Ministry of Public Health Eye Summary Protocol for Intravitreal Medications and Retinal Disorders

1. The MOPH may cover intravitreal injection of Lucentis®, Eylea®, or Ozurdex® for macular disorders. Lucentis® and Eylea® may be covered as primary management in cases of wet active (Neo-vascular) AMD (visual acuity between 20/40 and 20/320, no permanent structural damage to fovea, and lesion size less than 12 disc area), Macular edema (> 400 micrometer) following diabetic retinopathy at the start of treatment, Macular edema following retinal vein occlusion (BRVO, CRVO), Choroidal neovascularisation associated with pathological myopia.
2. This medication can be switched in case of well documented non-response. The MOPH may consider observation without giving anti-VEGF treatment if the disease appear stable. The MOPH may consider stopping anti-VEGF if the eye develops severe, progressive loss of visual acuity despite treatment.
3. In eyes with visual acuity of 20/400 or worse, MOPH may consider anti-VEGF treatment for late wet active AMD only if a benefit in the person's overall visual acuity is expected in the better seeing eye.
4. The MOPH may cover intravitreal injection of Ozurdex® as primary management in case of Macular edema following retinal vein occlusion (BRVO, CRVO). The MOPH may cover Ozurdex® for Diabetic Macular edema only where the implant is to be used in pseudophakic eyes **and** when their diabetic macular edema does not respond to non-corticosteroid treatment or such treatment is not suitable for them. The MOPH may cover Ozurdex® for noninfectious intermediate and posterior uveitis and panuveitis in adult patients. Laboratory results such as CBCD, PPD, VDRL, RPR, Toxoplasmosis serology should be included with the funding application.
5. Under the economic model for Ozurdex®, the stabilization of visual acuity for 2.5 years in people with BRVO and 3 years in people with CRVO. Re-treatment at 6 monthly intervals with a maximum of five injections for BRVO and six injections for CRVO.
6. The 'starting dose' is three intravitreal injections based on OCT imaging (taken within 8 weeks of application date). The image printout should include patient name, date of imaging and central macular thickness (micrometers). Retreatment is continued following new funding application submitted with up to date OCT (within 8 weeks) for further extension of treatment each time. Maximum number of intravitreal injection by year one is 6, and 4 in the second year, and then 3 injections per year for any following year thereafter.
7. The guidance for the treatment of retinal disorders for funding approval by the MOPH are in accordance with NICE Guidelines for licensed intravitreal medications as of August 2018.
8. Humira® may be used as an option for noninfectious intermediate and posterior uveitis and panuveitis in adult patients (an initial dose of 80 mg, followed by 40 mg given every other week) who do not respond adequately to corticosteroids, and in patients who need corticosteroid-sparing, or patients in whom corticosteroid treatment is inappropriate. Laboratory results such as CBCD PPD, VDRL, RPR, Toxoplasmosis serology, CXR, CRP, ESR should be included.