South Central Priorities Committees (Berkshire PCTs)

Policy Statement 160: Anti-VEGFs for sight-threatening eye conditions

other than 'wet' age related macular degeneration

Date of issue: October 2009

Berkshire Priorities Committee has considered the evidence for anti-vascular endothelial growth factor treatment in the list of sight-threatening eye conditions below, in which VEGF is implicated in the disease process, and has concluded that the evidence is insufficient to support its routine use in the management of patients with these conditions. The committee recommends that funding for anti-VEGF treatment for the list of conditions below should be a **LOW PRIORITY**.

- Diabetic retinopathy
- Diabetic macular oedema
- Retinal vein occlusion
- Neovascular glaucoma
- Retinopathy of prematurity
- Myopic choroidal neovacularization
- Multifocal choroidopathy (including punctuate inner choroidopathy and multiple evanescent white dot syndrome)
- Atypical choroiditides (including histoplasmosis, tuberculous, syphilitic, etc).
- Choroidal neovascularisation (CNV) in angioid streaks
- CNV in psuedoxanthoma elasticum
- CNV in Gronblad-Strandberg syndrome
- CNV in vitelliform macular dystrophy
- CNV in serpiginous choroiditis
- CNV in choroidal sarcoma
- CNV in Stargardt's Disease

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 (e.g. diabetic eye disease, retinal vein occlusion) are fairly common but others are rare. Berkshire Priorities Committee has considered the evidence for the use of anti-VEGFs in these conditions and considers that it is currently insufficient to determine their place in the treatment pathway and in relation to alternative treatments; the optimal dosage regimen or the long term outcomes. There is no current evidence on cost effectiveness. The potential cost impact for PCTs cannot be estimated with any accuracy.

A number of trials are currently underway which will help clarify the role of anti-VEGFs in conditions in which neovascularisation plays a part. These include many of the rare syndromes as well as the more common conditions. The Berkshire Priorities Committee would not therefore recommend that any condition(s) be given special access to funding (including through the 'individual funding' route) on the basis of rarity alone.

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 the light of new evidence or guidance from NICE.

^{3.} Berkshire Priorities Committee policy statements and minutes can be viewed at www.berkshire.nhs.uk/priorities