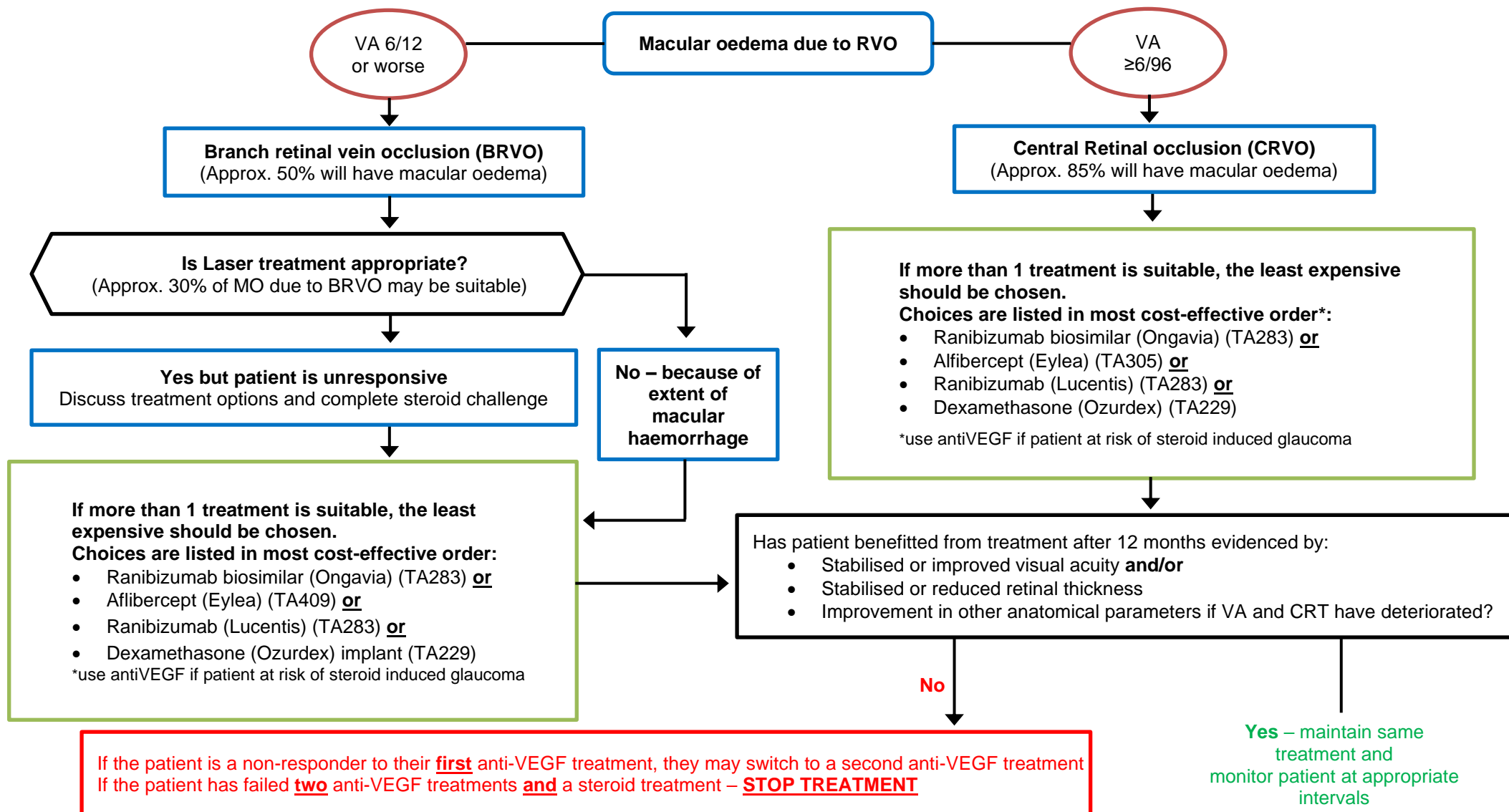


Derbyshire commissioning pathway for the treatment of macular oedema due to BRVO/CRVO

This algorithm is a tool to aid the implementation of NICE guidance for the treatment of BRVO/CRVO.
This treatment algorithm includes ICB commissioned drugs approved by NICE for the treatment.



Biologic	NICE TA	Loading dose	Maintenance dose	Response measured	Prescribing information
Anti-VEGF preparations					
Ranibizumab (Biosimilar and Lucentis)	TA283	Given monthly, until VA stable for 3 consecutive months.	Once stable initiate treat-and-extend regimen. The treatment intervals can be extended stepwise until signs of disease activity or visual impairment recur.	If there is no improvement in visual acuity over the course of the first 3 injections, continued treatment is not recommended.	For RVO, treatment intervals may also be gradually extended, however there are insufficient data to conclude on the length of these intervals. If disease activity recurs, the treatment interval should be shortened accordingly. A change in the risk:benefit profile becomes unfavourable e.g. new MI or CVA. No evidence of benefit from treatment e.g. continued worsening/ lack of stabilisation of vision. (RCO- VA not improved by at least 5 letters and/or CMT has not reduced from baseline).
Aflibercept (Eylea)	TA305 & TA409	Given monthly, until VA stable and no signs of disease.	Once stable initiate treat-and-extend regimen. Gradually increase treatment interval to maintain stable visual and/or anatomic outcomes.	If visual and anatomic outcomes indicate that the patient is not benefiting from continued treatment, aflibercept should be discontinued.	There is insufficient data to conclude on the length of these intervals. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly. A change in the risk:benefit profile becomes unfavourable e.g. new MI or CVA. No evidence of benefit from treatment e.g. continued worsening/ lack of stabilisation of vision. (RCO- VA not improved by at least 5 letters and/or CMT has not reduced from baseline).
Steroid treatment					
Dexamethasone (Ozurdex)	TA229	Administered usually every 6 months in the affected eye.	Up to 6 implants may be given.		There is only very limited information on repeat dosing intervals less than 6 months. There is currently no experience of repeat administrations beyond 2 implants in Retinal Vein Occlusion. If VA 6/12 or worse and CRT>250microns, Regular review (every 1-3 months). Retreatment after 6 months VA>6/7.5 or CRT <250 microns. Patients who experience deterioration in vision, which is not slowed by dexamethasone, should not be retreated.