South Central Priorities Committees

(Buckinghamshire and Milton Keynes PCTs)

Policy Statement 52b: Anti-VEGFs for sight-threatening eye conditions other than 'wet' age related macular degeneration

Date of issue: August 2009

Buckinghamshire and Milton Keynes Priorities Committee has considered the evidence for anti-VEGF treatment in sight-threatening eye conditions in which VEGF is implicated in the disease process and RECOMMENDS that anti-VEGFs should be made available subject to clear arrangements for commissioning and evaluation of outcomes.

Neovascularisation stimulated by VEGF is part of the pathology of a number of sight-threatening eye conditions including (but not limited to) diabetic retinopathy, diabetic macular oedema, central and branch retinal vein occlusion, myopic neovascularisation, neovascular glaucoma, other choroidites and choroidopathies, retinopathy of prematurity, etc. Some of these conditions (eg diabetic eye disease, retinal vein occlusion) are fairly common but others are rare. There are a number of small trials and case series of anti-VEGFs in these different conditions. None of these constitute strong evidence of clinical effectiveness. Nevertheless, they indicate that anti-VEGF treatment can stabilise and improve vision and reduce oedema and new vessel leakage. It is not yet clear how long the effect is maintained or what the optimal dosage, dosage regimen or duration of treatment is. There is no cost effectiveness data. The cost impact of introducing anti-VEGFs to treatment pathways is unclear. A number of trials are currently underway in both the common and many of the rarer conditions. These will not report until 2010-2012.

The Panel considered that the potential health impact of preventing blindness, coupled with the biological plausibility of effect established in ARMD, was sufficient reason to support the use of anti-VEGFs despite the current weak evidence base. However, because uncertainties remain, strong commissioning arrangements must be in place. These should include:
i) clear specification of the conditions to be treated and the point in the pathway at which anti-VEGF would be used (ie when a patient becomes refractory to or is unsuitable for established treatments such as laser);
ii) clear specification of 'starting' and 'stopping' criteria for treatment;
iii) clear specification of usage and outcomes monitoring data items and reporting;
iv) since no anti-VEGF is currently licensed for these indications, bevacizumab (Avastin) should be specified for these uses since it offers considerable cost advantages compared to ranibizumab or pegaptinib.

The panel recommends that commissioners should develop these specifications in collaboration with clinicians including the South Central Vitreo-retinal Group and with any other South Central PCTs wishing to implement a similar commissioning policy.

NOTES:

1. *Exceptional circumstances may be considered where there is evidence of significant health impairment and there is also evidence of the intervention improving health status.*
2. *This policy will be reviewed in light of new evidence or guidance from NICE.*
3. *Buckinghamshire/Milton Keynes Priorities Committee policy statements can be viewed at http://www.miltonkeynes.nhs.uk/default.asp?ContentID=548*