

Treatment Appraisal: Decision Summary

Date	18 th January 2011			
Appraisal	Anti-vascular endothelial growth factor therapies (bevacizumab and ranibizumab) in the management of macular oedema secondary to retinal vein occlusions			
Details	The North East Treatment Advisory Group considered the use of aVEGF therapies, bevacizumab (Avastin®) and ranibizumab (Lucentis®), in the management of macular oedema secondary to retinal vein occlusion			
Recommendation	<p>Bevacizumab (Avastin®) 1.25 mg using a 'when required' (PRN) regimen is recommended for use within NHS North East in the management of macular oedema secondary to retinal vein occlusion.</p> <p>The specified bevacizumab regimen is considered a more cost-effective treatment option in RVO compared with ranibizumab.</p> <p>Treatment should be restricted only to non-ischaemic disease and in accordance with criteria in the most recent guidance issued by the Royal College of Ophthalmologists.</p>			
Clinical evidence summary	The group noted the nature, volume and outcomes of evidence for the aVEGF therapies in RVO. The group was of the opinion that although efficacy appears to be equivalent the quality of evidence supporting ranibizumab is greater than that for bevacizumab.			
Cost analysis summary	aVEGF therapies are expensive treatments to acquire and administer. An 'as required' regimen of bevacizumab was estimated to cost about £2,500 per patient per annum compared with £12,800 per patient per annum for a loading-dose regimen of ranibizumab.			
Financial impact			First-year cost of treatment	
	PCO	n	Bevacizumab	Ranibizumab
	Durham & Darlington	190	£462,840	£2,433,359
	North of Tyne	242	£589,512	£3,099,331
	South of Tyne	193	£470,148	£2,471,780
	Tees	174	£423,864	£2,228,44
PbR excluded.	NHS North East	799	£1,946,364	£10,232,915
Further research or information				