Northern Treatment Advisory Group

Northern (NHS) Treatment Advisory Group

Treatment Appraisal: Decision Summary

Date	9th September 2014 (updated)
Appraisal	Sequential pharmacological therapies in the management of macular oedema secondary to retinal vein occlusion
Details	The Northern (NHS) Treatment Advisory Group considered an appraisal of the sequential pharmacological management of macular oedema secondary to retinal vein occlusion, specifically anti-VEGF treatments such as bevacizumab and ranibizumab, and the dexamethasone steroid implant Ozurdex®.
Recommendation	**The Northern (NHS) Treatment Advisory Group recommends the sequential pharmacological management of MO secondary to RVO as per the North East Retina Group (NERG) RVO treatment pathway.** The group was minded to support sequential treatment for reasons related to specific adverse effects and reactions as per the RVO treatment pathway received.
Clinical evidence summary	The group observed that there was no robust clinical evidence to support a sequential treatment strategy for any reason. Further, the group was unclear as to the pharmacological rationale for any such change in treatment modality. However whilst not supported by any clinical evidence, the group was supportive of the rationale for a change in treatment modality for reasons relating to adverse reactions and specific adverse effects as alluded to by a local clinical group.
Cost analysis summary	The group noted that both ranibizumab (Lucentis®) and Ozurdex® have been independently recommended by NICE via separate technology appraisal guidance although sequential treatment involving these treatments was not part of those appraisals. The group noted that Ozurdex® may be the least costly treatment modality recommended by NICE although no direct evidence exists and longer-term follow-up is absent. The group noted the potential for sequential treatment strategies to increase overall treatment costs.
Financial impact PbR: Excluded (CCG commissioned)	The group considered that the total financial impact may be limited through the consistent application of the treatment protocol. Whilst the number of potential patients was not reliably estimated the group was of the opinion that it would include only a small minority of all RVO patients. The financial impact of this recommendation is expected to be limited if used as described within the treatment protocol.
Further research or information	The group noted that NICE is due to publish technology appraisal guidance relating to the treatment of MO secondary to central-RVO with aflibercept (Eylea®, Bayer). The group felt that the suggested strategy for sequential treatment, pending submission, could be equally applicable to this treatment.