OCULAR DRUG TREATMENTS

DRUG NAME	BRANDS REIMBURSED	DOSAGE FORM/ STRENGTH	REIMBURSEMENT CRITERIA (Refer to pages 2 and 3 for general disclaimers regarding the EAP funding criteria.)	STANDARD APPROVAL DURATION
Mycophenolate Mofetil	Cellcept and generics	250 mg capsules 500 mg tablets 200mg/mL oral suspension	**For the treatment of non-infectious ocular inflammation (e.g., uveitis, scleritis and ocular mucous membrane pemphigoid)** in patients meeting the following criteria; • Experienced failure, intolerance, or contraindication to at least one Formulary immunosuppressant; OR • First-line use for the treatment of severe non-infectious ocular inflammation • Patient must be followed by a uveitis specialist, a retina specialist familiar with ocular inflammatory diseases, or a pediatric ophthalmologist. **Renewals** will be considered for requests where consultation notes or a letter is provided by the requesting physician to confirm that treatment has resulted in improvement/stability of vision and other treatment goals (e.g., remission from/control of ocular inflammation) have been met.	Initials: 1 year Renewals: 2 years
Infliximab	Remicade	100 mg/ 10 mL Injection for intravenous infusion	**For the treatment of severe non-infectious ocular inflammatory disease (OID)** in patients meeting one of the following criteria; o Experienced failure, intolerance, or contraindication to oral corticosteroid (or topical corticosteroid for anterior uveitis) and failure or intolerance to at least one immunosuppressive therapy; OR o For the treatment of chronic Juvenile Idiopathic Arthritis (JIA)-associated uveitis after failure or intolerance to a first-line immunosuppressive agent; OR	Initials: 1 year

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			• For patients who have immediately vision-threatening OID and do not meet the above criteria, where consultation notes/ letter from an ophthalmologist expert specializing in OIDs (who may be the requesting physician) confirm the severity of the patient's condition and indicate detailed rationale for an immediate biologic therapy (e.g. ocular inflammation associated with Behcet's disease; severe non-necrotizing scleritis; necrotizing scleritis; etc.); AND • Patient must be followed by a uveitis specialist, a retina specialist familiar with ocular inflammatory diseases, or a pediatric ophthalmologist. **Approved Dose:** Infliximab 5-10 mg/kg IV at weeks 0, 2, 6 and maintenance every 4-8 weeks **Renewals** will be considered for requests where consultation notes or a letter is provided by the requesting physician to confirm that treatment has resulted in improvement/stability of vision and other treatment goals (e.g., remission from/control of ocular inflammation) have been met.	Renewals: 2 years
Adalimumab	Humira	40 mg per 0.8 mL Injection	**For the treatment of severe non-infectious ocular inflammatory disease (OID)** in patients meeting one of the following criteria; • Experienced failure, intolerance, or contraindication to oral corticosteroid (or topical corticosteroid for anterior uveitis) and failure or intolerance to at least one immunosuppressive therapy; OR • For the treatment of chronic Juvenile Idiopathic Arthritis (JIA)-	Initials: 1 year

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Adalimumab	Humira	40 mg per 0.8 mL Injection	associated uveitis after failure or intolerance to a first-line immunosuppressive agent; OR • For patients who have immediately vision-threatening OID and do not meet the above criteria, where consultation notes/ letter from an ophthalmologist expert specializing in OIDs (who may be the requesting physician) confirm the severity of the patient's condition and indicate detailed rationale for an immediate biologic therapy (e.g. ocular inflammation associated with Behcet's disease; severe non-necrotizing scleritis; necrotizing scleritis; etc.); AND • Patient must be followed by a uveitis specialist, a retina specialist familiar with ocular inflammatory diseases, or a pediatric ophthalmologist. **Approved Dose:** Adalimumab 40 mg subcutaneous every 1 to 2 weeks. **Renewals** will be considered for requests where consultation notes or a letter is provided by the requesting physician to confirm that treatment has resulted in improvement/stability of vision and other treatment goals (e.g., remission from/control of ocular inflammation) have been met.	Renewals: 2 years
Rituximab	Rituxan	10 mg/mL intravenous injection	**For the treatment of severe non-infectious ocular inflammatory disease (OID)** in patients failed or did not tolerate treatment with infliximab or adalimumab; OR has contraindication to anti-TNF therapy AND who meet one of the following criteria; • Experienced failure, intolerance, or contraindication to oral corticosteroid (or topical corticosteroid for anterior uveitis) and	Initials: 1 year

*****Please note that this version (Sept 2016) has not been published on the Ministry of Health web site and is pending AODA Compliance approval.**