

**NHS Bradford and Airedale's Response to the ACD on the use of
Dexamethasone for patients with macular oedema following retinal vein
occlusion.**

NHS Bradford and Airedale fully endorses the NICE position of not recommending dexamethasone for the treatment of macular oedema following retinal vein occlusion. The lack of an appropriate comparator group makes it difficult to assess both clinical and cost effectiveness. Furthermore, there are clear concerns over the adverse effects of dexamethasone that requires further attention.

We endorse the NICE view of seeking evidence of the clinical and cost effectiveness of dexamethasone compared with bevacizumab, however, we would ask that NICE be mindful of the fact that Lucentis is being licensed for an increasing number of indications.

It is well documented that the NHS is facing significant financial challenges, with little growth in budgets. If the NICE decision on dexamethasone were to be reversed, this would result in an increase in spend in the programme budget category of vision. Accordingly, in order to be able to fund dexamethasone, there will need to be disinvestment from existing services.

If NICE were to reverse their decision there would need to be robust evidence of cost effectiveness. Because many PCTs will need to disinvest in other areas in order to fund dexamethasone, there is a risk that clinically and cost effective interventions and treatments may need to be disinvested in in order to fund dexamethasone.

It is not clear if this treatment would be carried out in an inpatient or outpatient setting – if dexamethasone were to be approved for use, then commissioners would need to be very clear that this would be as an outpatient procedure.