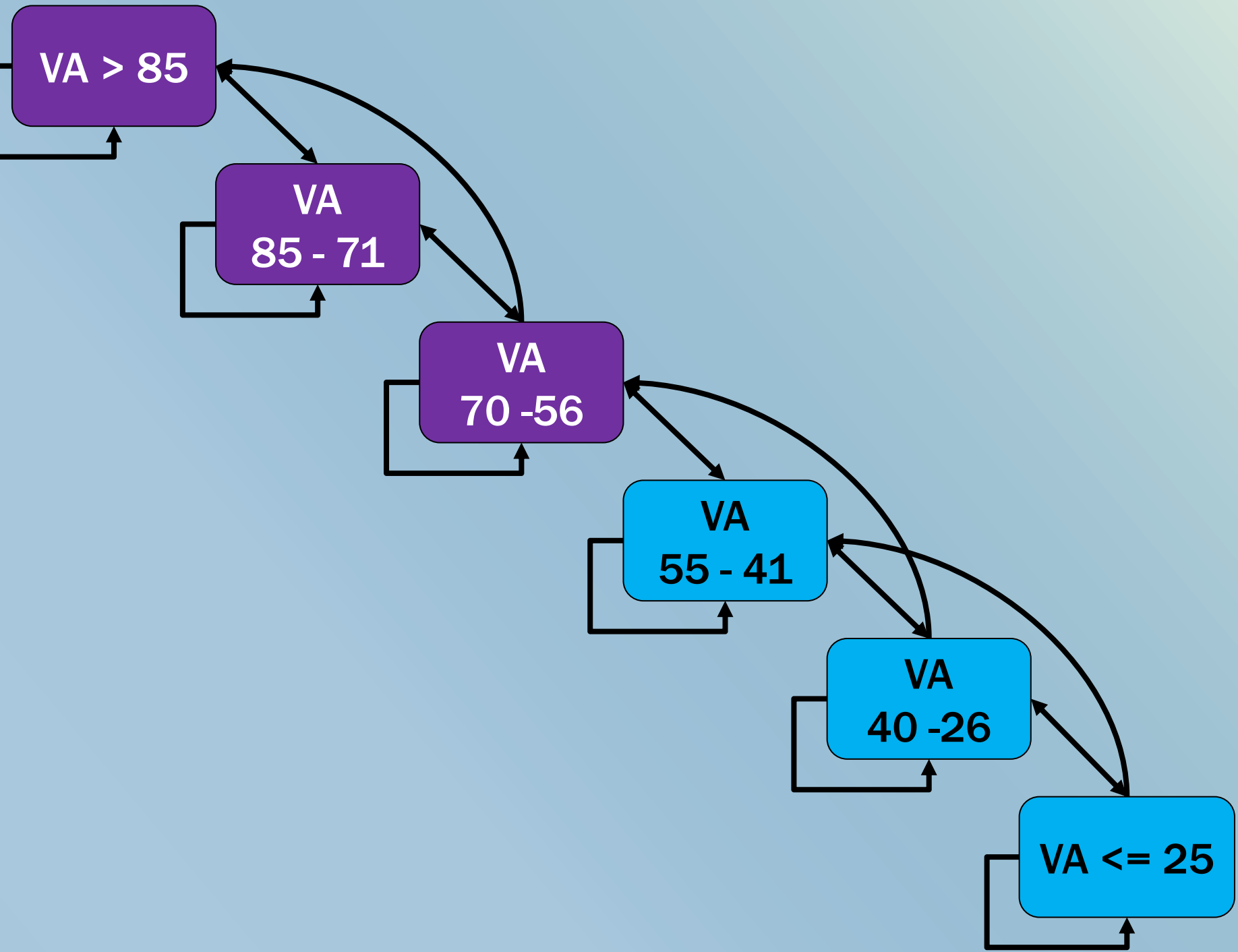


Introduction

- Faricimab is a dual pathway inhibitor of Ang-2 and VEGF-A for the treatment of neovascular age-related macular degeneration (nAMD).
- Comparable vision gains were observed in the TENAYA and LUCERNE trials for patients treated up to every four months with faricimab when compared with bimonthly aflibercept 2 mg.<sup>1</sup>
- Since its approval by Health Canada in 2022, faricimab has been rapidly adopted into clinical practice and an extensive body of real-world evidence has been generated.<sup>2,3</sup> This research aims to assess the cost-effectiveness of faricimab in a real-world setting in Canada versus existing and future biosimilars for ranibizumab and aflibercept 2 mg.

Visual Acuity (VA) Related Health States and Transitions for Both Eyes

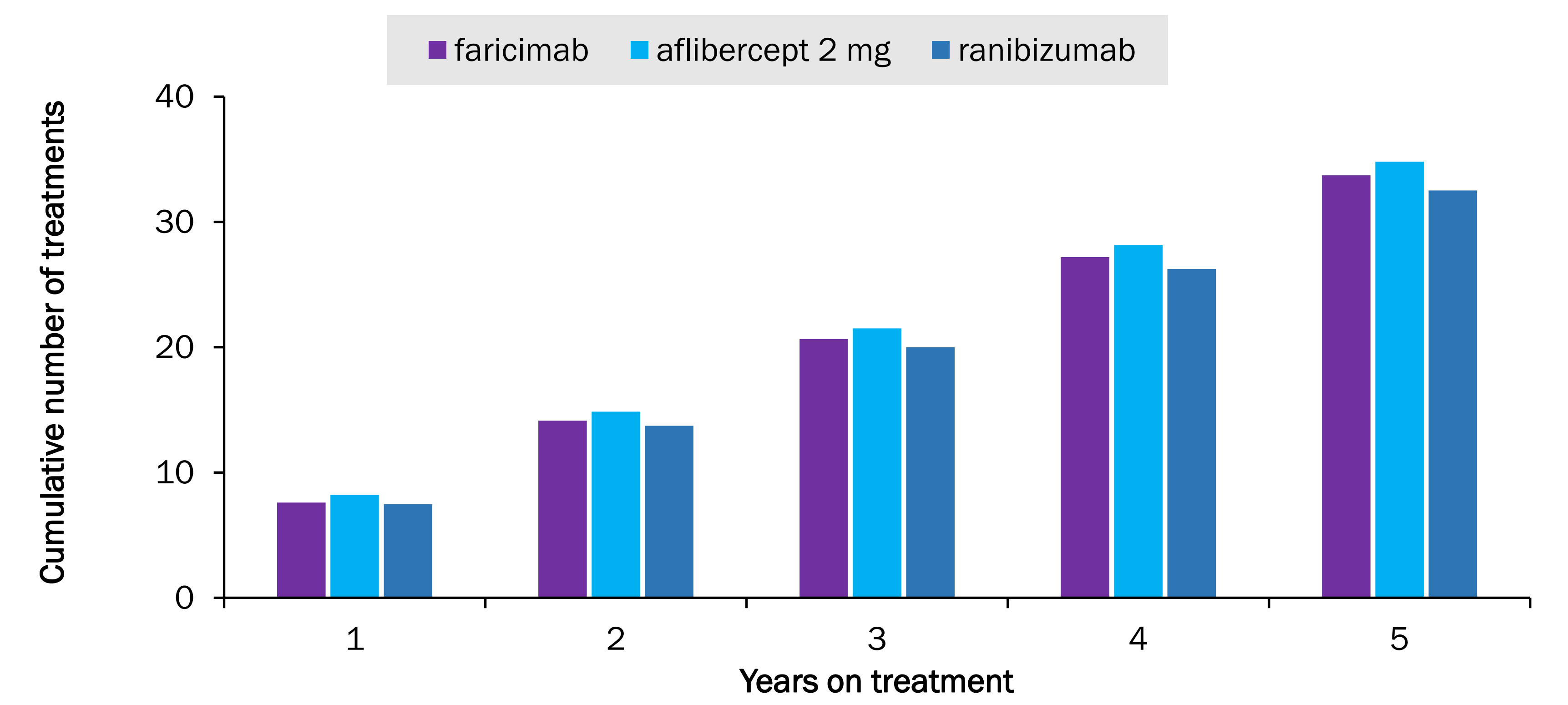


Methods

- A Markov cohort model was developed to estimate bilateral visual acuity changes linked to quality of life, injection frequency, and associated costs from a UK societal perspective (see above, described in more detail in Bührer et al 2024).<sup>4</sup>
- Visual acuity for patients on treatment for all therapies was informed by clinical trial data for faricimab. Real-world injection frequencies and treatment persistence was based on real-world treatment patterns in Canada.<sup>4</sup> No adjustments for population differences were applied.
- Drug prices were based on publicly available list prices in Canada applying reasonable public payer discounts for faricimab. Biosimilar costs were informed by a range of likely discount rates applied to current list prices for originator products.
- Time horizon was 25 years to reflect a lifetime horizon. Furthermore, deterministic sensitivity analyses were conducted for costs and key model parameters.

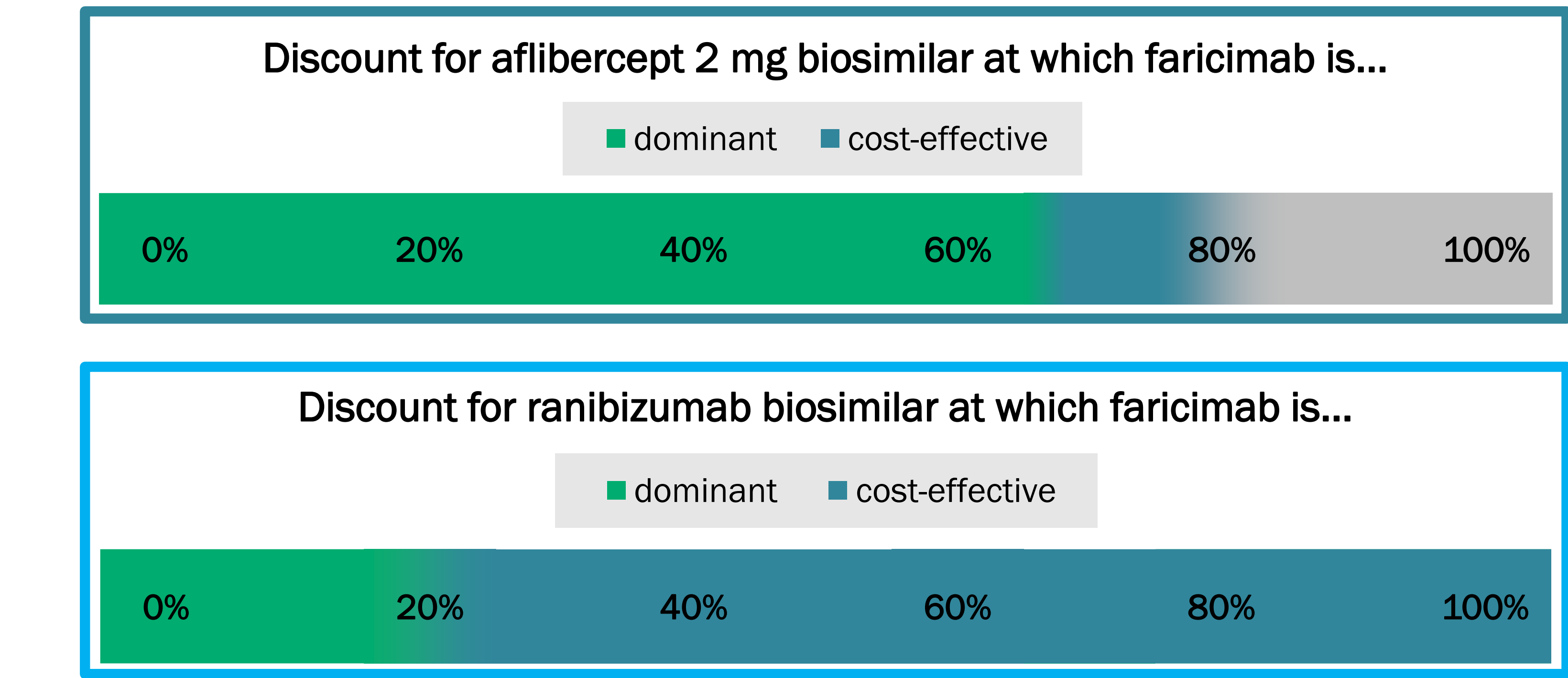
Results

1 Modelled Treatment Frequency based on Canadian Clinical Practice



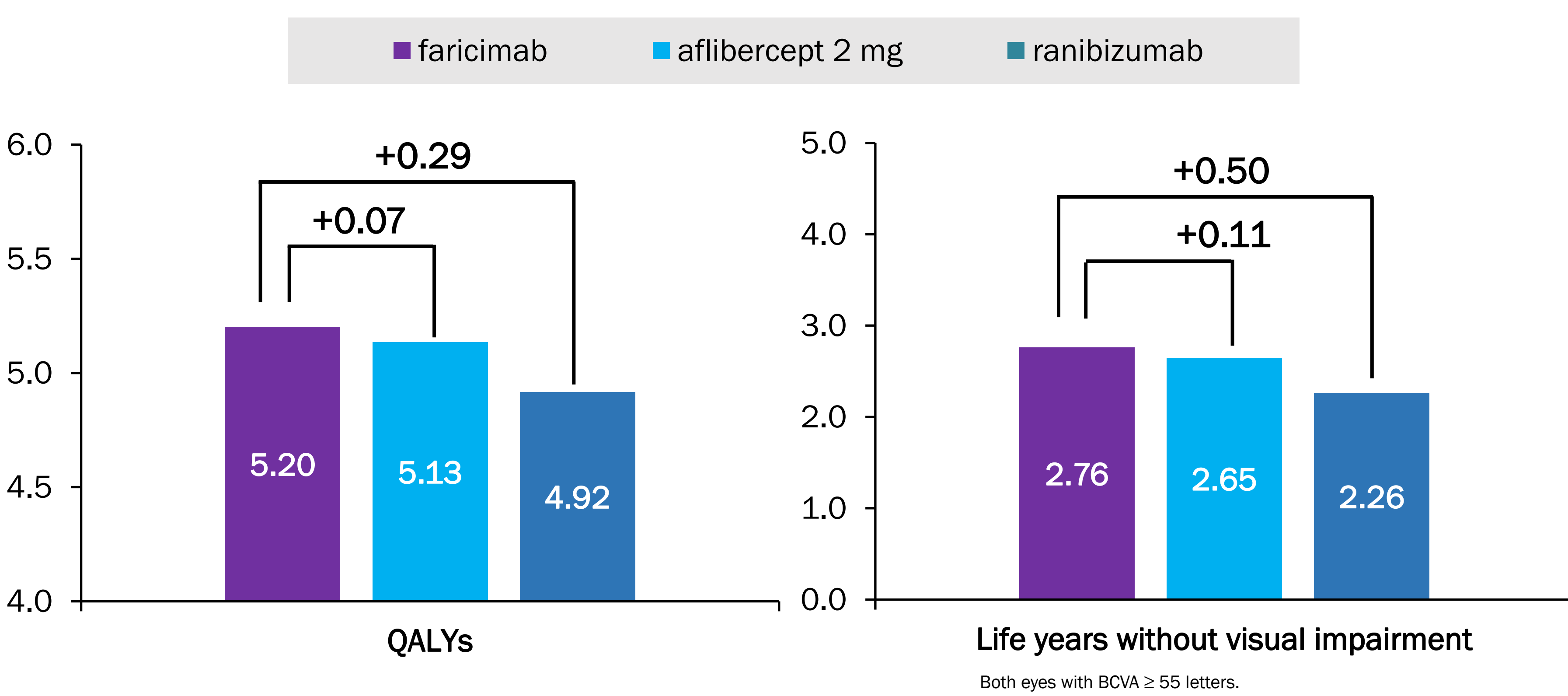
**Summary:**  
Modelled real world mean number of injections for patients on treatment with faricimab was lower compared to aflibercept. A notable limitation is the potential influence of population differences between treatment cohorts on these findings.

3 Faricimab Remains Cost-Effective Through a Large Range of Hypothetical Discount Levels For Biosimilars



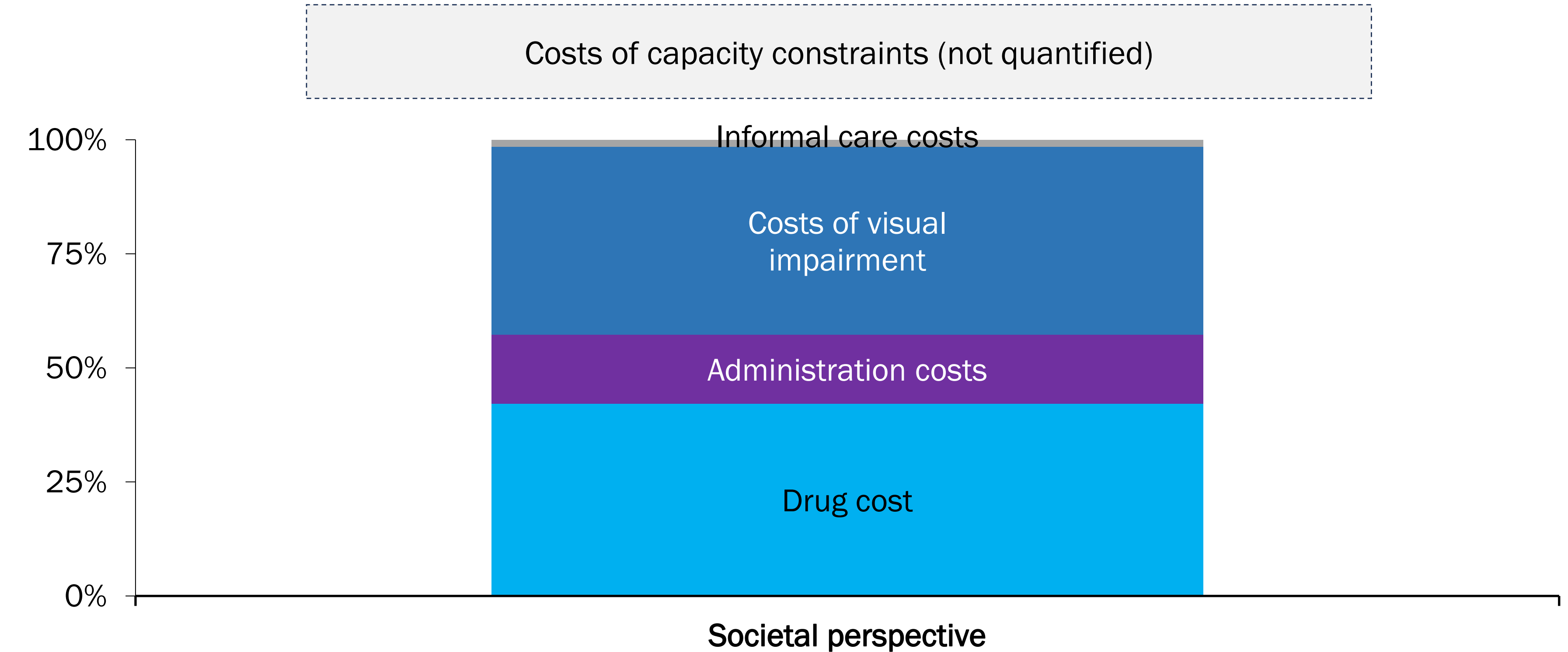
**Summary:**  
Driven by durability and persistence benefits, the results suggest that faricimab is cost saving or cost-effective (ICER < 50k CA\$) throughout a range of likely ranibizumab and aflibercept 2 mg biosimilar discount levels.

2 Faricimab Real World Persistence is Associated with Preserving Vision for Longer



**Summary:**  
Increasing real-world persistence for faricimab treated patients translates into preserving vision for longer and thereby increasing patients' quality of life. A notable limitation is the potential influence of population differences on these findings.

4 Faricimab Drug Acquisition Costs are an Increasingly Diminishing Part of the Overall Cost of Care to Society

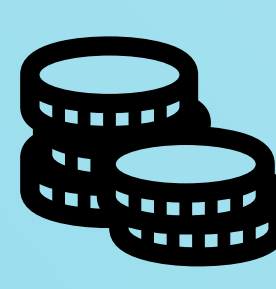


**Summary:**  
Faricimab related drug costs represent about 40% of the overall cost of care for nAMD patients without considering cost of capacity constraints.

Conclusions



Faricimab offers an innovative option enabling patients to extend their treatment intervals and persist on treatment for longer, thereby reducing the burden for patients and health systems and preserving eyesight.



The results suggest that faricimab might be cost-saving or cost-effective from a societal perspective compared to ranibizumab and aflibercept 2 mg biosimilars across a large range of potential discount levels.



Considering the relatively small contribution of drug acquisition costs, the results reinforce the need to consider wider healthcare and societal costs in payer discussions.

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2. Real-World 1-Year Outcomes of Treatment-Intensive Neovascular Age-Related Macular Degeneration Switched to Faricimab. Sim, Sing YueLogeswaran, Abison et al. Ophthalmology Retina, Volume 9, Issue 1, 22 - 30.  
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4. Cost-Effectiveness of Faricimab in the Treatment of Diabetic Macular Oedema (DMO): A UK Analysis. Bührer, C., et al. Pharmacoeconomics Open 8, 445-457 (2024). <https://doi.org/10.1007/s41669-023-00465-4>.  
5. Data for all interventions based on Canadian public payer data, data on file.