

Is the switch from intravitreal aflibercept and ranibizumab to faricimab an efficient and safe strategy?

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BACKGROUND AND IMPORTANCE

Faricimab → novel intravitreal drug for neovascular age-related macular degeneration (nAMD) or diabetic macular edema (DME).

- ✓ More convenient than alternatives (aflibercept and ranibizumab) due to wider administration-interval.
- ✓ Only efficient if unitary-dose syringes are prepared from multi-dose commercial vials.

AIM AND OBJECTIVES

Since faricimab is a drug with elevated economic impact, the economic savings of unitary-dose syringes preparation in the Service of Pharmacy was studied, as well as the efficacy and safety of switching from aflibercept/ranibizumab to faricimab.

MATERIALS AND METHODS

Retrospective, observational study in patients with nAMD or DME receiving at least 3 intravitreal injections in a regional, 105-beds hospital (November 2023-August 2024).

Efficacy: improvement in best-corrected visual acuity (VA) and reduction in macular edema (ME). **Safety:** adverse reactions described in faricimab information sheet.

Statistics: paired T-test.

Unitary faricimab 6 mg/0.05 mL syringes were prepared. To assess the **economic impact**, direct costs were included: vials, material and elaborator personnel.

RESULTS

n:56 (efficacy and safety analysis): 30 (53.6%) females; median (range) age: 79 years (47-94), 42(75%) nAMD and 14(25%) DME.

After switching, 28 (**50%**) **improved VA**, 12 (21%) remained stable and 16 (29%) worsened. Regarding **ME**, 27 (**48%**) **improved**, 12 (21%) were stable and 17 (31%) worsened.

Only 4 (7%) patients worsened in both variables, with a reduced administration-interval at present and pending reevaluation.

One patient (3.6%) reported an abrupt acute decrease in vision lasting one hour after the seventh dose, with adequate resolution.

There was a **statistically-significant difference in the mean administration-interval** (standard deviation) between previous drug and faricimab [6.1 weeks (± 2.2 weeks) vs 9.6 weeks (± 2.4 weeks), **p<0.001**].

341 unitary syringes were prepared from 149 vials, with a final cost of 70.013€, which has supposed a **saving of 88.671€** comparing to having used 341 vials of faricimab without fractioning (158.684€).

CONCLUSION AND RELEVANCE

Faricimab treatment leads to fewer intravitreal administrations, improving patients' quality of life, in addition to being an effective and safe strategy. The single-dose-syringe production of faricimab in the Pharmacy Service represents a saving of 56% of the expenses.

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