National Institute for Health and Care Excellence

Single Technology Appraisal (STA)

Brolucizumab for treating diabetic macular oedema

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Comment 1: the draft remit

Section	Consultee/ Commentator	Comments [sic]	Action
Appropriateness	Novartis	The topic is appropriate	Thank you for your comment. No action required.
	AbbVie	Yes	Thank you for your comment. No action required.
	Alimera	Brolucizumab should be reviewed in light of other available treatments in a stepwise manner. VEGF related neovascularization is only one part of the pathology of DMO. This review should focus on assessing if the Brolucizumab provides a significant step forward in innovation, efficacy and safety to other available drugs that target VEGF. Other treatments (e.g. corticosteroids) may offer a broader mode of action and as such a new treatment targeting VEGF alone should offer significant advantages to already available treatments. A switch in class (from an anti-VEGF to a corticosteroid) should perhaps be considered if therapy with an anti-VEGF has been tried and had failed	Thank you for your comment. The appraisal committee will consider the extent to which brolucizumab is innovative in its decision making. No action required.

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	Bayer	No comment	Thank you. No action required.
	Roche	No comment	Thank you for your comment. No action required.
	Fight for sight	Diabetic Retinopathy is one of the most common causes of sight loss among working age people. With rates of diabetes on the rise, the amount of people likely to suffer from this condition is likely to significantly increase.	Thank you for your comment. No action required.
	Macular Society	Yes	Thank you for your comment. No action required.
Wording	Novartis	Yes	Thank you for your comment. No action required.
	AbbVie	Yes, the wording of the remit reflects the issues of clinical and cost-effectiveness about the technology that NICE should consider	Thank you for your comment. No action required.
	Alimera	No additional comments	Thank you for your comment. No action required.
	Bayer	No comment	Thank you. No action required

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	Roche	The wording of the remit is appropriate	Thank you for your comment. No action required.
	Fight for sight	No issue	Thank you for your comment. No action required.
	Macular Society	Yes	Thank you for your comment. No action required.
Timing Issues	Novartis	Brolucizumab has the potential to address the unmet need for effective disease control with reduced treatment frequency burden compared with available therapy. Brolucizumab 6mg was non-inferior to aflibercept 2mg in vision improvement (best corrected visual acuity) in the KITE and KESTREL trials at 52 weeks.1 More than 50% of the patients in both KITE and KESTREL achieved stability with regards to BCVA and anatomical parameters, with a treatment interval of 12 weeks, immediately after the loading dose, with no need to adopt treat-and-extend or pro re nata regimes. In KITE, patients had the opportunity to have their interval extended to 16-weekly starting from week 72. These intervals are either longer and/or more quickly achieved than those of the currently licenced and NICE approved anti-VEGFs at year 1. This is particularly important due to the current capacity constraints in the NHS. Even prior to the COVID-19 pandemic, ophthalmology services faced long wait lists causing a backlog of DMO patients requiring treatment and review. In 2019, 77% of providers indicated to GIRFT that they had delayed follow up appointments for medical retina patients. These delays have been further increased by the pandemic. Delay of appointments and subsequently	Thank you for your comment. NICE aims to publish guidance as soon as possible after the company receives the marketing authorisation and introduces the technology in the UK. NICE has scheduled this topic into its work programme.

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		treatment can lead to avoidable vision loss. Therefore, we believe that timely NICE guidance for brolucizumab would be valuable to patients, their carers and the NHS.	
	AbbVie	Routine	Thank you. No action required.
	Alimera	As VEGF approaches are already available, and treatments with a much longer duration of treatment than Brolucizumab have been reviewed (TA613, TA349), Alimera believe a focus on implementing these strategies may be important to prioritise and address current backlogs in intravitreal injection rates following the impact of the COVID-19 pandemic.	Thank you for your comment. No action required.
	Bayer	No comment	Thank you. No action required.
	Roche	No comment	Thank you. No action required.
	Fight for sight	As stated, there is not an immediate time pressure, however, DMO is likely to become an increasing issue in the future, so addressing it now is wise.	Thank you for your comment. No action required
	Macular Society	Not urgent	Thank you for your comment. No action required
	Novartis	None	Thank you. No action required.

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Any additional comments on the draft remit	AbbVie	None	Thank you. No action required.
	Alimera	See above around duration/innovation	Thank you for your comment. No action required.
	Bayer	N/A	Thank you. No action required.
	Roche	None	Thank you. No action required.
	Fight for sight	None	Thank you. No action required.
	Macular Society	N/A	Thank you. No action required.
Background information	Novartis	This section is considered accurate	Thank you for your comment. No action required
	AbbVie	Mostly accurate In the last para regarding TA349, “For chronic DMO that does not respond to…”; the word “chronic” isn’t correct and should be taken-off. Ozurdex is NICE recommended in DMO pseudophakic patients who are insufficiently responsive or, unsuitable for, non-corticosteroid treatments i.e. its not restricted to chronic DMO patients.	Thank you for your comment. The scope has been updated with the suggestion.

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	Alimera	Already existing backlogs in Ophthalmology services have been exacerbated by COVID-19. Ophthalmology is a resource heavy NHS service, and recorded the highest level of outpatient activity of all NHS services in 2019-20 with 7.9 million attendances. Chronic conditions (e.g. cataract development, glaucoma, age related macular oedema, diabetic macular oedema) have been severely delayed during this prolonged pandemic period leading NHS England leadership to request that all healthcare systems aim for top quartile performance in productivity in high-volume clinical pathways systems with the greatest COVID-19 patient backlogs. Ophthalmology is a key focus for NHS England as it is one of the top 4 priority areas. Due to COVID-19 backlogs, less clinically burdensome pharmacological options for the treatment of DMO might need to be prioritised due to the changing clinic environment in real-world practices. Frequent injections are required with anti-VEGF treatments for the treatment of nAMD as well as DMO (TA274 and TA346). These treatments represent a key area of clinical burden for Ophthalmology services. Whilst it appears the primary benefit of brolucizumab lies in a longer interval between injections or a decreased injection burden to the patient, it does not appear to represent a step change to current injection burden with currently available anti-VEGF treatments. In Canadian cost analysis (nAMD), Brolucizumab represents a similar annual cost burden to currently licenced anti-VEGF treatments for DMO. This cost analysis also did not take into account lower biosimilar costs that may be on the horizon in the NHS.	Thank you for your comment. No action required.
	Bayer	No comment	Thank you. No action required.
	Roche	This information is accurate and complete.	Thank you for your comment. No action required

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	Fight for sight	The background provides a good overview of the situation and the condition and feels complete.	Thank you for your comment. No action required
	Macular Society	Good	Thank you for your comment. No action required.
The technology/ intervention	Novartis	This section is considered accurate.	Thank you for your comment. No action required.
	AbbVie	Yes, the description of the technology is accurate.	Thank you for your comment. No action required.
	Alimera	It is important to flag data from the US that highlights the safety concerns around occlusive retinal vasculitis following intravitreal treatment with brolucizumab.	Thank you for your comment. The committee will consider the potential impact of adverse events on health outcomes and costs.
	Bayer	No comment	Thank you. No action required.
	Roche	No comment	Thank you. No action required.

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	Fight for sight	The technology and method of administration are stated, but there is no indication to how often the injections are administered.	Thank you for your comment. The committee will consider treatment frequency during the appraisal. No action required.
	Macular Society	Yes	Thank you for your comment. No action required
Population	Novartis	The population is correct and in line with the expected licence.	Thank you for your comment. No action required
	AbbVie	Yes, the population is defined appropriately.	Thank you for your comment. No action required
	Alimera	No comments	Thank you. No action required.
	Bayer	No comment	Thank you. No action required.
	Roche	The population is defined appropriately.	Thank you for your comment. No action required.

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	Fight for sight	Have identified that the condition is common in African-Caribbean and South Asian families. It may be helpful to include the incident rates for Type 1 and Type 2 diabetes and DMO.	Thank you for your comment. The background section of the scope aims to provide a brief summary of the disease and its incidence, it is not designed to be exhaustive in its detail. No changes were made to the scope.
	Macular Society	Yes, the population is defined appropriately. No (there are no groups within this population that should be considered separately)	Thank you for your comment. No action required.
Comparators	Novartis	**Aflibercept and ranibizumab** As outlined in the background section, aflibercept and ranibizumab are current standard of care for the treatment of visual impairment due to DMO with a central retinal thickness (CRT) of 400 micrometers or more and are both licensed and recommended within NICE guidance. Aflibercept is the most relevant comparator for brolucizumab. [redacted]	Thank you for your comment. At the scoping stage of the appraisal, identification of comparators should be inclusive. The potential comparators listed in the scope represent treatments used to treat diabetic macular oedema in NHS clinical practice. Additionally, the

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		[redacted]. A comparison with aflibercept is the most robust as it is based on randomised, head-to-head trial data, rather than indirect comparison, which will be necessary for a ranibizumab comparison. Bevacizumab Unlicensed bevacizumab is not an appropriate comparator for this topic as it is neither standard of care nor has a marketing authorisation in the UK for DMO. While licensed and NICE approved treatments have been assessed to be clinically and cost-effective, unlicensed therapies such as bevacizumab have not undergone the same rigorous scrutiny. In TA346 the committee concluded that bevacizumab was not a comparator because there was insufficient evidence on bevacizumab to make any robust comparisons with aflibercept. In addition, although this HTA submission is concerned with brolucizumab's indication for DMO, the recent Judicial Review case concerning the use of compounded bevacizumab over and above other licensed anti-VEGFs for wAMD patients draws parallels, and the underlying principles established in the Judicial Review can be applied equally to DMO.8 Whilst the Court of Appeal provided clarification that supplying unlicensed bevacizumab to treat wAMD – and therefore by extension and relevance hereto, DMO – patients is only permissible where there is an individual prior patient prescription in place before reformulating bevacizumab in an NHS setting. Notwithstanding, concern remains that the Court does not consider a policy implementing the systematic use of an off-licence medicine to treat patients with wAMD to be detrimental to public health and the regulatory system. The existing regulatory framework was established to protect patient safety and ensure pharmacovigilance obligations are adhered to and the policy at the heart of the Judicial Review undermines that framework. Irrespective of the indication, Novartis maintains it is not appropriate to use compounded bevacizumab – not licensed for ophthalmic	comparators are consistent with previous scopes for diabetic macular oedema. Any exclusion from the decision problem in the company submission should be fully justified and will be considered during the course of the appraisal. An additional comparator (subject to NICE appraisal) has been added to the scope to keep comparators broad and inclusive.

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		use – when licensed alternatives are available, particularly when aflibercept and ranibizumab are already deemed to be cost effective by NICE. **Laser photocoagulation** Laser photocoagulation alone is not considered standard of care for the treatment of centre-involving DMO. The Royal College of Ophthalmologists Consensus Guideline only recommends the use of laser for non-centre involving DMO therefore it sits in a different part of the pathway to what is expected for brolucizumab. Furthermore, use of laser photocoagulation in clinical practice is low. In TA346, clinical experts advised that in recent years, the use of laser photocoagulation has declined due to retinal scarring associated with the procedure, alongside uptake of new treatments (anti-VEGF therapies and corticosteroids). **Dexamethasone intravitreal implant and fluocinolone acetonide intravitreal implant** The corticosteroids flucinolone acetonide and dexamethasone are not appropriate comparators for brolucizumab. They are recommended by NICE in different positions in the care pathway to the anticipated position of brolucizumab. Both treatments are recommended after non-corticosteroid treatments such as anti-VEGFs. Furthermore, clinical experts in TA346 confirmed that these are only given as second-line therapies for patients whose disease has not adequately responded to first-line anti-VEGF treatment.	

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	AbbVie	Yes, these are the standard treatments currently used in the NHS with which the technology should be compared. Yes (this can be described as 'best alternative care')	Thank you for your comment. No action required.
	Alimera	These capture the main comparators. It is important to also note that anti-VEGF treatments will significantly decline in price with the arrival of biosimilar formulations.	Thank you for your comment. The availability and cost of biosimilar and generic products will be taken into account during the appraisal. No action required.
	Bayer	Bevacizumab is not an appropriate comparator to brolucizumab. Bevacizumab cannot be considered 'routine practice' or 'best alternative care' as it is not licensed for use in the eye and its use in the NHS is very low.	Thank you for your comment. At the scoping stage of the appraisal, identification of comparators should be inclusive. The potential comparators listed in the scope represent treatments used to treat diabetic macular oedema in NHS clinical practice. Additionally, the comparators are consistent with previous scopes for diabetic

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			macular oedema. Any exclusion from the decision problem in the company submission should be fully justified and will be considered during the course of the appraisal.
	Roche	Bevacizumab is not an appropriate comparator to brolucizumab. Bevacizumab cannot be considered 'routine practice' or 'best alternative care' as it is not licensed for use in the eye and its use in the NHS is very low.	Thank you for your comment. At the scoping stage of the appraisal, identification of comparators should be inclusive. The potential comparators listed in the scope represent treatments used to treat diabetic macular oedema in NHS clinical practice. Additionally, the comparators are consistent with previous scopes for diabetic macular oedema. Any exclusion from the decision problem in the company submission should be fully justified and will be considered

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			during the course of the appraisal.
	Fight for sight	The list looks comprehensive.	Thank you for your comment. No action required.
	Macular Society	Yes (these are the standard treatments currently used in the NHS with which brolucizumab should be compared)	Thank you for your comment. No action required
Outcomes	Novartis	As per protocol, patients enrolled in the KITE and KESTREL trials had only one eye treated (the worst-sighted one if both eyes affected) therefore BCVA outcomes for both eyes were not recorded. Also, the outcome 'sensitivity to contrast' is not applicable as it was not assessed in the KITE or KESTREL trials. Other listed outcomes are appropriate.	Thank you for your comment. To maintain consistency with previous appraisals in this disease area, BVCA for both eyes has been retained as an outcome.
	AbbVie	Yes, the listed outcome measures capture the most important health benefits (and harms) associated with the technology.	Thank you for your comment. No action required.
	Alimera	Additional outcomes should include: a. Clinic burden of intravitreal injection (i.e., treatment number and visits) b. Patient/carer burden of intravitreal injection c. Mean average BCVA (area under the curve)	Thank you for your comment. The list of outcomes is not intended to be exhaustive. The committee can consider additional outcomes to

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		d. Mean average CST (area under the curve)	those listed in the scope.
	Bayer	No comment	Thank you. No action required.
	Roche	In line with the final scope for faricimab for DMO, “complete resolution of macular oedema” should be included.	Thank you for your comment. The list of outcomes is not intended to be exhaustive. The committee can consider additional outcomes to those listed in the scope.
	Fight for sight	Would adverse effects of the treatment encompass retinal swelling or scarring?	Thank you for your comment. Adverse effects can include any effects caused by the treatment. No action required
	Macular Society	Yes (these outcome measures capture the most important health related benefits (and harms) of the technology)	Thank you for your comment. No action required.
Economic analysis	Novartis	[redacted]	Thank you for your comment. No action required.

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		[redacted]	
	AbbVie	The time horizon should be set at a value that is considered sufficiently long to capture all important differences in costs and outcomes, specifically in terms of reaching (or avoiding) the impact of severe visual impairment.	Thank you for your comment. No action required.
	Alimera	**Tighter emphasis on real-world clinical practice and patient reported outcome measures**. It is difficult to comment upon the economic analysis until we know the type of new data for the product in question. It would be beneficial to place tighter emphasis upon healthcare resource use, patient reported outcome measures (rather than just BCVA/CRT) and real-world comparison due to the frequency of injections required for suggested anti-VEGF comparators that may not be injected in line with evidence and SPC in real-world practice. The latter point is especially relevant considering the COVID-19 backlogs mentioned in point 3 above.	Thank you for your comment. Real-world data may be used in the appraisal as appropriate. No action required.
	Bayer	No comment	Thank you. No action required.
	Roche	No comment.	Thank you. No action required.
	Fight for sight	No comment	Thank you. No action required.
	Macular Society	No comment	Thank you. No action required.

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Equality and diversity	Novartis	Certain levels of visual impairment resulting from DMO are a legally recognised disability, as stated in the Equality Act 2010. The patient population addressed in this submission is a protected group under this act.	Thank you for your comment. Where relevant and appropriate, protected characteristics as stated in equality legislation will be considered by the committee during the appraisal. No action required.
	AbbVie	The proposed scope and remit do not exclude any people protected by the equality legislation, lead to a recommendation that has a different impact on people protected by equality legislation than on the wider population or lead to recommendations that have an adverse impact on people with a particular disability or disabilities.	Thank you for your comment. No action required.
	Alimera	No comments	Thank you. No action required.
	Bayer	No comment	Thank you. No action required.
	Roche	If a person is registered as blind or partially sighted they are considered disabled, as stated in the Equality Act 2010. Therefore, the patient population addressed in this submission is a protected group under this act.	Thank you for your comment. Where relevant and appropriate, protected characteristics as stated in equality legislation will be

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			considered by the committee during the appraisal. No action required.
	Fight for sight	Nothing to add	Thank you for your comment. No action required.
	Macular Society	No comment	Thank you. No action required.
Other considerations	Novartis	[redacted]	Thank you for your comment. No action required.
	AbbVie	None	Thank you. No action required.
	Alimera	No comments	Thank you. No action required.
	Bayer	No comment	Thank you. No action required.
	Roche	No comment	Thank you. No action required.
	Fight for sight	No additional considerations	Thank you for your comment. No action required.

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	Macular Society	N/A	Thank you. No action required.
Innovation	Novartis	Molecule Brolucizumab is a humanized single-chain antibody fragment (scFv) inhibitor of VEGF-A.10 Owing to its small molecular size (26 kDa), brolucizumab can deliver more drug in a single injection than other anti-VEGF therapies, has rapid tissue penetration, and has a rapid systemic clearance rate. Outcomes Overall, brolucizumab demonstrated non-inferiority to aflibercept with respect to visual acuity and provided better control of fluid levels at 52 weeks.1 Anatomical Outcomes Greater fluid reductions were seen in the brolucizumab 6mg arm compared to aflibercept 2mg.1 Fluid measures are key markers used by physicians to determine injection frequency in clinical practice. Further, in KITE, significantly greater reductions in central subfield thickness (CSFT) were observed compared to aflibercept. CSFT is an important measure of abnormal fluid accumulation and oedema and may result in reduced vision. Results from year two (week 100) of KITE are consistent with the 52-week results. Year two data from KESTREL are expected [redacted]. The anatomical outcomes for brolucizumab resulting from KITE and KESTREL support the underlying hypothesis that a lower molecular weight combined with a higher concentration gradient between vitreous and retina increases the drug	Thank you for your comment. The appraisal committee will consider the extent to which brolucizumab is innovative in its decision making. No action required

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		distribution to the target site for a sustained period hence providing the potential for fewer injections compared to current available treatments. Extended Treatment Intervals The high injection frequency of anti-VEGF therapies impose a substantial treatment burden on patients with DMO and consequently adherence to anti-VEGF therapies is poor, with 44% of patients non-adherent after the first year.11-14 Poor adherence is associated with worse visual outcomes, with non-adherence linked to a 10-fold higher rate of significant vision loss, compared with patients who are adherent.14 The 6-week interval loading dose in brolucizumab arm contributes to alleviate patient and HCP burden .Greater fluid resolution and similar visual outcomes were achieved with brolucizumab 6mg with a lower re-treatment frequency versus aflibercept 2mg and after the loading phase, more than half of patients in the brolucizumab 6 mg arm were maintained on a 12-week treatment interval up to Week 52 in both KITE and KESTREL. Patients, carers and the NHS could benefit from fewer injections compared to existing treatments. Advantages include potential cost-savings for the NHS, relieving clinic capacity and reducing psychological burden associated with injections for patients and their families. Fewer injections are also more convenient for patients in relation to travel time and costs. Many DMO patients are working age and their productivity could benefit from less frequent appointments.15,16 Caregivers may also be required to take time off work, with half of caregivers spending 1–4 hours per appointment, including travel	

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		time and being with the patient while they recover.17 QALY calculations will not account for a reduction in the burden associated with DMO injections. Overall brolucizumab should be considered as a step-change in the management of DMO.	
	AbbVie	None	Thank you for your comment. No action required.
	Alimera	Brolucizumab should be reviewed in light of other available treatments in a stepwise manner. VEGF related neovascularization is only one part of the pathology of DMO. This review should focus on assessing whether brolucizumab provides a significant step forward in terms of innovation, efficacy and safety versus other available drugs that target VEGF. Other treatments (e.g. intravitreal corticosteroids) may offer a broader mode of action and as such a new treatment targeting VEGF alone should offer significant advantages to already available treatments. A switch in class (from an anti-VEGF to a corticosteroid) should perhaps be considered if an anti-VEGF treatment has been tried and failed. Whilst it appears the primary benefit of brolucizumab lies in a longer interval between injections or a decreased injection burden to the patient, it does not appear to represent a step change to current injection burden with anti-VEGF treatments.	Thank you for your comment. The appraisal committee will consider the extent to which brolucizumab is innovative in its decision making. No action required.
	Bayer	No comment	Thank you. No action required.

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	Roche	No comment	Thank you. No action required.
	Fight for sight	This is one more option that will be available for patients and as such Fight for Sight is supportive. As an anti-VEGF treatment, this is not unique, but if it reduces costs and treatment burden for patients, this is important.	Thank you for your comment. No action required.
	Macular Society	Brolucizumab will be an additional drug for the treatment of DMO, which may work better than the existing drugs for some patients. However it is not a step change in the management of the condition.	Thank you for your comment. The appraisal committee will consider the extent to which brolucizumab is innovative in its decision making. No action required.
Questions for consultation	Novartis	**Is the population defined appropriately? Is the population expected to include people with visual impairment due to diabetic macular oedema?** The population is appropriately defined. **Have all relevant comparators for brolucizumab been included in the scope? Which treatments are considered to be established clinical practice in the NHS for diabetic macular oedema?** Please see ‘comparator’ section above.	Thank you for your comments. The appraisal committee will consider the extent to which brolucizumab is innovative in its decision making. No action required.

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		Are the outcomes listed appropriate? Yes. **Are the subgroups suggested in 'Other considerations' appropriate?** **Are there any other subgroups of people in whom brolucizumab is expected to be more clinically effective and cost effective or other groups that should be examined separately?** [redacted] **Where do you consider brolucizumab will fit into the existing NICE pathways, Identifying and managing complications in adults with type 1 diabetes: eye disease and Identifying and managing complications in adults with type 2 diabetes: eye disease?** The existing NICE pathway is described in both the 'background' section of the scope, and the 'comparator' comments section above. Brolucizumab is an anti-VEGF with the potential to offer more complete fluid resolution and fewer injections during treatment. Brolucizumab is expected to fit in the pathway where currently recommended anti-VEGFs aflibercept and ranibizumab sit.	

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		Do you consider brolucizumab to be innovative in its potential to make a significant and substantial impact on health-related benefits and how it might improve the way that current need is met (is this a 'step-change' in the management of the condition)? Yes. Please see 'innovation' section above. **Do you consider that the use of brolucizumab can result in any potential significant and substantial health-related benefits that are unlikely to be included in the QALY calculation?** As mentioned in the 'Innovation' section above, brolucizumab has the potential to reduce burden with better fluid control and less injections compared to currently licensed and NICE approved anti-VEGFs. The need to travel to appointments for frequent injections leads to work absences, potentially for both patients and their carers, depending on the situation. Reduced work productivity due to medical appointments for patients and carers will not be captured in the QALY calculation. The psychological burden of frequent injections can lead to reduced adherence and thus, poorer vision outcomes.16 This leads to further vision loss and decreased independence, including the ability to work for patients. This burden also directly affects carers as well. Finally, poor DMO outcomes (sight loss) affects society.16-18 These impacts will not be captured by the QALY	

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		Please identify the nature of the data which you understand to be available to enable the Appraisal Committee to take account of these benefits. The efficacy and safety of brolucizumab has been evaluated in the pivotal phase III randomized controlled trials, KESTREL and KITE. They are two phase III, 2-year, international, multicenter, head-to-head, randomized clinical trials. The primary endpoint in both trials is change from baseline in best-corrected visual acuity (BCVA) at Week 52. **To help NICE prioritise topics for additional adoption support, do you consider that there will be any barriers to adoption of this technology into practice? If yes, please describe briefly.** No barriers have been identified. **NICE intends to appraise this technology through its Single Technology Appraisal (STA) Process. We welcome comments on the appropriateness of appraising this topic through this process. (Information on the Institute's Technology Appraisal processes is available at http://www.nice.org.uk/article/pmg19/chapter/1-Introduction).** [redacted]	

Section	Consultee/ Commentator	Comments [sic]	Action
		[redacted]	
	AbbVie	**Where do you consider brolucizumab will fit into the existing NICE pathways, identifying and managing complications in adults with type 1 diabetes: eye disease and Identifying and managing complications in adults with type 2 diabetes: eye disease?** In the existing NICE pathways, Brolucizumab will sit in both type 1 and type 2 diabetes under management of complication>eye disease. **Do you consider that the use of brolucizumab can result in any potential significant and substantial health-related benefits that are unlikely to be included in the QALY calculation?** The use of brolucizumab and associated potential significant and substantial health-related benefits should be included in the QALY calculation **To help NICE prioritise topics for additional adoption support, do you consider that there will be any barriers to adoption of this technology into practice? If yes, please describe briefly.** Barriers to adoption of technology not foreseen except that the technology may not be suited for all subgroup of patients eg. those insufficiently responsive to, or unsuitable for non-corticosteroid patients.	Thank you for your comments. No action required.

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	Alimera	No additional questions	Thank you for your comment. No action required.
	Bayer	None	Thank you. No action required.
	Roche	No comment	Thank you. No action required.
	Fight for sight	The questions listed look appropriate. There are no clear barriers to the adoption of this technology into practice that we can identify.	Thank you for your comment. No action required.
	Macular Society	No additional comments	Thank you for your comment. No action required.
Additional comments on the draft scope	Novartis	None	Thank you. No action required.
	AbbVie	None	Thank you. No action required.
	Alimera	No additional comments	Thank you for your comment. No action required.
	Bayer	None	Thank you. No action required.

Section	Consultee/ Commentator	Comments [sic]	Action
	Roche	N/A	Thank you. No action required.
	Fight for sight	No additional comments	Thank you for your comment. No action required.
	Macular Society	N/A	Thank you. No action required.