Anti-vascular endothelial growth factor drugs for use prior to vitrectomy in patients with proliferative diabetic retinopathy

NHS Devon

Commissioning policy

The Peninsula Commissioning Priorities Group (PCPG) has come to a decision on the use of anti-vascular endothelial growth factors (VEGF) drugs for use prior to vitrectomy in patients with proliferative diabetic retinopathy.

Bevacizumab will be commissioned for this indication. The decision to use an anti-VEGF agent is at the discretion of the treating clinician in consultation with the patient. The patient must be made aware that no anti-VEGF is licensed for this indication and understand the benefits and risks of the proposed treatment, and give consent.

Rationale for the decision

No anti-VEGF agent is licensed to reduce the risk of complications of vitrectomy. A number of randomised controlled trials are available which have assessed the use of one anti-VEGF drug, bevacizumab in patients undergoing pars plana vitrectomy for proliferative diabetic retinopathy. These studies are of variable quality but there are data from one good quality study demonstrating that there is a reduced risk of post operative vitreous haemorrhage in patients who have received bevacizumab compared with those who received no prior drug treatment. Evidence further suggests that bevacizumab improves visual acuity at six months post operatively with a small risk of adverse events.

There is uncertainty about the optimum dose or timing of administration prior to the surgical procedure.

The committee consider that evidence is sufficient to support commissioning of bevacizumab for this indication where the clinician considers the benefits justify its use and the patient understands the unlicensed nature of such use and the risks and benefits of treatment.

Guidance notes on exceptionality

Where the circumstances of treatment for an individual patient do not meet the criteria described above exceptional funding can be sought.

Plain language summary

Patients with diabetes are at risk of eye disease in which new blood vessels grow in the eye which may bleed or lead to other complications. A surgical procedure known as vitrectomy is sometimes recommended for such conditions. This procedure carries the risk of bleeding into the eye during and after the operation. These bleeds can result in the need for further surgery and can result in visual loss, both in the short term and longer term. The use of a drug, called bevacizumab, injected into the eye before the surgery has been shown to reduce the risk of bleeds and other complications associated with the surgery. It also has a favourable effect on vision during the first six months after surgery. This drug has never been approved by drug regulatory agencies for use in the eye but there is extensive experience worldwide of injecting it into the eye for a range of different eye conditions. It is difficult to be certain about the side effects of this use but studies indicate that the risks are small. The doctor needs to explain the potential benefits and risks of the injection to the patient and gain their consent before using the drug.

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