

## **Economic plan**

This plan identifies the areas prioritised for economic modelling. The final analysis may differ from those described below. The rationale for any differences will be explained in the guideline.

## 1 Guideline

Full title of guideline: Diabetic retinopathy: management and monitoring

## 2 List of modelling questions

Review questions by scope area	RQ5: What is the effectiveness and acceptability of antivascular endothelial growth factor agents and laser photocoagulation (alone or in combination) for the treatment of non-proliferative and proliferative diabetic retinopathy without macular oedema?
Population	People with a diagnosis of proliferative diabetic retinopathy and who do not have a diagnosis of DMO.
Interventions and comparators considered for inclusion	Anti-VEGFs a. Ranibizumab b. Aflibercept c. Bevacizumab  Laser therapy a. Panretinal photocoagulation (PRP)  Combinations of anti-VEGF and PRP a. Ranibizumab plus PRP b. Bevacizumab plus PRP
Perspective	NHS and PSS (costs and outcomes)
Outcomes	Cost per QALY gained
Type of analysis	CUA
Issues to note	Due to limited available evidence in non-proliferative diabetic retinopathy the modelling was conducted in proliferative disease only.

## **Economic Plan**

Review questions by scope area	RQ7: What is the effectiveness and acceptability of intravitreal steroids, laser photocoagulation and anti-vascular endothelial growth factor agents for treating diabetic macular oedema?
Population	People with a diagnosis of DMO.
Interventions and comparators considered for inclusion	Anti-VEGFs a. Ranibizumab b. Aflibercept c. Faricimab d. Brolucizumab e. Bevacizumab  Intravitreal steroids a. Dexamethasone b. Fluocinolone acetonide (pseudo phakic lens only)  Macular laser therapies a. Standard threshold laser b. Subthreshold micropulse laser  Combinations of anti-VEGF and macular laser therapy a. Ranibizumab plus standard threshold laser b. Bevacizumab plus standard threshold laser
Perspective	NHS and PSS (costs and outcomes)
Outcomes	Cost per QALY gained
Type of analysis	CUA
Issues to note	Due to data availability the modelling is restricted to those with centre involving DMO.