EE398

Economic impact of faricimab in neovascular age-related macular degeneration management in France

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METHODS

Model overview

A budget impact model was developed to evaluate the financial implications of introducing faricimab (VABYSMO®) into the current treatment landscape (from 2023 onward) for neovascular age-related macular degeneration (nAMD) in France. The base case was conducted from a societal perspective.

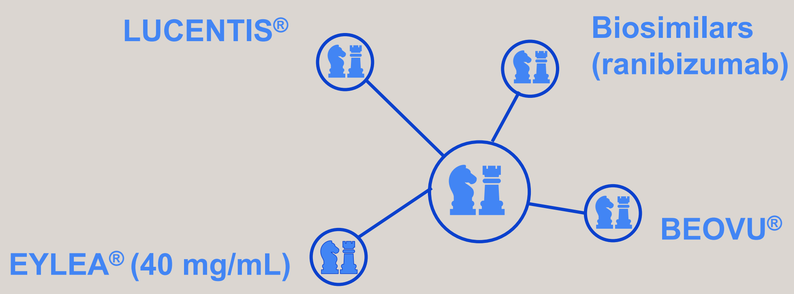
Target population

The target population was estimated using epidemiological data from the HEMERA study, a retrospective analysis based on the French national health data system (SNDS).

The reference case compared two market scenarios: one with and one without the introduction of faricimab.

Comparators and costs

All anti-VEGF therapies reimbursed for nAMD from 2023 onward were included as comparators :



Cost included drug acquisition costs (product price and dispensing fees) and other cost components that were derived from HEMERA study results, study period was between January 1, 2016, and December 31, 2019. Other costs included:

- Administration costs (intravitreal injections in outpatient or hospital settings, medical transport)
- Follow-up costs (hospitalizations, optical medical devices, ophthalmology consultations, etc.)
- Indirect costs (i.e. informal care[2], sick leaves, travel time for injection appointments[3])

Number of injections

Administration costs were dependent on the number of injections required per therapy. The number of injections for faricimab was not available in the HEMERA study, as the product was not yet on the market at the time of the study.

Treatment	VABYSMO®	BEOVU®	EYLEA®	LUCENTIS® and Biosimilars
Data source	Extrapolated from observed reduction in injection rates between pivotal clinical trials and real-world data HEMERA study for other anti-VEGF therapies		HEMERA study	

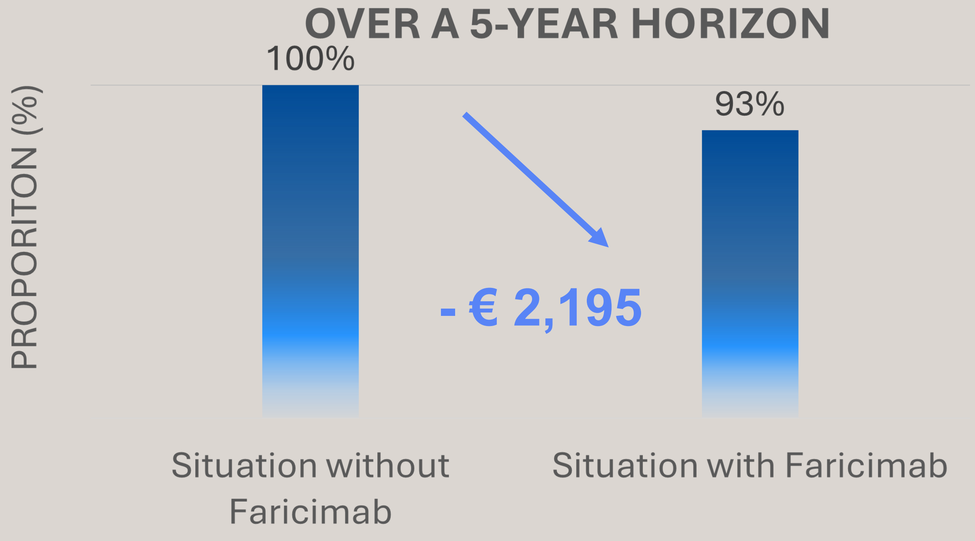
Scenario analyses

Two scenario analyses were performed : one from a French payer perspective, excluding indirect costs and out-of-pocket expenses; And another from patient and caregiver's perspective including only indirect costs and out-of-pocket expenses.

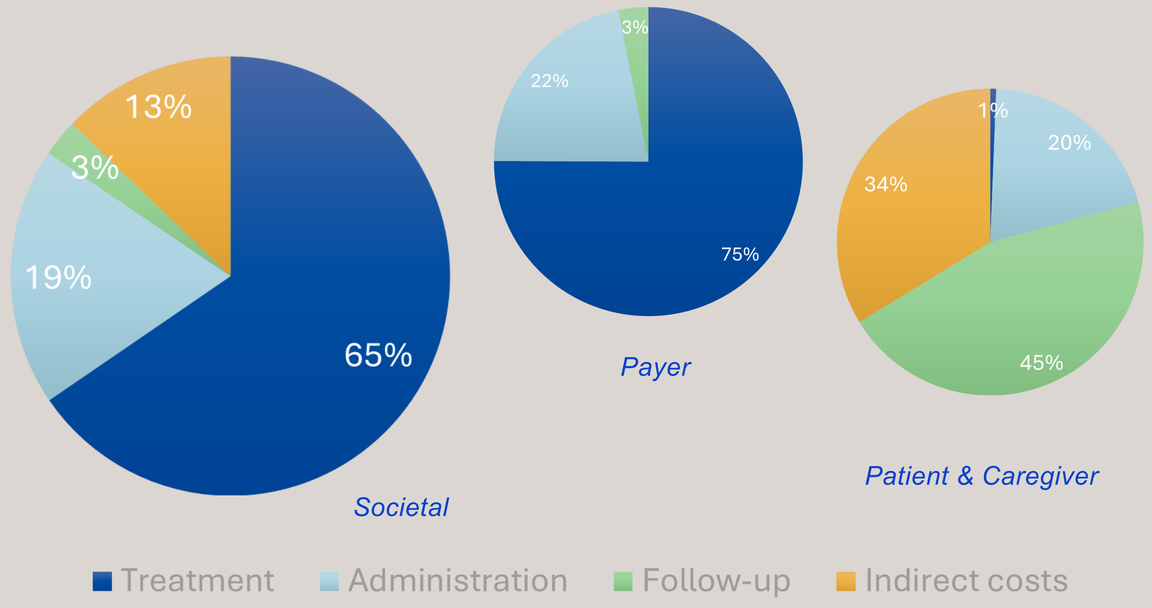
RESULTS

- Based on a theoretical projection of the situation observed from 2023 onward and over a 5-year horizon, introducing faricimab into the therapeutic strategy for nAMD in France is projected to reduce total expenditures for the societal perspective by 7%, corresponding to €2,195 in savings per treated patient, leading to an overall savings of €110.8 million.
- The key variable of the analysis was the number of intravitreal injections required per treatment: based on pivotal clinical trial data adjusted for real-world use, faricimab would theoretically imply 0.74 fewer injections in year one and 1.01 fewer annually thereafter vs. other anti-VEGF therapies.
- The reduced number of intravitreal injections mainly impacts drug acquisition costs (65%), and administration costs (19%).
- From a French payer perspective, total savings were estimated at €1,914 per patient over 5 years, leading to an overall savings of €96.6 million.

REDUCED BUDGET IMPACT PER PATIENT OVER A 5-YEAR HORIZON



BUDGETARY IMPACT PER COST CATEGORY



CONCLUSION

The integration of faricimab into the therapeutic strategy for nAMD in France leads to theoretical cost savings for the society. These savings would primarily be driven by the reduced number of intravitreal injections required with faricimab compared to other anti-VEGF therapies, as observed in clinical trials.

REFERENCES

1.Intravitreal treatment use in neovascular age-related macular degeneration and diabetic macular oedema in France from 2016-2019: data from the French national health insurance, under review

2. Soullier, N. ; Weber, A. 2011. « L'implication de l'entourage et des professionnels auprès des personnes âgées à domicile », Études et résultats, 771, DREES

3. Lucas-Gabrielli. 2011 « Distances et temps d'accès aux soins en France métropolitaine », Études et résultats, 764

ABBREVIATIONS

nAMD: neovascular age-related macular degeneration ; VEGF: vascular endothelial growth factor ; SNDS: French National Health Data System (Système National des Données de Santé)

ISPOR – 30th Annual European Congress, 9–12th November 2025 – Glasgow, Scotland, UK