Aflibercept redosification impact in a second-level hospital

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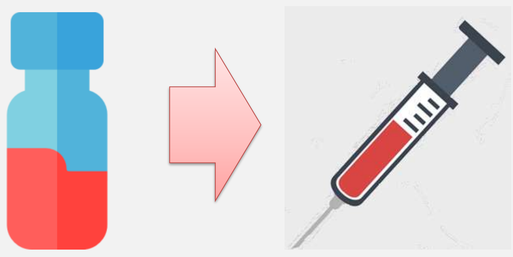
What was done?

A protocol for the **redosification of aflibercept vials into sterile syringes** for intravitreal therapy.



It was implemented by the Commission of Pharmacy and Therapeutics and the Ophthalmology Service.

Why was it done?

Aflibercept

Agent against Vascular Endothelial Growth Factor A (VEGF-A)

Its intravitreal indications such as:

- Age-related macular degeneration (AMD)
- Macular Edema (ME)
- Retinal Vein Occlusion (RVO)

Those indications have a high economic impact on a Pharmacy Deparment (Ph D) budget.

How was it done?

Aflibercept 4 mg vials were recompounded by infirmary staff in a horizontal laminar air flow cabinet into syringes with the recommended dosage of 2 mg, hence one vial could approximately be fractionated for the production of 2,5 syringes.

Variables compiled:

- Sex
- Age
- Indications
- Number of spent vials and syringes prepared
- Average number of syringes dispensed per patient

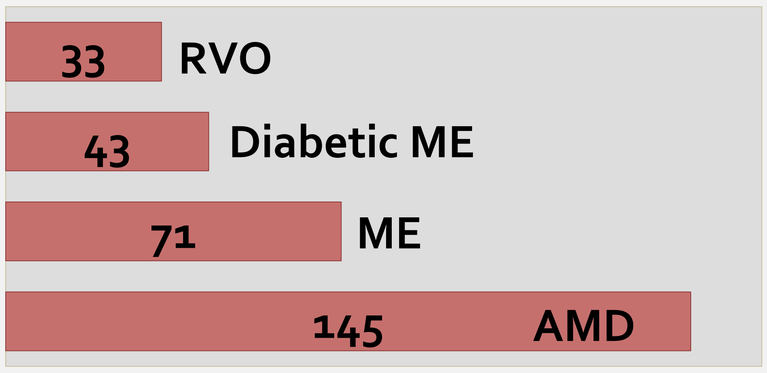
In addition it was compared the direct estimated cost of the syringes *vs.* vials to calculate the saving cost.

What has been achieved?

During the year 2019:

- 305 patients received aflibercept syringes.
- 172(56'4%) were male.
- Average age was 76 years (41-95).
- Total nº of vials spent: **341**.
- Syringes dispensed: **1174**.
- Average nº of syringes dispensed per patient: **3'85**.

Main diagnoses



The price of one vial was **612'31€** so one redosificated syringe in the Ph D approximately costs **204'10€**.

The potential saving cost was **331.672€ (58'01%)** using the syringes.

What next?

Optimization of aflibercept intravitreal therapy is a big cost-effective measure for reducing costs in a Ph D.

Redosification reduces costs in a therapy with an increasing number of patients, contributing to the financial sustainability of Health Systems and improving the efficacy of the resources of Ph D.