

# Can intravitreal aflibercept 8mg result in decreased treatment burden and treatment costs in European patients with age-related macular degeneration? Early evidence from clinical practice.

Megan Druce,<sup>1</sup> Izabella Lunk,<sup>1</sup> Joao Carrasco<sup>1</sup>

<sup>1</sup>Bayer Consumer Care AG, Basel, Switzerland

## Introduction

- Treatment burden associated with anti-vascular endothelial growth factor (anti-VEGF) injections in neovascular age-related macular degeneration (nAMD), is an issue for patients and healthcare systems<sup>1</sup>
- Nearly 25% of patients require intravitreal injections (IVT) every 6 weeks and up to 40% discontinue treatment within 2 years<sup>2</sup>
- Fewer injections are associated with lower economic burden<sup>2</sup>
- Newer treatment options, such as aflibercept (AFL) 8mg<sup>3</sup> offer the potential for reducing treatment burden, but the real impact in clinical practice remains uncertain.
- The objective of the analysis was to estimate the potential reduction in treatment burden and costs, associated with the use of AFL 8mg in clinical practice

## Methods

- Real-world data (RWD) from US clinical practice (IRIS Registry and VESTRUM databases)<sup>4</sup> was used to characterize injection intervals in pre-treated patients with nAMD treated who were switched to AFL 8mg
- Patients received AFL 2mg, faricimab, ranibizumab, brolucizumab and bevacizumab prior to AFL 8mg
- The analysis estimated the potential impact on costs in Germany, UK, France, Italy and Spain – from payer and patient perspectives
- Direct costs associated with IVT administration included medication costs on list price and routine retinal exams
- Indirect costs included patient travel, out-of-pocket expenses and productivity loss

## Results

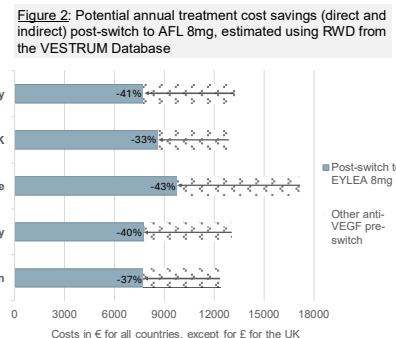
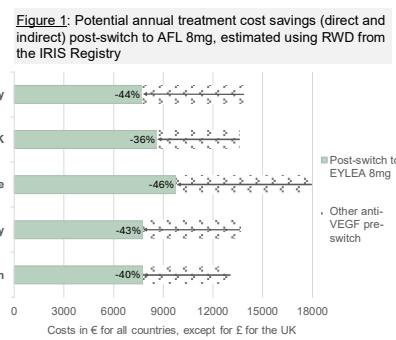
- Mean annual IVTs were estimated at 9.86 ( $\pm 4.48$ ) and 9.36 ( $\pm 4.57$ ) in IRIS and VESTRUM, respectively
- After switching to AFL 8mg, the mean number of IVTs decreased to 5.45 ( $\pm 4.48$ ) and 5.45 ( $\pm 3.49$ ) per year in IRIS and VESTRUM, respectively
- This represents a mean reduction of 4.16 IVT per patient per year
- The lower number of IVTs could translate in a reduction in direct annual treatment costs in each country: 41-44% (Germany), 30-33% (UK), 45-47% (France), 40-42% (Italy), and 36-39% (Spain) direct cost reduction per patient (Tables 1 and 2)
- In addition, this reduction in IVTs could translate in a reduction in annual costs directly paid by each patient of 42-45%, across all countries examined (Tables 1 and 2)

Tables 1 and 2: Annual direct and indirect costs prior- and post switch to AFL 8mg in Germany, the UK, France, Italy and Spain, estimated using average injection frequencies from the IRIS Registry and VESTRUM Database

IRIS Registry	Country	Anti-VEGF treatment	Injection costs*	Treatment administration costs	Total direct treatment costs	Direct cost savings with AFL 8mg	Indirect costs paid by the patient	Indirect cost savings for the patient with AFL 8mg	Total costs (direct and indirect)	Total cost savings with AFL 8mg
	Germany	Other anti-VEGF pre-switch	€ 8'298	€ 2'528	€ 10'827	€ 4'739	€ 3'037	€ 1'358	€ 13'863	€ 6'097
		Post-switch to AFL 8mg	€ 4'690	€ 1'397	€ 6'088		€ 1'679		€ 7'767	
The UK	Other anti-VEGF pre-switch	€ 7'798	€ 2'149	€ 9'947		€ 3'320	€ 3'668	€ 1'641	€ 13'615	€ 4'961
	Post-switch to AFL 8mg	€ 5'439	€ 1'188	€ 6'627			€ 2'027		€ 8'655	
France	Other anti-VEGF pre-switch	€ 4'990	€ 1'382	€ 6'372		€ 2'991	€ 11'586	€ 5'182	€ 17'957	€ 8'173
	Post-switch to AFL 8mg	€ 2'617	€ 764	€ 3'381			€ 6'404		€ 9'785	
Italy	Other anti-VEGF pre-switch	€ 6'847	€ 2'786	€ 9'634		€ 4'061	€ 4'003	€ 1'790	€ 13'637	€ 5'851
	Post-switch to AFL 8mg	€ 4'033	€ 1'540	€ 5'573			€ 2'213		€ 7'786	
Spain	Other anti-VEGF pre-switch	€ 7'254	€ 2'736	€ 9'989		€ 3'882	€ 3'027	€ 1'354	€ 13'016	€ 5'236
	Post-switch to AFL 8mg	€ 4'595	€ 1'512	€ 6'107			€ 1'673		€ 7'781	

\*Weighted average price of anti-VEGF treatment calculated using list prices for each anti-VEGF treatment per country, and proportion of patients on each treatment prior to switching to AFL 8mg in IRIS as reported elsewhere<sup>4</sup> In clinical practice, net prices might differ from list prices.

Indirect costs cover those paid out of pocket by patients<sup>2</sup>



\*Weighted average price of anti-VEGF treatment calculated using list prices for each anti-VEGF treatment per country, and proportion of patients on each treatment prior to switching to AFL 8mg in VESTRUM as reported elsewhere<sup>4</sup> In clinical practice, net prices might differ from list prices.

Indirect costs cover those paid out of pocket by patients<sup>2</sup>

## Conclusion

- In clinical practice, treatment with AFL 8mg allowed for an extension of treatment intervals, when compared to prior the switch
- Switching from another anti-VEGF treatments, such as AFL 2mg and faricimab, to AFL 8mg resulted in a reduction in IVTs, with a potential to reduce the cost per patient treated
- Recently presented RWD from Denmark suggests extended IVT intervals already within 3 months of switching to 8mg<sup>5</sup>
- The reduction in treatment burden can contribute to reduce the indirect costs and patients' out-of-pocket expenses
- Further indirect costs incurred by caregiver support could be decreased by switching to AFL 8mg<sup>2</sup>
- This cost savings analysis was performed using RWD from the US. This analysis should be replicated once RWD from the EU is available

## References

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