The clinical committees under the Danish Council for the Use of Expensive Hospital Medicines (RADS) are internal advisory work groups that report to the Council (1). They are responsible for preparing proposals for background notes and treatment guidelines for the use of medicines in specific areas of treatment in Denmark. The purpose of RADS treatment guidelines is to ensure national consensus on drug therapies, including the definition of which drugs, doses and formulations are to be considered equivalent (1). As per January 1st, 2017, RADS is replaced with The Medicines Council, but the RADS guidelines and recommendations are still valid.

**RADS evaluation of wAMD management**

In 2016 RADS set out to evaluate the management of age related macular degeneration (wAMD) in the Danish setting (2). The RADS clinical committee aimed to address the following clinical issues: “Which drugs and in what doses are equivalent in the vision-improving or vision-preserving treatment of wAMD?”

The proposal for background notes and treatment guidelines clinical committees was developed following the Grading of Recommendations Assessment, Development and Evaluation approach (GRADE) (2) and the background note covered the drugs currently approved and marketed for the treatment of wAMD in Denmark: Intravitreal aflibercept (IVT-AFL) and ranibizumab.

The starting point was the first RADS wAMD background note prepared by the clinical committees in 2013, and included a review literature published during the period from 1 January 2013 to 16 May 2016. The analysis included published and peer-reviewed data from clinically randomized studies (2).

**RADS conclusions on wAMD management**

- Based on the evidence the clinical committee and the RADS concluded (2) that both IVT-AFL and ranibizumab:
  - yield significant improvement in vision.
  - are associated to a reduction of macular edema.
  - improve patient-perceived quality of life.

Based in the evidence RADS concluded that, in patients with wAMD and under Danish conditions, 17% more injections of ranibizumab must be administered to achieve the same effect as with IVT-AFL in the first year (2). This difference translates to 1-2 fewer injections in the first year with IVT-AFL, as compared to ranibizumab (2).

**OBJECTIVES**

This study assessed, from the Danish perspective, the impact on the non-drug costs associated with different frequency for injections with IVT-AFL and ranibizumab.

**METHODS**

**Methodology**

- The analysis compared the costs of the two juxtaposed treatments (IVT-AFL and ranibizumab), following Amgros’ guidelines for a standard cost analysis where possible and relevant (4).

**RESULTS**

**Results per eye treated**

The total costs for the wAMD indication of the six treatments (excl. drug costs) in one year with IVT-AFL is 11,901 DKK, and the total cost of seven treatments (excl. drug costs) in one year with ranibizumab is 13,694 DKK.

The difference in in treatment administration cost per year of the two treatments is 1,794 DKK per eye treated.

**CONCLUSIONS**

- Based on the RADS assessment and for the Danish setting, the same outcome, IVT-AFL treatment is associated with a reduced treatment burden, fewer injections and less use of resources. The reduction in resource utilization results in lower non-drug costs compared to ranibizumab a potential savings of 1,794 DKK per patient treated.

- For the total wAMD incident eyes the budget impact associated to the difference in treatment administration cost can reach 4,123,900 DKK per year.

- This should be regarded in addition to the savings in drug costs of one fewer injection.

**References**

1. REPT FOR ANVENDELSE AF DRYDEN SYNEK:kR tRED - RADS, ACCESSED 23 OCTOBER 2017.