



March 2011

Ranibizumab (Lucentis®▼) for the treatment of adults with visual impairment due to Diabetic Macular Oedema (DMO).

The Interface Prescribing and New Therapies Subgroup (IPNTS) discussed the above drug at a meeting on the 22nd March 2011. The recommendation of this subgroup is as follows:*

The Interface Prescribing & New Therapies Subgroup of the GMMMG considered the treatment of visual impairment due to diabetic macular oedema.

The group does not recommend the use of ranibizumab in adult patients with diabetic macular oedema.

The group noted that initial¹ data shows that ranibizumab is effective in improving vision in diabetic macular oedema. However, average treatment effects are still fairly modest, equating to, on average, one or two lines of a sight chart, with more than half of patients still failing to achieve a gain of at least three lines.

The NICE appraisal consultation document does not recommend the use of ranibizumab in DMO as it was not felt to be an effective use of scarce NHS resources. The cost per admission is ~£591 regardless of the treatment given (aVEGF or laser). The cost per dose of bevacizumab is about ~£105, and ~£920 for ranibizumab².

This recommendation will be reviewed once more data is published and/ final NICE guidance issued.

According to set criteria ranibizumab was deemed to be a low priority for funding.

¹ Phase III trial data (RISE and RESTORE) evaluating ranibizumab in DMO are still ongoing and full data is yet to be published.

²prices correct at time of publication

Review date: March 2013

* Unless superseded by NICE guidance or substantial and significant new evidence becomes available.

▼ Newly marketed drugs and vaccines are intensively monitored for a minimum of two years, in order to confirm the risk / benefit profile of the product. Healthcare professionals are encouraged to report all suspected adverse drug reactions regardless of the severity of the reaction.