

From the Chief Medical Officer  
**Dr Michael McBride**



Department of  
**Health, Social Services  
and Public Safety**

[www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk)

**Circular HSC (SQSD) (NICE) 53/08 TA 155**

AN ROINN

**Sláinte, Seirbhísí Sóisialta  
agus Sábháilteachta Poiblí**

MÁNNYSTRIE O

**Poustie, Resydënter Heisin  
an Fowk Siccar**

Chief Executives of HSS Boards – **for distribution to:**  
Directors of Public Health  
Directors of Nursing  
Directors of Pharmaceutical Services  
Directors of Primary Care – for cascade to prescribing and GP  
Advisors

Castle Buildings  
Stormont Estate  
Belfast BT4 3SQ  
Tel: 028 9076 5615  
Fax: 028 90523206  
E-mail: [sgu-  
niceguidance@dhsspsni.gov.uk](mailto:sgu-niceguidance@dhsspsni.gov.uk)

Chief Executives of HSC Trusts – **for distribution to:**  
Medical Directors – for cascade to relevant staff  
Directors of Nursing – for cascade to relevant staff  
Directors of Pharmaceutical Services – for cascade to relevant  
staff

Date: 21 October 2008

General Practitioners

HSC Clinical and Social Governance Leads

Chief Executives of HSC Special Agencies and NDPBs

#### **For Information**

Chairs of HSS Boards  
Chairs of HSC Trusts  
Chief Executive, Regulation & Quality Improvement Authority  
Chief Officers HSC Councils  
Chief Executive/Postgraduate Dean, NIMDTA  
Chief Executive, NIPPET  
Chief Executive, NIPEC  
Chief Executive, RMSC

Dear Colleagues

### **NICE Technology Appraisal No 155 – Pegaptanib and Ranibizumab for Age-related Macular Degeneration**

**Ranibizumab** is recommended as a possible treatment for people with wet AMD if all the following apply to their eye:

- The best possible visual acuity after correction with glasses or contact lenses is between 6/12 and 6/96.
- There is no permanent damage to the fovea (the part of the eye that helps people to see things in sharp detail).

- The area affected by AMD is no larger than 12 times the size of the area inside the eye where the optic nerve connects to the retina.
- There are signs that the condition has been getting worse.

Treatment should be stopped if a person's vision gets worse and there are changes inside the eye which show that treatment isn't working.

The NHS should cover the drug cost of ranibizumab for the first 14 injections in each eye being treated. If people need more than 14 injections per eye, the manufacturer of ranibizumab has agreed to take over the drug cost from the NHS.

**Pegaptanib** is not recommended for people with wet AMD. Healthcare professionals should not immediately stop prescribing pegaptanib for people who were already taking it when the guidance was issued. These people should be able to carry on taking pegaptanib until they and their healthcare professionals decide that it is the right time to stop treatment.

DHSSPS advises that this guidance is valid for Northern Ireland and endorses it for implementation in HSC.

The full NICE clinical guideline is available for download at:

<http://www.nice.org.uk/Guidance/TA155>

The HSC sector also should note that;

1. The Department expects HSC organisations to put plans in place, within 3 months of the date of issue of this E Mail alert, to facilitate the implementation of this guidance;
2. It is recommended that treatment with ranibizumab should be continued only in people who maintain adequate response to therapy. Criteria for discontinuation should include persistent deterioration in visual acuity and identification of anatomical changes in the retina that indicate adequate response to therapy. It is recommended that a national protocol specifying criteria for discontinuation is developed;
3. This guidance will be reviewed by NICE in August 2011;
4. This advice does not override or replace the individual responsibility of health professionals to make appropriate decisions in the circumstances of their individual patients, in consultation with the patient and/or guardian or carer. This would, for example, include situations where individual patients have other conditions or complications that need to be taken into account in determining whether the NICE guidance is fully appropriate in their case;
5. NICE has developed tools to help organisations implement this guidance. These are available at <http://www.nice.org.uk/Guidance/TA155> and include costing tools, implementation advice and audit criteria to monitor local practice;
6. NICE has developed related guidance on macular degeneration and this can be accessed at <http://www.nice.org.uk/Guidance/TA155>

All NICE guidance endorsed by the Department to date can be accessed on the DHSSPS website at <http://www.dhsspsni.gov.uk/sqsd-guidance-nice-guidance>

Circular HSS (PPMD) (NICE) 01/006 issued on 30 June 2006 provides further information on the Northern Ireland process for reviewing NICE guidance and further details on the local status of the Institute's guidance. This circular can be accessed at:  
[http://www.dhsspsni.gov.uk/nice\\_guidance\\_01-06.pdf](http://www.dhsspsni.gov.uk/nice_guidance_01-06.pdf)

A handwritten signature in black ink, appearing to read 'Michael McBride', written in a cursive style.

**DR MICHAEL MCBRIDE**  
Chief Medical Officer