

Pegaptanib & Ranibizumab for the Treatment of Age-related Macular Degeneration

Comments on Appraisal Consultation Document (ACD)

Name of Commentator: [REDACTED]
on behalf of DHSSPSNI

Conflict of Interest Declaration

Please state if, at any time, you have had any involvement with the health care industry or manufacturers (as listed in the list of stakeholders) in relation to the technology being appraised and have personally received payment or material benefit from that work. If so, please provide details including the date of your last involvement.

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Comments on Pegaptanib & Ranibizumab for the Treatment of Age-related Macular Degeneration

Most of the recommendations in the ACD are eminently sensible. It has taken a broad view of the ICER for both treatments given under different scenarios. The conclusion that there should be no restriction to second eyes only or by lesion type is to be welcomed. The recommended restrictions ie. by visual acuity cut off , lesion size and foveal architectural disruption are sensible. I am not entirely happy with te ACD's decision in limiting therapy to Ranibizumab only for the following reasons

1. Pegaptanib may be useful in patients who are unwilling or unable to return for monthly assessments
2. Pegaptanib may be safer in patients with a very strong history of cardiovascular disease