

# Diabetic Macular Oedema (DMO)

## BNSSG Recommended Commissioning Pathway

### \*NICE Criteria to start treatment

Offer intravitreal anti-VEGF as treatment for adults with visual impairment due to diabetic macular oedema if the eye has a central retinal thickness of 400 micrometres or more at the start of treatment.

### \*\*Treat and extend

Review 4 weeks after loading

Treat and Reduce by 4 weeks if central subfield thickness (CST) increased by more than 20% of the lowest reference value (best CST 4 weeks after the 4<sup>th</sup> dose)

Treat and Maintain if CST 10- 20% greater than the lowest reference value  
Treat and extend by 4 weeks if CST < 10% of the lowest reference value

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

1st line:

Ranibizumab (TA274) or Brolicizumab (TA820) or Aflibercept (TA3460) or Faricimab (TA799)

Loading dose followed by Treat and extend as appropriate for the patient. \*\*

### Increasing treatment intervals and stopping treatment

If at the 4th 16 week interval the CST remains < 10% of the reference value, do not inject at that visit and review in 4 weeks later in the virtual clinic.

If the patient has a recurrence while being monitored after a successful treat and extend/ stopping medication. Restart treat and extend

### Choosing which treatment

NICE states all drugs listed are an option and does not make specific recommendations in terms of order 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.**

### Non responders - STEROID implants

Dexamethasone intravitreal implant is recommended as an option for treating visual impairment caused by diabetic macular oedema in adults irrespective of their lens status. NICE TA824

Consider dexamethasone intravitreal implant if inadequate response to anti-vascular endothelial growth factor (VEGF) or CST > 400 microns after loading. If there is a good response to dexamethasone, with no significant intraocular pressure (IOP) elevation and subsequent recurrent fluid, then consider Fluocinolone acetonide intravitreal implant. NICE TA613