NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

GUIDANCE EXECUTIVE (GE)

Consideration of consultation responses on review proposal

Review of TA68; The clinical effectiveness and cost effectiveness of photodynamic therapy for age-related macular degeneration, TA155; Pegaptanib and ranibizumab for the treatment of age-related macular degeneration, and TA294; Aflibercept solution for injection for treating wet age related macular degeneration

TA68 was issued in September 2003, TA155 was issued in August 2008, and TA294 was issued in July 2013.

The review date for this guidance was February 2014.

Background

At the GE meeting of 6 May 2014 it was agreed we would consult on the review plans for this guidance. A four week consultation has been conducted with consultees and commentators and the responses are presented below.

Proposal put to consultees:	TA68, TA155 and TA294 should be transferred to the 'static guidance list'.
Rationale for selecting this proposal	*TA68* There is evidence to suggest that PDT is less cost effective than was originally estimated in the development of TA68. However, the use of PDT has declined markedly since the introduction of anti-VEGF agents and this suggests that TA68 has already been superseded by subsequent guidance and that it might not be an efficient use of resources to update it at present. PDT has been studied in combination with ranibizumab and these studies have not found the addition of PDT to ranibizumab to be beneficial. There are further ongoing studies of PDT in combination with anti-VEGF agents and these might provide a reason to review TA68 later in the context of an MTA if it is decided that TA155 and TA294 should be reviewed. *TA155* There is no new evidence to suggest that the guidance in relation to pegaptanib requires update at present, nor are there any relevant ongoing studies. The only new evidence that could suggest that a review of TA155 could be appropriate is that of published and ongoing studies comparing ranibizumab with bevacizumab. NICE could only add value by carrying out such an update if it could appraise bevacizumab as an intervention, and formulate recommendations on its use in the NHS. Bevacizumab does not have a marketing authorisation for the treatment of wet age-related macular degeneration and is not formulated for use in the eye. As an unlicensed product, it can only be appraised if NICE receives a specific referral to do so from Ministers. It is not anticipated that such a referral will be made. Furthermore, we are reminded of the conclusions of a workshop held in 2010 by NICE to explore the feasibility of appraising the use of bevacizumab to treat eye conditions in which 'stakeholders agreed that an appraisal would need to be conditional on, or incorporate the assessment of, the safety and quality of intravitreal bevacizumab by a regulatory body or through the involvement of regulatory expertise', and that 'options for commissioning the relevant skills and expertise for this purpose be explored', plus that 'arrangements for safety monitoring / pharmacovigilance will need to be explored'. Finally, we note that the patient access scheme was revised twice; in 2012, leading to reissuing of the guidance, and again in 2013 as a result of a change in the discount offered. On balance, we consider it reasonable to propose not to review TA155, and therefore place it on the static list.

Rationale for selecting this proposal (continued)	*TA294* There are 2 ongoing trials comparing ranibizumab with aflibercept. These will add further strength to the evidence base used to develop TA294 but are unlikely to overturn the guidance. There are ongoing studies of aflibercept following unsuccessful treatment with other anti-VEGF treatments but these are outside the current remit, which is limited to first-line treatment.

GE is asked to consider the original proposal in the light of the comments received from consultees and commentators, together with any responses from the appraisal team. It is asked to agree on the final course of action for the review.

Recommendation post consultation:	TA68, TA155 and TA294 should be transferred to the 'static guidance list'.

Respondent	**Response to proposal**	**Details**[1]	**Comment from Technology Appraisals**
Bayer	Agree	We agree with the proposal to put this guidance on the static list and are not aware of any other relevant evidence to add to the proposal document.	Comment noted.

[1] 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	Response to proposal	Details[1]	Comment from Technology Appraisals
Novartis	Agree	We agree with NICE that there is little relevant new evidence that would lead to changes to the existing recommendations made in TA68, TA155 and TA294. Therefore we welcome the decision from NICE to move this proposed review to the static list.	Comment noted.
Pfizer	Agree	Pfizer support the proposal to move this guidance to the static list.	Comment noted.
Royal College of Ophthalmologists	Agree	In response to your question in paragraph 5 of your email, I am not aware of any important organisation missing from the list in Appendix A. I would like to thank you and your team for your comprehensive review of the recent evidence for the use of these treatments for age-related macular degeneration. I am not aware that you have omitted any relevant publications. On the basis of your assessment and my understanding of the current evidence, I believe that your recommendation to transfer TA68, TA155 and TA294 to the static guidance list is very reasonable. I note that this decision would be reversed if you become aware of substantive new information and that literature searches will still be carried out every five years to check whether any of these appraisals should be flagged for review.	Thank you for your comment.

Respondent	Response to proposal	Details[1]	Comment from Technology Appraisals
		I note your comments regarding the status of bevacizumab. To my mind, were the Department of Health to direct you to appraise bevacizumab, this would also necessitate a reassessment of TA68, TA155 and TA294.	Comment noted.
		I also note that CCP intends to commission a clinical guideline on the diagnosis and management of macular degeneration. I believe that this is a core activity of ophthalmologists, and would like to offer the help of the Royal College of Ophthalmologists in preparing such a guideline, perhaps by taking a lead role.	Comment noted. The contact details for the team responsible for developing the clinical guideline on macular degeneration can be found on the following website: http://guidance.nice.org.uk/CG/Wave0/658 The form to register as a stakeholder for the clinical guideline can be found at the following website: http://www.nice.org.uk/getinvolved/sh/shreg_form.jsp

Respondent	Response to proposal	Details[1]	Comment from Technology Appraisals
Macular Society RNIB	Agree	The Royal National Institute of Blind People and the Macular Society believes that moving TA068/155/294 wet-AMD guidance to the static list is a sensible approach. We are aware, however, that wet AMD patients - with vision better than 6/12 - benefit from treatment with anti-VEGFs. Real world data [sent in separate attachment] shows that earlier treatment results in patients maintaining their vision at the higher visual acuity level (i.e. their sight is not left to deteriorate to below 6/12 before they are eligible for treatment). We do not believe that this evidence should trigger a full scale appraisal of all the current treatments for wet AMD but encourage NICE to reduce the threshold for treatment in its new macular degeneration clinical guideline. In terms of the clinical guideline, both RNIB and Macular Society would welcome the opportunity to be closely involved with its development.	Comment noted. The contact details for the team responsible for developing the clinical guideline on macular degeneration can be found on the following website: http://guidance.nice.org.uk/CG/Wave0/658 The form to register as a stakeholder for the clinical guideline can be found at the following website: http://www.nice.org.uk/getinvolved/sh/shreg_form.jsp

No response received from:

Patient/carer groups	General
• Action for Blind People • Afiya Trust • Black Health Agency	• Allied Health Professionals Federation • Board of Community Health Councils in Wales • British National Formulary

- Equalities National Council
- Eyecare Trust
- Fight for Sight
- Muslim Council of Britain
- Muslim Health Network
- OBAC
- SeeAbility
- Sense
- South Asian Health Foundation
- Specialised Healthcare Alliance
- Thomas Pocklington Trust

Professional groups

- British Geriatrics Society
- British Ophthalmic Anaesthesia Society
- College of Optometrists
- Royal College of General Practitioners
- Royal College of Nursing
- Royal College of Pathologists
- Royal College of Physicians
- Royal Pharmaceutical Society
- Royal Society of Medicine
- United Kingdom Clinical Pharmacy Association

Others

- Department of Health
- NHS England
- NHS Leicester City CCG
- NHS Newham CCG
- Welsh Government
- Care Quality Commission
- Department of Health, Social Services and Public Safety for Northern Ireland
- Healthcare Improvement Scotland
- Medicines and Healthcare Products Regulatory Agency
- National Association of Primary Care
- National Pharmacy Association
- NHS Alliance
- NHS Commercial Medicines Unit
- NHS Confederation
- Scottish Medicines Consortium

Comparator manufacturers

- Moorfields Pharmaceuticals (bevacizumab)
- Roche Products (bevacizumab)
- Royal Liverpool and Broadgreen University Hospitals NHS Trust Pharmacy (bevacizumab)

Relevant research groups

- Cochrane Eyes and Vision Group
- Eye Hope
- Health Research Authority
- Institute of Ophthalmology, University College London
- MRC Clinical Trials Unit
- National Eye Research Centre
- National Institute for Health Research
- Research Institute for the Care of Older People

Assessment Group

- Assessment Group tbc

	• National Institute for Health Research Health Technology Assessment Programme <u>Associated Guideline Groups</u> • National Clinical Guideline Centre <u>Associated Public Health Groups</u> • Public Health England • Public Health Wales NHS Trust

GE paper sign-off: Janet Robertson, Associate Director – Technology Appraisals Programme

Contributors to this paper:

Technical Lead: Ella Fields

Project Manager: Andrew Kenyon

25 June 2014