NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

Health Technology Appraisal

Ranibizumab and pegaptanib for the treatment of age-related macular degeneration

Response to public comments on the second ACD issued December 2007

Main themes of correspondence

The following recurring themes were identified from the letters, emails and website comments. These are listed below.

Theme	Institute Response
The greatest concern was with the issue of timeliness. Nineteen respondents commented that NICE should aim to issue this guidance as soon as possible. Reasons given were that the condition progresses very quickly and most cannot afford to pay for these treatments privately.	Comments noted
Of the 61 responses, 37 agreed with the recommendations in ACD2, 8 partially agreed but raised some concerns, 8 did not state their position and 8 respondents indicated that they did not understand the document and so were unable to comment. None stated that they fundamentally disagreed with the recommendations.	Comments noted
There was concern about the 6/60 cut-off point for treatment. Three respondents disagreed with this, as they felt it was too stringent and would mean that patients who may benefit from treatment would be denied it.	The FAD has since been amended. See sections 1.1, 1.2, 4.3.25 and 4.3.26.
Two respondents were concerned about the administrative arrangements for the potential dose-capping scheme	Comments noted. The Committee discussed a scheme suggested by the manufacturer of ranibizumab in which the number of injections paid for by the NHS could be capped, with any remaining injections paid for by the manufacturer. It estimated that ranibizumab

	was likely to be cost effective if the cost of treatment to the NHS was limited to 14 injections per eye. See FAD sections 1.1, 1.2, 4.3.22, 4.3.25 and 4.3.26. Further documentation about the scheme will be made available.
Eleven respondents stressed the impact of blindness on themselves and their families. A key concern was the impact on carers	The Committee discussed the utility values (which provide a measure of quality of life) used in the economic models - see FAD section 4.3.15). The resources use and costs incorporated in the Assessment Group's economic model included those for community care and residential care (see FAD section 4.2.3.3). The Appraisal Committee considers cost-effectiveness of technologies with regard to the reference case specified in the Guide to the Methods of Technology Appraisal. (Available from URL http://www.nice.org.uk/page.aspx?o=201974). In the reference case, the perspective on outcomes is all health effects on individuals.
Six respondents commented on the wider costs to society and asked that the Committee take these costs into account when assessing the cost of blindness.	The Committee's considerations on costs related to blindness are discussed in section 4.3.16 of the FAD. The Appraisal Committee considers cost-effectiveness of technologies with regard to the reference case specified in the Guide to the Methods of Technology Appraisal. (Available from URL http://www.nice.org.uk/page.aspx?o=201974). In the reference case, the perspective on costs is that of the NHS and Personal Social Services.
Fourteen respondents commented on their own experience of treatments for AMD. Three respondents said they had experienced successful treatment with ranibizumab. Seven respondents stated that they had tried bevacizumab, which had either halted deterioration or improved sight in all but 1 case. Six commented that bevacizumab should be appraised by NICE as it seems to work and is considerably cheaper than ranibizumab and pegaptanib. Three respondents had tried photodynamic therapy but only	The Committee considered the evidence for the clinical effectiveness of ranibizumab and pegaptanib. It concluded that both pegaptanib and ranibizumab are clinically effective in the treatment of wet AMD, but that ranibizumab is associated with greater clinical benefit. See FAD sections 4.3.4 to 4.3.7 and 4.3.27.

1 was successful.	
There were 3 comments on issues related to cost-effectiveness modelling.	The Committee's considerations of the evidence for cost effectiveness of ranibizumab and pegaptanib are discussed in sections 4.3.8 to 4.3.24 of the FAD. The Committee concluded that treatment with ranibizumab of the eye to be treated would be cost effective if the manufacturer pays for the costs of treatment beyond 14 injections in the treated eye. The Committee further concluded that treatment with pegaptanib for wet AMD is not a cost-effective use of NHS resources.
A petition was coordinated by the Royal National Institute of Blind People (RNIB). The statement on this petition was: 'Thank you for your commitment to make sight-saving treatments for AMD available on the NHS. I welcome your new draft guidance, but I urge you to lower the treatment threshold so more people's sight can be saved. Please ensure there are no delays in issuing final guidance – every day counts when you are losing your sight.'	Comments noted. The FAD has since been amended. See sections 1.1, 1.2, 4.3.25 and 4.3.26.

NICE Secretariat
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