Figure 11. Impact of patients experiencing a decline in visual acuity over time due to macular edema on incremental cost effectiveness of ranibizumab vs. other interventions for CSDME
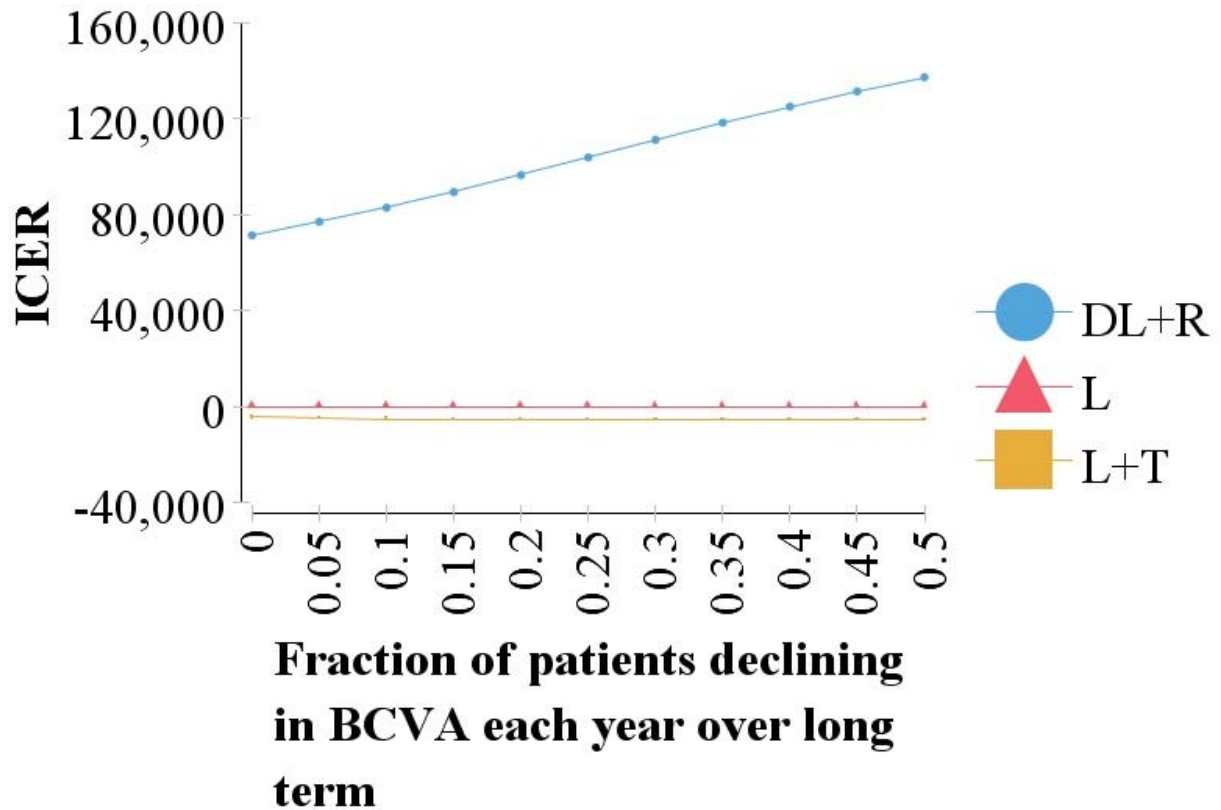

Figure 11 shows how vision degradation over time affects the cost-effectiveness of ranibizumab therapy. The X-axis represents a fraction of patients who decline in BCVA each year. The base case assumption is patients do not decline in BCVA after year two (0% fraction of patients declining). For example, if the "fraction of patients declining in BCVA each year over long term" is 0.25, 25% of patients would move to a worse BCVA category each year (e.g. 20/80 to 20/100. See Figure 1 for BCVA categories). If many patients decline in BCVA each year, the anti-VEGF therapies become more expensive and less cost-effective. The negative ICER for triamcinolone means that it is dominated by the other therapies. BCVA = best corrected visual acuity; ICER = incremental cost-effectiveness ratio; VEGF = vascular endothelial factor; L = laser photocoagulation only; L+T = laser + intravitreal triamcinolone group; DL+R = delayed laser + ranibizumab group