

# **Health Technology Appraisal Pegaptanib and ranibizumab for the treatment of age- related macular degeneration**

## **Comments on the technical aspects of the assessment report, by the Royal College of Ophthalmologists.**

### **Detailed comments.**

1. The drug costs for ranibizumab in the economic model (page 130), assume a monthly dosing regime, for 24 months, as derived from the clinical trial data. We feel the model should also include, in a separate calculation, the manufacturers guidance of a modified dosing regime (page 110) of 8 injections in the first year , followed by 6 in the second year. This is the dosage regime released in the manufacturer's product literature and likely to be the regime followed in clinical practice in the United Kingdom.
2. Does the 10 year model ( page 135) assume that treatment stops for both agents after 2 years and if so is this assumption valid?
3. The intervention costs (page 129) assume that the patient will undergo initial assessment and have injection at the same initial visit. Under current NHS informed consent advice , where a cooling off period for the patient to consider treatment advice, this may not be possible. A second treatment visit may therefore be required after initial assessment, but subsequent visits would not be altered. The model may therefore need to factor in a separate visit for the initial injection.
4. In many units in the UK outpatient injections in a clean room may not initially be possible due to infection control regulations and injections will be given in a day case operating theatre. (pages 130, 179).
5. The Royal College of Ophthalmologists will shortly be in a position to publish detailed guidance on appropriate service organisation for AMD services. (page 177)

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On behalf of Royal College of Ophthalmologists