NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Health Technology Evaluation

Port delivery platform with ranibizumab for treating wet age-related macular degeneration

Draft scope

Draft remit/evaluation objective

To appraise the clinical and cost effectiveness of port delivery platform with ranibizumab within its marketing authorisation for treating wet age-related macular degeneration which has responded to anti-VEGF treatment.

Background

The macula is the central part of the retina responsible for colour vision and perception of fine detail. Age-related macular degeneration (AMD) is when ageing causes damage to the macula, which can lead to severe visual impairment in the affected eye.

AMD is a common cause of vision loss in people aged over 50 and is associated with the loss of central vision and visual distortion. There are 2 main types of AMD, wet (neovascular) and dry (non-neovascular). Wet AMD usually develops much more quickly than dry AMD and is characterised by the growth of abnormal blood vessels beneath the retina. These new blood vessels are fragile and more likely to haemorrhage, which causes scarring of the macula leading to vision impairment. Wet AMD accounts for around 10% of all cases of AMD and about 60% of advanced (late-stage) cases.[1] In the UK, prevalence of wet AMD is estimated to be 1.2% (2.5% in those aged 65 or above and 6.3% in those aged 80 or above) with an estimated 40,000 new cases of wet AMD in the UK each year.[2]

The NICE guideline on AMD (NG82) recommends offering intravitreal anti-vascular endothelial growth factor (VEGF) treatment. Anti-VEGF medications that are licensed options for the treatment of wet AMD include ranibizumab (solution for intravitreal injection; TA155), aflibercept (TA294), brolucizumab (TA672), faricimab (TA800), and bevacizumab gamma (TA1022). Each guidance recommends treatment when:

- the best-corrected visual acuity is between 6/12 and 6/96,
- there is no permanent structural damage to the central fovea,
- the lesion size is less than or equal to 12 disc areas in greatest linear dimension, and
- there is evidence of recent disease progression.

NG82 also recommends considering anti-VEGF treatment for wet AMD with best-corrected visual acuity of 6/96 or worse if it will benefit the person's overall visual function (for example, if the affected eye is the person's better-seeing eye).

The technology

Port delivery platform with ranibizumab (Contivue with Susvimo, Roche) does not currently have a marketing authorisation in the UK for the treatment of wet AMD. Ranibizumab as an intravitreal injection has a marketing authorisation in the UK for

the treatment of wet AMD. Port delivery platform with ranibizumab has been studied in a non-inferiority clinical trial compared with ranibizumab as an intravitreal injection in adults with wet age-related macular degeneration whose disease has responded to anti-VEGF treatment.

Intervention	Port delivery platform with ranibizumab
Population	Adults with wet age-related macular degeneration whose disease has responded to anti-VEGF treatment
Subgroups	If the evidence allows the following subgroups will be considered: • people with highly active wet AMD lesions • people with glaucoma.
Comparators	• Ranibizumab (intravitreal injection) • Aflibercept • Bevacizumab gamma • Brolucizumab • Faricimab
Outcomes	The outcome measures to be considered include: • visual acuity (the affected eye) • overall visual function • central subfield foveal thickness (CSFT) • adverse effects of treatment (including rate and severity of surgical complications) • health-related quality of life.

Economic analysis	The reference case stipulates that the cost effectiveness of treatments should be expressed in terms of incremental cost per quality-adjusted life year. If the technology is likely to provide similar or greater health benefits at similar or lower cost than technologies recommended in published NICE technology appraisal guidance for the same indication, a cost comparison may be carried out. The reference case stipulates that the time horizon for estimating clinical and cost effectiveness should be sufficiently long to reflect any differences in costs or outcomes between the technologies being compared. Costs will be considered from an NHS and Personal Social Services perspective. The availability of any commercial arrangements for the intervention, comparator and subsequent treatment technologies will be taken into account. The availability and cost of biosimilar and generic products should be taken into account. Cost effectiveness analysis should include consideration of the benefit in the best and worst seeing eye.
Other considerations	Guidance will only be issued in accordance with the marketing authorisation. Where the wording of the therapeutic indication does not include specific treatment combinations, guidance will be issued only in the context of the evidence that has underpinned the marketing authorisation granted by the regulator.
Related NICE recommendations and NICE Pathways	**Related Technology Appraisals:** Ranibizumab and pegaptanib for the treatment of age-related macular degeneration (2008). Last updated 2024. NICE technology appraisal guidance 155. Aflibercept solution for injection for treating wet age-related macular degeneration (2013). NICE technology appraisal guidance 294. Brolucizumab for treating wet age-related macular degeneration (2021). NICE technology appraisal guidance 294. Faricimab for treating wet age-related macular degeneration (2022). NICE technology appraisal guidance 800. Bevacizumab gamma for treating wet age-related macular degeneration (2024). NICE technology appraisal guidance 1022. **Related Guidelines:** Age-related macular degeneration (2018). NICE guideline 82.

	Related Interventional Procedures: Miniature lens system implantation for advanced age-related macular degeneration (2016). NICE interventional procedures guidance 565. Epiretinal brachytherapy for wet age-related macular degeneration (2011). NICE interventional procedures guidance 415. Macular translocation with 360° retinotomy for wet age-related macular degeneration (2010). NICE interventional procedures guidance 340. Limited macular translocation for wet age-related macular degeneration (2010). NICE interventional procedures guidance 339. Transpupillary thermotherapy for age-related macular degeneration (2004). NICE interventional procedures guidance 58. Radiotherapy for age-related macular degeneration (2004). NICE interventional procedures guidance 49. **Related Quality Standards:** Serious eye disorders (2019). NICE quality standard 180.

Questions for consultation

Have all relevant comparators for port delivery platform with ranibizumab been included in the scope?

Are the outcomes listed appropriate?

Are the subgroups listed appropriate? Are there any other subgroups of people in whom port delivery platform with ranibizumab is expected to be more clinically effective and cost effective or other groups that should be examined separately?

Where do you consider port delivery platform with ranibizumab will fit into the existing care pathway for wet age-related macular degeneration?

Please select from the following, will port delivery platform with ranibizumab be:
A. Prescribed in primary care with routine follow-up in primary care
B. Prescribed in secondary care with routine follow-up in primary care
C. Prescribed in secondary care with routine follow-up in secondary care
D. Other (please give details):
For comparators and subsequent treatments, please detail if the setting for prescribing and routine follow-up differs from the intervention.

Would port delivery platform with ranibizumab be a candidate for managed access?

Do you consider that the use of port delivery platform with ranibizumab can result in any potential substantial health-related benefits that are unlikely to be included in the QALY calculation?

Please identify the nature of the data which you understand to be available to enable the committee to take account of these benefits.

NICE is committed to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relations between people with particular protected characteristics and others. Please let us know if you think that the proposed remit and scope may need changing in order to meet these aims. In particular, please tell us if the proposed remit and scope:

- could exclude from full consideration any people protected by the equality legislation who fall within the patient population for which port delivery platform with ranibizumab will be licensed;

- could lead to recommendations that have a different impact on people protected by the equality legislation than on the wider population, e.g. by making it more difficult in practice for a specific group to access the technology;

- could have any adverse impact on people with a particular disability or disabilities.

Please tell us what evidence should be obtained to enable the committee to identify and consider such impacts.

NICE is considering evaluating this technology through its cost comparison evaluation process. Please provide comments on the appropriateness of appraising this topic through this process. (Information on NICE's health technology evaluation processes is available at https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/nice-technology-appraisal-guidance/changes-to-health-technology-evaluation).

Technologies can be evaluated through the cost-comparison process if they are expected to provide similar or greater health benefits, at a similar or lower cost, compared with technologies that have been previously recommended (as an option) in published NICE guidance for the same indication. Companies can propose cost-comparison topics to NICE at any stage during topic selection and scoping. NICE will route technologies for evaluation through the cost-comparison process if it is agreed during scoping that the process is an appropriate route to establish the clinical and cost effectiveness of the technology.

NICE's health technology evaluations: the manual states the methods to be used where a cost comparison case is made.

- Is the technology likely to be similar in its clinical effectiveness and resource use to any of the comparators? Or in what way is it different to the comparators?
- Will the intervention be used in the same place in the treatment pathway as the comparator(s)? Have there been any major changes to the treatment pathway recently? If so, please describe.
- Will the intervention be used to treat the same population as the comparator(s)?
- Overall is the technology likely to offer similar or improved health benefits compared with the comparators?
- Would it be appropriate to use the cost-comparison methodology for this topic?

References

1. Patient Info (2021). Age-related Macular Degeneration. Accessed December 2025.

2. Owen, C.G., Jarrar, Z., Wormald, R., Cook, D.G., Fletcher, A.E. and Rudnicka, A.R. The estimated prevalence and incidence of late stage age related macular degeneration in the UK. British Journal of Ophthalmology, 2012, 96: 752-756