



## Clinical Commissioning Position Statement Medical Retinal Vascular Medicines

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|  | This Position Summary is part of the NHS Herefordshire & Worcestershire Integrated Care Board (ICB) suite of <a href="#">Clinical Commissioning Policies</a> , <a href="#">Prescribing Policies</a> and <a href="#">Formulary</a><br>If this is a printed version of this policy, please check the <a href="#">website</a> to make sure it remains current |
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| Treatment/Indication            | <b>Medical Retinal Vascular Medicines</b><br><i>To be adhered to in line with the <a href="#">HWICS Prescribing Policy</a></i>   |
|---------------------------------|--|
| <b>Commissioning Position</b>   | <p>Herefordshire and Worcestershire Integrated Care System support use of intravitreal anti-VEGF and corticosteroid treatments in accordance with National Pathways of Care and relevant NICE Technology Appraisal Guidance.</p> <p>National pathways should be followed by Providers when developing local pathways for managing patients involving use of the following treatments:</p> <ul style="list-style-type: none"> <li>• Afibercept 40mg/ml (2mg dose) and 114.3mg/ml (8mg dose)</li> <li>• Bevacizumab 25mg/ml (1.25mg dose)</li> <li>• Brolucizumab 120mg/ml (6mg dose)</li> <li>• Faricimab 120mg/ml (6mg dose)</li> <li>• Ranibizumab 10mg/ml (0.5mg dose)</li> <li>• Dexamethasone implant 700µg</li> <li>• Fluocinolone implant 190µg</li> </ul> <p>Providers should use the most cost-effective agent, noting that:</p> <ul style="list-style-type: none"> <li>• Biosimilar and reference products are considered interchangeable All biological medicines, including biosimilars, should be prescribed by brand name.</li> </ul> <p>The National Pathways are available via the Future's website (registration required):</p> <ul style="list-style-type: none"> <li>• <a href="#">Wet Age Related Macular Degeneration (wetAMD)</a></li> <li>• <a href="#">Diabetic Macular Oedema (DMO)</a></li> <li>• <a href="#">Macular Oedema Secondary to Retinal Vein Occlusion (RVO)</a></li> </ul> <p>Treatment choices for NICE approved indications are summarised in Table 1.</p> <p>Approved indications for use outside of mandated NICE Technology Appraisal guidance are summarised in Table 2.</p> |
| <b>Summary of Evidence</b>      | <ul style="list-style-type: none"> <li>• The National Institute for Health and Care Excellence (NICE) summarises the available evidence and provides recommendations for use of different products for each indication.</li> <li>• NHS England operational note updated July 2023 outlines commissioning recommendations regarding the best value treatment choices.</li> <li>• NHS England pathway publications 2025 for wetAMD, DMO and RVO</li> <li>• For products not covered by NICE, published evidence has been appraised by the Medicines and Prescribing subcommittee and the National pathway expert groups..</li> </ul>   |
| <b>Equality &amp; Diversity</b> | An Equality Impact Assessment (EIA) has been used to inform the development of this document.  |
| <b>Other Considerations</b>     | <ul style="list-style-type: none"> <li>• If this commissioning position is followed, savings will be generated across the Integrated Care System which can be invested in NHS services.</li> <li>• Commissioners and providers will work together to ensure sufficient resources are available to support implementation of these recommendations.</li> <li>• The cost of resources will be met from savings generated.</li> <li>• Evidence demonstrates that use of anti-VEGF earlier in the course of disease results in a greater proportion of patients achieving “good vision” using the most cost-effective agents; this also results in reduced treatment burden.</li> <li>• There are a number of rarer indications which are not addressed by NICE guidance for which anti-VEGF treatment may be cost-effective.</li> </ul>   |

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| <p><b>Patient Supporting Information</b></p> | <p>The following resources may be used to help discussions with patients about this policy, their condition and treatment options. These resources reference the latest information available at the time of publication. Please use the links provided to access current information.</p> <p><a href="#">Anti-VEGF treatment   Medicines to treat eye conditions   RNIB</a><br/> <a href="#">Age-related macular degeneration (AMD) - Treatments - NHS</a><br/> <a href="#">Age-related macular degeneration (AMD)   RNIB</a><br/> <a href="#">What is macular disease? Types, causes, symptoms and diagnosis - Macular Society</a><br/> <a href="#">Diabetes related eye conditions   RNIB</a><br/> <a href="#">Myopia and pathological myopia   RNIB</a><br/> <a href="#">Retinal vessel occlusion   RNIB</a></p> |
| <p><b>Acknowledgement</b></p>                | <p>Mr Will Fusi-Rabiano, Consultant Ophthalmic Surgeon, WVT (v1.4 onwards)<br/> Mr Salman Mirza, Consultant Ophthalmic Surgeon, WAHT (all versions)<br/> Ms Rhea Mukherjee, Consultant Ophthalmic Surgeon, WAHT (v1.5 onwards)<br/> Ms Akshatha Ranganath, Consultant Ophthalmic Surgeon, WAHT (v1.5 onwards)<br/> Mr Alaric Smith, Consultant Ophthalmic Surgeon, WVT (original version)</p>  |
| <p><b>References</b></p>                     | <ol style="list-style-type: none"> <li>1. <a href="#">NHS England Operational note: Commissioning recommendations following the national procurement for medical retinal vascular medicines. Updated July 2023</a></li> <li>2. National Institute for Health and Care Excellence – Technology Appraisal Guidance (see Appendix 1)</li> <li>3. <a href="#">EMA/HMA Statement on the scientific rationale supporting interchangeability of biosimilar medicines in the EU September 2022</a></li> <li>4. <a href="#">MHRA: Guidance on the licensing of biosimilar products</a></li> <li>5. NHSE Commissioning Guidance: Medical Retinal Treatment Pathways for wetAMD, DMO and RVO (Future’s website)</li> </ol>  |

**Table 1: Treatment<sup>i</sup> Pathway by NICE Approved Indication for New Patients Presenting**

|  | wet Age-related Macular Degeneration (AMD)   | Diabetic Macular Oedema (DMO)  | Branch Retinal Vein Occlusion (BRVO)  | Central Retinal Vein Occlusion (CRVO)  | Myopic Choroidal NeoVascularisation (CNV) |
|--|--|--|---|--|---|
| <b>First Line</b>  | Aflibercept 2mg biosimilar or Ranibizumab biosimilar (use least expensive agent)   |  |   |  |   |
| Where Contra-indication or Inadequate Response <sup>ii</sup> to 1 <sup>st</sup> Line | Aflibercept 8mg <sup>iii</sup> or Faricimab <sup>iii</sup>   | Aflibercept 8mg <sup>iii</sup> or Faricimab <sup>iii</sup>   | Aflibercept 2mg or Faricimab <sup>iii</sup>   | Aflibercept 2mg biosimilar or ranibizumab biosimilar (alternative to that already used)  |   |
| Alternative Options  | Bevacizumab; Brolucizumab  | Brolucizumab   | Dexamethasone implant   | n/a  |   |
| <b>Failure of other treatments</b>   | Best Supportive Care   | Dexamethasone implant  | Best Supportive Care  | Best Supportive Care   |   |
| Other Options  | n/a  | Fluocinolone implant   | n/a   | n/a  |   |
| <b>Withdrawal of Treatment</b>   | <ul style="list-style-type: none"> <li>visual acuity &lt; 25 letters (absolute) on 2 consecutive visits despite optimum treatment AND</li> <li>attributable to wet AMD in the absence of other pathology AND</li> <li>structural results (e.g. OCT) suggest no prospect of visual improvement with continued treatment.</li> </ul> | <ul style="list-style-type: none"> <li>visual acuity &lt; 25 letters (absolute) attributable to DMO OR</li> <li>No response to treatment defined as:                             <ul style="list-style-type: none"> <li>No change or worsening CRT AND</li> <li>No change or worsening VA OR</li> </ul> </li> <li>Irreversible structural changes with no prospect of visual improvement with continued treatment</li> </ul> | <ul style="list-style-type: none"> <li>visual acuity &lt; 25 letters (absolute) attributable to RVO OR</li> <li>Poor response to treatment defined as:                             <ul style="list-style-type: none"> <li>No change or worsening CRT AND</li> <li>No change or worsening VA OR</li> </ul> </li> <li>Complete resolution of CI-MO with no potential for visual acuity improvement</li> </ul> | <ul style="list-style-type: none"> <li>Poor response to treatment defined as:                             <ul style="list-style-type: none"> <li>No change or worsening CRT AND</li> <li>No change or worsening VA OR</li> </ul> </li> <li>Complete resolution of CI-MO with no potential for visual acuity improvement</li> </ul> |   |
| <b>Commissioning Guidance &amp; Pathway (for further information)</b>                | <a href="#">Medical Retinal Treatment Pathway in Wet Age-related Macular Degeneration</a>  | <a href="#">Medical Retinal Treatment Pathway for Centre-Involving Diabetic Macular Oedema (DMO)</a> with Visual Impairment  | <a href="#">Medical Retinal Treatment Pathway in Macular Oedema Secondary to Retinal Vein Occlusion (RVO)</a>   | Not available  |   |

**Notes:**

- i. Treatments must be offered in accordance with relevant NICE Technology Appraisal Guidance (Appendix 1) and [Summary of medicinal Product Characteristics](#) (SmPC).
- ii. During maintenance, the shortest interval between doses for aflibercept 8mg is 2 months, aflibercept and ranibizumab 4 weeks and faricimab 21 days.
- iii. Beyond the initiation period, where aflibercept 8mg or faricimab require more frequent than 8 weekly administration – switch to aflibercept or ranibizumab biosimilar

**Table 2: Approved Non-NICE Indications for Use of Anti-VEGF Treatments**

|   | <b>Criteria Approved for Use</b>  | <b>Treatments Approved*</b>   | <b>Withdrawal of Treatment</b>  | <b>Evidence</b>   |
|---|---|---|---|---|
| <b>Choroidal NeoVascularisation secondary to other causes</b>   | <ol style="list-style-type: none"> <li>1. Symptomatic with loss of vision AND</li> <li>2. CNV confirmed following diagnostic test AND</li> <li>3. Evidence of disease progression (haemorrhage and oedema) AND</li> <li>4. No permanent structural damage</li> </ol>  | Ranibizumab biosimilar  | As for CNV Pathway (Table 1)<br>Short-term use (as clinically indicated)  | <a href="#">Inflammatory choroidal neovascularization: An evidence-based update</a> Andrea Servillo et al. Survey of Ophthalmology. Volume 70, Issue 3p451-466 May-June, 2025<br><a href="#">Anti-VEGF treatment of CNVM Secondary to Chronic Central Serous Retinopathy.</a> Netan Choudhry Investigative Ophthalmology & Visual Science April 2014, Vol.55, 6383. |
| <b>Diabetic Macular Oedema</b>  | <ol style="list-style-type: none"> <li>1. Vision worse than 6/9 AND</li> <li>2. CRT &lt; 400micrometers AND</li> <li>3. Sub-foveal involvement AND</li> <li>4. Laser treatment inappropriate</li> </ol>   | Aflibercept biosimilar OR<br>Ranibizumab biosimilar                         | As for DMO Pathway (Table 1)  | <a href="#">NICE Guideline NG 242</a><br>NHSE Commissioning Guidance: <a href="#">Medical Retinal Treatment Pathway for Centre-Involving Diabetic Macular Oedema (DMO) with Visual Impairment</a>   |
| <b>Proliferative Diabetic Retinopathy (PDR)</b>   | <ol style="list-style-type: none"> <li>1. Disease remains active after complete panretinal photocoagulation (PRP)</li> <li>2. As a temporary treatment where condition is preventing PRP:               <ol style="list-style-type: none"> <li>a. vitreous haemorrhage secondary to PDR</li> <li>b. severe cataract and surgery required</li> </ol> </li> </ol>   | Ranibizumab biosimilar  | <ol style="list-style-type: none"> <li>1. Resolution of neovascularisation OR persistence/deterioration (non-clearing vitreous haemorrhage – within 3 months) necessitating surgery</li> <li>2. PRP completed and condition resolved</li> </ol> | <a href="#">NICE Guideline NG 242</a>   |
| <b>Radiation Retinopathy</b>  | On the advice of a specialist centre  | Aflibercept biosimilar (off label) OR<br>Ranibizumab biosimilar (off label) | Guided by specialist treatment centre.<br>Principles for withdrawal of treatment as for CNV Pathway (Table 1)   | <a href="#">Efficacy of Intravitreal Injections Anti-Vascular Endothelial Growth Factor Treatment for Radiation Retinopathy: A Systematic Review and Meta-analysis</a> Zhuang, Jiayuan et al. American Journal of Ophthalmology, Volume 263, 141 - 151  |
| <b>Rubeosis or Neovascular Glaucoma</b>   | Short term use as an adjunct to treatment with PRP  | Aflibercept biosimilar (off label) OR<br>Ranibizumab biosimilar (off label) | Maximum of 3 treatments   | <a href="#">Intravitreal Aflibercept or Ranibizumab for Rubeosis Iridis – 1 year follow up.</a> Joao J Nassaralla et al. Investigative Ophthalmology & Visual Science 2016; 57(12):3039.  |
| <b>Wet Age related Macular Degeneration (wetAMD)</b>  | <ol style="list-style-type: none"> <li>1. Vision better than 6/12 with evidence of recent presumed disease progression (ie. oedema and haemorrhage)<br/>OR</li> <li>2. Vision worse than 6/96 with recent onset and significant disease activity (ie. Oedema and haemorrhage)</li> </ol> Both with: <ul style="list-style-type: none"> <li>o No evidence of permanent structural damage to the central fovea</li> <li>o Lesion size less than or equal to 12 disc areas in greatest linear dimension</li> </ul> | Aflibercept biosimilar OR<br>Ranibizumab biosimilar                         | <ol style="list-style-type: none"> <li>1. As for Wet AMD Pathway (Table 1)</li> <li>2. Vision remains worse than 6/96 (initial assessment after 3 injections)</li> </ol>  | NHSE Commissioning Guidance: <a href="#">Medical Retinal Treatment Pathway in Wet Age-related Macular Degeneration</a>  |
| <b>*Notes:</b> <ol style="list-style-type: none"> <li>i. Where more than one product is available, the least expensive agent should be used.</li> <li>ii. Other anti-VEGF treatments, not specified above, may not be used for these indications as they do not represent a cost-effective use of resources.</li> </ol> |   |   |   |   |

## Appendix 1: Available Treatments and NICE Guidance by Indication

| SmPC hyperlink below                     | wet Age-related Macular Degeneration (AMD) | Diabetic Macular Oedema (DMO) | Branch Retinal Vein Occlusion (BRVO) | Central Retinal Vein Occlusion (CRVO) | Myopic Choroidal NeoVascularisation (CNV) |
|--|--|-------------------------------|--------------------------------------|---------------------------------------|---|
| NICE Guidance                            | <a href="#">NG82</a>                       |                               |                                      |                                       |   |
| Aflibercept 2mg ( <a href="#">SmPC</a> ) | <a href="#">TA294</a>                      | <a href="#">TA346</a>         | <a href="#">TA409</a>                | <a href="#">TA305</a>                 | <a href="#">TA486</a>                     |
| Aflibercept 8mg ( <a href="#">SmPC</a> ) | <a href="#">TA294*</a>                     | <a href="#">TA346*</a>        |                                      |                                       |   |
| Bevacizumab ( <a href="#">SmPC</a> )     | <a href="#">TA1022</a>                     |                               |                                      |                                       |   |
| Brolucizumab ( <a href="#">SmPC</a> )    | <a href="#">TA672</a>                      | <a href="#">TA820</a>         |                                      |                                       |   |
| Faricimab ( <a href="#">SmPC</a> )       | <a href="#">TA800</a>                      | <a href="#">TA799</a>         | <a href="#">TA1004</a>               | <a href="#">TA1004</a>                |   |
| Ranibizumab ( <a href="#">SmPC</a> )     | <a href="#">TA155</a>                      | <a href="#">TA274</a>         | <a href="#">TA283</a>                | <a href="#">TA283</a>                 | <a href="#">TA298</a>                     |
| Dexamethasone ( <a href="#">SmPC</a> )   |  | <a href="#">TA824</a>         | <a href="#">TA229</a>                | <a href="#">TA229</a>                 |   |
| Fluocinolone ( <a href="#">SmPC</a> )    |  | <a href="#">TA953</a>         |                                      |                                       |   |

\* NICE have [stated](#) "Decision makers noted that aflibercept 8mg is clinically equivalent and of at least equal cost-effectiveness to the NICE recommended aflibercept 2mg formulation (TA 346 and TA294). Therefore, it would not be an efficient use of NHS resources to conduct an evaluation. Aflibercept 8mg should therefore be considered for routine commissioning."

## Document Governance Summary:

|   |   |   |   |                         |
|---|---|---|---|-------------------------|
| <b>Impact Assessments Undertaken</b><br>(QIA, EIA, DPIA, SIA)   |   | <b>Signed Off at:</b> Medicines and Prescribing subCommittee<br><b>On:</b> 06/01/2026<br><b>If you want to access a copy of this document, please email:</b> <a href="mailto:hw.medicines@nhs.net">hw.medicines@nhs.net</a> |   |                         |
| <b>Engagement</b>   | <b>Individual or Group Name</b>   |   | <b>Date</b>                               | <b>Version Reviewed</b> |
|   | H&W Medical Retinal Treatment Working Group   |   | March/April 2024, Sept 2024, Oct/Nov 2025 | 1.5, 1.6, 2.0           |
| <b>Version Control</b>  | <b>Version No</b>   | <b>Details</b>  |   | <b>Date</b>             |
|   | v1.0  | Original Document   |   | Dec-2022                |
|   | v1.1  | Review date extended for 12 months.   |   | Aug-2023                |
|   | v1.2  | Document content transferred to new Commissioning Position Statement template. No change to content.  |   | Sep-2023                |
|   | v1.3  | Incorporation of position in relation to interchangeability of biosimilar products.   |   | Jan-2024                |
|   | v1.4  | Updated with link to TA953 – fluocinolone for DMO   |   | March-2024              |
|   | v1.5  | Incorporation of aflibercept 114.3mg/ml product and update to content   |   | May-2024                |
|   | v1.6  | Availability of faricimab for retinal vein occlusion (NICE TA1004)  |   | Sep-2024                |
|   | v1.7  | Availability of bevacizumab for wetAMD  |   | Jan-2025                |
| v2.0  | Incorporation of national commissioning guidelines and pathways, availability of aflibercept biosimilar and guidance regarding use of agents outside of NICE guidance |   | Jan-2026                                  |                         |
| <i>Documents will be reviewed as indicated. Earlier revisions may be made in light of published updates to local and national evidence of effectiveness and cost effectiveness and/or recommendations and guidelines from local, national and international clinical professional bodies.</i> |   |   |   |                         |