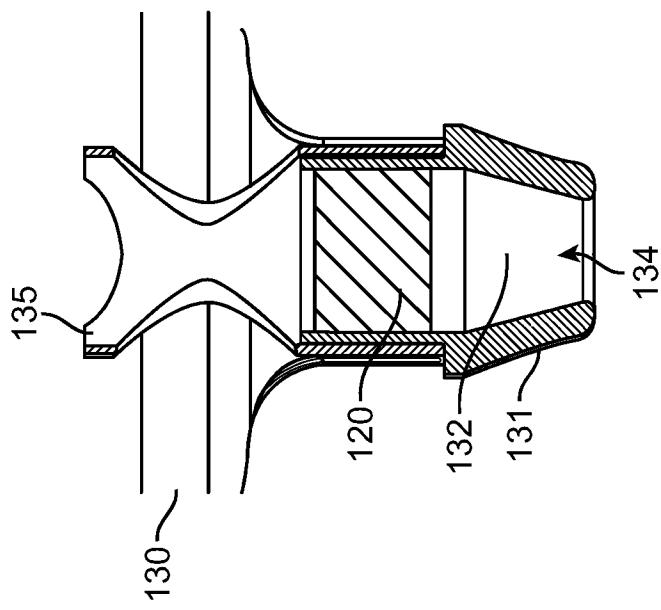


FIG. 26A

27 / 40

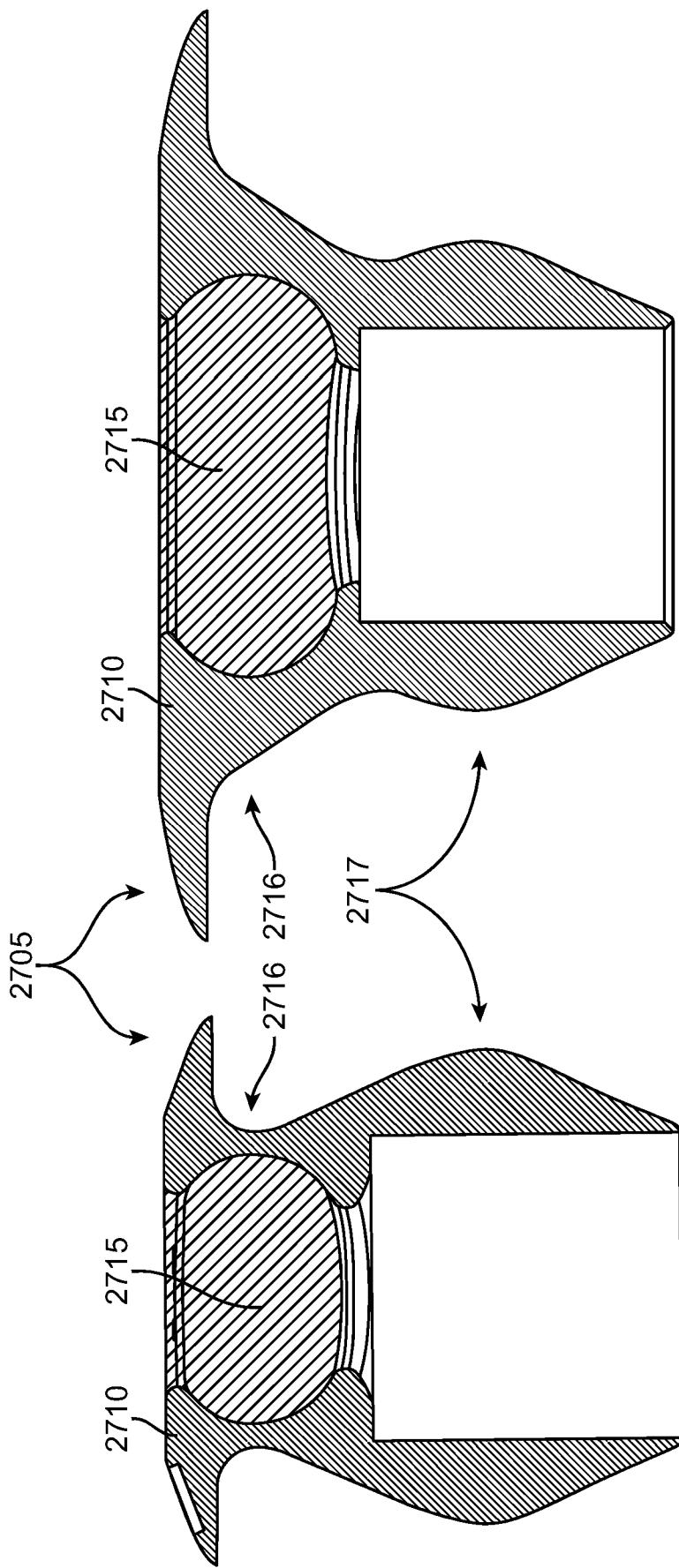


FIG. 27A

FIG. 27B

28 / 40

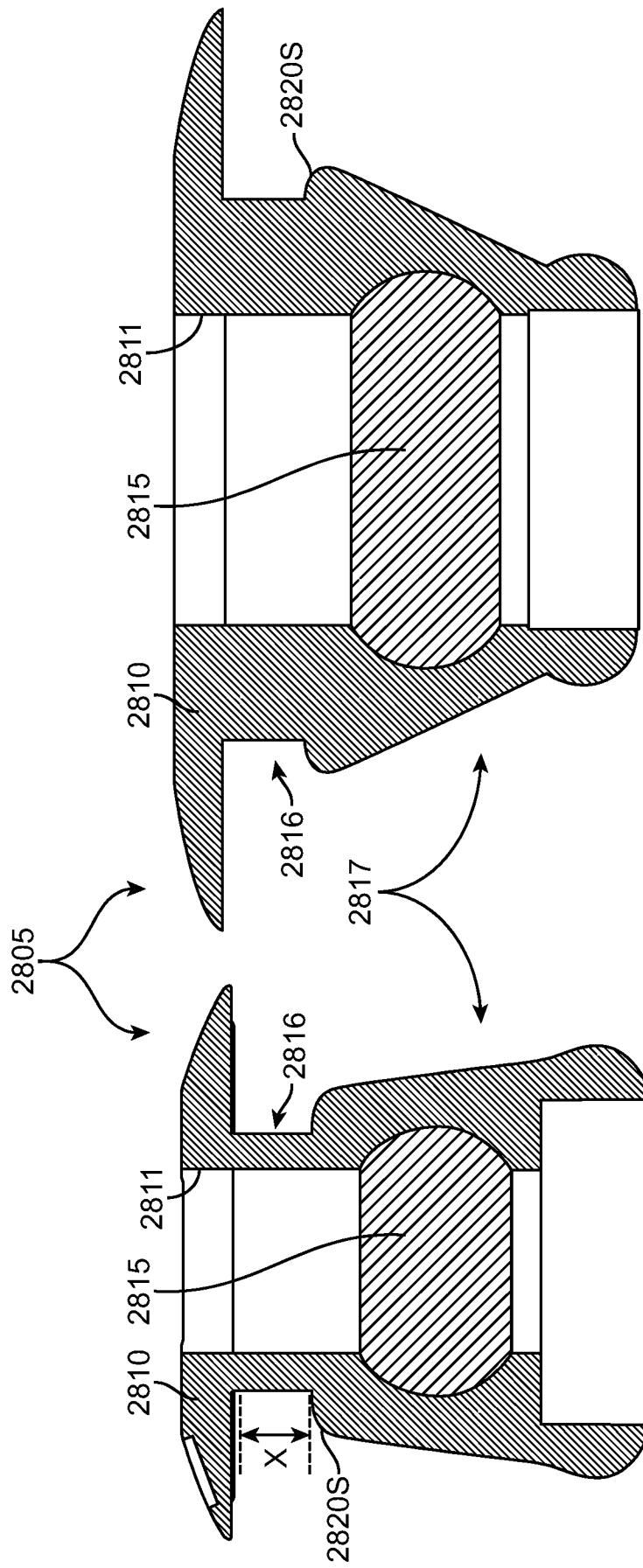
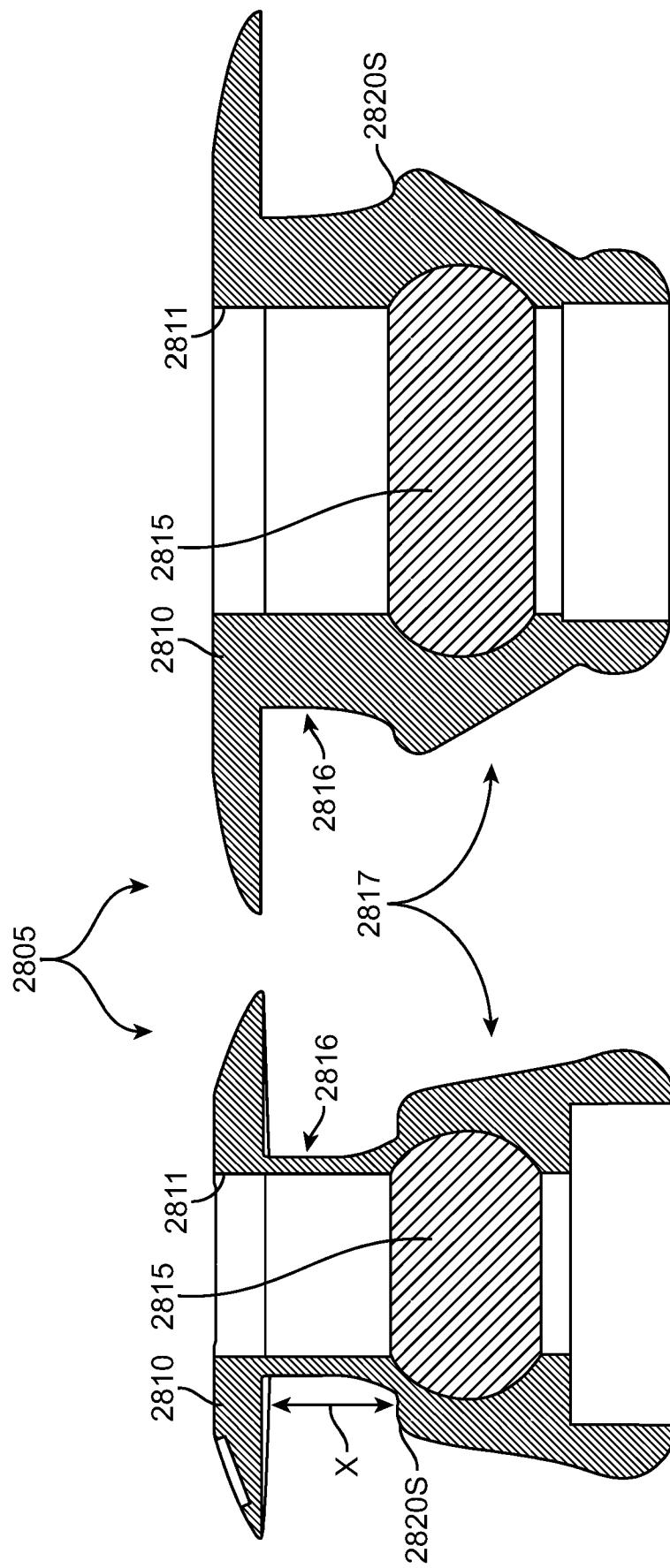


FIG. 28A
FIG. 28B



30 / 40

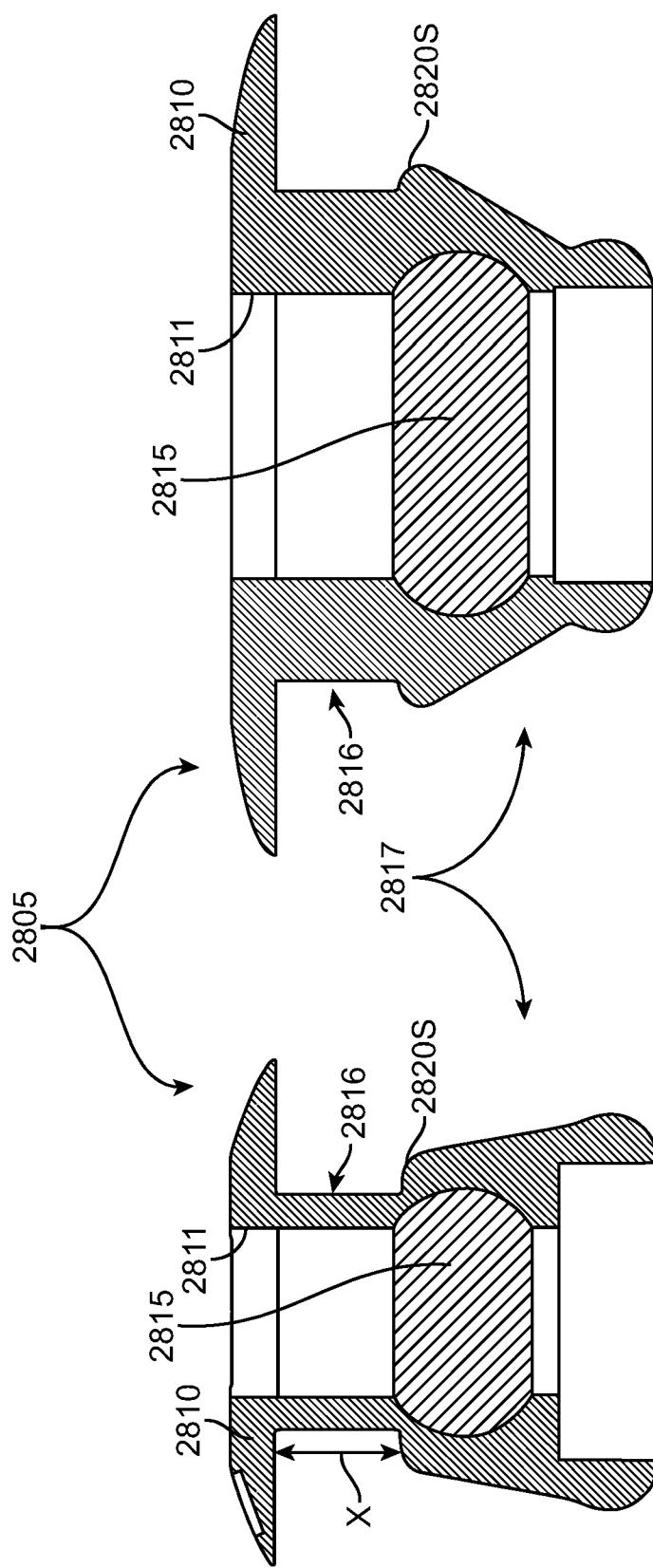


FIG. 30A

FIG. 30B

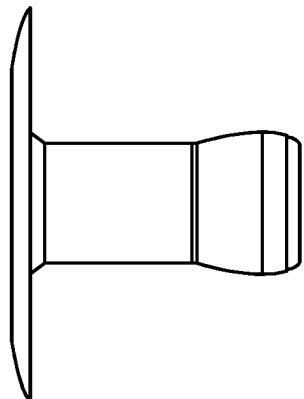


FIG. 34A

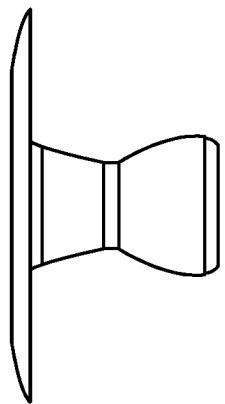


FIG. 33A

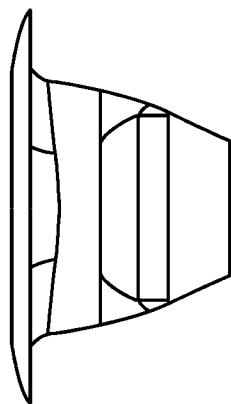


FIG. 32A

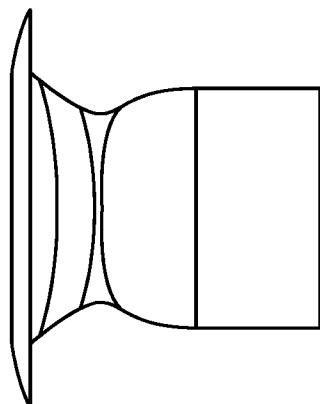


FIG. 31A

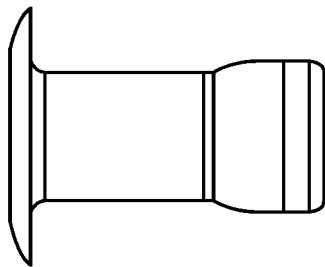


FIG. 34B

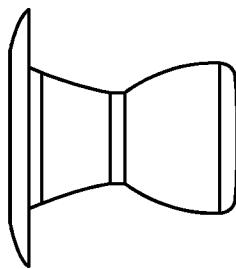


FIG. 33B

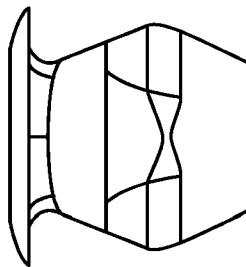


FIG. 32B

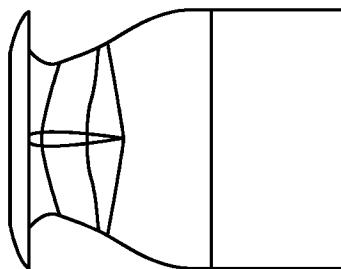


FIG. 31B

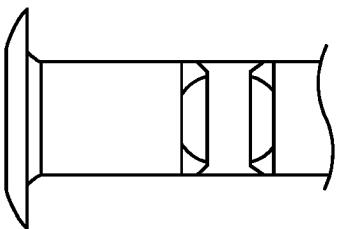


FIG. 35A

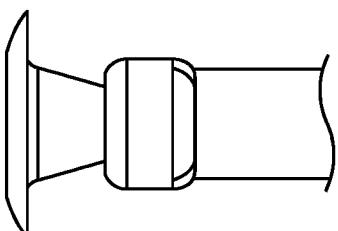


FIG. 35B

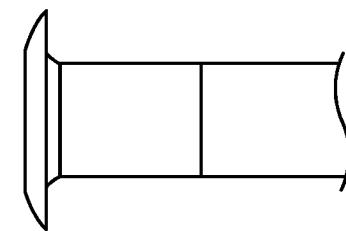


FIG. 40A

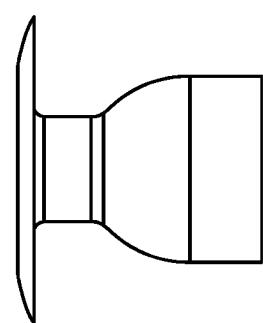


FIG. 40B

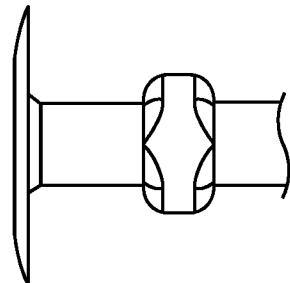


FIG. 41A

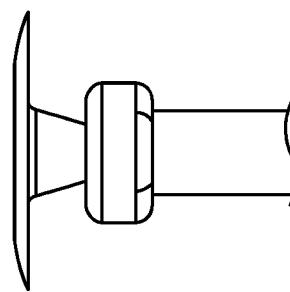


FIG. 41B

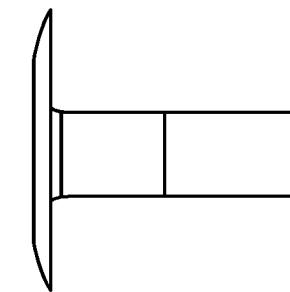


FIG. 42A

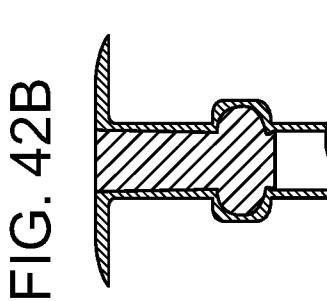


FIG. 42B



FIG. 42C

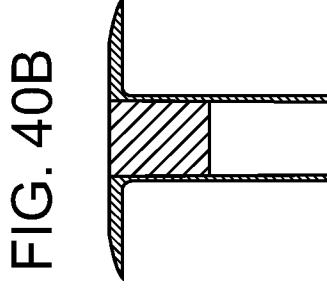


FIG. 43A

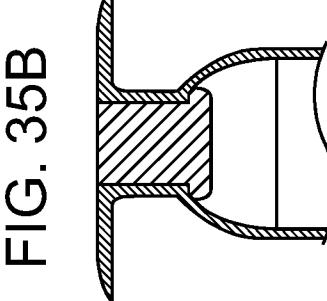
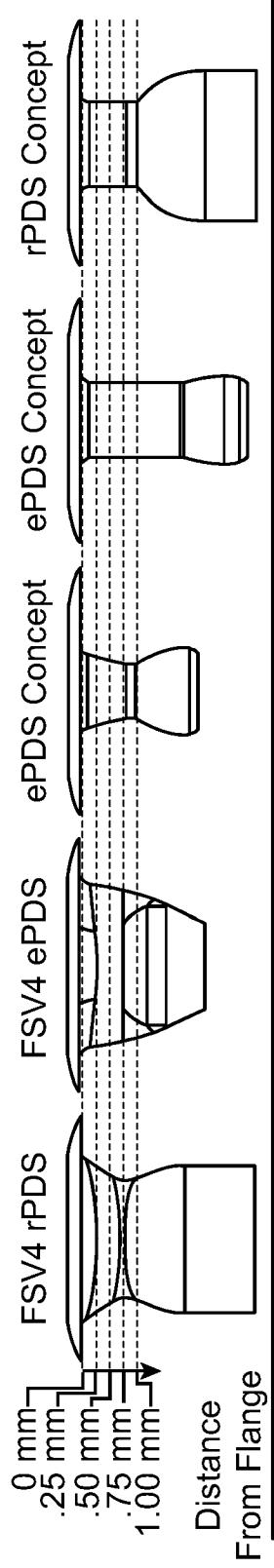


FIG. 43B

Circumference / Minor Diameter Lengths at Varying Distances from Flange



| Distance From Flange | FSV4 rPDS | FSV4 ePDS | ePDS Concept | rPDS Concept |
|----------------------|-----------------|------------------|------------------|------------------|
| 0 mm | 10.8mm | 10.8 mm / 2.6 mm | 2.6mm | 10.8 mm / 2.6 mm |
| .25 mm | 6.3 mm / 1.5 mm | 6.5 mm / 1.5 mm | 6.6 mm / 1.5 mm | 10.8 mm / 2.6 mm |
| .50 mm | 6.1 mm / 1.7 mm | 6.5 mm / 1.7 mm | 6.6 mm / 1.7 mm | 10.8 mm / 2.6 mm |
| .75 mm | 6.1 mm / 1.9 mm | 6.7 mm / 1.9 mm | 6.95 mm / 2.1 mm | 10.8 mm / 2.6 mm |
| 1.00 mm | 7.0 mm / 2.2 mm | 7.2 mm / 2.2 mm | 7.4 mm / 2.4 mm | 10.8 mm / 2.6 mm |

FIG. 36

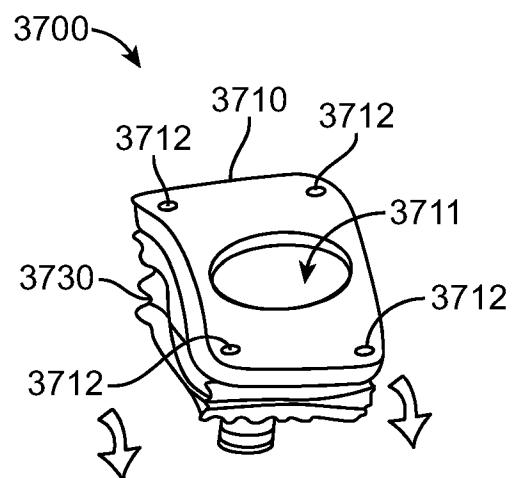
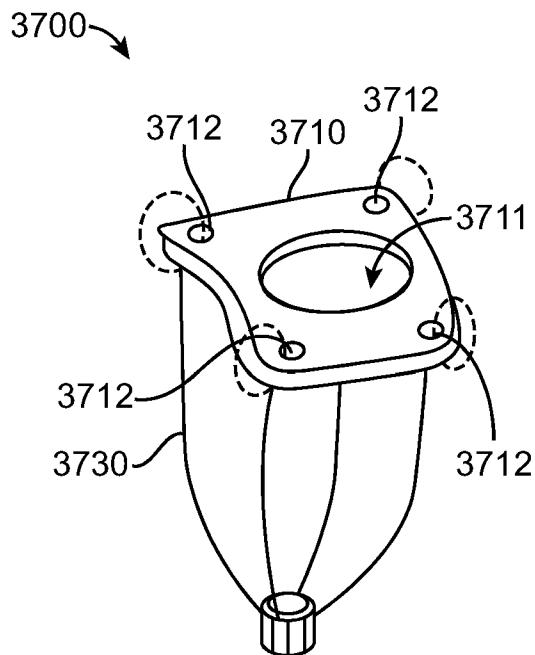


FIG. 37B

FIG. 37A

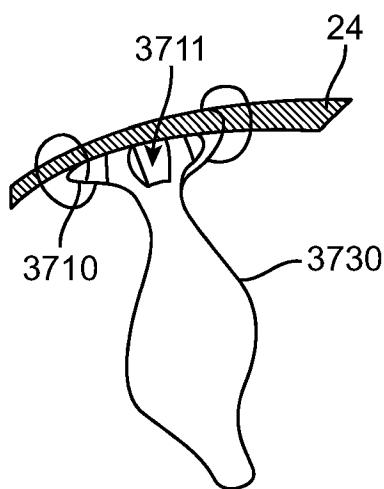
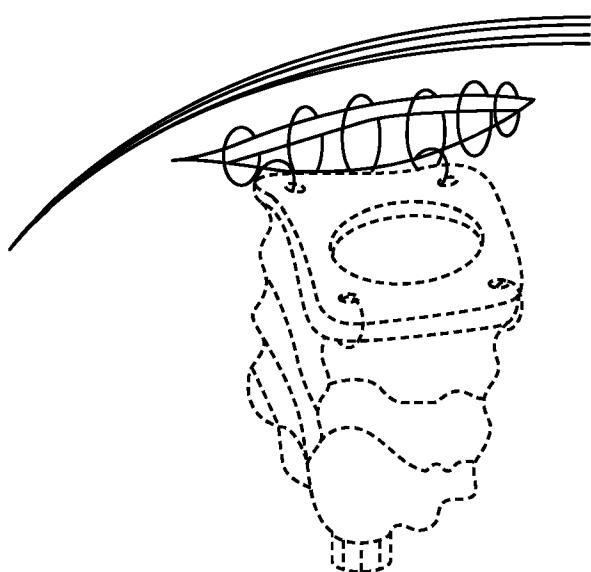
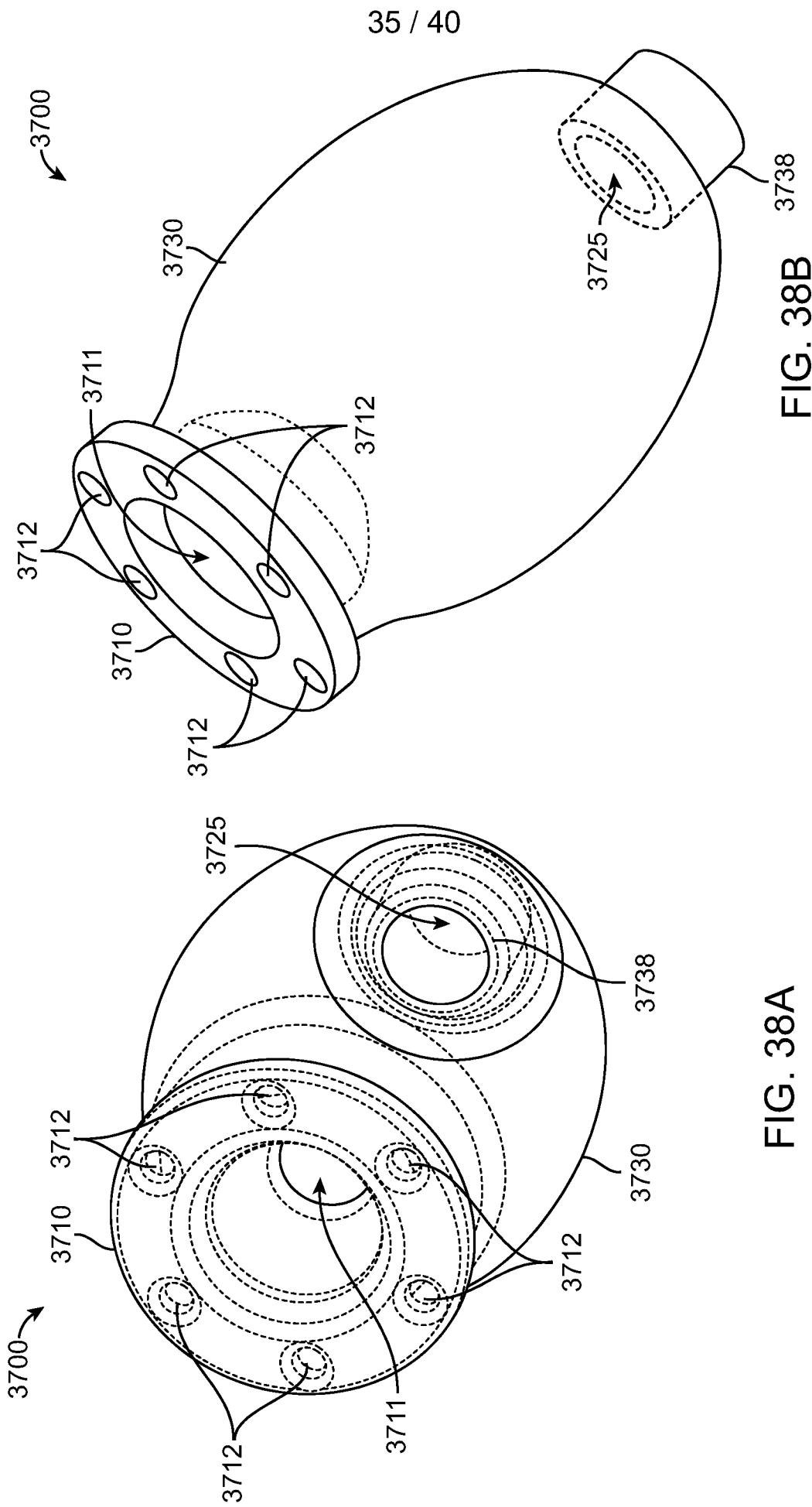
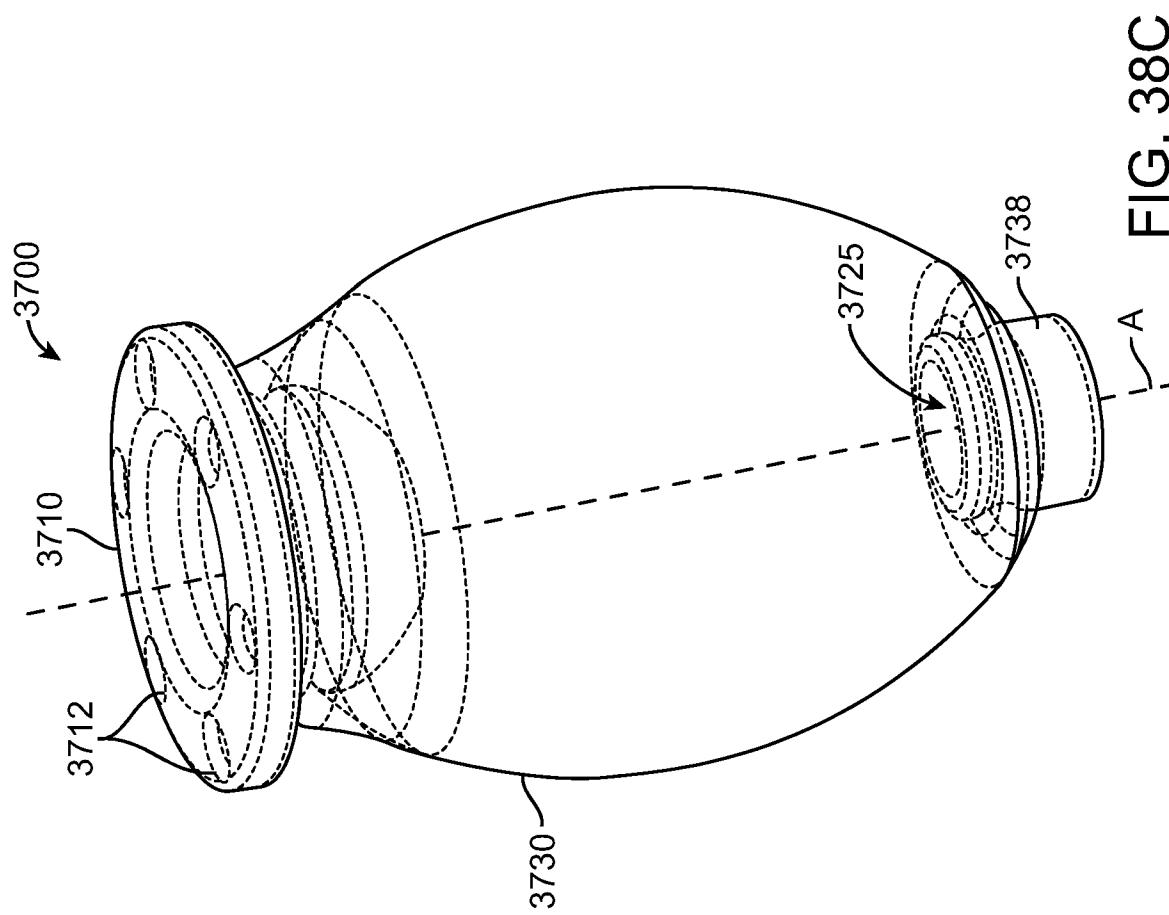
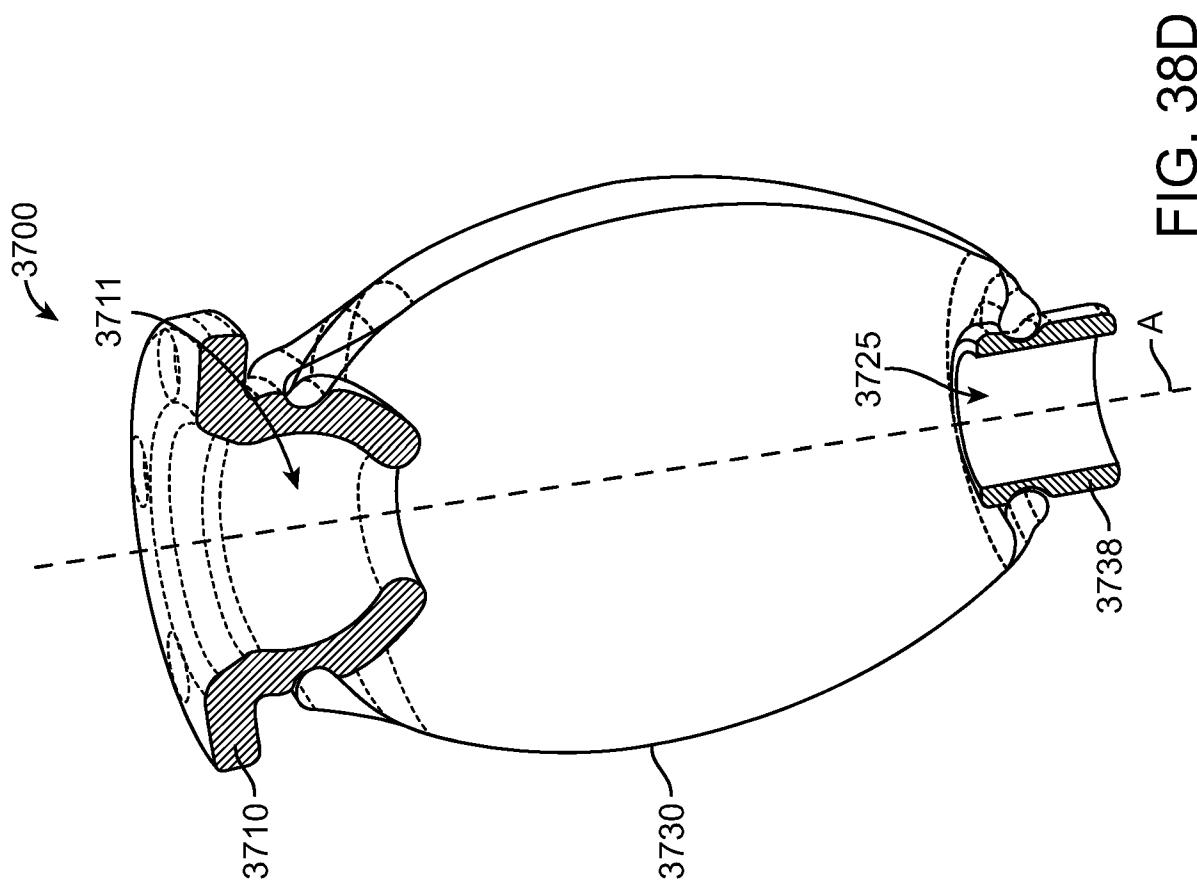


FIG. 37C

FIG. 37D





37 / 40

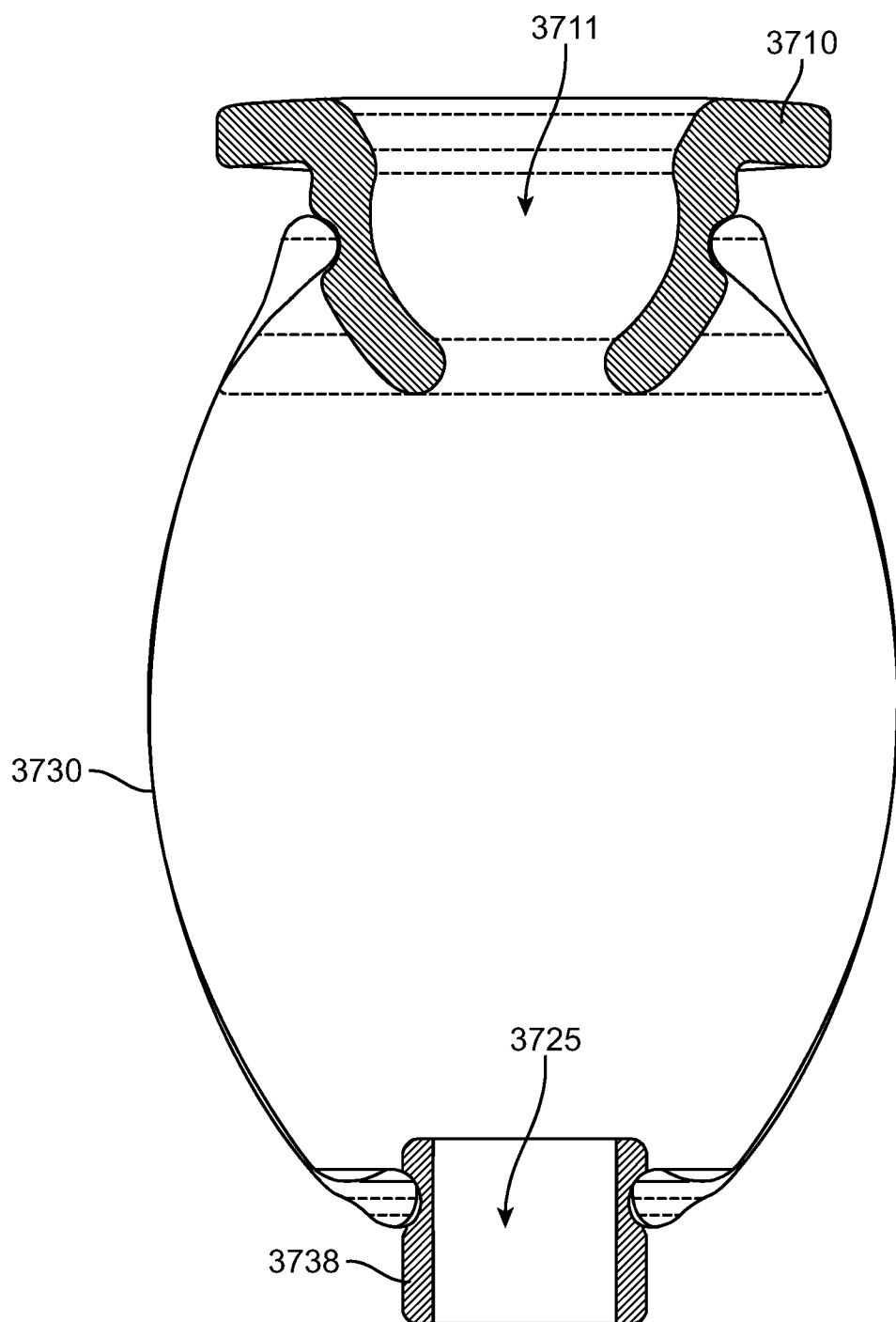


FIG. 38E

38 / 40

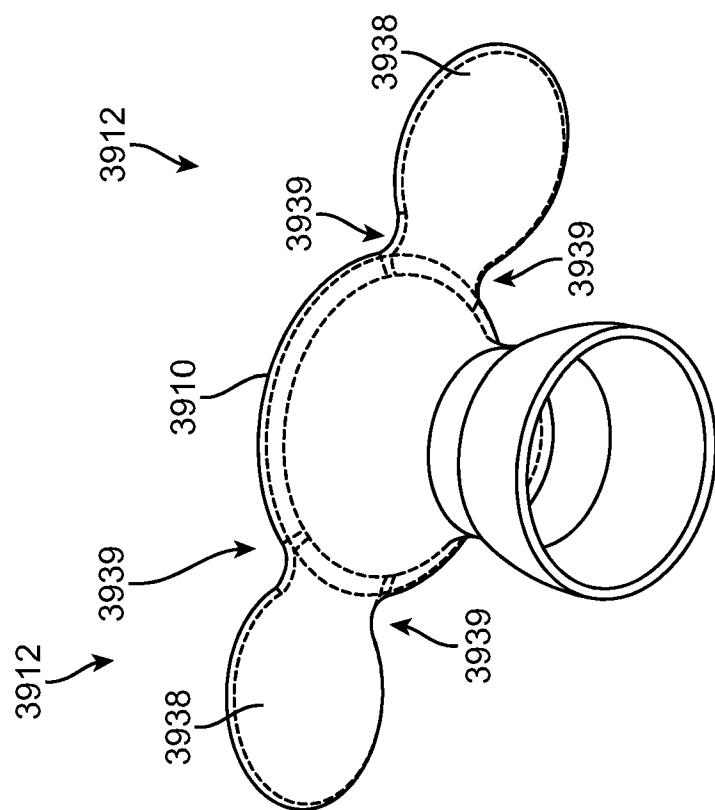


FIG. 39B

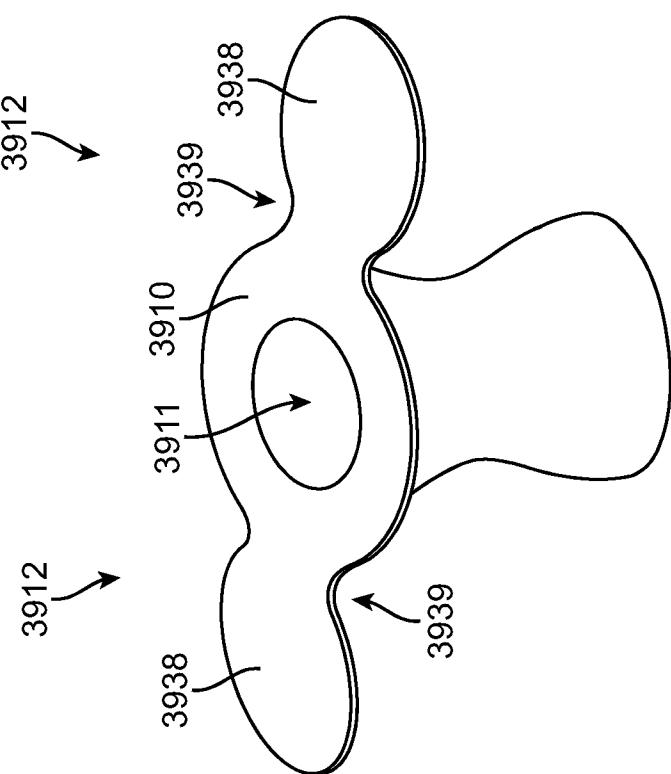
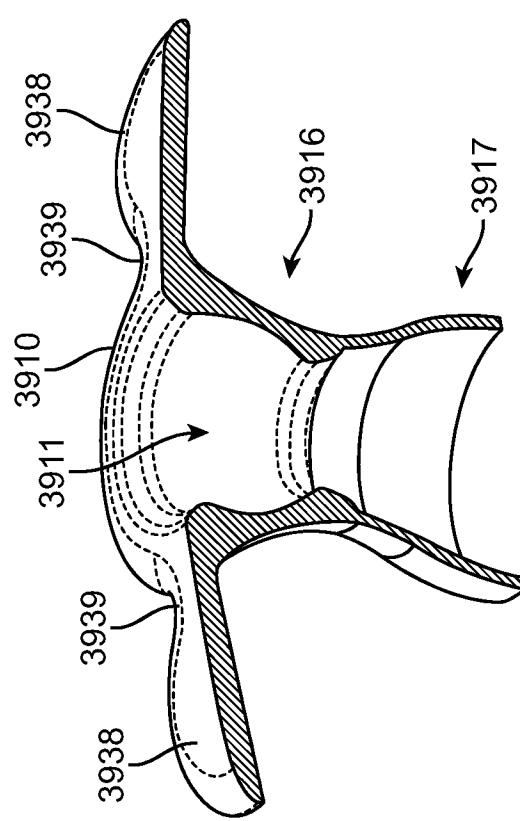
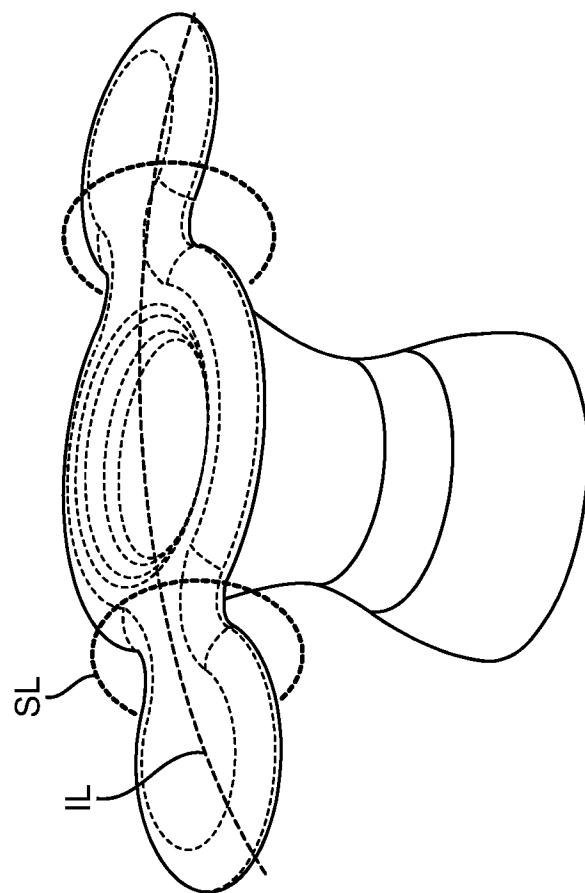


FIG. 39A



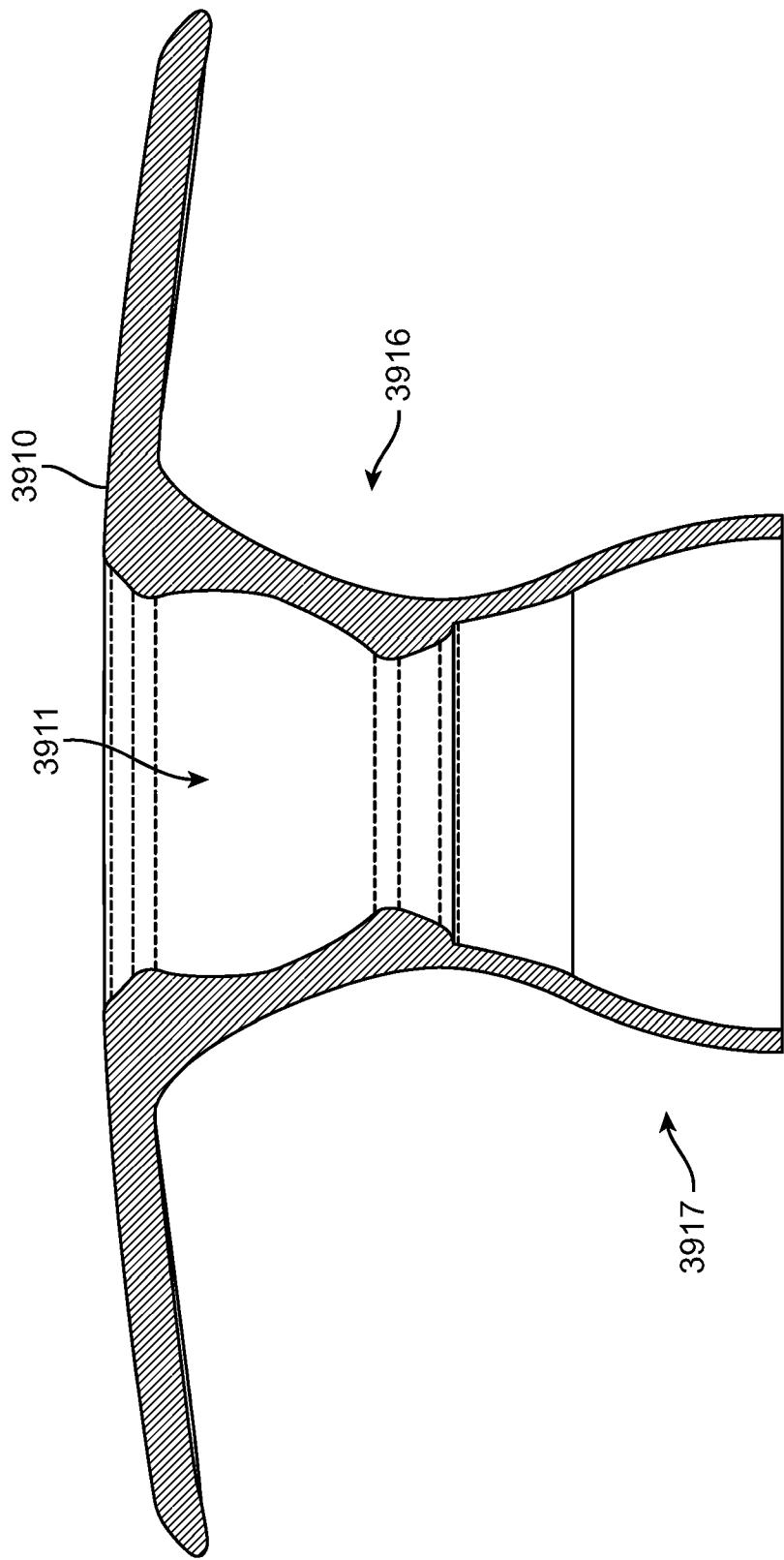


FIG. 39E