DI-086. REVIEW OF OFF-LABEL USE AND ECONOMIC IMPACT OF INTRAVITREAL DEXAMETHASONE IMPLANTS IN A TERTIARY HOSPITAL
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OBJECTIVES
• To describe the off-label use of Intravitreal dexamethasone implants (DEXi) in our hospital and to evaluate the cost of DEXi compared to the standard treatment in diabetic macular oedema (DMO), ranibizumab.

METHODS
• A longitudinal, retrospective and descriptive study was carried out on patients treated with at least one DEXi from June 2011 to January 2013.
• The next set of data was collected from medical records: (1) sex, (2) age at first DEXi, (3) diagnosis, (4) number of injections, (5) re-injection interval period (months). (3), (4) and (5) were distinguished for each eye.
• Annual costs for each eye treated with DEXi and ranibizumab* were estimated by multiplying the drug manufacturers’ price by the estimated annual number of implants or injections, respectively.
  * Drug manufacturers’ price: DEXi (Ozurdex®) 950 € for each implant. Ranibizumab (Lucentis®) 857.21 € for each vial.
  * Estimated annual number of DEXi implants = the median re-injection interval period (months) in this study
  * Estimated annual number of ranibizumab 0.5mg injections= minimum of 6 and maximum of 12.
• Annual costs for each eye treated with ranibizumab were estimated regarding 2 scenarios:
  • Scenario A: 1 vial →1 injection of 0.5mg.
  • Scenario B: 33% dose optimization:2 vials→3 injections of 0.5 mg. (Aseptic and controlled conditions in the pharmacy department)

RESULTS
NUMBER OF PATIENTS AND EYES WITH AT LEAST ONE DEXI
• 39 patients: 16 women. Median of age=74 years (57.75-78.75)
• 43 eyes. 12 eyes (40% of all DEXi prescriptions) received more than one DEXi
• Median of re-injection interval: 5 months (4.5-6)
• Estimated annual number of implants:2.4

NUMBER OF PATIENTS RELATED TO OFF-LABEL USES

ANNUAL COSTS FOR EACH EYE TREATED WITH RANIBIZUMAB/DEXI IN DMO

CONCLUSIONS
• A high proportion of DEXi prescriptions consisted of off-label use.
• DMO was the most common off-label use. However, DEXi did not mean any incremental annual cost compared to ranibizumab (the standard drug treatment) in DMO, even considering dose optimization.
• Further studies that better determine efficacy and safety in these patients are needed.

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