NHS Bedfordshire Clinical Commissioning Group

NHS Luton Clinical Commissioning Group

BEDFORDSHIRE AND LUTON JOINT PRESCRIBING COMMITTEE (JPC)

February 2016

Review: February 2019

Bulletin 237: **Use of bevacizumab (Avastin®) to treat wet age-related macular degeneration (EoE PAC Briefing statement)**

The East of England Priorities Advisory Committee (EoE PAC) briefing statement was noted by the JPC.

BRIEFING

Use of bevacizumab (Avastin®) to treat wet age-related macular degeneration (AMD)

Summary of current position, December 2015

Bevacizumab (Avastin®) was widely used "off label" to treat wet AMD by UK ophthalmologists before ranibizumab (Lucentis®) was licensed and then approved by the National Institute for Health and Care Excellence (NICE) in 2007. It has continued to be used by clinicians in both the NHS and private sector.

Lucentis® currently costs ten to 20 times more than Avastin® and the use of Avastin® instead of Lucentis® has the potential to release an estimated £102 million a year for patient services.[1]

However, the complexities around the legal and regulatory positions has led to confusion about what clinicians can and can't prescribe and what Clinical Commissioning Groups (CCGs) should commission.

Over 100 CCGs in England have written to the Health Secretary, NHS leaders, and the General Medical Council seeking a resolution[1]. The Royal College of Ophthalmologists have also called for UK regulatory bodies to re-examine the licensing process and the grey area of off-label use.[2]

On 23rd March 2015, George Freeman, the Parliamentary under Secretary of State for Life Sciences responded to the letter from the CCGs, saying that European and domestic law made it illegal to use bevacizumab (Avastin®) over ranibizumab (Lucentis®).[1]

In a written response to a question from John Glen MP, Mr. Freeman stated:

"*We have stressed that clinical commissioning groups' commissioning policies must respect the European legislation and guidance from the General Medical Council (GMC) and MHRA that prohibits the supply of an unlicensed medicine where a licensed one is available, unless there is a "special need" which means that the unlicensed treatment is better suited to the clinical need of an individual patient*".[3]

In a letter written in response to CCGs, he wrote: "*The use of Avastin® to treat AMD is an unlicensed use and setting a policy for routine use of Avastin® on ground of cost alone is not therefore something I can support nor would it be prudent for me to risk public funds by underwriting it.*"[4]

Debate remains as to the legal basis for the government stance,[1,5] however until further clarification is available, commissioning policies that promote the use of Avastin® in preference to Lucentis® on cost grounds alone may be subject to legal challenge.

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Document history

PAC approval date	16 November 2015	**Version**	1
Consultation process	PAC members		
QA process	Katie Smith, Regional Medicines Information Director, East Anglia Medicines Information Service, 1 December 2015		

References

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