Kernow Clinical Commissioning Group
Northern, Eastern and Western Devon Clinical Commissioning Group
South Devon and Torbay Clinical Commissioning Group

Peninsula Health Technology Commissioning Group

Commissioning decision: bevacizumab for the first line treatment of neovascular (wet) age related macular degeneration.

The Peninsula Health Technology Commissioning Group (PHTCG) has come to a decision on the use of bevacizumab in the treatment of neovascular (wet) age-related macular degeneration (AMD). Bevacizumab may be offered as an alternative to the first line use of ranibizumab for patients meeting the criteria specified in NICE Technology Appraisal TA155. The decision to offer bevacizumab is at the discretion of the treating clinician if they consider it a justifiable alternative to ranibizumab. The patient must be made fully aware of the unlicensed nature of the treatment and the rationale described below. The decision will be reviewed in light of data from further comparative randomised controlled trials.

Rationale for the decision

Ranibizumab is licensed for the treatment of neovascular AMD. Ranibizumab has been shown to be effective in neovascular AMD and is recommended by NICE as an option in the management of this condition under specified circumstances. The local NHS organisations commission such use. Bevacizumab is a closely related drug but it is not licensed for use in neovascular AMD. Two large non-inferiority randomised controlled trials, known as the CATT study and the IVAN study, have compared ranibizumab and bevacizumab. A meta-analysis of 12 month outcomes from these studies reported no significant difference between bevacizumab and ranibizumab for change in visual acuity from baseline.

There are a large number of publications of bevacizumab due to its widespread use worldwide but few with good quality safety data. A meta-analysis of 12 month safety outcomes from the CATT and IVAN study reported that there was no significant difference between bevacizumab and ranibizumab for mortality or arteriothrombotic events. The proportion of patients with one or more serious systemic adverse events was significantly higher with bevacizumab than ranibizumab. Data from the CATT study indicate these events are primarily hospitalisations. Second year data from the CATT study reported a similar magnitude of increased risk for serious systemic adverse events for bevacizumab as first year data. Most of the

excess events reported have not been associated previously with systemic therapy targeting vascular endothelial growth factor (VEGF).

In deciding whether to use an unlicensed treatment in preference to a licensed one a clinician needs to consider professional guidance. The General Medical Council guidance includes the statement that the clinician should be satisfied that an alternative, licensed medicine would not meet the patient's needs. The Royal College of Ophthalmologists' view, issued before the IVAN study was published, was that the published literature is consistent with the conclusion that bevacizumab and ranibizumab are equally effective in the treatment of neovascular age-related macular degeneration and there is no convincing evidence of a clinically significant difference in the incidence of serious adverse events between the two groups. The College believes that the use of ranibizumab for neovascular AMD should be the default position until a MHRA/NICE assessment of bevacizumab is commissioned and until a national policy is formulated. The College believes that ophthalmologists should have the discretion to use bevacizumab rather than ranibizumab for the treatment of AMD if it is in the patient's best interest to do so and so long as the ophthalmologist sources the bevacizumab from a reputable pharmacy and the patient gives informed consent.

Guidance notes on exceptionality

Where the circumstances of treatment for an individual patient do not meet the criteria described above exceptional funding might be sought.

Plain language summary

Treatment for wet age-related macular degeneration (AMD) with a drug called ranibizumab is recommended as an option by the National Institute for Health and Care Excellence (NICE) for patients whose condition meets specific criteria and is available locally on the NHS. A closely related drug, called bevacizumab, acts in the same way as ranibizumab but the manufacturer has never applied for approval of its use in macular degeneration. Bevacizumab is considerably cheaper and has been used worldwide.

Two large clinical trials which compared bevacizumab to ranibizumab for treatment of wet AMD found that when both drugs were prescribed in the same way, the effects of bevacizumab on vision were similar to ranibizumab. More patients receiving bevacizumab had a serious side effect than patients receiving ranibizumab.

In considering which drug treatment to offer patients, doctors have to consider whether there is a need to use a drug which does not have a licence (unapproved) when a licensed (approved) drug is available. Your eye specialist needs to discuss with you the potential advantages of using bevacizumab in preference to the licensed drug ranibizumab for the treatment of wet AMD.

In circumstances where your doctor would recommend bevacizumab for use in the eye the doctor needs to explain this to you and why they wish to treat you with bevacizumab in preference to ranibizumab. They will ask for your consent to this treatment option.

Date of decision review meeting: 24th April 2013
Date published: 03rd May 2013