TABLE 4B 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[92] [A:I]	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[92] [A:III] Return exam approximately 4 weeks after treatment; subsequent follow-up depends on the clinical findings and judgment of the treating ophthalmologist[A:III] Monitoring of monocular near vision (reading/Amsler grid)[A:III]
Bevacizumab intravitreal injection as described in published reports[96-101] [A:I] The ophthalmologist should provide appropriate informed consent with respect to the off-label status.[102] [A:III]	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[A:III] Return exam approximately 4 weeks after treatment; subsequent follow-up depends on the clinical findings and judgment of the treating ophthalmologist [A:III] Monitoring of monocular near vision (reading/Amsler grid)[A:III]
Pegaptanib sodium 0.3 mg intravitreal injection as recommended in pegaptanib sodium literature[105,137] [A:I]	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[A:III] Return exam with retreatments every 6 weeks as indicated[A:III] Monitoring of monocular near vision (reading/Amsler grid)[A:III]
PDT with verteporfin as recommended in the TAP and VIP reports[138-141] [A:I]	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[A.III] Monitoring of monocular near vision (reading/Amsler grid)[A:III]
Thermal laser photocoagulation surgery as recommended in the MPS reports[109,112,136] [A:I]	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[A:III] Retreatments as indicated Monitoring of monocular near vision (reading/Amsler grid)[A:III]

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