

Ref no: 197020514
From: Commercial
Date: 02/05/14
Subject: IV Injections

REQUEST & RESPONSE

Within your organisation how many **intra-vitreous injections/implants** have been used between January and April 2014?

If injections are not known, please state the number of vials dispensed from your pharmacy in this period.

	Lucentis (Ranibizumab) Injections	Avastin (Bevacizumab) Injections	Eylea (Aflibercept) Injections	Ozudex (Dexamethasone) Implants
Total Injections / Implants	396	11	203	8
OR				
Vials / Implants	-	-	-	-

Does your organisation treat the following conditions ?

Wet Age Related Macular Degeneration (wAMD)	yes
Visual impairment due to Diabetic Macular Oedema (DMO)	yes
Retinal Vein Occlusion for Central Retinal Vein Occlusion (CRVO)	yes
Retinal Vein Occlusion for Branch Retinal Vein Occlusion (BRVO)	yes
Visual impairment due to choroidal neovascularization (CNV) secondary to pathologic myopia (mCNV)	yes