AWTTC
All Wales Therapeutics & Toxicology Centre
Canolfan Therapiwteg a Thocsicoleg Cymru Gyfan

Adalimumab (Humira®) for the treatment of adult patients with severe refractory non-infectious uveitis

ONE WALES INTERIM COMMISSIONING DECISION SUPERSEDED BY NICE GUIDANCE (TA460) NICE GUIDANCE ISSUED JUNE 2017

(Refer to NICE website for full details, including any specific restrictions on the use of the technology)

ONE WALES INTERIM COMMISSIONING DECISION

Adalimumab (Humira®) for the treatment of adult patients with severe refractory non-infectious uveitis

Date of advice: October 2016

The following Interim Pathways Commissioning Group (IPCG) recommendation has been endorsed by health board Chief Executives.

Using the agreed starting and stopping criteria, adalimumab (Humira®) can be made available within NHS Wales to treat adult patients with severe refractory non-infectious uveitis.

Adalimumab (Humira®) should be initiated in specialist centres for this indication.

This advice will be reviewed after 12 months or earlier if new evidence becomes available.

Advice is interim to subsequent Health Technology Appraisal advice from AWMSG or NICE becoming available.

One Wales advice promotes consistency of access across NHS Wales.

Starting and stopping criteria for adalimumab for the treatment of adult patients with severe refractory non-infectious uveitis

These criteria have been adapted from the NHS England Clinical Commissioning Consultation document[1].

Starting and stopping criteria

Starting criteria:

Adalimumab will be used to treat uveitis in patients who fulfil the following criteria:

- The patient is not eligible for admission to a clinical trial for treatment of their uveitis
  AND
- Patients whose condition has proved to be refractory to treatment (as per Standardisation of the Uveitis Nomenclature [SUN] guidelines) despite supramaximal treatment with more than 10mg/day of prednisolone and at least two immunomodulatory drugs (e.g. tacrolimus and mycophenolate mofetil)
  OR
- Patients who are clinically unable to continue the above treatments because of severe intolerance or toxicity, i.e. their overall general health is being put under irreversible harm or the drugs are contra-indicated.
  OR
- Patients who manifest severe, aggressive disease with risk of rapid, permanent and profound vision loss early in their disease (e.g. retinal vasculitis)

Patients who satisfy the eligibility criteria will be prescribed adalimumab following consultation with the patient and/or carer taking into account potential adverse effects, cautions and contraindications.

Adalimumab should always be initiated in a specialised ophthalmology centre.

The recommended adalimumab treatment dose regimen for adults with ocular inflammation is 40 mg every other week via self-administered subcutaneous injection. Dose frequency may be escalated to 40 mg once weekly in patients with persistent activity (not increasing activity) and/or partial response in high-risk sight -threatening disease for a further 3 months to assess if any resolution has occurred before deciding that treatment failure has occurred and stopping treatment.

Patients will be regularly monitored at a minimum of three monthly intervals by the specialised centres.

Stopping criteria:

Treatment with adalimumab will be stopped if the following occurs:

- There is no benefit from treatment after 3 months of treatment being initiated.

Patients who respond and achieve drug induced disease remission will continue therapy for up to 2 years. After 2 years, therapy will be withdrawn. If there is disease relapse, consideration to restarting adalimumab therapy will be given.

Refer also to the dosing section above under “starting criteria”

1 Specialised Commissioning Team NHS England. Clinical commissioning policy: infliximab (Remicade) and adalimumab (Humira) as anti-TNF treatment options for adult patients with severe refractory uveitis. Reference: NHS England D12/P/a. July 2015. Available at: https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/10/d12pa-infliximab-adalimumab-oct15.pdf. Accessed May 2016.

KEY FINDINGS: This is an abbreviated summary of the evidence provided to IPCG

Report background

Uveitis is a term for inflammation within the eye which, in severe cases, can lead to blindness. Corticosteroids and immunosuppressants are the mainstay treatment for uveitis, but are not always effective and can be associated with undesirable adverse effects. Adalimumab may offer an additional treatment option in adult patients with severe non-infectious uveitis refractory to corticosteroid and immunosuppressant treatments. Adalimumab received a licence in June 2016 for the treatment of non-infectious intermediate, posterior and panuveitis in adult patients who have had an inadequate response to corticosteroids, in patients in need of corticosteroid-sparing, or in whom corticosteroid treatment is inappropriate. In 2015 NHS England reviewed, and subsequently concluded, not to commission adalimumab for the treatment of adults with severe refractory uveitis. At the time the policy was published, VISUAL I, an efficacy and safety trial of adalimumab in patients with uveitis was available as abstract form and this appears not to have been considered in the document. This trial has yet to be published, although may be published later this year. The National Institute for Health and Care Excellence (NICE) are currently in the process of appraising adalimumab, as part of a multiple technology appraisal for the treatment of non-infectious, intermediate-, posterior- or pan-uveitis with advice expected in July 2017 following marketing authorisation for this indication. A cohort of patients has been identified based on the data from individual patient funding request (IPFR) panels and based on unmet need within the service this medicine was considered to be suitable for assessment via the One Wales process. The treatment of children with severe refractory non-infectious uveitis is considered in a separate Evidence Status Report (ESR).

Efficacy/Effectiveness

Published abstract results from a phase III randomised controlled trial demonstrated significant improvements in the time to treatment failure in the adalimumab group versus placebo in patients with active uveitis. In patients with active uveitis the median time to treatment failure was 24 weeks in the adalimumab group and 13 weeks in the placebo group. Two single arm studies further supported the safety and efficacy of adalimumab for the treatment of uveitis.

Safety

No new safety signals have been observed for adalimumab for the treatment of adult patients with severe refractory non-infectious uveitis.

Patient factors

Adalimumab is administered every two weeks by subcutaneous injection. A loading dose of 80 mg (two injections) is also required. It may be self-administered by the patient.

Cost effectiveness

There are no published studies on the cost effectiveness of adalimumab for the treatment of severe refractory non-infectious uveitis. Limited cost effectiveness estimates have been reported in the NHS England commissioning policy but they are subject to large uncertainty due to the assumptions made in their calculation. Comparing use of a biologic (risk of blindness 1%) to conventional immunosuppressant therapy (risk of blindness 8%) resulted in an Incremental Cost Effectiveness Ratio (ICER) of £6,400. Increasing the risk of blindness on biologic therapy from 1% to 5% increased the ICER to £40,200.

Budget impact

Clinical experts estimate there to be 25–40 people in Wales requiring treatment with adalimumab for this indication, with a prevalent population of 35–40 patients. This would result in a budget impact of between £249,000 and £398,400 in year one and between £339,800 and £483,920 in year two using the list price of adalimumab together with monitoring costs. The patient population includes patients for whom treatment has been funded via the IPFR route and therefore the budget impact is most likely to lie at the lower end of this estimate.

Impact on health and social care services

Minimal increased use of existing services.

Innovation and/or advantages

Adalimumab offers a new treatment choice for patients with refractory uveitis.