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Introduction

- Faricimab is a bispecific antibody targeting ANG-2 and VEGF for the treatment of diabetic macular edema (DME) and nonvascular age-related macular degeneration (nAMD).
- In the pivotal clinical trials YOSEMITE and RHINE in DME as well as TENAYA and LUCERNE in nAMD (2-year long Phase III trials),¹ patients treated with individualized dosing of faricimab in a Treat & Extend (T&E) like regime required less frequent treatments compared to Aflibercept (11.8 vs. 13.4) given every eight weeks (Q8W) and achieved similar vision gains.
- Clinical practice in DME and nAMD in Canada is typically characterized by pro re nata (PRN) regimens as well as T&E.²
- This research aims to assess the budget impact of faricimab vs. anti-VEGF treatments applied in such regimens.

Methods

- A budget impact model was developed in Microsoft®Excel to estimate drug costs related to the treatment of DME and nAMD.
- The analysis was based on the patient population estimated using province-specific data, Canadian epidemiological data, projected market shares assuming faricimab uptake to be driven by switches from branded agents, and publicly available list prices in Canada.
- Incremental drug costs were compared for each forecast year and over the entire 3year forecast period (2023 to 2025).
- We included a pan-Canadian analysis as well as a scenario analysis for two provinces (British Columbia and Ontario); to illustrate the impact of a off-label bevacizumab first vs. no mandated first line use policy.

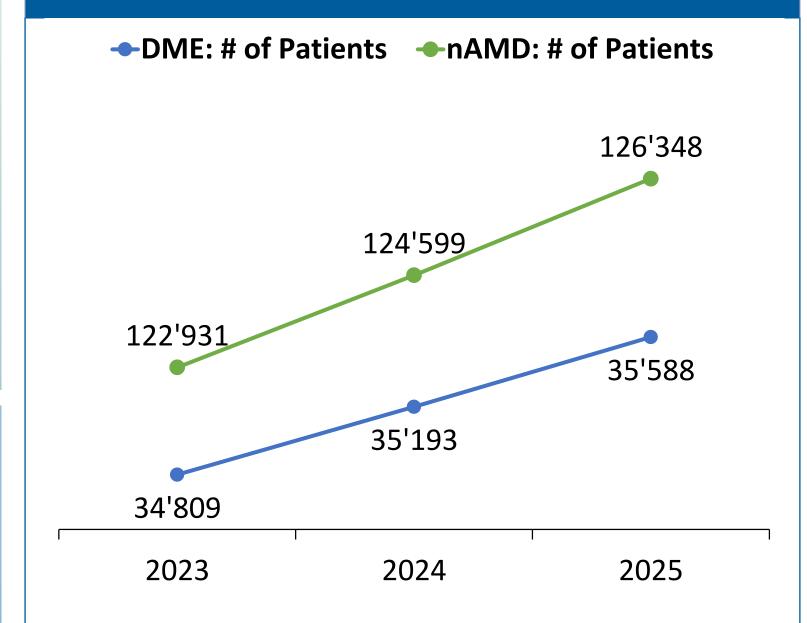
Results

- Across Canada and combining both indications, we estimated that in the first three
 years, faricimab resulted in cost savings of \$10 M for Year 1, more than \$43 M for
 Year 2, and ca. \$89 M for Year 3.
- The cumulative cost savings from the drug plan perspective was estimated to be more than \$142 M.
- Scenario analyses results showed the base case results were robust. The cumulative three-year costs savings in Ontario were close to \$80 M and ca. \$6 M in British Columbia respectively.

Conclusions

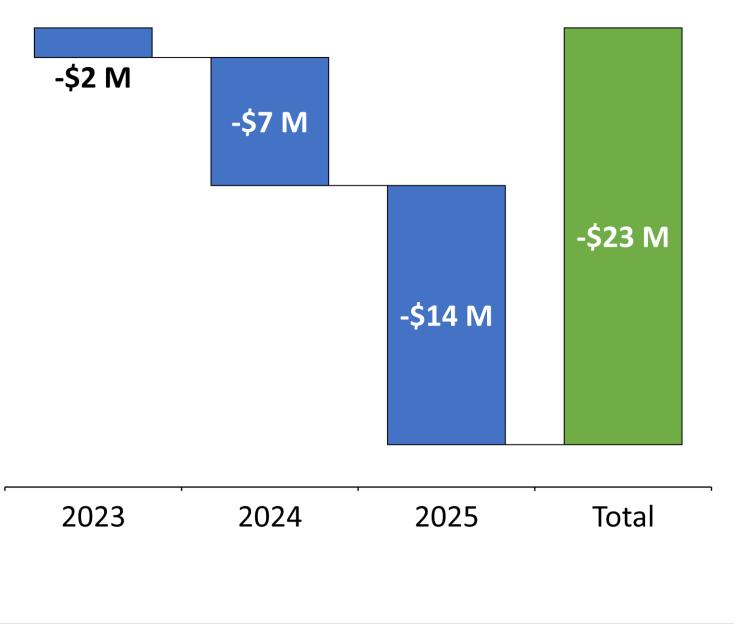
- Over the 3-year time horizon, it was estimated that the introduction of faricimab would lead to substantial cost savings. The full effect on the health care system is likely underestimated, as taking into account administration costs beyond drug costs can be expected to increase these savings.
- In provinces with intensive use of off-label bevacizumab, faricimab still leads to significant cost savings replacing less durable treatments.
- Given the clinical benefit of faricimab, its availability provides an offering that can:
- Reduce the treatment burden for patients in nAMD and DME
- Help tackling health care capacity challenges due to the increase in demand
- Contribute to savings in dug budgets

1. Epidemiology Forecast in nAMD and DME



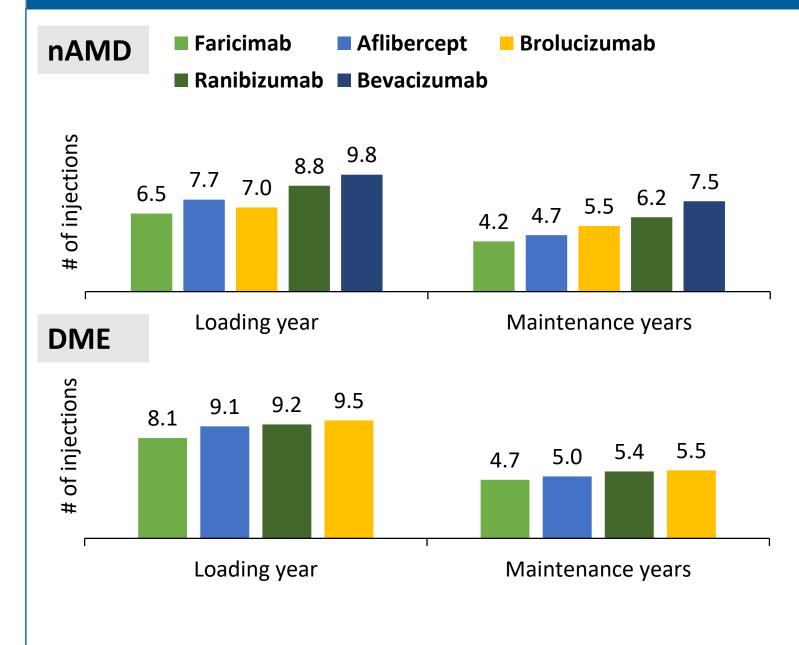
Projections suggest that the prevalence of nAMD and DME and the corresponding demand on ophthalmology services is likely to increase further in the future.

4. Incremental Budget Impact of Faricimab Across Canada in DME



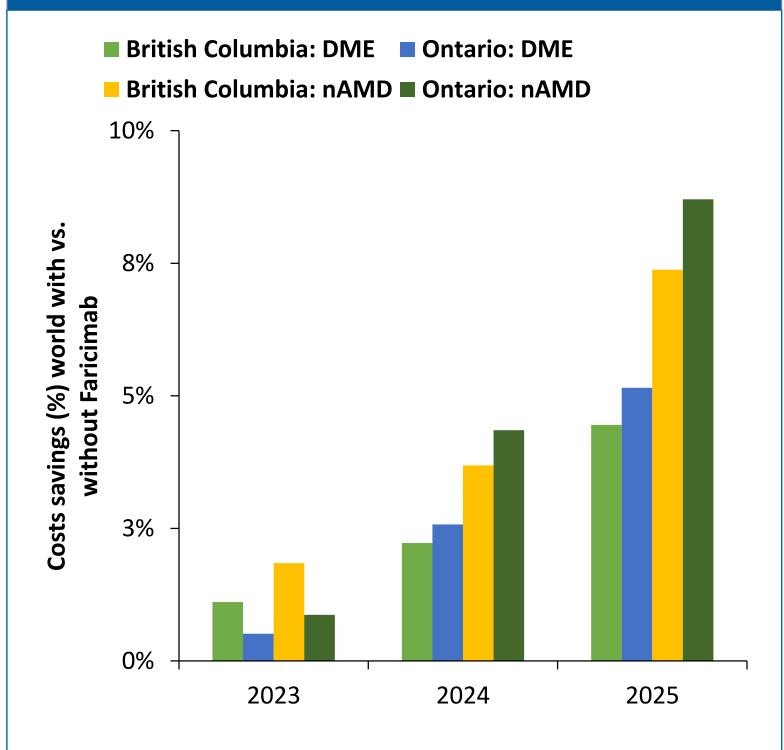
Introducing faricimab translates into substantial cost savings in DME that are increasing with its market share. Combining nAMD and DME leads to cumulative cost savings of more than \$140 Mio.

2. Modelled Treatment Burden in nAMD and DME

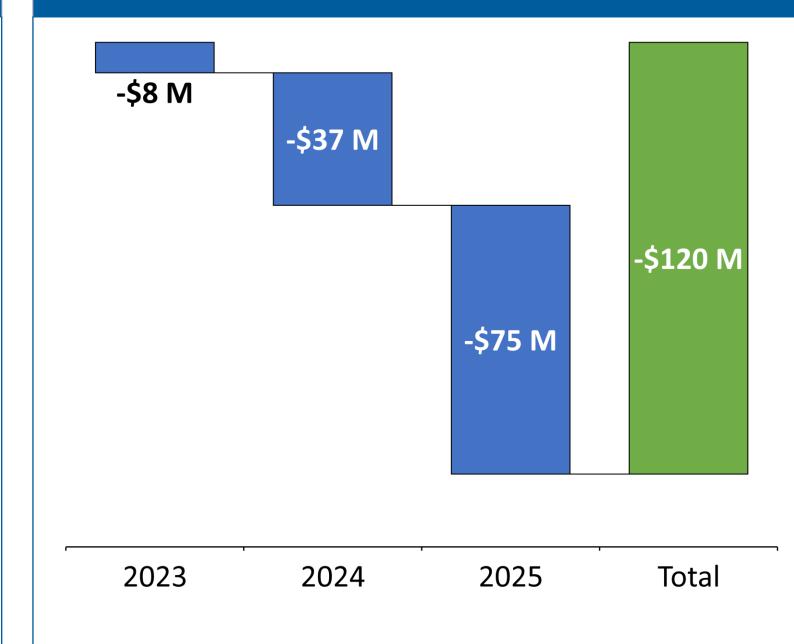


Faricimab offers the potential to reduce the significant treatment burden for patients and caregivers.³ It may also help tackling health system capacity challenges due to the increase in demand.

5. Scenario: Cost Savings in British Columbia vs. Ontario by Indication

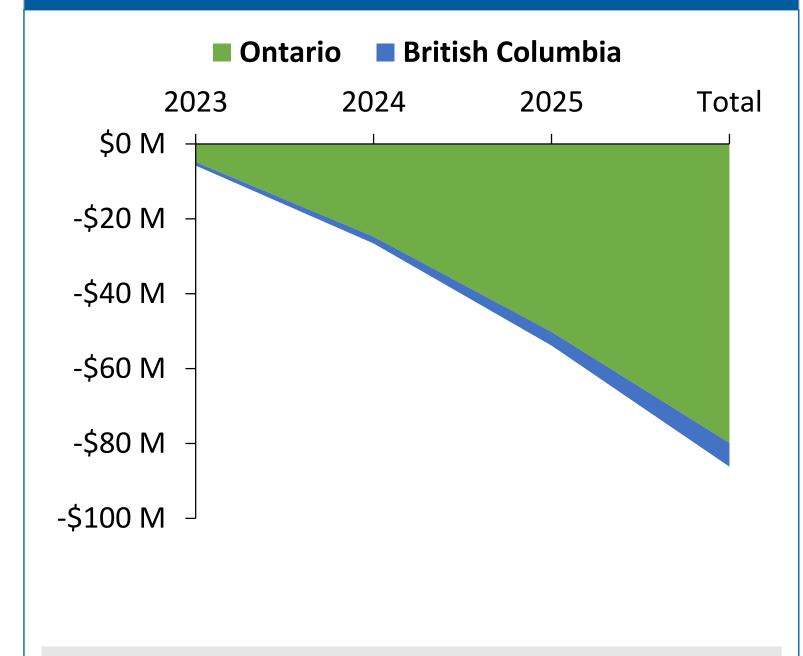


3. Incremental Budget Impact of Faricimab Across Canada in nAMD



Introducing faricimab translates into substantial cost savings in nAMD that are increasing with its market share as faricimab is replacing less durable agents.

6. Scenario: Incremental Budget Impact of Faricimab in nAMD and DME



In provinces with intensive use of bevacizumab such as British Columbia. Faricimab still leads to significant cost savings replacing less durable treatments.

References

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- 2. CADTH Reimbursement Recommendation (Draft) for Faricimab (Vabysmo) for the treatment of DMO; September 2022. CADTH Reimbursement Recommendation for Faricimab Vabysmo); Canadian Journal of Health Technologies, August 2022, Volume 2, Issue
- 3. Systematic Review and Network Meta Analysis of Faricimab in Neovascular Age Related Macular Degeneration for Injection Frequency; Value in Health; DOI:https://doi.org/10.1016/j.jval.2022.09.191



