Wet Age-related Macular Degeneration (wet AMD) – Surrey Heartlands Drug Pathway
March 2025

Consider early treatment with **off label bevacizumab (Avastin)** – load with 3 x monthly injections, thereafter as required.

Does the patient have late active wet-AMD BCVA worse than 6/12?

Yes

No

Do all the following apply?
- Best corrected visual acuity (VA) is between 6/12 and 6/96
- There is no permanent structural damage to central fovea
- The lesion size is ≤ 12-disc areas in greatest linear dimension
- There is evidence of recent presumed disease progression (blood vessel growth, as indicated by FA, or recent VA changes)

NOTE 1:
Aflibercept 8mg
ONLY for patients in whom dose intervals greater than 8 weeks have not been achieved with aflibercept 2mg.
If dose intervals cannot be extended with aflibercept 8mg, after 3 months, then the patient can be switched back to a biosimilar or to faricimab or brolucizumab, where there is a realistic expectation that this would further increase dosage intervals.
Where frequent injections are required the treatment with the lowest acquisition cost should be used for ongoing treatment.

Response to aflibercept 2mg
If a patient has no response to this agent then a switch to aflibercept 8mg may not be indicated.
Switch to faricimab or brolucizumab in this instance

NOTE 2:
Treat & Extend
Faricimab and Aflibercept 8mg should only be used with treat and extend protocols

Loading phase and assessment of disease activity:
1st choice: Biosimilar ranibizumab (TA155)
2nd choice: bevacizumab gamma (TA1002) or aflibercept 2mg (TA294) [biosimilar when available]
3rd choice: aflibercept 8mg (refer to note 1)
4th choice: faricimab (TA800) or brolucizumab (TA672)

No

Suboptimal Primary response:
- Consider switch to alternative anti-VEGF (without reloading) **OR** continue with existing anti-VEGF

Yes

PLEASE NOTE:
Biosimilar anti-VEGF are not considered a switch within the wet AMD pathway i.e. it is a 'free switch'

Is there a response (i.e. improvement/stabilisation in VA and reduction in signs of disease activity)?

Has patient improved (i.e. OCT fluid decreased and VA increased)?

Yes

Treat and extend (refer to note 2)

Disease stability achieved?

No

Reduce frequency of dosing back to standard dosing

No

Continue treatment
Ranibizumab biosimilar:No more than 1 injection/month.
Bevacizumab gamma: No more than 1 injection/month
Aflibercept 2mg: No more than 1 injection/2 months
Aflibercept 8mg: No more than 1 injection/2 months
Faricimab: No more than 1 injection/2 months
Brolucizumab: no more than 1 injection/2 months

Yes

Treat and extend (refer to note 2)

Yes

Annual formal review at 12 months
Has patient responded adequately to treatment and qualifies for further treatment as per RCO criteria?

Disease stability achieved?

No

Yes

- Is response sub-optimal in the first year of treatment **or**
- Is response deteriorating in long term users who are now heavy users?
- Are frequent (monthly) injections required to maintain disease stability?

- **Then consider**
- switch to alternative anti-VEGF (without reloading) OR
- Continue with existing anti-VEGF
- NOTE: Max 3 switches (between 6 anti-VEGFs) per eye

No

Have all switches per eye been exhausted?

Yes

Does patient have active set AMD and a BCVA worse than 6/96 and overall vision is expected to benefit from ongoing treatment (e.g. only seeing eye)?

Yes

Consider licensed **off label bevacizumab (Avastin)** for this cohort

No

Discontinue high-cost drug treatment or if atypical wet AMD suspected (e.g.Idiopathic Polypoidal Choiroidal Vasculopathy (IPCV)) refer to a tertiary centre for review

PLEASE NOTE:
In line with the NHS England Commissioning recommendations for medical retinal vascular medicines (August 2022). Clinicians should consider biosimilar ranibizumab as 1st line treatment where this is clinically appropriate and there is capacity to do so. Blueteq forms will be used to ascertain clinical contraindications to this recommendation.

Surrey Heartlands Integrated Care System Area Prescribing Committee March 2025
Review: March 2028