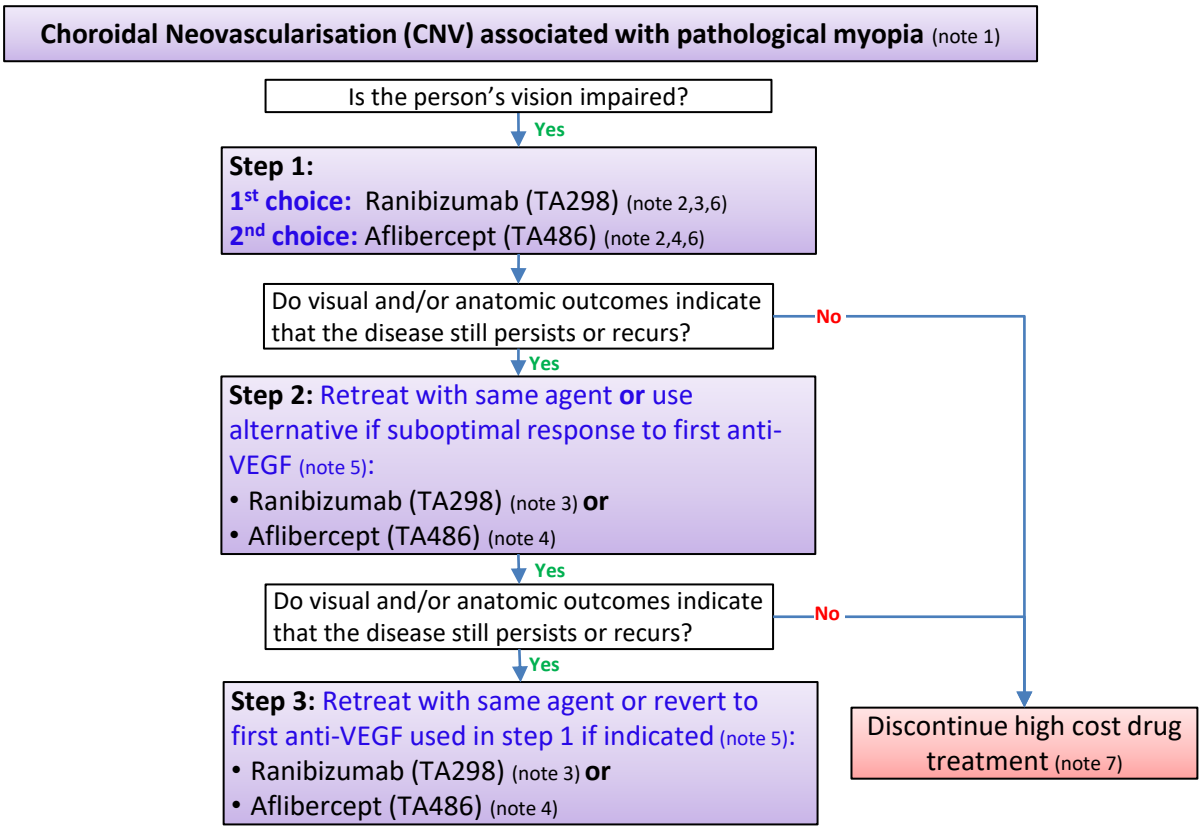
Choroidal Neovascularisation (CNV) associated with pathological myopia
SWL Drug Pathway

Version 1.0 (based on NICE with local adaptations)



Clinicians and commissioners should refer to the relevant technology appraisal and SPC for each drug for further information about eligibility and prescription.

Note 1- Other CNV variants Other variants of CNV are not routinely commissioned from SWL providers and may require referral to a tertiary ophthalmology centre.

Note 2- If there is more than one NICE approved treatment available, NICE recommends a discussion between the responsible clinician and the patient about the advantages and disadvantages of each treatment (considering therapeutic need and likely adherence to treatment). If more than one treatment option is suitable, the least expensive will be chosen (taking into account administration costs, dosage and price per dose) unless an order of preference is stated in the TAs. As agreed by the SWL Ophthalmology Medicines Optimisation Clinical Network, and where clinically appropriate, ranibizumab should be considered as a 1st choice option in step 1 due to anticipated biosimilar savings in the near future.

Note 3- Ranibizumab: One injection. The interval between 2 doses injected into the same eye should be at least 4 weeks. The treatment of visual impairment due to CNV should be determined individually per patient based on disease activity. Some patients may only need one injection during the first 12 months; others may need more frequent treatment, including a monthly injection. For CNV secondary to pathologic myopia (PM), many patients may only need one or two injections during the first year.[1] SWL commission max 6 injections per eye.

1. www.medicines.org.uk Lucentis SPC accessed 01/03/2020; SPC last updated 14/11/2019

Note 4- Aflibercept: One injection. Additional doses may be administered if visual and/or anatomic outcomes indicate that the disease persists. Recurrences should be treated as a new manifestation of the disease. The schedule for monitoring should be determined by the treating physician.
The interval between two doses should not be shorter than one month.[1] SWL commission max 6 injection per eye.

1. www.medicines.org.uk Eylea SPC accessed 01/03/2020; SPC last updated 08/07/2019

Note 5- Sequential anti-VEGF treatment: There is some evidence for switching anti-VEGFs in CNV[1,2]. Sequential anti-VEGF treatment in the same eye is commissioned as follows:

- If no response to first anti-VEGF; one switch to alternative anti-VEGF[3]
- If suboptimal response to 1st anti-VEGF; two switches are allowed if indicated[3]

1. Jung BJ *et al.* Intravitreal aflibercept and ranibizumab for pachychoroid neovasculapathy. Sci Rep 2019: 9:2055-2062
2. Schworm B *et al.* Response of neovascular central serous chorioretinopathy to an extended upload of anti-VEGF agents. Graefes Arch Clin Exp Ophthalmol 2020: https://doi.org/10.1007/s00417-020-04623-w
3. Local clinical expertise

Note 6- Anti-VEGF adverse events: Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors and there is a theoretical risk that these may relate to VEGF inhibition. There is limited data on safety in the treatment of patients with prior history of stroke or transient ischaemic attacks or myocardial infarction within the last 6 months.[1] See SPC for other adverse events. If clinically appropriate, SWL commission one switch to alternative anti-VEGF if first anti-VEGF had to be stopped due to an adverse event (either before efficacy could be assessed (i.e. before 3 consecutive monthly injections) or in patients who are responding to first anti-VEGF treatment).

1. www.medicines.org.uk SPC accessed 31/03/2020; SPC last updated 07/01/2020 (Lucentis)/08/07/2019 (Eylea)

Note 7- Funding requests for treatment outside this commissioned pathway can be made via the Individual Funding Request (IFR) process to the relevant commissioning organisation (see www.swlmcg.nhs.uk for IFR policy and application form).

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Version number	Main amendments	Approval date
0	NICE TA298 and TA486	1 Nov 2017
1.0	Include approved recommendations from South West London Ophthalmology Medicines Optimisation network meeting (13th March 2020) including: • Local agreement on drug choices • Local agreement on sequential anti-VEGF treatments	15 Dec 2021
Date of next review: December 2025 (or earlier if indicated)		