

# ANTI-ANGIOGENIC THERAPIES IN AGE-RELATED MACULAR DEGENERATION: PHARMACEUTICAL INTERVENTION

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## BACKGROUND AND IMPORTANCE

Age-related macular degeneration (AMD) is a leading cause of irreversible central vision loss. The exudative form, responsible for 90% of cases of severe vision loss, benefits from anti-angiogenic therapy, mainly aflibercept and bevacizumab, with faricimab as a second-line option. Personalised treatments and optimised vial compounding by pharmaceutical services is essential to maximise effectiveness and reduce treatment burden.

## AIM AND OBJECTIVES

To evaluate the use of anti-angiogenic agents in exudative AMD: identifying the most used drugs, administration patterns, and the rationale for therapeutic switches.

## MATERIALS AND METHODS

Retrospective observational study analysing NOA-Digital® data from January to September 2025. The dataset included 2490 scheduled treatments in 417 patients. After the loading dose phase, therapeutic switches were further assessed in 47 patients. Data analysis was performed with Python.

## RESULTS

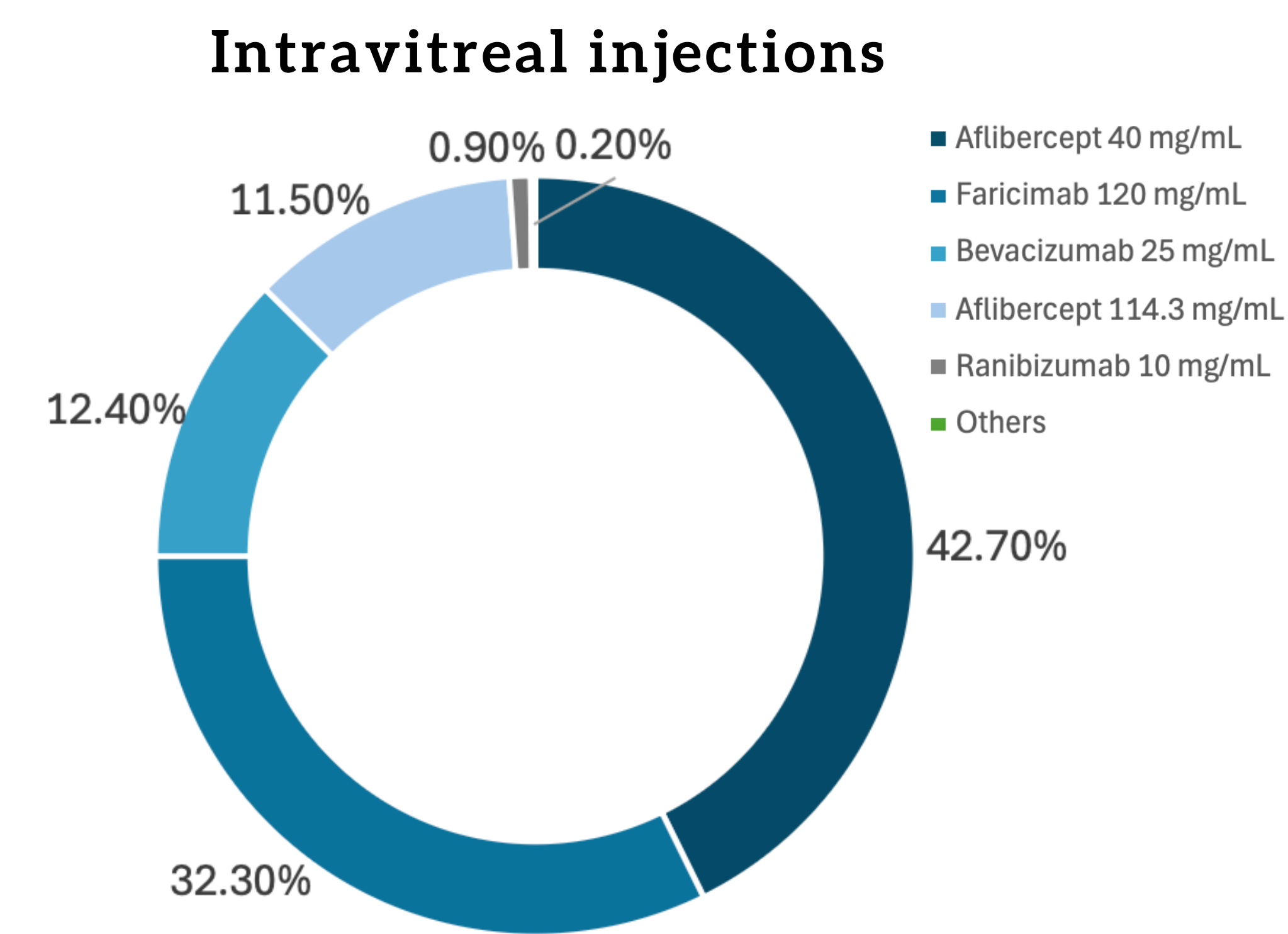


Fig. 1 - Distribution of intravitreal injections by drug.

Drug	Patients	Mean injections/patient	Mean dosing interval (weeks)
Aflibercept 40 mg/mL	188	5.44 ± 2.77	7.03 ± 3.68
Faricimab 120 mg/mL	131	6.11 ± 3.07	6.29 ± 2.71
Bevacizumab 25 mg/mL	63	4.71 ± 2.22	6.81 ± 3.25
Aflibercept 114,3 mg/mL	63	4.35 ± 1.85	7.73 ± 2.94

Fig. 2 - Administration patterns of anti-angiogenic therapies.

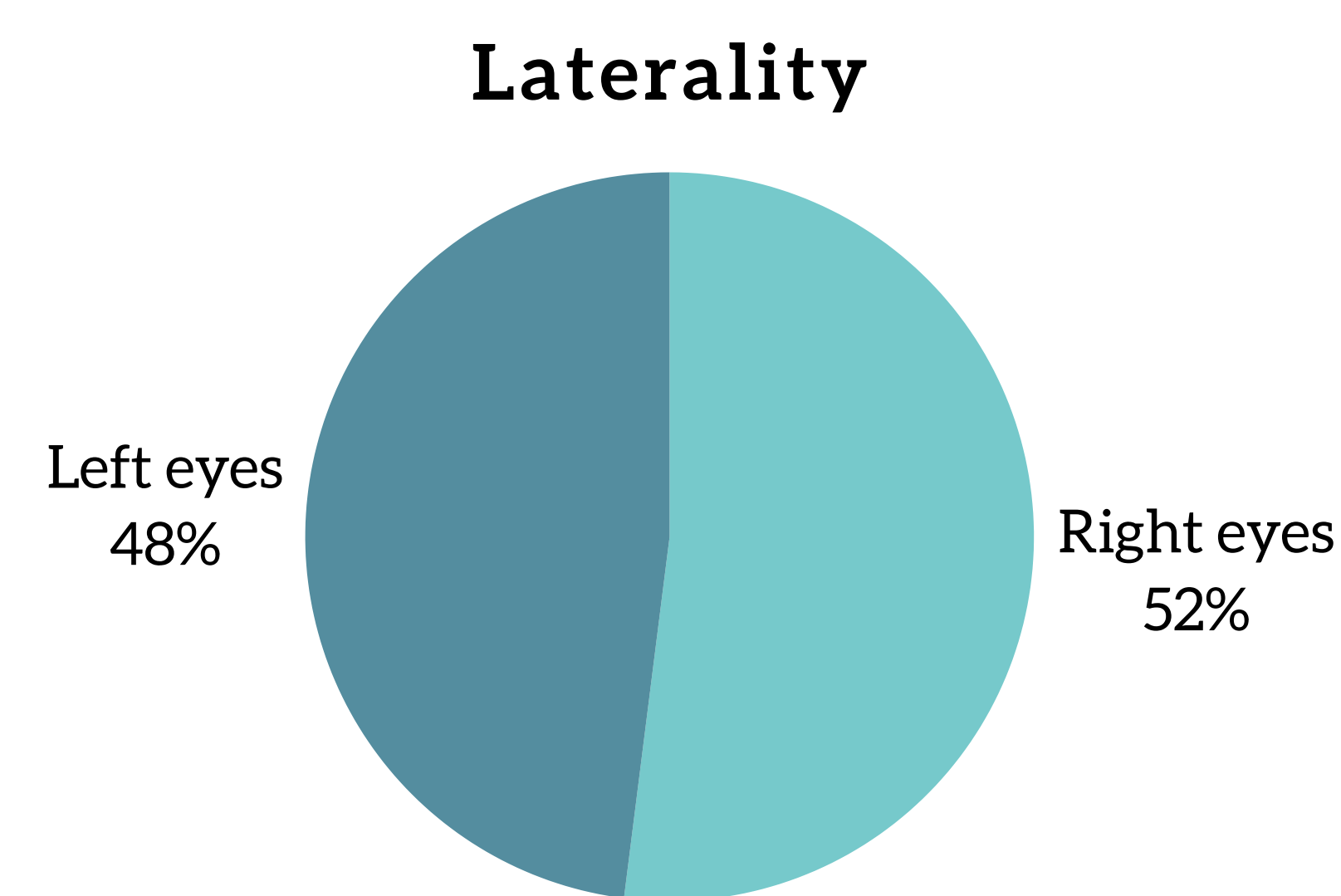


Fig. 3 - Laterality of intravitreal injections.

**Post-loading phase**  
 A total of 147 therapeutic switches occurred, mainly from aflibercept to faricimab.

↔ **After Switching to Faricimab**  
Dosing intervals extended:  
 5.5 to 7.4 weeks  
 12-week durability  
 → Achieved by 2 patients

### Reasons for switching intravitreal therapy

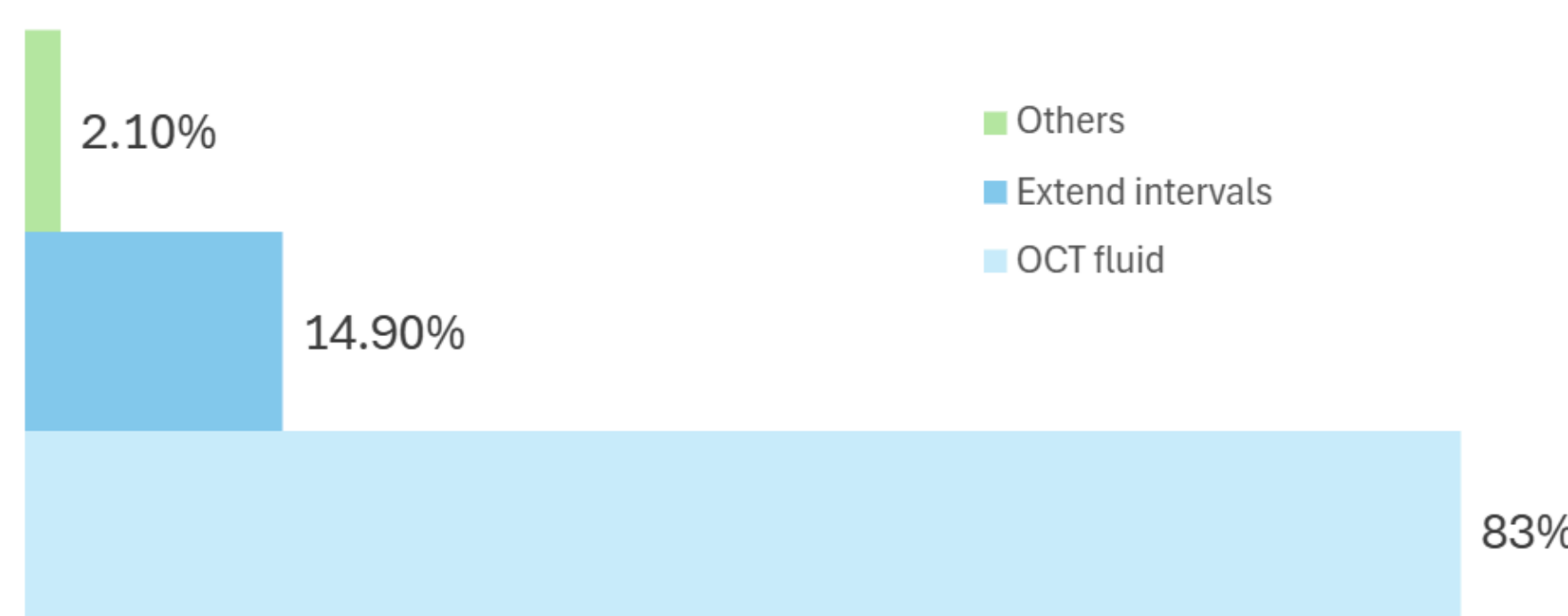


Fig. 4 - Reasons for treatment switch.

### Visual acuity

Improved	53.2 %
Remained stable	23.4 %
Worsened	23.4 %

Fig. 5 - Changes in visual acuity.

**3 uveitis cases with Aflibercept were recorded:**  
 2 resolved with anti-inflammatories  
 1 progressed to retinal detachment requiring treatment discontinuation.



Fig. 6 - Clinical presentation of uveitis.

417 Patients  
 2490 Treatments  
 147 Switches  
 83% due to OCT fluid  
 53.2% Visual Improvement

## CONCLUSION AND RELEVANCE

Aflibercept continues to be the first line treatment, showing strong efficacy and safety. Switches highlight the value of individualised regimens. Faricimab is a promising option, enabling longer dosing intervals. OCT fluid remains the main criteria for therapeutic change. Hospital pharmacist validation and Pharmacy and Therapeutics Committee approval ensure safety, equity, and optimal resource allocation.