



Resource impact statement

Resource impact

Published: 13 March 2024

Last updated: 13 March 2024

www.nice.org.uk

NICE has recommended fluocinolone acetonide intravitreal implant as an option for treating visual impairment caused by chronic diabetic macular oedema that has not responded well enough to available treatments in adults. It is recommended only if the company provides it according to the commercial arrangement.

The recommendation for its use in eyes with phakic lenses was a review of TA613.

We expect the resource impact of implementing the recommendations in England for treating chronic diabetic macular oedema in eyes with phakic lenses will be less than £5 million per year (or approximately £8,800 per 100,000 population, based on a population for England of 56.6 million people).

This is because the fluocinolone acetonide intravitreal implant is a further treatment option and the overall cost of treatment will be similar for this patient group.

Usual treatment for visual impairment caused by diabetic macular oedema that has not responded well enough to available treatments in people with a natural lens is dexamethasone intravitreal implant. Fluocinolone acetonide and dexamethasone are both corticosteroid treatments.

Fluocinolone acetonide intravitreal implant works in a similar way to dexamethasone intravitreal implant, and would be offered to the same population. Fluocinolone acetonide is released from the implant for up to 36 months, whereas dexamethasone is released over 6 months. So, fluocinolone acetonide intravitreal implant needs to be replaced less frequently than dexamethasone intravitreal implant.

This resource impact statement is supported by a [resource impact template](#) to help estimate potential resource and capacity impacts.

Fluocinolone acetonide intravitreal implant has a discount that is commercial in confidence. For enquiries about the patient access scheme contact medicalinformation@alimerasciences.com.

Treatments for people with diabetic macular oedema are commissioned by integrated care boards. Providers are NHS hospital trusts.

The payment mechanism for the technology is determined by the responsible commissioner and depends on the technology being classified as high cost.