



Second- to fifth-line switching to Eylea 8mg for neovascular age-related macular degeneration (nAMD) and diabetic macular oedema (DMO): Real-world outcomes from a single centre

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INTRODUCTION

- Eylea 8mg was licensed for use in nAMD and DMO in January 2025 in the UK⁽¹⁾.
- Real-world outcomes following switching in previously treated patients remain limited.
- We conducted a retrospective audit of the first 8 months to evaluate outcomes following treatment switching.

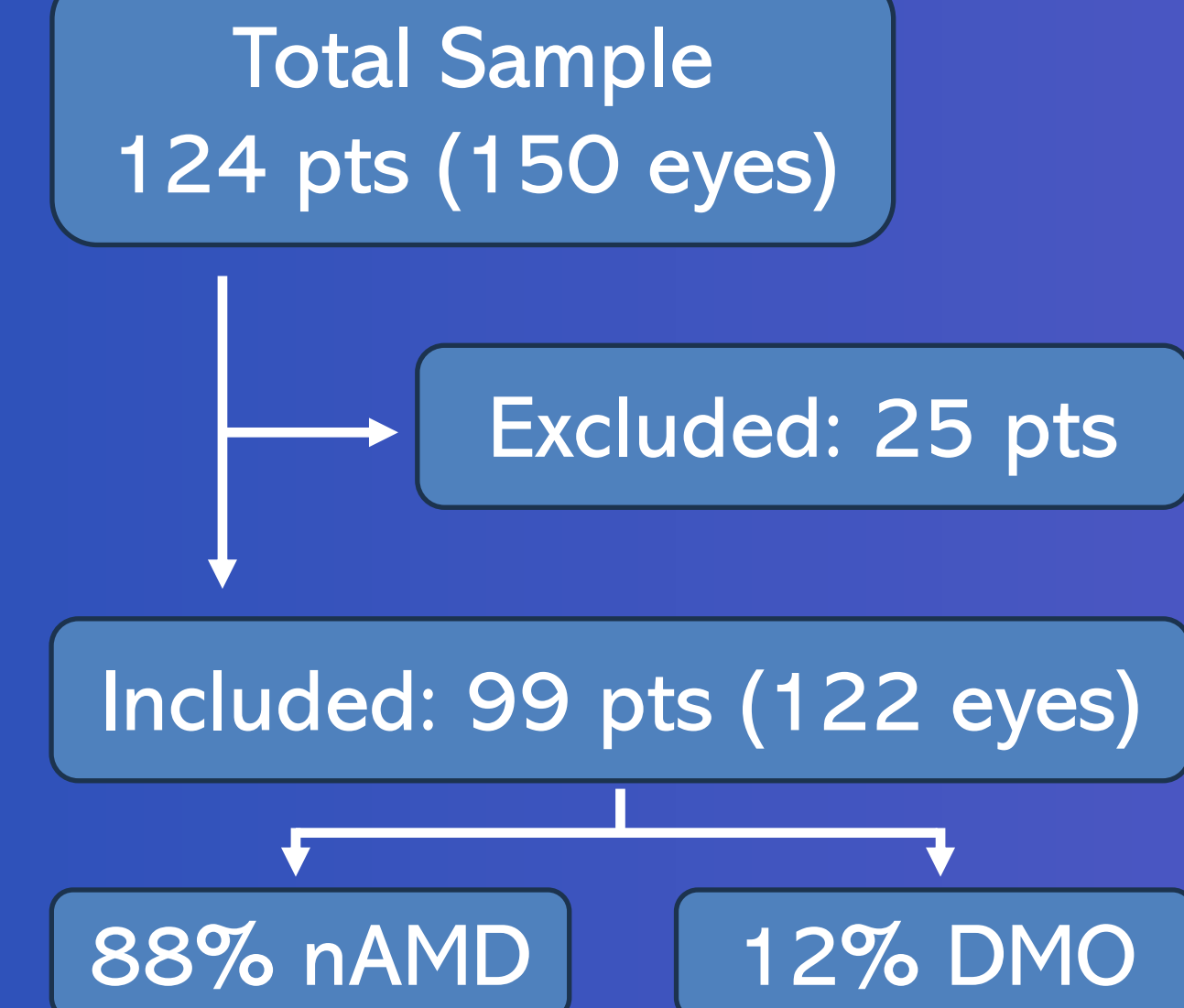
OBJECTIVE

- To assess changes in treatment interval following switching to Eylea 8mg in previously treated nAMD and DMO patients.

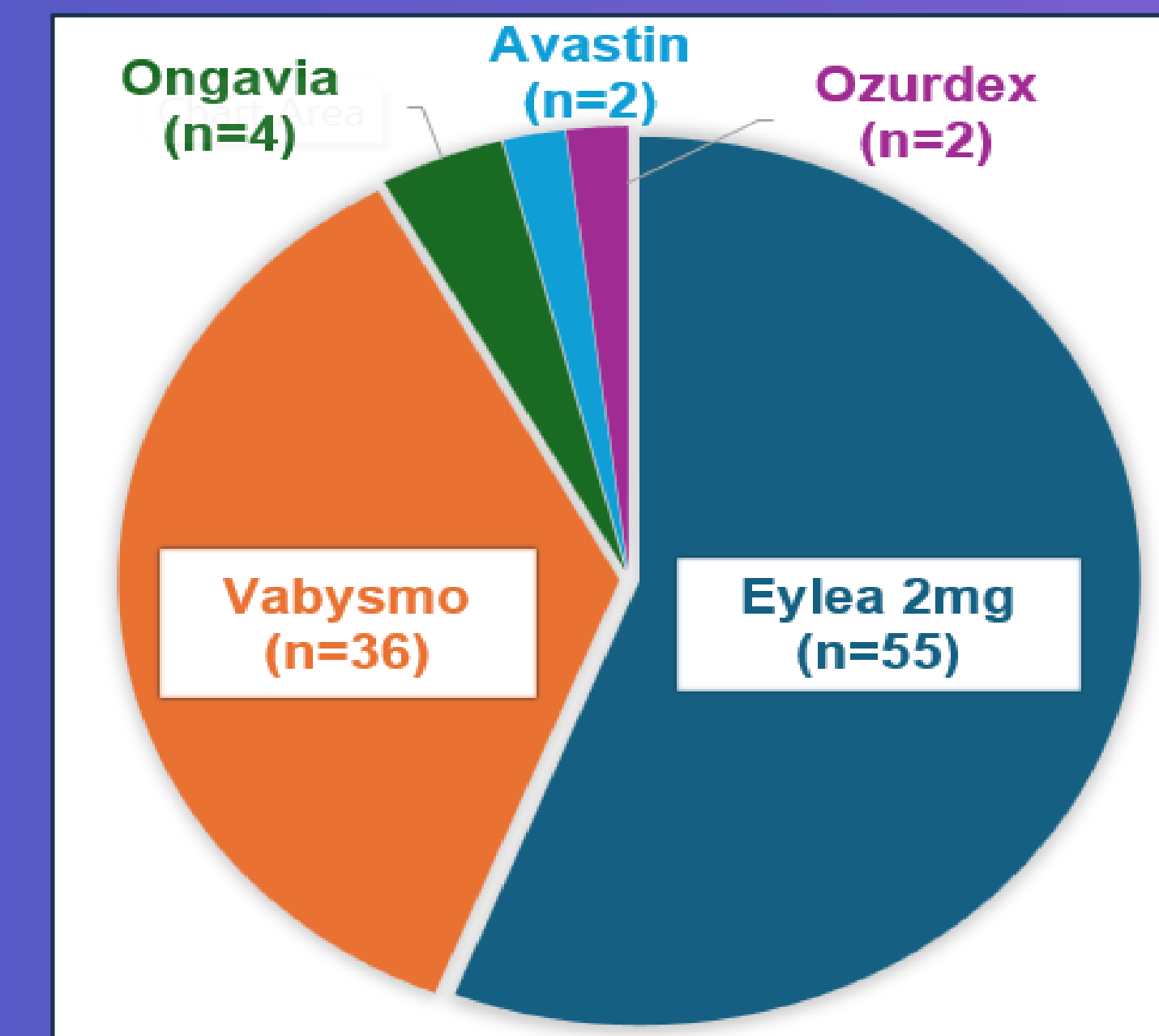
METHODOLOGY

- Retrospective audit of all patients treated with Eylea 8mg at Gloucestershire Hospitals NHS FT (Jan–Aug 2025).
- Data extracted from Medisight electronic patient record.
- Inclusion: patients switched from anti-VEGF therapy at ≤ 8 -week intervals.
- Pre-switch interval: time between final injection of prior therapy and first Eylea 8mg injection.
- Post-switch interval: median interval between subsequent Eylea 8mg injections.
- Patients failing to extend beyond $> q8$ on Eylea 8mg were switched as per local policy.

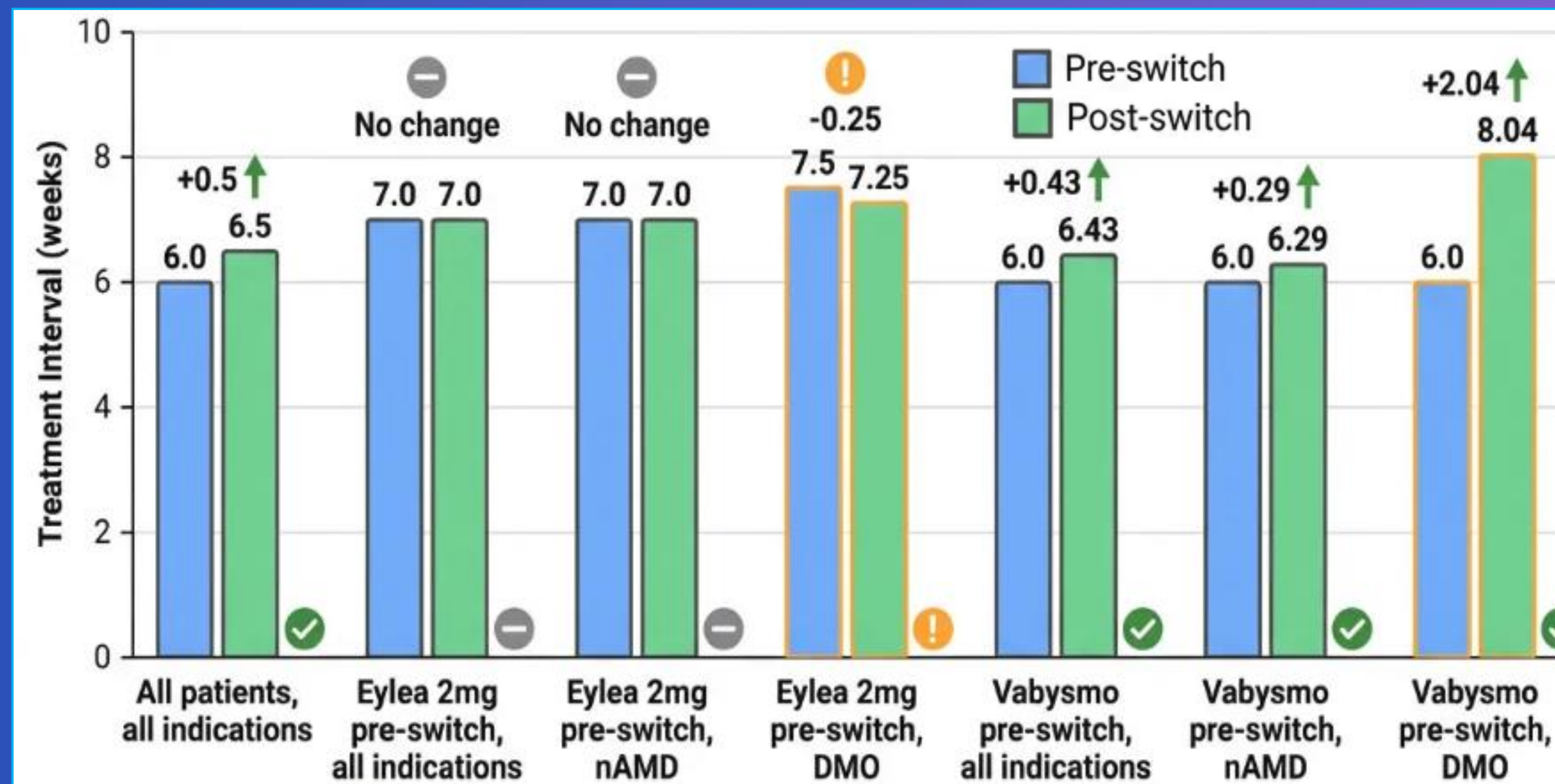
COHORT SAMPLE



PRE-SWITCH DRUG



INTERVAL CHANGE AFTER SWITCHING TO EYLEA 8MG



Data summarised as median weeks between injections

RESULTS

- Eylea 8mg was used as a second- to fifth-line therapy, with 2–6 injections per eye during the study period.
- Overall interval increased from 6.0 to 6.5 weeks, with no change in the Eylea 2mg group and minimal increase in the Vabysmo group.
- In nAMD, interval remained unchanged in the Eylea 2mg group (n=49) and increased minimally in the Vabysmo group (n=34).
- In DMO, interval decreased slightly with Eylea 2mg (n=8) and increased with Vabysmo (n=2).

CONCLUSION

- Modest interval gains with Eylea 8mg likely reflect a heavily pre-treated cohort (second- to fifth-line use),^(2,3) with most patients active on < 8 -week intervals prior to switch.
- Benefits align with PHOTON study⁽⁴⁾ for patients with DMO, although data are limited. There may be advantage in switching to Eylea 8mg in patients with DMO previously treated with faricimab.
- Further larger scale real-world studies are needed to better understand outcomes associated with switching. Such studies are unlikely to receive industry funding and may require co-ordination from national bodies such as the Royal College of Ophthalmologists and the British and Eire Association of Medical Retina Specialists (BEAMS).

References

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