

14th January 2008

Mr Christopher Feinmann
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Dear Christopher

DEPARTMENT OF HEALTH COMMENTS ON THE APPRAISAL CONSULTATION DOCUMENT “RANIBIZUMAB AND PEGAPTANIB FOR THE TREATMENT OF AGE-RELATED MACULAR DEGENERATION (AMD)”

Thankyou for the opportunity to comment on this Appraisal Consultation Document.

As we have previously indicated, it should be noted that the Government has supported the objectives of the World Health Organisation’s resolution on the elimination of avoidable blindness by 2020. The Department very much welcomes the development of any clinically and cost effective treatments that support this wider objective.

Comments

The Committee sought comments under four broad headings and our comments are:

i) Do you consider that all of the relevant evidence has been taken into account?

We have no comments on this point.

ii) Do you consider that the summaries of clinical and cost effectiveness are reasonable interpretations of the evidence and that the preliminary views on the resource impact and implications for the NHS are appropriate?

To what extent NICE has taken account of non-drug costs (eg case volume increase/more visits/demands on staffing and theatre space)? It would be

helpful if NICE could explain in the documentation how these costs have been taken into account.

iii) Do you consider that the provisional recommendations of the Appraisal Committee are sound and constitute a suitable basis for the preparation of guidance to the NHS?

Did the Appraisal Committee consider whether there was a case for allowing use of pegaptanib in particular cases where there were indications of intolerance of ranibizumab? In addition, did it consider whether in such cases it would stabilise vision more effectively than visudyne and therefore improve overall outcomes? Are NICE happy that they have properly considered this issue and could this be explained?

iv) Are there any equality related issues that may need special consideration?

As the document acknowledges, AMD is a condition which usually affects people aged over 50, and risk increases significantly with age. The possibility of successful treatment is therefore clearly of particular significance to older people.

The Department will be separately considering the detail of any proposed scheme Novartis puts forward for capping the cost to the NHS of the cost of ranibizumab, and we will write to you separately about this if such proposals are made.

Yours sincerely

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