Pathway for the administration of intravitreal anti-VEGF medicines in PTHB ophthalmology clinics

Document Reference No:	MMP 483	
Version No:	1	
Issue Date:	January 2026	
Review Date:	January 2029	
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Document Owner:	Medicines Management/Chief Pharmacist	
Accountable Executive:	Chief Pharmacist	
Approved By:	Area Prescribing Group	
Approval Date:	15/01/26	
Document Type:	Pathway	Clinical
Scope:	PTHB	

The latest approved version of this document is online.
If the review date has passed please contact the Author for advice.

Powys Teaching Health Board is the operational name of Powys Teaching Local Health Board
Bwrdd Iechyd Addysgu Powys yw enw gweithredol Bwrdd Iechyd Lleol Addysgu Powys

Version Control

Version	Summary of Changes/Amendments	Issue Date
1	Initial Issue	01/01/2026

ENGAGEMENT & CONSULTATION

Key Individuals/Groups Involved in Developing this Document

Role / Designation
PTHB Ophthalmology team
Principal Pharmacist – Formulary Management and High-Cost Drugs

Circulated to the following for Consultation

Date	Role / Designation
08/12/25	Formulary Working Group
15/01/26	Area Prescribing Group

Evidence Base
Please list any National Guidelines, Legislation or Health and Care Standards relating to this subject area? 1. See 'Appendix 1: Available Treatments and Guidance by Indication' for AWMSG Advice and NICE Technology Appraisals 2. NHS England pathways for wAMD, DMO and RVO (published 2025) have been considered in the development of these pathways. Available via NHS Futures platform (registration required). 3. MHRA: Guidance on the licensing of biosimilar products. February 2025

IMPACT ASSESSMENTS

Equality Impact Assessment Summary					
	No impact	**Adverse**	**Differentia**	**Positive**	**Statement**
Age				x	Positive impact, indirect, through potential increased capacity within clinics to manage conditions preventing further visual loss or by stabilisation of visual acuity.
Disability				x	
Gender reassignment	x				

Pregnancy and Maternity	x				Potential for positive impact on patient ability to work. Recommendations include extending intervals between treatment, allowing for fewer days away from work and fewer clinics appointments. Potential positive impact as preventing further visual loss or stabilisation of visual acuity and associated disability. Recommendations include extending intervals between treatment, allowing for fewer days away from work and fewer clinics appointments. This reduces overall travel time from home, reducing costs associated with travel and impact on people according to where they live and improving accessibility to treatment for working age individuals.
Race	x				
Religion or Belief	x				
Sex	x				
Sexual Orientation	x				
Marriage and Civil Partnership	x				
Welsh Language	x				

Risk Assessment Summary

Have you identified any risks arising from the implementation of this policy / procedure / written control document?
Potential of financial risk from opportunity loss within the healthcare system for funding other health and care services. This would be balanced with system benefits of potential reduced clinic appointments and improved quality of life for the local population. Temporary increase in costs may be associated with use of branded products earlier in the pathway in order to facilitate expected biosimilar release within financial year.

Have you identified any Information Governance issues arising from the implementation of this policy / procedure / written control document?
No

Have you identified any training and / or resource implications as a result of implementing this?
No

1 Introduction

Powys Teaching Health Board (PTHB) commission the use of intravitreal anti-vascular endothelial growth factor (anti-VEGF) medicines and corticosteroids in line with the National Institute for Health and Care Excellence (NICE) technology appraisals and All Wales Medicines Strategy Group (AWMSG) guidance. See *Appendix 1: Available Treatments and Guidance by Indication*.

Aflibercept 2mg, aflibercept 8mg, faricimab and ranibizumab are approved for administration in PTHB ophthalmology clinics, as summarised in Table 1. Additional commissioned treatment is administered by the ophthalmology team at their base hospital.

2 Objective

This pathway specifies the options for treatment in PTHB ophthalmology clinics in line with national commissioning guidance, taking into account cost effective prescribing.

This policy covers the treatment of following conditions:

- Wet Age-related Macular Degeneration
- Diabetic Macular Oedema
- Branch Retinal Vein Occlusion
- Central Retinal Vein Occlusion
- Myopic Choroidal NeoVascularisation
- Choroidal NeoVascularisation (not due to pathological myopia or wAMD)

3 Definitions

- **AWMSG** – All Wales Medicines Strategy Group
- **BRVO –** Branch Retinal Vein Occlusion
- **CI-MO –** Centre-involving macular oedema
- **CNV –** Choroidal NeoVascularisation
- **CRT –** Central Retinal Thickness
- **CRVO –** Central Retinal Vein Occlusion
- **DMO –** Diabetic Macular Oedema
- **N/A** – not applicable
- **NICE** – National Institute for Health and Care Excellence
- **OCT –** Optical coherence tomography
- **TA** – Technology Appraisal
- **VA –** Visual Acuity
- **VEGF –** Vascular endothelial growth factor
- **wAMD –** Wet Age-related Macular Degeneration

4 Responsibilities

This pathway applies to all personnel involved with prescribing, administering, monitoring and stopping intravitreal medicines. This includes clinicians, medicines management staff, administrative staff, and other relevant stakeholders.

	4.1 Ophthalmology Consultants and Other Relevant Clinicians: ▪ Provide clinical input for this policy ▪ Advise on updates and changes to practice ▪ Treat patients in adherence with this policy.
	4.2 PTHB Medicines Management Team ▪ Maintain and update the policy in line with changes in legislation, national guidance and best practice ▪ Monitor financial impact of the policy and make recommendation on updates.

5 General Principles

Providers should use the most cost-effective agent, noting that:

- Biosimilar and reference products are considered interchangeable and biosimilar medication should be used wherever possible.
- Patients must be advised at the start of treatment that their medication may be changed to a biosimilar as it becomes available. The discussion should be documented in the patient's notes.
- All biological medicines, including biosimilars, should be prescribed by brand name.
- Off-label use of licensed medicines is out of scope and is not included in the commissioning recommendations.
- Treatments must be offered in accordance with relevant NICE TA or AWMSG advice (Appendix 1) and Summary of medicinal Product Characteristics (SmPC).
- Treatment formulations which require minimal preparation prior to administration (e.g prefilled syringes) should be used where all other options are equivalent
- **Aflibercept 8mg** is a better value option than **faricimab** and should be used in preference to faricimab for wAMD and DMO, where clinically appropriate.

6 Treatment Pathway

Table 1: Pathway for Management of Patients by Indication

	wet Age-related Macular Degeneration (AMD)[i]	Diabetic Macular Oedema (DMO)	Branch Retinal Vein Occlusion (BRVO)	Central Retinal Vein Occlusion (CRVO)	Myopic Choroidal NeoVascularisation (CNV)	CNV not due to pathological myopia or wet AMD
First line	Aflibercept 2mg biosimilar or ranibizumab biosimilar (use least expensive agent)					Ranibizumab biosimilar
Where contra-indication or inadequate response[ii] to first line	Aflibercept 8mg[iii, iv] or faricimab[iv]	Aflibercept 8mg[iii, iv] or faricimab[iv]	Aflibercept 2mg biosimilar or faricimab[iv]		Aflibercept 2mg biosimilar or ranibizumab biosimilar (alternative to that already used)	N/A
Alternative Options[v]	Bevacizumab gamma; Brolucizumab	Brolucizumab	Dexamethasone implant		N/A	N/A
Failure of other treatments	Best Supportive Care	Dexamethasone implant[vi]	Best Supportive Care		Best Supportive Care	N/A
Other Options	N/A	Fluocinolone implant[vi]	N/A		N/A	N/A
Withdrawal of Treatment	• visual acuity < 25 letters (absolute) on 2 consecutive visits despite optimum treatment AND • attributable to wet AMD in the absence of other pathology AND • structural results (e.g. OCT) suggest no prospect of visual improvement with continued treatment.	• visual acuity < 25 letters (absolute) attributable to DMO OR • No response to treatment defined as: ○ No change or worsening CRT AND ○ No change or worsening VA OR • Irreversible structural changes with no prospect of visual improvement with continued treatment	• visual acuity < 25 letters (absolute) attributable to RVO OR • Poor response to treatment defined as: ○ No change or worsening CRT AND ○ No change or worsening VA OR • Complete resolution of CI-MO with no potential for visual acuity improvement		• Poor response to treatment defined as: ○ No change or worsening CRT AND ○ No change or worsening VA OR • Complete resolution of CI-MO with no potential for visual acuity improvement	• See SmPC

Notes:

i. For wet AMD, a maximum of THREE lines of treatment will be commissioned per eye, with the expectation that the first anti-VEGF used should normally be a first line option.

ii. During maintenance, the shortest interval between doses for aflibercept 8mg is 2 months, aflibercept and ranibizumab 4 weeks and faricimab 21 days.

iii. Treatment may be escalated to aflibercept 8mg only when a trial of aflibercept 2mg biosimilar has failed to achieve 12 weekly dose intervals.

iv. Beyond the initiation period, where aflibercept 8mg or faricimab require more frequent than 8 weekly administration – switch to aflibercept 2mg biosimilar or ranibizumab biosimilar

v. Alternative options not administered in PTHB clinics.

7 Monitoring Compliance, Audit & Review

This document will be reviewed every three years or earlier should audit results or changes to legislation / practice within PTHB indicate otherwise.

8 Acknowledgement

Draft HWICS Medical Retinal Medicines Position Statement v2.0 and discussion with Mr William Fusi-Rubiano, Consultant Ophthalmic Surgeon

9 References

1. NICE Technology Appraisal (TA) guidance as relevant throughout. See Appendix 1.
2. AWMSG advice as relevant throughout. See Appendix 1.
3. Summary of Product Characteristics for medication as relevant throughout
4. NHSE Commissioning Guidance: Medical Retinal Treatment Pathway in Wet Age-related Macular Degeneration (06/06/25)
5. NHSE Commissioning Guidance: Medical Retinal Treatment Pathway for Centre-Involving Diabetic Macular Oedema with Visual Impairment (17/10/2025)
6. NHSE Commissioning Guidance: Medical Retinal Treatment Pathway in Macular Oedema
   Secondary to Retinal Vein Occlusion
7. NHS England Operational Note: updated commissioning recommendations for medical retinal vascular medicines following the national procurement for ranibizumab biosimilars. July 2023.
8. Draft HWICB Medical Retinal Medicines Position Statement v2
9. Recommendations | Age-related macular degeneration | Guidance | NICE

Appendix 1: Available Treatments and Guidance by Indication

	Wet Age-related Macular Degeneration (WAMD)	Diabetic Macular Oedema (DMO/DME)	Branch Retinal Vein Occlusion (BRVO)	Central Retinal Vein Occlusion (CRVO)	Myopic Choroidal NeoVascularisation (CNV)	Choroidal NeoVascularisation (CNV) not due to pathological myopia or wet AMD
Aflibercept 2mg	TA294	TA346	TA409	TA305	TA486	
Aflibercept 8mg	TA294 AWMSG 4642	TA346 AWMSG 4642				
Bevacizumab gamma	TA1022					
Brolucizumab	TA672	TA820				
Dexamethasone intravitreal implant		TA824	TA229	TA229		
Faricimab	TA800	TA799	TA1004	TA1004		
Fluocinolone acetonide intravitreal implant		TA953				
Ranibizumab	TA155	TA274	TA283	TA283	TA298	AWMSG 3233