Statewide High Cost Medicines Formulary

Eligibility checklist and clinical pathway

Infliximab

100 mg vial

Infliximab for the treatment of active non-infectious sight threatening uveitis in paediatric patients who have ongoing sight threatening complications with treatment with adalimumab SC or compliance issues with adalimumab SC.

The dose of infliximab is IV 5 m/Kg 0, 2, 6 weekly followed by a maintenance regimen every 4 to 8 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 infliximab (All criteria must be ticked)

1. ☐ Consultant ophthalmologist or Ophthalmology advanced trainee (under guidance from a consultant ophthalmologist) working in a combined immunology/rheumatology-eye clinic.

   AND

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

Patient eligibility for infliximab:

1. ☐ Patient has idiopathic uveitis or juvenile idiopathic arthritis associated uveitis, and:

   ☐ Ongoing sight threatening complications after treatment with adalimumab SC or compliance issues with adalimumab SC (*see clinical pathway below*)

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

1. ☐ 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)

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- 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

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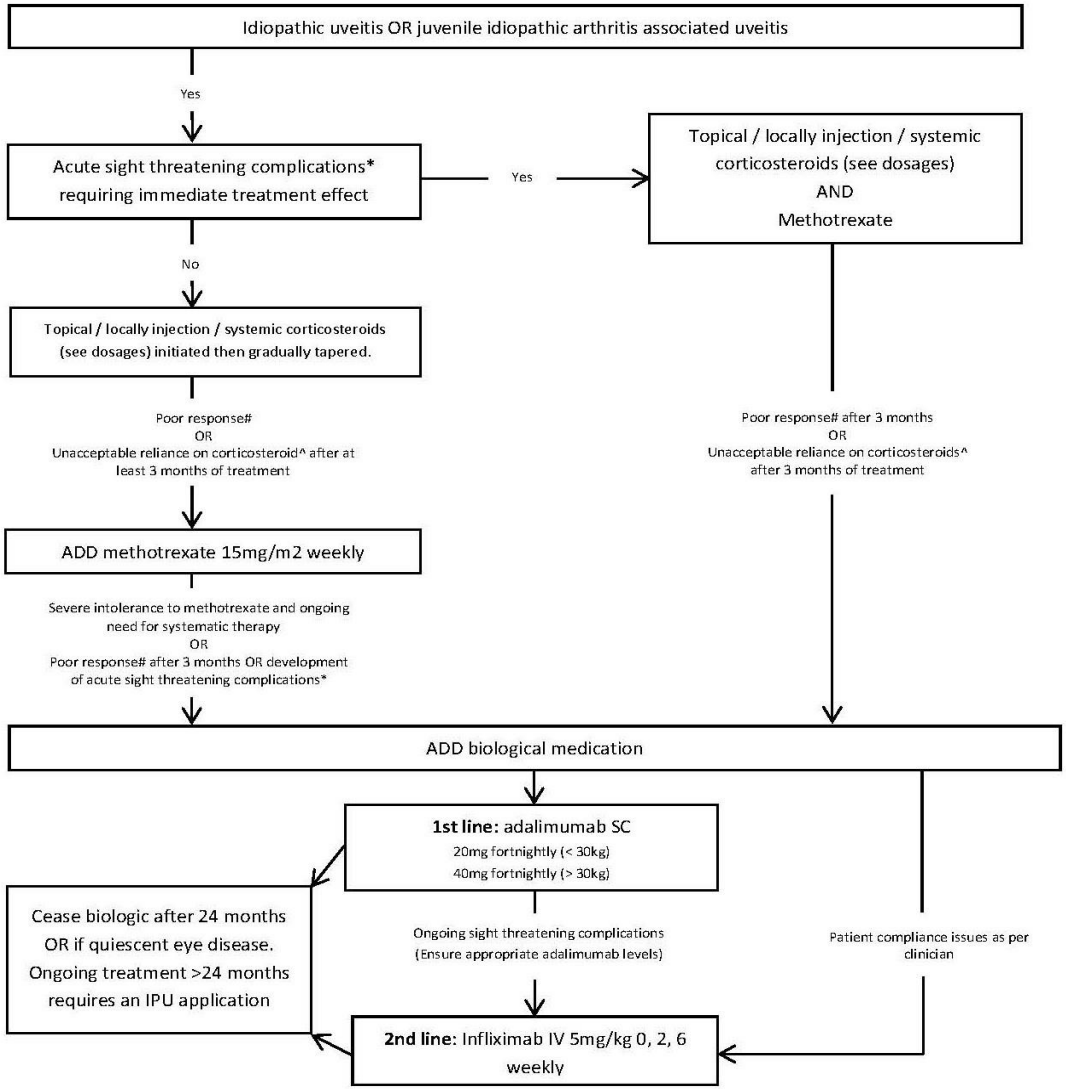
Version: August 2020

Clinical pathway for infliximab for use in conjunction with eligibility checklist



Notes:

*** Acute sight threatening complications:**

- IOP>21mmg/Hg 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

Published: March 2021

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