

RETINA 360 WORKBOOK



IN FOCUS: nAMD CLINICAL PEARLS

Switching Agents: Why and When to Incorporate Second-Generation Therapies

FACULTY



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Switching Agents: Why and When to Incorporate Second-Generation Therapies

Priya S. Vakharia, MD, and Matthew Starr, MD

Watch Now: <https://evolvemeded.com/segment/29881/>

CASE HIGHLIGHTS

- Drs. Vakharia and Starr discuss switching patients with wet age-related macular degeneration from first-generation to second-generation anti-VEGF agents.
- Reasons to switch agents include suboptimal response, persistent fluid/hemorrhage, or tachyphylaxis with first-generation agents.
- The goal is often to extend treatment intervals to 8 to 12 weeks, but this is patient-dependent.
- The choice between second-generation agents like aflibercept 8 mg and faricimab is influenced by factors like patient familiarity and safety profile.
- Extending treatment intervals with second-generation agents may be possible, but real-world data is still limited. Expectations should be appropriately managed with patients.
- The treatment landscape for retinal diseases is rapidly evolving, and more lasting/less frequent treatments may become the standard in the future.

“Is this what I’m going to see with every single patient that I switch from a first-generation to a second-generation [agent]? Is that the new goal? Are we trying to get patients to what the commercials say, 12 to 16 weeks? That’s what the commercials are promising, and is that what our new standard of care is?”

PRIYA S. VAKHARIA, MD



**VIDEO CASE: PATIENT OCT
AFTER EXTENDING TO 10 WEEKS
ON FARICIMAB.**



NOTES
