EE580

Fiscal Impact of Neovascular Age-Related Macular Degeneration (nAMD) in the United States: A Government Expenditure Perspective

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OBJECTIVE

To estimate lifetime government expenditures associated with neovascular age-related macular degeneration (nAMD) in the United States, considering government-funded healthcare services, long-term care, and caregiver support programs

CONCLUSIONS

nAMD is associated with substantial lifetime government expenditure in the United States, estimated at approximately $693.7 billion for the modelled population

Medicare accounts for nearly 90% of estimated expenditure, primarily driven by healthcare costs, while Medicaid expenditure is predominantly concentrated in long-term services and supports

These findings highlight the broader fiscal implications of nAMD beyond disease-specific healthcare costs and the importance of considering multiple public expenditure channels when assessing its economic burden

AbbVie and the authors thank the participants, study sites, and investigators who participated in this study.

AbbVie funded this study and participated in the study design, research, analysis, data collection, interpretation of data, and the review and approval of the publication. All authors had access to relevant data and participated in the drafting, review, and approval of this publication. No honoraria or payments were made for authorship.

Financial arrangements of the authors with companies whose products may be related to the present report are listed as declared by the authors: L Lee, JA Hallak, N Patel, E Hillson, and JT Huang are full-time employees of AbbVie and may hold stock and/or stock options. F Tsotra, K Hernandez-Villafuerte, P Peristeris, O Jouini, M Müller are employees of WifOR Institute.

References

1. Singh RB, et al. *Ophthalmic Res*. 2025;68(1):573-582.
2. Walia S, et al. *World J Psychiatry*. 2026;16(1):111118.
3. Rudnicka AR, et al. *Am J Ophthalmol*. 2015;160(1):85-93.
4. Sood S, et al. *JAMA Ophthalmology*. 2022;140(7):716-723.
5. Duong P, et al. *Value in Health*. 2024;27(12):S150.
6. Shirneshan E, et al. *Journal of Anxiety Disorders*. 2013;27(7):720-727.
7. Greenberg P, et al. *Adv Ther*.2023;40(10):4460-4479.
8. Medicare Payment Advisory Commission (MedPAC). 2025. https://www.medpac.gov/wp-content/uploads/2025/06/Jun25_Ch3_MedPAC_Report_To_Congress_SEC.pdf.
9. Medicare Payment Advisory Commission (MedPAC). 2022. Available at: https://www.medpac.gov/wpcontent/uploads/2022/03/Mar22_MedPAC_ReportToCongress_Ch7_SEC.pdf
10. Wysocki A, et al. LTSS rebalancing brief. Centers for Medicare & Medicaid Services; 2024.
11. Bangerter LR, et al. *Public Policy & Aging Report*. 2019;29(2):62-66.
12. Keisler-Starkey K, Bunch LN. *Current Population Reports*.2024:60-284.

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INTRODUCTION

- Neovascular age-related macular degeneration (nAMD) is a leading cause of vision loss among older adults in the U.S., with a growing prevalence due to population aging[1]
- Beyond visual impairment, nAMD is associated with depression, anxiety, and an increased risk of fractures, contributing to healthcare utilization, long-term care needs, and caregiver burden[2]
- The fiscal impact on government expenditures remain poorly qualified

METHODS

Model framework and population

- A patient-level microsimulation model estimated government expenditures over up to 20 years or until patient death.
- National-level projections incorporated incidence rates and demographic trends, assuming an annual incidence of 0.18% among people over 49 years (222,133 new cases in Year 1)[3] and 2% annual incidence growth per age group due to population aging.)

METHODS (continued)

Government expenditure categories

- Medicare-funded healthcare services, including nAMD-related care and healthcare costs associated with anxiety, depression, and fractures[4,5,6,7]
- Medicare-funded home health (HHS) and skilled nursing facility services (SNF)[8,9]
- Medicaid-funded healthcare and long-term services and supports (LTSS)[10]
- Expenditure through the National Family Caregiver Support Program[11]
- Medicare expenditures were estimated for simulated US nAMD patients using age-specific coverage rates and published cost and utilization data, without distinguishing Fee-for-Service (FFS) from Medicare Advantage (MA) or using CMS claims.

Coverage assumptions

- Medicare coverage was assumed for 93.7% of individuals aged ≥65 years and 3.6% of those aged <65 years[12]
- Medicaid coverage was assumed for 15.8% of individuals aged <65 years, with LTSS also considered for individuals aged ≥65 years[12]

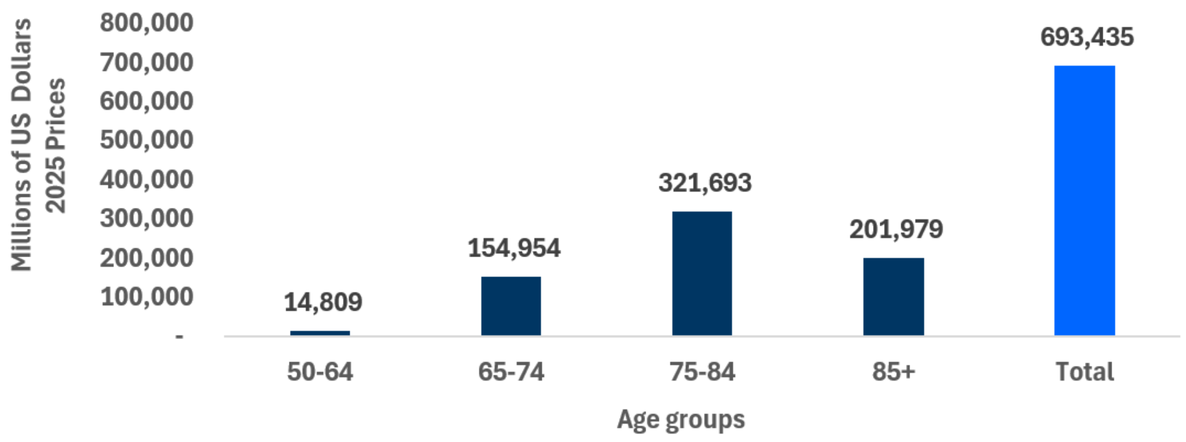
Costing

- All expenditures were expressed in 2025 U.S. dollars

RESULTS

Total Public Expenditure for nAMD over a lifetime horizon

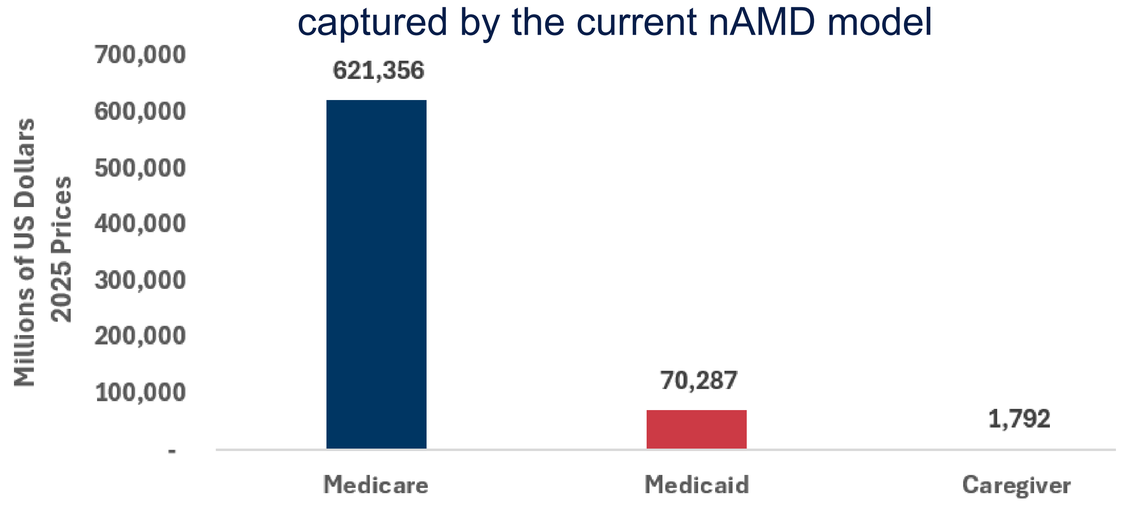
Individuals aged 75-84 years account for the largest share of expenditure



Total lifetime government expenditure for the modelled nAMD population was estimated at approximately $693.4 billion

Government expenditure by channel

Medicare accounts for nearly 90% of government expenditure captured by the current nAMD model



The composition of government expenditure differs substantially across funding programs

Medicare expenditure is primarily driven by healthcare costs

- Within Medicare, nAMD-related healthcare costs represented the largest expenditure component, amounting to approximately $403 billion
- Healthcare costs associated with anxiety and depression contributed approximately $89 billion, while fracture-related healthcare costs accounted for approximately $56 billion
- Expenditure on HHS and SNF care was estimated at approximately $30 billion and $44 billion, respectively

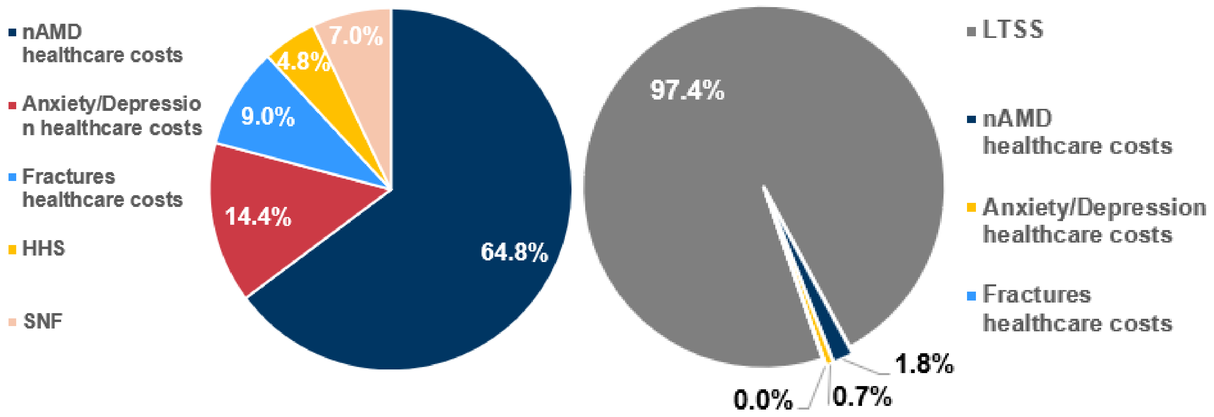
Medicaid expenditure is concentrated in long-term care

- Medicaid expenditure was predominantly driven by LTSS, accounting for approximately $68 billion, or 97.4% of total Medicaid expenditure
- In comparison, nAMD-related healthcare costs and anxiety- and depression-related healthcare contributed approximately $1.3 billion and $0.51 billion, respectively

Caregiver support is considered based in two programs

- National Family Caregiver Support Program (NFCSP) $0.11 billion, and
- Medicaid Home and Community Base Services (HCBS) $1.7 billion

Medicare and Medicaid expenditure per component



Presented at the 2026 International Society for Pharmacoeconomics and Outcomes Research (ISPOR) Europe Congress, Nov 8–11, 2026; Vienna, Austria; DV-021885