

Eligibility checklist and clinical pathway

Adalimumab

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

Adalimumab for the treatment of active non-infectious sight threatening uveitis in paediatric patients who had an inadequate response to corticosteroid and failed or intolerant of methotrexate (15mg/m²).

The dose of adalimumab is 20 mg for children <30 kg or 40 mg for children ≥30 kg every 2 weeks. Cease biologic after 24 months OR if quiescent eye disease. Ongoing treatment >24 months requires an IPU application.

The following information is required to be provided by the **prescriber** prior to dispensing of the high cost medicine:

Hospital:

Patient name:

Patient UR number:

Patient date of birth:

Patient weight:

Prescriber eligibility for adalimumab: (All criteria must be ticked)

- Consultant ophthalmologist or Ophthalmology Advanced Trainee (under guidance from a consultant ophthalmologist) working in a combined immunology/rheumatology-eye clinic.

AND

- Prescriber agrees to cease adalimumab in the event of treatment failure

Patient eligibility for adalimumab:

- Patient has idiopathic uveitis or juvenile idiopathic arthritis associated uveitis, and at least one of the following:
 - Poor response after 3 months of a combined treatment with topical / locally injection / systemic corticosteroids with methotrexate OR
 - severe intolerance to methotrexate and ongoing need for systematic therapy OR
 - development of acute sight threatening complications (*see clinical pathway below*)

Outcome assessment at the cessation of treatment or 24 months (whichever comes first) Date / /

- Prescriber agrees to forward outcome measures to the SAMEP Executive officer
 - Has the patient had a response? (YES/NO) Please describe the response:



- Has the patient experience treatment failure? : (YES/NO)
- Has the patient been able to discontinue steroids?: (YES/NO), If no what is the current dose:

I certify that the above information is correct: _____
(Prescribers signature)

Date:

Name:

Position:

Department:

Contact/pager number:

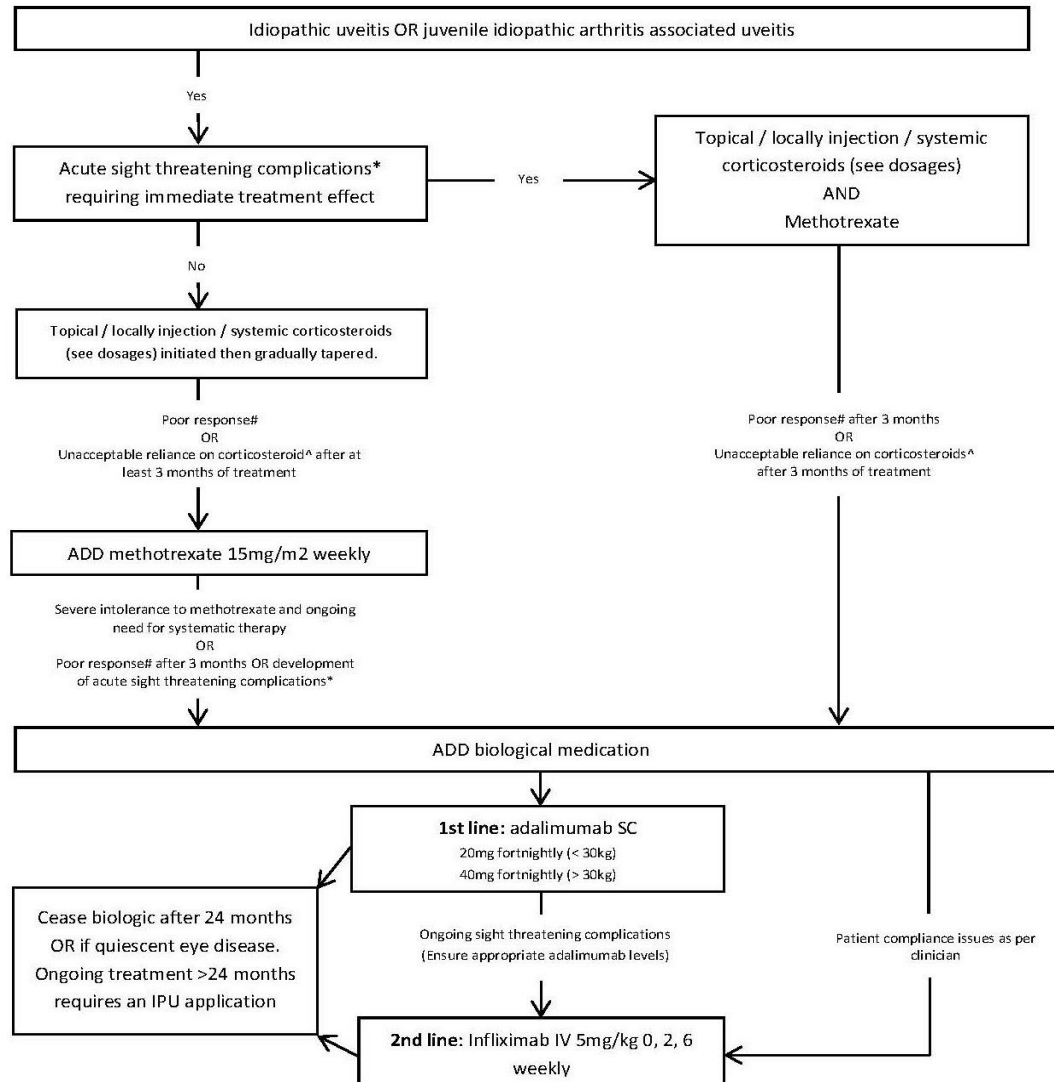
Information for pharmacy

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 1, 101 Grenfell St
Adelaide 5000
- ☎ (08) 7117 9805
- 💻 SAMEP@sa.gov.au

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

Clinical pathway for adalimumab for use in conjunction with eligibility checklist



Notes:

* Acute sight threatening complications:

- IOP>21mmHg requiring topical therapy;
- Development of cataract;
- Development of cystoid macular oedema or severe posterior uveitis;
- Sight-threatening band keratopathy

Poor response:

Ongoing ocular inflammation despite current treatment

^ Unacceptable reliance on corticosteroids:

Topical corticosteroid ≥ 3 drops daily
OR
Complications from corticosteroids such as cataract or glaucoma
OR
Ongoing need for systemic or locally injected corticosteroids

Corticosteroids dosages:

Topical (Prednefrin forte® or Maxidex drops®)

- AC cells 1+ or less: 6x/day for 1 week, QID 1 week, TDS 1 week, BD until review (review 1 month or less)
- AC cells more than 1+: 1-hourly for 1 week, 2-hourly for 1 week, 6x/day for 1 week, QID for 1 week, TDS 1 week, BD until review (review 1-2 weekly until grade 1+ cells or less)

Oral prednisolone

- Starting dose 1mg/kg/day for 1-2 weeks, then gradually tapered by 0.1-0.2mg/kg/day each week.
- Systemic corticosteroids are not preferred in children due to risks of growth suppression and osteopenia; however may be considered for acute control of severe disease

Local injection

- Triamcinolone 40mg/1mL orbital floor or subtenons injection, 3 monthly (but typically just as a once-off)
- Local steroid injection can be considered for acute control of severe newly diagnosed disease

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