NICE National Institute for Health and Care Excellence

Putting NICE guidance into practice

Resource impact report:
Faricimab for treating wet age-related macular degeneration (TA800)

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Summary

NICE has recommended faricimab as an option for treating wet age-related macular degeneration in adults.

We estimate that around:

- 269,000 (232,000 from the prevalent population and 37,000 from the incident population) people with wet age-related macular degeneration are eligible for treatment with faricimab by year 5 after adjusting for population growth.
- Around 3,700 people will begin to receive faricimab from year 5 onwards once uptake has reached 10% in the incident population after adjusting for population growth as shown in table 1.

Table 1 Estimated number of people in the incident population in England treated with faricimab

	2022/23	2023/24	2024/25	2025/26	2026/27
Eligible incident population (adjusted for population growth each year)	35,600	36,000	36,300	36,600	36,800
Uptake rate for faricimab (treatment naïve) (%)	2%	4%	6%	8%	10%
Population receiving faricimab (treatment naïve)	710	1,440	2,180	2,930	3,680

If 5% of the people in the prevalent population currently on aflibercept, ranibizumab or brolucizumab switch to faricimab this would be around 11,600 people in year, there is uncertainty around the number of people who will switch so this is left for local input in the resource impact template.

This report is supported by a local resource impact template because the list price of faricimab and the comparator technologies have discounts that are commercial in confidence. The discounted price of faricimab and comparator

technologies can be input into the template and other variables may be amended.

This technology is commissioned by integrated care systems. Providers are NHS hospital trusts.

1 Faricimab

1.1 NICE has recommended faricimab as an option for treating wet age-related macular degeneration in adults, only if:

- the eye has a best-corrected visual acuity between 6/12 and 6/96
- there is no permanent structural damage to the central fovea
- the lesion size is 12 disc areas or less in greatest linear dimension
- there are signs of recent disease progression (for example, blood vessel growth as shown by fluorescein angiography, or recent visual acuity changes)
- the company provides faricimab according to the commercial arrangement (see section 2).

1.2 If patients and their clinicians consider faricimab to be 1 of a range of suitable treatments (including comparator technologies), choose the least expensive treatment. Take account of administration costs, dosage, price per dose and commercial arrangements.

1.3 Only continue faricimab if an adequate response to treatment is maintained. Criteria for stopping should include persistent deterioration in visual acuity and anatomical changes in the retina.

1.4 These recommendations are not intended to affect treatment with faricimab that was started in the NHS before this guidance was published. People having treatment outside these recommendations may continue without change to the funding arrangements in place for them before this guidance was published, until they and their NHS clinician consider it appropriate to stop.

1.5 Faricimab has similar costs and overall health benefits to the comparator technologies. However, the committee acknowledged

that if the time needed between injections for faricimab is lengthened, then the cost of faricimab would reduce.

2 Resource impact of the guidance

2.1 We estimate that:

- 269,000 (232,000 from the prevalent population and 37,000 from the incident population) people with wet age-related macular degeneration are eligible for treatment with faricimab by year 5 after adjusting for population growth.
- 3,700 people will receive faricimab from year 5 onwards once uptake has reached 10% in the treatment naive population after adjusting for population growth.

2.2 The current treatment and future uptake figure assumptions are based on clinical expert opinion and are shown in the resource impact template. Table 2 shows the number of people in England who are estimated to receive faricimab by financial year. Only the incident population has been considered due to uncertainty in patients switching treatment in the prevalent population.

Table 2 Estimated number of people receiving faricimab using NICE assumptions

	2022/23	2023/24	2024/25	2025/26	2026/27
Eligible incident population (adjusted for population growth each year)	35,600	36,000	36,300	36,600	36,800
Uptake rate for faricimab (treatment naïve) (%)	2%	4%	6%	8%	10%
Population receiving faricimab each year (treatment naïve)	710	1,440	2,180	2,930	3,680

2.3 Treatment for wet aged-related macular degeneration is rapidly evolving and market share predictions are uncertain and may need

to be amended with the introduction of new treatments and changing prices.

2.4 This report is supported by a local resource impact template. faricimab has an agreed patient access scheme which makes it available with a commercial-in-confidence discount to the list price. The discounted price of faricimab can be input into the template and other variables may be amended. For enquiries about the patient access scheme contact welwyn.rx_bdop@roche.com.

Savings and benefits

2.5 The company assumes that there will be fewer injections and monitoring visits needed for faricimab compared with the comparators. Expert clinical opinion is that faricimab may have a similar dosing regimen as the comparator technologies. Therefore, the committee concluded that the total cost associated with faricimab was similar or lower than the comparator technologies.

3 Implications for commissioners

3.1 This technology is commissioned by integrated care systems. Providers are NHS hospital trusts.

3.2 Faricimab falls within the programme budgeting category 08X, problems of vision.

3.3 Because faricimab has been recommended through the fast track appraisal process, NHS England and commissioning groups have agreed to provide funding to implement this guidance 30 days after publication.

4 How we estimated the resource impact

The population

4.1 There are around 273,000 people in England with wet, age-related macular degeneration and around a further 43,000 people are

diagnosed each year. Of these people around 85% are eligible for treatment with faricimab.

4.2 Due to uncertainty in patients switching treatment in the prevalent population, the uptake of faricimab has not been estimated but can be estimated locally.

Table 3 Number of people eligible for treatment in England

Population	Proportion of previous row (%)	Number of people
Total population		54,786,327
Population aged 50 and over (2026/27)		22,781,869
Prevalence of wet age-related macular degeneration[1]	1.20%	273,000
Proportion of people eligible for treatment[2]	85%	232,000
Total number of people in the prevalent population eligible for treatment with faricimab from year 5 (treatment experienced)		232,000
Incidence of wet age-related macular degeneration (treatment naïve) [3]	0.19%	43,300
Proportion of people eligible for treatment[2]	85%	36,800
Number of people in the incident population (treatment naïve) estimated to have faricimab each year	10%	3,700

[3,1] Source: Owen CG, Jarrar Z, Wormald R, et al. The estimated prevalence and incidence of late stage age related macular degeneration in the UK. Br J Ophthalmol 2012;96:752-756.

[2] Source: Resource impact template for TA672 from National Institute for Health and Care Excellence. NICE Clinical Guideline [NG82]. Age-related macular degeneration. Resource Impact Report (2018). Available at: https://www.nice.org.uk/guidance/ng82/resources/

[3] Source: Owen CG, Jarrar Z, Wormald R, Cook DG, Fletcher AE, Rudnicka AR. The estimated prevalence and incidence of late stage age related macular degeneration in the UK. Br J Ophthalmol. 2012;96(5):752-6.

Assumptions

4.3 The resource impact template assumes that:

- the adult population growth is as shown in the resource impact template.
- Aflibercept and ranibizumab are the only comparators to faricimab considered by the committee. Brolucizumab is also included in the template to reflect current practice.
- The annual discontinuation rate for all treatments is 13%.
- The treatment duration for all treatments is ongoing.
- Doses of faricimab and comparators and number of administrations in the resource impact template are based on decision making outlined in the scrutiny panel assumptions in the committee papers.
- For all 4 drugs it is assumed that a single vial or pre-filled syringe contains a single dose.
- VAT is included in total cost for drug prices.
- The number of people in the prevalent population who may switch treatment is not known so this is left for local input in the resource impact template.
- Administration cost with aflibercept, ranibizumab, brolucizumab and faricimab is based on NHS national tariff 2022/23 Outpatient procedure, HRG code BZ87A Minor Vitreous Retinal Procedures, 19 years and over.
- Monitoring cost with aflibercept, ranibizumab, brolucizumab and faricimab is based on NHS national tariff 2022/23 Outpatient procedure, HRG code BZ88A Minor Vitreous Retinal Procedures, 19 years and over.
- Administration cost is the same for one or two eyes treated.
- Table 4 below outlines the assumptions made on future market share.

Table 4 Assumptions made on current and future practice in the incident population.

People eligible for faricimab

Current Practice (year 5)	Future practice (year 5)	Rationale
0% of people receive faricimab	10% of people receive faricimab	Estimated based on clinical expert opinion
70% of people receive aflibercept	63% of people receive aflibercept	Estimated based on clinical expert opinion
20% of people receive ranibizumab	18% of people receive ranibizumab	Estimated based on clinical expert opinion
10% of people receive brolucizumab	9% of people receive brolucizumab	Estimated based on clinical expert opinion
Total 100%	**Total 100%**	

About this resource impact report

This resource impact report accompanies the NICE guidance on Faricimab for treating wet age-related macular degeneration (TA800) and should be read with it.