Nice recommendations(57) (National Institute for Health and Clinical Excellence; April 2008)

According to NICE, ranibizumab is the only anti-VEGF recommended for the treatment of Age-related Macular Degeneration (as per the NICE Guidelines, published in 2008).

Differences are clear when comparing the outcomes of clinical programs for both drugs (ranibizumab and pegaptanib).

In clinical trials with ranibizumab, the percentage of patients who gained 15 letters or more was substantially higher, whereas in clinical trials with pegaptanib few patients gained 15 letters or more compared to the control group.

Regarding visual acuity outcomes (expressed as the average number of letters lost or gained by both treatment groups versus the control group), the observed results revealed that ranibizumab leads to statistically significant average gains, whereas pegaptanib only leads to a decrease in the average loss, i.e., ranibizumab is more effective than pegaptanib regarding improvements in visual acuity.

Additionally, no benefits were observed in patients whose treatment with pegaptanib was discontinued after the first year, when compared to patients in the placebo group (VISION study results, published in 2006).

According to NICE, both drugs (ranibizumab and pegaptanib) have demonstrated clinical efficacy in the treatment of exudative AMD, although ranibizumab leads to increased clinical benefits and pegaptanib fails to represent a cost-effective example of healthcare resource use, thus not being recommended in the treatment of AMD.

On the contrary, ranibizumab is referred as an option in the treatment of this condition, providing the following are observed for the treated eye:

- visual acuity between 6/12 and 6/96

- no permanent structural damage to the central fovea

- lesion size less than or equal to 12 disc areas in its greatest linear dimension

- evidence of recent disease progression (vessel pro liferation, observed in fluorescein angiography, or recent changes in visual acuity).

View PDF