HAUTE AUTORITÉ DE SANTÉ

TRANSPARENCY COMMITTEE
SUMMARY
22 SEPTEMBER 2021

The legally binding text is the original French opinion version

fluocinolone acetonide
ILUVIEN 190 µg, intravitreal implant with applicator

New indication

Key points

Favourable opinion for reimbursement in the prevention of relapse in recurrent non-infectious uveitis affecting the posterior segment of the eye.

What therapeutic improvement?

No clinical added value in the therapeutic strategy.

Role in the care pathway?

The preventive treatment of recurrent non-infectious uveitis is not standardised and will depend primarily on the aetiology of the eye inflammation.

Currently, intra/periocular corticosteroids are used to treat, as they occur, relapses of recurrent non-infectious uveitis not requiring systemic treatment (idiopathic involvement, purely ophthalmological involvement) or uveitis requiring intraocular corticosteroid treatment in addition to systemic treatment (particularly in recurrent severe involvement despite maximum systemic treatment).

In the event of inflammatory recurrence in a patient having required the use of a systemic corticosteroid, this may be prolonged and/or increased and the patient may receive corticosteroid-sparing therapy (immunosuppressant, biotherapy). These substances will be maintained as long-term therapy with the objective of preventing a further inflammatory relapse. Hence in routine practice, systemic corticosteroids, as well as any immunosuppressant or immunomodulatory (biotherapy) treatments are used in the prevention of relapse in recurrent non-infectious posterior uveitis. However, they have significant systemic adverse effects.

Role of the medicinal product in the care pathway

ILUVIEN (fluocinolone acetonide intravitreal implant) is a first-line intraocular corticosteroid treatment in the prevention of relapse in recurrent non-infectious uveitis affecting the posterior segment of the eye, with unilateral or asymmetric bilateral involvement.

ILUVIEN (fluocinolone acetonide) should be administered following a recurrence under OZURDEX (dexamethasone vitreal implant) and respecting the following conditions:

- uveitis aetiology not requiring systemic treatment (idiopathic involvement, purely ophthalmological involvement) or requiring intraocular corticosteroid treatment in addition to systemic treatment (particularly in recurrent severe involvement despite maximum systemic treatment);
- pseudophakic patient or patient having already had a cataract (do not inject into a young patient with a clear lens);
- absence of ophthalmological contraindications: uncontrolled glaucoma, aphakic patient, iris or scleral-fixated implant, wide peripheral iridectomy, history of infection (in particular toxoplasmosis, ocular herpes).

COMMITTEE'S CONCLUSIONS

Considering all of this information and further to debate and voting, the Committee considers:

Clinical benefit

◗ Non-infectious uveitis is characterised by painful symptoms and reduced visual acuity, which can be sudden and severe and may progress to blindness, leading to functional disability and a marked deterioration in quality of life. It may be complicated by cystoid macular oedema, cataract, glaucoma, retinal detachment and lead to loss of visual function of the eye. The term recurrent uveitis is used in the event of episodes of uveitis separated by periods of treatment-free remission lasting more than three months.

◗ ILUVIEN (fluocinolone acetonide) intravitreal implant is a medicinal product aimed at preventing recurrence.

◗ The efficacy/adverse effects ratio is high.

◗ There are medicinal alternatives (local or systemic) used off-label.

◗ ILUVIEN (fluocinolone acetonide intravitreal implant) is a first-line intraocular corticosteroid treatment in the prevention of relapse in recurrent non-infectious uveitis affecting the posterior segment of the eye, with unilateral or asymmetric bilateral involvement, or in the event of a unilateral recurrence of bilateral uveitis. ILUVIEN (fluocinolone acetonide) should be administered following a recurrence under OZURDEX (dexamethasone vitreal implant) and respecting the following conditions:

- uveitis aetiology not requiring systemic treatment (idiopathic involvement, purely ophthalmological involvement) or requiring intraocular corticosteroid treatment in addition to systemic treatment (particularly in recurrent severe involvement despite maximum systemic treatment);
- pseudophakic patient or patient having already had a cataract (do not inject into a young patient with a clear lens);
- absence of ophthalmological contraindications: uncontrolled glaucoma, aphakic patient, iris or scleral implant, wide peripheral iridectomy, history of infection (in particular toxoplasmosis, ocular herpes).

Public health impact

Considering:

- the seriousness of non-infectious uveitis, a disabling condition responsible for vision loss that may progress to blindness;
- its low prevalence, particularly in recurrent forms affecting the posterior segment;
- the identified partially met medical need,
- but the partial response to the identified need given:
    - an impact - robustly demonstrated after 6 months of follow-up only - in terms of prevention of recurrences of unilateral injection of an ILUVIEN (fluocinolone acetonide) implant only *versus* placebo (simulated injection) whereas treatments, albeit off-label, are used in clinical practice in the prevention of recurrences;
    - the absence of long-term data and data concerning repeat treatment;
    - the absence of a demonstrated impact in terms of quality of life;
    - the absence of any demonstrated impact on the patient's care or life pathway despite the potential benefit of having access to a long-acting intravitreal implant (up to 36 months);

ILUVIEN (fluocinolone acetonide) is unlikely to have an additional impact on public health.

Considering all these elements, the Committee deems that the clinical benefit of ILUVIEN (fluocinolone acetonide) intravitreal implant is substantial in the MA indication extension to the prevention of relapse in recurrent non-infectious uveitis affecting the posterior segment of the eye.

The Committee issues a favourable opinion for inclusion in both the hospital formulary list and the retail formulary list of reimbursed proprietary medicinal products approved for use in the MA indication extension to the prevention of relapse in recurrent non-infectious uveitis affecting the posterior segment of the eye and at the MA dosages.

- **Recommended reimbursement rate: 65%**

Clinical Added Value

Considering:
- demonstration in a phase 3, randomised, double-blind study of the superiority of ILUVIEN (fluocinolone acetonide) as a unilateral injection compared to a simulated injection, with a substantial effect size, in terms of the percentage of recurrences after 6 months in adult patients with recurrent non-infectious uveitis affecting the posterior segment of the eye (27.6% with fluocinolone acetonide intravitreal implant *versus* 90.5% with the simulated injection);
- a similar toxicity to that usually observed with intra/periocular corticosteroids;

but:
- the absence of robust data relative to this endpoint beyond 6 months;
- the absence of data in terms of quality of life;
- the absence of efficacy data relative to repeat treatment with a new implant;
- the absence of comparison, for at least 36 months, with the current strategy for the management of recurrences;

the Committee deems that ILUVIEN (fluocinolone acetonide) intravitreal implant provides no clinical added value (CAV V) compared to the current management, in adults, of relapses in recurrent non-infectious uveitis affecting the posterior segment of the eye.