Use of anti-VEGF injections in wet AMD patients (adults) outside of the NICE thresholds for treatment

Policy Statement

Wet AMD patients above the NICE threshold for treatment (Visual Acuity better than 6/12)

NICE TA155 Ranibizumab and pegaptanib for the treatment of age-related macular degeneration (August 2008, updated May 2012) states:

Ranibizumab, within its marketing authorisation, is recommended as an option for the treatment of wet age-related macular degeneration if all of the following circumstances apply in the eye to be treated:

- The best-corrected visual acuity is between 6/12 and 6/96
- There is no permanent structural damage to the central fovea
- The lesion size is less than or equal to 12 disc areas in greatest linear dimension
- There is evidence of recent presumed disease progression (blood vessel growth, as indicated by fluorescein angiography, or recent visual acuity changes)

AND

- The manufacturer provides ranibizumab with the discount agreed in the patient access scheme (as revised in 2012).

Aflibercept solution for injection is recommended as an option for treating wet age-related macular degeneration if it is used in accordance with the recommendations for ranibizumab in NICE TA155.

For patients that have wet AMD diagnosed with a visual acuity above that stated in the NICE TAs above (6/12), NHS Wiltshire CCG does not commission the use of Ranibizumab (Lucentis®), Aflibercept (Eyelea®) or the unlicensed drug bevacizumab (Avastin®) in this patient group.

If the clinician feels that an individual patient has exceptional circumstances, then an Individual Funding Request can be completed (see: http://www.wiltshireccg.nhs.uk/what-we-do-and-dont-fund) and sent to the NHS Wiltshire CCG exceptions office for our consideration.

Wet AMD patients below the NICE threshold (Visual Acuity below 6/96)

NHS Wiltshire CCG will commission up to 3 Avastin® (bevacizumab) injections in patients whose visual acuity (VA) drops below the NICE threshold of 6/96. If the patients VA does not come up to a VA level of 6/96 or above, treatment will be stopped.

If a patient's VA comes up to 6/96 or above, the patient can continue treatment with Lucentis® (Ranibizumab) or Eyelea® (Aflibercept) as per NICE TA155 or 294.

Further Requirements

1. The prescribing clinician must meet the governance requirements for using drugs off-label (http://www.gmc-uk.org/guidance/ethical_guidance/prescriptions_faqs.asp) including obtaining informed consent from the patient and understand that responsibility for prescribing drugs outside the terms of the product licence remains with the prescriber.

2. For patients that receive treatment with Avastin® (bevacizumab), we require an annual report of how many patients have received this treatment, and what their VA was before each Avastin® injection was administered. The report will include adverse events (ocular and systemic) and expenditure.

We also reserve the right to audit these patients ourselves if we wish to do so.

3. A maximum of 30 doses of Bevacizumab a year will be commissioned per local acute trust. If a provider wishes to use more than the agreed amount, an individual funding request must be made.

References:

- NICE TA155 Ranibizumab and pegaptanib for the treatment of age-related macular degeneration (August 2008, updated May 2012) https://www.nice.org.uk/guidance/ta155/resources/ranibizumab-and-pegaptanib-for-the-treatment-of-agerelated-macular-degeneration-82598316423109

- NICE TA294 Aflibercept solution for injection for treating wet age related macular degeneration https://www.nice.org.uk/guidance/ta294