Press Release of the National Agency for Medicines and Medical Devices

on off-label use of AVASTIN

Following controversies emerged after featuring by the media of the “Dr. Narcisa Ianopol case”, the National Agency for Medicines and Medical Devices (NAMMD) hereby points out the following issues in off-label intraocular use of Avastin (*bevacizumab*).

Off-label use is not prohibited and it represents a therapeutic option for physicians, for which they undertake the entire responsibility, based on their professional experience.

However, it has to be emphasised that, in January 2011, members of the European Parliament directly addressed all the 27 EU drug competent authorities to warn them that, following reporting of severe adverse reactions in off-label use, *authorities have to ensure that off-label use of medicinal products is not encouraged and that such decisions are only made in the interest of public health, with no priority for cost reduction and full compliance with the European legal framework.*

In what follows, the NAMMD presents the letter from two ophthalmologists’ professional associations, i.e. the Romanian Ophthalmology Society and the *Retina* Romanian Society.

**Clarifications on Avastin (*bevacizumab*) intravitreal injection**

Following a news report of the ProTv Channel on March 4, the Romanian Ophthalmology Society and the *Retina* Romanian Society hereby provide the following clarifications on intraocular use of bevacizumab, trade name Avastin, specifying that this has no relation whatsoever with Dr. Narcisa Ianopol’s case in Iasi, from which we entirely distance ourselves:

1) This substance has been used for intravitreal administration in the entire world starting with 2005.

2) In ophthalmology, this involves off-the-label use, however by agreement of specialist ophthalmologists. All international ophthalmologic fora have validated intraocular use of Avastin and have launched studies confirming the efficacy and safety profile of the substance.

3) It is mandatory that the patient be accurately informed and provide written agreement specified on a form outlining the respective condition, existing therapeutic options, the indication for treatment with the substance in question, alternatives to this therapeutic option, prognosis with or without treatment, adverse reactions and side effects of the medicine, possible complications.

4) The main indication of intraocular injection use of Avastin has been age-related macular vascular degeneration; however, at this time, there is a wider range of conditions where Avastin has demonstrated efficacy (macular oedema in diabetes mellitus and retinal vein occlusions, proliferative retinopathy, secondary neovascular glaucoma, recurrent central serous chorioretinopathy etc.).

5) Injection as such is required under strict asepsis, in an operating room, compliant with all work conditions specific to intraocular surgery.

6) Ophthalmologists using this therapy must have solid knowledge in retinal pathology, as warranted by vitreo-retinal surgery competence for professional training in this segment.
It is our view that use of intravitreal injected bevacizumab is safe and effective on condition all treatment indications, surgical technique and professional conduct regulations for off-label use be complied with.

Prof. Dr. Benone Cârstocea, President of the Romanian Ophthalmology Society  
Asist. Univ. Dr. Horia Stanca, Secretary General of the Retina Romanian Society  
Honoray President of the Retina Romanian Society

The template of Informed Consent has been attached to this letter (also attached to this press release), which requires signing by the patient and two witnesses for intraocular Avastin injection, off the MA indications.

In addition to the letter of specialist the highly qualified ophthalmologists, the NAMMD points out the following:

In the light of the circumstances outlined, of the recommendations of European Parliament members, it is the NAMMD opinion that, before new data become available on the safety profile of bevacizumab (Avastin) intravitreal long term administration, notwithstanding of the benefits highlighted in ophthalmological practice, the number of off-label administrations be limited in line with the anatomic and functional response of each individual under treatment. At the same time, choice of this therapeutic option, patients are obviously to be accurately and fully informed on all potential risks of intraocular injection in general and bevacizumab (Avastin) treatment, in particular.