Purpose: To investigate treatment outcomes after switching from ranibizumab to aflibercept intravitreal injections in patients with macular oedema (MO) secondary to branch retinal vein occlusion (BRVO). Methods: Patients with refractory MO secondary to BRVO were recruited. These patients were previously treated with a minimum of 3 intravitreal injections of ranibizumab at 4 weekly intervals, followed by injections on an as needed basis, until they became non-responders. Non-responders were defined as patients who had persistent intraretinal fluid despite a minimum of 3 consecutive injections. These patients were switched to aflibercept injections on an as needed basis. The primary study outcomes assessed trends in best-corrected distance visual acuity (BCVA) and central retinal thickness (CRT). Participants were followed up for a period of 24 weeks after switching. Results: Thirty eight eyes of 38 patients were included in the study. All patients had an average of 8.37 ranibizumab intravitreal injections over a mean period of 6 months without any decrease in intraretinal fluid. A significant decrease of mean CRT from 388.63±93.4μm to 290.29±93.5μm (p=0.001) and improvement in mean BCVA from logMAR 0.66±0.38 to logMAR 0.57±0.27 (p=0.008) was achieved after treatment change to aflibercept. Conclusions: Aflibercept appears to be an efficient treatment option for patients with MO secondary to BRVO which is refractory to ranibizumab. This study demonstrates that satisfactory results for retinal integrity and visual outcomes can be accomplished with a smaller amount of injections. Further studies are needed to determine the long-term efficacy of these results. Financial Disclosure: No