



(Box D) Temporarily Discontinuation of Treatment or Monitor in Stable Clinic
 Consider temporarily discontinuing treatment if there is no disease activity: a) No persistent fluid in the absence of FFA leakage or no other evidence of disease activity in the form of increasing lesion size, or no new haemorrhage or exudates; b) No re-appearance of further worsening of OCT indicators of CNV disease activity on subsequent follow up following recent discontinuation of treatment; c) No additional lesion growth or other new signs of disease activity on subsequent follow up following recent discontinuation of treatment; d) No deterioration in vision that can be attributed to CNV activity (For more information, please refer to 'Ranibizumab: The Clinician's Guide to commencing, continuing and discontinuing treatment' By The Royal College of Ophthalmology June 2008) If at any time there is presence of disease activity, treatment and monitoring intervals are resumed at clinician's decision.

(Box E) Permanent Discontinuation of Treatment (i.e. Non-responders)
 Consider discontinuing treatment permanently if there is a) reduction of BCVA in the treated eye to less than 15 letters (absolute) on 2 consecutive visits in the treated eye, attributable to AMD in the absence of other pathology b) reduction in BCVA of 30 letters or more compared to either baseline and/or best recorded level since baseline as this may indicate either prior treatment effect or adverse event or both c) there is evidence of deterioration of the lesion morphology (For more information, please refer to 'Ranibizumab: The Clinician's Guide to commencing, continuing and discontinuing

¹Fulfills NICE Guidance: Best possible visual acuity after correction with glasses or contact lenses is between 6/12 and 6/96; no permanent damage to the fovea, area affected by AMD is not larger than 12 times the size of the area inside the eye where the optic nerve connects to the retina and signs of worsening condition. ²There is evidence supporting the extended interval for ranibizumab treatment for up to 12 weekly (3 months) e.g. Calvo P et al clinical and experimental ophthalmology 2014 ³Maximum two switches between aflibercept and ranibizumab are allowed. An IFR needs to be submitted if it exceeds two switches. Switching from ranibizumab to aflibercept is permitted for the purpose of attempting to reduce injection burden (LMEN review). ⁴ Re-loading of anti-VEGF would follow procedure as if switching had not occurred, e.g. if there had been a significant break in treatment, clinician may decide to re-load but if switching occurs during treatment, reloading might not be applicable. ⁵Inadequate/insufficient responses: Disease activity according to VA and anatomical parameters has worsened and cannot be improved with the current treatment.