Anti-VEGF and corticosteroid treatment pathway for centre-involving DMO

For healthcare professional use only

Anti-VEGF: DMO Guideline

Administer up to 6x monthly injections of first anti-VEGF agent

Assess treatment response after 3-6 months

Non-responder[a] OR Sub-optimal responder[b]

Up to 3x monthly second anti-VEGF agent or switch early to corticosteroids

Response to treatment after 3-6 months?

Non-responder[a] OR Sub-optimal responder[b]

Insufficient anti-VEGF response: Reconsider diagnosis or switch to corticosteroid pathway to improve treatment EFFICACY

Positive responder[c] OR Optimal responder[d]

Continue anti-VEGF protocol

Assess treatment burden after 9-12 months*

If high treatment burden criteria are met: Consider switch to short-acting corticosteroid pathway to reduce treatment BURDEN

Consider a third de novo anti-VEGF agent if the patient has a contraindication for corticosteroid treatment

Monitor for adverse events at regular intervals. Ask patients about side effects at each visit and examine where indicated. Measure IOP at least every 24 weeks.

Steroid: DMO Guideline

See NICE TA824 and TA953 for recommendations on dexamethasone and fluocinolone acetonide use

Short-acting corticosteroid: DMO Guideline

Administer first short-acting 0.7 mg dexamethasone implant

Assess treatment response at 6-8 weeks

Non-responder[a]

Reconsider diagnosis and all treatment options (including anti-VEGF), monitor IOP 2-3 monthly

Sub-optimal responder[b]

Consider a second 0.7 mg dexamethasone implant

Assess treatment response at next formal assessment (6-8 weeks)

Non-responder[a]

Positive responder[c] OR Optimal responder[d]

Assess treatment burden at ≤6 months †

Consider switch to a long-acting corticosteroid as early as deemed reasonable in responders, especially in those with high treatment burden

Long-acting corticosteroid: DMO guideline

Administer first long-acting 0.2 µg/day fluocinolone acetonide (ILUVIEN) implant

Assess treatment response at 8 weeks

Non-responder[a] OR Sub-optimal responder[b]

Consider adjunctive use of an anti-VEGF to improve efficacy and reconsider diagnosis

Monitor IOP at least quarterly and reconsider all treatment options

Positive responder[c] OR Optimal responder[d]

Continue long-acting corticosteroid pathway

If DMO recurs 12 months after a positive response to treatment, consider a second long-acting fluocinolone acetonide (ILUVIEN 0.2 µg/day) implant

Assess IOP at 6-8 weeks, then every 2-3 months thereafter

This modified Delphi consensus was initiated and funded by Alimera Sciences Limited. The consensus statements and treatment pathways represent the views of the ten NHS medical retina specialists who formed the expert panel. This poster has been developed and funded by Alimera Sciences Limited and adapted from Figures 2 and 3 of the published article. Gale R, Bailey C, Devonport H, et al. Modified Delphi expert consensus on the optimal intravitreal treatment pathway for centre-involving diabetic macular oedema patients within the National Health Service. BMJ Open Ophthalmol 2026;11:e002787. doi:10.1136/bmjophth-2026-002787

Footnotes:

***** Observe durability of response: high burden for anti-VEGF treatment defined as reinjection ≤ every 8 weeks during the maintenance phase
† Observe durability of response: high burden for short-acting corticosteroid treatment defined as reimplant ≤ every 12 weeks
a Non-responder defined as <10% CRT reduction from pre-treatment baseline
b Sub-optimal response defined as 10-20% reduction in CRT from pre-treatment baseline
c Positive responder defined as ≥20% reduction in CRT or complete macular oedema resolution +/- stabilisation or improvement in DMO-related BCVA from pre-treatment baseline
d Complete macular oedema resolution +/- stabilisation or improvement in DMO-related BCVA from pre-treatment baseline

The detail in this pathway was informed using results from a modified Delphi consensus. Ophthalmologists experienced in the management of DMO were asked to rate the importance of a variety of statements using a Likert scale (1 to 4, with 1 = strongly disagree and 4 = strongly agree). An arithmetic score for each statement based on the mean score across the panel responses was calculated for each statement. This patient pathway is intended for clinical use with DMO patients only, taking into account patient factors, preference and tolerance.

Prescribing information and adverse event reporting information for 0.2 µg/day fluocinolone acetonide (ILUVIEN) implant is available via the QR code on the right.

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard or search for MHRA Yellow Card in the Google Play or Apple App Store. Adverse events should also be reported to Alimera Sciences Limited pvalimerasciences@alimerasciences.com

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