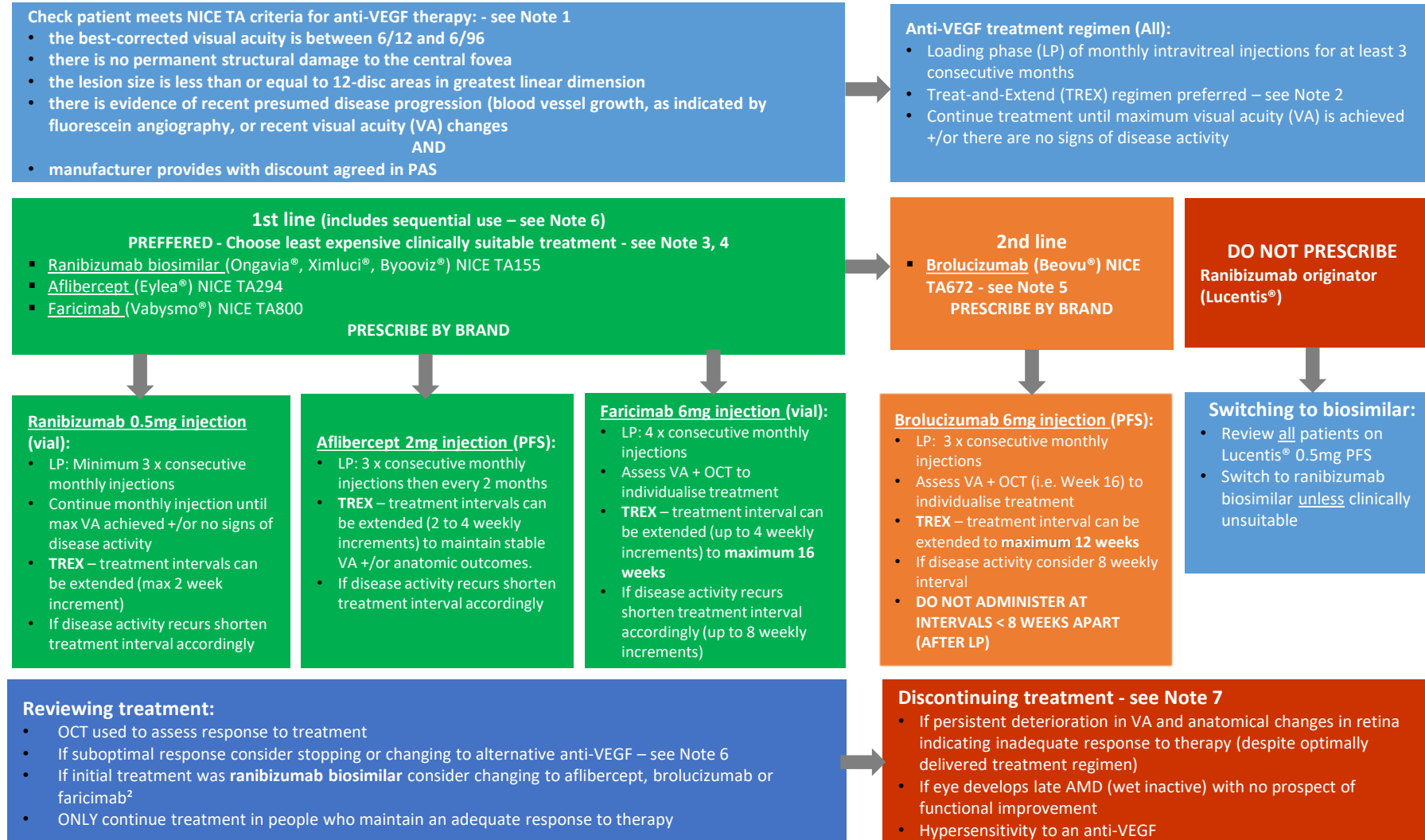


# Wet Age Related Macular Degeneration (wAMD) Treatment Pathway

## Wet AMD confirmed



**Note: Off-label use of licensed medicines is out of scope and not included in the commissioning pathway.**

Developed by: NHS GM (Manchester)  
Version 1.0  
Ratification date: 13/12/2023  
Review date: Dec 2025  
Expiry date: Dec 2025

### Note 1

- NICE<sup>1</sup> acknowledges situations where anti-VEGF treatment may be considered i.e. in eyes with visual acuity of 6/96 or worse (if a benefit in person's overall visual function is expected) and in eyes better than 6/12 anti-VEGF treatment is clinically effective and may be cost effective depending on the regimen used
- This is outside of the mandatory commissioning requirements

### Note 2

- TREX (Treat-and-Extend) is recommended in clinical practice to reduce treatment burden and minimise hospital visits, by extending injection intervals when possible
- Treatment interval should be determined by treating clinician based on the disease activity, visual acuity +/- anatomical parameters
- A TREX dosing regimen can achieve visual outcomes superior to PRN ('as needed')

### Note 3

- NICE<sup>1</sup> recommends a discussion between the clinician and the patient about the advantages and disadvantages of each treatment (considering therapeutic need and likely adherence to treatment)
- If more than one treatment option is clinically suitable, the least expensive should be chosen (taking into account; administration costs, dosage, price per dose and commercial arrangements).

### Note 4

- If ranibizumab biosimilar is contraindicated or not clinically appropriate for the specific patient or there are specific clinical considerations (such as non-responder to ranibizumab in fellow eye previously, subretinal bleed >50% of lesion, idiopathic PCV then, subject to the criteria specified in the relevant NICE TA, clinicians should consider aflibercept, faricimab or brolucizumab.<sup>2</sup>

### Note 5

- May be considered for patients where first line anti-VEGF agents are not clinically suitable or effective
- Due to safety concerns<sup>3</sup> clinicians should consider patient specific risk factors<sup>4</sup> before initiating treatment with brolucizumab. Clinician to discuss benefits vs risks with patient to obtain informed consent.

### Note 6

Sequential treatment: use of a second anti-VEGF agent should be considered when:

- a particular anti-VEGF has not shown clinical benefit after optimum treatment OR
- where continued use of the initial anti-VEGF agent is unsuitable because of an allergic reaction or uveitis AND
- where there is still potential for improvement in vision, or improved stabilisation at 6/96 or better, with further treatment

### Note 7

- Treatment should only be continued in people who maintain an adequate response to therapy
- For temporary discontinuation (drug withholding) refer to RCOphth guidance<sup>5</sup> and product SmPC.<sup>6</sup>

# First Line Anti-VEGF Treatment Options

Anti-VEGF treatment	Efficacy	Injection frequency*	Safety
<b>Ranibizumab</b>	<p>NICE 2018<sup>1</sup> - no clinically significant differences in efficacy between aflibercept and ranibizumab from clinical trial evidence.</p> <p>VA outcomes were not clinically or statistically significant such that aflibercept + ranibizumab can be considered equally effective.<sup>1</sup></p>	TREX – 16.27 injections (Y1 + Y2) <sup>8</sup>	NICE 2018 <sup>1</sup> – no clinically significant differences in the safety between aflibercept and ranibizumab.
<b>Aflibercept</b>	<p>NICE 2018<sup>1</sup> - no clinically significant differences in efficacy between aflibercept and ranibizumab from clinical trial evidence.</p> <p>RCOphth proposed additional efficacy for aflibercept due to VEGF binding affinity + additional targeting of placental growth factor.</p>	TREX – 13.63 injections (Y1 + Y2) <sup>8</sup>	NICE 2018 <sup>1</sup> – no clinically significant differences in the safety between aflibercept and ranibizumab.
<b>Faricimab</b>	NICE <sup>8</sup> stated that faricimab is as effective as aflibercept from clinical trial evidence + considered similar clinical effectiveness to ranibizumab from indirect comparison.	TREX – 11.48 injections (Y1 + Y2) <sup>8</sup>	<p>NICE suggested that faricimab had similar adverse events to aflibercept and ranibizumab from clinical trials.</p> <p>Rates of ocular adverse events were comparable between faricimab and aflibercept from clinical trials.</p>

\*Injection frequency (i.e. Loading phase as per SPC followed by TREX) based on NICE TA 800 assumptions (company base-case scenario)

# Glossary

wAMD	Wet Age Related Macular Degeneration
Anti-VEGF	Anti Vascular Endothelial Growth Factor
VA	Visual Acuity
OCT	Optical Coherence Tomography
TREX	Treat and Extend
PRN	Pro re Nata or 'AS REQUIRED'
PAS	Patient Access Scheme
PCV	Polypoidal Choroidal Vasculopathy
PFS	Pre-filled Syringe

# References:

1. NICE. (2018). *Age-related macular degeneration*. [Online]. NICE. Last Updated: 23 January 2018. Available at: <https://www.nice.org.uk/guidance/ng82> [Accessed 24 October 2022].
2. NHS England. (2022). Operational note: Commissioning recommendations following the national procurement for medical retinal vascular medicines. [Online]. Last Updated: August 2022. Available at: <https://www.england.nhs.uk/wp-content/uploads/2022/08/B1720-Commissioning-recommendations-following-> [Accessed 24 October 2022].
3. Medicines and Healthcare Regulatory Agency (MHRA). (2022). Brolocizumab (Beovu ▼): risk of intraocular inflammation and retinal vascular occlusion increased with short dosing int. [Online]. GOV.UK. Last Updated: 18 January 2022. Available at: <https://www.gov.uk/drug-safety-update/brolucizumab-beovuv-risk-of-intraocular-inflammation-and-retin> [Accessed 20 December 2022].
4. Pearce, I., Amoaku, W., Bailey, C. *et al*. The changing landscape for the management of patients with neovascular AMD: brolocizumab in clinical practice. *Eye* **36**, 1725–1734 (2022). <https://doi.org/10.1038/s41433-022-02008-3>
5. The Royal College of Ophthalmologists. (2021). Commissioning Guidance Age Related Macular Degeneration Services. [Online]. . Last Updated: June 2021. Available at: <https://www.rcophth.ac.uk/wp-content/uploads/2021/08/AMD-Commissioning-Guidance-Full-June-2021.pdf> [Accessed 24 October 2022].
6. Summary of product characteristics for ranibizumab, aflibercept, faricimab and brolocizumab. Available from <https://www.medicines.org.uk/emc/> [Accessed 24 October 2022].
7. NICE. (2021). Brolocizumab for treating wet age-related macular degeneration Technology appraisal guidance [TA672]. [Online]. NICE. Available at: <https://www.nice.org.uk/guidance/ta672> [Accessed 16 November 2022].
8. NICE. (2022). Faricimab for treating wet age-related macular degeneration Technology appraisal guidance [TA800]. [Online]. NICE. Available at: <https://www.nice.org.uk/guidance/TA800> [Accessed 16 November 2022].
9. Greater Manchester Medicines Management Group. (2017). Macular Drugs Pathway. [Online]. GMMMG. Last Updated: November 2017. Available at: <https://gmmmg.nhs.uk/wp-content/uploads/2021/08/GMMMG-Macular-Drugs-Pathways-v-1-2-FINAL.pdf> [Accessed 25 January 2023].
10. North Central London Medicines Optimisation Network. (2015). *NEL/NCL wAMD Pathway*. [Online]. NCL Medicines Optimisation Network. Last Updated: April 2015. Available at: [https://www.ncl-mon.nhs.uk/wp-content/uploads/Guidelines/11\\_wAMD\\_pathway.pdf](https://www.ncl-mon.nhs.uk/wp-content/uploads/Guidelines/11_wAMD_pathway.pdf) [Accessed 25 January 2023].