

Reducing the Burden of Intravitreal Injections

Even while in the honeymoon phase of using intravitreal anti-vascular endothelial growth factor (anti-VEGF) agents to treat patients with wet age-related macular degeneration (AMD), many of us retina specialists knew that there had to be a better way to deliver drugs to the back of the eye than monthly injections. In our specialty, innovation does not stop when we reach an endpoint. We were finally able to reverse many of our patients' decline of visual acuity with intravitreal anti-VEGF injections, causing the momentum of potential pharmaceutical solutions for retinal diseases to surge.

As time went on, we saw our waiting rooms become jam-packed with patients seeking injections. We also, however, could see the future, which includes even greater numbers of patients for whom we can help with pharmacotherapy, such as those with diabetic eye disease, vein occlusions, and other pathologies that we have traditionally treated with surgery or laser.

Although monthly injections provide a great benefit for many patients, the frequency is quite simply a burden. Many of these patients already spend a significant amount of time in a doctor's office for coexisting conditions, and it would be advantageous if we could decrease the amount of time they spend in ours.

Additionally, the Centers for Medicare & Medicaid Services has lowered the reimburse-



ment for in-office intravitreal injections, suggesting overutilization of the 67028 code. So, not only are frequent injections taxing retinal practices and their patients, it is clear that they are also putting a strain on the government in an era when deficits are swelling.

Topical drops, formulations with greater endurance, or long-lasting implants that can be inserted in the office have the potential to lessen this burden, and research continues to find the Holy Grail of drug delivery. In this issue of *Retina Today*, we have focused on this topic, selecting a sampling of these exciting developments to highlight. Some therapeutic strategies are closer to being available than others, of course, but it is clear that research has come a

long way since the first injections of anti-VEGF were administered. ■

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