FOI 7679 – Q2

. Please provide the number of injections/implants by eye condition for the four-month period from September to December 2023:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Number of Injections/Implants: September - December 2023** | | |  | |  |
|  | **Eye Conditions** | | | | |
| **Treatment** | Wet Age-Related Macular Degeneration (wAMD) | Diabetic Macular Oedema (DMO) | | Retinal Vein Occlusion (RVO) | |
| Aflibercept | 680 | 113 | | 301 | |
| Bevacizumab | <5 | 0 | | 0 | |
| Dexamethasone | <5 | 10 | | <5 | |
| Faricimab | 591 | 151 | | <5 | |
| Ranibizumab - Lucentis | <5 | 0 | | 0 | |
| Ranibizumab - Ongavia | 0 | 0 | | 0 | |