Surrey & North West Sussex Area Prescribing Committee

Policy Statement	Fluocinolone acetonide intravitreal implant for treating chronic diabetic macular oedema (DMO) after an inadequate response to prior therapy (NICE TA 301)
Policy No:	PCN 369-2018 (replaces PCN 87-2014)
Date of Issue	October 2018
Review Date:	*No review date will be assigned to any drugs or devices that are subject to a NICE Technology appraisal.* *The recommendation made by the APC (formerly PCN) will be reviewed when new published evidence becomes available OR there is new published national guidance e.g. NICE)*

Recommendations:

The Prescribing Clinical Network recommends the use of Fluocinolone acetonide intravitreal implant for the treatment of DMO in patients who have failed to respond to prior therapy and have an intraocular lens. in line with NICE TA 301. Prior therapy is to include both laser photocoagulation and anti VEGF therapies.

Fluocinolone acetonide intravitreal implant should be used only by specialists and as such is considered as RED on the traffic light system.
Fluocinolone acetonide intravitreal implant is excluded from the National Tariff when administered for its licensed indication. It should only be used within a hospital setting by suitably trained specialists, and will not be transferred to primary care. Providers should apply for funding using the Blueteq system.

Key Considerations:

- NICE TA 301: Fluocinolone acetonide intravitreal implant for treating chronic diabetic macular oedema after an inadequate response to prior therapy https://www.nice.org.uk/guidance/ta301/resources/fluocinolone-acetonideintravitreal-implant-for-treating-chronic-diabetic-macular-oedema-after-aninadequate-response-to-prior-therapy-pdf-82602360938437
- This is a review of the PCN recommendation made in March 2014. No changes have been made from the previous recommendation in 2014.

Date taken to Area Prescribing Committee	3rd October 2018
Agreed by APC members	12th October 2018