NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

Single Technology Appraisal (STA)

Ranibizumab for the treatment of macular oedema caused by retinal vein occlusion (RVO)

Thank you for agreeing to give us your views on the technology and the way it should be used in the NHS.

Primary Care Trusts (PCTs) provide a unique perspective on the technology, which is not typically available from the published literature. NICE believes it is important to involve NHS organisations that are responsible for commissioning and delivering care in the NHS in the process of making decisions about how technologies should be used in the NHS.

To help you give your views, we have provided a template. The questions are there as prompts to guide you. You do not have to answer every question. Short, focused answers, giving a PCT perspective on the issues you think the committee needs to consider, are what we need.

About you

Your name: [redacted] [redacted]

Name of your organisation: **NHS Wirral**

Please indicate your position in the organisation:

- commissioning services for the PCT in general?
- commissioning services for the PCT specific to the condition for which NICE is considering this technology? **Yes –** [redacted] [redacted] [redacted] [redacted] [redacted]
- responsible for quality of service delivery in the PCT (e.g. medical director, public health director, director of nursing)?
- a specialist in the treatment of people with the condition for which NICE is considering this technology?
- a specialist in the clinical evidence base that is to support the technology (e.g. participation in clinical trials for the technology)?
- other (please specify)

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What is the expected place of the technology in current practice?

How is the condition currently treated in the NHS? Is there significant geographical variation in current practice? Are there differences in opinion between professionals as to what current practice should be? What are the current alternatives (if any) to the technology, and what are their respective advantages and disadvantages?

Currently the condition is treated by laser, intra-vitreal dexamethasone implant or intravitreal bevacizumab and occasionally intravitreal triamcinolone.

The advantages of laser are that it is less expensive and treatment is usually only required once – should be used first line for BRVO where appropriate.

However, ranibizumab and bevacizumab are more efficacious than laser in some patients and laser is not appropriate in patients presenting within 3 months of onset of RVO.

Ranibizumab and bevacizumab have a similar efficacy and safety profile (bevacizumab is not licensed for intra vitreal use but numerous studies have been carried out for this use). The disadvantage of ranibizumab is its cost. It is significantly more costly than bevacizumab - £915 vs £50 a dose.

Dexamethasone implant is also an option used for treatment on the Wirral. The advantages of this are that it is only needed to be administered 6 monthly and there is less frequent follow up as well compared with bevacizumab or ranibizumab, which may require monthly check ups.

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To what extent and in which population(s) is the technology being used in your local health economy?

- is there variation in how it is being used in your local health economy?
- is it always used within its licensed indications? If not, under what circumstances does this occur?
- what is the impact of the current use of the technology on resources?
- what is the outcome of any evaluations or audits of the use of the technology?
- what is your opinion on the appropriate use of the technology?

Ranibizumab is at present used for age related macular degeneration (AMD) but Wirral are setting up a bevacizumab in AMD service where the patients will be offered informed choice between the two drugs. This decision was taken because of the impact of ranibizumab on resources as PCT expenditure on PbR excluded medicines has become a high growth area. The highest growth area within WUTH PbR excluded drugs is Lucentis (ranibizumab) for AMD.

Potential impact on the NHS if NICE recommends the technology

What impact would the guidance have on the delivery of care for patients with this condition?

Outcomes may improve but costs would also significantly increase.

In what setting should/could the technology be used – for example, primary or secondary care, specialist clinics? Would there be any requirements for additional resources (for example, staff, support services, facilities or equipment)?

Setting - specialist clinics, with appropriate retinal expertise (consultant ophthalmologist with a retinal interest).

Currently a range of treatments are used for the treatment of macular oedema caused by RVO - laser, intra-vitreal dexamethasone implant or intravitreal bevacizumab and occasionally triamcinolone. If ranibizumab was licensed and approved by NICE then more patients may receive ranibizumab than currently receive other treatments at the moment and this could have a significant impact on capacity issues – including nursing and medical staff and also imaging technology (OCT) and space.

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Can you estimate the likely budget impact? If this is not possible, please comment on what factors should be considered (for example, costs, and epidemiological and clinical assumptions).

Unable to estimate the budget impact but there will be massively increased drug costs and increased requirements for additional resources - nursing and medical staff and also imaging technology (OCT) and space.

The cost of ranibizumab is much more expensive than the currently used bevacizumab and more treatments and follow up appointments are needed with ranibizumab than with the dexamethasone implant which again will need to be factored in when estimating the costs.

Would implementing this technology have resource implications for other services (for example, the trade-off between using funds to buy more diabetes nurses versus more insulin pumps, or the loss of funds to other programmes)?

As ranibizumab is a costly treatment and there are finite resources in the NHS money may have to be saved from other areas outside of ophthalmology.

Possibly there may be a saving in the care of the blind. However, these savings are highly unlikely to be transferred to the PCT budget.

Would there be any need for education and training of NHS staff?

Skills are available in the retinal clinics but capacity would need to be expanded

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Equality

Are there any issues that require special attention in light of the NICE's duties to have due regard to the need to eliminate unlawful discrimination and promote equality and foster good relations between people with a characteristic protected by the equalities legislation and others?

No

Other Issues

Please include here any other issues you would like the Appraisal Committee to consider when appraising this technology.

N/A