**MEDICAL RETINA TREATMENT OPTIONS AND PATHWAY**

**LUCENTIS (RANIBIZUMAB) INJECTION**

Licensed and NICE TAG 155 approved for patients presenting with:

* WET ARMD
* The best corrected visual acuity is between 6/12 and 6/96
* No permanent structural damage to the central fovea
* The lesion size is less than or equal to 12 disc areas in greater linear dimension
* There is evidence of recent presumed disease progression (blood vessel growth as indicated by fluorescein angiography or recent visual acuity changes)

Treatment will be discontinued if the patient shows:

* A persistent deterioration in visual acuity **and** anatomical changes to the retina are identified
* Any factors as outlined in Heart of England NHS Foundation Trust Discontinuation Criteria of Treatment Of Age-related Macular Degeneration with Ranibizumab.
* Any factors highlighted in the Royal college of Ophthalmologists discontinuation policy

**AVASTIN (BEVACIZUMAB) INJECTION**

Unlicensed and **not** NICE approved for Ophthalmic used, however internally approved for patient presenting with:

* Branch retinal vein occlusion ­­– not responding to laser or not amenable to laser
* Diabetic macular oedema – not responding to laser or not amenable to laser
* Central retinal vein occlusion
* There is no permanent structural damage to the central fovea
* Treatment will be discontinued if the patient shows a persistent deterioration in visual acuity and anatomical changes to the retina are identified

**OZURDEX (DEXAMETHASONE) IMPLANT**

Licensed and NICE approved for diabetic retinopathy patients presenting with:

* Macular oedema following central retinal vein occlusion.
* Macular oedema following branch retinal vein, Occlusion when treatment with laser photocoagulation has not been beneficial.
* Macular oedema following branch retinal vein Occlusion Treatment with laser photocoagulation which is not considered suitable because of the extent of macular haemorrhage.
* Treatment will be discontinued if the patient shows:

-Any factors highlighted in the Royal college of Ophthalmologists discontinuation policy

-No clinical beneficial response to the use of this drug

**PDT (Photodynamic therapy) with Visudyne (Verteporfin)**

Licensed and NICE approved for patients presenting with:

* WET ARMD
* Classic no occult subfoveal chorodial neovascularisation (CNV)
* Best corrected visual acuity of 6/60 or better

**Kenalog (TRIAMCINOLONE) INJECTION**

Unlicensed and not NICE approved, however internally used for patients presenting with:

* Diabetic macular oedema
* Cystoid macular oedema
* Cystoid macular oedema secondary to:- Vein occlusion and Uvietis
* Inflammatory CNV

**EYLEA (Aflibercept)**

Licensed but not NICE approved (NICE due August 2013) for patients with:

* WET ARMD
* The best corrected visual acuity is between **XXXXXXX TBC**
* No permanent structural damage to the central fovea
* **The lesion size is less than or equal to 12 disc areas in greater linear dimension**
* There is evidence of recent presumed disease progression (blood vessel growth as indicated by fluorescein angiography or recent visual acuity changes)

Treatment will be discontinued if the patient shows:

* A persistent deterioration in visual acuity **and** anatomical changes to the retina are identified
* Any factors as outlined in Heart of England NHS Foundation Trust Discontinuation Criteria of Treatment Of Age-related Macular Degeneration With Ranibizumab (attached)
* Any factors highlighted in the Royal college of Ophthalmologists discontinuation policy

**The following patient leaflets are availalable and may be given to the patient in clinic**

* Avastin
* AMD including AMD Amsler chart
* Diabetic Retinopathy
* Lucentis (pre and post injections)
* Lucentis patient pathway to include the virtual clinic pathway
* MDS loss of central vision
* PDT