Healthier Together

Improving health and care in Bristol, North Somerset and South Gloucestershire

Neovascular age-related macular degeneration (nAMD)

BNSSG Recommended Commissioning Pathway

1st Line Treatment options

Aflibercept (TA294) or Ranibizumab (TA155) or Brolicizumab (TA672) or Faricimab (TA800)

Choosing which treatment

NICE states that all drugs listed are an option, and does not make specific recommendations in terms of choice.

The choice of treatment should be made on an individual basis, based **upon current evidence and clinician advice** between the patient and clinician. **If treatments are found to be equally suitable for the patient the drug with the lowest overall costs should be used. This should take into account both the cost of the medicine acquisition, and the cost of delivering the service using the specific medicine.**

(for all options)
Loading dose

followed by

Treat & Extend

EXTEND time interval between injections.

- Stable or better vision or if VA loss not due to disease activity

and

OCT scan shows:

- No signs of fluid

or

- Stable fluid that does not decrease at shorter treatment interval

and

- Extension not previously attempted (or attempted recently)

MAINTAIN injections at same interval

- Stable or better vision, or if VA loss not due to disease activity

And OCT scan shows

-Improvement of fluid, **OR**

Stable fluid that does not decrease with shorter intervals **and** known to increase with longer intervals, **OR**

Dry macula which has worsened at a recently attempted longer interval

REDUCE time interval between injections

- Loss of ≥5 due to disease activity
  and/or OCT scan shows increased disease activity evidenced by:

NEW or INCREASED

- Fluid – intraretinal, subretinal or sub-RPE, **OR**
- Macular haemorrhage, **OR**
- SHRM

NICE Criteria to start treatment

All of the following circumstances apply in the eye to be treated:

- the best-corrected visual acuity is between 6/12 and 6/96
- there is no permanent structural damage to the central fovea
- the lesion size is less than or equal to 12 disc areas in greatest linear dimension
- there is evidence of recent presumed disease progression (blood vessel growth, as indicated by fluorescein angiography, or recent visual acuity changes)

Inadequate response to 1st line treatment and/or injection interval of 8 weeks or less

If evidence of disease activity: Reload with Faricimab x 4 monthly injections [NICE TA 800] and extend up to a maximum of 16 week. If no disease activity: Switch to Faricimab and keep the same injection interval without reloading. If **both eyes** show evidence of nAMD: Both eyes will be treated with the same drug and the eye with most disease activity will drive the injections intervals.

Stop treatment and observe after 3 intravitreal injections at 16weeks and no evidence of disease activity.

Patients that are currently on aflibercept 2mg and stable should remain on this or aflibercept biosimilar with the lowest acquisition cost

Approved by: BNSSG APMOC March 2024, Review date: March 2027.