NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

GUIDANCE EXECUTIVE (GE)

Review of TA229; Dexamethasone intravitreal implant for the treatment of macular oedema secondary to retinal vein occlusion

Final recommendation post consultation
The TA229 guidance should be transferred to the 'static guidance list'.

1. Background

This guidance was issued in July 2011.

At the GE meeting of 4 November 2014 it was agreed that we would consult on the recommendations made in the GE proposal paper. A four week consultation has been conducted with consultees and commentators and the responses are presented below.

2. Proposal put to consultees and commentators

The TA229 guidance should be transferred to the 'static guidance list'.

3. Rationale for selecting this proposal

There are newly published trials that may provide data for some of the gaps in the evidence that were identified in TA229. However, the evidence gaps were not key drivers of the Committee's recommendations for dexamethasone in TA229. Further, these new data support the existing recommendations, are unlikely to change the existing recommendations and therefore do not warrant an update of TA229. The TA229 guidance should therefore be transferred to the 'static guidance list'. The guidance will remain in place, in its current form, unless NICE becomes aware of substantive information which would make it reconsider. Literature searches are carried out every 5 years to check whether any of the Appraisals on the static list should be flagged for review. This would allow time for ongoing trials to be completed and published, providing relevant data for the review and potential review of the guidance.

4. Summary of consultee and commentator responses

Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees.

Respondent: RNIB **Response to proposal:** Agree We agree to move the existing guidance NoT229 to the static list as there is currently no evidence/study that is likely to lead to a change in the present guidelines.	**Comment from Technology Appraisals** Thank you for your comment.

Respondent: Royal College of Ophthalmologists **Response to proposal:** Agree The College is happy with the recommendation to move the existing guidance on "Dexamethasone intravitreal implant for the treatment of macular oedema secondary to retinal vein occlusion" (Technology Appraisal Guidance No.229) to the static list.	**Comment from Technology Appraisals** Thank you for your comment.

Respondent: Allergan **Response to proposal:** Agree We agree with the proposal to move TA229 to the static list.	**Comment from Technology Appraisals** Thank you for your comment.

Respondent: Royal College of Nursing **Response to proposal:** Neither agree nor disagree Intravitreal anti-VEGF therapy appears to be slightly more clinically effective in improving visual acuity than intra vitreal steroids, without the complications of cataract or raised intraocular pressure. The anti-VEGF drugs have a good safety profile and do not cause cataract formation. For this reason they are more likely to be favoured by clinicians than steroid. “A key issue is that the visual outcomes with anti-VEGF agents are neither limited by the potential side effects, nor are they complicated by intraocular pressure or cataract resultant from corticosteroid use. These improvements, without the side effects of the other treatment modalities, have resulted in anti-VEGF agents rapidly becoming the preferred treatment by many retinal specialists”. Michelle V Care , Thomas C Chu, Homayong Tabanden, David S Bozer Expert Rev. Ophthalmology 2013 (3) 227-335 “ Our results show that Dexamethasone was not as effective as ranibizumab or aflibercept, at 6 months follow up and with the dosing regimens in the trial” John A Ford , Deepson Shyangdah, Olalekan A.Uthman, Noemi Lois,Norman Waugh BMJ Open 2014, 4:e005292doi10.1136/bmjopen-2014005292 Databases searched Medline, Medline in process, CDSR, Dare, HTA, NHSEED	**Comment from Technology Appraisals** Thank you for your comments. Ranibizumab and aflibercept are recommended as treatment options by NICE (TA283 and TA305 respectively). There are no published head-to-head trials of dexamethasone and anti-VEGF therapy. There are several ongoing trials, but these will not publish for several years. The current NICE guidance for dexamethasone will therefore stay in place until NICE becomes aware of substantive information which would make it reconsider.

Paper signed off by: Frances Sutcliffe, 22 December 2014

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