## Insurance coverage for intravitreal injections in India—The road ahead

Health insurance is increasingly being recognized by the Government of India as a necessary provision for the health of our population. While spending on health by the Government in India is one of the lowest in the world, it has been gradually increasing in recent years. However, the majority of the Indian population still does not have any form of health coverage.

Retinal disorders are among the most important causes of vision loss in India.<sup>[1-3]</sup> Intravitreal anti-vascular endothelial growth factor (VEGF) injections are a proven treatment for these diseases.<sup>[4]</sup> However, the need for repeated injections and the high associated cost burden, coupled with the lack of insurance coverage for injections makes it financially untenable for the majority of our patients to persist with treatment recommendations.<sup>[5]</sup> The average number of intravitreal injections taken by patients per year is well below the recommended regimen by various studies and society guidelines, thereby leading to suboptimal visual outcomes in the real world.<sup>[6]</sup> A survey conducted by the Vitreoretinal Society of India (VRSI) highlighted the challenges for access and adherence to treatment, with affordability (78% of respondents) being the major reason for the lack of initiation and continuation of therapy.<sup>[7]</sup>

Recently, the Insurance Regulatory and Development Authority of India (IRDAI) has issued guidelines, effective from October 2020, in which they have recommended "that intravitreal injections cannot be excluded" from insurance.[8] This has resulted in some traction in the reimbursement of intravitreal injections. However, challenges in implementation exist, and there is a lack of clarity on the limits of coverage per anti-VEGF injection, annual caps for injections, and a number of total injections covered under policies. Physicians need to work closely with the insurance companies to increase awareness about the chronic nature of retinal diseases, and the various treatment protocols employed. Injection claims must be serviced without administrative red tape, within the limits of the policy, once the science behind these recommendations is conveyed to them. All ophthalmologists should be aware of the reimbursement for anti-VEGF injections and encourage their patients to seek these out. There is also a need for a patient helpline that will transparently inform patients about the coverage expected from their policies.

The cost-effectiveness of various procedures should also be considered by ophthalmologists when considering intravitreal injections. A cost-effectiveness calculator can show the average out-of-pocket expense for a patient per injection over 1 year after adding direct and indirect costs of the procedure.

In conclusion, all ophthalmologists should be aware of the available insurance coverage for anti-VEGF injections as per the recent IRDAI guidelines. However, additional training of all the stakeholders and continued dialogue with insurance companies is required to increase the utilization of this important inclusion in the guidelines. We hope that, as with cataract surgery, anti-VEGF injections will receive universal

insurance coverage and will benefit millions of Indians in the years to come.

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