



A Comparative Audit of Faricimab (Vabysmo) versus Aflibercept (Eylea) in the Management of Wet Age-Related Macular Degeneration: Real-World Clinical Outcomes

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Background

Wet age-related macular degeneration (wAMD) is a major cause of visual impairment in older adults, driven by abnormal retinal blood vessel growth and requiring ongoing anti-VEGF therapy¹. Aflibercept (Eylea) is an established standard treatment with proven efficacy², while Faricimab (Vabysmo), a newer bispecific antibody targeting VEGF-A and Angiopoietin-2, may reduce injection frequency through longer dosing intervals³. Further comparative studies in clinical practice are needed to evaluate their relative effectiveness and utility.

Aims

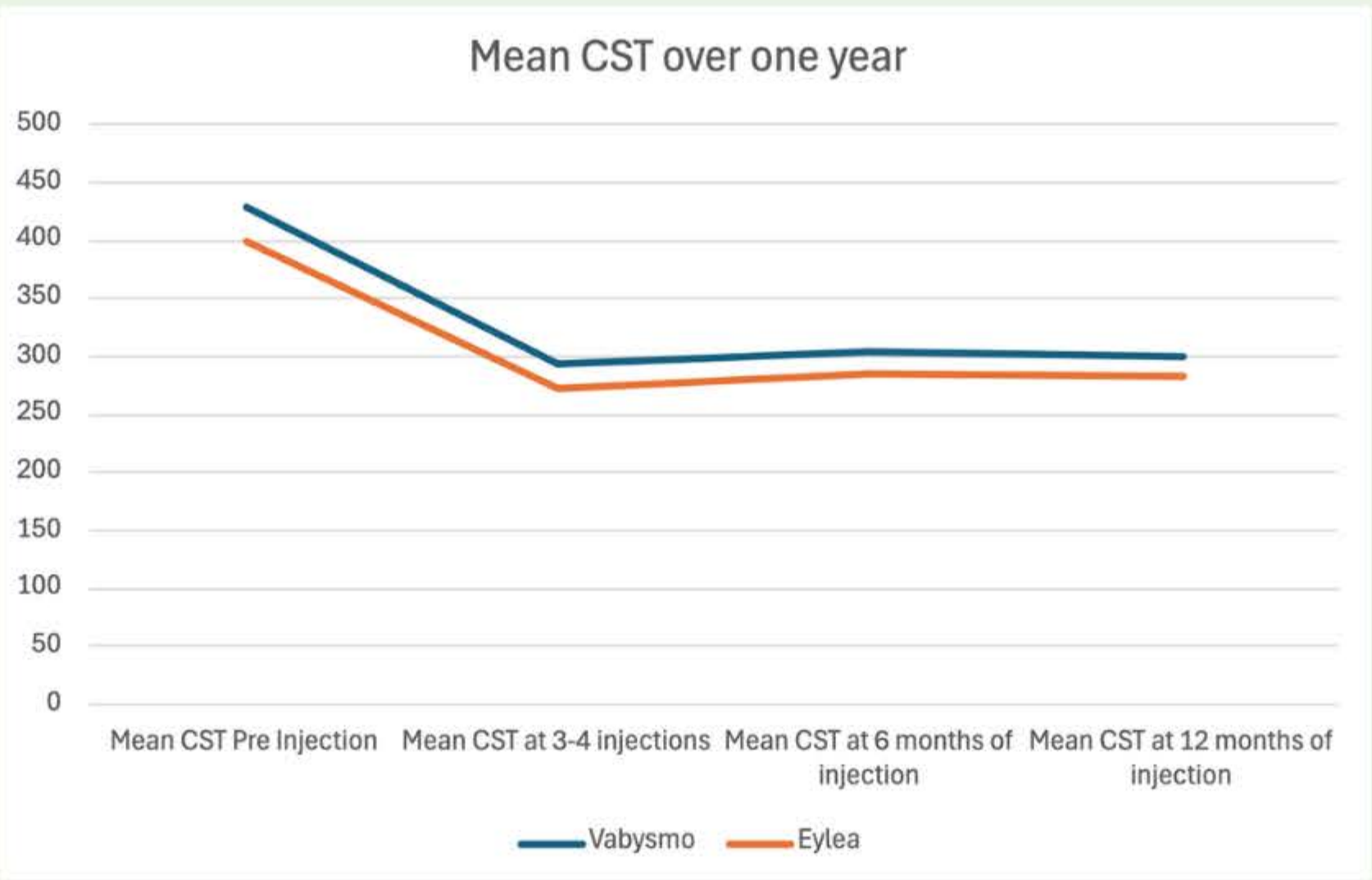
This audit compares the clinical effectiveness and treatment burden associated with Faricimab (Vabysmo) and Aflibercept (Eylea) for managing wet age-related macular degeneration (wAMD) in routine NHS ophthalmic practice.

Methods

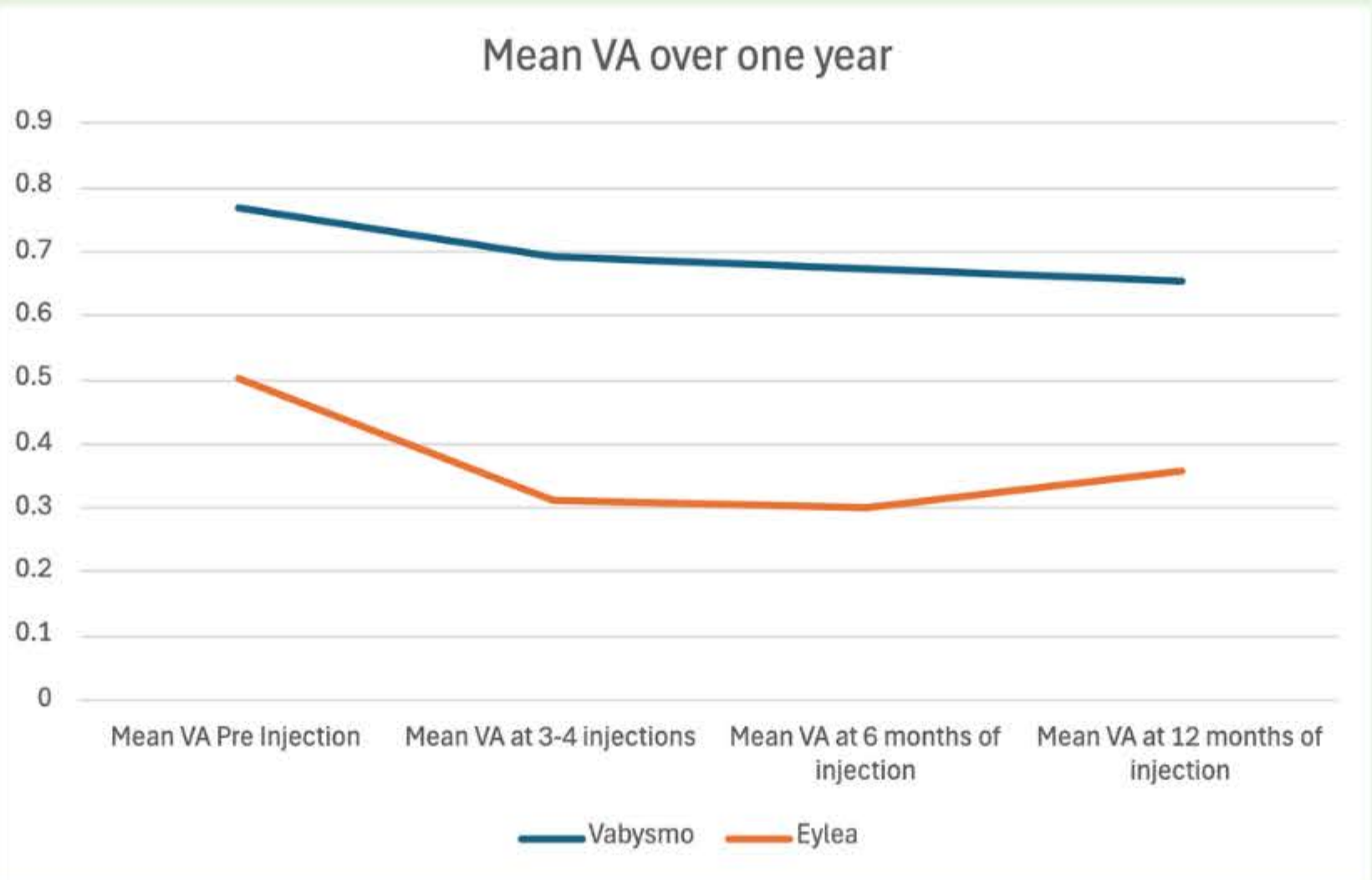
A retrospective comparative audit was performed on wAMD patients initiated on either Vabysmo or Eylea between January 2023 and January 2024. Outcomes assessed included central subfield thickness (CST) via Optical Coherence Tomography (OCT), visual acuity (VA) recorded as logMAR, injection frequency, and choroidal neovascularization (CNV) subtype distribution. Data was analysed at baseline, after 3–4 loading injections, and at 6 and 12 months.

Results

Both treatments significantly reduced CST at 12 months from baseline (Vabysmo: $-127.9\text{ }\mu\text{m}$; Eylea: $-115.85\text{ }\mu\text{m}$).



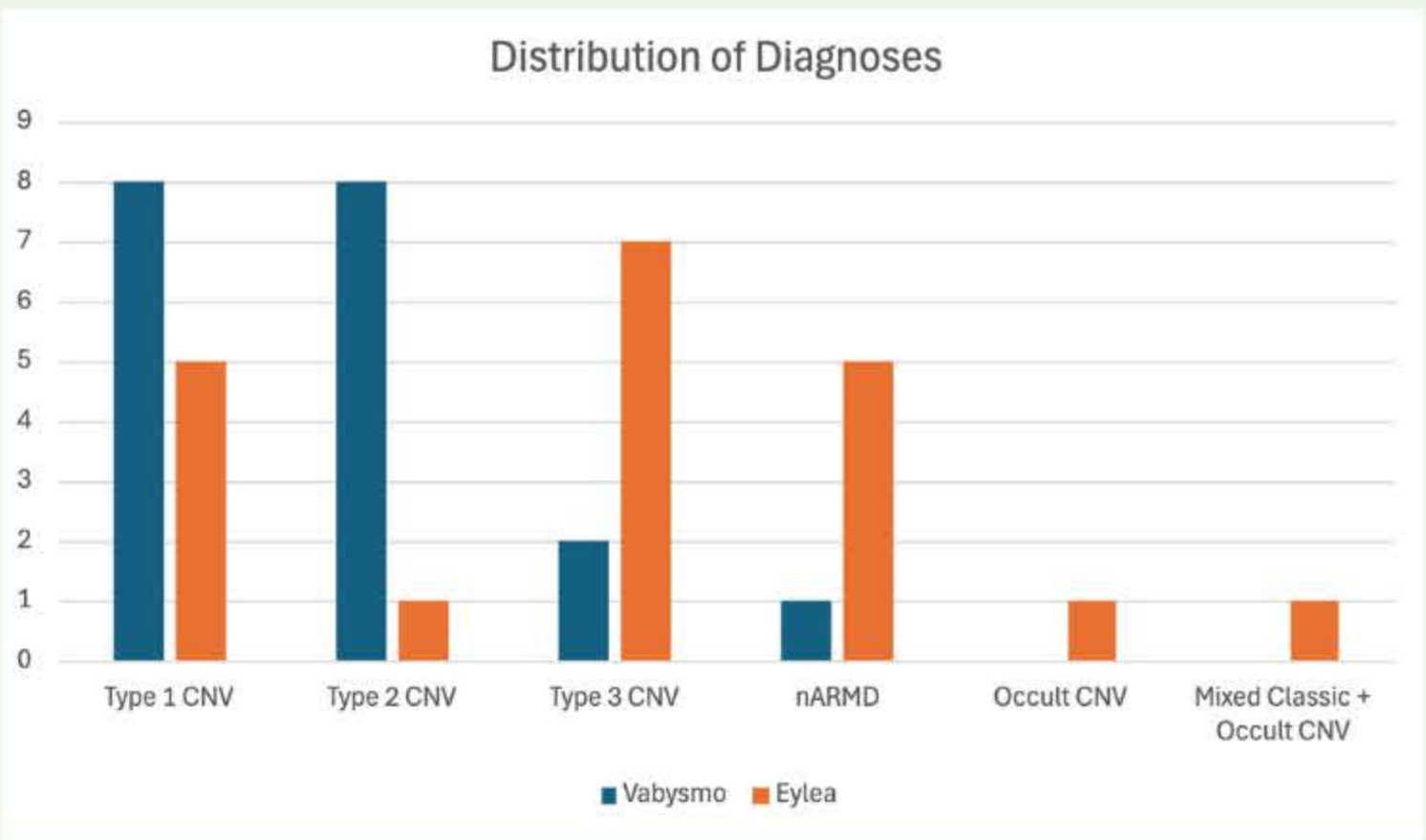
Mean visual acuity change favoured Eylea (logMAR change at 12 months: -0.190) compared to Vabysmo (-0.095).



Injection frequency was lower for Vabysmo (mean 6.75 injections) versus Eylea (7.1 injections), reducing patient and clinic burden. The distribution of CNV subtypes differed between groups, with Vabysmo-treated patients predominantly presenting with Type 2 CNV lesion.

Discussion

Vabysmo’s reduced injection frequency may significantly enhance patient compliance and reduce healthcare resource utilisation. However, the superior visual acuity improvement observed in the Eylea cohort could be attributed to differing CNV subtype distributions, particularly with more aggressive lesion types such as RAP lesions present predominantly in the Vabysmo group.



Conclusion

Vabysmo provides comparable anatomical outcomes to Eylea, with the additional benefit of reduced injection frequency. Variations in visual acuity improvement may reflect differences in CNV subtype distribution. Larger prospective studies are needed for validation.

References

- Wong WL, Su X, Li X, et al. Global prevalence of age-related macular degeneration and disease burden projection for 2020 and 2040: A systematic review and meta-analysis. Lancet Glob Health. 2014;2(2):e106-e116.
- Heier JS, Brown DM, Chong V, et al. Intravitreal Aflibercept (VEGF Trap-Eye) in wet age-related macular degeneration. Ophthalmology. 2012;119(12):2537-2548.
- Heier JS, Khanani AM, Quezada Ruiz C, et al. Efficacy, durability, and safety of Faricimab in neovascular age-related macular degeneration (TENAYA and LUCERNE): Two randomized, double-masked, phase 3, non-inferiority trials. Lancet. 2022;399(10326):729-740.