

Berkshire West Clinical Commissioning Group Buckinghamshire Clinical Commissioning Group East Berkshire Clinical Commissioning Group Oxfordshire Clinical Commissioning Group

Thames Valley Priorities Committee Commissioning Policy Statement

Policy No. 304 (TVPC96) Anti-VEGF agents for the management of sight-

threatening rare eye conditions involving neo-

vascularisation

Recommendation made by

the Priorities Committee: September 2019

Date agreed by OCCG 14th November 2019

Date of Issue November 2019

Thames Valley Priorities Committee has considered the evidence of both clinical and cost-effectiveness of anti-vascular endothelial growth factor (Anti-VEGF) treatment in the sight-threatening rare eye conditions below. The Committee has concluded that there is sufficient evidence of clinical and cost-effectiveness to support the use of anti-VEGF in the management of patients with the following rare conditions, this list may not be exhaustive:

- Multifocal choroidopathy (including punctuate inner choroidopathy and multiple
- evanescent white dot syndrome)
- Atypical choroiditides (including histoplasmosis, tuberculous, syphilitic, etc).
- CNV in angioid streaks
- CNV in pseudoxanthoma elasticum (also known as Gronblad-Strandberg syndrome)
- CNV in vitelliform macular dystrophy
- CNV in serpiginous choroiditis
- CNV in choroidal sarcoma
- CNV in Stargardt's Disease
- Intravitreal uveitis
- Toxoplasma chorioretinitis
- Von Hippel-Lindau syndrome

There are no associated thresholds for treatment. Treatment will be funded based on clinicians' judgement.

Bevacizumab (Avastin®) is recommended as the preferred agent for the treatment of these conditions.

The use of other anti-VEGF agents including ranibizumab (Lucentis®) or aflibercept (Eylea®) will require an individual funding request application.

NOTES:

- Potentially exceptional circumstances may be considered by a patient's CCG where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g., from NICE.
- Thames Valley clinical policies can be viewed at http://www.fundingrequests.cscsu.nhs.uk/
- Oxfordshire CCG clinical polices can be viewed at http://www.oxfordshireccg.nhs.uk/professional-resources/policies