



<b>Title</b>	<b>Follow-up to the Role of Pharmacologic Management in Neovascular Age-Related Macular Degeneration: Clinical and Cost-Effectiveness</b>
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<b>Reference</b>	2009

## Aim

To provide an economic update to the assessment of the clinical and cost effectiveness of pharmacologic management in neovascular age-related macular degeneration (AMD).

## Conclusions and results

Recent work by CADTH has shown that treatment with ranibizumab may not be perceived as cost effective by Canadian health authorities, but only at the margin. Using a less frequent dosing schedule than those used in clinical studies, treatment with ranibizumab would dominate both photodynamic therapy and pegaptanib strategies. However, policy makers are cautioned that the evidence to support the effectiveness of this strategy is weak. Treatment of patients with AMD using bevacizumab dominates treatment with ranibizumab, assuming that bevacizumab has a similar effect on visual deterioration to that found with ranibizumab, and that the side-effect profile is similar. This is a strong assumption upon which to base the modeling strategy, where little more than anecdotal evidence is available to support it.

## Methods

This report provides a further analysis of existing information. A new literature search was not required. Readers are asked to refer to the original report for a complete description of the analytical methods. Several databases were searched, and no limits were placed on language and publication date. Filters were applied to limit retrieval to systematic reviews, meta-analyses, health technology assessments, randomized controlled trials, controlled clinical trials, and economic studies. Internet sources were also searched.