● **MONITORING REQUIREMENTS**
- Manufacturer advises monitor intra-ocular pressure, perfusion of the optic nerve head, and for signs of ocular infection following injection.
- Manufacturer advises monitor visual acuity.

● **DIRECTIONS FOR ADMINISTRATION** For further information on administration, consult product literature.

● **NATIONAL FUNDING/ACCESS DECISIONS**

NICE decisions

- **Ranibizumab for treating choroidal neovascularisation associated with pathological myopia (November 2013)** NICE TA298

  Ranibizumab is recommended as an option for treating visual impairment due to choroidal neovascularisation secondary to pathological myopia when the manufacturer provides ranibizumab with the discount agreed in the patient access scheme.

  www.nice.org.uk/guidance/ta298
- **Ranibizumab for the treating visual impairment caused by macular oedema secondary to retinal vein occlusion (May 2013)** NICE TA283

  Ranibizumab is recommended as an option for treating visual impairment caused by macular oedema:
  - following central retinal vein occlusion **or**
  - following branch retinal vein occlusion only if treatment with laser photocoagulation has not been beneficial, or when laser photocoagulation is not suitable because of the extent of macular haemorrhage **and**
  - only if the manufacturer provides ranibizumab with the discount agreed in the patient access scheme revised in the context of NICE technology appraisal guidance 274.

  Patients currently receiving ranibizumab whose disease does not meet the criteria listed above should be able to continue treatment until they and their clinician consider it appropriate to stop.

  www.nice.org.uk/guidance/ta283
- **Ranibizumab for treating diabetic macular oedema (February 2013)** NICE TA274

  Ranibizumab is recommended as an option for the treatment of visual impairment due to diabetic macular oedema only if:
  - the eye has a central retinal thickness of 400 micrometres or more at the start of treatment **and**
  - the manufacturer provides ranibizumab with the discount agreed in the patient access scheme (as revised in 2012).

  Patients currently receiving ranibizumab for treating visual impairment due to diabetic macular oedema whose disease does not meet the criteria should be able to continue treatment until they and their clinician consider it appropriate to stop.

  www.nice.org.uk/guidance/ta274
- **Ranibizumab and pegaptanib for the treatment of age-related macular degeneration (updated May 2012)** NICE TA155

  Ranibizumab is recommended for the treatment of wet age-related macular degeneration if all of the following apply:
  - the best corrected visual acuity is between 6/12 and 6/96;
  - there is no permanent structural damage to the central fovea;
  - the lesion size is less than or equal to 12 disc areas in greatest linear dimension;
  - there is evidence of recent presumed disease progression;
  - the manufacturer provides ranibizumab with the discount agreed in the patient access scheme (as revised in 2012).

  Ranibizumab should only be continued in patients who maintain adequate response to therapy.

  www.nice.org.uk/guidance/ta155

Scottish Medicines Consortium (SMC) decisions

SMC No. 381/07

The *Scottish Medicines Consortium* has advised (June 2007) that ranibizumab (*Lucentis*®) is accepted for use within NHS Scotland for the treatment of neovascular (wet) age-related macular degeneration.

SMC No. 711/11

The *Scottish Medicines Consortium* has advised (December 2012) that ranibizumab (*Lucentis*®) is accepted for restricted use within NHS Scotland for the treatment of visual impairment due to diabetic macular oedema in adults with best corrected visual acuity 75 Early Treatment Diabetic Retinopathy Study letters or less at baseline. This advice is contingent upon the continuing availability of the patient access scheme in NHS Scotland or a list price that is equivalent or lower.

SMC No. 732/11

The *Scottish Medicines Consortium* has advised (May 2013) that ranibizumab (*Lucentis*®) is accepted for use within NHS Scotland for the treatment of macular oedema secondary to branch or central retinal vein occlusion in adults. This advice is contingent upon the continuing availability of the patient access scheme in NHS Scotland or a list price that is equivalent or lower.

SMC No. 907/13

The *Scottish Medicines Consortium* has advised (November 2013) that ranibizumab (*Lucentis*®) is accepted for use within NHS Scotland for the treatment of visual impairment due to choroidal neovascularisation secondary to pathologic myopia in adults. This advice is contingent upon the continuing availability of the patient access scheme in NHS Scotland or a list price that is equivalent or lower.

All Wales Medicines Strategy Group (AWMSG) decisions

AWMSG No. 3233

The *All Wales Medicines Strategy Group* has advised (June 2018) that ranibizumab (*Lucentis*®) is recommended as an option for use within NHS Wales for the treatment of visual impairment in adults due to choroidal neovascularisation not due to pathological myopia or wet age-related macular degeneration. This recommendation applies only in circumstances where the approved Patient Access Scheme (PAS) is utilised or where the list/contract price is equivalent or lower than the PAS price.

● **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug.

Solution for injection

- **Lucentis** (Novartis Pharmaceuticals UK Ltd)

  Ranibizumab 10 mg per 1 ml Lucentis 2.3mg/0.23ml solution for injection vials | 1 vial PoM £551.00 (Hospital only)

  Lucentis 1.65mg/0.165ml solution for injection pre-filled syringes | 1 pre-filled disposable injection PoM £551.00

PHOTOSENSITISERS

Verteporfin

29-Apr-2020

● **DRUG ACTION** Following intravenous infusion, verteporfin is activated by local irradiation using non-thermal red light to produce cytotoxic derivatives.

● **INDICATIONS AND DOSE**

Photodynamic treatment of age-related macular degeneration associated with predominantly classic subfoveal choroidal neovascularisation or with pathological myopia (specialist use only)

- BY INTRAVENOUS INFUSION
- Adult: 6 mg/m^2, dose to be given over 10 minutes

● **CONTRA-INDICATIONS** Acute porphyrias p. 1120

● **CAUTIONS** Avoid extravasation · biliary obstruction · photosensitivity