SA Health

Eligibility checklist

Adalimumab

40 mg/0.8 ml, 20mg/0.4 ml subcutaneous injection

Adalimumab is listed on the High Cost Medicines formulary for adult patients with active non-infectious intermediate, posterior and pan-uveitis who have had an inadequate response to corticosteroids, or are steroid dependent, and who have failed two corticosteroid sparing agents.

This form covers a 24 month trial of adalimumab with the understanding that patients will be reviewed regularly with a formal assessment of response at six months. Patients who meet criteria for treatment failure at six months should be considered for discontinuation.

The following definitions apply to this listing

Active disease is determined by ophthalmologist review

Inadequate response to corticosteroids is defined as: ongoing active inflammation despite three months of treatment

Corticosteroid dependent is defined as requiring ≥7.5 mg of prednisone daily

Corticosteroid sparing agents have been trialled for a minimum of three months

Treatment failure is defined as: ongoing active inflammation and/or requirement for repeated high dose corticosteroids

The following information is required to be provided by the **prescriber** prior to dispensing.

Patient details:

Patient UR number:
Patient location (site/hospital):

Patient eligibility: *(Criteria 1 and 2 OR criteria 3 must be met)*

1. ☐ Patient is adalimumab naïve and:

- has active non-infectious intermediate, posterior and pan-uveitis; and,
- has had an inadequate response to corticosteroids or is steroid dependent; and,
- has failed two corticosteroid sparing agents.

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and

2. ☐ Patient has had neurological evaluation to exclude demyelinating disease (consisting of review of relevant history, physical examination and MRI) and has been advised of the potential association between adalimumab and demyelinating disease as part of informed consent.

or

3. ☐ Patient is adalimumab experienced and has active non-infectious intermediate, posterior and pan-uveitis previously or currently controlled on adalimumab and has (select 1):

   ☐ Trialled a period off adalimumab with consequent increase in disease activity. OR

   ☐ Discontinuation of adalimumab is not appropriate (if selecting this option describe the reason below).

   Reason:

Prescriber eligibility: *(Criteria 1 and 2 must be met)*

1. ☐ Prescriber is a Consultant or Trainee (under guidance from a consultant) working in a combined immunology/rheumatology-eye clinic.

and

2. ☐ Prescriber agrees to cease adalimumab in the event of treatment failure.

Outcome assessment: *(Criteria 1 must be met, use below for reporting if desired)*

1. ☐ Prescriber agrees to provide the following measures of outcome following an initial 24 month trial:

   - Has the patient had a response? (YES/NO) Please describe the response:
   - Has the patient experience treatment failure? : Not applicable
   - Has the patient been able to discontinue steroids?: Not applic , If no what is the current dose:

Information for pharmacy

This form should be retained in the pharmacy department and a copy forwarded to:

✉ The Executive Officer
South Australian Medicines Evaluation Panel
Medicines and Technology Policy and Programs
Level 8, Citicentre
11 Hindmarsh Sq
Adelaide 5000
☎ 8226 7083
SAMEP@health.sa.gov.au

For more information:
http://www.sahealth.sa.gov.au/samep

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- Has the patient discontinued treatment due to an adverse event?
  No If so, please describe:

I certify that the above information is correct_____ Date: Prescriber Name: Position:
Clinical unit:
Telephone No: Pager No:

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