Policy Category:
CBA
Who usually applies for funding? Not applicable

Bevacizumab for neovascular glaucoma

Commissioning decision	**The ICB will provide funding for Bevacizumab for neovascular glaucoma for patients who meet the criteria defined within this policy.**

Policy Statement:

Qualifying for Treatment

1) The ICB commissions single dose intravitreal bevacizumab as adjuvant therapy in the management of neovascular glaucoma due to ischaemic central retinal vein occlusion. This aims to facilitate definitive treatment with pan-retinal photocoagulation.

Further Restrictions and Requirements

2) All patients treated within this policy will be included in prospective departmental audit. Audit will include criteria reflecting anticipated benefits (including reduction in laser treatments required per patient) and adverse events (ocular and systemic).

3) The prescribing clinician must meet the governance requirements for using drugs off-label (*http://www.gmc-uk.org/guidance/ethical_guidance/prescriptions_faqs.asp*) 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.

Rationale:

Bevacizumab is not licensed for any ophthalmic indications. There is some limited evidence of its efficacy in treating neovascular glaucoma. Treatment is restricted to patients who meet the criteria set out in this policy

Plain English Summary:

What is neovascular glaucoma
Neovascular glaucoma is a type of glaucoma that presents a severe threat to vision. It is classified as a secondary glaucoma as it is caused by other health conditions.

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 is produced when the retina is starved of oxygen.

What does the policy mean for me?
Bevacizumab is not licenced in the UK for treating neovascular glaucoma. However, there is some evidence to show that is it can add value alongside other definitive treatments for neovascular glaucoma. 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.

Policy Category:
CBA
Who usually applies for funding? Not applicable

Glossary of clinical terms contained within the policy

- **Ischaemic central retinal vein occlusion** - Tiny blood vessels supply the retina with oxygen and other nutrients. Arteries deliver the blood, and the retinal veins carry it out. Sometimes a vein can then become blocked, or occluded, making it difficult for blood to leave the eye. Central retinal vein occlusion is due to blockage of the main retinal vein, which drains blood from the whole retina. The blockage causes blood and other fluids to leak into the retina, causing bruising and swelling as well as lack of oxygen. This interferes with the light receptor cells and reduces vision.
- **pan-retinal photocoagulation** – pan-retinal photocoagulation is a type of laser treatment for the eye. It is used in people who have developed new abnormal blood vessels at the back of the eye in the **retina** or in the drainage system within the eyeball.

Evidence base:

North East Treatment Advisory Group (NETAG): Bevacizumab (Avastin®) for neovascular glaucoma secondary to ischaemic central retinal vein occlusion

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

Date of publication	12th October 2015
Policy review date	December 2026

Policy sign off

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

Version Control

Version No	**Type of Change**	**Date**	**Description of Change**
1			Date of publication 12.10.15
2	Date change	21.6.18	Review date changed to June 2019
3	Date change	17.9.19	Review date changed to September 2020
4	Date & wording	11.6.20	Review date changed to July 2022 and Plain English Summary updated.
5	Date change	12.12.23	Review date changed to December 2026