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OFF-LABEL USES OF BEVACIZUMAB IN OPHTHALMOLOGY IN A MOROCCAN UNIVERSITY HOSPITAL

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### BACKGROUND

Bevacizumab is an anti-VEGF monoclonal antibody. Its off-label use has increased in the management of a variety of ophthalmology diseases.



The aim of this study was to analyze the off-label use of Bevacizumab, outside of oncology indications, in the department of ophthalmology, in the Specialty Hospital of Rabat.

MATERIAL AND METHODS

Retrospective observational study including all ophthalmology patients under Bevacizumab treatment between January 2017 and August 2018. Collected data were demographic and treatment related (off-label indication, dosage, number of injections received and economic impact). The data were gathered from the medical records and from the pharmacy software.

# RESULTATS



- $\geq$  85 patients received intravitreal administration of bevacizumab in hospital (100mg/4ml). The dose used was 2.5 mg (0.1ml). All of the injections used were off-label.
- $\triangleright$  During the study period, 32 vials used to treat 85 patients (786 injections), on average 25 injections per vial (37.5% of volume lost per vial). Each vial cost € 230. If the corresponding number of vials had been used, total cost would have been  $\in$  7360.
- $\succ$  Compared to Lucentis (Ranibizumab), has a label uses for these pathologies, the cost differences are significant about  $\in$  6 per injection for Avastin and  $\in$  800 per injection for Lucentis[1].

Off-label indications	Numbers	average injections	<b>OCT examination</b>	Cost per patient	Cost per diseases
Diabetic macular edema (DME)	55(65%)	5	75%	<b>€ 46</b>	<b>€ 2944</b>
age-related macular degeneration (AMD)	17(20%)	10	40%	€92	<b>€ 920</b>
macular edema secondary to retinal vein occlusion (RVO)	13(15%)	7	60%	€65	<b>€ 708</b>

# CONCLUSION

Off-label use of bevacizumab appears to be useful as a salvage treatment for ocular diseases, but a close

monitoring of patients is suggested. The high economic impact makes it necessary to rationalize bevacizumab prescription and to prepare pre-filled syringe in the pharmacy to prevent loss of volume.

#### **REFERENCES AND/OR ACKNOWLEDGEMENTS**

1. J González, ANALYSIS OF THE USE OF INTRAVENOUS INMUNOGLOBULINS, 10.1136/ejhpharm-2017-000640.292.

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No conflict of interest