National Institute for Health and Care Excellence

Single Technology Appraisal (STA)

Fluocinolone acetonide ocular implant for treating recurrent non-infectious uveitis

Response to consultee and commentator comments on the draft remit and draft scope (pre-referral)

Please note: Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees.

Comment 1: the draft remit

Section	Consultee/ Commentator	Comments [sic]	Action
Appropriateness	Alimera Sciences	The manufacturer believes this topic is appropriate for NICE to appraise because non-infectious uveitis of the posterior segment (NIU-PS) is a complex chronic disease that persists or recurs over time in many patients. Although posterior is less common than anterior uveitis, it is regarded as being more severe and more likely to cause vision loss with potential consequences including glaucoma, cataracts and cystoid macular oedema. It is estimated that between 1500 and 5000 people are diagnosed with non-infectious intermediate or NIU-PS each year in England. Also, despite the use of systemic or ocular steroids and immunosuppressants, which are used as first or second line treatments, these treatments are associated with significant side effect profiles and require regular and repeated treatments. A single fluocinolone acetonide (FAc) implant releases a daily-low dose (0.2 micrograms per day) of the steroid fluocinolone acetonide into the vitreous of	Comments noted. This appraisal has been scheduled into the Technology Appraisal programme.

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		the eye for up to three years with a single implant. [redacted]	
	Birdshot Uveitis Society	Yes	Comments noted. This appraisal has been scheduled into the Technology Appraisal programme.
	International Uveitis Study Group	This is an appropriate appraisal as a similar technology (dexamethasone implant, ozurdex) has recently been approved by NICE (TA460).	Comments noted. This appraisal has been scheduled into the Technology Appraisal programme.
	Olivia's Vision	Yes	Comments noted. This appraisal has been scheduled into the Technology Appraisal programme.
Wording	Alimera Sciences	[redacted] Currently the manufacturer is developing cost models to demonstrate the cost-effectiveness of the FAc implant versus NICE approved therapies. The most relevant comparator is the dexamethasone (Ozurdex) implant, which is only one of two therapies, the other is adalimumab (Humira), approved by	Comments noted. No changes to the scope required.

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		NICE for the treatment of non-infectious uveitis in the posterior segment of the eye in adults. The FAc technology is different to the other therapies, providing long-term continuous microdosing of the steroid fluocinolone acetonide to the eye. The goal of treatment in this disease is to address the inflammation, while also minimising the burden to the NHS and to the patient. On this point, the FAc technology is therefore innovative as it reduces physician workload by freeing-up healthcare resources. It will also free-up a patient's time (i.e. reduce the treatment burden for patients who are often working age) by reduced clinical appointments and reducing the frequency of their injections.	
	Birdshot Uveitis Society	Amend to read: '…treating chronic or recurrent non-infectious uveitis' as previously stated by Birdshot Uveitis Society in comments on the draft scope (pre-referral).	Comment noted. The remit has been kept broad to ensure that it captures possible wording of the marketing authorisation from the European Medicines Agency.
	International Uveitis Study Group	The wording reflects the issue(s).	Comment noted. No action required.
	Olivia's Vision	Yes	Comment noted. No action required.

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Timing Issues	Alimera Sciences	[redacted] From a clinical perspective, the urgency is based on a currently unmet patient need. There is also clinician demand to treat NIU-PS with a long-lasting steroid (i.e. the FAc implant) rather than a short-lasting steroid. Treatment of patients with NIU-PS patients, many of whom are of working age, will help to reduce the costs and treatment burden provided by current available treatment options.	Comments noted. This appraisal has been scheduled into the Technology Appraisal programme.
	Birdshot Uveitis Society	Appraisal to be conducted as soon as possible.	Comments noted. This appraisal has been scheduled into the Technology Appraisal programme
	International Uveitis Study Group	Although the dexamethasone implant (ozurdex) is available, its duration of action is 4-5 months. There will be patients who require repeated dexamethasone implants and this could theoretically increase the risk of endophthalmitis (infection), vitreous haemorrhage, retinal detachment, cataract, raised intraocular pressure. Although all these are potential complications of any intravitreal injection they could be minimised with fewer injections. So to have this technology available in clinical practice as soon as possible that could last 2-3 years and reduce the number of injections, would be highly advantageous.	Comments noted. This appraisal has been scheduled into the Technology Appraisal programme
	Olivia's Vision	For patients whose condition is currently being managed by multiple dexamethasone implants, either with or without an adjunctive immunosuppressant, the appraisal is urgent.	Comments noted. This appraisal has been scheduled into the

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			Technology Appraisal programme
Additional comments on the draft remit	Birdshot Uveitis Society	'Chronic uveitis' should be added to the draft remit. This omission is surprising because the word 'chronic' appears in lines 10, 35 and 54 of the draft scope, including reference to a clinical trial. Addition of the word 'chronic' to the draft remit would give clarity to the whole appraisal process. Chronic conditions are, by definition, persistent, and require prolonged treatment. A recurrent condition, although it may also be chronic, is marked by periods of remission (inactivity) between periods of activity. The Birdshot Uveitis Society is very concerned that the omission of 'chronic' in the draft remit will potentially deny the use of fluocinolone acetonide micro-insert to a patient group which stands to derive great benefit from its approval. Birdshot uveitis is a hard to treat, chronic form of autoimmune posterior uveitis which is treated with corticosteroids and immunosuppressants taken over several years.	Comments noted. The remit has been kept broad to ensure that it captures possible wording of the marketing authorisation from the European Medicines Agency.
	International Uveitis Study Group	Although a comparable appraisal could be undertaken to that of the MTA of the dexamethasone implant (ozurdex) as the indications would be similar, they are not identical. As the main indication for both these technologies is cystoid macular oedema, it is tempting to reserve the fluocinolone acetonide micro-insert for patients who have failed a minimum of one dexamethasone implant (ozurdex) and / or to be able to reduce and discontinue prednisolone in patients who are on it long-term.	Comment noted. The technology will be appraised within its marketing authorisation.

Comment 2: the draft scope

Section	Consultee/ Commentator	Comments [sic]	Action
Background information	Alimera Sciences	The manufacturer would like to propose focusing the background on the treatment of recurrent or persistent non-infectious uveitis affecting the posterior segment [NIU-PS] of the eye).	Comments noted. The remit has been kept broad to ensure that it captures possible wording of the marketing authorisation from the European Medicines Agency. The background section is based on the population included in the draft remit.
	Birdshot Uveitis Society	None	Comment noted. No action required.
	International Uveitis Study Group	I would have included under 'Background' or 'Technology' a small section on its use in other ocular conditions, such as diabetic retinopathy, retinal vein occlusion.	Comments noted. The background section of the scope is only intended to briefly describe the disease in the remit, prognosis associated with the condition, epidemiology and treatments currently used in the NHS. It is not intended to cover use of the

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			technology outside of this remit.
	Olivia's Vision	This is a reasonably accurate description of the condition and treatments in current practice. We suggest that tacrolimus is added to the immune suppressants and anti vegf injections, which help with choroidal neovascularisation found in some types of uveitis, are added to intravitreal methotrexate. We note the time frames given for moving between first and third line therapy are ideal time frames. Constraints found in clinical practice may make this difficult and when a second immunosuppressant is added, it may take two to three months before its effect is established. Only one anti TNF therapy is routinely funded for uveitis. In the existing NICE pathway, we would place this micro-insert in uveal tract conditions, uveitis, with adalimumab and dexamethasone.	Comments noted. The background section of the scope is only intended to briefly describe the disease in the remit, prognosis associated with the condition, epidemiology and treatments currently used in the NHS. Tacrolimus is included as an example of a systemic immunosuppressive therapy in the comparators section.
	The Royal College of Ophthalmologists	Clarity of the language could be improved, including use of standardized and recognised terms and definitions, in particular SUN (Standardised Uveitis Nomenclature) definitions of acute, chronic and recurrent uveitis. The scope refers to uveitis as being single incident or recurrent but does not have clarity that uveitis can be single episode, recurrent OR chronic with flares of inflammation during chronic disease. The use of recurrent is applied in the document in a different meaning to the SUN definition and it must be clarified that chronic disease can re-activate or flare and this apparent interpretation of a recurrence is different to uveitis, with repeated episodes separated by	Comments noted. The background section of the scope is only intended to briefly describe the disease in the remit, prognosis associated with the condition, epidemiology and treatments currently used in the

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		periods of inactivity without treatment >3months, as per SUN, as “recurrent” type uveitis. The use of ‘recurrent’ in the scoping title is unusual as that has particular SUN definitions and this treatment should be open to all. The RCOphth advises using a more generic definition similar to NICE TA460 for Ozurdex i.e Active non-Infectious uveitis affecting the posterior segment. Overall the Background section is a bit clumsy and could do with being separated better into sections on aetiology, pathophysiology, management and complications etc NIU is preferable to “localized” NIU. Agree – the sentence this pertains to does not make sense. The detail regarding the role/time for systemic immunosuppression does not entirely reflect standard practices: • Immunosuppression may be initiated shortly after presentation for diseases where use of such treatment will improve outcomes or in severe, sight-threatening disease. • 4 weeks of systemic steroid is not an agreed cut off point to decide on further treatment and is not established NHS care. • The role is to achieve long-term disease control and long-term acceptable doses of corticosteroid (<7.5mg/day) and/or avoid steroid exposure for those with contra-indications/intolerance to corticosteroid therapy. • In symptoms: blurred vision is not particularly clear and underestimates the severity of vision loss in some patients with uveitis. Loss of vision would be more appropriate	NHS. The definition of recurrent in the scope was provided by the intervention company. The background section has been updated in line with some of the consultation comments.

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		The NICE TA460 policy for adalimumab initiation (anti-TNF) does not include a time scale for immunosuppression treatment of NIU involving the posterior segment (3 months) and instead refers to “inadequate response or intolerance to immunosuppressants” Intravitreal methotrexate is not widely available, is not a standard care in the NHS and is not as commonly used as the mentioned oral immunosuppressants. It is a little misleading to include in the treatment section as it is not an established or widely used approach. The RCOphth advises remove any mention of this from the document. Surgery (vitrectomy) may be indicated for chronic or recurrent severe posterior uveitis.	
The technology/ intervention	Alimera Sciences	The description of the technology does not reflect the innovation of the FAc implant. The FAc implant is innovative as it is the only ocular injection that is long-lasting and where a single injection lasts for up to three years. The FAc implant technology means that a continuous low-dose (0.2 micrograms) of the steroid fluocinolone acetonide is released every day over the course of 3 years. This technology is innovative as it also helps to reduce the number of drug treatments and intraocular injections delivered by the physician within the current NHS healthcare system.	Comment noted. The technology section already states that the ocular implant is a sustained-release drug delivery system. No changes to the scope are needed.
	Birdshot Uveitis Society	Yes.	Comment noted. No action required.

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	International Uveitis Study Group	Please see above	Comment noted. No changes to the scope required.
	Olivia's Vision	Yes	Comment noted. No action required.
Population	Alimera Sciences	[redacted]	Comment noted. Information that is academic or commercial in confidence cannot be included in the scope.
	Birdshot Uveitis Society	a) Yes, provided the remit wording includes the word 'chronic'. b) Patients requiring corticosteroid treatment but who have conditions where systemic corticosteroids may be contraindicated, eg, diabetes mellitus, hypertension, depression or other mental health issues.	Comment noted. The technology will only be appraised within its marketing authorisation. The remit has been kept broad to ensure that it captures possible wording of the marketing authorisation from the European Medicines Agency.
	International Uveitis Study Group	I am please this is more generic rather than specific.	Comment noted. No action required.

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	Olivia's Vision	Given the contraindications in the prescribing information, we feel the population could be further defined. For example, add, 'without glaucoma.'	Comment noted. The population has been kept broad to ensure that it captures possible wording of the marketing authorisation from the European Medicines Agency.
Comparators	Alimera Sciences	It is also important to highlight that there is no nationally agreed pathway for the treatment of non-infectious uveitis affecting the posterior segment [NIU-PS] of the eye), as was highlighted in TA460. TA460 assessed the use of adalimumab (Humira) and dexamethasone (Ozurdex) for the treatment of non-infectious uveitis in adults. The manufacturer considers the dexamethasone (Ozurdex) implant to be the most relevant as it releases a corticosteroid into the vitreous of the eye for up to 6 months. Moreover, this comparison would seem appropriate as it is only one of the two treatments approved by NICE for the treatment of non-infectious uveitis in the posterior segment of the eye in adults.	Comment noted. Dexamethasone implant is included in the comparators. The committee will consider the most appropriate comparators during the course of the appraisal.
	Birdshot Uveitis Society	a) Yes, but 'best supportive care' is not an option for non-infectious uveitis, which progresses to sight loss if not treated medically. b) Yes: dexamethasone intravitreal implant, because it is also an intravitreal corticosteroid technology and is likely to be used in the same uveitis treatment contexts.	Comments noted. The comparators section in the scope is kept broad to ensure it covers the whole population that may be included in the marketing authorisation. Dexamethasone

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			implant is included in the comparators. The committee will consider the most appropriate comparators during the course of the appraisal.
	International Uveitis Study Group	I'm not convinced this also should be directly compared to systemic immunosuppressants or TNF-alpha inhibitors as these are 'next step' therapies. I hope the technology would prevent these therapies being used. I would also not compare against intravitreal methotrexate as the evidence is sparse, not high quality and not used in established clinical practice. Please also see my comment under 'Any additional comments on the draft remit'.	Comments noted. The comparators section in the scope is kept broad to ensure it covers the whole population that may be included in the marketing authorisation. Intravitreal methotrexate has been removed from the list of comparators. The committee will consider the most appropriate comparators during the course of the appraisal.
	Olivia's Vision	We agree that these represent established clinical practice but again, we would like anti vegf added. We feel that Iluvien may be the better therapy of the corticosteroid treatments when macular oedema is persistent and the patient requires repeated treatment with the alternatives. Apart from this, we don't feel that any of these therapies may be described as 'best alternative care.' The condition is complex and we know that clinicians	Comments noted. The comparators included in the scope reflect the range of treatments that are used in practice. The comparators section has been kept

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		select therapies for their patients to secure the best possible outcomes for them. Some types of uveitis have a better, long term prognosis when systemic immunosuppression therapy is employed rather than a reliance on corticosteroid. What is important for us is that clinicians have a range of routinely funded therapies to offer patients which patients can tolerate.	broad to ensure that it covers the whole population that may be included in the marketing authorisation.
	The Royal College of Ophthalmologists	<u>Comparators</u> The RCOphth agrees with inclusion of topical, periocular, intravitreal/implantable and systemic corticosteroid and immunosuppressants. <u>Best supportive care - this would include:</u> Methotrexate should be removed and Chlorambucil. There is published evidence for Chlorambucil but it is not established in the NHS used in the UK. If included, should also add leflunomide. Intravitreal sirolimus (not established in NHS practice) but published evidence. • Continuing long-term topical corticosteroid and or oral steroid (including above acceptable dose) and or repeated intravitreal steroid therapy. • Polypharmacy immunosuppression, including continuation despite side-effects • Pain management • Management of associated complications such as macular oedema and raised pressure/glaucoma. • Low-vision support and CVI registration • Exceptionally, removal of blind/painful eyes	Comments noted. Best supportive care can be defined during the course of the appraisal. The comparators section in the scope has been updated. The comparators section is kept broad to ensure that it covers the whole population that may be included in the marketing authorisation.

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Outcomes	Alimera Sciences	The manufacturer believes the following outcomes, in addition to those already listed in Appendix B, are relevant to the health-related benefits of the FAc implant: a) Time to recurrence (the affected eye). b) The number of recurrences (the affected eye). c) The number of supplemental ocular treatments to manage recurrences (the affected eye). d) The visual acuity (the affected eye).	Comment noted. Recurrence, visual acuity and need for further corticosteroid treatment are included as outcomes in the scope. The company can include further outcomes in its submission if considered appropriate.
	Birdshot Uveitis Society	Yes	Comment noted. No action required.
	International Uveitis Study Group	As the main indication is likely to be cystoid macular oedema then this needs to be included as an outcome measure. You have already mentioned this in the 'Background' as "cystoid macular oedema (swelling of the retina) and permanent loss of peripheral or central vision." If it is important to be mentioned in the 'Background' then you need to ensure it is an outcome measure.	Comment noted. 'Complications of uveitis' has been added to the scope as an outcome.
	Olivia's Vision	Clarification is needed on 'recurrence of uveitis.' Is this recurrence during the three years or recurrence after fluocinolone acetonide is no longer released? Similarly, 'need for further corticosteroid.' If these outcome measures relate to the three years, should 'need for further immunosuppressant treatment' be added as well?	Comments noted. The time horizon of the economic analysis can be proposed by the company in its submission but should be long enough to reflect all important

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		We recognise that visual acuity does not give the full information about uveitic activity in the eye (e.g. Birdshot) but are happy to accept this since 'recurrence of uveitis' should cover other inflammatory activity.	differences in costs or outcomes between the technologies being compared.
	The Royal College of Ophthalmologists	The RCOphth advises using a standardized definition of recurrence as per SUN criteria listed below. Suggest use: **Uveitis control:** activity grading (SUN criteria) - Activity and inflammation control - 2 step increase in activity (anterior chamber cells or vitreous haze) **Adverse effect of treatment** including rates of adverse events, serious illness/infection and mortality, - treatment discontinued due to ineffectiveness or side effects **Corticosteroid sparing effect**: dose, dose reduction rather than need for further steroid **Visual acuity**: Use VA in affected eye (s) and Visual acuity stability/gain and loss as markers of response/failure. Plus VA in both eyes (LS) – agree with Will if using as marker of sight-loss, binocular function and overall visual function.	Thank you for your comment. The scope does not include specifics about how the outcomes should be measured. The definition of recurrence, and the method of measuring relevant outcomes will be considered by the appraisal committee during the course of the appraisal. No changes to the scope required.
Economic analysis	Alimera Sciences	The manufacturer has no further comments on the economic analysis being conducted. [redacted]	Comments noted. No changes to the scope required.
	Birdshot Uveitis Society	a) The action of a fluocinolone acetonide micro-insert lasts up to three years from insertion, which reduces the need for repeat procedures when compared with dexamethasone intravitreal implant. This longer action represents a large cost benefit.	Comments noted. In line with NICE's processes and the documented reference

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		b) The NICE Appraisal Consultation Document for ID763, referring to dexamethasone intravitreal implant, recognises some additional care costs for the young uveitis population who are likely to suffer a high number of years of blindness induced by a lack of adequate treatment. These additional care costs should also be taken into consideration when assessing fluocinolone acetonide micro-insert.	case, costs will be considered from an NHS and Personal Social Services perspective. Consultees will have an opportunity to submit evidence on the benefits not captured in the QALY calculation. Where evidence allows the committee will consider this information during the course of the appraisal. No changes to the scope are needed.
	International Uveitis Study Group	This appears appropriate.	Comment noted. No action required.
	Olivia's Vision	Since uveitis which requires this micro insert is likely to be the chronic and long-term type, we feel the time horizon should be longer than three years. We know the implant is going to cause cataract development and this is a one-off cost. Patients who do not receive the implant also develop cataracts, just not so quickly. We'd like the time horizon to be sufficiently long so that cost analysis does not work against Iluvien in respect of cataract.	Comment noted. The time horizon is not specified in the scope, but, in line with NICE's reference case, should be long enough to reflect all important differences in costs or

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			outcomes between the technologies being compared.
	The Royal College of Ophthalmologists	No concerns regarding equality, discrimination or protection issues.	Comment noted. No action required.
Equality and Diversity	Alimera Sciences	No comment.	Comment noted. No action required.
	Birdshot Uveitis Society	a) Funding of this treatment is required so that all who could benefit from it can do so., no matter what type of non-infectious uveitis they have and whether or not they have associated systemic conditions. b) Patients who have had difficulties tolerating oral corticosteroids would particularly benefit from placement of an intravitreal micro-insert because it provides targeted treatment compliance without systemic side-effects.	Comment noted. The appraisal committee will take into account potential equality issues relevant to its recommendations. No changes to the scope are needed.
	International Uveitis Study Group	This appears appropriate.	Comment noted. No action required.
	Olivia's Vision	No adverse impact.	Comment noted. No action required.
Other considerations	Birdshot Uveitis Society	None	Comment noted. No action required.

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	International Uveitis Study Group	Comparisons should be made with its use in other ophthalmological conditions regarding patient tolerability, effect on cataract formation and raised intraocular pressure, and what happens after repeated injections.	Comment noted. As described in NICE's reference case, the source of data for measuring health-related quality of life should be reported directly by patients and/or carers. This would preferably come from patients with the disease specified in the remit, but the committee may consider other sources of data if appropriate. No changes to the scope required.
	Olivia's Vision	Should evidence allow, we believe that looking at previous treatment history is useful to determine whether previous surgery, such as vitrectomy and/or cataract surgery result in lower clinical effectiveness and/or more adverse events. In type of uveitis, we don't think 'acute' and 'single incident' are relevant.	Comment noted. The technology will be appraised within its marketing authorisation and subgroups may be considered depending on the evidence available.

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	The Royal College of Ophthalmologists	The relevant sub-groups for the technology are chronic and recurrent uveitis sub-groups involving the posterior segment. Scope to use this in those with chronic NIU is important and not restrict to patients with recurrent NIU. Please see earlier point on the use of recurrent. The technology scope should not be limited to “recurrent” uveitis, as per SUN definition and should be considered for all forms of chronic non-infectious uveitis.	Comment noted. The technology will be appraised within its marketing authorisation and subgroups may be considered depending on the evidence available.
Innovation	Alimera Sciences	The manufacturer believes the FAc implant is innovative in terms of service delivery and cost savings and for the patient as it reduces healthcare interactions and frees up valuable patient time. *Innovation in service delivery:* The FAc intravitreal implant would help the NHS system to run more efficiently as a single FAc intravitreal implant means a single injection can provide therapy for a single patient for up to three years. This would in turn reduce the number of injections delivered by the treating physician and reduce the frequency of injections and potentially the number of intraocular treatments being received by the patient. Reduced injections would reduce appointment numbers in the clinic and appointments the patient needs to attend. Furthermore, reducing patient exposure to systemic steroids and/or immunosuppresants may also lead to potentially reduced morbidity and improvements in the patient’s quality of life. *Innovations in cost-saving:* A single implant lasting for up to three years would reduce the number of supplemental therapies required to treat a patient and, as the manufacturer has learnt from TA301, would reduce the overall cost of	Comment noted. No change to the scope required. Innovative aspects of the technology should be included in the stakeholder submissions and will be explored by the appraisal committee.

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		treating patients with intermittent (which need to be repeatedly and frequently administered) therapies.	
	Birdshot Uveitis Society	Yes. It will provide up to three years of continuous corticosteroid treatment targeted directly to the eye, eliminating the considerable physical and mental side-effects of systemic corticosteroids. This is a significant health-related benefit. The technology represents a 'step-change' in the management of non-infectious uveitis.	Comment noted. No change to the scope required. Innovative aspects of the technology should be included in the stakeholder submissions and will be explored by the appraisal committee.
	International Uveitis Study Group	In established clinical practice we regularly see patients who would benefit from this technology. Current standard care would include (a) repeated dexamethasone implants (ozurdex), (b) high does intravenous/oral corticosteroid, (c) the introduction of an immunosuppressant. This technology could eliminate going to the next step of treatment. The Appraisal Committee should look at cystoid macular oedema in uveitis as there is some available evidence: (Tallouzi MO, Moore DJ, Calvert M, Murray PI, Bucknall N, Denniston AK. The effectiveness of pharmacological agents for the treatment of uveitic macular oedema (UMO): a systematic review protocol. Syst Rev. 2016 Feb 13;5:29. doi: 10.1186/s13643-016-0203-y. – the systematic review is just about to be submitted for publication).	Comment noted. No change to the scope required. Innovative aspects of the technology should be included in the stakeholder submissions and will be explored by the appraisal committee. 'Complications of uveitis' has been added to the scope as an outcome.

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	Olivia's Vision	The micro-insert is a step change for patients who endure repeated courses of systemic corticosteroid to control inflammation or manage cystoid macular oedema. Less exposure to surgical risk and inconvenience (travel, time off work) for patients being treated with multiple dexamethasone implants. Patients with idiopathic disease, or disease confined to one eye, may welcome Iluvien as an alternative to systemic therapy. Parents of older children who have transitioned to adult care see the implant as the answer to their own anxiety when their child has failed to take adequate responsibility for their own treatment. (We wonder whether these young people would then attend clinic for pressure checks and use pressure lowering medication if needed). Pregnancy is not recommended for most systemic therapies which is a problem for younger patients. Some patients may wish to take the Category C risk.	Comment noted. No change to the scope required. Innovative aspects of the technology should be included in the stakeholder submissions and will be explored by the appraisal committee.
	The Royal College of Ophthalmologists	Yes. There is an unmet need for this technology, as a long-acting steroid technology for implantation into the eye as a local treatment approach. There are health-related benefits from reduced or no exposure to systemic medication. We believe it will achieve disease control with continuous long-term dosing.	Comment noted. No change to the scope required. Innovative aspects of the technology should be included in the stakeholder submissions and will be

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		Patient groups (Birdshot Society for example who are strong advocates in this field) are very keen for long acting local treatments. Several of their members have travelled to the USA to receive the RETISERT implant (previous generation Fluocinolone implant) to avoid using systemic immunosuppressants. Yes. We believe the benefits include: • Reduced long-term number of hospital appointments and investigations for monitoring of systemic corticosteroid therapy and immunosuppression/biologic therapy. • Reduced side-effects from systemic immunosuppression, reduced need for blood monitoring and reduced risk of cancer (emerging evidence that long term systemic immunosuppression increases the risk of tumourgenesis) No barriers identified. The treatment would be administered in established intravitreal services. Uveitis experts are experienced in use of intravitreal steroid preparations and there are no apparent barriers to clinical adoption of such a technology.	explored by the appraisal committee.
Questions for consultation	Alimera Sciences	Questions are relevant, particularly the question on the potential significant and substantial health-related benefits that are unlikely to be included in the QALY calculation. This is important here as a number of benefits would be experienced by the patient, as outlined above, which would include: • Reductions in the frequency of injections. • Reductions in the number of intravitreal injections.	Comments noted. Consultees will have an opportunity to submit evidence on the benefits not captured in the QALY calculation. Where evidence allows

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		• Reductions in the number of therapeutic treatments needing to be administered. Reductions in patient exposure to systemic steroids and/or immunosuppressants, which have the potential to potentially reduce morbidity and improve patient quality of life.	the committee will consider this information during the course of the appraisal. No changes to the scope are needed.
	Birdshot Uveitis Society	Q: Where do you consider the fluocinolone acetonide micro-inset will fit into the existing NICE pathway, Eye conditions? A: Alongside dexamethasone intravitreal implant.	Comment noted. No changes to the scope required.
	International Uveitis Study Group	Type of uveitis – this has been described in relation to onset and anatomical type of uveitis. This is appropriate. Further analysis regarding bilateral disease or systemic disease (as in TA460) would be inappropriate.	Comment noted. No changes to the scope required.
	Olivia's Vision	We believe a STA to be appropriate. While the technology is broadly similar to the dexamethasone implant, we think clinicians will use the two technologies for different indications. Other newer intravitreal therapies (methotrexate, sirolimus, rituximab) are not delivered through long lasting micro inserts.	Comment noted. No changes to the scope required.
Additional comments on the draft scope	International Uveitis Study Group	Related National Policy – 'NHS England Clinical Commissioning Policy (July 2015) Infliximab (Remicade) and adalimumab (Humira) as anti-TNF treatment options for adult patients with severe refractory uveitis.' As far as I am aware this was not National Policy, although it gave this impression it was. This was a document prepared by NHS England Specialised Services Clinical Reference Group for Specialised Ophthalmology for NHS England (and when I read it I also thought it was National Policy). After consultation NHS England did not agree to fund these treatments. It was only after the publication of the	Comment noted. Reference to this document has been removed from the scope.

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		VISUAL studies did NHS England agree to revisit this and then it published an Interim Policy agreeing to fund only adalimumab under certain criteria.	
	The Royal College of Ophthalmologists	**<u>Where do you consider the fluocinolone acetonide micro-implant will fit into the existing NICE pathway, Eye conditions?</u>** **Suggested role in treatment of NIU** • Severe, sight-threatening recurrent or chronic non-infectious uveitis in one or both eyes responsive to systemic or local corticosteroid therapy. As TA460 was restricted to 'affecting the posterior segment' I suspect this will be too. • Intolerant to systemic corticosteroid therapy or need for long-term unacceptable doses to achieve control or prevent recurrences. Intolerant or inadequate response to systemic immunosuppression • Need for frequent/repeated intravitreal corticosteroid injection (Ozurdex or triamcinolone) • Contra-indications: aphakia, infectious uveitis, uncontrolled intra-ocular pressure **Please confirm ID for this appraisal some documents say 1039 and some 1089.**	Comments noted. No changes to the scope required. This appraisal is ID1039.

The following consultees/commentators indicated that they had no comments on the draft remit and/or the draft scope

Napp Pharmaceuticals