North Central London
Joint Formulary Committee

Neovascular Age-related Macular Degeneration (Wet Active AMD) High Cost Drugs Pathway

Document control

Date	Version	Amendments
November 2025	2.1	Change in RAG rating of aflibercept 2mg biosimilar Change to the minimum dose interval of faricimab in the table of commissioned treatments
June 2025	2.0	Updated pathway Pathway developed in accordance with NCL 'Principles for Commissioning High-Cost Drug Pathways for ICB Commissioned Indications', November 2023, and includes relevant published NICE TAs.
April 2015	1.0	Inaugural document

Groups / Individuals who have overseen the development of this guidance:	NCL HCD Team, NCL Provider Trust Ophthalmology Specialist Clinicians, NCL Joint Formulary Committee Team
Groups which were consulted and have given approval:	NCL wide consultation (NCL ICB, NCL Formulary Pharmacists, NCL Specialist Clinicians), NCL Joint Formulary Committee, NCL HCD Working Group, NCL Medicines Finance Value Group
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Review date:	June 2028 (or sooner if updates required e.g. NICE TAs)

Disclaimer

This guideline is registered at North Central London (NCL) Joint Formulary Committee (JFC) and is intended solely for use by healthcare professionals to aid the treatment of patients within NCL. However, clinical guidelines are for guidance only, their interpretation and application remain the responsibility of the individual clinician. If in doubt, contact a senior colleague or expert. Clinicians are advised to refer to the manufacturer's current prescribing information before treating individual patients.

The authors and NCL JFC accept no liability for use of this information beyond its intended use.

While we have tried to compile accurate information in this guideline, and to keep it updated in a timely manner, we cannot guarantee that it is fully complete and correct at all times. If you identify information within this guideline that is inaccurate, please report this to the admin.ncl-mon@nhs.net. If a patient is harmed as a consequence of following this guideline, please complete a local incident report and inform admin.ncl-mon@nhs.net.

NCL JFC is funded by and provides advice to Provider Trusts and the Integrated Care Board in NCL

Neovascular Age-related Macular Degeneration (Wet Active AMD) High Cost Drugs Pathway

Green: lowest cost **Amber**: moderate cost **Red**: highest cost. **If more than one treatment is suitable, the least expensive treatment should be used.**

All of the following circumstances apply in the eye to be treated:
- there is no permanent structural damage to the central fovea.
- the lesion size is less than or equal to 12-disc areas in greatest linear dimension.
- there is evidence of recent disease progression as shown by blood vessel or VA changes.

Best-corrected visual acuity is **between 6/12 and 6/96**

Best-corrected visual acuity is **better than 6/12** (see commissioning statement on page 3)

1st line

Aflibercept 2mg biosimilar[1] (TA294)

Unless patient fulfills criteria for

Aflibercept 8mg [2]

2nd line

Aflibercept 8mg or **Faricimab** (TA800)

Faricimab (TA800)

3rd line

Bevacizumab gamma (TA1022) or **Brolucizumab** (TA672)

1. Ranibizumab biosimilar (TA155) may be the preferred treatment choice in patients at risk of rips in retinal pigment epithelium.

2. Aflibercept 8mg may be used first line in patients requiring an anti-VEGF drug with reduced treatment burden who have at least one of the following conditions:
- Advanced dementia
- Requires hospital transport
- Requires treatment under sedation / general anaesthesia in theatre
- Learning difficulties that may impact treatment regimen
- Co-morbidities requiring frequent hospital appointments / inpatient admissions

Commissioning statement: Patients with best-corrected visual acuity better than 6/12

At the time of publication (July 2025), North Central London (NCL) Integrated Care Board (ICB) is only able to approve funding for new high-cost drug treatments where a treatment is recommended by a NICE Technology Appraisal (TA), in line with the ICB's statutory requirements.

The NCL JFC accepted the recommendation to treat patients with best-corrected visual acuity (VA) better than 6/12 using aflibercept 2mg biosimilar when available (or ranibizumab biosimilar, where indicated) as there is clinical evidence to support this. It should be noted that there is currently no NICE TA supporting this recommendation.

Therefore, for 2025/26, treatment for best-corrected VA better than 6/12 is not commissioned by NCL ICB.

Treatment regimen

A treat and extend regimen based on best-corrected VA and OCT is recommended. Extend by 2-4 weeks at clinician's discretion to a maximum of 12-16 weeks based on disease activity and the licensed dosing intervals.
Any long term service capacity constraints should be discussed with the NCL ICB High Cost Drugs team to discuss any variations in the treatment pathway.

Monitoring (for commissioning purposes)

Best-corrected VA (Snellen) at baseline and at annual intervals should be recorded.

Switching between anti-VEGF agents and suboptimal response

A switch in treatment may be considered if patients meet either of the following criteria**:**

1. Consider switching to an alternative anti-VEGF in patients who respond to treatment but for whom the treatment interval cannot be extended to ≥8 weeks.
2. Suboptimal response is defined as persistent intraretinal fluid or subretinal fluid on OCT, other anatomic features of active or worsening disease (e.g., new subretinal hyper-reflective material or new haemorrhage), or unchanged (≤5-letter improvement) / reduced VA due to nAMD, after three consecutive monthly intravitreal injections. The diagnosis should be re-evaluated as very few patients with nAMD do not respond to anti-VEGF therapy.

Photodynamic therapy

Verteporfin photodynamic therapy is a treatment option for patients with polypoidal choroidal vasculopathy, that are not responding to anti-VEGF.

Fellow eye

Harmonise treatment with the fellow eye; this includes current treatment and previous historical treatment of the fellow eye.

Stable disease and further interval extension

Stable disease is defined as inactive disease after maximum extension is reached and maintained at this interval for a further 2-3 visits.
A monitor and extend regimen may be considered. However, patients must continue to be monitored in case of disease reactivation and restart treatment where necessary.

Treatment cessation

Treatment cessation is recommended when best recorded VA is less than 15 letters on two consecutive visits, which is attributed to advance age-related macular degeneration, and not the better seeing eye with no other pathology contributing to the vision reduction.
Consider stopping treatment if there is no prospect of visual improvement despite optimal treatment.

Commisioned treatments with RAG rating based on cost:

Drug	Cost*	Maintenance dosing interval		Additional Information
		Minimum	Maximum	
Aflibercept 2mg biosimilar	£	~1 month (4 weeks as per SPC)	4 months	
Ranibizumab biosimilar	£	~1 month (4 weeks as per SPC)	Not stated	Preferred treatment choice in patients at risk of rips in retinal pigment epithelium
Aflibercept 8mg	££	2 months	6 months	
Bevacizumab gamma	££	1 month	Not stated	
Brolucizumab	£££	2 months	5 months	Higher rate of severe intraocular inflammation compared to other anti-VEGF agents
Faricimab	£££	~1 month (4 weeks as per SPC)	~4 months (16 weeks as per SPC)	

* **Green (£)**: lowest cost **Amber (££)**: moderate cost **Red (£££)**: highest cost

Glossary

Anti-VEGF	Drugs that block the action of Vascular Endothelial Growth Factor
AMD	Age-related macular degeneration
VA	Visual acuity
OCT	Optical Coherence Tomography Angiography
nAMD	Neovascular (or 'wet active') age-related macular degeneration
SPC	Summary of product characteristics

References

Commissioning Guidance - Age Related Macular Degeneration Services, The Royal College of Ophthalmologists, May 2024. Available at https://www.rcophth.ac.uk/resources-listing/commissioning-guidance-age-related-macular-degeneration-services/ Accessed 26/02/25

Acknowledgements

London Procurement Partnership. Pan London High Cost Drugs Pathway for wet AMD, January 2025.
NHS England. Commissioning Guidance: Medical Retinal Treatment Pathway in Wet Age-related Macular Degeneration, Version 1.3, October 2025.