Treatment protocol for the use of Ozurdex® (dexamethasone intravitreal implant) in the management of ***uveitis***

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 relevant commissioning authority in such situations.

The product data sheet provides information on, amongst other points, the licensed indications, contra-indications, and monitoring requirements. This protocol refers to the treatment of uveitis only.

Administration

Ozurdex® in uveitis is recommended for administration at a frequency of six-monthly.

On the rare occasions that bilateral treatment is required, each eye must be treated during separate episodes to minimise the consequences of procedural complications.

In addition, where there is asymmetric inflammation present, clinicians should consider treating only the eye with the most severe level of inflammation.

Treatment pathway

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.

Ozurdex® is not for use in anterior uveitis or in uveitis caused by infection.

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.

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.

If the uveitis remains uncontrolled and sight-threatening despite systemic treatment, clinicians should consider escalating or changing the systemic therapies, adding topical therapies, and using periocular corticosteroid injections before Ozurdex®.

Ozurdex® is recommended in the following situations:

- 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 commencing treatment with Ozurdex®. Where a systemic treatment is contra-indicated, the nature of this should be fully documented in the patient notes.
- 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.

Treatment continuation

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 recommenced 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®.

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.

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