Northern (NHS) Treatment Advisory Group

Treatment Appraisal: Decision Summary

Date	9th September 2014
Appraisal & Details	**Bevacizumab (Avastin®) in the management of neovascular age-related macular degeneration: Updated appraisal** Following full publication of the clinical trial data for the CATT and IVAN studies, NTAG was asked to re-appraise the use of intravitreal bevacizumab for age-related macular degeneration.
Recommendation	**The Northern Treatment Advisory Group endorses the previously agreed NETAG decision i.e. that on grounds of efficacy and safety bevacizumab (Avastin®) 1.25 mg intravitreal injection remains a cost effective treatment option for age-related macular degeneration.** The group recognises that discussions between commissioners and providers will be required before this recommendation can be implemented.
Clinical evidence summary	On re-reviewing the fully published data, the group was satisfied that the relative clinical efficacy and safety of bevacizumab for AMD had been adequately demonstrated. It was noted that the inclusion of bevacizumab for AMD in a treatment pathways would provide an additional option for patients. Those patients who are within the NICE technology appraisal guidance for ranibizumab and aflibercept would still be able to access these treatments. The group was concerned about the implications of using an unlicensed treatment where a licensed alternative treatment is currently used, and the group was mindful of concerns raised by clinicians regarding prescribing responsibilities and patient information. However, it was felt that these issues were not insurmountable and could be addressed by service commissioners.
Safety	Pooled estimates of safety outcomes from CATT and IVAN at 2 years showed no differences by drug for deaths or arterial thrombotic events. There was an increased risk of serious systemic adverse events in the bevacizumab in the CATT study however findings from the IVAN trial show no significant difference between the two drugs with the odds ratio almost at unity.
Patient Perspective	Inclusion of bevacizumab for AMD within treatment pathways would expand the number of treatments available for patients. However clinicians would need to highlight the unlicensed nature of bevacizumab to patients and for those patients who fulfil NICE criteria, an informed discussion of all available options would need to take place.
Cost analysis summary	The group noted the substantial cost-savings that could be obtained from using bevacizumab instead of ranibizumab in AMD, even with an assumption of a reduced cost of ranibizumab.
Financial impact PbR: Excluded	Cost savings were estimated for NHS North East & Cumbria based on several implementation strategies and clinical assumptions. The estimated savings from treating an entire annual incident cohort with bevacizumab instead of ranibizumab were estimated at approximately £49 million over 5 years based on current drug prices.