Mersey and West Lancashire Teaching Hospitals
NHS Trust

Ranibizumab Biosimilar (ONGAVIA®)

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This leaflet is designed to provide patients with more information about biosimilar medicines, answering some frequently asked questions you may have.

Whether you are due to start treatment with ranibizumab for the first time or have agreed with your clinician that your treatment will change from Lucentis® to biosimilar ranibizumab (Ongavia®), please be reassured that you can expect the same results.

Ranibizumab is a medicine that needs to be injected into the eye. It is used to treat eye conditions which affect the retina, such as wet age-related macular degeneration (wet AMD) and diabetic eye conditions. It belongs to a group of medicines called anti-Vascular Endothelial Growth Factor (Anti-VEGF) agents.

If you are receiving treatment with ranibizumab or your ophthalmic healthcare professional is recommending treatment with ranibizumab, it means your eye contains more than normal amounts of a substance called Vascular Endothelial Growth Factor (VEGF). Too much VEGF causes leaky, abnormal blood vessels.

The excess fluid that comes from these blood vessels can build up in your eye and affect your vision by causing swelling and eventually scarring in your retina. Ranibizumab blocks the action of VEGF. By blocking VEGF, ranibizumab prevents abnormal blood vessels from growing and stops damaged blood vessels from leaking fluid.

How is ranibizumab administered?

Ranibizumab is given as a course of injections into the eye. Over time, the injections can stop the growth of abnormal blood vessels and leakage from these vessels. The aim is to reduce swelling, prevent further loss of vision and sometimes improve vision. Your ophthalmic healthcare professional will advise on the number and frequency of injections you need.

How does ranibizumab compare to other anti-VEGF agents prescribed for my condition?

Other anti-VEGF agents include aflibercept (Eylea®), brolucizumab (Beovu®), bevacizumab (Avastin®) and faricimab (Vabysmo®). Your ophthalmic healthcare professional will have discussed your treatment options with you and advised which medicine is best for your condition.

How is ranibizumab made?

Ranibizumab is a biological medicine. Biological medicines are medicines made or derived from living cells. Biological medicines were first used to treat people with serious illnesses in the UK over 20 years ago and they have improved the lives of millions of people worldwide.

What versions of ranibizumab are available in the UK?

Until recently, only one pharmaceutical company made ranibizumab. Now another company makes a biosimilar ranibizumab. In the future, other biosimilar versions of ranibizumab will become available.

What is biosimilar ranibizumab?

Biosimilar ranibizumab is a highly similar copy of the original ranibizumab medicine. The World Health Organisation (WHO) defines a biosimilar as a medicine that is similar in terms of quality, safety, and effectiveness to the original licensed product.

Are biosimilars safe?

The body in the UK who regulate medicines is the Medicines and Healthcare products Regulatory Agency (MHRA). All medicines must pass rigorous tests for quality, biological activity, safety and effectiveness. Biosimilar medicines pass the same tests as the original medicine. The National Institute for Health and Care Excellence (NICE) produces guidance for healthcare. If NICE recommends the original biological medicine in their guidance, the same recommendation applies to the biosimilar medicines.

What are the benefits of biosimilars?

Many original biological medicines are expensive and the number of conditions they treat is increasing. Biosimilar medicines are highly similar to the original medicines and have the same quality, safety and effectiveness as well as being less expensive. Therefore, the savings made by using biosimilars allow the NHS to treat more patients, including being able to treat those who are not approved for the originator due to cost implications.

What are the side effects?

All versions of ranibizumab can cause similar side effects. If you experience any problems with your treatment, report it promptly to your treating ophthalmology clinician or nurse.

Some common side effects that could occur include:

- Red eye (there is usually a bleed or bruise on the white part of the eye at the site of injection, which clears in a week or two)
- Sore and gritty eye (slight ache and discomfort lasting a day or two)
- ‘Blobs’ or ‘small specks’ in your vision (‘floaters’) might be seen for a few days after the injection. You may also experience transient flashing lights or swirls of light immediately after the injection.

Getting started on biosimilars

Upon arrival at your next injection appointment, you will be seen by doctor or nurse practitioner who will be able to inform you further about biosimilars.

If your treatment with another anti-VEGF agent, such as aflibercept (Eylea), brolucizumab (Beovu) or bevacizumab changes to biosimilar ranibizumab, the **frequency of injections might change but the effectiveness of treatment should not.**

The assessment team, led by a consultant ophthalmologist, will review and assess your eligibility for the biosimilar switch. There will be an opportunity to discuss any concerns or questions you may have.

Is the injection procedure any different?

The injection procedure is the same. The only difference is that Ongavia® comes in a vial, however our nurse practitioners have received updated training on administration.

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