

Suprachoroidal triamcinolone acetonide: Adis Evaluation

Clinical Considerations

- First drug to receive approval for injection into the suprachoroidal space, and first approved treatment for uveitic macular edema
- Improves visual acuity and reduces macula edema
- Generally well tolerated

Plain Language Summary

Background and rationale

- Uveitic macular edema is a major cause of blindness in the developed world.
- Intravitreal and periocular application of corticosteroids (e.g., triamcinolone acetonide) may be effective for uveitis and macular edema, but these routes are often associated with cataracts and corticosteroid-related intraocular pressure (IOP) elevation.
- Recently, a triamcinolone acetonide suspension for injection into the suprachoroidal space (Xipere®; SCS triamcinolone acetonide) has been approved for the treatment of uveitic macular edema.
- The suprachoroidal route preferentially distributes the drug to the back of the eye, resulting in a reduced risk of corticosteroid-related adverse events.

Clinical findings

- In a pivotal clinical trial, SCS triamcinolone acetonide rapidly improved visual acuity and resolved macular edema in patients with non-infectious uveitis.
- SCS triamcinolone acetonide was generally well tolerated, with the most common ocular adverse event being eye pain on the day of procedure.
- In unrescued patients in the SCS triamcinolone acetonide group, there appeared to be a reduced risk of corticosteroid-related IOP elevation versus patients who received rescue therapy in the sham control group.

Conclusion

SCS triamcinolone acetonide is a novel and useful treatment option for uveitic macular edema

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