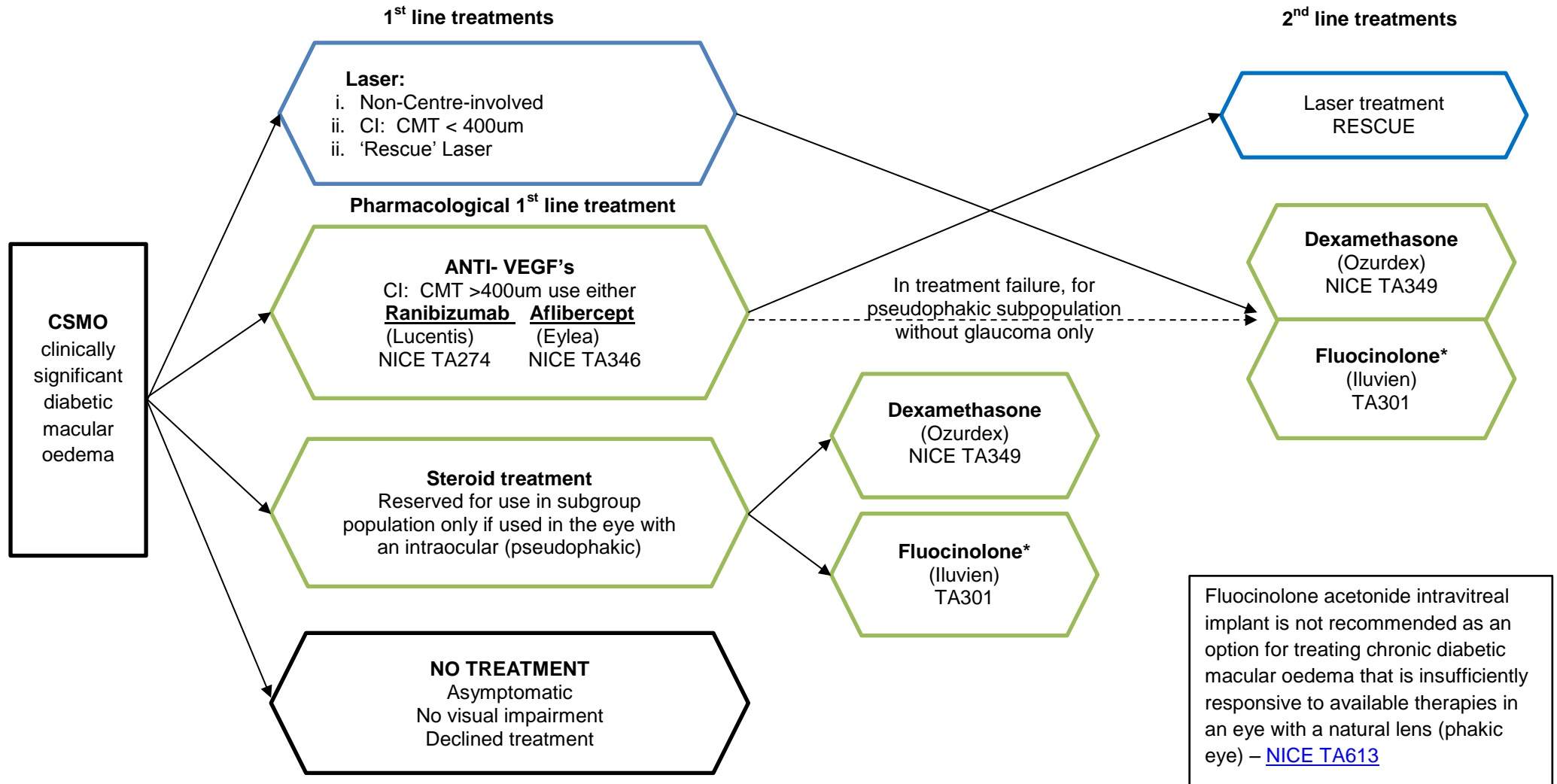


Derbyshire commissioning pathway for the treatment of Diabetic Macular Oedema (DMO)

January 2020

This algorithm is a tool to aid the implementation of NICE guidance for the treatment of DMO. This treatment algorithm includes CCG commissioned drugs approved by NICE for treatment

Relevant NICE documents: Ranibizumab TA274; Fluocinolone TA301, Aflibercept TA346, Dexamethasone TA349.



Aflibercept treat and extend regime (based on SPC and local expert opinion):

- Inject monthly for 5 months
- Continue 2 monthly until vision 'stable' (+/- 5 letters over 3 visits) (SPC)
- If 'Stable' inject and increase review by 1 month
- Discharge to retinal clinic after 2 stable 3-month visits
- If not stable, inject and reduce review by 1 month
- 'Rescue' laser after 6 months
- Discontinue
 - if no improvement after 3 injections
 - for 3 months if ATE (MI, CVA)

Ranibizumab treat and extend regime (based on SPC and local expert opinion):

- Inject monthly for 3 months
- Continue until vision 'stable' for 3 consecutive months (+/- 5 letters over 3 visits)
- If 'Stable' inject and increase review by 1 month (SPC)
- Discharge to retinal clinic after 2 stable 3-month visits
- If not stable, inject and reduce review by 1 month
- 'Rescue' laser after 6 months
- Discontinue
 - if no improvement after 3 injections

6-monthly Retinal Clinic Review to include:

- IOP/ Cataract / Retinopathy grading
- Report to DRSS

Steroid inclusion criteria:

- Pseudophakic or
- No glaucoma
- **Use after 1st line Treatment if:**
 - No response after 3 VEGFi
 - Partial response to 7 VEGFi Yr1
 - Persisting DMO after 2 laser grids
- **Dexamethasone (Ozurdex)**
 - Non-Chronic DMO
 - 6 Monthly for 3 years
- **Fluocinolone (Iluvien)**
 - Chronic DMO (> 8 months)
 - 3 yearly
 - 'Rescue' laser
 - off label triamcinolone acetonide (IVTA)

Dexamethasone TA349

Dexamethasone intravitreal implant is recommended as an option for treating diabetic macular oedema only if:

- the implant is to be used in an eye with an intraocular (pseudophakic) lens and
- the diabetic macular oedema does not respond to non-corticosteroid treatment, or such treatment is unsuitable.

Dexamethasone intravitreal implant delivers 700 micrograms to the back of the eye over a period of 6 months or more. The SPC states that, after initial treatment, re-treatment can be performed after approximately 6 months if the patient experiences decreased vision with or without an increase in retinal thickness with recurrent or worsening diabetic macular oedema.

Fluocinolone TA301

Fluocinolone acetonide intravitreal implant is recommended as an option for treating chronic diabetic macular oedema that is insufficiently responsive to available therapies only if:

- the implant is to be used in an eye with an intraocular (pseudophakic) lens.
- Fluocinolone acetonide intravitreal implant contains a corticosteroid that has anti-inflammatory and anti-vascular endothelial growth factor (anti-VEGF) properties. It is administered by intravitreal injection. Each implant contains 190 micrograms of fluocinolone acetonide, releasing 0.2 micrograms/day for approximately 36 months.