

### Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/eye-on-ocular-health/choosing-therapy-rvo/54489/>

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## Choosing the Right Therapy for RVO Patients

### Announcer:

Welcome to *Eye on Ocular Health* on ReachMD. On this episode, Dr. Michael Javaheri will discuss how he decides on a treatment for retinal vein occlusion. Dr. Javaheri is an Adjunct Clinical Professor of Ophthalmology at the Keck School of Medicine at USC, as well as the Managing Partner and Director of Research for Retina Specialists of Beverly Hills.

Here he is now.

### Dr. Javaheri:

In a real-world practice, I choose based on disease severity, OCT response, visual response, and how much durability the patient needs. In retinal vein occlusions, the level of VEGF is significantly higher than what we typically see in diseases like AMD. That's because you have acute obstruction leading to retinal ischemia, which drives a very strong VEGF upregulation. Clinically, that translates into more aggressive leakage, more edema, and often a need for more frequent treatment early on.

That's where high-dose VEGF suppression becomes particularly relevant. With aflibercept eight milligram, you're delivering a substantially greater VEGF binding capacity compared to standard dosing. In a high-VEGF environment like RVOs, that increased binding can translate into more effective and sustained suppression of disease activity.

For a treatment-naive RVO patient with significant edema or for a patient who I suspect will need long-term therapy, aflibercept eight milligram is very attractive. The QUASAR data supports strong visual outcomes which reduce injection frequency, and that matters because RVO patients can otherwise become monthly injection patients for a long time.

Faricimab is also reasonable, particularly if I'm thinking about dual Ang-2 and VEGF suppression. But if my primary goal is predictable VEGF suppression and rapid drying in a clear path towards extended dosing, I would lean more towards aflibercept eight milligram.

So my practical answer is, I want the patient dry, seeing better, and coming in less often. Right now, aflibercept eight milligram offers a very strong balance of efficacy, durability, and simplicity in RVO.

### Announcer:

That was Dr. Michael Javaheri talking about his therapeutic decision-making process for retinal vein occlusion. To access this and other episodes in our series, visit *Eye on Ocular Health* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening