

Faricimab (new therapeutic indication: macular oedema secondary to retinal vein occlusion)

Resolution of: 20 February 2025 valid until: unlimited

Entry into force on: 20 February 2025 Federal Gazette, BAnz AT 24. 04 2025 B1

New therapeutic indication (according to the marketing authorisation of 26 July 2024):

Vabysmo is indicated for the treatment of adult patients with visual impairment due to macular oedema secondary to retinal vein occlusion (branch RVO or central RVO).

Therapeutic indication of the resolution (resolution of 20 February 2025):

See new therapeutic indication according to marketing authorisation.

- 1. Additional benefit of the medicinal product in relation to the appropriate comparator therapy
- a) Adults with visual impairment due to macular oedema secondary to branch retinal vein occlusion (BRVO)

Appropriate comparator therapy:

Aflibercept or ranibizumab

Extent and probability of the additional benefit of faricimab compared to the appropriate comparator therapy:

An additional benefit is not proven.

b) Adults with visual impairment due to macular oedema secondary to central retinal vein occlusion (CRVO)

Appropriate comparator therapy:

Aflibercept or ranibizumab

Extent and probability of the additional benefit of faricimab compared to the appropriate comparator therapy:

An additional benefit is not proven.

Study results according to endpoints:1

a) Adults with visual impairment due to macular oedema secondary to branch retinal vein occlusion (BRVO)

There are no assessable data.

Summary of results for relevant clinical endpoints

| Endpoint category | Direction of effect/ risk of bias | Summary |
|--------------------------------|--------------------------------------|-------------------------------|
| Mortality | n.a. | There are no assessable data. |
| Morbidity | n.a. | There are no assessable data. |
| Health-related quality of life | n.a. | There are no assessable data. |
| Side effects | n.a. | There are no assessable data. |

Explanations:

 \uparrow : statistically significant and relevant positive effect with low/unclear reliability of data

 \downarrow : statistically significant and relevant negative effect with low/unclear reliability of data

 $\uparrow \uparrow$: statistically significant and relevant positive effect with high reliability of data

 $\downarrow \downarrow$: statistically significant and relevant negative effect with high reliability of data

 \emptyset : No data available.

n.a.: not assessable

b) Adults with visual impairment due to macular oedema secondary to central retinal vein occlusion (CRVO)

There are no assessable data.

Summary of results for relevant clinical endpoints

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Explanations:

↑: statistically significant and relevant positive effect with low/unclear reliability of data

↓: statistically significant and relevant negative effect with low/unclear reliability of data

↑↑: statistically significant and relevant positive effect with high reliability of data

 $\downarrow \downarrow$: statistically significant and relevant negative effect with high reliability of data

 \emptyset : No data available.

n.a.: not assessable

¹ Data from the dossier assessment of the Institute for Quality and Efficiency in Health Care (IQWiG) (A24-85) unless otherwise indicated.

2. Number of patients or demarcation of patient groups eligible for treatment

a) Adults with visual impairment due to macular oedema secondary to branch retinal vein occlusion (BRVO)

and

b) Adults with visual impairment due to macular oedema secondary to central retinal vein occlusion (CRVO)

Approx. 59,200 – 96,400 patients

3. Requirements for a quality-assured application

The requirements in the product information are to be taken into account. The European Medicines Agency (EMA) provides the contents of the product information (summary of product characteristics, SmPC) for Vabysmo (active ingredient: faricimab) at the following publicly accessible link (last access: 11 November 2024):

https://www.ema.europa.eu/en/documents/product-information/vabysmo-epar-product-information en.pdf

Treatment with faricimab should only be initiated and monitored by doctors experienced in the therapy of macular oedema secondary to retinal vein occlusion.

In accordance with the European Medicines Agency (EMA) requirements regarding additional risk minimisation measures, the pharmaceutical company must provide training material that contains information for patients. In particular, the training material contains information and warnings about infective endophthalmitis and intraocular inflammation.

4. Treatment costs

Annual treatment costs:

a) Adults with visual impairment due to macular oedema macular oedema secondary to branch retinal vein occlusion (BRVO)

and

b) Adults with visual impairment due to macular oedema secondary to central retinal vein occlusion (CRVO)

| Designation of the therapy | Annual treatmen | Annual treatment costs/ patient | |
|---|-------------------------------|---------------------------------|--|
| Medicinal product to be assessed: | | | |
| | 1st year: | € 2,728.38 – € 12,732.44 | |
| Faricimab | Subsequent years: | € 0 – € 11,822.98 | |
| | 1st year: | € 289.26 – € 2,888.90 | |
| Intravitreal injection | Subsequent years: | € 0 – € 2,682.55 | |
| | 1st year: | € 62.10 – € 404.32 | |
| Postoperative treatment | Subsequent years: | € 0 – € 375.44 | |
| Additionally required SHI non-quantifiable ² | | 2 | |
| | 1st year: | € 3,079.74 – € 16,025.66 | |
| Total | Subsequent years: | € 0 – € 14,880.97 | |
| Appropriate comparator therapy: | | | |
| | 1st year: | € 3,112.23 – € 12,448.92 | |
| Aflibercept | Subsequent years: | € 0 – € 12,448.92 | |
| | 1st year: | € 289.26 – € 2,476.20 | |
| Intravitreal injection | Subsequent years: | € 0 – € 2,476.20 | |
| | 1st year: | € 62.10 – € 346.56 | |
| Postoperative treatment | Subsequent years: | € 0 – € 346.56 | |
| Additionally required SHI services | non-quantifiable ² | | |
| | 1st year: | € 3,463.59 – € 15,271.68 | |
| Total | Subsequent years: | € 0 – € 15,271.68 | |
| | 1st year: | 3,397.50 – 13,590.00 | |
| Ranibizumab | Subsequent years: | € 0 – € 13,590.00 | |
| | 1st year: | € 289.26 – € 2,476.20 | |
| Intravitreal injection | Subsequent years: | € 0 – € 2,476.20 | |
| Postoperative treatment | 1st year: | € 62.10 – € 346.56 | |

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 $^{^{2}}$ Due to the individual determination of the type and frequency of check-ups by the attending physician, the costs incurred for all therapy options cannot be quantified.

| Designation of the therapy | Annual treatment costs/ patient | |
|------------------------------------|---------------------------------|--------------------------|
| | Subsequent years: | € 0 – € 346.56 |
| Additionally required SHI services | non-quantifiable ² | 2 |
| | 1st year: | € 3,748.86 – € 16,412.76 |
| Total | Subsequent years: | € 0 – € 16,412.76 |

Costs after deduction of statutory rebates (LAUER-TAXE®) as last revised: 1 February 2025)

Designation of medicinal products with new active ingredients according to Section 35a, paragraph 3, sentence 4 SGB V that can be used in a combination therapy with the assessed medicinal product

In the context of the designation of medicinal products with new active ingredients pursuant to Section 35a, paragraph 3, sentence 4 SGB V, the following findings are made:

- a) Adults with visual impairment due to macular oedema secondary to branch retinal vein occlusion (BRVO)
 - No medicinal product with new active ingredients that can be used in a combination therapy and fulfils the requirements of Section 35a, paragraph 3, sentence 4 SGB V.
- b) Adults with visual impairment due to macular oedema secondary to central retinal vein occlusion (CRVO)
 - No medicinal product with new active ingredients that can be used in a combination therapy that fulfils the requirements of Section 35a, paragraph 3, sentence 4 SGB V.

The designation of combinations exclusively serves the implementation of the combination discount according to Section 130e SGB V between health insurance funds and pharmaceutical companies. The findings made neither restrict the scope of treatment required to fulfil the medical treatment mandate, nor do they make statements about expediency or economic feasibility.