

**Dexamethasone intravitreal implant (Ozurdex®)
for the treatment of non-infectious
posterior uveitis with
Royal Derby Hospital Foundation Trust
March 2015**

NHS Southern Derbyshire Clinical Commissioning Group (SDCCG) has considered the evidence for the use of dexamethasone (Ozurdex®) for the treatment of non-infectious posterior uveitis.

NHS Southern Derbyshire CCG will only fund the administration of Ozurdex® for the treatment of non-infectious uveitis under the following conditions:

1. The diagnosis is non-infectious sight-threatening or sight-losing intermediate or posterior uveitis.
2. Patients with severe bilateral uveitis and those with very active associated systemic disease should be tried with systemic treatment first, as this will often have a beneficial effect on the uveitis and may negate the need for local therapies.
3. The patient has been tried with **all** of the following (unless contraindicated):
 - A cycloplegic-mydratic drug (for example cyclopentolate 1% or atropine 1%).
 - Periocular corticosteroids injection
 - Systemic corticosteroids or immunosuppressive drugs (for example ciclosporin, tacrolimus, azathiopurine or mycophenolate)
4. A maximum of one implant per eye every 6 months will be funded in line with licensing information.
5. The Provider Trust agree to record and share (with Commissioner's) the use of Ozurdex in line with this commissioning policy, to facilitate audit of usage of this high cost drug.

According to set criteria SDCCG, has deemed commissioning of ozurdex® for non-infectious uveitis to be medium/low priority for funding and continued funding will be reviewed again in March 2016.

Treatment	Dexamethasone 700 microgram intravitreal implant (Ozurdex [®] , Allergan)
Indication	<p>Non-infectious uveitis.</p> <p>Uveitis is an inflammation of the uvea, the middle layer of the eye. The inflammation can be localised only to the back of one or both eye and may cause discomfort, pain and blurring of the vision.</p> <p>Non-infectious uveitis affecting the posterior segment of the eye is a long-term debilitating disease because it may lead to partial or complete loss of vision.</p>
Prevalence	The prevalence of non-infectious uveitis affecting the posterior segment of the eye is between 0.3 – 1 in 10,000 (equivalent 3-10 per 100,000) people in the European Union. (EMA, 2010)
Commissioning intention	<p>NHS Southern Derbyshire CCG will only fund the administration of dexamethasone implants (Ozurdex[®]) for the treatment of non-infectious uveitis under the following conditions:</p> <ol style="list-style-type: none"> 1. The diagnosis is non-infectious sight-threatening or sight-losing intermediate or posterior uveitis. 2. Patients with severe bilateral uveitis and those with very active associated systemic disease should be tried with systemic treatment first, as this will often have a beneficial effect on the uveitis and may negate the need for local therapies. 3. The patient has been tried with all the following,: <ul style="list-style-type: none"> • A cycloplegic-mydriatic drug (for example cyclopentolate 1% or atropine 1%). • Periocular corticosteroids injection • Systemic corticosteroids or immunosuppressive drugs (for example ciclosporin, tacrolimus, azathiopurine or mycophenolate) 4. A maximum of one implant per eye every 6 months will be funded in line with licensing information.
Criteria for use	<p>Dexamethasone (Ozurdex[®]) is recommended in the following situations:</p> <ul style="list-style-type: none"> • Where systemic treatment has been tried but the patient is intolerant following an adequate trial at typical treatment doses. There should be documented details of all treatments tried (drug, dose, duration) and the nature of the treatment intolerance recorded. • Where systemic treatments are contra-indicated, clinicians should consider whether an alternative systemic treatment could be used before commencing treatment with Ozurdex. Documented details for contra-indication of systemic treatments should be recorded. • Patients with severe unilateral uveitis. • On rare occasions where bilateral treatment is required, each eye must be treated during separate episodes to minimise the consequences of procedural complications. Further where there is a symmetrical inflammation present; clinicians should consider treating only the eye with the most severe level of inflammation initially. <p>Ozurdex[®] must be used at all times in accordance with the current summary of product characteristics. This can be accessed online via http://www.medicines.org.uk/emc/</p>
Exclusion criteria	Ozurdex [®] is not for use in anterior uveitis or in uveitis caused by infection.
Continuation criteria	<p>Funding will only be maintained for ongoing treatment where it can be demonstrated that:</p> <ul style="list-style-type: none"> • There is a > 15 letter improvement in best corrected visual acuity after 12 weeks following the first administration or the patient achieves driving visual acuity. • The patients visual acuity is maintained to at least 50% of the best recorded following diagnosis of uveitis.
Discontinuation criteria	<p>Treatment with Ozurdex[®] should be discontinued:</p> <ul style="list-style-type: none"> • If there is any loss of visual acuity from baseline (pre-Ozurdex[®]) values. If there is little or no effect on inflammatory symptoms and signs. • When a systemic treatment is commenced which is likely to have a beneficial effect on the uveitis. Ozurdex[®] should only be recommenced after it has been ascertained that no beneficial effect from the systemic treatment has occurred. • If severely raised intra-ocular pressure (IOP) occurs in the treated eye, or if moderately raised IOP in the treated eye is considered to be related to Ozurdex[®]. <p>Additionally, in the presence of limited anti-inflammatory effect, clinicians should consider whether continuation with Ozurdex[®] is appropriate if the maximal gain in visual acuity is < 5 letters on a standard sight chart as this indicates only a limited benefit of treatment.</p>