HERTFORDSHIRE MEDICINES MANAGEMENT COMMITTEE (HMMC)
NICE TECHNOLOGY APPRAISALS – RECOMMENDED

NICE TAG 346 – Aflibercept for treating diabetic macular oedema, July 2015

RECOMMENDED FOR RESTRICTED USE

<table>
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<th>Name: generic (trade)</th>
<th>What it is</th>
<th>Indication</th>
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<td>Aflibercept (Eylea®)</td>
<td>vascular endothelial growth factor (VEGF) inhibitor</td>
<td>treatment of adults with visual impairment due to diabetic macular oedema (DMO)</td>
<td>September 2015</td>
<td>Final</td>
<td>NICE TA 346–recommended SMC – recommended</td>
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HMMC Recommendation:
Aflibercept for the treatment of adults with visual impairment due to DMO is the commissioning responsibility of CCGs.

NOT RECOMMENDED FOR PRESCRIBING IN PRIMARY CARE.

RECOMMENDED FOR RESTRICTED USE IN SECONDARY CARE - Aflibercept solution for injection is recommended as an option for the treatment of adults with visual impairment due to DMO only if:
• the eye to be treated has a central retinal thickness of 400 micrometres or more at the start of treatment and
• the company provides aflibercept with the discount agreed in the patient access scheme.

Monitoring, stopping criteria and other information
• Treatment should be discontinued if there is no response following the initial 3 injections
• If visual and anatomic outcomes indicate that the patient is not benefiting from continued treatment, treatment should be discontinued.
• Visual acuity, and central retinal thickness (CRT), measured by OCT, should be recorded at each monitoring visit. This data may be requested by commissioning or commissioning support organisations in order to audit the effectiveness of the commissioned service.
• Outpatient administration activity tariff only will be funded.
• If both eyes are to be treated the same vascular endothelial growth factor inhibitor must be used in both eyes.
• A patient specific notification form (via the web based Blueteq system) is to be completed by providers and submitted to the relevant CCG for each patient initiated on treatment. Providers who do not use the Blueteq system should complete the pro-forma available on the CCG website.

Sequential Use – NOT RECOMMENDED
• Sequential use of aflibercept after ranibizumab or ranibizumab after aflibercept is not recommended.
• If the DMO does not respond to non-corticosteroid treatment, or such treatment is unsuitable dexamethasone intravitreal implant is recommended as an option for the treatment of adults with visual impairment due to DMO only if the implant is to be used in an eye with an intraocular (pseudophakic) lens (refer to separate recommendation document)

NICE TA346 Recommendation:
Aflibercept solution for injection is recommended as an option for treating visual impairment caused by diabetic macular oedema only if:
• the eye has a central retinal thickness of 400 micrometres or more at the start of treatment and
• the company provides aflibercept with the discount agreed in the patient access scheme.

Posology and method of administration from SPC
• The recommended dose is 2 mg aflibercept equivalent to 50 microlitres.
• Treatment is initiated with one injection per month for 5 consecutive doses, followed by one injection every 2 months.
• There is no requirement for monitoring between injections.
• After the first 12 months of treatment, the treatment interval may be extended based on visual and/or anatomic outcomes. The schedule for monitoring should be determined by the treating physician.

http://www.nice.org.uk/guidance/ta346