CBA

Who usually applies for funding?

Not applicable





Bevacizumab (Avastin) for choroidal neovascularisation

Commissioning
decision

The ICB will provide funding for Bevacizumab (Avastin) for choroidal neovascularisation for patients who meet the criteria defined within this policy.

Policy Statement:

Qualifying for Treatment

- 1) Bevacizumab is commissioned for the treatment of choroidal neovascularisation (CNV) associated with Angioid streaks and retinal dystrophies in patients where the following criteria are met:
 - Diagnosis of active CNV has been confirmed.

AND

 Best corrected visual acuity is 6/96 (24 ETDRS letters) or better in the eye to be treated.

AND

 There is no significant permanent structural damage to the fovea, defined as longstanding fibrosis or atrophy or significant disciform scar, that would prevent functional benefit from treatment,

AND

 There is evidence of recent progression of the CNV lesion, defined as newly identified sight threatening CNV OR new haemorrhage and/or subretinal fluid OR documented recent visual decline in presence of and clinically attributed to CNV OR increase in CNV size between visits

AND

 The clinician meets the governance requirements of using drugs off-label including obtaining informed consent from the patient and understands that responsibility for prescribing drugs outside the terms of the product licence remains with the prescriber.

AND

• The patient is included in prospective, departmental, clinical audit of all criteria specified in this policy and adverse events (ocular and systemic).

Monitoring and Continuation of Treatment

- 2) The effectiveness of the treatment must be closely monitored and may only continue where there is:
 - evidence of persistent disease activity

AND

evidence of continuing improvement in response to treatment.

Discontinuing Treatment

- 3.) Treatment will be permanently discontinued if the following criteria indicating deterioration despite treatment, are met:
 - BCVA reduced to absolute level of 15 letters or less in the treated eye on 2 consecutive visits, attributed to CNV;

OR

 BCVA falls by 30 letters or more, compared with baseline or best recorded level since baseline

Policy Category:

CBA

Who usually applies for funding?

Not applicable





OR

• There is evidence of deterioration in the morphology of the CNV lesion despite optimum treatment, assessed over 3 consecutive visits. Relevant evidence includes change in lesion size; new haemorrhages or exudates.

Alternative Provision

4.) Ranibizumab is commissioned only for patients allergic to Bevacizumab but otherwise meeting criteria in this policy.

Rationale:

Bevacizumab is not licenced in the UK for treating choroidal neovascularisation although there is some limited evidence of its efficacy. Treatment is therefore restricted to those that meet the criteria set out in this policy.

Plain English Summary:

What is choroidal neovascularisation

Choroidal neovascularisation is the growth of abnormal blood vessels beneath the retina. These blood vessels tend to leak fluid into the retina, causing the layers of the retina to separate, resulting in deterioration of central vision.

What is Bevacizumab (Avastin)

Bevacizumab is a drug that blocks a substance called vascular endothelial growth factor (VEGF) which stimulates the growth of new blood vessels in the eye. This helps to reduce damage to the retina, slowing vision loss.

What does the policy mean for me?

Bevacizumab is not licenced in the UK for treating choroidal neovascularisation. However, there is evidence through clinical trials to show that is it an effective treatment for this condition, and therefore it is sometimes made available to patients through the NHS. This policy sets out the clinical criteria that a patient needs to meet in order to access this treatment. If your doctor believes that you meet the criteria set out in the policy the treatment would be funded by the NHS.

Glossary of clinical terms contained within the policy

Angioid streaks - Angioid streaks are bilateral, narrow, jagged lines, in the retina resulting from breaks in a weakened Bruch's membrane (inner membrane of the retina).

Retinal dystrophies - A retinal dystrophy is a condition associated with reduced or deteriorating vision in both eyes. It is not a single condition but rather a general name given to a wide range of eye conditions. It is usually associated with an inherited condition.

Fluorescein angiography - A fluorescein angiography is a medical procedure in which a fluorescent dye is injected into the bloodstream. The dye highlights the blood vessels in the back of the eye so they can be photographed.

Fovea - a small thin area of the retina of the eye where visual acuity is highest

Disciform scar – a round or oval scar underneath the retina usually seen in end-stage AMD that developed as a result of recurrent haemorrhage.

BCVA – This stands for best corrected visual acuity, which is a measurement of the best vision that can be achieved through correction such as glasses.

Policy Category:

CBA

Who usually applies for funding?

Not applicable





Evidence base:

NHS Suffolk Public Health Team Low Priority Procedure policy T27: Bevacizumab for retinal vein occlusion, diabetic maculopathy, diabetic retinopathy, neovasucular glaucoma or choroidal Neovascularisation.

Cambridgeshire and Peterborough Public Health Network Position Statement: Bevacizumab for the Treatment of Choroidal Neovascularisation (CNV) in Non-Age Related Macular Degeneration (Non-AMD) Conditions.

North East Treatment Advisory Group (NETAG): Bevacizumab (Avastin®) and Ranibizumab (Lucentis®) in the management of non-AMD choroidal neovascular disease.

For further information please contact GLICB.IFR@nhs.net

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Policy review date	December 2026

Policy sign off

Reviewing Body	Date of review
Effective Clinical Commissioning Policy Group	3 rd August 2015
Integrated Governance and Quality Committee	20 th August 2015

Version Control

Version No	Type of Change	Date	Description of Change
1			Published 12.10.2015
2	Review date change	6.18	Policy review date changed to June 2019
3	Review date change	9.19	Policy review date changed to September 2020
4	Review date & wording	6.20	Policy review date changed to July 2022 and Plain English Summary updated.
	Review date & minor	12.23	Review date changed to December 2026
wording change			Removal of following sentence under Policy statement 1 first bullet point: 'This will normally require fluorescein angiography unless the patient has clinical contraindications'.