



# Resource impact statement

Resource impact

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## No significant resource impact is anticipated

NICE has recommended dexamethasone intravitreal implant as an option for treating visual impairment caused by diabetic macular oedema in adults only if their condition has not responded well enough to, or if they cannot have non-corticosteroid therapy.

This technology appraisal is a partial review of NICE's technology appraisal guidance on dexamethasone intravitreal implant for treating diabetic macular oedema (TA349) which recommended its use in people who have a pseudophakic (intraocular) lens and whose condition did not respond well enough to, or who could not have non-corticosteroid therapy. This partial review specifically considers people with diabetic macular oedema with a phakic (natural) lens and whose condition did not respond well enough to, or who could not have non-corticosteroid therapy.

This guidance from NICE means that dexamethasone intravitreal implant is recommended for treating visual impairment caused by diabetic macular oedema only if the diabetic macular oedema has not responded well enough to non-corticosteroids, or non-corticosteroids are unsuitable, irrespective of whether they have a phakic or pseudophakic lens. [NICE's technology appraisal guidance on dexamethasone intravitreal implant for treating diabetic macular oedema \(TA349\)](#) has been updated and replaced by this guidance at publication.

We do not expect this guidance to have a significant impact on resources; that is, the resource impact of implementing the recommendations in England will be less than £5 million per year (or approximately £9,000 per 100,000 population, based on a population for England of 56.3 million people).

This is because the technology is a further treatment option and the overall cost of treatment will be similar.

This technology is commissioned by integrated care systems. Providers are NHS Hospital Trusts.