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THERAPEUTIC POSITIONING AND USE OF INTRAVITREAL RANIBIZUMAB AND AFLIBERCEPT

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OBJECTIVE

Background: Intravitreal ranibizumab (IVR) and aflibercept (IVA) are approved for ophthalmology pathologies as age-related macular degeneration (AMD) and diabetic macular edema (DME). Due to drug costs and high prevalence rates there is a need to protocolize and rationalize the use of these drugs.

OBJECTIVES: To elaborate and implement a treatment algorithm and to evaluate the effectiveness and safety of IVR and IVA in a tertiary hospital.

METHODS

Study Observational, retrospective

Eligible criteria All patients treated with IVR and IVA

Inclusion time 01/09/2017 – 31/08/2018

Variables

Patient: gender, age, pathology.

Treatment: previous bevacizumab injections.

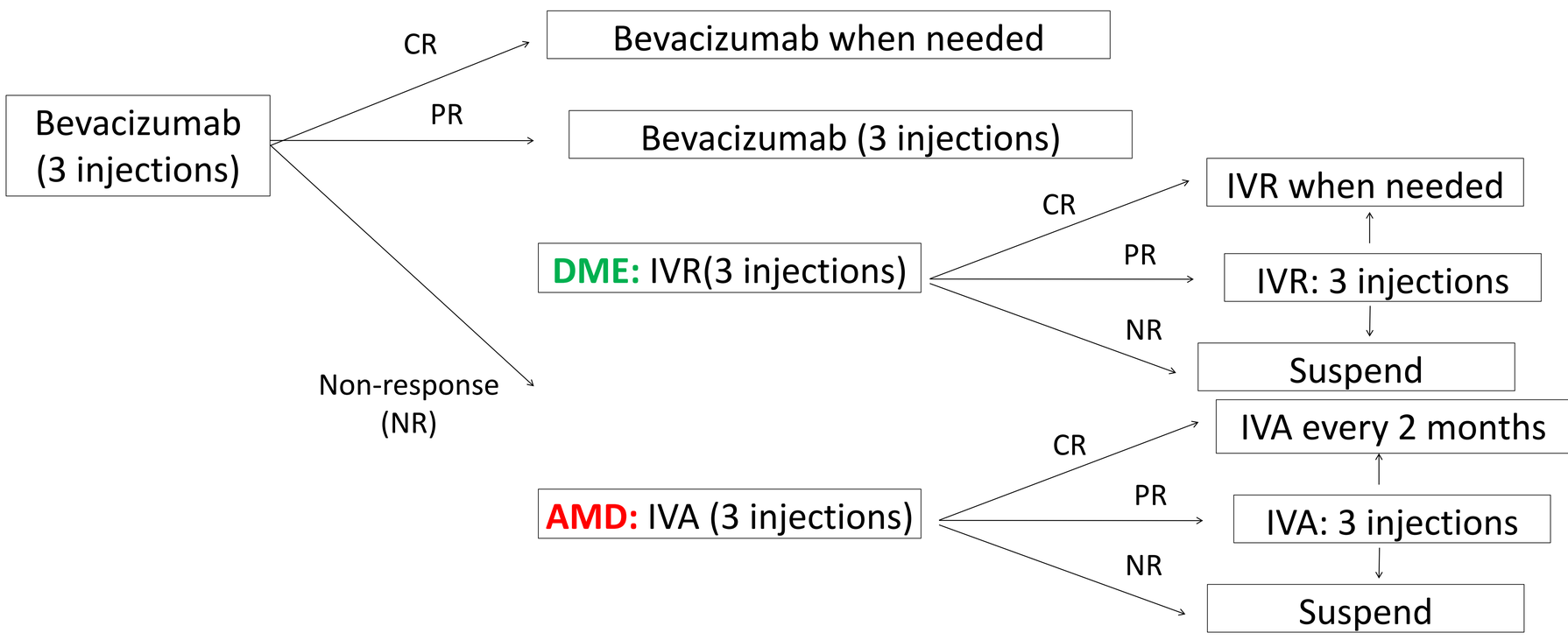
Clinical response	IVR	IVA
Complete (CR)	Gain of visual acuity (VA) ≥5 letters or loss of foveal thickness from basal value.	Gain/maintenance of VA, reduction of subretinal fluid and absence of inflammatory activity
Partial (PR)	When only one of these parameters was observed	

It was compared to pivotal clinical trials (PCT)

Adverse events

RESULTS

Treatment algorithm (approved by the Pharmacotherapeutic Committee)

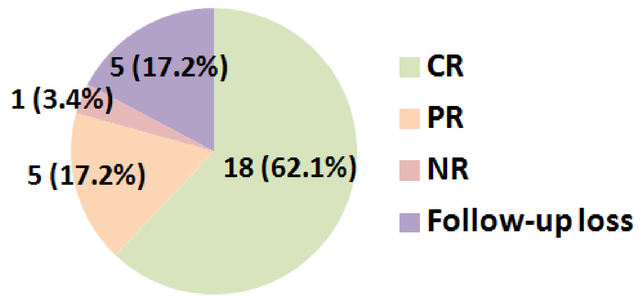


Intravitreal ranibizumab

- Median age: 68 years (range:40-87).
- 29 eyes corresponding to 26 patients (30.8% women).
- Median previous injections of bevacizumab: 7.
- 75 injections (median per patient:3; range:1-5).

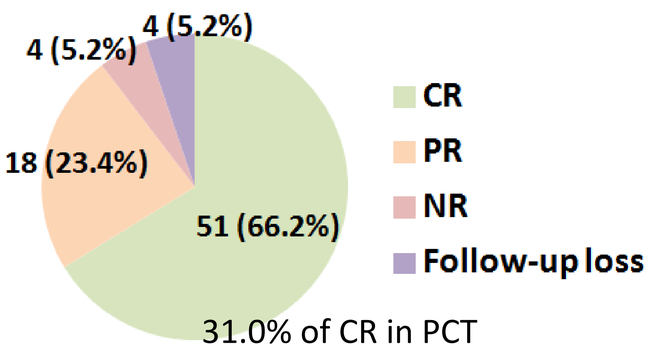
Intravitreal aflibercept

- Median age: 78 years (range: 48-98).
- 77 eyes corresponding to 68 patients (52.9% women).
- Median previous injections of bevacizumab: 8.
- 283 injections (median per patient:3; range:1-11).



42.5% of CR in PCT

No serious adverse events were reported



31.0% of CR in PCT

CONCLUSIONS

- The algorithm is well implemented in our hospital achieving a rational ophthalmic drug use.
- Intravitreal ranibizumab and aflibercept are effective and safe, with better complete responses than those described in pivotal clinical trials.

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