

**BEDFORDSHIRE, LUTON AND MILTON KEYNES AREA  
PRESCRIBING COMMITTEE (APC)**

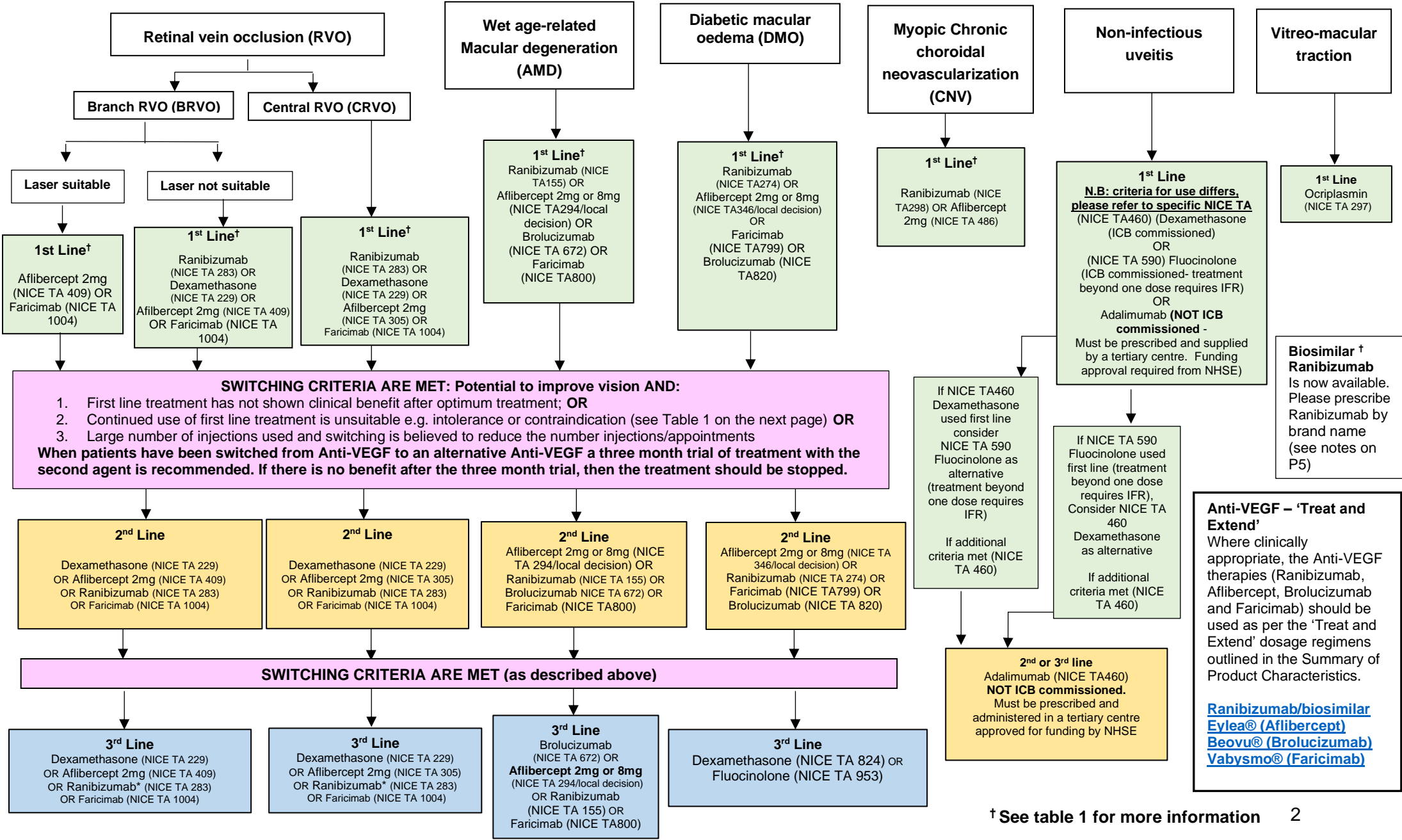
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**INTRAVITREAL INJECTIONS USED IN  
OPHTHALMOLOGY ALGORITHM**

Updated: October 2024  
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The following organisations contribute to and participate in the BLMK APC – Bedfordshire Luton and Milton Keynes Integrated Care Board; Bedfordshire Hospitals NHS Foundation Trust; Cambridgeshire Community Services NHS Trust; Central and North-West London NHS Foundation Trust; East London NHS Foundation Trust; Milton Keynes University Hospital NHS

# INTRAVITREAL INJECTIONS USED IN OPHTHALMOLOGY ALGORITHM



† See table 1 for more information 2

**Table 1: Contraindications to steroid and anti-VEGF intravitreal injections**

<b><u>Absolute contraindications</u></b>	<b>Dexamethasone</b>	<b>Fluocinolone</b>	<b>Aflibercept</b>	<b>Ranibizumab</b>	<b>Brucizumab</b>	<b>Faricimab</b>
Active or suspected ocular or periocular infection	X	X	X	X	X	X
Active severe intraocular inflammation	X	X	X	X	X	X
Hypersensitivity to the active substance or to any of the excipients	X	X	X	X	X	X
Advanced glaucoma which cannot be controlled by medications alone	X	X	-	-	-	-
Aphakic eyes with ruptured posterior lens capsule	X	-	-	-	-	-
Eyes with anterior chamber intraocular lens (ACIOL), iris or transscleral fixated intraocular lens and ruptured posterior lens capsule	X	-	-	-	-	-
Infectious uveitis	-	X	-	-	-	-
Pregnancy or Breast Feeding	-	-	X	X	X	X
Clinical signs of irreversible ischaemic visual function loss	-	-	X	X	X	X

<b><u>Relative Contraindications</u></b>	<b>Dexamethasone</b>	<b>Fluocinolone</b>	<b>Aflibercept</b>	<b>Ranibizumab</b>	<b>Brucizumab</b>	<b>Faricimab</b>	<b>Comments</b>
Raised intraocular pressure (IOP)/family history of raised IOP	X	X	X	X	X	X	Anti-VEGFs: do not inject while the intraocular pressure is $\geq 30$ mmHg
History of ocular viral infection (including herpes simplex)	X	-	-	-	-	-	
Retinal vein occlusion with significant retinal ischaemia	X	-	-	-	-	-	

Posterior capsule tear or iris defect	X						
Patients who cannot or who do not wish to have regular multiple injections	-	-	X	X	X	X	
Patients who have had a myocardial infarction (MI), Transient Ischaemic Attack (TIA) or cardiovascular accident (CVA) in the preceding 6 months.	-	-	X	X	X	X	
Females who are of child-bearing age	-	-	X	X	X	X	Effective contraception advised during treatment and for at least 3 months* after the last dose of treatment. *4 months for aflibercept 8mg
Active systemic infections	-	-	X	X	X	X	
Retinal pigment epithelial tear	-	-	X	X	X	X	Risk factors associated with the development of a retinal pigment epithelial tear after anti-VEGF therapy for wet AMD and potentially also other forms of CNV, include a large and/or high pigment epithelial retinal detachment. When initiating therapy, caution should be used in patients with these risk factors for retinal pigment epithelial tears.
Rhegmatogenous retinal detachment, macular holes and retinal break	-	-	X	X	X	X	Treatment should be withheld in subjects with rhegmatogenous retinal detachment, stage 3 or 4 macular holes or retinal break. Treatment should not be resumed until an adequate repair has been performed.
Subretinal haemorrhage	-	-	X	X	X		The dose should be withheld, and treatment should not be resumed earlier than the next scheduled treatment in the event of a subretinal haemorrhage involving the centre of the fovea, or, if the size of the haemorrhage is $\geq 50\%$ , of the total lesion area.

## **BNF/SPC – Additional cautions/safety information:**

**Ranibizumab** - diabetic macular oedema due to type 1 diabetes; diabetic patients with HbA<sub>1c</sub> over 12%; uncontrolled hypertension.

**Aflibercept** - diabetic patients with uncontrolled hypertension, HbA<sub>1c</sub> over 12% and/or proliferative diabetic retinopathy; poorly controlled glaucoma;; performed or planned intraocular surgery within the previous or next 28 days.

**MHRA/CHM advice: Eylea® 40 mg/mL (aflibercept solution for intravitreal injection): higher risk of intraocular pressure increase with the pre-filled syringe (April 2021)**

**Brolucizumab** - poorly controlled glaucoma (do not use while intra-ocular pressure is 30 mmHg or higher); Intraocular inflammation, including retinal vasculitis and/or retinal vascular occlusion.

**MHRA/CHM advice: Brolucizumab (Beovu®): risk of intraocular inflammation and retinal vascular occlusion increased with short dosing intervals (January 2022);** Diabetic patients with HbA<sub>1c</sub> greater than 10% or with proliferative diabetic retinopathy; uncontrolled hypertension.

**Faricimab** – poorly controlled glaucoma; diabetic patients with uncontrolled hypertension; DMO patients with HbA<sub>1c</sub> over 10%; patients with high-risk proliferative diabetic retinopathy; diabetic or RVO patients with uncontrolled hypertension.

**Dexamethasone/fluocinolone - MHRA/CHM advice: Corticosteroids: rare risk of central serous chorioretinopathy with local as well as systemic administration (August 2017)**

### **Commissioning Notes:**

- All drugs listed in this guideline will require completion of a High Cost Drugs Proforma via Blueteq.
- Biosimilar Ranibizumab (see [BLMK formularies](#) for current preferred biosimilar brand), a cost-effective option, is now available. Please prescribe Ranibizumab by brand name.
- In accordance with NICE principles – where a range of suitable treatment options are available, choose the least expensive treatment, taking account of administration costs, dosage, price per dose and commercial arrangements.

### **Abbreviations**

AMD	Age related macular degeneration
DMO	Diabetic macular oedema
RVO	Retinal vein occlusion
BRVO	Branch retinal vein occlusion
CRVO	Central retinal vein occlusion
CNV	Choroidal neovascularisation
CI	Contraindication
MO	Macular oedema
RCO	Royal College of Ophthalmologists

Updated: October 2024

**References: October 2024 update refs 3-9,11-14 checked.**

1. The Royal College of Ophthalmologists Retinal vein occlusion (RVO) clinical guideline, January 2022. [Retinal-Vein-Occlusion-Guidelines-2022.pdf \(rcophth.ac.uk\)](#).
2. The Royal College of Ophthalmologists Diabetic retinopathies clinical guideline, 2012, updated July 2013. <https://www.rcophth.ac.uk/wp-content/uploads/2014/12/2013-SCI-301-FINAL-DR-GUIDELINES-DEC-2012-updated-July-2013.pdf>
3. Aflibercept: Eylea 40 mg/ml solution for injection in a vial  
<https://www.medicines.org.uk/emc/product/2879/smpc> accessed 10/10/2024
4. Aflibercept: Eylea 40 mg/ml solution for injection in pre-filled syringe  
<https://www.medicines.org.uk/emc/product/11273/smpc> accessed 10/10/2024
5. Aflibercept: Eylea 114.3 mg/ml solution for injection  
<https://www.medicines.org.uk/emc/product/15397/smpc> accessed 10/10/2024.
6. Dexamethasone: OZURDEX 700 micrograms intravitreal implant in applicator SPC:  
<https://www.medicines.org.uk/emc/product/5654> accessed 10/10/2024.
7. Fluocinolone acetonide: ILUVIEN 190 micrograms intravitreal implant in applicator SPC: <https://www.medicines.org.uk/emc/product/3061> accessed 10/10/2024.
8. Ranibizumab: Lucentis® 10 mg/ml solution for injection in pre-filled syringe SPC:  
<https://www.medicines.org.uk/emc/product/5418/smpc> accessed 10/10/2024.
9. eBNF <https://bnf.nice.org.uk/> accessed 21/03/2024.
10. Age-related macular degeneration, NICE guideline [NG82] Published date: January 2018, <https://www.nice.org.uk/guidance/ng82>
11. Brolucizumab: Beovu® 120mg/ml solution in pre-filled syringe or 120mg/ml solution for injection, <https://www.medicines.org.uk/emc/product/11145>, accessed 10/10/2024.
12. Ranibizumab: Ongavia® 10mg/ml solution for injection SPC:  
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13. Faricimab: Vabysmo® 120 mg/mL solution for injection SPC:  
<https://www.medicines.org.uk/emc/product/13741>, accessed 10/10/2024.
14. Ranibizumab: Ximluci® 10 mg/mL solution for injection SPC:  
<https://www.medicines.org.uk/emc/product/14461>, accessed 10/10/2024.
15. NICE TAs as included in the text.