

## DORSET MEDICINES ADVISORY GROUP

### COMMISSIONING STATEMENT ON THE USE OF THE OCRIPLASMIN (JETREA®) FOR THE TREATMENT OF VITREOMACULAR TRACTION

<p><b>SUMMARY</b></p> <p>NHS Dorset Clinical Commissioning Group commissions the use of ocriplasmin in accordance with NICE TA 297, October 2013:</p> <p>Ocriplasmin is recommended as an option for treating vitreomacular traction in adults, only if:</p> <ul style="list-style-type: none"> <li>• an epiretinal membrane is not present <b>and</b></li> <li>• they have a stage II full-thickness macular hole with a diameter of 400 micrometres or less <b>and/or</b></li> <li>• they have severe symptoms</li> </ul>	
<b>BACKGROUND</b>	<p>Ocriplasmin (Jetrea®, ThromboGenics) is a truncated form of human plasmin, manufactured using recombinant DNA technology. It is 'indicated in adults for the treatment of vitreomacular traction (VMT), including when associated with macular hole (MH) of diameter less than or equal to 400 microns'. It is administered by intravitreal injection at a dose of 0.125 mg. Repeated injections into the same eye are not recommended.</p>
<b>RELEVANT NICE GUIDANCE</b>	<p>Ocriplasmin is recommended as an option for treating vitreomacular traction in adults, only if:</p> <ul style="list-style-type: none"> <li>• an epiretinal membrane is not present <b>and</b></li> <li>• they have a stage II full-thickness macular hole with a diameter of 400 micrometres or less <b>and/or</b></li> <li>• they have severe symptoms</li> </ul>
<b>FORMULARY STATUS</b>	Red
<b>PBR STATUS</b>	Excluded, high cost drug
<b>COMMISSIONING IMPLICATIONS</b>	<p>This treatment option is as an alternative to a vitrectomy. NICE suggests that patients will still be listed for surgery if they have a macular hole (stage II full thickness with a diameter of 400micrometres or less) or have severe symptoms but may receive ocriplasmin whilst waiting for the procedure.</p>
<b>RELEVANT CLINICAL COMMISSIONING PROGRAMME</b>	<p>General Medical and Surgical, included as part of the discussions between local clinicians and commissioners on the implementation of all NICE TAs. Further specific information on the management of patients locally and actual patient numbers has been explored.</p>

<b>PATIENT PATHWAY IMPLICATIONS</b>	Patients may find ocriplasmin efficacious whilst waiting for surgery, these surgery slots will be used by patients with other indications.
<b>SUMMARY OF EVIDENCE TO SUPPORT FORMULARY STATUS</b>	<p>NICE considered that “patients who presented with a stage II macular hole would still be listed for surgery, without delay, and ocriplasmin would be administered to patients during the period before surgery.”</p> <p>For patients who have vitreomacular traction without a macular hole, or with a stage I macular hole, delaying surgery in general does not have an impact on long-term outcomes and these patients are observed (“watch and wait”). On the advice of clinicians NICE considered that for some patients with severe distressing symptoms (such as metamorphopsia [distorted vision in which straight lines appear wavy] and low visual acuity), who would not be eligible for surgery, ocriplasmin may be offered to these patients instead of 'watch and wait'.</p> <p>The Committee acknowledged that, although vitrectomy surgery was effective in resolving vitreomacular traction and the recovery time after surgery was short, the recovery was an unpleasant process for patients, and surgery also had risks and could damage the eye.</p> <p>The Committee heard from the clinical specialists that they did not consider ocriplasmin to have a place in the treatment of patients with vitreomacular traction and an epiretinal membrane because it was not clinically effective in these patients</p>
<b>ASSESSMENT OF COST IMPLICATIONS</b>	<p>The cost of an ocriplasmin injection is £2500 (excluding VAT) (0.5 mg in 0.2 ml solution; MIMS, July 2013). Because repeat injections are not recommended, this is the cost for a full course of treatment. Costs may vary in different settings because of negotiated procurement discounts.</p> <p>The ERG base-case ICER was £20,900 per QALY gained.</p> <p>However the Committee concluded that the use of ocriplasmin in people with vitreomacular traction with an epiretinal membrane, but without a stage II macular hole, was not a cost-effective use of NHS resources.</p> <p>The NICE costing template suggests that for the NHS Dorset CCG the drug costs associated with this guidance are in the region of £60,000 per annum.</p>
<b>REFERENCES</b>	<a href="#">NICE TA 297: Ocriplasmin for treating vitreomacular traction</a>