

<b>Title</b>	<b>Anti-angiogenic drugs in the treatment for age-related macular degeneration: issues associated with their use in Quebec – notice</b>
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<b>Reference</b>	ETMIS 2012 8(1) Printed French edition 978-2-550-63889-6 <a href="http://www.inesss.qc.ca/fileadmin/doc/INESSS/Rapports/DMLA/ETMIS2012_Vol8_No1.pdf">http://www.inesss.qc.ca/fileadmin/doc/INESSS/Rapports/DMLA/ETMIS2012_Vol8_No1.pdf</a> English summary (PDF) 978-2-550-63890-2 <a href="http://www.inesss.qc.ca/fileadmin/doc/INESSS/Rapports/DMLA/INESSS_Summary_AMD-Notice_EN.pdf">http://www.inesss.qc.ca/fileadmin/doc/INESSS/Rapports/DMLA/INESSS_Summary_AMD-Notice_EN.pdf</a>

## Aim

This notice, prepared by INESSS at the request of the Minister of Health and Social Services, followed the publication of the first major study comparing the two drugs (Comparison of Age-Related Macular Degeneration Treatments Trials, CATT). Moreover, concerns over the safety and preparation of Avastin when used in the form of an intravitreal injection had already been raised before the recent warning letters issued by the U.S. Food and Drug Administration regarding this particular issue. Given that the Minister wanted all parties concerned in Québec to have access to information that would help them make informed decisions regarding the use of anti-angiogenic agents in the treatment of AMD, he also asked INESSS for an advisory opinion on this issue.

## Conclusions and results

The analysis also reported on the major impact that will result from Health Canada's recent approval for the use of Lucentis for new indications, diabetic macular edema and retinal vein occlusion. These diseases, like AMD, are associated with aging, and it is highly likely that the manufacturer of this drug will submit an application to INESSS to enter the drug on the list of the RPAM. Furthermore, certain pharmaceutical companies are currently developing other anti-VEGF drugs, and some of these drugs are on the verge of being approved in other countries. In these circumstances, we can expect an increase in the intravitreal administration of anti-VEGF agents, such that the issues raised by their use will also become more prevalent. In the meantime, it would be important to keep a watch on the major studies underway, some of which will provide new scientific evidence on the adverse effects of Avastin. This notice should be reviewed when the scientific evidence from these studies becomes available.

Furthermore, on the basis of the identified issues and expert members' experience and knowledge of the field, the expert committee proposed a few other possible solutions to ensure its best use, combined with the efficient use of resources. These deserve careful examination, given the consequences they may have on practice both in the short term and in the years to come. Since these additional solutions were proposed by the members of this committee, they are presented in an addendum to this notice.

In conclusion, with the analysis presented in this advisory opinion, INESSS, in collaboration with the expert committee on the use of anti-VEGF agents for the treatment of AMD in Québec, hoped to shed as much light as possible on all the issues raised by their use. It is now up to all the parties concerned to make the necessary decisions regarding the use of either of these drugs that will be the most appropriate for health and well-being on both an individual and a collective level.

## Methods

Scientific evidence on the efficacy, safety and cost of anti-VEGF agents, especially ranibizumab (Lucentis) and bevacizumab (Avastin), is addressed in greater detail in the preparatory note to this document. This notice, prepared by INESSS at the request of the Minister of Health and Social Services, followed the publication of the first major study comparing the two drugs (Comparison of Age-Related Macular Degeneration Treatments Trials, CATT).

INESSS formed a committee of experts and representatives of its network partners to help shed light on the contextual aspects and issues related to this practice. The Minister's request indicated that this work should not adopt the perspective of entering these agents on *List of Medications* covered by the basic prescription drug insurance plan and the *List of Medications - Institutions*.

## Written by

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