InterfacePrescribing & NewTherapies Subgroup

GMMMG Greater Manchester Medicines Management Group NHS

September 2013

# Adalimumab or Infliximab for the Treatment of Refractory Adult Uveitis

**The Interface Prescribing and New Therapies Subgroup discussed the above at its meeting on the 24th September 2013. The recommendation of this subgroup is as follows:***

The Interface Prescribing & New Therapies Subgroup of the GMMMG considered the use of infliximab and adalimumab for the treatment of adult patients with uveitis.

**The group recommends the use of either adalimumab (first line choice) or infliximab (for rapid control) for above indication as a third or fourth line option (after steroids and immunosuppressants including combinations) as per the CMFT specialist treatment pathway, at the CMFT site only, for a period of two years.**

The group noted that all treatments for uveitis are currently unlicensed however there are clinical trial data showing good response rates particularly in patients with no other co-morbidities.

Treatment of adalimumab or infliximab will be supervised by a clinician with experience of using these agents e.g. a Consultant Rheumatologist.

For those patients that do not respond, the biologic agent should be stopped following review.

According to set criteria Infliximab or adalimumab are a high priority for funding for the above patient group.

Review date: September 2015

* Unless superseded by NICE guidance or substantial and significant new evidence becomes available.
▼ Newly marketed drugs and vaccines are intensively monitored for a minimum of two years, in order to confirm therisk / benefit profile of the product. Healthcare professionals are encouraged to report all suspected adverse drug reactions regardless of the severity of the reaction.

**Manchester Uveitis Clinic**
**Non-infective Uveitis: Medical Management Summary**
**(3205 REFERRALS)**