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Doctors face pressure to use cheaper eye drug

By Andrew Jack



Doctors are coming under growing budgetary pressure to prescribe a cancer drug for patients with a severe eye disease instead of a more expensive authorised alternative – despite potential side-effects.

Several commissioning bodies overseeing at least 20 English primary care trusts (PCTs) have recommended a switch to Avastin rather than the related but costlier medicine Lucentis

– the only drug authorised by Royal College of Ophthalmologists to treat the condition of wet age-related macular degeneration (AMD) – a cause of blindness.

The safety of the treatment has been questioned by ophthalmologists as well as by Roche and Novartis, the drug companies which jointly developed and sell both medicines.

Clara Eaglen, policy and campaigns manager at the Royal National Institute for the Blind, said: “We’re fully aware of the financial pressures facing the NHS, but . . . safety is paramount and PCTs should not abandon evidence-based medicine and prescribe Avastin off label for quick financial gain.”

Responding to the sharp difference in price of two drugs, prescribers have split vials of Avastin into multiple doses to be used in the far smaller quantities required to inject into the eye to treat AMD – and at a fraction of the price.

Lucentis, known generically as ranibizumab, costs nearly £900 for an injection, compared with £50 for Avastin (bevacizumab) in equivalent quantities, according to estimates from the North East Treatment Advisory group.

GMC reviews guideline

The General Medical Council, the doctors’ disciplinary body, is poised to release new guidelines this year which could provide prescribers with more freedom to use medicines beyond their officially approved uses.

Under certain circumstances doctors are already allowed to prescribe drugs “off label” when treating patients for whom the products have not been rigorously tested.

The rules allow for licensed medicines to be given in doses or among groups of patients, such as children, for which clinical proof is often limited, as well as “unlicensed” medicines which have not been authorised for particular diseases.

Existing GMC guidance says doctors should “be satisfied that [a medicine] would better serve the patient’s needs than an appropriately licensed

alternative". The draft revision issued this year, which has triggered concern it is too lenient, says they should be "satisfied, on the basis of authoritative clinical guidance, that it is as safe and effective as an appropriately licensed alternative".

Niall Dickson, chief executive of the GMC, said: "We proposed this change as a result of inquiries from doctors, medical directors and commissioners about the opportunity costs of prescribing expensive licensed medicines when more cost-effective, off-label options are recommended by Nice [National Institute for Clinical Excellence]."

A typical treatment requires up to 14 injections over two years.

Pharmacists say they are supplying 20,000 doses a year of Avastin for AMD, while the NHS is paying £130m a year for Lucentis.

Initial findings comparing the two drugs suggested that they were equally effective at treating AMD but Novartis has criticised the studies for being too small to identify rare side-effects. Cases of infection have been identified in AMD patients using Avastin, which is a modified version designed to remain in the body far longer than Lucentis.

The Ship cluster, which represents primary care trusts across Hampshire, voted on Tuesday to encourage doctors to prescribe Avastin for AMD to generate savings of up to £5m a year.

"It would save money [and] achieve equivalent outcomes," according to the board briefing document.

Stockport primary care trust has provided Lucentis in its own centres while offering to pay for patients to receive Avastin in private clinics with shorter waiting times, in a move it estimates will save £1.8m this financial year.

Cathy Yelf, head of external relations at the Macular Disease Society, said: "Everybody is talking about it. We're quite clear that we would rather people have Lucentis. But the cost differential is so enormous that with the circumstances PCTs are finding themselves in, it's completely understandable."

Dr Nick Lee, a consultant ophthalmologist with the Hillingdon Hospital, who helps run Lucentis clinical trials supported by Novartis, said he and colleagues in west London had written to their health trust in the spring warning that they would not prescribe Avastin for AMD.

"It is very difficult for us clinicians to support a drug, purely on economic grounds, that is also inferior."

Novartis and Roche, which say they have spent large sums developing and testing Lucentis specifically for AMD, have no incentive or legal requirement to study the relative safety and efficacy of Avastin, so the clinical trials examining the two drugs currently under way have been funded by public bodies including the US National Eye Institute.

Tim Cave, medical director for the company in the UK, said it was considering reducing the price of Lucentis. He added: "We're worried that in looking at efficiency people are throwing out the principle of keeping patients safe."

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