Northern Treatment Advisory Group

Northern (NHS) Treatment Advisory Group

Treatment Appraisal: Decision Summary

Date	1st September 2020
Appraisal & Details	**Brolucizumab for treatment of neovascular (wet) age-related macular degeneration (AMD).** The Northern (NHS) Treatment Advisory Group considered an appraisal of Brolucizumab for treatment of neovascular (wet) age-related macular degeneration (AMD.
Recommendation	**The Northern (NHS) Treatment Advisory Group <u>does not</u> currently recommend the use of Brolucizumab for the treatment of neovascular (wet) age-related macular degeneration (AMD).** This recommendation was made taking into account the views of local clinicians because: • NTAG felt brolucizumab offered no clinical or cost advantage over current treatment options for wAMD to use ahead of NICE technology appraisal being issued. • No published data on effectiveness in patients with prior inadequate response to other anti-VEGF treatments in wMAD. • No direct comparisons with other treatments for wAMD other than alfibercept. • Differences in injection frequency should be interpreted with caution, since treat and extend regimens are available and licensed for aflibercept but were not included in HAWK or HARRIER trials. The EMA noted that this does not allow strong conclusions on the reduction of treatment burden with brolucizumab. • Overall safety message: rates of retinal inflammation and occlusions are higher with brolucizumab and caution is needed. The group noted that NICE is due to issue a technology appraisal for brolucizumab for the treatment of wAMD which when issued will supersede this NTAG recommendation.
Clinical evidence summary	Two large phase III trials (HAWK and HARRIER) found brolucizumab (flexibly dosed at 8 or 12 week intervals) to be non-inferior to aflibercept (8-weekly) in terms of best corrected visual acuity at 48 weeks. The lack of a treat-and-extend regimen in the aflibercept arms limits the generalisability of these trials to clinical practice. Around half of the brolucizumab patients remained on 12-weekly dosing at week 48, dropping to 39-45% at week 92. NICE considers all VEGF inhibitors to have similar efficacy. The trial data for brolucizumab, and a network meta-analysis submitted to the Canadian HTA authority, support extending that conclusion to include brolucizumab.
Safety	The majority of adverse effects observed in the trials were similar to the known effects of intravitreal anti-VEGF inhibitors. The key exceptions were intravitreal inflammation (including uveitis, iritis, and

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	vitritis) and retinal arterial occlusions, which were both more frequent with brolucizumab. Cautions have been added to the summary of product characteristics, and brolucizumab is contraindicated in patients with any active ocular inflammation. A manufacturer's safety review is underway.
Patient Perspective	Wet AMD is a common cause of sight loss, and VEGF inhibitors are recommended for all patients with active disease who meet NICE criteria. Brolucizumab represents an additional treatment option. Existing licensed treatment options include aflibercept and ranibizumab both of which have NICE Technology Appraisals recommending their use. There is also good clinical evidence to support the use of unlicensed bevacizumab.
Cost analysis summary	AMD has a prevalence of around 2.4% in people over 50 in the UK, increasing to 4.8% in over 65s and 12.2% in people over 80. Around 80% of these are thought to have early or intermediate disease, with the remaining 20% split evenly between wet and dry AMD. The cost impact will depend on dose frequency, and, without better comparisons of flexible dosing, the overall impact is difficult to predict at present. If mean administration frequency is comparable to aflibercept in clinical practice brolucizumab is likely to be cost neutral, but further data on required administration frequency is required. Service changes in response to COVID-19 (e.g. where fixed rather than flexible dosing is in place) may also have an impact.
Financial impact PbR: Tariff excluded	Brolucizumab is a CCG-commissioned a specified High Cost Drug (PBR-excluded). It is supplied in a pre-filled syringe containing 19.8 mg of brolucizumab in 0.165 mL, which provides a usable amount to deliver a single dose of 6 mg in 0.05 mL of solution. The list price for each pre-filled syringe is £816 (excl. VAT), which is the same as the aflibercept list price, and higher than ranibizumab. A PAS is in place for each of the more established drugs, and is expected for brolucizumab.