Transcript Details
This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: https://reachmd.com/programs/eye-on-ocular-health/faricimab-vs-aflibercept-retinal-vein-occlusion/54488/

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Faricimab vs. Aflibercept for Retinal Vein Occlusion

Announcer:
This is *Eye on Ocular Health* on ReachMD. Today, Dr. Michael Javaheri will walk through the differences between faricimab and aflibercept for retinal vein occlusion. Dr. Javaheri is an Adjunct Clinical Professor of Ophthalmology at the Keck School of Medicine at USC, as well as the Managing Partner and Director of Research for Retina Specialists of Beverly Hills.

Let's hear from him now.

Dr. Javaheri:
Mechanistically, both faricimab and aflibercept are effective anti-VEGF agents, but they are built differently. Aflibercept is a VEGF trap that binds VEGF-A in placental growth factor. With aflibercept eight milligram, you're delivering a higher dose with greater VEGF binding capacity than standard two milligram aflibercept. Clinically, the relevance is potency and durability. In RVO, where VEGF-driven leakage can be intense, that high-dose VEGF suppression is very attractive.

Faricimab is a bispecific antibody that targets VEGF-A and Ang-2. The Ang-2 pathways involve vascular instability and inflammation, so the theoretical advantage is vascular stabilization in addition to VEGF suppression.

But in real-world practice, mechanism only matters if it translates into vision, drying, safety, and durability. Faricimab has a compelling dual-pathway concept, but aflibercept eight milligram now has a very clean RVO story: high-dose VEGF blockade, QUASAR phase three data, and an FDA-approved RVO dosing pathway after loading.

Both therapies improve vision and reduce macular edema in RVO. Faricimab has strong data from BALATON and COMINO, including 72-week treat and extend results showing sustained efficacy and safety in macular edema due to retinal vein occlusion.

That said, the most important recent practical development is aflibercept eight milligram in QUASAR. QUASAR showed that aflibercept eight milligram every eight weeks after either three or five initial monthly doses achieved non-inferior, best-corrected visual acuity gains compared with aflibercept two milligram every four weeks at week 36 with fewer injections. The FDA label now includes macular edema following RVO with eight milligram every four weeks for the first three to five doses followed by every eight weeks.

So when I compare them, I would say faricimab is a very reasonable and effective option, especially with treat and extend durability data. But aflibercept eight milligram has become especially compelling, because it gives us a labeled, high-dose, every-eight-week retinal vein occlusion strategy supported by phase three data.

Announcer:
That was Dr. Michael Javaheri discussing how faricimab and aflibercept compare when treating retinal vein occlusion. To access this and other episodes in our series, visit *Eye on Ocular Health* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening.