Faricimab: Italian Consensus

Practical Recommendations for Managing DME and nAMD

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Introduction

- Faricimab introduces dual Ang-2 and VEGF inhibition for DME and nAMD.
- Approved for diabetic macular edema (DME) and neovascular age-related macular degeneration (nAMD).
- Extends dosing intervals up to 16 weeks.
- Reduces treatment burden and improves outcomes.

Consensus Objectives

- Provide practical recommendations for integrating faricimab into clinical practice.
- Review clinical trial data for DME (YOSEMITE, RHINE) and nAMD (TENAYA, LUCERNE).
- Address real-world challenges like undertreatment and resource constraints.

Faricimab's Dual Mechanism

- Simultaneously inhibits:
- Ang-2: Stabilizes vasculature.
- VEGF-A: Reduces vascular permeability and neovascularization.
- Offers more durable efficacy than anti-VEGF monotherapy.

Clinical Trial Highlights for DME

- YOSEMITE and RHINE:
- Noninferior to aflibercept in vision outcomes.
- Significant dosing intervals achieved:
- 78% reached ≥12 weeks dosing at week 96.
- 62% reached 16 weeks dosing at week 96.
- Rapid and sustained fluid resolution (faster macular leakage reduction).

Clinical Trial Highlights for nAMD

- TENAYA and LUCERNE:
- Noninferior to aflibercept in vision outcomes.
- 79% achieved ≥12 weeks dosing intervals by week 60.
- Better control of fluid fluctuations, linked to improved visual outcomes.

Recommendations for DME Management

Treatment-Naïve Patients:

- Loading dose followed by treat-and-extend (T&E) protocol.
- Adjust intervals based on disease activity.

Previously Treated Patients:

- Switch to faricimab for poor responders or those requiring frequent injections.
- It is important to start with a loading dose.
- An early switch should be considered in poor or no-responders.

Recommendations for nAMD Management

Treatment-Naïve Patients:

- Similar T&E approach with tailored intervals.
- First assessment 2 to 3 months after loading dose.

Previously Treated Patients:

- Switch to faricimab for poor responders or those requiring frequent injections.
- It is important to start with a loading dose.
- An early switch should be considered in poor or no-responders.

Advantages of Faricimab

Clinical Benefits:

- Longer dosing intervals reduce patient burden.
- Faster and sustained fluid resolution.
- Lower fluctuations in retinal fluid volumes.
- Economic Benefits:
- Potential cost savings per NICE evaluations.

Conclusion

- Faricimab’s dual inhibition offers:
- Effective disease control.
- Reduced treatment burden.
- Improved visual and anatomical outcomes.
- Future Directions: Real-world studies to refine strategies for DME and nAMD.