American Academy of Ophthalmology Preferred Practice Patterns

Age-related Macular Degeneration

TREATMENT RECOMMENDATIONS AND FOLLOW-UP FOR NON-NEOVASCULAR AMD

Recommended Treatment	Diagnoses Eligible for Treatment	Follow-up Recommendations	
		Intervals	Testing
Observation with no medical or surgical therapies	No clinical signs of AMD (AREDS category 1) Early AMD (AREDS category 2) Advanced AMD with bilateral subfoveal geographic atrophy or disciform scars	Return exam at 6 to 24 months if asymptomatic or prompt exam for new symptoms suggestive of CNV	No fundus photos or fluorescein angiography unless symptomatic
Antioxidant vitamin and mineral supplements as recommended in the AREDS reports	Intermediate AMD (AREDS category 3) Advanced AMD in one eye (AREDS category 4)	Return exam at 6 to 24 months if asymptomatic or prompt exam for new symptoms suggestive of CNV	Monitoring of monocular near vision (reading/Amsler grid) Fundus photography as appropriate Fluorescein angiography if there is evidence of edema or other signs and symptoms of CNV

AMD = Age-related Macular Degeneration; AREDS = Age-Related Eye Disease Study; CNV = choroidal neovascularization; MPS = Macular Photocoagulation Study; PDT = photodynamic therapy; TAP = Treatment of Age-related Macular Degeneration with Photodynamic Therapy; VIP = Verteporfin in Photodynamic Therapy

American Academy of Ophthalmology Retina Panel. Preferred Practice Pattern® Guidelines. Age-Related Macular Degeneration. San Francisco, CA: American Academy of Ophthalmology; 2008. Available at: www.aao.org/ppp.

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TREATMENT RECOMMENDATIONS AND FOLLOW-UP FOR NEOVASCULAR AMD

Recommended Treatment	Diagnoses Eligible for Treatment	Follow-up Recommendations
Ranibizumab intravitreal injection 0.5 mg as recommended in ranibizumab literature Bevacizumab intravitreal injection as described in published reports The ophthalmologist should provide appropriate informed consent with respect to the off-label status	Subfoveal CNV	Patients should be instructed to report promptly symptoms suggestive of endophthalmitis, including eye pain or increased discomfort, worsening eye redness, blurred or decreased vision, increased sensitivity to light, or increased number of floaters Return exam approximately 4 weeks after treatment; subsequent follow-up depends on the clinical findings and judgment of the treating ophthalmologist Monitoring of monocular near vision (reading/Amsler grid)
Pegaptinib sodium 0.3 mg intravitreal injection as recommended in pegaptinib sodium literature	Subfoveal CNV, new or recurrent, for predominantly classic lesions ≤12 MPS disc areas in size Minimally classic or occult with no classic lesions where the entire lesion is ≤12 disc areas in size, subretinal hemorrhage associated with CNV comprises ≤50% of lesion, and/or there is lipid present, and/or the patient has lost 15 or more letters of visual acuity during the previous 12 weeks	Patients should be instructed to report promptly symptoms suggestive of endophthalmitis, including eye pain or increased discomfort, worsening eye redness, blurred or decreased vision, increased sensitivity to light, or increased number of floaters Return exam with retreatment every 6 weeks as indicated Monitoring of monocular near vision (reading/Amsler grid)
PDT with verteporfin as recommended in the TAP and VIP reports	Subfoveal CNV, new or recurrent, where the classic component is >50% of the lesion and the entire lesion is ≤5400 microns in greatest linear diameter Occult CNV may be considered for PDT with vision <20/50 or if the CNV is <4 MPS disc areas in size when the vision is >20/50	Return exam approximately every 3 months until stable, with retreatments as indicated Monitoring of monocular near vision (reading/Amsler grid)
Thermal laser photocoagulation surgery as recommended in the MPS reports	Extrafoveal classic CNV, new or recurrent May be considered for juxtapapillary CNV	Return exam with fluorescein angiography approximately 2 to 4 weeks after treatment, and then at 4 to 6 weeks and thereafter depending on the clinical and angiographic findings Retreatments as indicated Monitoring of monocular near vision (reading/Amsler grid)

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