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REGD BY SDS/POST

Central Organisation ECHS
Adjutant General's Branch
Integrated HQ of MoD (Army)
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B/49778/AG/ECHS/Claims/Advisory

05 Jun 2024

All Regional Centres

AMA ECHS, Embassy of India, Nepal

ADVISORY/ CLARIFICATION ON USE OF INTRAVITREAL INJECTIONS

1. Ref the following:-


- (a) RC ECHS letter No ECHS/RC/Jal/4030/Med/Hosp Gen dt 10 May 2024.
- (b) This HQ letter No B/49762/AG/ECHS/2022(i) dt 20 Jun 2022 (copy att).
- (c) This HQ Advisory letter No B/49761/AG/ECHS dt 09 Aug 20218 (copy att).

2. Intravitreal injection is a specialized treatment where Anti VEGF (Anti Vascular endothelial growth factors) are injected into the eye in case of macular degeneration, retinopathy or choroidal neovascularisation. Needless to say, only vitreo-retinal Surgeons have the requisite expertise to decide on the condition where the cost effective usage of these injections are justified.

3. There have been multiple complaints of indiscriminate usage of these injections by emp hospitals and it is difficult to verify its actual usage or effect unless some improvement is observed which needs validation from a vitreo-retinal surgeon.

4. The following measures are to be implemented for preventing misuse and usage of spurious injectables which may be detrimental to the health of our ESM/dependant:-

- (a) BPA to ensure that all claims of Cataract surgery/ administration of Anti-VEGF agents are to be processed in the mandatory basket of JDHS at RCs.
- (b) The approval of vitreo-retinal surgeon by email/ opinion on case sheet must be attached for continuation or change of Anti VEGF again after every 3 injections on the basis of supporting documents as per extant policy mentioned at Para 7 of this HQ advisory letter cited at Para 1 (c).
- (c) The policy letter regarding waiver of Appx 'A' for listed procedures is applicable once the criteria laid down in the preceding Para 4 (b) above is met.


(Rajesh Bafish)
Surg Capt
OIC Claims
for MD ECHS

Encl : As above

Copy to :-

UTI-ITSL

- for your info please.

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B/49761/AG/ECHS/2022(i)

20 Jun 2022

All Regional Centres

AMA ECHS, Embassy of India, Nepal

ADVISORY ON USE OF ANTI-VEGF INTRAVITREAL INJECTION

1. Please refer to CO ECHS letter No B/49761/AG/ECHS/2022 dated 07 Jun 2022.
2. PI ref Dept of Ophthalmology, AH (R&R) letter No ECHS/Adv/22/01 dt 21 Apr 2022 and CO ECHS Policy letter No B/49762/AG/ECHS dt 09 Aug 2018 (copy att).
3. The drugs approved for intravitreal injections in eye should bear the nomenclature as approved in DGAFMS Rate Contracts or standardized international nomenclature, rather than any particular brand name:-
 - (a) Ranibizumab 0.5 mg in 0.05 ml, vial of 0.23 ml.
 - (b) Ranibizumab 0.5 mg in 0.05 ml, Pre-filled syringe of 0.165 ml.
 - (c) Aflibercept 2.0 mg in 0.05 ml, vial of 0.28 ml.
 - (d) Dexamethasone implant 700 microgram.
 - (e) Brolucizumab 6.0 mg in 0.05 ml, vial of 0.23 ml.
4. All RCs are requested to inform all the empanelled hospitals under their AOR to forward case for approval of Intravitreal Injection for use as Anti VEGF Agent with the following supporting documents :-
 - (a) Best Corrected Visual Acuity both eyes.
 - (b) Intra-ocular pressure of eyes and a comment on presence/absence of Glaucoma.
 - (c) Optical Coherence Tomography of the macula for Macular indication.
 - (d) USG B-Scan print for indication of vitreous hemorrhage.
 - (e) FFA/Fundus Colour picture for indication of PDR.
5. The above info be disseminated to all empanelled hospitals so that all requests for approvals are accompanied by a/m supporting documents.
6. **The letter mentioned at Para 1 above may please be treated as cancelled.**


(Panchaj Kalpeshkumar S)
Lt Col
Jt Dir (Med & Eqpt)
For MD ECHS

Encls : As above.

Internal

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Central Organizations, ECHS
Adjutant General's Branch
Integrated Headquarters
Ministry of Defence (Army)
Maude Lines

B/49762/AG/ECHS

09 Aug 18

IHQ of MoD (Navy)/ Dir ECHS (N)
Air HQ (VB)/ DAV
HQ Southern Command (A/ECHS)
HQ Eastern Command (A/ECHS)
HQ Central Command (A/ECHS)
HQ Northern Command (A/ECHS)
HQ South Command (A/ECHS)
HQ Andman & Nicobar Command (A/ECHS)
AMA ECHS, Embassy of India, Nepal
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**APPROVAL FOR AFLIBERCEPT SOLUTION FOR INTRAVITREAL INJECTION
(EYLEA) FOR USE AS ANTI VEGF AGENT**

1. Please refer to the following:-
 - (a) Central Org ECHS letter No. B/49762/AG/ECHS/2017 dated 19 Aug 2013.
 - (b) Central Org ECHS letter No. B/49762/AG/ECHS/2017 dated 07 Feb 2017.
 - (c) O/o Drug Controller General (India), FDA Bhawan, Kotla Marg F. No X-11026/77/2018-8B dated 23 Apr 2018 (Copy attached).
 - (d) Dept of Ophthalmology, Army Hospital (R&R), Delhi Cantt letter No. 8181/EYE/ECHS/2018 dated 24 Apr 2018 (Copy attached).
2. Use of drug Aflibercept solution for Intravitreal Injection (Eylea) was restricted vide Central Org letter No. B/49762/AG/ECHS/2017 dated 07 Feb 2017 as drug was not cleared by O/o Drug Controller General (India). However, the same was allowed with clear permission from service hospitals on case to case basis.
3. Now it is clarified by O/o Drug Controller General (India) vide their letter No X-11026/77/2018-8B dated 23 Apr 2018 that **"Drug product Aflibercept solution for Intravitreal injection in PFS/Vials is approved for the indication as for the treatment of Neovascular (wet) age-related macular degeneration (wet-AMD)"**.
4. The detailed guidelines received from Sr Adv & HOD (Ophthal), Dept of Ophthalmology, Army Hospital (R&R), Delhi Cantt vide their letter No. 8181/EYE/ECHS/2018 dated 24 Apr 2018 regarding use of Aflibercept solution for Intravitreal injection (Eylea) are as follows:-
 - (a) The patient has a condition that needs treatment by Anti VEGF Drugs and there has been no response to three Intravitreal Injections of Ranibizumab.

(b) The patient had responded to Inj-Ranibizumab but has stopped responding to the injection now, as evidenced by Vision and Oct findings.

(c) The patient has Idiopathic Polypoidal Choroidal Vasculopathy (IPCV) for which Aflibercept is often considered a first choice drug as per current standard of care.

5. The list of conditions which can be treated by Anti VEGF drugs are well known to Ophthalmologists, however the merits of each case will need to be scrutinized by AFMS Vitreoretinal surgeons. In locations where Vitreoretinal surgeons are posted, the patients can take sanction as per current practice, however in locations without Vitreoretinal surgeons, ECHS polyclinics will need to liaise with the relevant closest Vitreoretinal surgeon of Service/ Govt hospitals to obtain sanction telephonically, by email or in person and endorse the same on referral document.

6. This must entail a fairly comprehensive summary from the prescribing empanelled hospital, giving details of the condition being treated the previous treatments with dates and relevant records supporting the same. In case sanction is being sought to treat IPCV, then the prescribing ophthalmologist must specify the criteria based on which a diagnosis of IPCV is being entertained.

7. Once approved, the empanelled hospital will have to seek sanction to continue Injecting Eylea (Aflibercept) after three injections have been administered. A maximum of three injections may be sanctioned on every application.

(IVS Gahlot)
Col
Dir (Med)
for MD ECHS

Copy to:-

UTI Infrastructure Technology
and Service Limited
Surabhi Arcade 1st Floor,
5-1-664, Bank Street
Hyderabad - 500001

- Please also upload the same for info of all
Empanelled hospital through email.

O/o DGAFMS

DGMS (Army)

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DGDS

Army Hospital (R&R)

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