DERBYSHIRE JOINT AREA PRESCRIBING COMMITTEE (JAPC)

Derbyshire commissioning pathway for the treatment of non-Infectious posterior uveitis

May 2023

This algorithm is a tool to aid the implementation of NICE guidance for the treatment of non-infectious uveitis. This treatment algorithm includes ICB and NHS commissioned drugs approved by NICE

Unilateral/Bilateral & active systemic

1st line option:
- Systemic treatment e.g. prednisolone >60mg/day. Reducing course over 12 weeks

And/or use

2nd line option – Fluocinolone 0.19mg intravitreal implant (NICE TA590)

3rd line option - patient has tried a combination of the following:
- Immunosuppressive drugs (e.g. ciclosporin, tacrolimus, azathioprine or mycophenolate)

No

Is the patient unresponsive to 1st, 2nd and 3rd line treatment options (due to inefficacy or intolerance) and is there evidence of worsening visual function?

Yes

Does the patient have unilateral or bilateral disease?

Yes

ICB commissioned therapy

Dexamethasone intravitreal implant (NICE TA460)

Is recommended as an option for adults with inadequate response to corticosteroids only if there is:
- active disease (that is, current inflammation in the eye) and
- worsening vision with a high risk of blindness (for example, risk of blindness that is similar to that seen in people with macular oedema).

See appendix 1 for dosage regimen

NHSE commissioned therapy

Does the patient have systemic disease or both eyes are affected (or 1 eye is affected if the second eye has poor visual acuity)?

Yes

Adalimumab (NICE TA460)

Is recommended as an option for adults with inadequate response to corticosteroids only if there is:
- active disease (that is, current inflammation in the eye) and
- inadequate response or intolerance to immunosuppressant's and
- systemic disease or both eyes are affected (or 1 eye is affected if the second eye has poor visual acuity) and
- worsening vision with a high risk of blindness (for example, risk of blindness that is similar to that seen in people with macular oedema).

See appendix 1 for dosage regimen and appendix 2 for stopping criteria.

Appendix 1
Recommended dosage

Adalimumab 40mg prefilled syringe (NICE TA460)

- Initial dose of 80 mg given subcutaneously, followed by 40 mg given every other week starting one week after the initial dose.
- Treatment with Adalimumab can be started in combination with corticosteroids or with other non-biologic immunomodulatory agents.

Concomitant corticosteroids may be tapered off according to clinical practice from 2 weeks after starting treatment.

Dexamethasone 700mcg intravitreal implant (NICE TA460)

- One dexamethasone implant to be administered intra-vitreally to the affected eye.
- Administration to both eyes concurrently is not recommended.

Repeat doses should be considered when a patient experiences a response to treatment followed subsequently by a loss in visual acuity and in the clinicians opinion may benefit from retreatment without being exposed to significant risk.

Fluocinolone acetonide 190mcg intravitreal implant (NICE TA590)

- Treatment is indicated for prevention of relapse in recurrent non-infectious uveitis affecting the posterior segment of the eye.
- Each implant contains 0.19mg fluocinolone acetonide and releases fluocinolone for up to 36 months.

SPC - 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 of the eye.

Appendix 2
Stopping criteria for Adalimumab (NICE TA460)

Stop adalimumab for non-infectious uveitis in the posterior segment of the eye in adults with inadequate response to corticosteroids if there is 1 of the following:

- new active inflammatory chorioretinal or inflammatory retinal vascular lesions, or both or
- a 2‑step increase in vitreous haze or anterior chamber cell grade or
- worsening of best corrected visual acuity by 3 or more lines or 15 letters