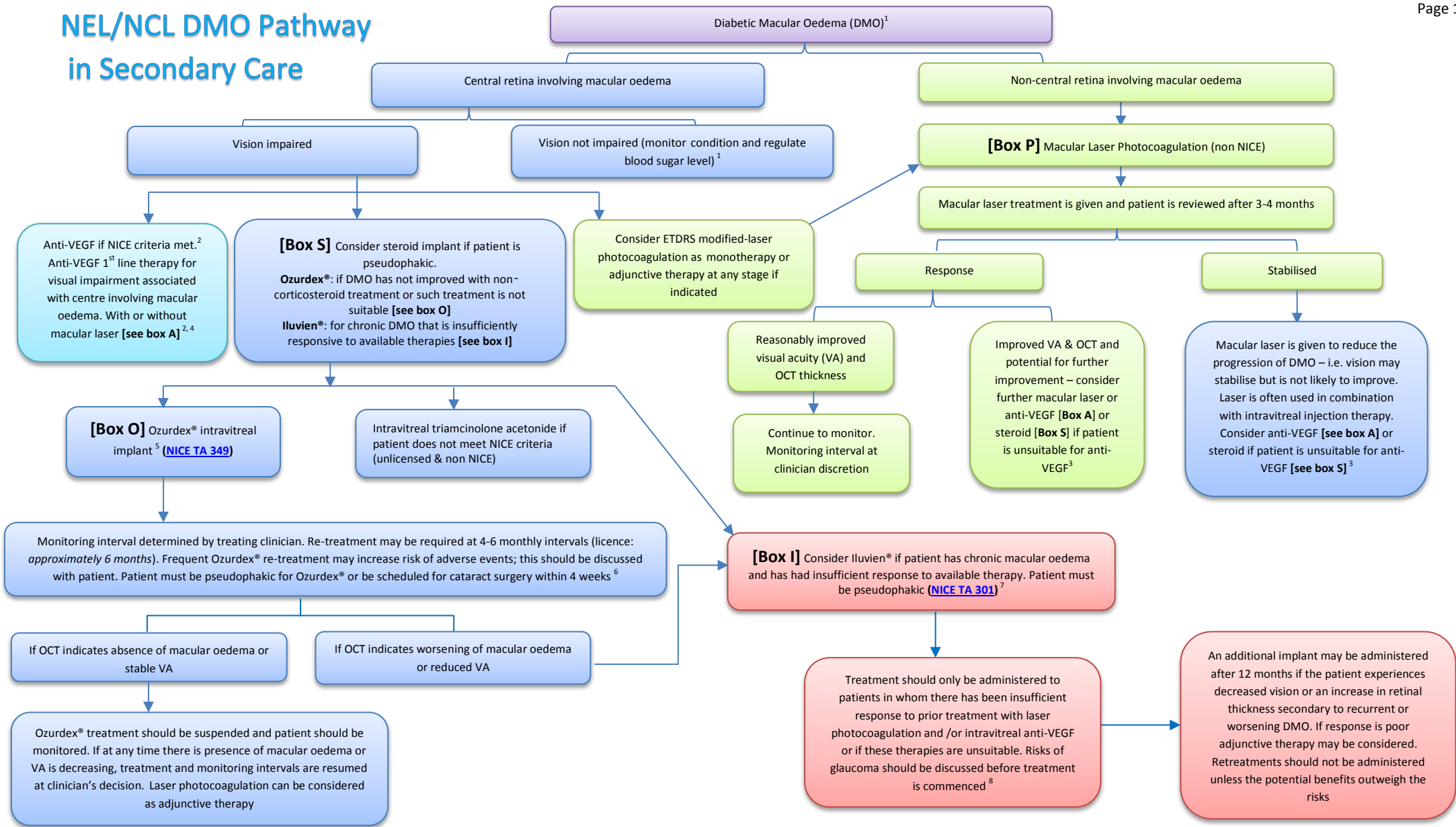
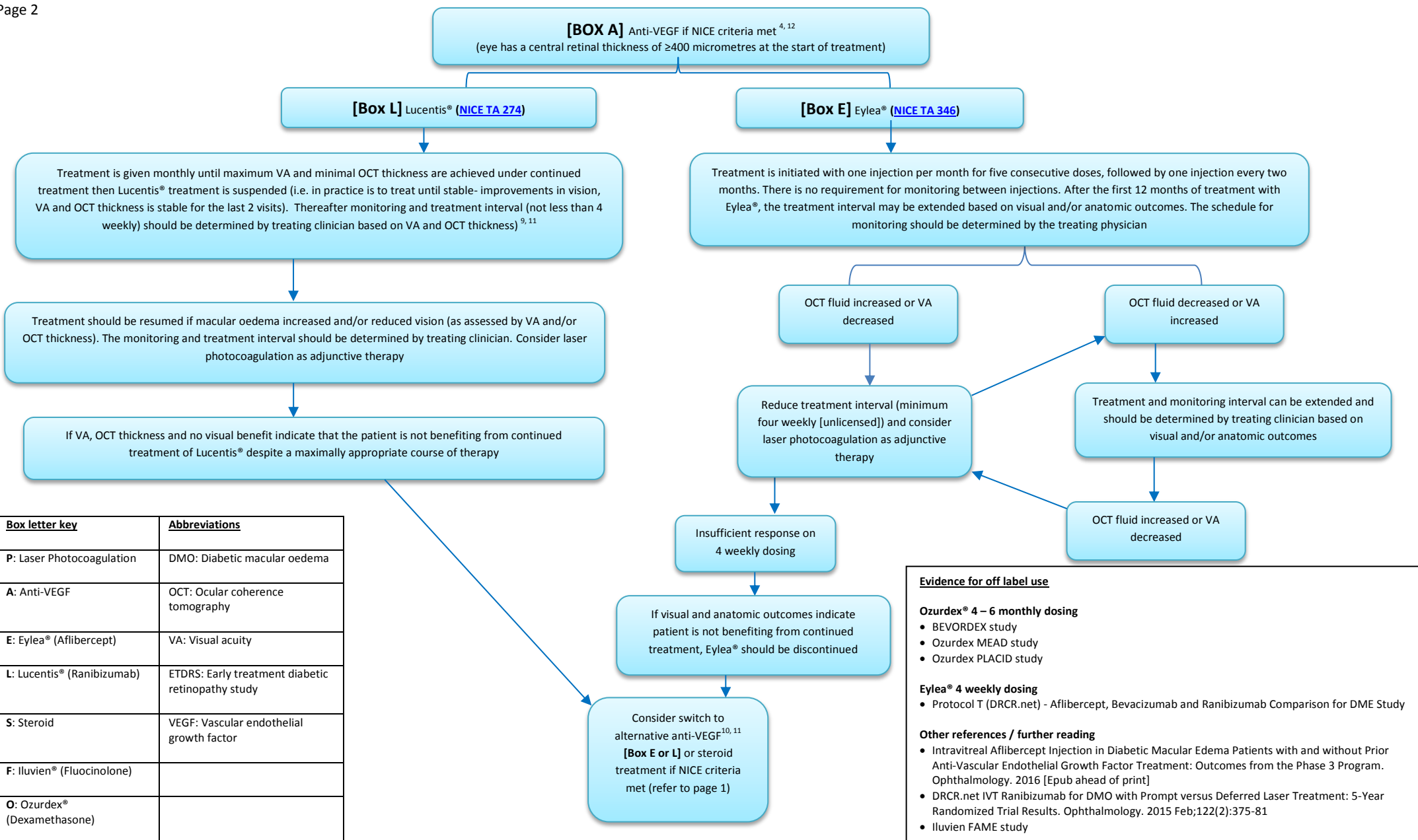


NEL/NCL DMO Pathway in Secondary Care



1 Check the level of glycated haemoglobin (HbA1c), blood pressure and lipid and if possible try to improve control before DMO therapy. OCT, FFA, DR Grade and treat proliferative retinopathy and/or severe peripheral ischaemic diabetic retinopathy if indicated
 2 If no contra indication, no severe macular ischaemia, patient is symptomatic and wants treatment, discuss options: Conservative: Improve diabetes and review and/or macular laser treatment and/or intravitreal anti-VEGF
 3 Patients with recent stroke or myocardial infarction (MI) or have a high risk of stroke / MI
 4 Anti-VEGF treatments are recommended as an option for treating visual impairment due to DMO only if the eye has a central retinal thickness of 400 micrometres or more at the start of the treatment
 5 Ozurdex® is recommended as a possible treatment for people with sight problems caused by DMO if patient is pseudophakic and their DMO has not improved with non-corticosteroid treatment, or such treatment is not suitable for them
 6 As inflammation is expected following cataract surgery – it was agreed that patients with DMO who are phakic may be treated with Ozurdex® up to 4 weeks prior to the date on which the surgery has been scheduled. The safety and efficacy of Ozurdex® administered to both eyes concurrently has not been studied. Concurrent treatment to both eyes is not recommended until the patient's systemic and ocular response to the first implant is known (Ozurdex® SmPC)
 7 Iluvien® is recommended as an option for treating chronic DMO that is insufficiently responsive to available therapies only if the implant is to be used in the eye with an intraocular (pseudophakic) lens
 8 The safety and efficacy of Iluvien® administered to both eyes concurrently have not been studied. Concurrent treatment to both eyes is not recommended until the patient's systemic and ocular response to the first implant is known (Iluvien® SmPC)



Box letter key	Abbreviations
P: Laser Photocoagulation	DMO: Diabetic macular oedema
A: Anti-VEGF	OCT: Ocular coherence tomography
E: Eylea® (Aflibercept)	VA: Visual acuity
L: Lucentis® (Ranibizumab)	ETDRS: Early treatment diabetic retinopathy study
S: Steroid	VEGF: Vascular endothelial growth factor
F: Iluvien® (Fluocinolone)	
O: Ozurdex® (Dexamethasone)	

9 Published data from the Diabetic Retinopathy Clinical Research Network shows that patients typically need 8 injections in Year 1, 3 injections in Year 2, 1 injection in Year 3 and ≤ 1 injection in Year 4 and 5
 10 Maximum two switches between Eylea® and Lucentis® are allowed. Switching between Lucentis® and Eylea® is permitted for the purpose of attempting to reduce injection burden or improve visual outcomes
 11 Re-loading of anti-VEGF would follow procedure as if switching has not occurred, e.g. if there had been a significant break in treatment or patient had not responded well in current anti-VEGF treatment, clinician may decide to re-load. If switching is due to attempt of reducing injection burden, reloading might not be applicable (outside scope of Eylea® / Lucentis® licence)
 12 Both Eylea® and Lucentis® are NICE approved. NICE does not specify either agent as 1st or 2nd line, therefore both treatment options are presented to the patient. There may be a particular difference/advantage/disadvantage (i.e. treatment schedule) of a particular regime for specific patients; this will be explained to the patient