4CPS-147 THERAPEUTIC POSITIONING AND USE OF INTRAVITREAL RANIBIZUMAB AND AFLIBERCEPT

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10.1136/ejhpharm-2020-eahpconf.248

Background and importance Intravitreal ranibizumab (IVR) and aflibercept (IVA) are approved for ophthalmology pathologies such as age related macular degeneration (AMD) and diabetic macular oedema (DME). Due to drug costs and high prevalence rates, there is a need to protocolise and rationalise the use of these drugs.

Aim and objectives To develop and implement a treatment algorithm and to evaluate the effectiveness and safety of IVR and IVA in a tertiary hospital.

Material and methods A group composed of ophthalmologists and pharmacists was created. An observational retrospective study was carried out including all patients treated with IVR and IVA from September 2017 to August 2018. Collected variables were gender, age, pathology, previous bevacizumab injections, response and adverse events. For IVR, complete response was defined as gain of visual acuity (VA) $\geq$5 letters or loss of foveal thickness from baseline values. For IVA, complete response was defined as gain/maintenance of VA, reduction of subretinal fluid and absence of inflammatory activity. Partial response was considered if only one of these parameters was observed. Responses were compared with pivotal clinical trials (PCT).

Results A treatment algorithm was developed and approved by the pharmacotherapeutic committee. IVR and IVA were positioned as secondline treatments after at least three bevacizumab injections. Overall, 75 injections of IVR (median 3 per patient, range 1–5) were administered into 29 eyes corresponding to 26 patients (30.8% women) with a median age of 68 years (range 40–87) affected by DME. Complete response was observed in 18 eyes (62.1% vs 42.5% in PCT), partial response in 5 (17.2%), non-response in 1 (3.4%) and follow-up loss in 5 (17.2%).

Regarding IVA, 283 injections (median 3, range 1–11) were administered into 77 eyes corresponding to 68 patients (52.9% women) with a median age of 78 years (range 48–98). All patients were affected by AMD. Complete response was observed in 51 eyes (66.2% vs 31.0% in PCT), partial response in 18 (23.4%), non-response in 4 (5.2%) and follow-up loss in 4 (5.2%). Median previous injections of bevacizumab were 7 for IVR and 8 for IVA. No serious adverse events were observed.

Conclusion and relevance The algorithm was implemented well in our hospital, achieving rational ophthalmic drug use. IVR and IVA are effective and safe, with better complete responses than those described in PCT.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.

4CPS-148 CLINICAL EVALUATION AND SATISFACTION OF PATIENTS TREATED WITH PRGF-ENDORET (PLASMA RICH IN GROWTH FACTORS)

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10.1136/ejhpharm-2020-eahpconf.249

Background and importance PRGF-Endoret is an autologous preparation obtained from the patient's own blood containing a set of proteins specifically addressing wound healing and tissue regeneration of the ocular surface. It is used to treat dry eye, often displacing other therapies such as autologous serum.

Aim and objectives To evaluate the efficacy and safety of PRGF-Endoret eye drops, as well as patient satisfaction, in patients with dry eyes.

Material and methods This was a retrospective observational study of all patients for whom PRGF-Endoret was requested between February 2019 and October 2019 for the treatment of several disorders with ocular dryness as a symptom.

The following demographic and clinical data were obtained from the electronic medical history: age, gender, treatment start date, indication, dosage, treatment duration, previous treatment with autologous serum and clinical evolution.

In addition, two anonymous surveys were conducted based on the dry eye questionnaire (DEQ). The first survey was conducted in patients who started treatment, evaluating the frequency of several symptoms (eye dryness, foreign body sensation, eye stinging, pain, eye tingling, blurred vision, eye redness, discomfort to light) and a second survey was conducted when renewing the treatment, in which efficacy and safety (taking as a measure the appearance of adverse effects) was evaluated, and also satisfaction with the treatment.

Results Twenty-two patients were studied, 14 women (64%), with a median age of 64 (24–95) years. Most patients (70%) had been diagnosed with keratitis and/or corneal ulcer. According to the electronic medical history, in 73% of cases the clinical evolution was favourable after at least 3 months, requesting treatment renewal in 68%. Only one case reported insomnia as a possible adverse effect. Three patients (14%) have not yet completed 3 months of treatment. The results of the surveys indicated that 100% of patients were satisfied and noticed improvement in several symptoms: 50% of patients had previously received autologous serum, 82% of them had a favourable evolution (two without evaluation).

Conclusion and relevance The results indicated that PRGF-Endoret improved dry eye symptoms in our patients, was safe and patients were satisfied. Patients previously treated with autologous serum had favourable evolution with PRGF-Endoret. Although it is thought to be more expensive, patients were satisfied with the change.

REFERENCES AND/OR ACKNOWLEDGEMENTS

No conflict of interest.