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25th February 2026

[REDACTED]

Dear Sir/Madam

Freedom of Information Act (FOI) 2000 - Request for Information Reference: intra-vitreous injections or implants

I am writing in response to your request for information under the FOI 2000.

I can confirm in accordance with Section 1 (1) of the Freedom of Information Act 2000 that we do hold the information you have requested. A response to each part of your request is provided below.

Home, Community, Hospital.

FOI Request / Question	Question Response	Is there an exemption?	Exemption	Exemption Details																																													
<p>1. How many of the following intra-vitreous injections/implants has your trust administered in the four-month period from September to December 2025:</p> <ul style="list-style-type: none"> • Aflibercept • Bevacizumab • Brolocizumab • Dexamethasone • Faricimab • Fluocinolone acetonide • Ranibizumab - Lucentis • Ranibizumab - Biosimilar 	<table border="1"> <thead> <tr> <th>Treatment</th> <th>Sep-25</th> <th>Oct-25</th> <th>Nov-25</th> <th>Dec-25</th> </tr> </thead> <tbody> <tr> <td>Aflibercept</td> <td>682</td> <td>740</td> <td>576</td> <td>685</td> </tr> <tr> <td>Bevacizumab</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Brolocizumab</td> <td>0</td> <td>2</td> <td>0</td> <td>0</td> </tr> <tr> <td>Dexamethasone</td> <td>0</td> <td>0</td> <td>2</td> <td>1</td> </tr> <tr> <td>Faricimab</td> <td>235</td> <td>235</td> <td>215</td> <td>222</td> </tr> <tr> <td>Fluocinolone acetonide</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Ranibizumab - Lucentis</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Ranibizumab - Biosimilar</td> <td>27</td> <td>35</td> <td>27</td> <td>33</td> </tr> </tbody> </table>	Treatment	Sep-25	Oct-25	Nov-25	Dec-25	Aflibercept	682	740	576	685	Bevacizumab	0	0	0	0	Brolocizumab	0	2	0	0	Dexamethasone	0	0	2	1	Faricimab	235	235	215	222	Fluocinolone acetonide	0	0	0	0	Ranibizumab - Lucentis	0	0	0	0	Ranibizumab - Biosimilar	27	35	27	33			
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<p>2. Please provide the number of injections/implants administered by eye condition for the four-month period from September to December 2025:</p>	<table border="1"> <thead> <tr> <th>Eye Condition</th> <th>Drug</th> <th>Sep-25</th> <th>Oct-25</th> <th>Nov-25</th> <th>Dec-25</th> </tr> </thead> <tbody> <tr> <td rowspan="4">Wet Age-Related Macular Degeneration</td> <td>Aflibercept</td> <td>434</td> <td>483</td> <td>383</td> <td>434</td> </tr> <tr> <td>Bevacizumab</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Dexamethasone</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Faricimab</td> <td>172</td> <td>177</td> <td>154</td> <td>158</td> </tr> </tbody> </table>	Eye Condition	Drug	Sep-25	Oct-25	Nov-25	Dec-25	Wet Age-Related Macular Degeneration	Aflibercept	434	483	383	434	Bevacizumab	0	0	0	0	Dexamethasone	0	0	0	0	Faricimab	172	177	154	158																					
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		Fluocinolone acetonide	0	0	0	0
		Ranibizumab (Lucentis)	0	0	0	0
		Ranibizumab (Biosimilar)	10	15	9	14
	Diabetic Macular Oedema (DMO)	Aflibercept	102	102	84	106
		Bevacizumab	0	0	0	0
		Dexamethasone	0	0	0	0
		Faricimab	40	33	36	43
		Fluocinolone acetonide	0	0	0	0
		Ranibizumab (Lucentis)	0	0	0	0
		Ranibizumab (Biosimilar)	5	10	10	9
	Retinal Vein Occlusion (RVO)	Aflibercept	138	149	107	137
		Bevacizumab	0	0	0	0
		Dexamethasone	0	0	0	0
		Faricimab	20	25	25	21
		Fluocinolone acetonide	0	0	0	0
Ranibizumab (Lucentis)		0	0	0	0	

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Home, Community, Hospital.

		Ranibizumab (Biosimilar)	9	10	8	9			
	Noninfectious Uveitis (NIU)	Aflibercept	0	0	0	0			
		Bevacizumab	0	0	0	0			
		Dexamethasone	0	0	0	0			
		Faricimab	0	0	0	0			
		Fluocinolone acetonide	0	0	0	0			
		Ranibizumab (Lucentis)	0	0	0	0			
		Ranibizumab (Biosimilar)	0	0	0	0			

I trust this information answers your request. Should you have any further enquiries or queries about this response please do not hesitate to contact me. However, if you are unhappy with the way in which your request has been handled, you have the right to ask for an internal review. Internal review requests should be submitted within two months of the date of receipt of the response to your original letter and should be addressed to: Sally Brook Shanahan, Director of Corporate Affairs, King's Mill Hospital, Mansfield Road, Sutton in Ashfield, Nottinghamshire, NG17 4JL or email sally.brookshanahan@nhs.net.

If you are dissatisfied with the outcome of the internal review, you can apply to the Information Commissioner's Office, who will consider whether we have complied with our obligations under the Act and can require us to remedy any problems. Generally, the Information Commissioner's Office cannot decide unless you have exhausted the internal review procedure. You can find out more about how to do this, and about the Act in general, on the Information Commissioner's Office website at: <https://ico.org.uk/your-data-matters/official-information/>.

Complaints to the Information Commissioner's Office should be sent to FOI/EIR Complaints Resolution, Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF. Telephone 0303 1231113, email casework@ico.org.uk.

If you would like this letter or information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call us on 01623 672232 or email sfh-tr.foi.requests@nhs.net.

Yours faithfully

Information Governance Team

All information we have provided is subject to the provisions of the Re-use of Public Sector Information Regulations 2015. Accordingly, if the information has been made available for re-use under the [Open Government Licence](#) (OGL) a request to re-use is not required, but the licence conditions must be met. You must not re-use any previously unreleased information without having the consent from Sherwood Forest Hospitals NHS Foundation Trust. Should you wish to re-use previously unreleased information then you must make your request in writing. All requests for re-use will be responded to within 20 working days of receipt.