NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

MEETING: **Cambridgeshire and Peterborough Joint Prescribing Group**

AGENDA ITEM: **5.5**

DATE: **4.03.2021**

TITLE: **PRESCRIBING OF ANTI-VEGF TREATMENT FOR PATIENTS WITH VISION IN ONE EYE BEFORE NICE CRITERIA**

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1 ISSUE

There is a cohort of patients who have lost sight in one eye due to wet Age Related Macular Degeneration (wet AMD). These patients have significant disease in their remaining eye but do not meet the criteria needed to be treated under NICE TA 294, TA274 and NG82

2 KEY POINTS

The cohort is relatively small (20 patients per annum) but the effect of having the second eye not treated early could be catastrophic resulting in blindness, lack of independence much reduced quality of life and a financial burden on the state. This paper has been written with input and agreement from consultant ophthalmologists at both CUH and NWAFT to ensure the service offers a system wide approach for all patients.

3 RECOMMENDATION

The Joint Prescribing Group is asked to:

Recommend the policy to prescribe anti VEGF treatment for patients who have lost the sight in one eye and have wet AMD in the remaining eye resulting in diminished vision before they meet the NICE eligibility criteria.

4 REASON FOR RECOMMENDATION

The earlier patients receive anti VEGF treatment for wet AMD the better the outcome and the long term quality of life for the patient. This is a treatment offered by our associate CCGs for this cohort of patients with the good eye having wet macular degeneration which does not meet the NICE treatment criteria for vision BCVA> 6/12 OR < 6/96.

5 BACKGROUND INFORMATION

Currently patients with wet AMD are treated in CPCCG according to NICE TA 294, TA 274 and NG82

However, neither TA nor the guideline considers the patient who may already be sightless in one eye and with deteriorating vision in the other. In order to treat these patients more effectively and with the greatest chance of retaining long term adequate sight in the remaining eye, the treatment needs to be started before acuity reaches the recommendations in the NICE TA.

Some CCGs have overcome the need to treat by treating the patient with the non-licensed drug Bevacizumab. The clinicians at CUH and NWAFT wish to treat this cohort of patients with the licensed products Ranibizumab or Aflibercept as using these drugs would allow more flexibility in the time between injections allowing the treat and extend model to be utilised and so reducing hospital appointments and drug costs. It would allow flexibility by changing the treatment of patients from one molecule to the other. This switching is common practice withing the NICE TAs to ensure patients receive optimal care.

6 IMPACT ASSESSMENT

By not providing this treatment, patients in Cambridgeshire and Peterborough with poor vision in a single eye but with diagnosed wet AMD in the other eye are disadvantaged when compared to patients in other neighbouring CCGs.

This lack of early treatment will lead to a reduced quality of life, loss of vision, potential blindness and lack of independence. There is a potential for increased hospital admissions as a result of increased risk of falls.

8 CONCLUSION

The cost to the system if this cohort of patients remains untreated will be much higher and their quality of life will be immeasurably diminished with an increased isolation and less social activity.
There will be a potential effect on patient safety due to the increased risk of falls associated with progressive blindness and a greater chance of hospital admissions

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With thanks to Mr. Liam Sullivan Consultant Ophthalmologist CUH and to Mr Evangelos Minos Consultant Ophthalmologist NWAFT for their contribution.

Appendices

These studies are specifically related to early treatment. There are many more if needed. The main points from the studies are that patients who receive treatment earlier retain better vision for longer. The patient cohort still deteriorates over time as all nAMD patients inevitably do. They have a similar number of visits and a similar number of injection numbers over the first few years. Essentially, we are shifting the treatment so that the time to visual loss is deferred as treatment is started earlier. In patients who have lost the use of all central vision in the first affected eye this is clinically more significant.

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3. Gale RP, Mahmood S, Devonport H, et al. Action on neovascular age-related macular degeneration (nAMD): recommendations for management and service provision in the UK hospital eye service. Eye (Lond). 2019;33(Suppl 1):1-21. doi:10.1038/s41433-018-0300-3