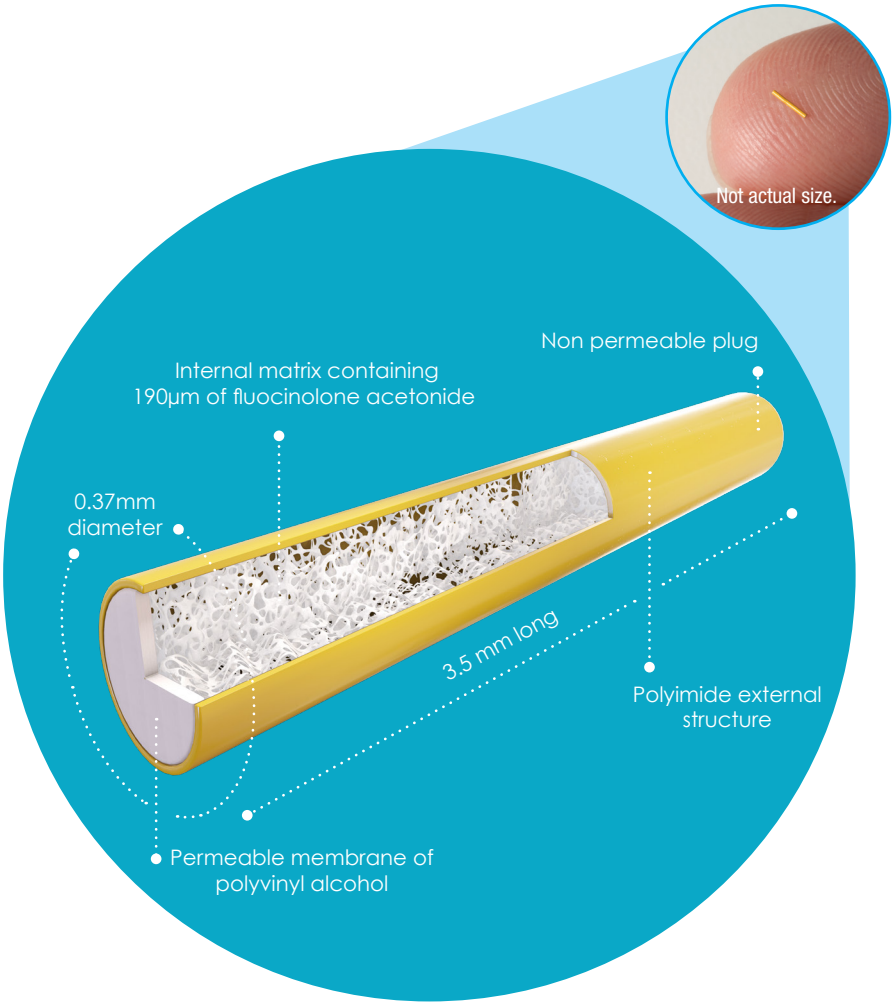
ILUVIEN®
Administration guide

ILUVIEN®
Fluocinolone Acetonide
190 micrograms intravitreal
implant in applicator

SCAN TO WATCH THE ADMINISTRATION VIDEO

HPRA Approval: 01/2022

ILUVIEN® is an intravitreal implant providing sustained-release delivery of a corticosteroid directly in the vitreous cavity for up to 36 months. Each implant contains 190 micrograms of fluocinolone acetonide. The implant is a tiny tube measuring approximately 3.5 mm x 0.37 mm in size and is administered via a custom applicator with a 25-gauge needle.



Therapeutic Indications

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

ILUVIEN is indicated for prevention of relapse in recurrent non-infectious uveitis affecting the posterior segment of the eye.

Contraindications

An intravitreal implant with ILUVIEN is contraindicated in the presence of pre-existing glaucoma or active or suspected ocular or periocular infection including most viral diseases of the cornea and conjunctiva, including active epithelial herpes simplex keratitis (dendritic keratitis), vaccinia, varicella, mycobacterial infections, and fungal diseases.

ILUVIEN is contraindicated in patients with infectious uveitis and/or hypersensitivity to the active substance or to any of these excipients: polyvinyl alcohol, polyimide tube, silicone adhesive.

Posology

The recommended dose is one ILUVIEN implant in the affected eye. Administration in both eyes concurrently is not recommended.

Each ILUVIEN implant releases fluocinolone acetonide for up to 36 months.

Diabetic Macular Oedema
An additional implant may be administered after 12 months if the patient experiences decreased vision or an increase in retinal thickness secondary to recurrent or worsening Diabetic Macular Oedema (DMO).

Retreatments should not be administered unless the potential benefits outweigh the risks.

Only patients who have been insufficiently responsive to prior treatment with laser photocoagulation or other available therapies for DMO should be treated with ILUVIEN.

Non-Infectious Uveitis Affecting the Posterior Segment
There are no data available to support the retreatment of patients with an additional implant when used for the prevention of relapse in recurrent non-infectious uveitis affecting the posterior segment (NIU-PS) of the eye.

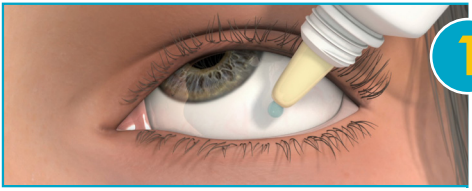
Paediatric population
There is no relevant use of intravitreally administered fluocinolone acetonide in the paediatric population in DMO.

The safety and efficacy in uveitis in the paediatric population has not been established.

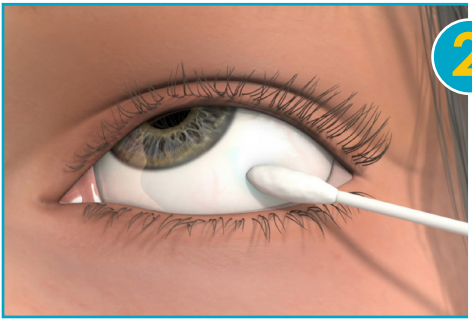
Special populations
No dosage adjustments are necessary in elderly patients, or those with renal or hepatic impairment.

Preparing the patient for the intravitreal injection of ILUVIEN

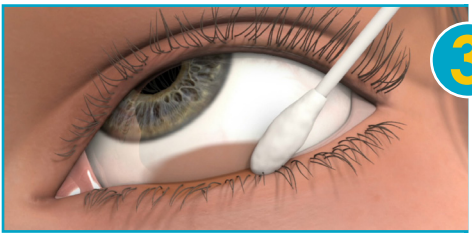
Treatment with ILUVIEN is for intravitreal use only and should be administered by an ophthalmologist experienced in intravitreal injections. The intravitreal injection procedure should be carried out under controlled aseptic conditions, which include the use of sterile gloves, a sterile drape, and a sterile eyelid speculum (or equivalent). Adequate anaesthesia and a broad-spectrum microbicide should be given prior to the injection.



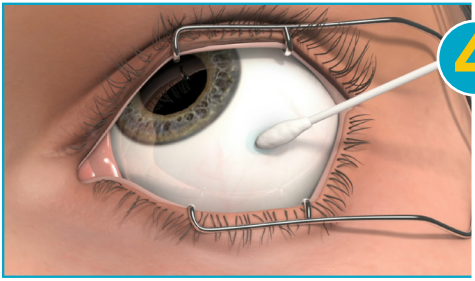
1. Preoperative antibiotic drops may be administered at the discretion of the treating ophthalmologist.



2. Just prior to injection, administer topical anaesthesia over the injection site (inferotemporal quadrant recommended) as 1 drop followed by either a cotton-tipped applicator soaked in anaesthetic or as subconjunctival administration of adequate anaesthesia.

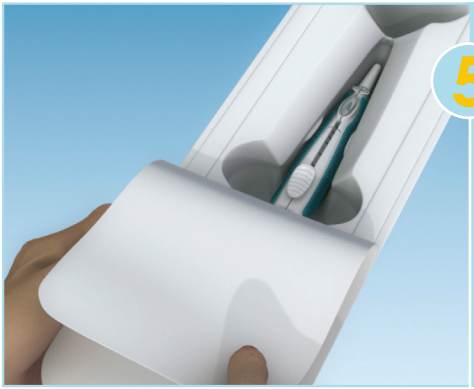


3. Administer 2-3 drops of adequate topical antiseptic into the lower fornix. The lids may be scrubbed with cotton-tipped applicators soaked with an adequate topical antiseptic.



4. Place a sterile lid speculum. Have the patient look up and apply a cotton-tipped applicator soaked with an adequate antiseptic to the injection site. Allow time (30-60 seconds) for the topical antiseptic to dry prior to injection of ILUVIEN.

Preparation of the ILUVIEN applicator

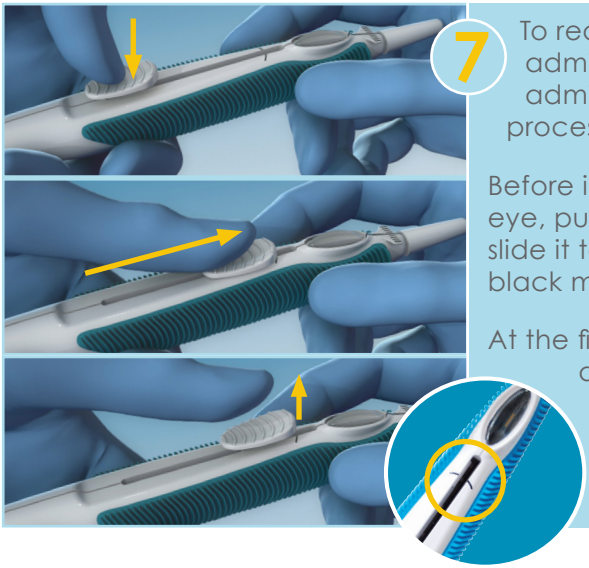


5 The exterior of the tray should not be considered sterile. An assistant (non-sterile) should remove the tray from the carton and peel the lid from the tray without touching the interior surface. Visually check through the window of the applicator system to ensure that there is a drug implant inside.

6 Remove the applicator from the tray with sterile gloved hands touching only the sterile surface and applicator.

It is recommended to keep the protective cap on the applicator until you are ready to administer ILUVIEN.

Prior to injection, keep the injector tip above the horizontal plane to ensure the implant is in position.

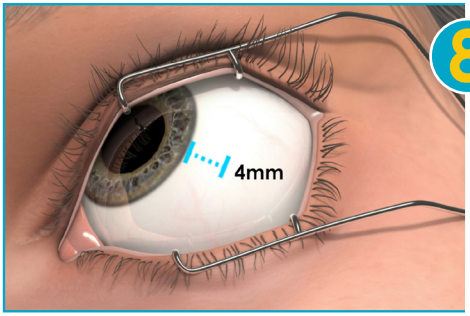


7 To reduce the amount of air administered with the implant, administration requires a 2-step process.

Before injecting the needle in the eye, push the button down and slide it to the first stop (the curved black marks).

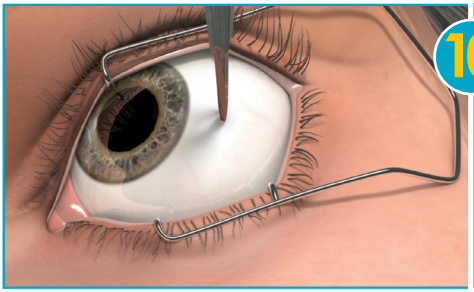
At the first stop, release the button and it will move to the UP position. If the button does not rise to the UP position, do not proceed.

ILUVIEN injection procedure

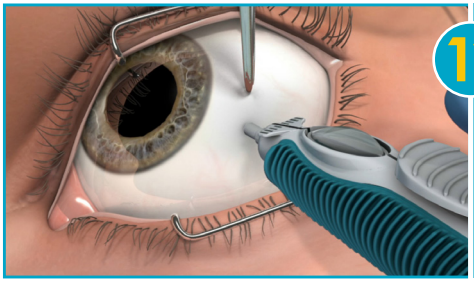


8 The optimal placement of the implant is inferior to the optic disc and posterior to the equator. This can be achieved by directing the needle toward the lower aspect of the optic disc. Measure 4 millimetres inferotemporal from the limbus with the aid of calipers.

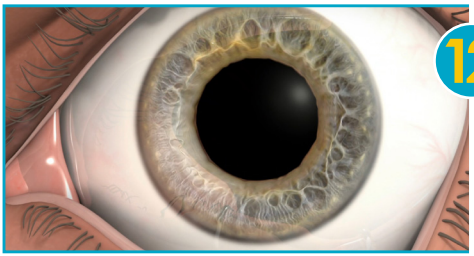
9 Maintaining the injector tip above the horizontal plane, carefully remove the protective cap from the needle and inspect the tip to ensure it is fit for injecting.



10 Gently displace the conjunctiva so that after withdrawing the needle, the conjunctival and scleral needle entry sites will not align. Care should be taken to avoid contact between the needle and the lid margin or lashes.



11 Insert the needle in the eye. To release the implant, while the button is in the UP position, slide the button forward to the end and remove the needle. Note: Ensure the button reaches the end and stops before removing the needle.



12 Remove the lid speculum and perform indirect ophthalmoscopy to verify the placement of the implant, adequate central retinal artery perfusion, and absence of any other complications.

Aftercare: Follow-up after the ILUVIEN injection

Following intravitreal injection, indirect ophthalmoscopy examination in the quadrant of injection should be performed to ensure successful placement. Scleral depression may enhance visualisation of the implant.

Examination should include a check for perfusion of the optic nerve head immediately after the injection. Immediate intraocular pressure (IOP)measurement may be performed at the discretion of the ophthalmologist.

Following the procedure, patients should be monitored for potential complications such as endophthalmitis, increased intraocular pressure, retinal detachments, and vitreous haemorrhages or detachments and ocular hypotony (observed up to 8 days post treatment). Biomicroscopy with tonometry should be performed between two and seven days after the implant injection.

Thereafter it is recommended that patients are monitored at least quarterly for potential complications, due to the extended duration of release of fluocinolone acetonide of approximately 36 months.

Adverse Events

Diabetic Macular Oedema

In the phase 3 studies for DMO, 38.4% of subjects treated with ILUVIEN required IOP-lowering medication and 4.8% required IOP-lowering surgeries. The use of IOP-lowering medication was similar in subjects who received two or more treatments with ILUVIEN.

The incidence of cataract in phakic subjects was approximately 82% in ILUVIEN treated subjects and 50% in sham treated subjects in the phase 3 clinical trials. 80% of phakic subjects treated with ILUVIEN required cataract surgery by year 3 compared to 27% of the sham treated subjects.

Two cases of endophthalmitis were reported in subjects treated with ILUVIEN during the Phase 3 studies. This represents an incidence rate of 0.2% (2 cases divided by 1,022 injections).

Non-Infectious Uveitis Affecting the Posterior Segment

In the 36 month study for NIU-PS, 42.5% of subjects treated with ILUVIEN required IOP-lowering medication versus 33.3% in the sham injection group and 5.7% required IOP-lowering surgeries versus 11.9% in the sham injection group.

The incidence of cataract in the total study population of subjects was approximately 42.5% in Fluocinolone acetonide treated subjects and 23.8% in sham treated subjects. 73.8% of phakic subjects treated with fluocinolone acetonide required cataract surgery by year 3 compared to 23.8% of the sham treated subjects.

There were no cases of endophthalmitis in the fluocinolone acetonide group in the Phase 3 uveitis studies.

The following undesirable effects were assessed to be treatment-related:

Infections and infestations	Uncommon: endophthalmitis
Nervous system disorders	Uncommon: headache
Eye disorders	Very Common: cataract, increased intraocular pressure Common: glaucoma, retinal detachment, optic disc haemorrhage*, vitreous haemorrhage, reduced visual acuity, visual field defect*, macula fibrosis*, conjunctival haemorrhage blurred vision*, hypotony of eye*, vitreous floaters, anterior chamber cells*, vitreous opacities*, foreign body sensation in eyes*, dry eye*, photopsia*, eye pain. Uncommon: retinal vascular occlusion, optic nerve disorder, maculopathy, optic atrophy, conjunctival ulcer, iris neovascularisation, retinal exudates, vitreous degeneration, vitreous detachment, choroidal detachment*, corneal erosion*, corneal deposits, posterior capsule opacification, iris adhesions, blepharospasm*, eye oedema*, ocular hyperaemia, sclera thinning, eye discharge, eye pruritus
Injury, poisoning and procedural complications	Uncommon: extrusion of implant, implant in line of sight, procedural complication, procedural pain
Surgical and medical procedures	Very Common: cataract operation Common: trabeculectomy, glaucoma surgery, vitrectomy, trabeculoplasty Uncommon: removal of extruded implant from sclera
General disorders and administration site conditions	Uncommon: Device dislocation (implant migration), which may lead to corneal oedema

* Observed only in patients with Uveitis

Special warnings and precautions

- Intravitreal injections have been associated with endophthalmitis, elevation or decrease in intraocular pressure, retinal detachments and vitreous haemorrhages or detachments. Patients should be instructed to report without delay any symptoms suggestive of endophthalmitis.

- Patient monitoring within 2 to 8 days following the injection may permit early identification and treatment of ocular infection, increase or decrease in intraocular pressure or other complications. It is recommended that intraocular pressure be monitored at least quarterly thereafter.

- Use of intravitreal corticosteroids may cause cataracts, increased intraocular pressure, glaucoma, and may increase the risk of secondary infections. Phakic patients should be closely monitored for signs of cataract after treatment.

- The safety and efficacy of ILUVIEN administered to both eyes concurrently have not been studied. It is recommended that the implant is not administered to both eyes at the same visit. Concurrent treatment of both eyes is not recommended until the patient's systemic and ocular response to the first implant is known.

- Fluocinolone acetonide should be used with caution in patients with high baseline IOP, and IOP must be monitored closely.

  In the event of intraocular pressure increases that do not respond to intraocular pressure-lowering medications or intraocular pressure lowering procedures, the ILUVIEN implant can be removed by vitrectomy.

- In the phase 3 studies for NIU-PS patients treated with fluocinolone acetonide developed hypotony, which started within days of treatment, with many on Day 1 and mostly resolving within 1 week of onset. Patient monitoring of increased or decreased IOP immediately after and within two to eight days following the injections is recommended.

- In the treatment of patients with uveitis, it is very important to exclude possible infective causes of uveitis prior to commencing therapy with ILUVIEN.

- There is a potential for implants to migrate into the anterior chamber, especially in patients with an absent posterior lens capsule, or posterior capsule defect or tear, following intraocular surgeries. If untreated, implant migration may lead to corneal oedema and in severe cases could lead to corneal injury requiring a corneal transplant. Patients presenting with visual disturbance complaints should be evaluated to allow for early diagnosis and management of implant migration.

This guide does not intend to provide guidance on management of adverse events. The assessment and management of any adverse events should be made on an individualised basis by a qualified ophthalmologist.

Reporting suspected adverse events is important. It allows continued monitoring of the benefit/ risk balance of the medicinial product. Healthcare professionals are asked to report any suspected adverse reactions via HPRA Pharmacovigilance www.hpra.ie. Adverse events should also be reported to Alimera Sciences Europe Limited pvalimerasciences@alimerasciences.com

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For medical enquiries please email:

medicalinformation@alimerasciences.com
or call:
1800 932 379

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HPRA Approval: 01/2022

References:

1. ILUVIEN, Summary of Product Characteristics, www.hpra.ie
2. Campochiaro PA, Brown DM, et al. Ophthalmology 2012; 119: 2125-2131.