

Bolton Hospital nAMD Experience of Aflibercept and Vabysmo



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Introduction

Neovascular age-related macular degeneration (nAMD) is a leading cause of vision loss, treated primarily with intravitreal anti-VEGF therapy (1). NHS policy prioritises the lowest-cost effective first-line agent, currently aflibercept 2mg or its biosimilars, restricting Vabysmo (faricimab) to second-line use (2). However, emerging real-world evidence suggests Vabysmo may offer greater treatment durability with fewer injections (3). This study evaluates real-world treatment intervals with Vabysmo at Royal Bolton Hospital and compares these to aflibercept outcomes.

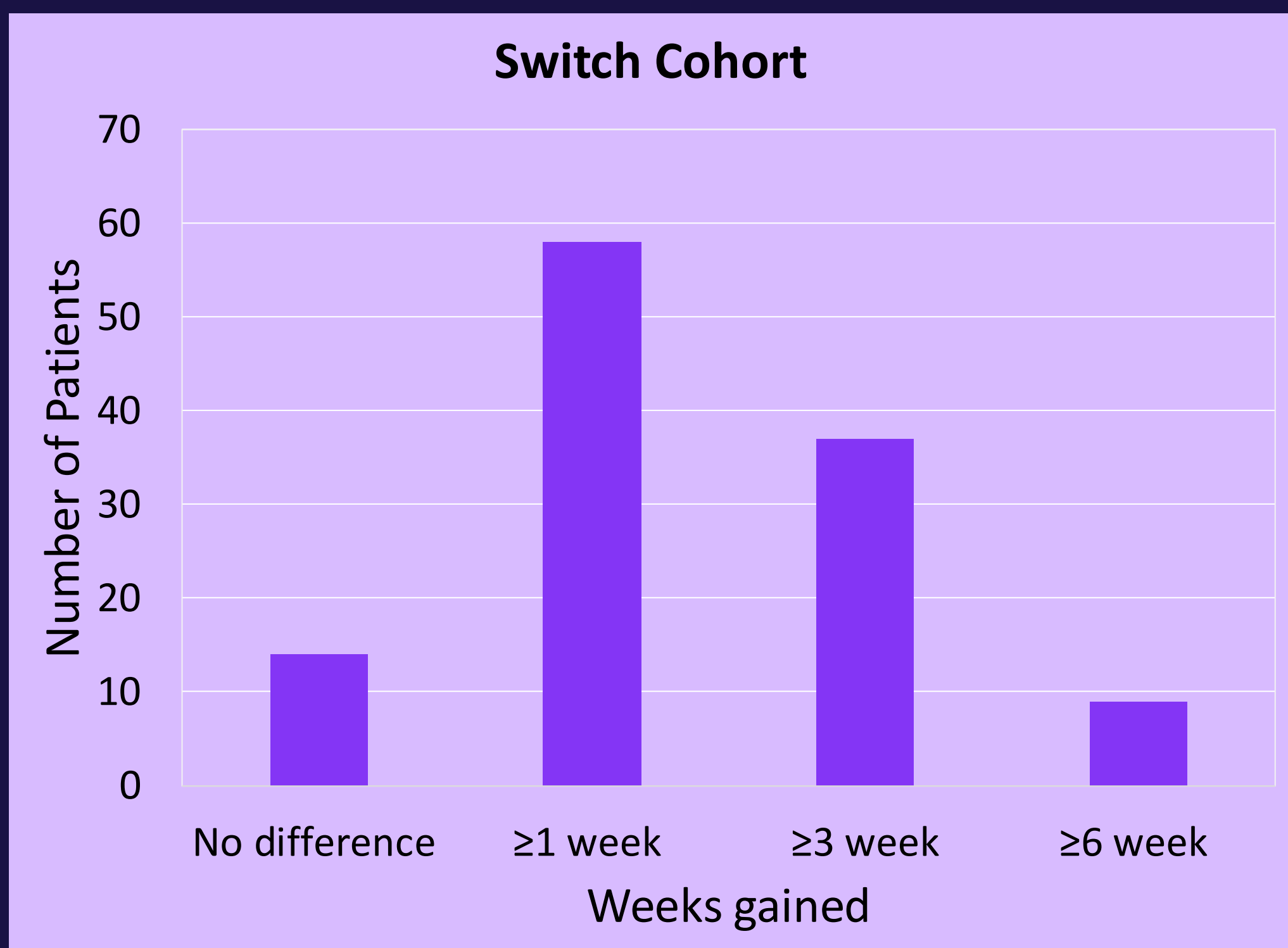
Methods

- Retrospective single-centre study (April 2023 to August 2025)
- Treatment-naïve included eyes with ≥6 months follow-up and completed loading period
- Switch cohort included eyes with suboptimal 2mg aflibercept response
- Treatment intervals recorded using treat-and-extend protocol guided by OCT
- Outcomes were compared with prior trust aflibercept 2mg and 8mg audits

Results

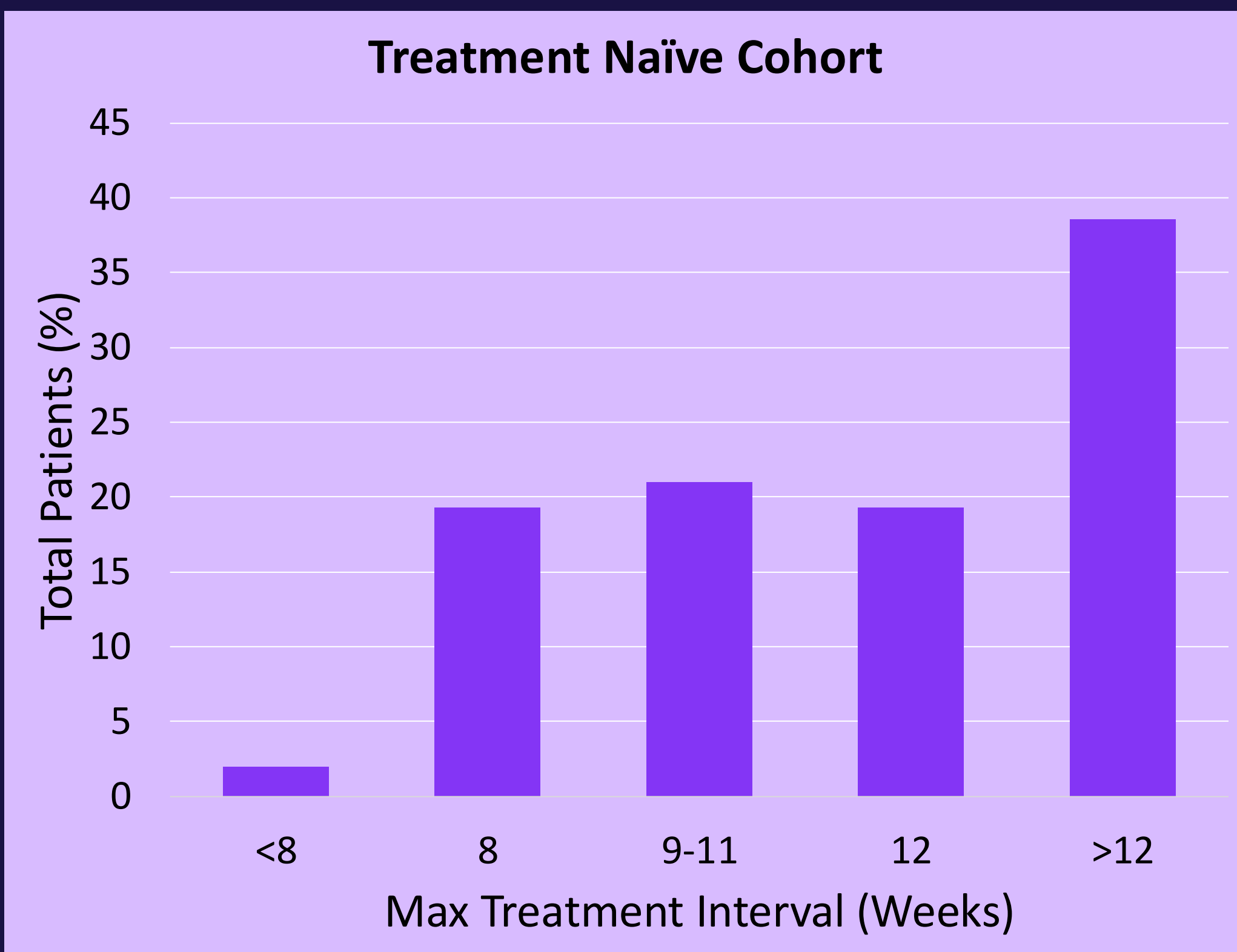
Switch cohort

- Mean interval: 8.68 weeks (95% CI 8.00–9.36)
- 55% reached ≥8 weeks | 20% ≥12 weeks
- Mean interval gain: +3.33 weeks (95% CI 2.69–3.96)
- 51% improved ≥3 weeks | 29% no improvement



Treatment-naïve cohort

- Mean maximum interval: 14.9 weeks (95% CI 11.6–18.3), range 6–74 weeks
- 98.2% maintained ≥8-week stability
- 57.9% achieved ≥12-week intervals



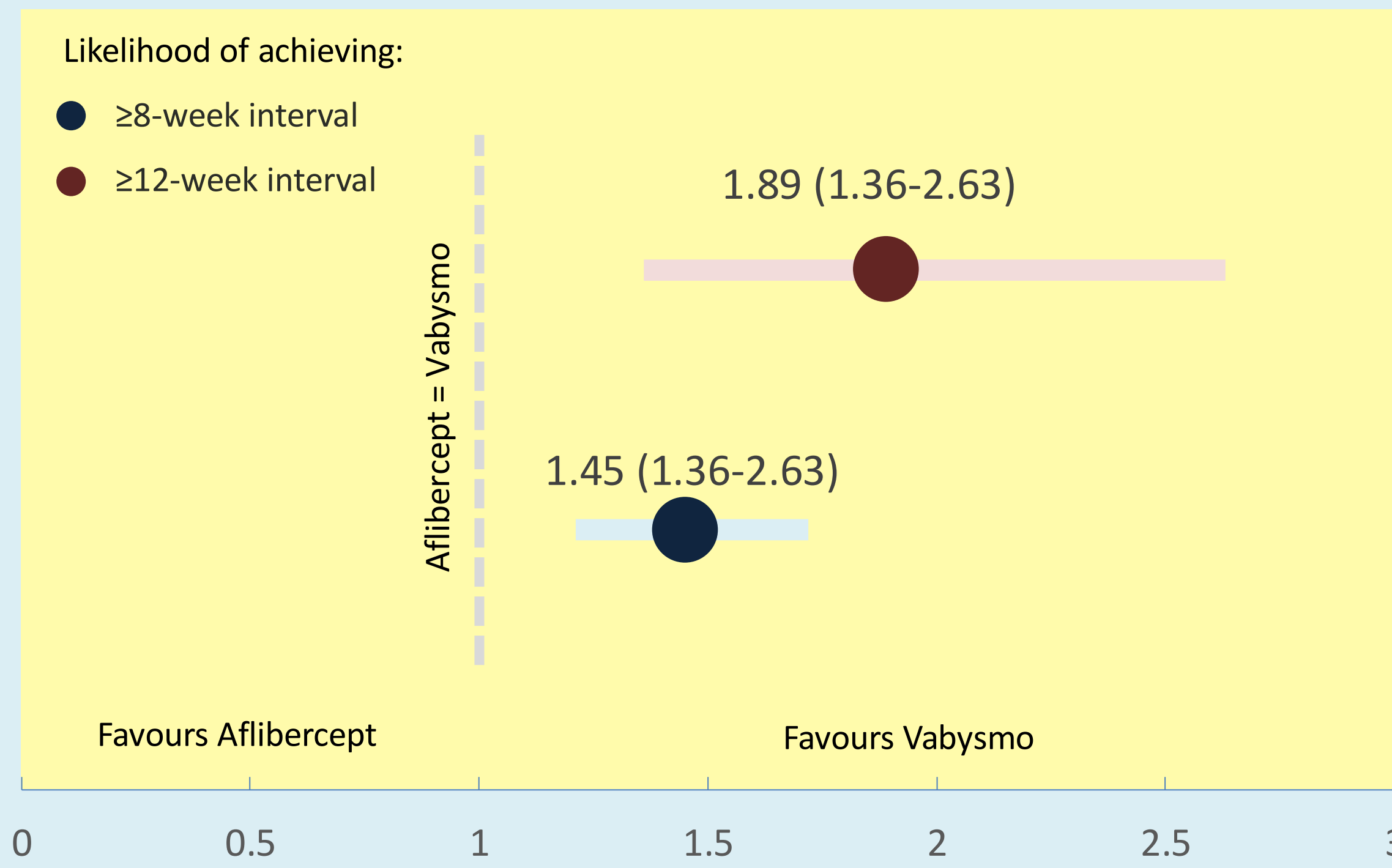
Aflibercept vs Vabysmo

Aflibercept 2mg

Vabysmo first line nearly doubles likelihood of stability at ≥12-week intervals (RR 1.89)

Starting treatment-naïve eyes on Vabysmo increased the likelihood of achieving:

- ≥8-week interval by 45% (RR=1.45; 1.21-1.72, 95% CI)
- ≥12-week interval by 89% (RR=1.89; 1.36-2.63, CI 95%)



Economic Impact

Drug / pathway	Year 1 injections	Year 2 injections	Year 3-5 injections	Cost per injection	5-year Cost
Aflibercept 2mg	8	5.1	4	£734	£18,416
Vabysmo first-line	6.75	4.3	3.25	£857	£17,791
Vabysmo switch	7.5	5.1	4	£857	£21,073

Table 1: Shows projected injection frequency and 5-year acquisition costs. This excludes administration and service delivery costs. Injection frequencies for Years 1-2 were derived from Royal Bolton data; Years 3-5 were extrapolated due to limited follow-up. Drug acquisition costs were based on NICE price listing for Vabysmo and NHS indicative biosimilar pricing for aflibercept (4).

First-line Vabysmo: **£625** lower 5-year cost vs aflibercept

Second-line Vabysmo: **£2,657** higher 5-year cost vs aflibercept

Conclusion

Vabysmo demonstrated greater treatment durability than aflibercept in both treatment-naïve and switch cohorts. Treatment-naïve eyes were significantly more likely to achieve extended intervals, with nearly 60% reaching ≥12 weeks. These findings suggest that earlier use of Vabysmo may reduce injection burden, improve service capacity, and enhance patient outcomes. Our data supports consideration of Vabysmo as a first-line anti-VEGF therapy for nAMD.

References

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