Dry AMD is the New Wet AMD: the Cost, Safety, Efficacy and Consequences of Anti-VEGF Therapy

Inhibitors of vascular endothelial growth factor-A (VEGF) have revolutionized the treatment of neovascular age-related macular degeneration (AMD). While improving outcomes, the treatment burden and costs associated with anti-VEGF therapy have put an enormous strain on healthcare budgets and retinal specialists. Compared with ranibizumab (Lucentis) and aflibercept (Eylea), the off-label use of bevacizumab (Avastin) has provided a significant cost-savings, but these savings must be weighed against the risks associated with the inappropriate compounding of this drug. Even with these potential risks, it's difficult to justify the cost differential between ranibizumab and bevaci-zumab based on the recent results of the CATT, IVAN, and MANTA studies; however, the higher-affinity and longer durability of aflibercept (Eylea) is particularly appealing for patients who need chronic, frequent intravitreal injections. However, the story associated with long-term use of anti-VEGF therapy suggests that the drying of the macula in our patients means we've delayed the inevitable, which is the loss of vision from non-exudative (dry) AMD. New strategies and clini-cal trials are underway to explore treatments for non-exudative AMD. One of the most pro mising areas of investigation involves the inhibition of complement activation as a potential treatment for dry AMD. Complement inhibition, as well as other promising treatment strategies will be reviewed.