

Faricimab (Neovascular age-related macular degeneration)

Resolution of: 6 April 2023 / 27 June 2023

Valid until: unlimited

Entry into force on: 6 April 2023 / 29 June 2023

Federal Gazette, BAnz AT 11 05 2023 B4/ 18 07 2023 B5

Therapeutic indication (according to the marketing authorisation of 15 September 2022):

Vabysmo is indicated for the treatment of adult patients with:

- neovascular (wet) age-related macular degeneration (nAMD),
- visual impairment due to diabetic macular oedema (DME).

Therapeutic indication of the resolution (resolution of 6 April 2023):

Vabysmo is indicated for the treatment of adult patients with neovascular (wet) age-related macular degeneration (nAMD).

1. Additional benefit of the medicinal product in relation to the appropriate comparator therapy

Adults with neovascular (wet) age-related macular degeneration (nAMD)

Appropriate comparator therapy:

- Ranibizumab or aflibercept

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

Adults with neovascular (wet) age-related macular degeneration (nAMD)

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:		

¹ Data from the dossier assessment of the Institute for Quality and Efficiency in Health Care (IQWiG) (A22-110) unless otherwise indicated.

<p>↑: 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 ↓↓: statistically significant and relevant negative effect with high reliability of data ↔: no statistically significant or relevant difference ∅: No data available. n.a.: not assessable</p>
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2. Number of patients or demarcation of patient groups eligible for treatment

Adults with neovascular (wet) age-related macular degeneration (nAMD)

Approx. 85,200 to 681,400 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: 17 January 2023):

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 neovascular (wet) age-related macular degeneration.

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:

Adults with neovascular (wet) age-related macular degeneration (nAMD)

Designation of the therapy	Annual treatment costs/ patient
Medicinal product to be assessed:	
Faricimab	1st year: € 6,166.32 - € 9,249.48
	Subsequent years: € 3,391.48 - € 6,680.18
Intravitreal injection	1st year: € 536.40 - € 1,721.97
	Subsequent years: € 295.02 - € 1,243.65
Postoperative treatment	1st year: € 115.14 - € 241.02

Designation of the therapy	Annual treatment costs/ patient
	Subsequent years: € 63.34 - € 174.07
Additionally required SHI services	non-quantifiable ²
Total	1st year: € 6,817.86 - € 11,212.47
	Subsequent years: € 3,749.84 - € 8,097.90
Appropriate comparator therapy:	
aflibercept	1st year: € 5,964.60 - € 6,958.70
	Subsequent years: € 0 - € 5,964.60
Intravitreal injection	1st year: € 536.40 - € 1,339.31
	Subsequent years: € 0 - € 1,147.98
Postoperative treatment	1st year: € 115.14 - € 187.46
	Subsequent years: € 0 - € 160.68
Additionally required SHI services	non-quantifiable ²
Total	1st year: € 6,616.14 - € 8,485.47
	Subsequent years: € 0 - € 7,273.26
Ranibizumab	1st year: € 7,997.01 - € 13,709.16
	Subsequent years: € 0 - € 13,709.16
Intravitreal injection	1st year: € 625.80 - € 2,295.96
	Subsequent years: € 0 - € 2,295.96
Postoperative treatment	1st year: € 134.33 - € 321.36
	Subsequent years: € 0 - € 321.36
Additionally required SHI services	non-quantifiable ²
Total	1st year: € 8,757.14 - € 16,326.48
	Subsequent years: € 0 - € 16,326.48

Costs after deduction of statutory rebates (LAUER-TAXE®) as last revised: 15 March 2023)

5. 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 faricimab

Medicinal products with the new active ingredients pursuant to Section 35a, paragraph 3, sentence 4 SGB V are medicinal products with the following new active ingredients that can be used in a combination therapy with faricimab for the treatment of neovascular (wet) age-related macular degeneration in adults on the basis of the marketing authorisation granted under Medicinal Products Act:

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

Adults with neovascular (wet) age-related macular degeneration (nAMD)

- No active ingredient 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.