NHS Wiltshire Clinical Commissioning Group

# Policy for use of Avastin® (bevacizumab) under the NICE threshold in wet AMD

## Worse-seeing eye: EXCEPTIONAL FUNDING REQUIRED
## Better-seeing eye: Prior-approval via Blueteq

### INTRODUCTION

Anti-VEGF treatments (Ranibizumab and Aflibercept) are recommended by NICE for the treatment of wet Age-Related Macular Degeneration (AMD) in NICE TA155 and TA294 with the following criteria:

- 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 or aflibercept with the discount agreed in the patient access scheme (as revised in 2012).

If the visual acuity falls below 6/96, some specialists have considered using the unlicensed/off-label product, Avastin® (bevacizumab) to try and improve the patient's visual acuity back into the NICE threshold for treatment. This policy considers the evidence base for such use to provide a recommendation upon it.

### EVIDENCE

The NICE Age-Related Macular Degeneration guidance NG82 contains the following information about the use of Avastin® below the NICE threshold for treatment:

*1.5.3 In eyes with visual acuity of 6/96 or worse, consider anti-VEGF treatment for late AMD (wet active) only if a benefit in the person's overall visual function is expected (for example, if the affected eye is the person's better-seeing eye).*

Further detail from the full guideline:

- Strategies that restrict treatment to better-seeing eyes only, including eyes with visual acuity worse than 6/96, typically produces cost-effective QALYs compared with not doing so (p156).
- The model estimates that removing the lower VA threshold – thereby allowing eyes with VA ≤25 letters (worse than 6/96) to be treated – is not typically a cost effective strategy (p161).
- The gains in QALYs made by treating eyes with low VA are very small, and poor value for money relative to the cost of doing so. The quality of life of people remains low because their absolute VA remains at a low level. However, extending treatment to people with VA of less than 6/96 is much more likely to be cost-effective if only better-seeing eyes are considered eligible for treatment, given that this extension would only apply to people with severe visual impairment overall (p161).
- The committee agreed that a patient would be unlikely to notice any improvement in their visual function from being treated in an eye with very low visual acuity if their fellow eye has better visual acuity (p165).

### RECOMMENDATION

NHS Wiltshire/Swindon and BaNES CCGs will commission the use of a course of up to 3 Avastin® injections for patients whose visual acuity has decreased to below the NICE threshold (<6/96) only if it is the better-seeing eye. If the patient's visual acuity increases into the NICE threshold, they can then continue with their previous treatment as per NICE TA155 or TA294. If there is no improvement, then treatment will be stopped.

## CLINICAL PRIORITIES FOR OUR CCGs

The CCG have a duty to prioritise spending of a finite resource locally and made a decision which it felt gave the most equitable and effective use of investment. This policy will be reviewed in the light of any relevant national guidance that is published.

## NHS Funds

Clinical Commissioning Groups (CCGs) buy healthcare on behalf of the local population. The money for this comes from a fixed budget. By law, we are required to keep within this budget.

Demand for healthcare is greater than we are able to fund from this fixed budget. This isn't just a problem in Wiltshire, it is a nationwide issue. Unfortunately, this means that some healthcare which patients might wish to receive and which consultants, doctors and other health professionals might wish to offer cannot be funded. It has always been the situation, ever since the start of the NHS in 1948, that the NHS is not able to fund every treatment.

## Assessing what the overall population needs most

This means we have to prioritise what we spend, so BaNES/Swindon/Wiltshire residents have availability to the healthcare treatments which are needed most.

This assessment of need is made across the whole population and wherever possible, on the basis of best evidence about effectiveness. We also aim to do this in a way that is fair, so that different people with equal need have equal opportunity to access services. This approach is not new and it is not only happening in Wiltshire, it is consistent with other NHS organisations who buy healthcare for their local populations.

## PRIVATE FUNDING

If patients choose to privately fund a drug or intervention that is not normally funded by Wiltshire CCG, they will continue to retain their entitlement to all other elements of NHS care available to a Wiltshire resident.
However, when patients are privately funding an intervention, they are responsible for all the costs associated with that intervention, including any Consultant costs or diagnostics. They are, therefore, unable to receive a mixture of privately funded and NHS funded care within the same appointment or intervention - they cannot 'top up' an NHS funded appointment or intervention by paying for an additional intervention to be provided or monitored during the same consultation within the same episode of care.
We do not expect NHS providers to offer this intervention privately.

## MANAGING EXCEPTIONS

In their dealings with patients and the public, providers should, if necessary, make it clear that the decision by NHS Commissioners to consider treatments or procedures to be of low priority under this policy is a considered decision. This is made against their responsibility to seek the greatest health advantage possible for local populations, using the resources allocated to them. It is necessary for NHS Commissioners to make decisions regarding the investment of resources in interventions which achieve the greatest health gain for the local population.

Where individual patient circumstances require the escalation of their care please refer to the Individual Funding Requests Policy.

## IMPLEMENTATION

NHS Wiltshire CCG will require secondary care service providers to embrace and abide by the policy and advise patient's accordingly.

## MONITORING THE POLICY

NHS Wiltshire CCG will monitor the adherence to this policy through the contractual process, using contractual levers where breaches of the Policy are identified.

Referrals to secondary care that are outside of this policy will be routinely monitored by the Commissioning Management and the Contracts Management Teams of the NHS Commissioners.

**References:**

NICE Ranibizumab and pegaptanib for the treatment of age-related macular degeneration. Technology appraisal guidance [TA155] Published date: 27 August 2008 Last updated: 01 May 2012 https://www.nice.org.uk/guidance/ta155

Aflibercept solution for injection for treating wet age-related macular degeneration. Technology appraisal guidance [TA294] Published date: 24 July 2013 https://www.nice.org.uk/guidance/ta294

NICE Age-Related Macular Degeneration guidance January 2018 NG82