Decision Support Unit Project Specification Form	
Project Number	
Project title	Consideration of bevacizumab as a comparator in eye condition technology appraisals.
Synopsis of the issue	The reasonably widespread use of bevacizumab in medical ophthalmology in the NHS has led to its inclusion as an unlicensed comparator for new technologies appraised by NICE for eye conditions, and Appraisal Committees have considered it appropriate to consider bevacizumab as a comparator for clinical and cost effectiveness calculations of licensed medicines such as dexamethasone and ranibizumab for the treatment of macular oedema caused by retinal vein occlusion (RVO). Both considered it reasonable to follow the NICE Guide to Methods of Technology Appraisals 2008 in which no particular direction is given to consideration of an 'unlicensed' medicine as a comparator, versus for example an 'off-label' medicine, and in which emphasis is given to 'routine' and 'best' practice; noting that routine practice might vary in the NHS. In the appraisal of dexamethasone in macular oedema caused by RVO, positive guidance was produced. In the technology appraisal of ranibizumab for diabetic macular oedema, where bevacizumab was also included as a comparator in the scope, the Committee did not recommend the use of ranibizumab. In both of these appraisals, bevacizumab was included in the scopes as a comparator, but the Committee did not rely on this comparison in formulating their recommendations. In the ongoing appraisal of ranibizumab in macular oedema caused by retinal vein occlusion, bevacizumab was included as a comparator in the scope. The appraisal consultation document did not recommend use of ranibizumab. This is the first time a committee recommendation in medical ophthalmology is a consequence of a direct comparison with unlicensed bevacizumab. A final appraisal determination has not yet been produced.

	The Royal College of Ophthalmologists has recently issued a statement giving general advice on the use of bevacizumab in medical ophthalmology. The College does not categorically advise against the use of bevacizumab in medical ophthalmology. The best interests of the patient, the ability to obtain the product from reputable sources, availability of alternative products with a marketing authorisation and/or the presence of NICE guidance are key features underpinning the conclusions of the College on the use of bevacizumab in particular circumstances. Accumulating evidence in people with age-related macular degeneration has led some to argue that bevacizumab may be at least clinically equivalent in effect to ranibizumab. However, given that the use of bevacizumab in the eye is considered 'unlicensed', the pharmaceutical quality of the product when used for eye conditions is an important consideration. To use the product for eye conditions it needs to be manipulated to produce a new formulation with strength and volume suitable for intravitreal use.
Question(s) to be answered by DSU	• How widespread is the use of bevacizumab in eye conditions in a) the UK (NHS)? • What is the evidence for efficacy of bevacizumab in adults with RVO and DMO specifically? There may be a need to extend searches to AMD depending on the results. • What evidence is there regarding the safety for bevacizumab in eye conditions in general? • What evidence is there relating to the pharmaceutical quality of the reformulated product as used in eye conditions in general?

How will the DSU address these questions	1. A systematic review of the published evidence on the efficacy of bavacizumab, including if required studies that consider the use of bevacizumab in AMD. 2. Identification of evidence from the published and grey literature on the safety and quality of bevacizumab 3. For questions 3 and 4, a review of grey literature including publications from relevant expert organisations such as the Royal College of Ophthalmologists. After completion of this review the DSU will consider, in conjunction with staff at NICE, whether there is value in supplementing this evidence with discussions, interviews or surveys of experts including NHS commissioners.
How does this relate to the ERG/AG?	NA
DSU deliverables/outcomes (eg report, statement, etc)	Report

Decision Support Unit Project Administration Form	
Project Number	
DSU Lead Analyst	
DSU Project Leader	Allan Wailoo
Date form sent to DSU	17th April 2012

NICE contacts [1] • Technical Lead • Associate Director • Project manager	Christian Griffiths Frances Sutcliffe Lori Farrar
DSU contacts • Project Leader[2]	Allan Wailoo, [redacted]
Evidence Review Group • Lead reviewer[3]	NA
Details of Evidence Review Group involvement in the project	NA
Appraisal committee members involved in the project	NA
Experts nominated by consultees involved in the project	NA
Other experts involved in the project	Edith Poku, Jon Rathbone, Eva Kalthenthaler

[1] Include contact details (phone number and email)
[2] Include contact details (phone number and email)
[3] Include contact details (phone number and email)

Documentation sent to DSU and date*	Bevacizumab NICE/DH report http://www.nice.org.uk/ourguidance/niceguidancebytype/technologyappraisals/proposedappraisals/bevacizumabineyeconditions.jsp?domedia=1&mid=AC230376-19B9-E0B5-D4EACDBC5740BEBA
Timelines:	
• Start date	1st May 2012
• Feedback dates with NICE technical lead	15th June 2012
• Date for delivery of draft report	11th July 2012
• Date for delivery of report to Institute	20th July 2012
• Date of appraisal Committee meeting for presentation of report	11th September 2012. Please note that consultation on the DSU report will take place before this meeting.
Total anticipated DSU person days	50 days
Total anticipated cost including DSU person days	[redacted]

Post-project	
Output conforms to specification	
Total actual DSU person days	
Change to budget approved	

Approval of DSU specification form

DSU director	Allan Wailloo	Date 9 May 2012
NICE Associate Director	Frances Sutcliffe	Date 15 June 2012
NICE Programme Director	Meindert Boysen	Date 15 June 2012