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LETTER TO THE EDITOR

Reply to Hall J: "Use of the Fluocinolone Acetonide Intravitreal Implant for the Treatment of Noninfectious Posterior Uveitis: 3-Year Results of a Randomized Clinical Trial in a Predominantly Asian Population"

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I read with interest Dr. Hall's letter. While the article titled "Use of the Fluocinolone Acetonide Intravitreal Implant for the Treatment of Noninfectious Posterior Uveitis (NIPU): 3-Year Results of a Randomized Clinical Trial in a Predominantly Asian Population" [1] clearly identified Retisert® (fluocinolone acetonide intravitreal implant) 0.59 mg as the marketed product used in the study, we appreciate Dr. Hall's concern that there may be some potential confusion regarding the features of Retisert compared with those of Iluvien® (fluocinolone acetonide intravitreal implant) 0.19 mg, as they both contain fluocinolone acetonide as the active ingredient, and we are in support of a letter outlining their differences [2].

However, we disagree with the promotional implication that Iluvien is an "improvement" over Retisert as there are no head-to-head clinical trials comparing these two products to merit that claim. Indeed, in addition to the approval for treatment of chronic non-infectious posterior uveitis, clinical studies have shown Retisert to be effective in reducing diabetic macular edema (DME) and improving visual acuity in patients with DME [3]. Retisert has also shown efficacy in the management of macular edema secondary to retinal vein occlusion in small studies [4, 5]. However, as Dr. Hall correctly stated, Retisert is not approved either in the US or in Europe for these latter indications.

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