



Warwickshire North
Clinical Commissioning Group

Drug policy: Ozurdex in the Management of Uveitis



Version Control

Version	2.0
Ratified by	NHS Warwickshire North CCG Governing Body
Date ratified	12 th January 2107
Name of originator /author	Suzy Heafield, Medicines Management Arden Clinical Commissioning Policy Development Group
Responsible committee	Commissioning, Finance and Performance Committee
Date issued	01 April 2017
Review date	April 2020

Version History

Date	Version	Comment / Update
01 / 11 / 2013	V1	Approved by CCG
12 / 01 / 2017	V2	Version drafted by Arden Clinical Policy Development Group

Treatment	Drug Policy: Ozurdex® in the Management of Uveitis
Indication	Non-infectious sight threatening or sight-losing intermediate or posterior uveitis
Funding Status	Treatment restricted

OPCS Code	Not applicable
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<p>Treatment</p>	<p>Ozurdex® (dexamethasone intravitreal implant) is recommended as an option for the treatment of adults with non-infectious sight threatening or sight-losing intermediate or posterior uveitis IF systemic treatment is not considered appropriate (see Criteria for Use).</p> <p>Treatment with Ozurdex® should be given no more frequently than every 6 months.</p> <p>Ozurdex® must at all times be used in accordance with the current product data sheet. This can be accessed online via www.medicines.org.uk/emc Any use of Ozurdex® other than in accordance with the current product data sheet is not covered by this protocol and the responsible clinician must submit an individual funding request application to the CCG in such situations.</p> <p>The product data sheet provides information on, amongst other points, the licensed indications, contra-indications, and monitoring requirements. This commissioning policy refers to the treatment of uveitis only.</p> <p>Ozurdex® should only be considered for the treatment of non-infectious sight threatening or sight-losing intermediate or posterior uveitis. Such conditions may or may not be associated with systemic inflammatory disease. If such disease is present then this requires assessment of its nature, extent, and activity in order to inform on treatment decisions. Accordingly, all patients require thorough diagnostic evaluation of their uveitis and any underlying systemic disease.</p> <p>Ozurdex® is not for use in anterior uveitis or in uveitis caused by infection.</p> <p>Ozurdex® is recommended as alternative to intravitreal steroid injections such as triamcinolone acetate. This would place Ozurdex® as a third-line or subsequent treatment, after use of topical treatments, periocular corticosteroid injections, and systemic treatments such as corticosteroids or immunosuppressants.</p> <p>Clinicians should consider whether a patient would be better served with a systemic treatment for uveitis. Such patients might include those with severe bilateral uveitis and those with very active associated systemic disease that itself requires treatment. The systemic treatment of such disease will often have a beneficial effect on the uveitis, which could modify or even negate entirely the need for local therapies.</p> <p>Criteria for Use (if applicable):</p> <p>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. Details of the treatments tried (drugs, doses, duration) and the nature of the treatment intolerance(s) should be fully documented in patient notes. Clinicians should consider whether treatment intolerance(s) can be managed without necessitating discontinuation. • Where systemic treatments are contra-indicated. Clinicians should consider whether an alternative systemic treatment could be used before
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	<p>commencing treatment with Ozurdex®. Where a systemic treatment is contra-indicated, the nature of this should be fully documented in the patient notes.</p> <ul style="list-style-type: none"> • Patients with no underlying associated systemic inflammatory disease, or in patients whose associated underlying systemic inflammatory disease is of limited activity and not requiring systemic treatment. • Patients with severe unilateral uveitis. <p>Discontinuation</p> <ul style="list-style-type: none"> • The continued need for Ozurdex® should be formally assessed before each implant is administered. Treatment with Ozurdex® should be discontinued: • 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 recommended 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 less than five letters on a standard sight chart as this indicates only a limited benefit of treatment.</p> <p>An audit will take place prior to the policy review date to ensure compliance with this policy and to assess patient response. This policy will be reviewed in light of new evidence or guidance. It is expected that this policy will be superseded by a NHS England clinical commissioning policy on the treatment of severe uveitis.</p>
Equality Impact	See EIA attached
Quality Impact	See QIA attached

Equality Impact Assessment

Policy	Ozurdex® in the management of Uveitis	Person completing EIA	Suman Ghaiwal, Equality and Human Rights Manager, CSU
Date of EIA	9 October 2016	Accountable CCG Lead	Jenni Northcote, Director of Partnerships and Engagement

Aim of Work	The Public Sector Equality duty requires us to eliminate discrimination, advance equality of opportunity, and foster good relations with protected groups. This EIA assesses the impact of the policy on protected groups.
Who Affected	Warwickshire North registered patients

Protected Group	Likely to be a differential impact?	Protected Group	Likely to be a differential impact?
Sex	No	Age	No
Race	No	Gender Reassignment	No
Disability	No	Marriage and Civil Partnership	No
Religion / belief	No	Pregnancy and Maternity	No
Sexual orientation	No		

Describe any potential or known adverse impacts or barriers for protected/vulnerable groups and what actions will be taken (if any) to mitigate. If there are no known adverse impacts, please explain.

Since CCGs operate within finite budgetary constraints the policy detailed in this document make explicit the need for the CCG to prioritise resources and provide interventions with the greatest proven health gain. The intention is to ensure equity and fairness in respect of access to NHS funding for interventions and to ensure that interventions are provided within the context of the needs of the overall population and the evidence of clinical and cost effectiveness.

The impact of this policy has been considered against all protected groups and human rights principles.

The policy provides a consistent clinically based criteria for decision making, benefitting patients within the CCG area by providing consistency and equity of service provision. The policy provides an avenue through the 'Individual Funding Requests' policy to seek funding in exceptional clinical circumstances.

No potential or known adverse impacts or barriers for protected and/or vulnerable groups were identified.

Quality Impact Assessment

QIA Completed By: Mary Mansfield, Deputy Chief Quality Officer (CCG)				Completed: October 2016					
Ozurdex® in the management of uveitis AREA OF ASSESSMENT		OUTCOME ASSESSMENT			Evidence/Comments for answers	Risk rating (For negative outcomes)			Mitigating actions
		Positive	Negative	Neutral		Risk impact (I)	Risk likelihood (L)	Risk Score (IxL)	
Duty of Quality Could the scheme impact positively or negatively on any of the following	Effectiveness – clinical outcome			X	There has been no change to the policy.				
	Patient experience			X					
	Patient safety			X					
	Parity of esteem			X					
	Safeguarding children or adults			X					
NHS Outcomes Framework Could the scheme impact positively or negatively on the delivery of the five domains:	Enhancing quality of life			X					
	Ensuring people have a positive experience of care			X					
	Preventing people from dying prematurely			X					
	Helping people recover from episodes of ill health or following injury			X					
	Treating and caring for people in a safe environment and protecting them from avoidable harm			X					
Patient services Could the proposal impact positively or negatively on any of the following:	A modern model of integrated care, with key focus on multiple long-term conditions and clinical risk factors			X					
	Access to the highest quality urgent and emergency care			X					
	Convenient access for everyone			X					
	Ensuring that citizens are fully included in all aspects of service design and change			X					
	Patient Choice			X					
	Patients are fully empowered in their care			X					
	Wider primary care, provided at scale			X					