*Berkshire West Clinical Commissioning Group*

# Thames Valley Priorities Committee Commissioning Policy Statement

**Policy No. TVPC45** **Sequential use of biologic therapy in Ophthalmology – interim policy statement**

**Recommendation made by the Priorities Committee**: **July 2016;** updated January 2019[1]; updated July 2021[2]

**Date of issue:** **September 2021**

Thames Valley Priorities Committee has considered the evidence of clinical and cost effectiveness and NICE Technology Appraisal (TA) guidance for the sequential use of biologic therapies in wet Age-related Macular Degeneration (AMD), Diabetic Macular Oedema (DMO) and Retinal Vein Occlusion (RVO). The Committee supports the use of biologics as per NICE Guidance and NICE Technology Appraisal Guidance[3,4,5,6,7,8,9,10,11], however, NICE Technology Appraisal Guidance does not make recommendations around the sequential use of biologics.

Where treatment with a first biologic fails or is stopped due to adverse drug reaction, a second biologic treatment will be funded in patients with wet AMD, RVO and DMO where all NICE criteria are met.

Treatment with biologics should be continued only in people who maintain adequate response to therapy. In wet AMD biologic treatment should be stopped where persistent deterioration in visual or anatomical outcomes are demonstrated following 3 months of treatment. In RVO and DMO biologic treatment should be stopped where no improvement in visual and anatomical outcomes are demonstrated within 3 months of treatment. Improvement is considered as visual acuity that has improved by at least five letters and central macular thickness (CMT) which has reduced from baseline.

Note that this policy will also apply to all biologic therapies recommended by NICE Technology Appraisal Guidance for wet AMD, DMO or RVO that are published post January 2019.

**ICD10 codes:**

[1] New NICE guidance and wording on future NICE TAGs have been added; no further changes have been made.
[2] Following review of AMD by TVPC, NICE TAG 672 has been included. Policy given interim status. No other changes have been made
[3] https://www.nice.org.uk/guidance/ng82
[4] https://www.nice.org.uk/guidance/ta294
[5] https://www.nice.org.uk/guidance/ta155
[6] https://www.nice.org.uk/guidance/ta346
[7] https://www.nice.org.uk/guidance/ta274
[8] https://www.nice.org.uk/guidance/ta305
[9] https://www.nice.org.uk/guidance/ta283
[10] https://www.nice.org.uk/guidance/ta409
[11] https://www.nice.org.uk/guidance/ta672

H35.3 Degeneration of macula and posterior pole

E10.3 Type 1 diabetes mellitus or E11.3 Type 2 diabetes mellitus or E12.3 Malnutrition-related diabetes mellitus or E13.3 Other specified diabetes mellitus or E14 Unspecified diabetes mellitus

with

H36.0 Diabetic retinopathy

H34.8 Other retinal vascular occlusions (includes retinal vin occlusion: central, incipient, partial, tributary)

NOTES:

- Potentially exceptional circumstances may be considered by a patient's CCG where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g. from NICE.
- Thames Valley clinical policies can be viewed at https://www.fundingrequests.cscsu.nhs.uk/