

**TABLE 4 TREATMENT RECOMMENDATIONS AND FOLLOW-UP FOR AMD**

Recommended Treatment	Diagnoses Eligible for Treatment	Follow-up Recommendations	
Non-Neovascular AMD		Intervals	Testing
Observation with no medical or surgical therapies <sup>6,130,202</sup>	Early AMD (AREDS category 2)	Return examination at 6–24 months if asymptomatic or prompt examination for new symptoms suggestive of CNV	Fundus photos, fluorescein angiography, or OCT as appropriate <sup>6</sup>
	Advanced AMD with bilateral subfoveal geographic atrophy or disciform scars	Return examination at 6–24 months if asymptomatic or prompt examination for new symptoms suggestive of CNV	Fundus photos, fluorescein angiography, or as appropriate <sup>6</sup>
Antioxidant vitamin and mineral supplements as recommended in the original AREDS and AREDS2 reports <sup>6,18</sup>	<ul style="list-style-type: none"> <li>• Intermediate AMD (AREDS category 3)</li> <li>• Advanced AMD in one eye (AREDS category 4)</li> </ul>	Return examination at 6–18 months if asymptomatic or prompt examination for new symptoms suggestive of CNV	<ul style="list-style-type: none"> <li>• Monitoring of monocular near vision (reading/Amsler grid)</li> <li>• Fundus photography and/or fundus autofluorescence as appropriate</li> <li>• Fluorescein angiography and/or OCT for suspicion of CNV</li> </ul>
Neovascular AMD			
Aflibercept intravitreal injection 2.0 mg as described in published reports <sup>146</sup>	Macular CNV	<ul style="list-style-type: none"> <li>• Patients should be instructed to promptly report 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</li> <li>• Return examination approximately 4 weeks after treatment initially; subsequent follow-up and treatment depends on the clinical findings and judgment of the treating ophthalmologist. A maintenance treatment regimen of every 8 weeks has been shown to have results comparable to every 4 weeks in the first year of therapy.</li> <li>• Monitoring of monocular near vision (reading/Amsler grid)</li> </ul>	
Bevacizumab intravitreal injection 1.25 mg as described in published reports <sup>150-155,159,160,200,203</sup> The ophthalmologist should provide appropriate informed consent with respect to the off-label status <sup>156</sup>	Macular CNV	<ul style="list-style-type: none"> <li>• Patients should be instructed to promptly report symptoms suggestive of endophthalmitis, including eye pain or increased discomfort, worsening eye redness, blurred or decreased vision, increased sensitivity to light, or an increased number of floaters.</li> <li>• Return examination approximately 4 weeks after treatment initially; subsequent follow-up and treatment depends on the clinical findings and judgment of the treating ophthalmologist</li> <li>• Monitoring of monocular near vision (reading/Amsler grid)</li> </ul>	
Ranibizumab intravitreal injection 0.5 mg as recommended in literature <sup>152,157-160,179,201,204-206</sup>	Macular CNV	<ul style="list-style-type: none"> <li>• Patients should be instructed to promptly report symptoms suggestive of endophthalmitis, including eye pain or increased discomfort, worsening eye redness, blurred or decreased vision, increased sensitivity to light, or an increased number of floaters<sup>174</sup></li> <li>• Return examination approximately 4 weeks after treatment initially; subsequent follow-up and treatment depends on the clinical findings and judgment of the treating ophthalmologist</li> <li>• Monitoring of monocular near vision (reading/Amsler grid)</li> </ul>	
Less Commonly Used Treatments for Neovascular AMD			
PDT with verteporfin as recommended in the TAP and VIP reports <sup>174,207-209*</sup>	<ul style="list-style-type: none"> <li>• Macular CNV, new or recurrent, where the classic component is &gt;50% of the lesion and the entire lesion is ≤5400 μm in greatest linear diameter</li> <li>• Occult CNV may be considered for PDT with vision &lt;20/50 or if the CNV is &lt;4 MPS disc areas in size when the vision is &gt;20/50</li> <li>• Juxtafoveal CNV is an off-label indication for PDT but may be considered in select cases</li> </ul>	<ul style="list-style-type: none"> <li>• Return examination approximately every 3 months until stable, with retreatments as indicated</li> <li>• Monitoring of monocular near vision (reading/Amsler grid)</li> </ul>	
Thermal laser photocoagulation surgery as recommended in the MPS reports <sup>169,172,202</sup>	<ul style="list-style-type: none"> <li>• May be considered for extrafoveal classic CNV, new or recurrent</li> <li>• May be considered for juxtapapillary CNV</li> </ul>	<ul style="list-style-type: none"> <li>• Return examination with fluorescein angiography approximately 2–4 weeks after treatment, and then at 4–6 weeks and thereafter depending on the clinical and angiographic findings</li> <li>• Retreatments as indicated</li> <li>• Monitoring of monocular near vision (reading/Amsler grid)</li> </ul>	

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

\* Contraindicated in patients with porphyria or known allergy.