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Central Organisation ECHS
Integrated HQ of MoD (Army)
Adjutant General's Branch
Thimayya Marg
Near Gopinath Circle
Delhi Cantt-110010

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

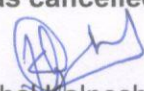
20 Jun 2022

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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(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)

DGMS (Air)

DGMS (Navy)

DGDS

Army Hospital (R&R)

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