

Choroidal Neovascularisation (CNV) associated with pathological myopia

SWL Drug Pathway

Version 1.1 (based on NICE with local adaptations)

Choroidal Neovascularisation (CNV) associated with pathological myopia (note 1)

Is the person's vision impaired?

Yes

Step 1:

- Ranibizumab biosimilar (TA298) (note 2,3,6) **or**
- Aflibercept 2mg biosimilar (TA486) (note 2,4,6)

Do visual and/or anatomic outcomes indicate that the disease still persists or recurs?

Yes

Step 2: Retreat with same agent or use alternative if suboptimal response to first anti-VEGF (note 5):

- Ranibizumab biosimilar (TA298) (note 3) **or**
- Aflibercept 2mg biosimilar (TA486) (note 4)

Yes

Do visual and/or anatomic outcomes indicate that the disease still persists or recurs?

Yes

Step 3: Retreat with same agent or revert to first anti-VEGF used in step 1 if indicated (note 5):

- Ranibizumab biosimilar (TA298) (note 3) **or**
- Aflibercept 2mg biosimilar (TA486) (note 4)

No

No

Discontinue high cost drug treatment (note 7)

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.

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 27/11/2025; SPC last updated 17/07/2023

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 27/11/2025; SPC last updated 20/02/2025

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-VEGF³
- If suboptimal response to 1st anti-VEGF; two switches are allowed if indicated³

1. Jung BJ *et al.* Intravitreal aflibercept and ranibizumab for pachychoroid neovascularopathy. *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 are limited data on safety in the treatment of some patient groups. Please refer to the Summary of Product Characteristics for further information and 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).**

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 <https://swlmo.southwestlondon.icb.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 (13 th March 2020) including: <ul style="list-style-type: none"> • Local agreement on drug choices • Local agreement on sequential anti-VEGF treatments 	15 Dec 2021
1.1	<ul style="list-style-type: none"> • Change “ranibizumab” to “ranibizumab biosimilar” • Change “aflibercept” to “aflibercept 2mg biosimilar” and removed “2nd choice” 	28 Nov 2025
Date of next review: November 2028 (or earlier if indicated)		