DORSET MEDICINES ADVISORY GROUP

COMMISSIONING STATEMENT ON THE USE OF THE AFLIBERCEPT (EYLEA®) FOR THE TREATMENT OF NEOVASCULAR (WET) AGE RELATED MACULAR DEGENERATION

SUMMARY

NHS Dorset Clinical Commissioning Group commissions the use of aflibercept in accordance with NICE TA294, July 2013:

Aflibercept solution for injection is recommended as an option for treating wet age-related macular degeneration only if:

- it is used in accordance with the recommendations for ranibizumab in NICE technology appraisal guidance 155 (re-issued in May 2012) **and**
- the manufacturer provides aflibercept solution for injection with the discount agreed in the patient access scheme.

Where a patient is eligible for treatment according to the NICE TAs the choice of treatment for a patient with wet AMD will be at clinician and patient discretion.

BACKGROUND	Aflibercept solution for injection (Eylea, Bayer Pharma) is a soluble vascular endothelial growth factor (VEGF) receptor fusion protein which binds to all forms of VEGF-A, VEGF-B, and the placental growth factor. Aflibercept solution for injection prevents these factors from stimulating the growth of the fragile and permeable new blood vessels associated with wet age-related macular degeneration. Aflibercept solution for injection has a UK marketing authorisation 'for adults for the treatment of neovascular (wet) age-related macular degeneration (AMD)
RELEVANT NICE GUIDANCE	Aflibercept solution for injection is recommended as an option for treating wet age-related macular degeneration only if: • it is used in accordance with the recommendations for ranibizumab in NICE technology appraisal guidance 155 (re-issued in May 2012) **and** • the manufacturer provides aflibercept solution for injection with the discount agreed in the patient access scheme
FORMULARY STATUS	Red
PBR STATUS	Excluded, high cost drug
COMMISSIONING IMPLICATIONS	Aflibercept is an alternative injectable therapy option to ranibizumab (Lucentis®) for the treatment of wet AMD. It is administered into the eye once a month for three months, then every two months thereafter. Treatment frequency is reviewed after 12 months. Ranibizumab is administered into the eye once a month with monthly visual acuity monitoring. Treatment and monitoring is continued at this frequency until visual acuity is stable for three consecutive months, thereafter monthly visual acuity monitoring is undertaken and if necessary subsequent doses may be given at least one month apart.

RELEVANT CLINICAL COMMISSIONING PROGRAMME	General Medical and Surgical. Discussions with local clinicians and commissioners have taken place throughout 2013 to implement all NICE TAs related to ophthalmology.
PATIENT PATHWAY IMPLICATIONS	Patient pathways for such treatments are under pressure due to an increase in the number of positive NICE appraisals for ranibizumab for other ophthalmological implications. This TA does not increase the patient cohort eligible for treatment and could decrease the monitoring requirements.
SUMMARY OF EVIDENCE TO SUPPORT FORMULARY STATUS	From NICE TA 294, the appraisal committees key conclusions were: The Committee noted that its preferred analyses incorporated the confidential discount to the list price of aflibercept and a range of discounts (from 0 to 50%) to the list price of ranibizumab. It also noted that, when discounts to the list price of ranibizumab ranged from 0 to 45%, aflibercept had lower costs and quality-adjusted life years (QALYs) than ranibizumab, which resulted in ICERs for aflibercept compared with ranibizumab ranging from £1,690,000 to £16,700 saved per QALY lost and that, when a 50% discount was applied to the list price of ranibizumab, aflibercept was dominated by ranibizumab in both the worse-seeing eye and better-seeing eye models. However, the Committee was aware that, in both the manufacturer's and the ERG's analyses, the differences in total costs and QALYs were very small. The Committee therefore concluded that aflibercept could be recommended as a cost-effective use of NHS resources if ranibizumab would otherwise be the treatment used.
ASSESSMENT OF COST IMPLICATIONS	The NICE costing template suggests that this guidance is likely to result in a minimal cost saving or be cost neutral. .
REFERENCES	NICE Technology Appraisal guidance 155: Macular degeneration (age-related) - ranibizumab and pegaptanib (re-issued in May 2012): http://guidance.nice.org.uk/ta155 NICE Technology Appraisal guidance 294: Macular degeneration (wet age-related) - aflibercept (1st line) (July 2013): http://guidance.nice.org.uk/ta294
DATE OF APPROVAL AND REVIEW	Approved: October 2013 For review: October 2014 or earlier in the light of new information