

Excluded: Procedure not routinely funded

**Bedfordshire, Hertfordshire, West Essex and Milton Keynes
Priorities Forum statement - adapted for Bedfordshire CCG**

Number	90
Subject	Toric Intraocular Lens Implant For Astigmatism and Multi-Focal and Accommodating Intraocular Lens
Date of decision	May 2018
Date of review	May 2021

GUIDANCE

This policy has been adapted from West Norfolk CCG Toric Intraocular Lenses (IOL) for Corneal Astigmatism Correction in Patients Undergoing Cataract Surgery policy)

Toric Intraocular Lenses (IOL) for astigmatism correction in patients undergoing cataract surgery will not be routinely funded by CCGs. This is due to a lack of quality evidence regarding the long term clinical effectiveness of this procedure. There is some evidence to support a case for clinical effectiveness yet the overall quantity of that evidence is such that there is too great a measure of uncertainty over whether the claims made for treatment can be justified.

NHSE commissions other services for astigmatism and refractive errors that are effective, safe and cost-effective, such as wearing glasses or contact lenses. Intraocular lenses to treat these conditions are not routinely funded by CCGs.

Evidence Summary

According to the RCOPTH Commissioning Guide for Cataract Surgery, the following intraocular lens types are available (section 14.1):

“Monofocal IOLs are the current standard IOL design used for cataract surgery in the NHS. These have a single focal point and, where the intended refractive outcome is one of good unaided distance visual acuity, patients usually require glasses for reading. Alternative types of IOLs are available at additional cost (so called “premium lens”), and include toric (to correct astigmatism) and multifocal or accommodative (which aim to give good distance and near vision without glasses). Multifocal or accommodative have a significant cost premium and are not routinely available to NHS patients.”

The current NHS treatment for patients with cataracts and astigmatism is for: (i) spectacle correction, (ii) contact lenses or (iii) refractive surgery, which includes astigmatic keratotomy (LRI or CRI) and laser (PRK, LASIK and LASEK).

- The prevalence of cataracts increases with age, particularly in population over 65 years of age. In the UK, 20% of adults have >1D of astigmatism. Evidence from individual studies presented above shows that Toric IOL can have better visual outcomes when compared to either mono-focal lenses ± spectacle correction or monofocal lenses ± surgical correction. The improvement in visual outcomes has been shown to be more clinically significant with moderate-severe astigmatism. Patients with ATR (“against the rule”) astigmatism in particular appear to benefit from Toric IOL insertion.
- Perfect correction of astigmatism after Toric IOL implantation has not yet been consistently established. Accurate measurement of pre-existing astigmatism and intra-operative alignment techniques are currently under development.
- One study shows that Toric IOL have better qualitative (patient preference) outcomes when compared to either mono-focal lenses ± spectacle correction or mono-focal lenses ± surgical correction.
- The safety profile and side-effects are similar to routine phacoemulsification for cataracts but should also include rotational misalignment of the Toric IOL and residual astigmatism. There are few long term studies of outcomes. Developing a reproducible standard technique for alignment both in the preoperative and intra-operative stages is under development.
- Cost-effectiveness data for the UK is limited. The unit price of a Toric IOL is £300 additional to the cost of the elective cataracts surgery. There is data published based on a USA population to show that Toric IOL are increasingly cost-effective with worsening astigmatism.
- Different study designs utilise different manufactured brands of Toric IOL.
- Study designs presented here differ widely and the study samples are small. Challenges exist in comparing studies which report different outcomes.

References

NICE NG77 (2017) Cataracts in adults: management

<https://www.nice.org.uk/guidance/ng77>

RCOPHTH Commissioning Guide: Cataract Surgery February 2015

<https://www.rcophth.ac.uk/wp-content/uploads/2015/03/Commissioning-Guide-Cataract-Surgery-Final-February-2015.pdf>

Human Rights and Equalities Legislation has been considered in the formation of this policy