

*Aylesbury Vale Clinical Commissioning Group
Bracknell and Ascot Clinical Commissioning Group
Chiltern Clinical Commissioning Group
Newbury and District Clinical Commissioning Group
North and West Reading Clinical Commissioning Group
Oxfordshire Clinical Commissioning Group
South Reading Clinical Commissioning Group
Slough Clinical Commissioning Group
Windsor, Ascot and Maidenhead Clinical Commissioning Group
Wokingham Clinical Commissioning Group*

Thames Valley Priorities Committee Commissioning Policy Statement

Policy No: 249b (TVPC 5) **Anti-VEGF treatments and dexamethasone implants for macular oedema caused by central and branch retinal vein occlusion**

Recommendation made by the Priorities Committee: **April 2014**
Date agreed by CCG: **5th January 2017**
Date of issue: **June 2014 Update January 2017**

Retinal vein occlusion (RVO) is a common cause of reduced vision due to retinal vascular disease.

The Thames Valley Priorities Committee has considered the relevant NICE Technology Appraisals (<http://guidance.nice.org.uk/TA283>; <http://guidance.nice.org.uk/TA305>; <http://guidance.nice.org.uk/TA229>) and recent evidence for the use of anti-VEGF intravitreal injections and dexamethasone implants for macular oedema caused by central and branch RVO, and **recommends** the use of **intravitreal dexamethasone implants** in line with their marketing authorisation and NICE guidance as the **first option** for the medical treatment of macular oedema caused by RVO.

Intravitreal injections of **ranibizumab** anti-VEGF therapy for treating visual impairment caused by macular oedema should be used only:

- Following central retinal vein occlusion

OR

- Following branch retinal vein occlusion only if treatment with laser photocoagulation has not been beneficial or when it is not suitable because of the extent of macular haemorrhage

AND

- the patient has a contraindication or intolerance to dexamethasone implants (Ozurdex®) or where dexamethasone implants are not effective.

AND

- Only if the manufacturer provides ranibizumab with the discount agreed in the patient access scheme revised in the context of NICE Technology Appraisal Guidance 274 <http://guidance.nice.org.uk/TA274>

Intravitreal injections of **aflibercept** anti-VEGF therapy may be offered as an alternative to ranibizumab to treat macular oedema secondary to **central retinal vein occlusion** if:

- the patient has a contraindication or intolerance to dexamethasone implants (Ozurdex®) or where dexamethasone implants are not effective.

AND

- the manufacturer provides aflibercept at the discount agreed in the patient access scheme agreed in the context of NICE Technology Appraisal Guidance 305 (<http://guidance.nice.org.uk/TA305>)

Intravitreal injections of **aflibercept** anti-VEGF therapy may be offered as an alternative to ranibizumab to treat macular oedema secondary to **branch retinal vein occlusion** if:

- the manufacturer provides aflibercept at the discount agreed in the patient access scheme agreed in the context of NICE Technology Appraisal Guidance 409 (<https://www.nice.org.uk/guidance/ta409>)

NICE concluded that aflibercept for treating macular oedema secondary to **branch retinal vein occlusion** is more effective than dexamethasone and laser coagulation and of equivalent efficacy to ranibizumab. Consequently prior treatment with dexamethasone implants is not required before using aflibercept to treat **branch retinal vein occlusion**.

NICE makes no recommendation to switch between anti-VEGF therapies if the first is ineffective or the patient ceases to respond. Consequently, switching between anti-VEGF therapies is **not normally funded**.

Unlicensed and off-label anti-VEGF therapies are not currently commissioned for RVO-related macular oedema

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
- **Please check you are using the most recent version of this policy**
- This Policy was recommended to all Thames Valley CCGs. Consult individual CCG websites for date of adoption
- Thames Valley clinical policies can be viewed at <http://www.fundingrequests.cscsu.nhs.uk/>
- Oxfordshire CCG clinical policies can be viewed at <http://www.oxfordshireccg.nhs.uk/professional-resources/priority-setting/lavender-statements>