Macular Oedema secondary to Retinal Vein Occlusion– Surrey Heartlands Medicines Pathway
December 2024

Branch Retinal Vein Occlusion (BRVO)

Is vision impaired?

Central Retinal Vein Occlusion (CRVO)

Laser photocoagulation
Unless not suitable

Dexamethasone (TA229)**

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If more than 1 treatment is suitable, the least expensive should be chosen. Choices are listed in most cost-effective order:

Loading dose and assessment of disease activity

Anti –VEGF First and/or second choice treatment options*

Biosimilar Ranibizumab (TA283) (least expensive) OR Aflibercept 2mg (TA409) (use biosimilar when available)

If more than 1 treatment is suitable, the least expensive should be chosen. Choices are listed in most cost-effective order:

Loading dose and assessment of disease activity

Anti –VEGF First and/or second line treatment options*

Biosimilar Ranibizumab (TA283) (least expensive) OR

Aflibercept 2mg (TA305) (use biosimilar when available)

Is there evidence of a response to treatment?
Patient must have a holistic review every 12 months by a senior specialist to consider if continuation of treatment is in patient's best interest.
Switching may occur at any point if previous treatment cannot be optimised*

YES

Continue treatment using treat and extend protocols.

Maximum number of doses per year:

Intravitreal Dexamethasone:

- No more than 3 implants per year

ANTI-VEGF treatment

- **Ranibizumab biosimilar up to 12 injections per year**
- **Aflibercept 2mg up to 12 injection per year**

Faricimab up to 6 injections per year.

- ***Monthly injections not supported as patient would be switched to faricimab at 2nd or 3rd line where maximum visual acuity has been achieved and there is an expectation of increased dose interval with faricimab***

NO – Switch to an alternative preparation

Assessment of disease activity

Corticosteroid: Dexamethasone (TA229)**

Anti –VEGF (2nd /or 3rd choice treatment option) *

Faricimab (TA1004)

NO – Switch to an alternative preparation

Is there evidence of a response to treatment?
Patient must have a holistic review every 12 months by a senior specialist to consider if continuation of treatment is in patient's best interest. Switching may occur at any point if previous treatment cannot be optimised*

Sequential treatment: *

- Surrey Heartlands ICB will fund 2 anti VEGF switches (3 lines of treatment)
- Switch from ranibizumab biosimilar to faricimab at 2nd line is not supported
- Biosimilar anti-VEGF treatments will not be considered as a switch within the RVO treatment pathway (FREE SWITCH)
- Switch from aflibercept 2mg to faricimab where the dose interval cannot be extended beyond 8 weeks. Faricimab can be used in this circumstance (without loading). However, if the treatment with faricimab cannot be extended beyond 8 weeks within the first 3 months of treatment, the patient should then be switched back to aflibercept 2mg for continued treatment.

Dexamethasone intravitreal Implant **

Switch back to anti-VEGFs for patients with sub-optimal response to dexamethasone or because patient cannot tolerate dexamethasone (e.g. raised intraocular pressure).

ONLY for patients who responded to anti-VEGFs but changed to corticosteroid implant to support patient circumstances. They can return to using anti-VEGF if circumstances have changed.

Developed by: Medicines Resource Unit Surrey Heartlands ICB
Consultation with : Ophthalmology Medicines Network
Agreed at APC: December 2024
Review date: December 2027