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"After failure of IVOM first-line treatments with anti-VEGF, steroids offer the potential for an economical and resource-saving second-line treatment."

BACKGROUND

- Intravitreal drug injection (IVOM) is an established therapeutic option for the treatment of diabetic macular oedema (DME).
- However, up to 40% treatment non-adherence has been reported in IVOM first-line therapy with antivascular endothelial growth factor (anti-VEGF).¹ Steroids such as the longer-acting fluocinolone acetonide

METHODS

- The prescription data from 2015 to 2022 is derived from the PharMaAnalyst database of the AOK's Scientific Institute (WIdO). This database contains information on about 95% of the drugs available on the market that are prescribed to the approximately 70 million people insured by the SHI in Germany.²
- To illustrate the costs, the results of a cost-benefit model
- implant (FAc) and the shorter-acting dexamethasone implant are approved as second-line therapies.
- The aim of this evaluation is to analyze the prescription ratio of IVOM in the last eight years (2015-2022) and its impact on statutory health insurance (SHI) expenditures.

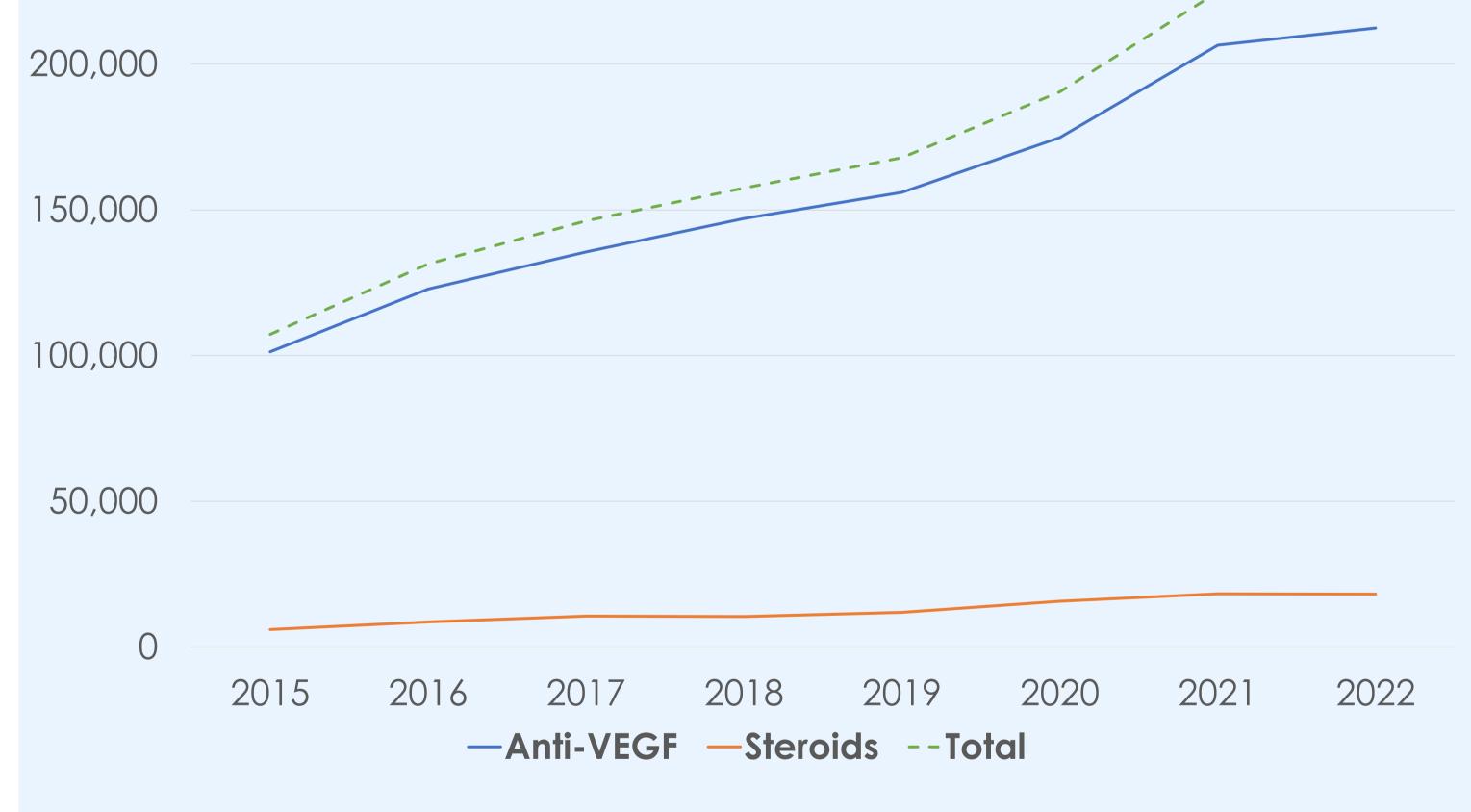
RESULTS

were utilized. This model analyzes a period of three years and presents the costs associated with the respective medication prescriptions to provide a long-term economic perspective in IVOM therapy.^{3,4}



- From 2015 to 2022, there was an increase in patients with IVOM first-line therapy, which doubled during this period. The proportion of second-line within IVOM increased threefold in the same period (Fig. 1).
- In 2022, the average expenditure for SHI for patients undergoing IVOM therapy with anti-VEGF treatments was approximately €5,811.42 per patient. Meanwhile, the average costs for second-line therapy utilizing steroids for the same year was around €4,599.66 per patient (Fig. 2).
- In total, there were 212,418 patients receiving anti-VEGF therapy and 18,168 patients on steroid therapy. As a result, the overall
 expenditure for SHI in 2022 reached approximately €1.3 billion. This expenditure accounted for about 8% of the total spending
 in the ophthalmology sector.⁵

Fig. 1: Number of patients in IVOM therapy between 2015 and 2022	Fig. 2: Average costs per year of IVOM first- and second-line therapy
250,000	€8,000.00
	€4,000,00 €5,811.42



€6,000.00		€4,599.66
€4,000.00		
€2,000.00		
€-		
	anti-VEGF	Steroids
Number of patients	212,418	18,168
Average number of injections	4.26	1.67
Total costs of drugs (without discounts)	€999,210,806.04	€69,257,364.68
Total Costs for injections	€179,803,765.12	€8,226,267.43
Total Costs for optical coherence tomography (OCT)	€40,962,687.12	€3,503,517.12
Total Costs for follow-up care	€13,926,421.47	€637,152.77
Total Costs due to endophthalmitis	€546,870.14	€46,773.52
Total Costs of medical treatment of IOP increase	_	€130,197.35
Total Costs of IOP-lowering surgery	_	€213,848.18
Total Cataract surgery costs	_	€1,551,559.82
Average costs per patient	€5,811.42	€4,599.66

CONCLUSION

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- Between 2015 and 2022, there was a notable increase in the use of second-line therapies in ophthalmology, indicating an
 increased need on alternative treatment options for patients who do not respond adequately to first-line treatments.
- At the same time, a decline in the number of practicing ophthalmologists is expected due to demographic changes. In 2023,

around 30% of ophthalmologists working in outpatient care were over 60 years old.⁶ Due to the age structure of ophthalmologists and demographic change, it can be assumed that in future more patients need to be treated by less ophthalmologists

 In this context, sustainable and resource-saving IVOM therapy with long-lasting effectiveness could become more in focus in the future.

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