NHS
Cheshire and Merseyside

NICE-approved anti-VEGF drugs and intravitreal corticosteroids used in Ophthalmic Medical Retinal conditions

The Cheshire and Merseyside Area Prescribing Group Policy Statement for NICE-approved anti-VEGF drugs and intravitreal corticosteroids used in Ophthalmic Medical Retinal conditions.

RED

Eyecare is the highest volume outpatient specialty within the NHS and the medicines used for medical retinal vascular conditions account for some of the highest cost and volume treatments used within secondary care.[1]

Due to increasing life expectancy and aging population there are increased demands for medical retinal vascular treatments as more patients with eye disease are diagnosed and treated. Continually rising demand has also impacted ophthalmology outpatient services.[1] (NHSE Commissioning Recommendations)

The purpose of this policy statement is to

- Reduce unwarranted variation in medical retinal ophthalmology prescribing across Cheshire & Merseyside ICB.

- Maintain clinical choice in line with NICE recommendations:

  Anti-VEGF (vascular endothelial growth factor) Drugs

  - Ranibizumab (TA155, TA274, TA298, TA283)
  - Aflibercept (TA294, TA346, TA486, TA305, TA409)
  - Faricimab (TA800, TA799)
  - Brolucizumab (TA672, TA820)

  Intravitreal Corticosteroid Drugs

  - Dexamethasone (TA229, TA824)
  - Fluocinolone (TA953)

- Make best use of NHS Resources.

- Improve quality of care and patient satisfaction.

Through consistently using the most clinically appropriate and cost-effective treatments and ensuring that patients receiving treatment are responding, we can drive efficiencies to support recovery and transformation in eyecare services for the NHS.[1]

NHSE commissioning recommends the prescribing clinician and patient make a shared decision as to which treatment is clinically appropriate for an individual, based upon the specific needs of the patient and relevant NICE technology appraisal guidance for each indication.

Note: Patients who are not eligible for treatment under this statement may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy. In this situation, follow locally defined processes.

Supporting information

This policy will have several benefits for our healthcare system and patients:

- Allow clinicians to determine, in partnership with their individual patients, which treatment is clinically appropriate based on the specific needs of the patient and relevant NICE TA guidance.
- Create capacity so patients can be seen in a timely manner and avoid permanent loss of vision.
- Increase patient satisfaction and quality of life.
  - Reduce the injection burden for patients.
  - Reduce the impact of hospital visits for patients.
  - Reduce the risk of endophthalmitis and infections associated with increased frequency of injections.

The Cheshire and Merseyside Area Prescribing Group make the following recommendations when treating patients for medical retinal conditions:

Ranibizumab – Where indicated[2,3,4,5]

- Patients currently on Lucentis® (ranibizumab) MUST be switched to biosimilar ranibizumab following a process of reconsent. Use of the biosimilar represents a significant cost-saving.
- There may be times when a patient refuses to consent to biosimilar in which they may remain on Lucentis.
- Biosimilar ranibizumab (rather than Lucentis®) can still be used as a first line agent if the treating clinician deems this to be appropriate.

Wet age-related macular degeneration (wAMD)
Faricimab or aflibercept should be used as first line agents for new patients. [6,11]

Patients stable on aflibercept treat and extend regimens must not routinely be switched to faricimab.

However, if the patient is stable on aflibercept or ranibizumab, but is needing frequent injections consider whether they would benefit from switching to faricimab at a longer dosing interval.

Brolucizumab is also available as a NICE approved treatment, but use is less favourable due to risks noted with intra-ocular inflammation.

Diabetic macular oedema (DMO)
Faricimab or aflibercept should be used as first line anti-VEGF agents for new patients. [7,12]

Patients stable on aflibercept treat and extend regimens should not routinely be switched to faricimab.

However, if the patient is stable on aflibercept or ranibizumab, but needing less frequent injections consider whether they would benefit from switching to faricimab to trial at longer dosing interval.

Brolucizumab is also available as a NICE approved treatment, but use is less favourable due to risks noted with intra-ocular inflammation.

If anti-VEGF treatment is contra-indicated or does not achieve a sufficient response (despite an appropriate injection frequency and regular monitoring), then intravitreal corticosteroid implants (dexamethasone intravitreal implant) should be considered. [16]

Fluocinolone implant should also be considered in line with NICE approved conditions if clinically appropriate. [17]

Anti-VEGF must not be used in combination with intravitreal corticosteroids.

Myopic choroidal neovascularisation (mCNV) or macular oedema secondary to retinal vein occlusion (RVO), central (CRVO) or branch retinal vein occlusion (BRVO)
Aflibercept is first line for new patients.[8,9,10]

Faricimab is not currently licensed or NICE approved for these indications.
Brolucizumab is not currently licensed or NICE approved for these indications.

In CRVO and BRVO, if anti-VEGF treatment is contra-indicated or does not achieve a sufficient response (despite an appropriate injection frequency and regular monitoring), then intravitreal corticosteroid implants (dexamethasone intravitreal implant) should be considered.[15]

Anti-VEGF must not be used in combination with intravitreal corticosteroids.

Discontinuation of therapies by condition[1]

wAMD
NICE guidance on wet age-related macular degeneration (NG 82) recommends that treatment be continued only in people who maintain an adequate response to therapy.

Clinical discretion for consideration to stopping anti-VEGF treatment if the eye develops severe, progressive loss of visual acuity (logMAR<25) as recommended in the section on anti-VEGF therapies above. Criteria for stopping should include persistent deterioration in visual acuity and anatomical changes in the retina.

Treatment with an anti-VEGF should be stopped if the eye develops late AMD (wet inactive) with no prospect of functional improvement or hypersensitivity to an anti-VEGF.

mCNV
The schedule for monitoring should be determined by the treating physician and should be discontinued if the patient is not benefiting from continued treatment.

CRVO
If no improvement in visual acuity over the course of the first three injections is observed, cessation of treatment may be considered, and it is recommended after six injections.

Adverse Drug Reactions
For new drugs, MHRA encourages the reporting of ALL suspected reactions via the Black Triangle Scheme as part of post-marketing surveillance.

Data Collection Requirements
Submission of Blueteq forms will be required where Blueteq is implemented across Cheshire and Merseyside. Clinicians must use Blueteq where it has previously been implemented.

References

1. NHSE. Operational note: updated commissioning recommendations for medical retinal vascular medicines following the national procurement for ranibizumab biosimilars. NHSE Commissioning Recommendations
2. NICE TA 155 Ranibizumab and pegaptanib for the treatment of age-related macular degeneration. Last updated 01 May 2012. Available at: https://www.nice.org.uk/guidance/ta155
3. NICE TA 274 Ranibizumab for treating diabetic macular oedema. Last updated 26 October 2023. Available at: https://www.nice.org.uk/guidance/ta274
4. NICE TA 298 Ranibizumab for treating choroidal neovascularisation associated with pathological myopia. Last updated 27 November 2013. Available at: https://www.nice.org.uk/guidance/ta298
5. NICE TA 283 Ranibizumab for treating visual impairment caused by macular oedema secondary to retinal vein occlusion. Last updated 22 May 2013. Available at: https://www.nice.org.uk/guidance/ta283
6. NICE TA 294 Aflibercept solution for injection for treating wet age-related macular degeneration. Last updated 24 July 2013. Available at: https://www.nice.org.uk/guidance/ta294
7. NICE TA 346 Aflibercept for treating diabetic macular oedema. Last updated 22 July 2015. Available at: https://www.nice.org.uk/guidance/ta346
8. NICE TA 486 Aflibercept for treating choroidal neovascularisation. Last updated 01 November 2017. Available at: https://www.nice.org.uk/guidance/ta486
9. NICE TA 305 Aflibercept for treating visual impairment caused by macular oedema secondary to central retinal vein occlusion. Last updated 26 February 2014. Available at: https://www.nice.org.uk/guidance/ta305
10. NICE TA 409 Aflibercept for treating visual impairment caused by macular oedema after branch retinal vein occlusion. Last updated 28 September 2016. Available at: https://www.nice.org.uk/guidance/ta409
11. NICE TA 800 Faricimab for treating wet age-related macular degeneration. Last updated 29 June 2022. Available at: https://www.nice.org.uk/guidance/ta800
12. NICE TA 799 Faricimab for treating diabetic macular oedema. Last updated 29 June 2022. Available at: https://www.nice.org.uk/guidance/ta799
13. NICE TA 672 Brolucizumab for treating wet age-related macular degeneration. Last updated 03 February 2021. Available at: https://www.nice.org.uk/guidance/ta672
14. NICE TA 820 Brolucizumab for treating diabetic macular oedema. Last updated 31 August 2022. Available at: https://www.nice.org.uk/guidance/ta820
15. NICE TA 229 Dexamethasone intravitreal implant for the treatment of macular oedema secondary to retinal vein occlusion. Last updated 27 July 2011. Available at: https://www.nice.org.uk/guidance/ta229
16. NICE TA 824 Dexamethasone intravitreal implant for treating diabetic macular oedema. Last updated 14 Sept 2022. Available at: https://www.nice.org.uk/guidance/ta824
17. NICE TA 953 Fluocinolone acetonide intravitreal implant for treating chronic diabetic macular oedema Published 13 March 2024. Available at: https://www.nice.org.uk/guidance/ta953