National Institute for Health and Care Excellence

Single Technology Appraisal (STA)

Aflibercept for treating visual impairment caused by macular oedema secondary to branch retinal vein occlusion [ID844]

Response to consultee and commentator comments on the draft remit and draft scope (pre-referral)

Please note: 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.

Comment 1: the draft remit

Section	Consultee/ Commentator	Comments [sic]	Action
Appropriateness	Royal College of Ophthalmologists	Yes, the drug has been very effective in other retinal vascular diseases with less number of hospital appointments. Therefore, we expect the same effect of this drug in BRVO	Comment noted.
	Novartis Pharmaceuticals UK	Yes	Comment noted.
	Bayer	The draft remit is appropriate	Comment noted.
	Royal National Institute of Blind People	Yes Aflibercept for treating Macular Oedema secondary to branch retinal vein occlusion offers an additional treatment option for patients living with this condition.	Comment noted.
Wording	Royal College of	Yes	Comment noted.

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	Ophthalmologists		
	Novartis Pharmaceuticals UK	Yes	Comment noted.
	Bayer	The draft remit is appropriate	Comment noted.
	Royal National Institute of Blind People	Yes	Comment noted.
Timing Issues	Royal College of Ophthalmologists	As soon as possible	Comment noted. NICE aims to schedule technology appraisals into the work programme to provide timely guidance to the NHS where possible.
	Novartis Pharmaceuticals UK	No comment	Comment noted.
	Bayer	It is important that aflibercept is appraised in a timely manner as it is already licensed for use in BRVO. In addition, aflibercept has already been appraised for the management of CRVO by NICE. A timely appraisal for BRVO would ensure clear guidance for the use of aflibercept across the RVO indication as a whole and simplify	Comment noted. NICE aims to schedule technology appraisals into the work programme to provide

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		the management of patients.	timely guidance to the NHS where possible.
	Royal National Institute of Blind People	This is urgent as not all patients respond or are suitable for current NICE approved treatments. This new treatment option may mean the difference between losing and saving sight.	Comment noted. NICE aims to schedule technology appraisals into the work programme to provide timely guidance to the NHS where possible.

Comment 2: the draft scope

Section	Consultee/ Commentator	Comments [sic]	Action
Background information	Royal College of Ophthalmologists	Accurate	Comment noted.
	Novartis Pharmaceuticals UK	"BRVO is caused by a blood clot in at least 1 of the 4 retinal veins" Technically this isn't entirely accurate. BRVO can be divided into MAJOR (if one of the four major branches are affected, the most commonly affected is the superotemporal branch), or MINOR if one of the tributaries is affected. If the macular branch is affected we logically refer to this as a macular BRVO. Just to also note you can also get hemi-retinal vein occlusion when half of the retinal perfusion status is affected (either superior or inferior). "Where visual loss is not severe, a grid pattern of photocoagulation may be beneficial"	Comment noted. The background section in the scope has been updated accordingly.

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		Clinically if VA loss is not severe and macular oedema is minimal, often one would consider observing the patient ahead of any intervention as there may be potential for spontaneous resolution of ME in BRVO.	
	Bayer	No comments	Comment noted.
	Royal National Institute of Blind People	No comments	Comment noted.
The technology/ intervention	Royal College of Ophthalmologists	Accurate	Comment noted.
	Novartis Pharmaceuticals UK	No comment	Comment noted.
	Bayer	No comments	Comment noted.
	Royal National Institute of Blind People	Yes	Comment noted.
Population	Royal College of Ophthalmologists	Yes	Comment noted.
	Novartis Pharmaceuticals	For people for whom laser photocoagulation has not been beneficial or is not suitable in line with existing NICE anti-VEGF recommendations	Comment noted. Consultees at the

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	UK		workshop were in agreement that the population was appropriately defined and in line with the marketing authorisation for aflibercept.
	Bayer	No comments	Comment noted.
	Royal National Institute of Blind People	Yes	Comment noted.
Comparators	Royal College of Ophthalmologists	Best alternative care now is ranibizumab although Ozurdex is NICE approved too. Laser is very seldom used for macular oedema due to BRVO.	Comment noted. Consultees acknowledged that the use of laser photocoagulation has decreased, but advised that it is still used in some treatment centres.
	Novartis Pharmaceuticals UK	The comparators listed are appropriately consistent with existing NICE HTA appraisals and recommendations	Comment noted. Consultees at the workshop were in agreement that the comparators listed were appropriate and

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			represent established clinical practice in the NHS.
	Bayer	Laser, ranibizumab and dexamethasone intravitreal implant are licensed treatment options for BRVO. Bevacizumab is not an appropriate comparator for aflibercept in BRVO - it cannot be considered routine practice as its use is low and it is unlicensed.	Comment noted. Consultees at the workshop were in agreement that the comparators listed (including bevacizumab) were appropriate and represent established clinical practice in the NHS.
	Royal National Institute of Blind People	Yes these are the standard treatments. NICE approved Ranibizumab and Dexamethasone are currently used within the NHS to treat in patients with Macular Oedema. However, laser photocoagulation is seldom used within the NHS and may induce severe corneal scaring leading to further visual disabilities.	Comment noted. Consultees acknowledged that the use of laser photocoagulation has decreased, but advised that it is still used in some treatment centres.
Outcomes	Royal College of Ophthalmologists	Yes	Comment noted.

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	Novartis Pharmaceuticals UK	No comment	Comment noted.
	Bayer	No comment	Comment noted.
	Royal National Institute of Blind People	Yes. Measurements that look at improvements to functional vision are very important to patients. Visual acuity is routinely used to measure visual function and on its own is not a reasonable and efficient way to measure the problems caused by Macular Oedema or determine an individual's visual disability. Patients are interested in what they can continue to do such as read, write, drive, undertake day-to-day activities or remain in employment.	Comment noted. The challenges in measuring improvements in function vision and its impact on health-related quality of life were noted at the workshop but it was considered that there is no validated, preferred measure for capturing these outcomes. Consultees are encouraged to describe and capture these issues in their evidence submissions.
Economic analysis	Royal College of Ophthalmologists	Correct	Comment noted.

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	Novartis Pharmaceuticals UK	Consistent with existing NICE HTA for RVO	Comment noted.
	Bayer	No comment	Comment noted.
	Royal National Institute of Blind People	The scope notes that: 'Costs will be considered from an NHS and Personal Social Services perspective'. By limiting considerations to NHS and Personal Social Services costs, NICE fails to recognise the full impact of sight loss on society and the Exchequer. By failing to focus on the whole picture i.e. psychological, physical and social problems associated with blindness there is a real danger of sub-optimal investment in new treatments.	Comment noted. Consultees are encouraged to describe any health benefits of the technology not appropriately captured in the quality-adjusted life years (QALY) calculation in their evidence submissions. The Committee will consider this information during the appraisal process.
Equality and Diversity	Royal College of Ophthalmologists	No equality concerns	Comment noted.
	Novartis Pharmaceuticals UK	No comment	Comment noted.

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	Bayer	We are not aware of any potential equality issues related to the appraisal.	Comment noted.
	Royal National Institute of Blind People	If this technology was not made available to patients, it would lead to inequity in access to sight-saving treatment, as only patients able to afford private treatment would benefit from this new treatment.	Comment noted. The private availability of any treatment is outside the remit of NICE technology appraisal guidance.
Innovation	Royal College of Ophthalmologists	Innovative in terms of potential for less injection burden compared to current treatment options.	Comment noted. Consultees are encouraged to describe the innovative nature of the technology in their evidence submissions. The Committee will consider this information during the appraisal process.
	Novartis Pharmaceuticals UK	No comment	Comment noted.
	Bayer	Aflibercept tightly binds to all forms of VEGF and PlGF known to contribute to angiogenesis in the eye. In comparison ranibizumab is a recombinant, humanized, monoclonal antibody Fab fragment against VEGF-A. Thus, aflibercept binds tighter to VEGF than the natural receptors and currently available treatments:	Comment noted. Consultees are encouraged to describe the innovative nature of the technology in their evidence submissions.

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		Stewart et al.(1) demonstrated that 79 days after a single Eylea (1.15 mg) injection, the intravitreal VEGF-binding activity would be comparable to ranibizumab at 30 days. This finding may be a potential advantage in terms of a reducing the number of injections required. Suppression of anterior chamber VEGF has been reported for: • A mean of 34–37 days (5–6 weeks) and less than 2 months in most patients with ranibizumab (2,3) • A mean of >69 days (10 weeks) with aflibercept in most patients (4,5) References (1) Stewart MW, Rosenfeld PJ. Predicted biological activity of intravitreal VEGF Trap. Br J Ophthalmol 2008 May;92(5):667-8. (2) Muether PS et al. Am J Ophthalmol 2013; 156 (5): 989–993; (3) Muether PS et al. Br J Ophthalmol 2014; 98 (2): 179–181; (4) Fauser S et al. Am J Ophthalmol 2014; 158 (3): 532–536; (5) Chan et al. Abstract presented at the 37th Annual Macula Society Meeting; Key Largo, FL, 19–22 February 2014;	The Committee will consider this information during the appraisal process.
	Royal National Institute of Blind People	No comment	Comment noted.
Other	Royal College of Ophthalmologist	Nil	Comment noted.

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considerations	s		
	Novartis Pharmaceuticals UK	No comment	Comment noted.
	Bayer	In the 'Background' section of the draft scope it states that bevacizumab does not have a marketing authorisation in the UK for ocular conditions. It would be more correct to state that bevacizumab does not have a marketing authorisation in any country for the treatment of ocular conditions.	Comment noted. NICE provides guidance to the NHS in England and considers as comparators technologies that are established clinical practice within the NHS. The background section of the scope is only intended to provide a brief description of the condition and current treatment options.
	Royal National Institute of Blind People	No comment	Comment noted.
Questions for consultation	Royal College of Ophthalmologists	No comments	Comment noted.
	Bayer	No comment	Comment noted.

Section	Consultee/ Commentator	Comments [sic]	Action
	Royal National Institute of Blind People	No comment	Comment noted.
Additional comments on the draft scope	Bayer	None	Comment noted.
	Royal National Institute of Blind People	Any additional comments on the draft scope This would have a positive impact on both patients and health service capacity as it may reduce the: • number of hospital visits for the patient • number of leave requests required by some patients to attend hospital appointments (burden to the employer) • need to involve family or friends (burden to the carer) • caseload in eye health departments (burden on health professionals)	Comment noted. Consultees are encouraged to describe the innovative nature of the technology and any health benefits of the technology that have not been appropriately captured in the QALY calculation in their evidence submissions. The Committee will consider this information during the appraisal process.

The following consultees/commentators indicated that they had no comments on the draft remit and/or the draft scope

Department of Health
Royal College of Nursing
Royal College of Pathologists

Response to consultee and commentator comments on the provisional matrix of consultees and commentators (pre-referral)

Version of matrix of consultees and commentators reviewed: Provisional matrix of consultees and commentators sent for consultation					
Summary of comments, action taken, and justification of action:					
	Proposal:	Proposal made by:		Action taken: Removed/Added/Not included/Noted	Justification:
1.	Oxford Eye Foundation	PIP		Added	This organisation's interests are closely related to the appraisal topic and as per our inclusion criteria and equalities commitments. Therefore the Oxford Eye Foundation have been added to the matrix under 'Professional' groups.