



TAP TO BEGIN

EYLEA 8mg is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME).¹

On prescription only. Administration only by a qualified physician experienced in administering intravitreal injections. Refer to full Summary of Product Characteristics before prescribing.

Additional risk minimisation measures have been developed for healthcare professionals (a prescriber's guide and video on how to prepare and inject EYLEA) and patients. The prescriber's guide aims to raise awareness of the risks associated with intravitreal injections. The purpose of the patient guide is to inform patients about the disease, treatment, injection procedure and symptoms of injection-related side effects. It is recommended to read these documents before prescribing this drug and giving the guide to the patient. These documents are available upon request.

References

Essential Information



ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
(Refer to full SmPC before prescribing.)

Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. *Excipients:* Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

both eyes have not been systematically studied. If bilateral treatment is performed at the same time this could lead to an increased systemic exposure, which could increase the risk of systemic adverse events. Limited data are available on the concomitant use of Eylea with other anti-VEGF medicinal products (systemic or ocular). Treatment should be withheld in the event of: a decrease in best corrected visual acuity (BCVA) of ≥ 30 letters compared with the last assessment of visual acuity; a rhegmatogenous retinal detachment or stage 3 or 4 macular holes; a retinal break; a subretinal haemorrhage involving the central fovea, or, if the size of the haemorrhage is ≥ 50 % of the total lesion area; performed or planned intraocular surgery within the previous or next 28 days. Risk factors associated with the development of a retinal pigment epithelial tear after anti-VEGF therapy for nAMD include a large and/or high pigment epithelial retinal detachment. When initiating aflibercept therapy, caution should be used in patients with these risk factors for retinal pigment epithelial tears. Eylea 114.3 mg/ml should not be used during pregnancy unless the potential benefit outweighs the potential risk to the foetus. Women of childbearing potential must use effective contraception during treatment and for at least 4 months after the last intravitreal injection with Eylea 114.3 mg/ml. As a precautionary measure, breastfeeding is not recommended. Populations with limited data: There are limited data on the use of aflibercept in pregnant women. There is only limited experience with Eylea treatment in diabetic patients with an HbA1c over 12 % or with proliferative diabetic retinopathy. Eylea has not been studied in patients with active systemic infections or in patients with concurrent eye conditions such as retinal detachment or macular hole. There is also no experience of treatment with Eylea in diabetic patients with uncontrolled hypertension. This lack of information should be considered by the physician when treating such patients. Information about excipients: Polysorbates may cause allergic reactions. **Undesirable effects:** As reported in patients with nAMD or DME treated with Eylea 114.3 mg/ml in Phase II/III studies up to 96 weeks. **Common:** Hypersensitivity (including rash, pruritus, urticaria), Cataract, Intraocular pressure increased, Vitreous floaters, Vitreous detachment, Vitreous haemorrhage, Retinal haemorrhage, Visual acuity reduced, Eye pain, Conjunctival haemorrhage, Punctate keratitis, Corneal abrasion. **Uncommon:** Retinal detachment, Retinal tear, Retinal pigment epithelial tear, Detachment of the retinal pigment epithelium, Uveitis, Iritis, Iridocyclitis, Vitritis, Cataract cortical, Cataract nuclear, Cataract subcapsular, Corneal erosion, Vision blurred, Injection site pain, Foreign body sensation in eyes, Lacrimation increased, Injection site haemorrhage, Conjunctival hyperaemia, Eyelid oedema, Ocular hyperaemia, Injection site irritation. **Rare:** Corneal oedema, Lenticular opacities, Retinal degeneration, Eyelid irritation. **Frequency not known:** Scleritis. The following adverse reactions of Eylea 40 mg/ml are also considered expected with Eylea 114.3 mg/ml: abnormal sensation in eye, corneal epithelium defect, anterior chamber flare, endophthalmitis, blindness, traumatic cataract, hypopyon, severe anaphylactic/anaphylactoid reactions. **Description of selected adverse reactions:** Arterial thromboembolic events (ATEs) are adverse reactions potentially related to systemic VEGF inhibition. There is a theoretical risk of ATEs, including stroke and myocardial infarction, following intravitreal use of VEGF inhibitors. A low incidence rate of ATEs was observed in the aflibercept clinical studies in patients with nAMD and DME. Across indications, no notable difference between the groups treated with Eylea 114.3 mg/ml and the comparator groups treated with Eylea 40 mg/ml were observed.

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Bayer AG, 51368 Leverkusen, Germany.
Date of revision of the underlying Prescribing Information: June 2025.

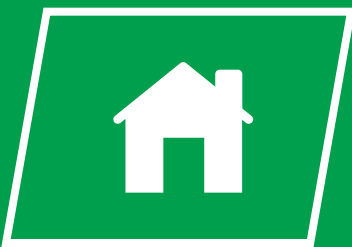
For more information on posology and treatment initiation, please refer to the EYLEA Summary of Product Characteristics. The safety profile observed in the 3 clinical studies (CANDELA, PULSAR, PHOTON) was similar in patients treated with EYLEA 114.3mg/mL and EYLEA 40mg/mL in patients with nAMD and DME. For more information on the safety profile, please refer to the EYLEA Summary of Product Characteristics.

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REFERENCE

1. EYLEA® 8 mg (aflibercept 114.3 mg/mL, solution for injection) Summary of Product Characteristics. Berlin, Germany: Bayer Pharma AG.



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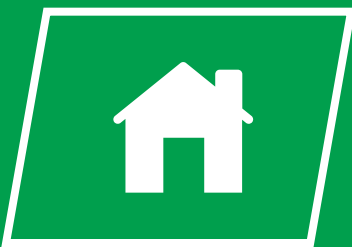
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CONFIDENCE STARTS WITH EYLEA 8mg

EYLEA 8mg IN nAMD

EYLEA 8mg IN DME

**EYLEA 8mg
REAL-WORLD EVIDENCE**

EYLEA 8mg DOSING

OCUCLICK

DME, diabetic macular oedema; nAMD, neovascular (wet) age-related macular degeneration.

Essential Information



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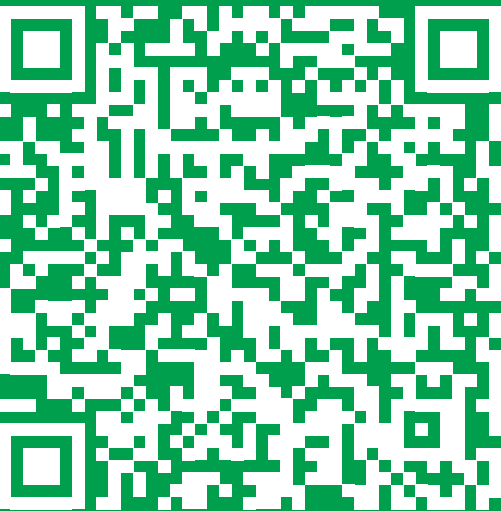
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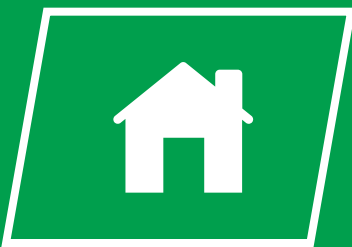
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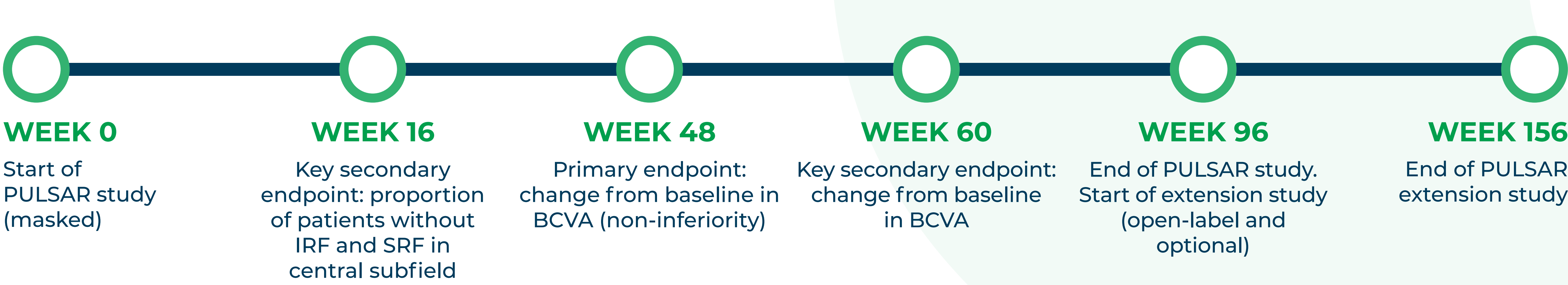
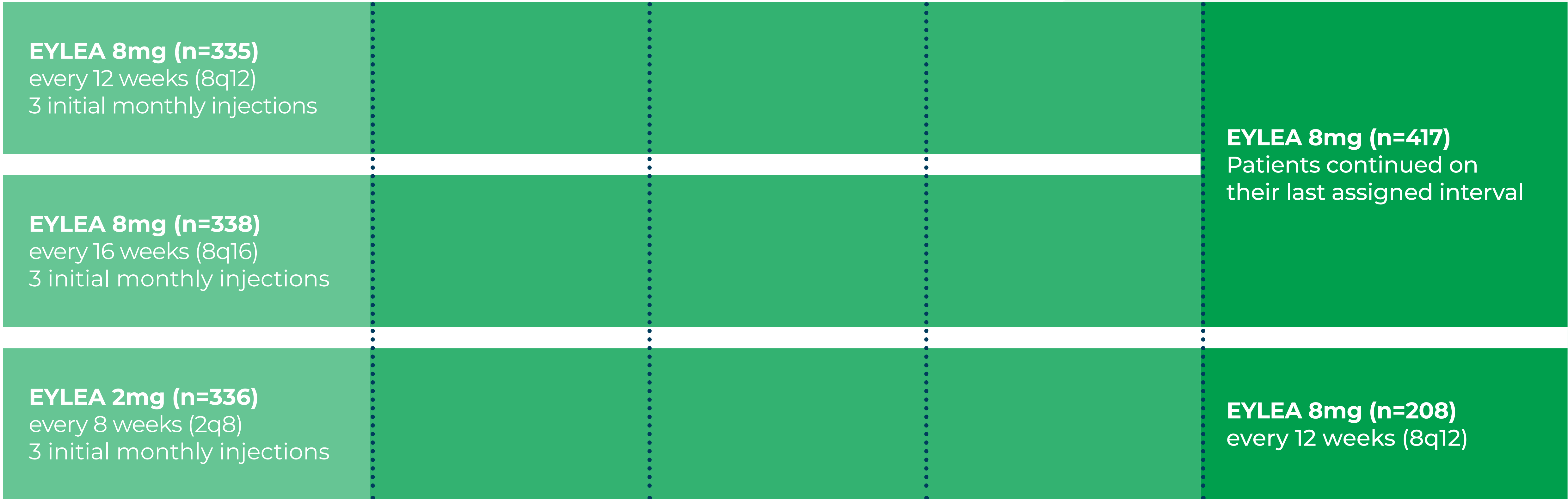
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EYLEA 8mg IN nAMD

	Study design	Fluid control	Durability	Vision	Safety profile	PULSAR patient cases
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PULSAR & PULSAR EXTENSION STUDIES (TREATMENT-NAÏVE nAMD)^{1-3,a,b}



PULSAR was a randomised, double-masked, head-to-head trial of EYLEA 8mg vs EYLEA 2mg²

The PULSAR primary and key secondary endpoints were met:^{2,3}

- LS mean change in BCVA (ETDRS letters) from baseline at Week 48 (primary endpoint): +5.9 with EYLEA 8q16 and +6.1 with EYLEA 8q12 vs +7.0 with EYLEA 2q8 (95% CI: -2.97–0.69, p≤0.0011 and 95% CI: -2.87–0.92, p=0.0009, respectively)
- LS mean change in BCVA (ETDRS letters) from baseline at Week 60 (key secondary endpoint): +6.3 with EYLEA 8q16 and +6.4 with EYLEA 8q12 vs +7.2 with EYLEA 2q8 (95% CI: -2.51–0.66, p<0.0001 and 95% CI: -2.57–0.84, p=0.0002, respectively)
- Proportion of patients with no IRF and no SRF in central subfield at Week 16 (key secondary endpoint): 63% with EYLEA 8mg (pooled 8q12/8q16) vs 52% with EYLEA 2q8 (95% CI: -2.57–0.84, one-sided superiority p=0.0002)



REFERENCES

1. Wong TY, *et al.* Aflibercept 8 mg in neovascular age-related macular degeneration: 156-week results from the PULSAR extension. The Macula Society 48th Annual Meeting. 12–15 February 2025. Florida, USA. Oral presentation. **2.** Korobelnik J-F, *et al.* Aflibercept 8 mg in patients with neovascular age-related macular degeneration: Phase 3 PULSAR trial 96-week results. AAO. 3–6 November 2023. San Francisco, USA. Oral presentation. **3.** EYLEA® 8 mg (aflibercept 114.3 mg/mL, solution for injection) Summary of Product Characteristics. Berlin, Germany: Bayer Pharma AG. **4.** Korobelnik J-F, *et al.* Intravitreal aflibercept 8 mg injection in patients with neovascular age-related macular degeneration: 48-week results from the Phase 3 PULSAR trial. Retina Society 55th Annual Scientific Meeting. 2–5 November 2022. Pasadena, USA. Oral presentation. **5.** Bayer. Data on file. Clinical study report (BAY 86-5321/20968). December 2022. **6.** Do DV, *et al.* *Retina* 2020;40:643–647. **7.** Papadopoulos N, *et al.* *Angiogenesis* 2012;15:171–185. **8.** Kaiser PK, *et al.* Population pharmacokinetic modeling and simulation of ocular clearance for aflibercept 8 mg and 2 mg and association with durability and effect. ARVO. 5–9 May 2024. Seattle, USA. Oral presentation. **9.** Assessment report. Aflibercept. Available at: https://www.ema.europa.eu/en/documents/assessment-report/eylea-epar-public-assessment-report_en.pdf. Accessed: August 2025. **10.** Veritti D, *et al.* *Pharmaceutics* 2023;15:1416.

FOOTNOTES

^aEYLEA 2mg was dosed at fixed q8 intervals after 3 initial monthly injections. At Week 96, patients could enrol in the extension study and switch to 8q12 through to Week 156. Dosing intervals could be extended or shortened in 2-week increments to a maximum of 24 weeks and a minimum of 8 weeks.¹

^bPULSAR: treatment-naïve patients.¹

^cIntervals could be shortened if DRM shortening criteria were met.²

^dIntervals could be extended if DRM extension criteria were met.²

^eIf DRM shortening criteria were met at Week 16 or 20, patients on 8q12 and 8q16 were shortened to q8. If DRM shortening criteria were met at Week 24, patients on 8q16 were shortened to q12. At subsequent dosing visits, patients on 8q12 or 8q16 had treatment intervals shortened by 4 weeks.²

^fAll assessments were compared with Week 12.²

^gVs EYLEA 2mg.

^hMedian time to dry central subfield was 4 weeks with EYLEA 8q16 and 4 weeks with EYLEA 8q12 vs 8 weeks with EYLEA 2q8 (p=0.0055, HR: 1.1798 and p=0.0429, HR: 1.1290, respectively, exploratory endpoint). ‘Time to fluid-free retina’ is defined as the time of first injection until the time where a patient did not have any IRF or SRF in the central subfield for the first time (regardless of whether any retinal fluid was found again after that). FAS: 2q8 n=336; 8q12 n=335; 8q16 n=338.^{4,5}

ⁱData are descriptive only, no statistical conclusions can be made.

^jRounded value. Patients who were randomised to the 8q12 or 8q16 groups at the beginning of the PULSAR study and continued treatment with EYLEA 8mg through the PULSAR extension study. Two injections in the third year for patients maintained on q24 intervals through the end of the PULSAR trial/PULSAR extension. Mean number of injections from Year 2 to Year 3 was 4.7 (2q8→8mg) and 3.8 (8q12/8q16) in PULSAR extension study (exploratory endpoint).¹

^keFAS (observed cases).¹

^lPatients who were randomised to the 8q12 or 8q16 groups at the beginning of the PULSAR study and continued treatment with EYLEA 8mg through the PULSAR extension study.¹

^mEYLEA 2mg was dosed at fixed q8 intervals after 3 initial monthly injections.⁴

ⁿProportion of patients without fluid in the central subfield at Week 16 (key secondary endpoint). LOCF (data after ICE were censored); data represent FAS. The absence of retinal fluid was defined as no IRF or SRF in the central subfield.⁴

^oPrespecified endpoint, p value: one-sided Cochran–Mantel–Haenszel test; weighting scheme adjusted by geographic region and baseline BCVA (<60 vs ≥60 ETDRS letters).⁴

^pRounded data.

^qeSAF, patients completing Week 156. Last assigned dosing intervals at Week 156 in patients on EYLEA 8mg from baseline: 24% q24, 40% ≥q20, 58% ≥q16 (exploratory endpoint). One patient had a missing value for this assessment.¹

^rEYLEA 8mg is the first and only anti-VEGF that offers nAMD patients up to 6 months between injections.³

^sEstimated from a popPK analysis.⁹

^tA total of 1217 patients treated with EYLEA 8mg up to 96 weeks constituted the safety population in three clinical Phase II/III studies (CANDELA, PULSAR, PHOTON).³

^uLast completed interval.

^vDRM assessments occurred at injection visits after Week 24 in the aflibercept 8mg q16 arm.

^wMeasurements were not available for this treatment visit.

ABBREVIATIONS

2q8, 2mg every 8 weeks; 8q12, 8mg every 12 weeks; 8q16, 8mg every 16 weeks; AE, adverse event; APTC, Antiplatelet Trialists’ Collaboration; BCVA, best-corrected visual acuity; CI, confidence interval; CRT, central retinal thickness; CST, central subfield thickness; DME, diabetic macular oedema; DRM, dose regimen modification; E-DRM, dose regimen modification during extension; eFAS, full analysis set in the extension; eSAF, safety analysis set in the extension; ETDRS, Early Treatment Diabetic Retinopathy Study; FAS, full analysis set; HR, hazard ratio; ICE, intercurrent event; IRF, intraretinal fluid; LOCF, last observation carried forward; LS, least squares; nAMD, neovascular (wet) age-related macular degeneration; N-BL, new baseline; OCT, optical coherence tomography; popPK, population pharmacokinetics; q8, every 8 weeks; q12, every 12 weeks; q16, every 16 weeks; q20, every 20 weeks; q24, every 24 weeks; SAE, serious adverse event; SRF, subretinal fluid; TEAE, treatment-emergent adverse event; VEGF, vascular endothelial growth factor; Wk, week.



Essential Information



ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
(Refer to full SmPC before prescribing.)

Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. *Excipients:* Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

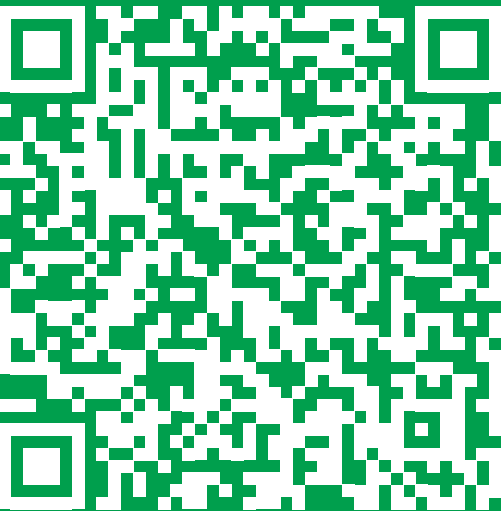
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Bayer AG, 51368 Leverkusen, Germany.
Date of revision of the underlying Prescribing Information: June 2025.

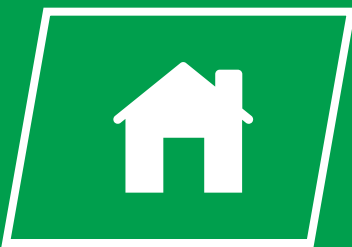
For more information on posology and treatment initiation, please refer to the EYLEA Summary of Product Characteristics. The safety profile observed in the 3 clinical studies (CANDELA, PULSAR, PHOTON) was similar in patients treated with EYLEA 114.3mg/mL and EYLEA 40mg/mL in patients with nAMD and DME. For more information on the safety profile, please refer to the EYLEA Summary of Product Characteristics.

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Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system.



For more information on the product, please refer to full Summary of Product Characteristics by scanning this QR code or directly on the EMA website (<https://www.ema.europa.eu/en/medicines/human/EPAR/eylea>). Marketing Authorisation Holder: Bayer AG, 51368 Leverkusen, Germany.





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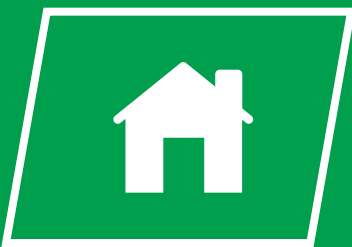
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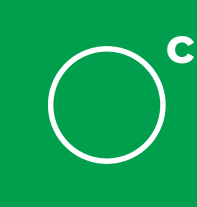
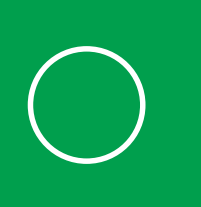
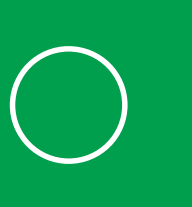
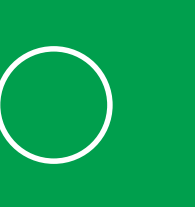
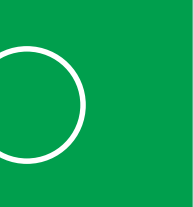
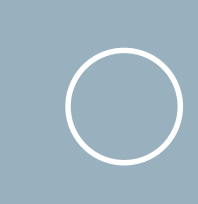
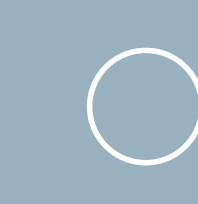
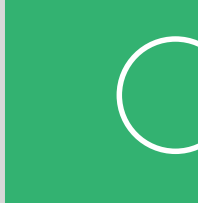
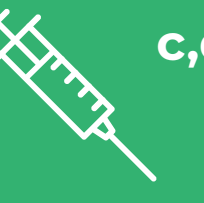
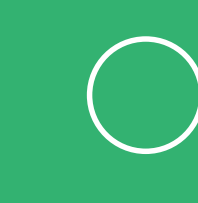
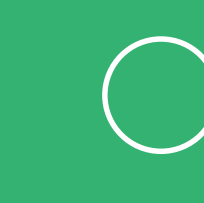
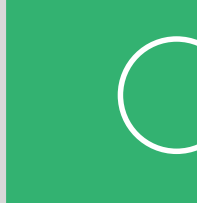
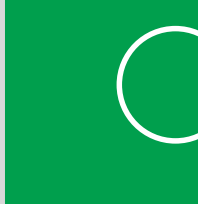
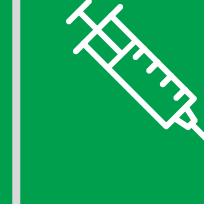
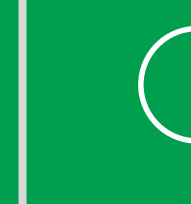
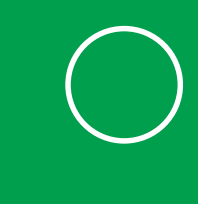
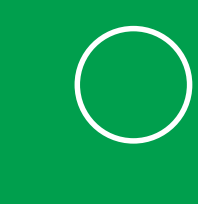
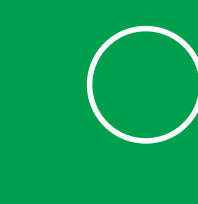
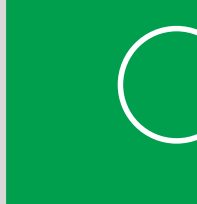
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EYLEA 8mg IN nAMD

	Study design	Fluid control	Durability	Vision	Safety profile	PULSAR patient cases
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PULSAR STUDY (TREATMENT-NAÏVE nAMD): DOSING SCHEDULE AND DRM CRITERIA²

Primary endpoint													
Year 1	Day 1	Wk 4	Wk 8	Wk 12	Wk 16	Wk 20	Wk 24	Wk 28	Wk 32	Wk 36	Wk 40	Wk 44	Wk 48
2q8													
8q12					 ^c	 ^c			 ^c			 ^c	
8q16					 ^c	 ^c	 ^c				 ^c		
Year 2	Wk 52	Wk 56	Wk 60	Wk 64	Wk 68	Wk 72	Wk 76	Wk 80	Wk 84	Wk 88	Wk 92	Wk 96	
2q8													
8q12		 ^{c,d}			 ^{c,d}			 ^{c,d}			 ^{c,d}		
8q16		 ^{c,d}				 ^{c,d}				 ^{c,d}			

Extracted from Korobelnik J-F, *et al.* AAO 2023.

DRM: Interval shortening during Years 1 and 2^{e,f} Criteria for interval shortening >5-letter loss in BCVA compared with Week 12 due to persistent or worsening nAMD AND >25 µm increase in CST compared with Week 12, OR new-onset foveal neovascularisation, OR foveal haemorrhage - Patients who met DRM shortening criteria had dosing intervals shortened to q8 at Weeks 16 and 20 or by 4-week increments from Week 24 - The minimum assigned dosing interval was q8	DRM: Interval extension during Year 2 Criteria for interval extension <5-letter loss in BCVA compared with Week 12 AND - No fluid at the central subfield on OCT AND - No new-onset foveal haemorrhage or foveal neovascularisation - Patients who met DRM extension criteria from Weeks 52 through 96 had dosing intervals extended by 4-week increments - The maximum assigned dosing interval was q24
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Table does not reflect all dosing options once a patient’s interval is shortened or extended.
Patients on 8q12 or 8q16 could be extended by 4-week increments to a maximum of q20 or q24, respectively, if they met the DRM extension criteria.
^eIntervals could be shortened if DRM shortening criteria were met.²
^dIntervals could be extended if DRM extension criteria were met.²
^eIf DRM shortening criteria were met at Week 16 or 20, patients on 8q12 and 8q16 were shortened to q8. If DRM shortening criteria were met at Week 24, patients on 8q16 were shortened to q12. At subsequent dosing visits, patients on 8q12 or 8q16 had treatment intervals shortened by 4 weeks.²
^fAll assessments were compared with Week 12.²



REFERENCES

1. Wong TY, *et al.* Aflibercept 8 mg in neovascular age-related macular degeneration: 156-week results from the PULSAR extension. The Macula Society 48th Annual Meeting. 12–15 February 2025. Florida, USA. Oral presentation. **2.** Korobelnik J-F, *et al.* Aflibercept 8 mg in patients with neovascular age-related macular degeneration: Phase 3 PULSAR trial 96-week results. AAO. 3–6 November 2023. San Francisco, USA. Oral presentation. **3.** EYLEA® 8 mg (aflibercept 114.3 mg/mL, solution for injection) Summary of Product Characteristics. Berlin, Germany: Bayer Pharma AG. **4.** Korobelnik J-F, *et al.* Intravitreal aflibercept 8 mg injection in patients with neovascular age-related macular degeneration: 48-week results from the Phase 3 PULSAR trial. Retina Society 55th Annual Scientific Meeting. 2–5 November 2022. Pasadena, USA. Oral presentation. **5.** Bayer. Data on file. Clinical study report (BAY 86-5321/20968). December 2022. **6.** Do DV, *et al.* *Retina* 2020;40:643–647. **7.** Papadopoulos N, *et al.* *Angiogenesis* 2012;15:171–185. **8.** Kaiser PK, *et al.* Population pharmacokinetic modeling and simulation of ocular clearance for aflibercept 8 mg and 2 mg and association with durability and effect. ARVO. 5–9 May 2024. Seattle, USA. Oral presentation. **9.** Assessment report. Aflibercept. Available at: https://www.ema.europa.eu/en/documents/assessment-report/eylea-epar-public-assessment-report_en.pdf. Accessed: August 2025. **10.** Veritti D, *et al.* *Pharmaceutics* 2023;15:1416.

FOOTNOTES

^aEYLEA 2mg was dosed at fixed q8 intervals after 3 initial monthly injections. At Week 96, patients could enrol in the extension study and switch to 8q12 through to Week 156. Dosing intervals could be extended or shortened in 2-week increments to a maximum of 24 weeks and a minimum of 8 weeks.¹

^bPULSAR: treatment-naïve patients.¹

^cIntervals could be shortened if DRM shortening criteria were met.²

^dIntervals could be extended if DRM extension criteria were met.²

^eIf DRM shortening criteria were met at Week 16 or 20, patients on 8q12 and 8q16 were shortened to q8. If DRM shortening criteria were met at Week 24, patients on 8q16 were shortened to q12. At subsequent dosing visits, patients on 8q12 or 8q16 had treatment intervals shortened by 4 weeks.²

^fAll assessments were compared with Week 12.²

^gVs EYLEA 2mg.

^hMedian time to dry central subfield was 4 weeks with EYLEA 8q16 and 4 weeks with EYLEA 8q12 vs 8 weeks with EYLEA 2q8 (p=0.0055, HR: 1.1798 and p=0.0429, HR: 1.1290, respectively, exploratory endpoint). ‘Time to fluid-free retina’ is defined as the time of first injection until the time where a patient did not have any IRF or SRF in the central subfield for the first time (regardless of whether any retinal fluid was found again after that). FAS: 2q8 n=336; 8q12 n=335; 8q16 n=338.^{4,5}

ⁱData are descriptive only, no statistical conclusions can be made.

^jRounded value. Patients who were randomised to the 8q12 or 8q16 groups at the beginning of the PULSAR study and continued treatment with EYLEA 8mg through the PULSAR extension study. Two injections in the third year for patients maintained on q24 intervals through the end of the PULSAR trial/PULSAR extension. Mean number of injections from Year 2 to Year 3 was 4.7 (2q8→8mg) and 3.8 (8q12/8q16) in PULSAR extension study (exploratory endpoint).¹

^keFAS (observed cases).¹

^lPatients who were randomised to the 8q12 or 8q16 groups at the beginning of the PULSAR study and continued treatment with EYLEA 8mg through the PULSAR extension study.¹

^mEYLEA 2mg was dosed at fixed q8 intervals after 3 initial monthly injections.⁴

ⁿProportion of patients without fluid in the central subfield at Week 16 (key secondary endpoint). LOCF (data after ICE were censored); data represent FAS. The absence of retinal fluid was defined as no IRF or SRF in the central subfield.⁴

^oPrespecified endpoint, p value: one-sided Cochran–Mantel–Haenszel test; weighting scheme adjusted by geographic region and baseline BCVA (<60 vs ≥60 ETDRS letters).⁴

^pRounded data.

^qeSAF, patients completing Week 156. Last assigned dosing intervals at Week 156 in patients on EYLEA 8mg from baseline: 24% q24, 40% ≥q20, 58% ≥q16 (exploratory endpoint). One patient had a missing value for this assessment.¹

^rEYLEA 8mg is the first and only anti-VEGF that offers nAMD patients up to 6 months between injections.³

^sEstimated from a popPK analysis.⁹

^tA total of 1217 patients treated with EYLEA 8mg up to 96 weeks constituted the safety population in three clinical Phase II/III studies (CANDELA, PULSAR, PHOTON).³

^uLast completed interval.

^vDRM assessments occurred at injection visits after Week 24 in the aflibercept 8mg q16 arm.

^wMeasurements were not available for this treatment visit.

ABBREVIATIONS

2q8, 2mg every 8 weeks; 8q12, 8mg every 12 weeks; 8q16, 8mg every 16 weeks; AE, adverse event; APTC, Antiplatelet Trialists’ Collaboration; BCVA, best-corrected visual acuity; CI, confidence interval; CRT, central retinal thickness; CST, central subfield thickness; DME, diabetic macular oedema; DRM, dose regimen modification; E-DRM, dose regimen modification during extension; eFAS, full analysis set in the extension; eSAF, safety analysis set in the extension; ETDRS, Early Treatment Diabetic Retinopathy Study; FAS, full analysis set; HR, hazard ratio; ICE, intercurrent event; IRF, intraretinal fluid; LOCF, last observation carried forward; LS, least squares; nAMD, neovascular (wet) age-related macular degeneration; N-BL, new baseline; OCT, optical coherence tomography; popPK, population pharmacokinetics; q8, every 8 weeks; q12, every 12 weeks; q16, every 16 weeks; q20, every 20 weeks; q24, every 24 weeks; SAE, serious adverse event; SRF, subretinal fluid; TEAE, treatment-emergent adverse event; VEGF, vascular endothelial growth factor; Wk, week.



Essential Information



ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
(Refer to full SmPC before prescribing.)

Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. *Excipients:* Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

both eyes have not been systematically studied. If bilateral treatment is performed at the same time this could lead to an increased systemic exposure, which could increase the risk of systemic adverse events. Limited data are available on the concomitant use of Eylea with other anti-VEGF medicinal products (systemic or ocular). Treatment should be withheld in the event of: a decrease in best corrected visual acuity (BCVA) of ≥ 30 letters compared with the last assessment of visual acuity; a rhegmatogenous retinal detachment or stage 3 or 4 macular holes; a retinal break; a subretinal haemorrhage involving the central fovea, or, if the size of the haemorrhage is ≥ 50 % of the total lesion area; performed or planned intraocular surgery within the previous or next 28 days. Risk factors associated with the development of a retinal pigment epithelial tear after anti-VEGF therapy for nAMD include a large and/or high pigment epithelial retinal detachment. When initiating aflibercept therapy, caution should be used in patients with these risk factors for retinal pigment epithelial tears. Eylea 114.3 mg/ml should not be used during pregnancy unless the potential benefit outweighs the potential risk to the foetus. Women of childbearing potential must use effective contraception during treatment and for at least 4 months after the last intravitreal injection with Eylea 114.3 mg/ml. As a precautionary measure, breastfeeding is not recommended. Populations with limited data: There are limited data on the use of aflibercept in pregnant women. There is only limited experience with Eylea treatment in diabetic patients with an HbA1c over 12 % or with proliferative diabetic retinopathy. Eylea has not been studied in patients with active systemic infections or in patients with concurrent eye conditions such as retinal detachment or macular hole. There is also no experience of treatment with Eylea in diabetic patients with uncontrolled hypertension. This lack of information should be considered by the physician when treating such patients. Information about excipients: Polysorbates may cause allergic reactions. **Undesirable effects:** As reported in patients with nAMD or DME treated with Eylea 114.3 mg/ml in Phase II/III studies up to 96 weeks. **Common:** Hypersensitivity (including rash, pruritus, urticaria), Cataract, Intraocular pressure increased, Vitreous floaters, Vitreous detachment, Vitreous haemorrhage, Retinal haemorrhage, Visual acuity reduced, Eye pain, Conjunctival haemorrhage, Punctate keratitis, Corneal abrasion. **Uncommon:** Retinal detachment, Retinal tear, Retinal pigment epithelial tear, Detachment of the retinal pigment epithelium, Uveitis, Iritis, Iridocyclitis, Vitritis, Cataract cortical, Cataract nuclear, Cataract subcapsular, Corneal erosion, Vision blurred, Injection site pain, Foreign body sensation in eyes, Lacrimation increased, Injection site haemorrhage, Conjunctival hyperaemia, Eyelid oedema, Ocular hyperaemia, Injection site irritation. **Rare:** Corneal oedema, Lenticular opacities, Retinal degeneration, Eyelid irritation. **Frequency not known:** Scleritis. The following adverse reactions of Eylea 40 mg/ml are also considered expected with Eylea 114.3 mg/ml: abnormal sensation in eye, corneal epithelium defect, anterior chamber flare, endophthalmitis, blindness, traumatic cataract, hypopyon, severe anaphylactic/anaphylactoid reactions. **Description of selected adverse reactions:** Arterial thromboembolic events (ATEs) are adverse reactions potentially related to systemic VEGF inhibition. There is a theoretical risk of ATEs, including stroke and myocardial infarction, following intravitreal use of VEGF inhibitors. A low incidence rate of ATEs was observed in the aflibercept clinical studies in patients with nAMD and DME. Across indications, no notable difference between the groups treated with Eylea 114.3 mg/ml and the comparator groups treated with Eylea 40 mg/ml were observed.

On prescription only. Marketing Authorisation Holder:
Bayer AG, 51368 Leverkusen, Germany.
Date of revision of the underlying Prescribing Information: June 2025.

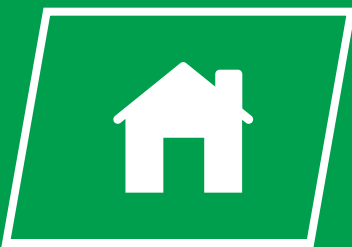
For more information on posology and treatment initiation, please refer to the EYLEA Summary of Product Characteristics. The safety profile observed in the 3 clinical studies (CANDELA, PULSAR, PHOTON) was similar in patients treated with EYLEA 114.3mg/mL and EYLEA 40mg/mL in patients with nAMD and DME. For more information on the safety profile, please refer to the EYLEA Summary of Product Characteristics.

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Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system.



For more information on the product, please refer to full Summary of Product Characteristics by scanning this QR code or directly on the EMA website (<https://www.ema.europa.eu/en/medicines/human/EPAR/eylea>). Marketing Authorisation Holder: Bayer AG, 51368 Leverkusen, Germany.





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Bayer AG, 51368 Leverkusen, Germany.
Date of revision of the underlying Prescribing Information: June 2025.

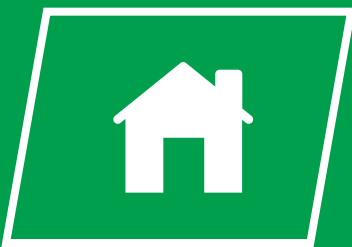
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Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system.



For more information on the product, please refer to full Summary of Product Characteristics by scanning this QR code or directly on the EMA website (<https://www.ema.europa.eu/en/medicines/human/EPAR/eylea>).
Marketing Authorisation Holder: Bayer AG, 51368 Leverkusen, Germany.



EYLEA 8mg IN nAMD



Study design

Fluid control

Durability

Vision

Safety profile

PULSAR patient cases

PULSAR EXTENSION STUDY (TREATMENT-NAÏVE nAMD): DOSING SCHEDULE AND E-DRM CRITERIA¹

WEEK 96

8mg
(n=417)

2mg→8mg
(n=208)

WEEK 156

Patients initially treated with EYLEA 8q12 or 8q16 continued with EYLEA 8mg at their last assigned dosing interval

Patients initially treated with EYLEA 2q8 were switched to EYLEA 8mg at Week 96 and immediately assigned to a 12-week dosing interval

E-DRM: Interval shortening during Year 3

- Patients were assessed at **any visit** beginning at Week 100
- Criteria for interval shortening**
 - >5-letter loss in BCVA from N-BL due to persistent or worsening nAMD **AND either:**
 - >25 µm increase in CRT from N-BL **OR**
 - New onset of foveal neovascularisation **OR**
 - New foveal haemorrhage
 - OR** 10-letter loss in BCVA from N-BL due to worsening nAMD
- Patients who met E-DRM shortening criteria had dosing intervals shortened by **2-week** increments
 - The minimum assigned dosing interval was **q8**

E-DRM: Interval extension during Year 3

- Patients were assessed at **dosing visits** beginning at Week 100
- Criteria for interval extension**
 - <5-letter loss in BCVA from N-BL **AND**
 - No fluid (IRF or SRF) in the central subfield on OCT **AND**
 - No new onset foveal neovascularisation or foveal haemorrhage
- Patients who met E-DRM extension criteria had dosing intervals extended by **2-week** increments
 - The maximum assigned dosing interval was **q24**

N-BL was an average of values from Weeks 84, 88 and 92.



REFERENCES

1. Wong TY, *et al.* Aflibercept 8 mg in neovascular age-related macular degeneration: 156-week results from the PULSAR extension. The Macula Society 48th Annual Meeting. 12–15 February 2025. Florida, USA. Oral presentation. **2.** Korobelnik J-F, *et al.* Aflibercept 8 mg in patients with neovascular age-related macular degeneration: Phase 3 PULSAR trial 96-week results. AAO. 3–6 November 2023. San Francisco, USA. Oral presentation. **3.** EYLEA® 8 mg (aflibercept 114.3 mg/mL, solution for injection) Summary of Product Characteristics. Berlin, Germany: Bayer Pharma AG. **4.** Korobelnik J-F, *et al.* Intravitreal aflibercept 8 mg injection in patients with neovascular age-related macular degeneration: 48-week results from the Phase 3 PULSAR trial. Retina Society 55th Annual Scientific Meeting. 2–5 November 2022. Pasadena, USA. Oral presentation. **5.** Bayer. Data on file. Clinical study report (BAY 86-5321/20968). December 2022. **6.** Do DV, *et al.* *Retina* 2020;40:643–647. **7.** Papadopoulos N, *et al.* *Angiogenesis* 2012;15:171–185. **8.** Kaiser PK, *et al.* Population pharmacokinetic modeling and simulation of ocular clearance for aflibercept 8 mg and 2 mg and association with durability and effect. ARVO. 5–9 May 2024. Seattle, USA. Oral presentation. **9.** Assessment report. Aflibercept. Available at: https://www.ema.europa.eu/en/documents/assessment-report/eylea-epar-public-assessment-report_en.pdf. Accessed: August 2025. **10.** Veritti D, *et al.* *Pharmaceutics* 2023;15:1416.

FOOTNOTES

^aEYLEA 2mg was dosed at fixed q8 intervals after 3 initial monthly injections. At Week 96, patients could enrol in the extension study and switch to 8q12 through to Week 156. Dosing intervals could be extended or shortened in 2-week increments to a maximum of 24 weeks and a minimum of 8 weeks.¹

^bPULSAR: treatment-naïve patients.¹

^cIntervals could be shortened if DRM shortening criteria were met.²

^dIntervals could be extended if DRM extension criteria were met.²

^eIf DRM shortening criteria were met at Week 16 or 20, patients on 8q12 and 8q16 were shortened to q8. If DRM shortening criteria were met at Week 24, patients on 8q16 were shortened to q12. At subsequent dosing visits, patients on 8q12 or 8q16 had treatment intervals shortened by 4 weeks.²

^fAll assessments were compared with Week 12.²

^gVs EYLEA 2mg.

^hMedian time to dry central subfield was 4 weeks with EYLEA 8q16 and 4 weeks with EYLEA 8q12 vs 8 weeks with EYLEA 2q8 (p=0.0055, HR: 1.1798 and p=0.0429, HR: 1.1290, respectively, exploratory endpoint). ‘Time to fluid-free retina’ is defined as the time of first injection until the time where a patient did not have any IRF or SRF in the central subfield for the first time (regardless of whether any retinal fluid was found again after that). FAS: 2q8 n=336; 8q12 n=335; 8q16 n=338.^{4,5}

ⁱData are descriptive only, no statistical conclusions can be made.

^jRounded value. Patients who were randomised to the 8q12 or 8q16 groups at the beginning of the PULSAR study and continued treatment with EYLEA 8mg through the PULSAR extension study. Two injections in the third year for patients maintained on q24 intervals through the end of the PULSAR trial/PULSAR extension. Mean number of injections from Year 2 to Year 3 was 4.7 (2q8→8mg) and 3.8 (8q12/8q16) in PULSAR extension study (exploratory endpoint).¹

^keFAS (observed cases).¹

^lPatients who were randomised to the 8q12 or 8q16 groups at the beginning of the PULSAR study and continued treatment with EYLEA 8mg through the PULSAR extension study.¹

^mEYLEA 2mg was dosed at fixed q8 intervals after 3 initial monthly injections.⁴

ⁿProportion of patients without fluid in the central subfield at Week 16 (key secondary endpoint). LOCF (data after ICE were censored); data represent FAS. The absence of retinal fluid was defined as no IRF or SRF in the central subfield.⁴

^oPrespecified endpoint, p value: one-sided Cochran–Mantel–Haenszel test; weighting scheme adjusted by geographic region and baseline BCVA (<60 vs ≥60 ETDRS letters).⁴

^pRounded data.

^qeSAF, patients completing Week 156. Last assigned dosing intervals at Week 156 in patients on EYLEA 8mg from baseline: 24% q24, 40% ≥q20, 58% ≥q16 (exploratory endpoint). One patient had a missing value for this assessment.¹

^rEYLEA 8mg is the first and only anti-VEGF that offers nAMD patients up to 6 months between injections.³

^sEstimated from a popPK analysis.⁹

^tA total of 1217 patients treated with EYLEA 8mg up to 96 weeks constituted the safety population in three clinical Phase II/III studies (CANDELA, PULSAR, PHOTON).³

^uLast completed interval.

^vDRM assessments occurred at injection visits after Week 24 in the aflibercept 8mg q16 arm.

^wMeasurements were not available for this treatment visit.

ABBREVIATIONS

2q8, 2mg every 8 weeks; 8q12, 8mg every 12 weeks; 8q16, 8mg every 16 weeks; AE, adverse event; APTC, Antiplatelet Trialists’ Collaboration; BCVA, best-corrected visual acuity; CI, confidence interval; CRT, central retinal thickness; CST, central subfield thickness; DME, diabetic macular oedema; DRM, dose regimen modification; E-DRM, dose regimen modification during extension; eFAS, full analysis set in the extension; eSAF, safety analysis set in the extension; ETDRS, Early Treatment Diabetic Retinopathy Study; FAS, full analysis set; HR, hazard ratio; ICE, intercurrent event; IRF, intraretinal fluid; LOCF, last observation carried forward; LS, least squares; nAMD, neovascular (wet) age-related macular degeneration; N-BL, new baseline; OCT, optical coherence tomography; popPK, population pharmacokinetics; q8, every 8 weeks; q12, every 12 weeks; q16, every 16 weeks; q20, every 20 weeks; q24, every 24 weeks; SAE, serious adverse event; SRF, subretinal fluid; TEAE, treatment-emergent adverse event; VEGF, vascular endothelial growth factor; Wk, week.



Essential Information



ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
(Refer to full SmPC before prescribing.)

Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. **Excipients:** Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

both eyes have not been systematically studied. If bilateral treatment is performed at the same time this could lead to an increased systemic exposure, which could increase the risk of systemic adverse events. Limited data are available on the concomitant use of Eylea with other anti-VEGF medicinal products (systemic or ocular). Treatment should be withheld in the event of: a decrease in best corrected visual acuity (BCVA) of ≥ 30 letters compared with the last assessment of visual acuity; a rhegmatogenous retinal detachment or stage 3 or 4 macular holes; a retinal break; a subretinal haemorrhage involving the central fovea, or, if the size of the haemorrhage is ≥ 50 % of the total lesion area; performed or planned intraocular surgery within the previous or next 28 days. Risk factors associated with the development of a retinal pigment epithelial tear after anti-VEGF therapy for nAMD include a large and/or high pigment epithelial retinal detachment. When initiating aflibercept therapy, caution should be used in patients with these risk factors for retinal pigment epithelial tears. Eylea 114.3 mg/ml should not be used during pregnancy unless the potential benefit outweighs the potential risk to the foetus. Women of childbearing potential must use effective contraception during treatment and for at least 4 months after the last intravitreal injection with Eylea 114.3 mg/ml. As a precautionary measure, breastfeeding is not recommended. Populations with limited data: There are limited data on the use of aflibercept in pregnant women. There is only limited experience with Eylea treatment in diabetic patients with an HbA1c over 12 % or with proliferative diabetic retinopathy. Eylea has not been studied in patients with active systemic infections or in patients with concurrent eye conditions such as retinal detachment or macular hole. There is also no experience of treatment with Eylea in diabetic patients with uncontrolled hypertension. This lack of information should be considered by the physician when treating such patients. Information about excipients: Polysorbates may cause allergic reactions. **Undesirable effects:** As reported in patients with nAMD or DME treated with Eylea 114.3 mg/ml in Phase II/III studies up to 96 weeks. **Common:** Hypersensitivity (including rash, pruritus, urticaria), Cataract, Intraocular pressure increased, Vitreous floaters, Vitreous detachment, Vitreous haemorrhage, Retinal haemorrhage, Visual acuity reduced, Eye pain, Conjunctival haemorrhage, Punctate keratitis, Corneal abrasion. **Uncommon:** Retinal detachment, Retinal tear, Retinal pigment epithelial tear, Detachment of the retinal pigment epithelium, Uveitis, Iritis, Iridocyclitis, Vitritis, Cataract cortical, Cataract nuclear, Cataract subcapsular, Corneal erosion, Vision blurred, Injection site pain, Foreign body sensation in eyes, Lacrimation increased, Injection site haemorrhage, Conjunctival hyperaemia, Eyelid oedema, Ocular hyperaemia, Injection site irritation. **Rare:** Corneal oedema, Lenticular opacities, Retinal degeneration, Eyelid irritation. **Frequency not known:** Scleritis. The following adverse reactions of Eylea 40 mg/ml are also considered expected with Eylea 114.3 mg/ml: abnormal sensation in eye, corneal epithelium defect, anterior chamber flare, endophthalmitis, blindness, traumatic cataract, hypopyon, severe anaphylactic/anaphylactoid reactions. **Description of selected adverse reactions:** Arterial thromboembolic events (ATEs) are adverse reactions potentially related to systemic VEGF inhibition. There is a theoretical risk of ATEs, including stroke and myocardial infarction, following intravitreal use of VEGF inhibitors. A low incidence rate of ATEs was observed in the aflibercept clinical studies in patients with nAMD and DME. Across indications, no notable difference between the groups treated with Eylea 114.3 mg/ml and the comparator groups treated with Eylea 40 mg/ml were observed.

On prescription only. Marketing Authorisation Holder:
Bayer AG, 51368 Leverkusen, Germany.
Date of revision of the underlying Prescribing Information: June 2025.

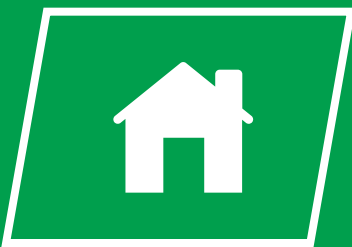
For more information on posology and treatment initiation, please refer to the EYLEA Summary of Product Characteristics. The safety profile observed in the 3 clinical studies (CANDELA, PULSAR, PHOTON) was similar in patients treated with EYLEA 114.3mg/mL and EYLEA 40mg/mL in patients with nAMD and DME. For more information on the safety profile, please refer to the EYLEA Summary of Product Characteristics.

On prescription only. Administration only by a qualified physician experienced in administering intravitreal injections. Refer to full Summary of Product Characteristics before prescribing. Additional risk minimisation measures have been developed for healthcare professionals (a prescriber's guide and video on how to prepare and inject EYLEA) and patients. The prescriber's guide aims to raise awareness of the risks associated with intravitreal injections. The purpose of the patient guide is to inform patients about the disease, treatment, injection procedure and symptoms of injection-related side effects. It is recommended to read these documents before prescribing this drug and giving the guide to the patient. These documents are available upon request.

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system.



For more information on the product, please refer to full Summary of Product Characteristics by scanning this QR code or directly on the EMA website (<https://www.ema.europa.eu/en/medicines/human/EPAR/eylea>). Marketing Authorisation Holder: Bayer AG, 51368 Leverkusen, Germany.





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both eyes have not been systematically studied. If bilateral treatment is performed at the same time this could lead to an increased systemic exposure, which could increase the risk of systemic adverse events. Limited data are available on the concomitant use of Eylea with other anti-VEGF medicinal products (systemic or ocular). Treatment should be withheld in the event of: a decrease in best corrected visual acuity (BCVA) of ≥ 30 letters compared with the last assessment of visual acuity; a rhegmatogenous retinal detachment or stage 3 or 4 macular holes; a retinal break; a subretinal haemorrhage involving the central fovea, or, if the size of the haemorrhage is ≥ 50 % of the total lesion area; performed or planned intraocular surgery within the previous or next 28 days. Risk factors associated with the development of a retinal pigment epithelial tear after anti-VEGF therapy for nAMD include a large and/or high pigment epithelial retinal detachment. When initiating aflibercept therapy, caution should be used in patients with these risk factors for retinal pigment epithelial tears. Eylea 114.3 mg/ml should not be used during pregnancy unless the potential benefit outweighs the potential risk to the foetus. Women of childbearing potential must use effective contraception during treatment and for at least 4 months after the last intravitreal injection with Eylea 114.3 mg/ml. As a precautionary measure, breastfeeding is not recommended. Populations with limited data: There are limited data on the use of aflibercept in pregnant women. There is only limited experience with Eylea treatment in diabetic patients with an HbA1c over 12 % or with proliferative diabetic retinopathy. Eylea has not been studied in patients with active systemic infections or in patients with concurrent eye conditions such as retinal detachment or macular hole. There is also no experience of treatment with Eylea in diabetic patients with uncontrolled hypertension. This lack of information should be considered by the physician when treating such patients. Information about excipients: Polysorbates may cause allergic reactions. **Undesirable effects:** As reported in patients with nAMD or DME treated with Eylea 114.3 mg/ml in Phase II/III studies up to 96 weeks. **Common:** Hypersensitivity (including rash, pruritus, urticaria), Cataract, Intraocular pressure increased, Vitreous floaters, Vitreous detachment, Vitreous haemorrhage, Retinal haemorrhage, Visual acuity reduced, Eye pain, Conjunctival haemorrhage, Punctate keratitis, Corneal abrasion. **Uncommon:** Retinal detachment, Retinal tear, Retinal pigment epithelial tear, Detachment of the retinal pigment epithelium, Uveitis, Iritis, Iridocyclitis, Vitritis, Cataract cortical, Cataract nuclear, Cataract subcapsular, Corneal erosion, Vision blurred, Injection site pain, Foreign body sensation in eyes, Lacrimation increased, Injection site haemorrhage, Conjunctival hyperaemia, Eyelid oedema, Ocular hyperaemia, Injection site irritation. **Rare:** Corneal oedema, Lenticular opacities, Retinal degeneration, Eyelid irritation. **Frequency not known:** Scleritis. The following adverse reactions of Eylea 40 mg/ml are also considered expected with Eylea 114.3 mg/ml: abnormal sensation in eye, corneal epithelium defect, anterior chamber flare, endophthalmitis, blindness, traumatic cataract, hypopyon, severe anaphylactic/anaphylactoid reactions. **Description of selected adverse reactions:** Arterial thromboembolic events (ATEs) are adverse reactions potentially related to systemic VEGF inhibition. There is a theoretical risk of ATEs, including stroke and myocardial infarction, following intravitreal use of VEGF inhibitors. A low incidence rate of ATEs was observed in the aflibercept clinical studies in patients with nAMD and DME. Across indications, no notable difference between the groups treated with Eylea 114.3 mg/ml and the comparator groups treated with Eylea 40 mg/ml were observed.

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Bayer AG, 51368 Leverkusen, Germany.
Date of revision of the underlying Prescribing Information: June 2025.

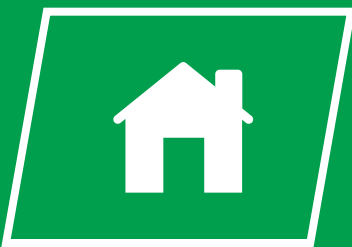
For more information on posology and treatment initiation, please refer to the EYLEA Summary of Product Characteristics. The safety profile observed in the 3 clinical studies (CANDELA, PULSAR, PHOTON) was similar in patients treated with EYLEA 114.3mg/mL and EYLEA 40mg/mL in patients with nAMD and DME. For more information on the safety profile, please refer to the EYLEA Summary of Product Characteristics.

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Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system.



For more information on the product, please refer to full Summary of Product Characteristics by scanning this QR code or directly on the EMA website (<https://www.ema.europa.eu/en/medicines/human/EPAR/eylea>). Marketing Authorisation Holder: Bayer AG, 51368 Leverkusen, Germany.



EYLEA 8mg IN nAMD

- 

Study design

Fluid control

Durability

Vision

Safety profile

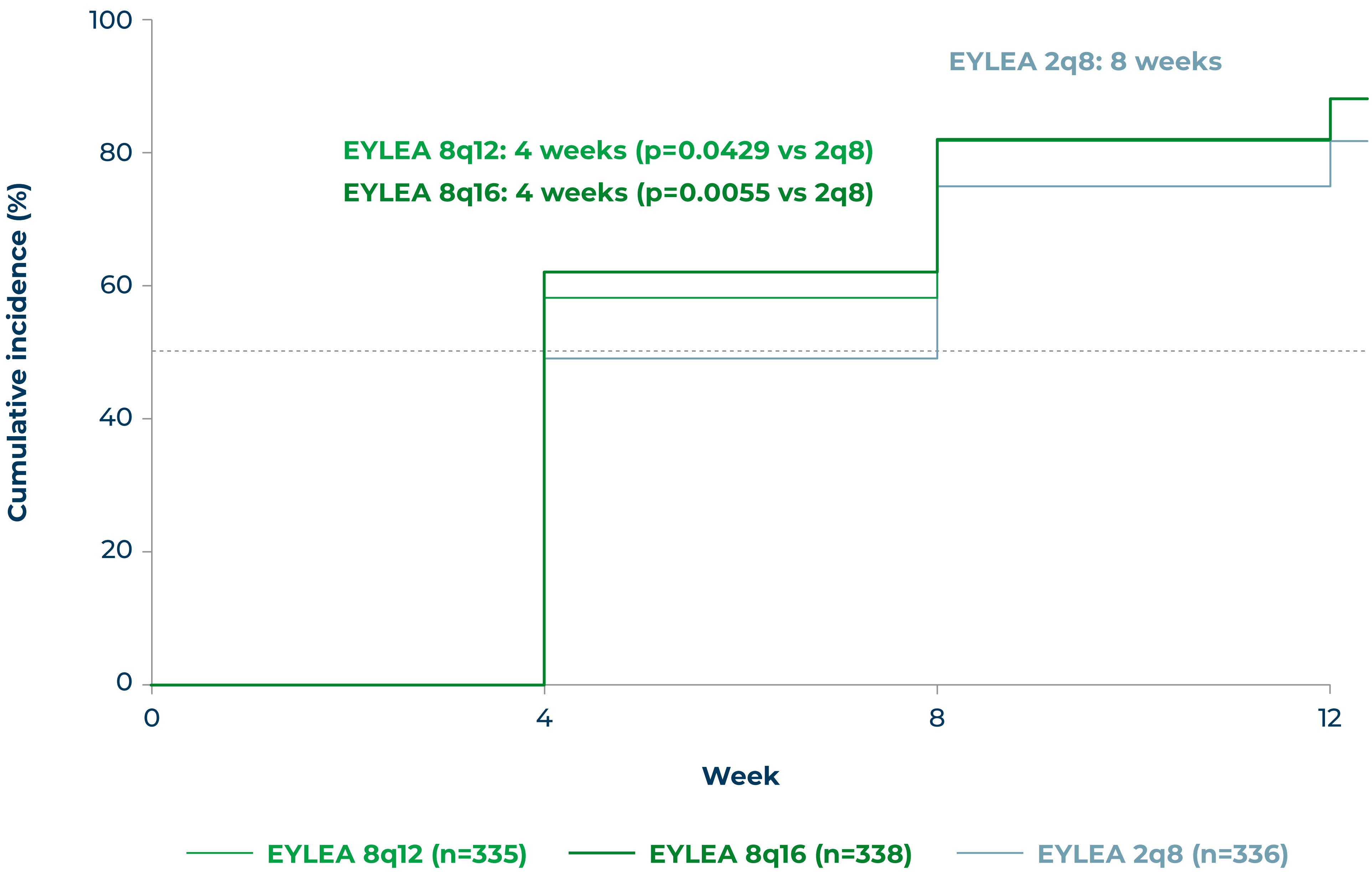
PULSAR patient cases

FASTER DRYING WITH EYLEA 8mg⁹

Faster fluid resolution with EYLEA 8mg in treatment-naïve patients^{4,5,9}

- Median time to dry central subfield was 4 weeks with EYLEA 8mg vs 8 weeks with EYLEA 2mg (8q16 p=0.0055, 8q12 p=0.0429 vs 2q8)^{4,5,h}

Time to a fluid-free central subfield through Week 12



Adapted from Korobelnik J-F, et al. Retina Society 2022 & Bayer data on file.



REFERENCES

1. Wong TY, *et al.* Aflibercept 8 mg in neovascular age-related macular degeneration: 156-week results from the PULSAR extension. The Macula Society 48th Annual Meeting. 12–15 February 2025. Florida, USA. Oral presentation. **2.** Korobelnik J-F, *et al.* Aflibercept 8 mg in patients with neovascular age-related macular degeneration: Phase 3 PULSAR trial 96-week results. AAO. 3–6 November 2023. San Francisco, USA. Oral presentation. **3.** EYLEA® 8 mg (aflibercept 114.3 mg/mL, solution for injection) Summary of Product Characteristics. Berlin, Germany: Bayer Pharma AG. **4.** Korobelnik J-F, *et al.* Intravitreal aflibercept 8 mg injection in patients with neovascular age-related macular degeneration: 48-week results from the Phase 3 PULSAR trial. Retina Society 55th Annual Scientific Meeting. 2–5 November 2022. Pasadena, USA. Oral presentation. **5.** Bayer. Data on file. Clinical study report (BAY 86-5321/20968). December 2022. **6.** Do DV, *et al.* *Retina* 2020;40:643–647. **7.** Papadopoulos N, *et al.* *Angiogenesis* 2012;15:171–185. **8.** Kaiser PK, *et al.* Population pharmacokinetic modeling and simulation of ocular clearance for aflibercept 8 mg and 2 mg and association with durability and effect. ARVO. 5–9 May 2024. Seattle, USA. Oral presentation. **9.** Assessment report. Aflibercept. Available at: https://www.ema.europa.eu/en/documents/assessment-report/eylea-epar-public-assessment-report_en.pdf. Accessed: August 2025. **10.** Veritti D, *et al.* *Pharmaceutics* 2023;15:1416.

FOOTNOTES

^aEYLEA 2mg was dosed at fixed q8 intervals after 3 initial monthly injections. At Week 96, patients could enrol in the extension study and switch to 8q12 through to Week 156. Dosing intervals could be extended or shortened in 2-week increments to a maximum of 24 weeks and a minimum of 8 weeks.¹

^bPULSAR: treatment-naïve patients.¹

^cIntervals could be shortened if DRM shortening criteria were met.²

^dIntervals could be extended if DRM extension criteria were met.²

^eIf DRM shortening criteria were met at Week 16 or 20, patients on 8q12 and 8q16 were shortened to q8. If DRM shortening criteria were met at Week 24, patients on 8q16 were shortened to q12. At subsequent dosing visits, patients on 8q12 or 8q16 had treatment intervals shortened by 4 weeks.²

^fAll assessments were compared with Week 12.²

^gVs EYLEA 2mg.

^hMedian time to dry central subfield was 4 weeks with EYLEA 8q16 and 4 weeks with EYLEA 8q12 vs 8 weeks with EYLEA 2q8 (p=0.0055, HR: 1.1798 and p=0.0429, HR: 1.1290, respectively, exploratory endpoint). ‘Time to fluid-free retina’ is defined as the time of first injection until the time where a patient did not have any IRF or SRF in the central subfield for the first time (regardless of whether any retinal fluid was found again after that). FAS: 2q8 n=336; 8q12 n=335; 8q16 n=338.^{4,5}

ⁱData are descriptive only, no statistical conclusions can be made.

^jRounded value. Patients who were randomised to the 8q12 or 8q16 groups at the beginning of the PULSAR study and continued treatment with EYLEA 8mg through the PULSAR extension study. Two injections in the third year for patients maintained on q24 intervals through the end of the PULSAR trial/PULSAR extension. Mean number of injections from Year 2 to Year 3 was 4.7 (2q8→8mg) and 3.8 (8q12/8q16) in PULSAR extension study (exploratory endpoint).¹

^keFAS (observed cases).¹

^lPatients who were randomised to the 8q12 or 8q16 groups at the beginning of the PULSAR study and continued treatment with EYLEA 8mg through the PULSAR extension study.¹

^mEYLEA 2mg was dosed at fixed q8 intervals after 3 initial monthly injections.⁴

ⁿProportion of patients without fluid in the central subfield at Week 16 (key secondary endpoint). LOCF (data after ICE were censored); data represent FAS. The absence of retinal fluid was defined as no IRF or SRF in the central subfield.⁴

^oPrespecified endpoint, p value: one-sided Cochran–Mantel–Haenszel test; weighting scheme adjusted by geographic region and baseline BCVA (<60 vs ≥60 ETDRS letters).⁴

^pRounded data.

^qeSAF, patients completing Week 156. Last assigned dosing intervals at Week 156 in patients on EYLEA 8mg from baseline: 24% q24, 40% ≥q20, 58% ≥q16 (exploratory endpoint). One patient had a missing value for this assessment.¹

^rEYLEA 8mg is the first and only anti-VEGF that offers nAMD patients up to 6 months between injections.³

^sEstimated from a popPK analysis.⁹

^tA total of 1217 patients treated with EYLEA 8mg up to 96 weeks constituted the safety population in three clinical Phase II/III studies (CANDELA, PULSAR, PHOTON).³

^uLast completed interval.

^vDRM assessments occurred at injection visits after Week 24 in the aflibercept 8mg q16 arm.

^wMeasurements were not available for this treatment visit.

ABBREVIATIONS

2q8, 2mg every 8 weeks; 8q12, 8mg every 12 weeks; 8q16, 8mg every 16 weeks; AE, adverse event; APTC, Antiplatelet Trialists’ Collaboration; BCVA, best-corrected visual acuity; CI, confidence interval; CRT, central retinal thickness; CST, central subfield thickness; DME, diabetic macular oedema; DRM, dose regimen modification; E-DRM, dose regimen modification during extension; eFAS, full analysis set in the extension; eSAF, safety analysis set in the extension; ETDRS, Early Treatment Diabetic Retinopathy Study; FAS, full analysis set; HR, hazard ratio; ICE, intercurrent event; IRF, intraretinal fluid; LOCF, last observation carried forward; LS, least squares; nAMD, neovascular (wet) age-related macular degeneration; N-BL, new baseline; OCT, optical coherence tomography; popPK, population pharmacokinetics; q8, every 8 weeks; q12, every 12 weeks; q16, every 16 weeks; q20, every 20 weeks; q24, every 24 weeks; SAE, serious adverse event; SRF, subretinal fluid; TEAE, treatment-emergent adverse event; VEGF, vascular endothelial growth factor; Wk, week.



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Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
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Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. **Excipients:** Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

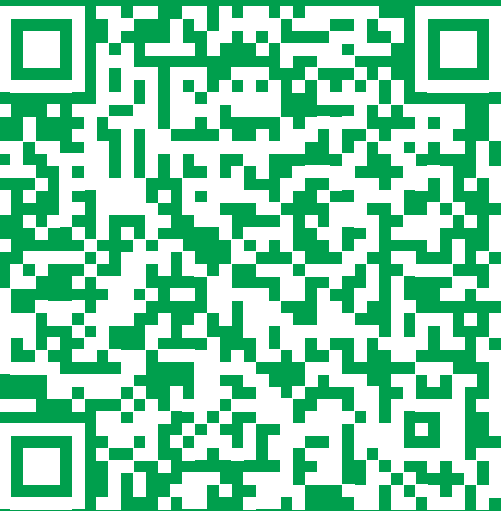
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Date of revision of the underlying Prescribing Information: June 2025.

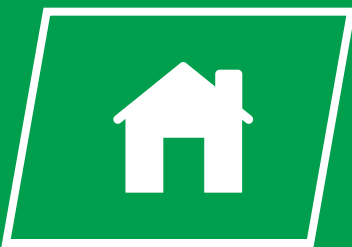
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Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system.



For more information on the product, please refer to full Summary of Product Characteristics by scanning this QR code or directly on the EMA website (<https://www.ema.europa.eu/en/medicines/human/EPAR/eylea>). Marketing Authorisation Holder: Bayer AG, 51368 Leverkusen, Germany.





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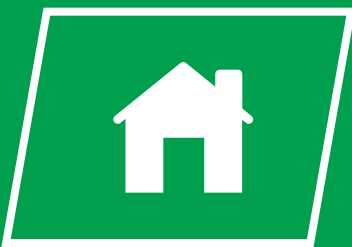
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EYLEA 8mg IN nAMD

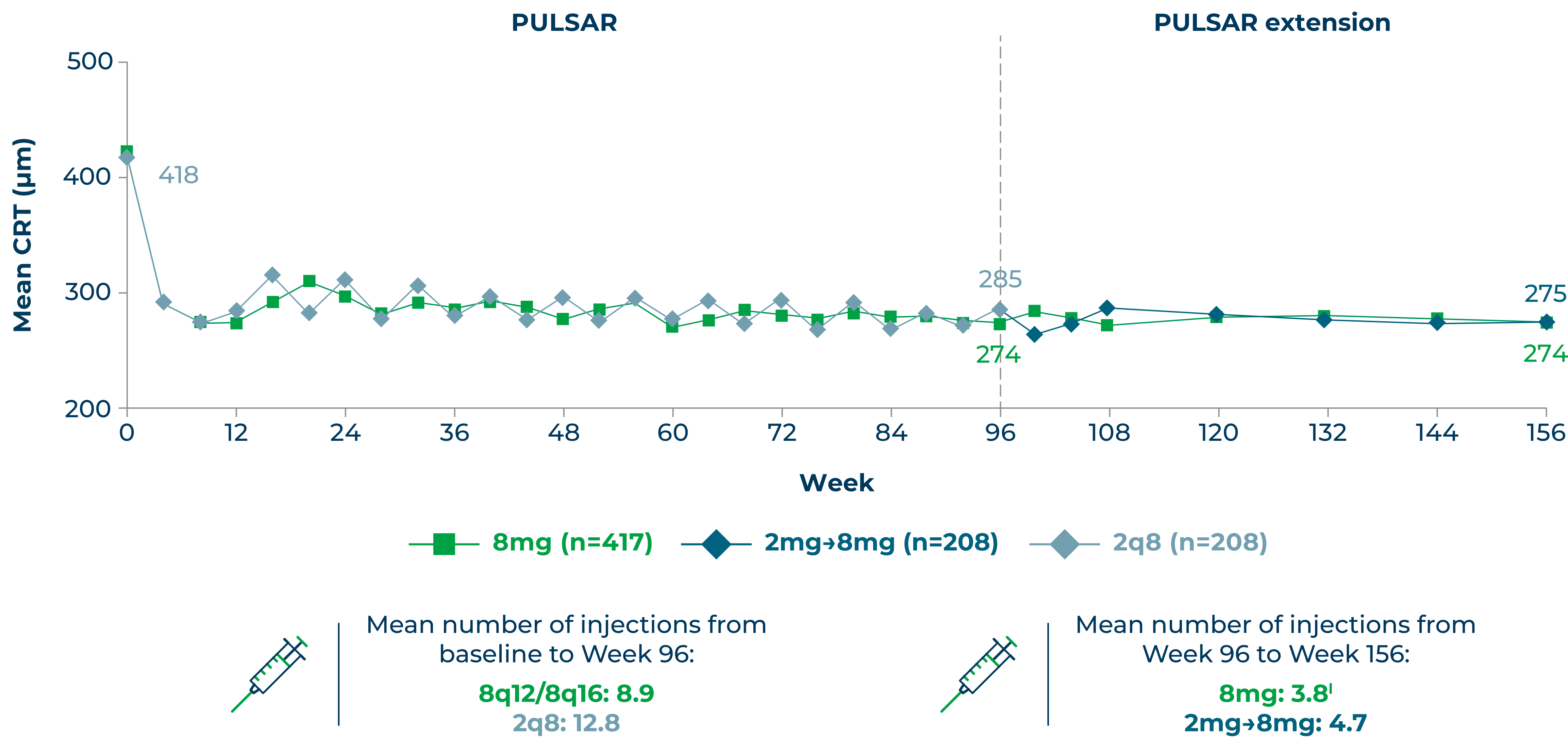
- 
- Study design
- Fluid control**
- Durability
- Vision
- Safety profile
- PULSAR patient cases

LONGER DRYING WITH EYLEA 8mg⁹

More resilient fluid control with EYLEA 8mg in treatment-naïve patients^{1,9}

- Fluid control maintained through Year 3 with EYLEA 8mg, with as few as 2 injections per year (descriptive data only)^{1,i,j}

Mean CRT through Week 156 (additional secondary exploratory endpoint)^k



Adapted from Wong TY, et al. Macular Society 2025.



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1. Wong TY, *et al.* Aflibercept 8 mg in neovascular age-related macular degeneration: 156-week results from the PULSAR extension. The Macula Society 48th Annual Meeting. 12–15 February 2025. Florida, USA. Oral presentation. **2.** Korobelnik J-F, *et al.* Aflibercept 8 mg in patients with neovascular age-related macular degeneration: Phase 3 PULSAR trial 96-week results. AAO. 3–6 November 2023. San Francisco, USA. Oral presentation. **3.** EYLEA® 8 mg (aflibercept 114.3 mg/mL, solution for injection) Summary of Product Characteristics. Berlin, Germany: Bayer Pharma AG. **4.** Korobelnik J-F, *et al.* Intravitreal aflibercept 8 mg injection in patients with neovascular age-related macular degeneration: 48-week results from the Phase 3 PULSAR trial. Retina Society 55th Annual Scientific Meeting. 2–5 November 2022. Pasadena, USA. Oral presentation. **5.** Bayer. Data on file. Clinical study report (BAY 86-5321/20968). December 2022. **6.** Do DV, *et al.* *Retina* 2020;40:643–647. **7.** Papadopoulos N, *et al.* *Angiogenesis* 2012;15:171–185. **8.** Kaiser PK, *et al.* Population pharmacokinetic modeling and simulation of ocular clearance for aflibercept 8 mg and 2 mg and association with durability and effect. ARVO. 5–9 May 2024. Seattle, USA. Oral presentation. **9.** Assessment report. Aflibercept. Available at: https://www.ema.europa.eu/en/documents/assessment-report/eylea-epar-public-assessment-report_en.pdf. Accessed: August 2025. **10.** Veritti D, *et al.* *Pharmaceutics* 2023;15:1416.

FOOTNOTES

^aEYLEA 2mg was dosed at fixed q8 intervals after 3 initial monthly injections. At Week 96, patients could enrol in the extension study and switch to 8q12 through to Week 156. Dosing intervals could be extended or shortened in 2-week increments to a maximum of 24 weeks and a minimum of 8 weeks.¹

^bPULSAR: treatment-naïve patients.¹

^cIntervals could be shortened if DRM shortening criteria were met.²

^dIntervals could be extended if DRM extension criteria were met.²

^eIf DRM shortening criteria were met at Week 16 or 20, patients on 8q12 and 8q16 were shortened to q8. If DRM shortening criteria were met at Week 24, patients on 8q16 were shortened to q12. At subsequent dosing visits, patients on 8q12 or 8q16 had treatment intervals shortened by 4 weeks.²

^fAll assessments were compared with Week 12.²

^gVs EYLEA 2mg.

^hMedian time to dry central subfield was 4 weeks with EYLEA 8q16 and 4 weeks with EYLEA 8q12 vs 8 weeks with EYLEA 2q8 (p=0.0055, HR: 1.1798 and p=0.0429, HR: 1.1290, respectively, exploratory endpoint). ‘Time to fluid-free retina’ is defined as the time of first injection until the time where a patient did not have any IRF or SRF in the central subfield for the first time (regardless of whether any retinal fluid was found again after that). FAS: 2q8 n=336; 8q12 n=335; 8q16 n=338.^{4,5}

ⁱData are descriptive only, no statistical conclusions can be made.

^jRounded value. Patients who were randomised to the 8q12 or 8q16 groups at the beginning of the PULSAR study and continued treatment with EYLEA 8mg through the PULSAR extension study. Two injections in the third year for patients maintained on q24 intervals through the end of the PULSAR trial/PULSAR extension. Mean number of injections from Year 2 to Year 3 was 4.7 (2q8→8mg) and 3.8 (8q12/8q16) in PULSAR extension study (exploratory endpoint).¹

^keFAS (observed cases).¹

^lPatients who were randomised to the 8q12 or 8q16 groups at the beginning of the PULSAR study and continued treatment with EYLEA 8mg through the PULSAR extension study.¹

^mEYLEA 2mg was dosed at fixed q8 intervals after 3 initial monthly injections.⁴

ⁿProportion of patients without fluid in the central subfield at Week 16 (key secondary endpoint). LOCF (data after ICE were censored); data represent FAS. The absence of retinal fluid was defined as no IRF or SRF in the central subfield.⁴

^oPrespecified endpoint, p value: one-sided Cochran–Mantel–Haenszel test; weighting scheme adjusted by geographic region and baseline BCVA (<60 vs ≥60 ETDRS letters).⁴

^pRounded data.

^qeSAF, patients completing Week 156. Last assigned dosing intervals at Week 156 in patients on EYLEA 8mg from baseline: 24% q24, 40% ≥q20, 58% ≥q16 (exploratory endpoint). One patient had a missing value for this assessment.¹

^rEYLEA 8mg is the first and only anti-VEGF that offers nAMD patients up to 6 months between injections.³

^sEstimated from a popPK analysis.⁹

^tA total of 1217 patients treated with EYLEA 8mg up to 96 weeks constituted the safety population in three clinical Phase II/III studies (CANDELA, PULSAR, PHOTON).³

^uLast completed interval.

^vDRM assessments occurred at injection visits after Week 24 in the aflibercept 8mg q16 arm.

^wMeasurements were not available for this treatment visit.

ABBREVIATIONS

2q8, 2mg every 8 weeks; 8q12, 8mg every 12 weeks; 8q16, 8mg every 16 weeks; AE, adverse event; APTC, Antiplatelet Trialists’ Collaboration; BCVA, best-corrected visual acuity; CI, confidence interval; CRT, central retinal thickness; CST, central subfield thickness; DME, diabetic macular oedema; DRM, dose regimen modification; E-DRM, dose regimen modification during extension; eFAS, full analysis set in the extension; eSAF, safety analysis set in the extension; ETDRS, Early Treatment Diabetic Retinopathy Study; FAS, full analysis set; HR, hazard ratio; ICE, intercurrent event; IRF, intraretinal fluid; LOCF, last observation carried forward; LS, least squares; nAMD, neovascular (wet) age-related macular degeneration; N-BL, new baseline; OCT, optical coherence tomography; popPK, population pharmacokinetics; q8, every 8 weeks; q12, every 12 weeks; q16, every 16 weeks; q20, every 20 weeks; q24, every 24 weeks; SAE, serious adverse event; SRF, subretinal fluid; TEAE, treatment-emergent adverse event; VEGF, vascular endothelial growth factor; Wk, week.



Essential Information



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Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. *Excipients:* Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

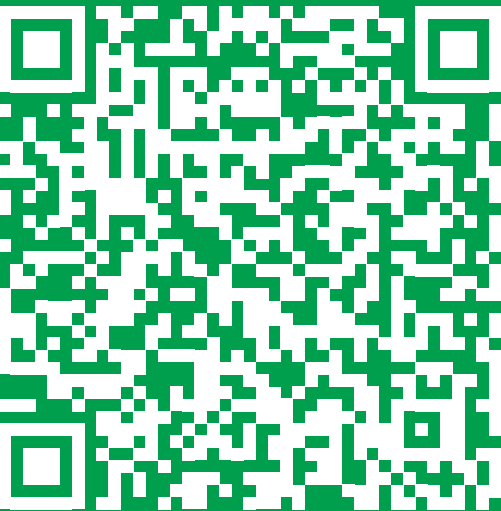
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Date of revision of the underlying Prescribing Information: June 2025.

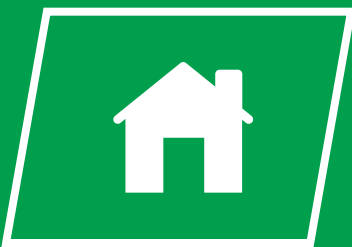
For more information on posology and treatment initiation, please refer to the EYLEA Summary of Product Characteristics. The safety profile observed in the 3 clinical studies (CANDELA, PULSAR, PHOTON) was similar in patients treated with EYLEA 114.3mg/mL and EYLEA 40mg/mL in patients with nAMD and DME. For more information on the safety profile, please refer to the EYLEA Summary of Product Characteristics.

On prescription only. Administration only by a qualified physician experienced in administering intravitreal injections. Refer to full Summary of Product Characteristics before prescribing. Additional risk minimisation measures have been developed for healthcare professionals (a prescriber's guide and video on how to prepare and inject EYLEA) and patients. The prescriber's guide aims to raise awareness of the risks associated with intravitreal injections. The purpose of the patient guide is to inform patients about the disease, treatment, injection procedure and symptoms of injection-related side effects. It is recommended to read these documents before prescribing this drug and giving the guide to the patient. These documents are available upon request.

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system.



For more information on the product, please refer to full Summary of Product Characteristics by scanning this QR code or directly on the EMA website (<https://www.ema.europa.eu/en/medicines/human/EPAR/eylea>). Marketing Authorisation Holder: Bayer AG, 51368 Leverkusen, Germany.





ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
(Refer to full SmPC before prescribing.)

Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. **Excipients:** Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

both eyes have not been systematically studied. If bilateral treatment is performed at the same time this could lead to an increased systemic exposure, which could increase the risk of systemic adverse events. Limited data are available on the concomitant use of Eylea with other anti-VEGF medicinal products (systemic or ocular). Treatment should be withheld in the event of: a decrease in best corrected visual acuity (BCVA) of ≥ 30 letters compared with the last assessment of visual acuity; a rhegmatogenous retinal detachment or stage 3 or 4 macular holes; a retinal break; a subretinal haemorrhage involving the central fovea, or, if the size of the haemorrhage is ≥ 50 % of the total lesion area; performed or planned intraocular surgery within the previous or next 28 days. Risk factors associated with the development of a retinal pigment epithelial tear after anti-VEGF therapy for nAMD include a large and/or high pigment epithelial retinal detachment. When initiating aflibercept therapy, caution should be used in patients with these risk factors for retinal pigment epithelial tears. Eylea 114.3 mg/ml should not be used during pregnancy unless the potential benefit outweighs the potential risk to the foetus. Women of childbearing potential must use effective contraception during treatment and for at least 4 months after the last intravitreal injection with Eylea 114.3 mg/ml. As a precautionary measure, breastfeeding is not recommended. Populations with limited data: There are limited data on the use of aflibercept in pregnant women. There is only limited experience with Eylea treatment in diabetic patients with an HbA1c over 12 % or with proliferative diabetic retinopathy. Eylea has not been studied in patients with active systemic infections or in patients with concurrent eye conditions such as retinal detachment or macular hole. There is also no experience of treatment with Eylea in diabetic patients with uncontrolled hypertension. This lack of information should be considered by the physician when treating such patients. Information about excipients: Polysorbates may cause allergic reactions. **Undesirable effects:** As reported in patients with nAMD or DME treated with Eylea 114.3 mg/ml in Phase II/III studies up to 96 weeks. **Common:** Hypersensitivity (including rash, pruritus, urticaria), Cataract, Intraocular pressure increased, Vitreous floaters, Vitreous detachment, Vitreous haemorrhage, Retinal haemorrhage, Visual acuity reduced, Eye pain, Conjunctival haemorrhage, Punctate keratitis, Corneal abrasion. **Uncommon:** Retinal detachment, Retinal tear, Retinal pigment epithelial tear, Detachment of the retinal pigment epithelium, Uveitis, Iritis, Iridocyclitis, Vitritis, Cataract cortical, Cataract nuclear, Cataract subcapsular, Corneal erosion, Vision blurred, Injection site pain, Foreign body sensation in eyes, Lacrimation increased, Injection site haemorrhage, Conjunctival hyperaemia, Eyelid oedema, Ocular hyperaemia, Injection site irritation. **Rare:** Corneal oedema, Lenticular opacities, Retinal degeneration, Eyelid irritation. **Frequency not known:** Scleritis. The following adverse reactions of Eylea 40 mg/ml are also considered expected with Eylea 114.3 mg/ml: abnormal sensation in eye, corneal epithelium defect, anterior chamber flare, endophthalmitis, blindness, traumatic cataract, hypopyon, severe anaphylactic/anaphylactoid reactions. **Description of selected adverse reactions:** Arterial thromboembolic events (ATEs) are adverse reactions potentially related to systemic VEGF inhibition. There is a theoretical risk of ATEs, including stroke and myocardial infarction, following intravitreal use of VEGF inhibitors. A low incidence rate of ATEs was observed in the aflibercept clinical studies in patients with nAMD and DME. Across indications, no notable difference between the groups treated with Eylea 114.3 mg/ml and the comparator groups treated with Eylea 40 mg/ml were observed.

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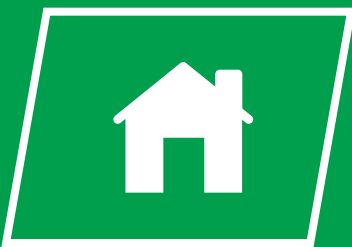
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For more information on the product, please refer to full Summary of Product Characteristics by scanning this QR code or directly on the EMA website (<https://www.ema.europa.eu/en/medicines/human/EPAR/eylea>). Marketing Authorisation Holder: Bayer AG, 51368 Leverkusen, Germany.



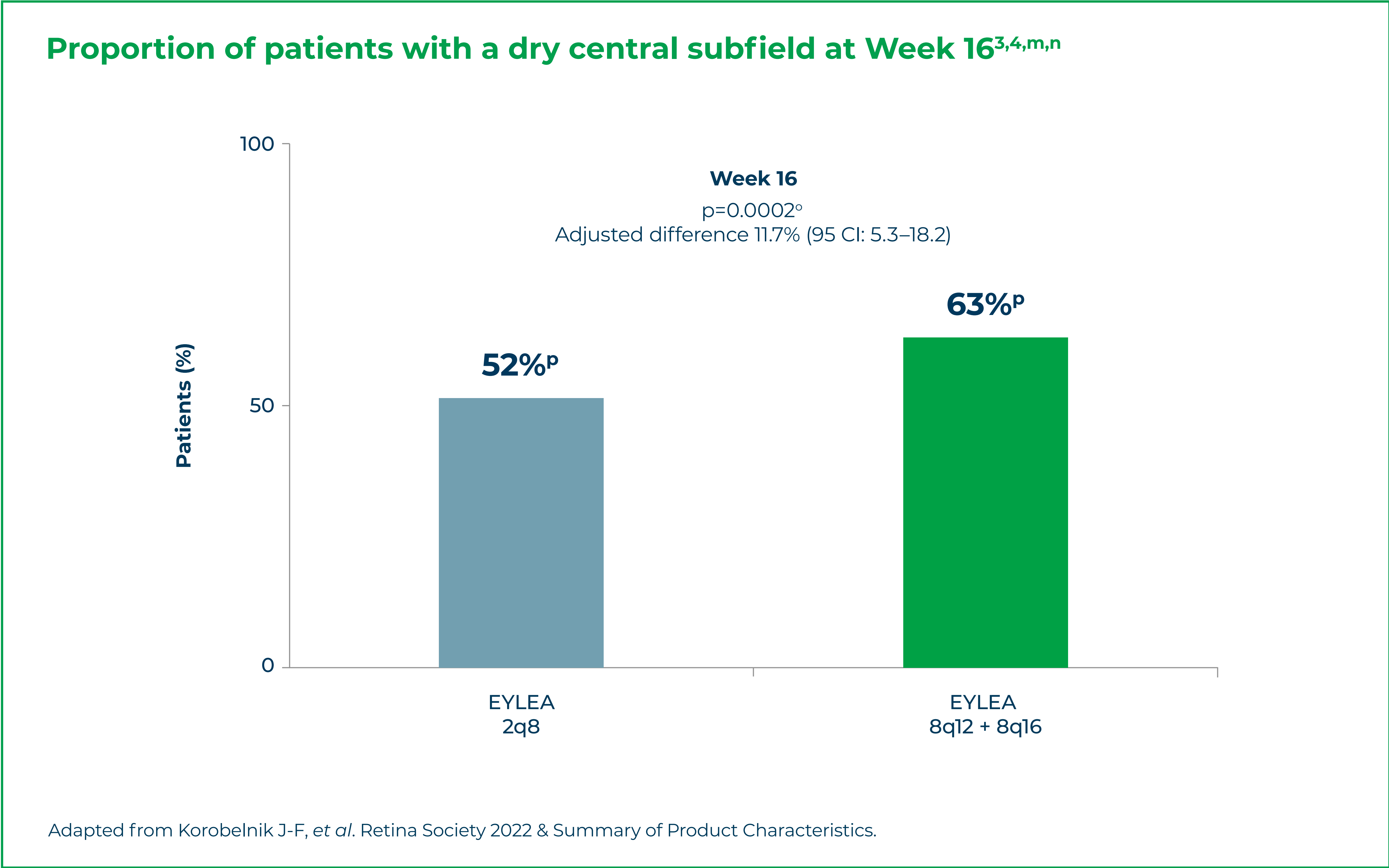
EYLEA 8mg IN nAMD

- 
- Study design
- Fluid control**
- Durability
- Vision
- Safety profile
- PULSAR patient cases**

BETTER DRYING WITH EYLEA 8mg⁹

Superior drying with EYLEA 8mg at Week 16 in treatment-naïve patients^{4,9}

- 63% of treatment-naïve nAMD patients on EYLEA 8mg had a dry central subfield at Week 16 vs 52% on EYLEA 2mg (p=0.0002)^{4,m-o}



EYLEA 8mg is the **first and only** anti-VEGF that offers nAMD patients **up to 6 months between injections**³

- References
- Essential Information



REFERENCES

1. Wong TY, *et al.* Aflibercept 8 mg in neovascular age-related macular degeneration: 156-week results from the PULSAR extension. The Macula Society 48th Annual Meeting. 12–15 February 2025. Florida, USA. Oral presentation. **2.** Korobelnik J-F, *et al.* Aflibercept 8 mg in patients with neovascular age-related macular degeneration: Phase 3 PULSAR trial 96-week results. AAO. 3–6 November 2023. San Francisco, USA. Oral presentation. **3.** EYLEA® 8 mg (aflibercept 114.3 mg/mL, solution for injection) Summary of Product Characteristics. Berlin, Germany: Bayer Pharma AG. **4.** Korobelnik J-F, *et al.* Intravitreal aflibercept 8 mg injection in patients with neovascular age-related macular degeneration: 48-week results from the Phase 3 PULSAR trial. Retina Society 55th Annual Scientific Meeting. 2–5 November 2022. Pasadena, USA. Oral presentation. **5.** Bayer. Data on file. Clinical study report (BAY 86-5321/20968). December 2022. **6.** Do DV, *et al.* *Retina* 2020;40:643–647. **7.** Papadopoulos N, *et al.* *Angiogenesis* 2012;15:171–185. **8.** Kaiser PK, *et al.* Population pharmacokinetic modeling and simulation of ocular clearance for aflibercept 8 mg and 2 mg and association with durability and effect. ARVO. 5–9 May 2024. Seattle, USA. Oral presentation. **9.** Assessment report. Aflibercept. Available at: https://www.ema.europa.eu/en/documents/assessment-report/eylea-epar-public-assessment-report_en.pdf. Accessed: August 2025. **10.** Veritti D, *et al.* *Pharmaceutics* 2023;15:1416.

FOOTNOTES

^aEYLEA 2mg was dosed at fixed q8 intervals after 3 initial monthly injections. At Week 96, patients could enrol in the extension study and switch to 8q12 through to Week 156. Dosing intervals could be extended or shortened in 2-week increments to a maximum of 24 weeks and a minimum of 8 weeks.¹

^bPULSAR: treatment-naïve patients.¹

^cIntervals could be shortened if DRM shortening criteria were met.²

^dIntervals could be extended if DRM extension criteria were met.²

^eIf DRM shortening criteria were met at Week 16 or 20, patients on 8q12 and 8q16 were shortened to q8. If DRM shortening criteria were met at Week 24, patients on 8q16 were shortened to q12. At subsequent dosing visits, patients on 8q12 or 8q16 had treatment intervals shortened by 4 weeks.²

^fAll assessments were compared with Week 12.²

^gVs EYLEA 2mg.

^hMedian time to dry central subfield was 4 weeks with EYLEA 8q16 and 4 weeks with EYLEA 8q12 vs 8 weeks with EYLEA 2q8 (p=0.0055, HR: 1.1798 and p=0.0429, HR: 1.1290, respectively, exploratory endpoint). ‘Time to fluid-free retina’ is defined as the time of first injection until the time where a patient did not have any IRF or SRF in the central subfield for the first time (regardless of whether any retinal fluid was found again after that). FAS: 2q8 n=336; 8q12 n=335; 8q16 n=338.^{4,5}

ⁱData are descriptive only, no statistical conclusions can be made.

^jRounded value. Patients who were randomised to the 8q12 or 8q16 groups at the beginning of the PULSAR study and continued treatment with EYLEA 8mg through the PULSAR extension study. Two injections in the third year for patients maintained on q24 intervals through the end of the PULSAR trial/PULSAR extension. Mean number of injections from Year 2 to Year 3 was 4.7 (2q8→8mg) and 3.8 (8q12/8q16) in PULSAR extension study (exploratory endpoint).¹

^keFAS (observed cases).¹

^lPatients who were randomised to the 8q12 or 8q16 groups at the beginning of the PULSAR study and continued treatment with EYLEA 8mg through the PULSAR extension study.¹

^mEYLEA 2mg was dosed at fixed q8 intervals after 3 initial monthly injections.⁴

ⁿProportion of patients without fluid in the central subfield at Week 16 (key secondary endpoint). LOCF (data after ICE were censored); data represent FAS. The absence of retinal fluid was defined as no IRF or SRF in the central subfield.⁴

^oPrespecified endpoint, p value: one-sided Cochran–Mantel–Haenszel test; weighting scheme adjusted by geographic region and baseline BCVA (<60 vs ≥60 ETDRS letters).⁴

^pRounded data.

^qeSAF, patients completing Week 156. Last assigned dosing intervals at Week 156 in patients on EYLEA 8mg from baseline: 24% q24, 40% ≥q20, 58% ≥q16 (exploratory endpoint). One patient had a missing value for this assessment.¹

^rEYLEA 8mg is the first and only anti-VEGF that offers nAMD patients up to 6 months between injections.³

^sEstimated from a popPK analysis.⁹

^tA total of 1217 patients treated with EYLEA 8mg up to 96 weeks constituted the safety population in three clinical Phase II/III studies (CANDELA, PULSAR, PHOTON).³

^uLast completed interval.

^vDRM assessments occurred at injection visits after Week 24 in the aflibercept 8mg q16 arm.

^wMeasurements were not available for this treatment visit.

ABBREVIATIONS

2q8, 2mg every 8 weeks; 8q12, 8mg every 12 weeks; 8q16, 8mg every 16 weeks; AE, adverse event; APTC, Antiplatelet Trialists’ Collaboration; BCVA, best-corrected visual acuity; CI, confidence interval; CRT, central retinal thickness; CST, central subfield thickness; DME, diabetic macular oedema; DRM, dose regimen modification; E-DRM, dose regimen modification during extension; eFAS, full analysis set in the extension; eSAF, safety analysis set in the extension; ETDRS, Early Treatment Diabetic Retinopathy Study; FAS, full analysis set; HR, hazard ratio; ICE, intercurrent event; IRF, intraretinal fluid; LOCF, last observation carried forward; LS, least squares; nAMD, neovascular (wet) age-related macular degeneration; N-BL, new baseline; OCT, optical coherence tomography; popPK, population pharmacokinetics; q8, every 8 weeks; q12, every 12 weeks; q16, every 16 weeks; q20, every 20 weeks; q24, every 24 weeks; SAE, serious adverse event; SRF, subretinal fluid; TEAE, treatment-emergent adverse event; VEGF, vascular endothelial growth factor; Wk, week.



Essential Information



ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
(Refer to full SmPC before prescribing.)

Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. **Excipients:** Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

both eyes have not been systematically studied. If bilateral treatment is performed at the same time this could lead to an increased systemic exposure, which could increase the risk of systemic adverse events. Limited data are available on the concomitant use of Eylea with other anti-VEGF medicinal products (systemic or ocular). Treatment should be withheld in the event of: a decrease in best corrected visual acuity (BCVA) of ≥ 30 letters compared with the last assessment of visual acuity; a rhegmatogenous retinal detachment or stage 3 or 4 macular holes; a retinal break; a subretinal haemorrhage involving the central fovea, or, if the size of the haemorrhage is ≥ 50 % of the total lesion area; performed or planned intraocular surgery within the previous or next 28 days. Risk factors associated with the development of a retinal pigment epithelial tear after anti-VEGF therapy for nAMD include a large and/or high pigment epithelial retinal detachment. When initiating aflibercept therapy, caution should be used in patients with these risk factors for retinal pigment epithelial tears. Eylea 114.3 mg/ml should not be used during pregnancy unless the potential benefit outweighs the potential risk to the foetus. Women of childbearing potential must use effective contraception during treatment and for at least 4 months after the last intravitreal injection with Eylea 114.3 mg/ml. As a precautionary measure, breastfeeding is not recommended. Populations with limited data: There are limited data on the use of aflibercept in pregnant women. There is only limited experience with Eylea treatment in diabetic patients with an HbA1c over 12 % or with proliferative diabetic retinopathy. Eylea has not been studied in patients with active systemic infections or in patients with concurrent eye conditions such as retinal detachment or macular hole. There is also no experience of treatment with Eylea in diabetic patients with uncontrolled hypertension. This lack of information should be considered by the physician when treating such patients. Information about excipients: Polysorbates may cause allergic reactions. **Undesirable effects:** As reported in patients with nAMD or DME treated with Eylea 114.3 mg/ml in Phase II/III studies up to 96 weeks. **Common:** Hypersensitivity (including rash, pruritus, urticaria), Cataract, Intraocular pressure increased, Vitreous floaters, Vitreous detachment, Vitreous haemorrhage, Retinal haemorrhage, Visual acuity reduced, Eye pain, Conjunctival haemorrhage, Punctate keratitis, Corneal abrasion. **Uncommon:** Retinal detachment, Retinal tear, Retinal pigment epithelial tear, Detachment of the retinal pigment epithelium, Uveitis, Iritis, Iridocyclitis, Vitritis, Cataract cortical, Cataract nuclear, Cataract subcapsular, Corneal erosion, Vision blurred, Injection site pain, Foreign body sensation in eyes, Lacrimation increased, Injection site haemorrhage, Conjunctival hyperaemia, Eyelid oedema, Ocular hyperaemia, Injection site irritation. **Rare:** Corneal oedema, Lenticular opacities, Retinal degeneration, Eyelid irritation. **Frequency not known:** Scleritis. The following adverse reactions of Eylea 40 mg/ml are also considered expected with Eylea 114.3 mg/ml: abnormal sensation in eye, corneal epithelium defect, anterior chamber flare, endophthalmitis, blindness, traumatic cataract, hypopyon, severe anaphylactic/anaphylactoid reactions. **Description of selected adverse reactions:** Arterial thromboembolic events (ATEs) are adverse reactions potentially related to systemic VEGF inhibition. There is a theoretical risk of ATEs, including stroke and myocardial infarction, following intravitreal use of VEGF inhibitors. A low incidence rate of ATEs was observed in the aflibercept clinical studies in patients with nAMD and DME. Across indications, no notable difference between the groups treated with Eylea 114.3 mg/ml and the comparator groups treated with Eylea 40 mg/ml were observed.

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Date of revision of the underlying Prescribing Information: June 2025.

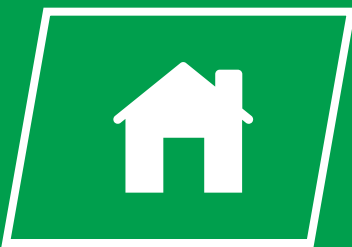
For more information on posology and treatment initiation, please refer to the EYLEA Summary of Product Characteristics. The safety profile observed in the 3 clinical studies (CANDELA, PULSAR, PHOTON) was similar in patients treated with EYLEA 114.3mg/mL and EYLEA 40mg/mL in patients with nAMD and DME. For more information on the safety profile, please refer to the EYLEA Summary of Product Characteristics.

On prescription only. Administration only by a qualified physician experienced in administering intravitreal injections. Refer to full Summary of Product Characteristics before prescribing. Additional risk minimisation measures have been developed for healthcare professionals (a prescriber's guide and video on how to prepare and inject EYLEA) and patients. The prescriber's guide aims to raise awareness of the risks associated with intravitreal injections. The purpose of the patient guide is to inform patients about the disease, treatment, injection procedure and symptoms of injection-related side effects. It is recommended to read these documents before prescribing this drug and giving the guide to the patient. These documents are available upon request.

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system.



For more information on the product, please refer to full Summary of Product Characteristics by scanning this QR code or directly on the EMA website (<https://www.ema.europa.eu/en/medicines/human/EPAR/eylea>). Marketing Authorisation Holder: Bayer AG, 51368 Leverkusen, Germany.





ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
(Refer to full SmPC before prescribing.)

Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. *Excipients:* Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

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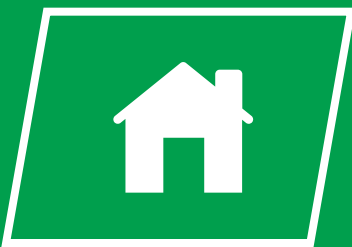
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For more information on the product, please refer to full Summary of Product Characteristics by scanning this QR code or directly on the EMA website (<https://www.ema.europa.eu/en/medicines/human/EPAR/eylea>). Marketing Authorisation Holder: Bayer AG, 51368 Leverkusen, Germany.



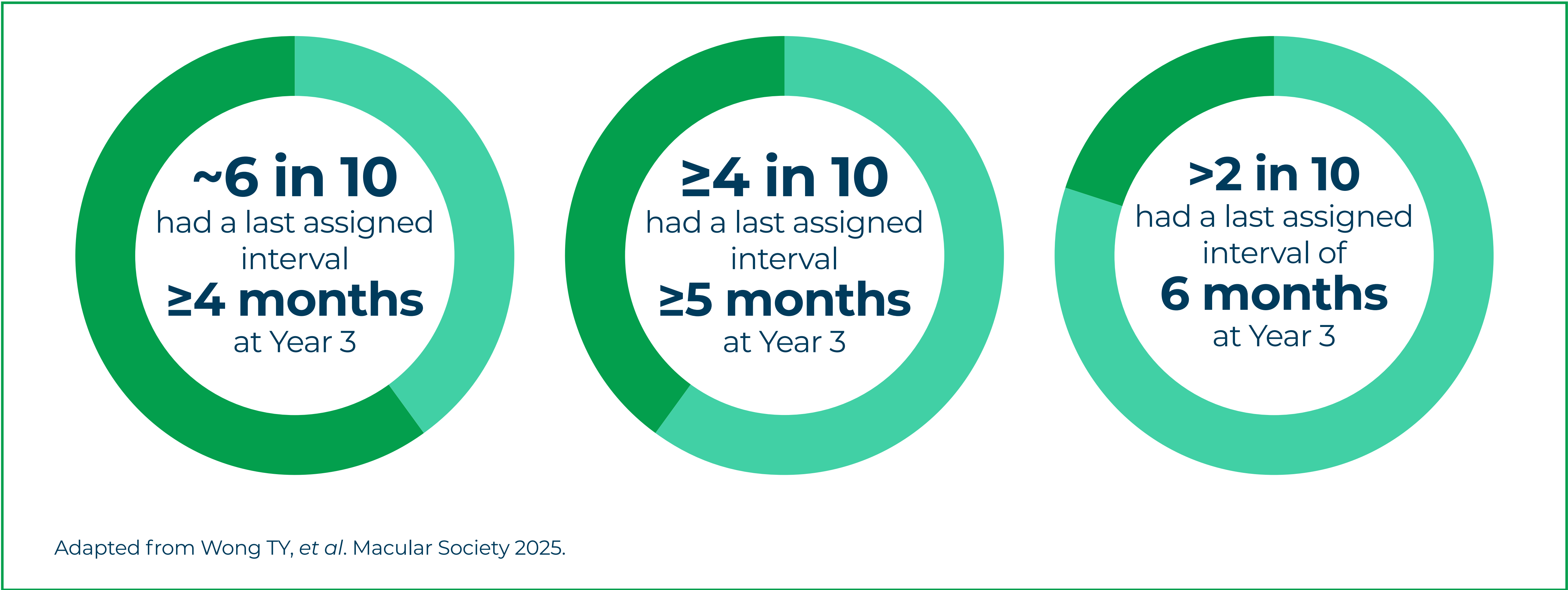
EYLEA 8mg IN nAMD

- 
- Study design
- Fluid control
- Durability**
- Vision
- Safety profile
- PULSAR patient cases

EYLEA 8mg ENABLES EXTENDED INTERVALS FOR ALL ELIGIBLE PATIENTS^{1,3}

Treating with EYLEA 8mg from the start can shift the curve for your patients and your clinic¹

In the PULSAR extension study, of the nAMD patients treated with EYLEA 8mg (pooled 8q12/8q16) from baseline (exploratory endpoint, n=375):^{1,i,q}



EYLEA 8mg offers **durable disease control** with as few as **2 injections per year^{1,j}**

- References
- Essential Information



REFERENCES

1. Wong TY, *et al.* Aflibercept 8 mg in neovascular age-related macular degeneration: 156-week results from the PULSAR extension. The Macula Society 48th Annual Meeting. 12–15 February 2025. Florida, USA. Oral presentation. **2.** Korobelnik J-F, *et al.* Aflibercept 8 mg in patients with neovascular age-related macular degeneration: Phase 3 PULSAR trial 96-week results. AAO. 3–6 November 2023. San Francisco, USA. Oral presentation. **3.** EYLEA® 8 mg (aflibercept 114.3 mg/mL, solution for injection) Summary of Product Characteristics. Berlin, Germany: Bayer Pharma AG. **4.** Korobelnik J-F, *et al.* Intravitreal aflibercept 8 mg injection in patients with neovascular age-related macular degeneration: 48-week results from the Phase 3 PULSAR trial. Retina Society 55th Annual Scientific Meeting. 2–5 November 2022. Pasadena, USA. Oral presentation. **5.** Bayer. Data on file. Clinical study report (BAY 86-5321/20968). December 2022. **6.** Do DV, *et al.* *Retina* 2020;40:643–647. **7.** Papadopoulos N, *et al.* *Angiogenesis* 2012;15:171–185. **8.** Kaiser PK, *et al.* Population pharmacokinetic modeling and simulation of ocular clearance for aflibercept 8 mg and 2 mg and association with durability and effect. ARVO. 5–9 May 2024. Seattle, USA. Oral presentation. **9.** Assessment report. Aflibercept. Available at: https://www.ema.europa.eu/en/documents/assessment-report/eylea-epar-public-assessment-report_en.pdf. Accessed: August 2025. **10.** Veritti D, *et al.* *Pharmaceutics* 2023;15:1416.

FOOTNOTES

^aEYLEA 2mg was dosed at fixed q8 intervals after 3 initial monthly injections. At Week 96, patients could enrol in the extension study and switch to 8q12 through to Week 156. Dosing intervals could be extended or shortened in 2-week increments to a maximum of 24 weeks and a minimum of 8 weeks.¹

^bPULSAR: treatment-naïve patients.¹

^cIntervals could be shortened if DRM shortening criteria were met.²

^dIntervals could be extended if DRM extension criteria were met.²

^eIf DRM shortening criteria were met at Week 16 or 20, patients on 8q12 and 8q16 were shortened to q8. If DRM shortening criteria were met at Week 24, patients on 8q16 were shortened to q12. At subsequent dosing visits, patients on 8q12 or 8q16 had treatment intervals shortened by 4 weeks.²

^fAll assessments were compared with Week 12.²

^gVs EYLEA 2mg.

^hMedian time to dry central subfield was 4 weeks with EYLEA 8q16 and 4 weeks with EYLEA 8q12 vs 8 weeks with EYLEA 2q8 (p=0.0055, HR: 1.1798 and p=0.0429, HR: 1.1290, respectively, exploratory endpoint). ‘Time to fluid-free retina’ is defined as the time of first injection until the time where a patient did not have any IRF or SRF in the central subfield for the first time (regardless of whether any retinal fluid was found again after that). FAS: 2q8 n=336; 8q12 n=335; 8q16 n=338.^{4,5}

ⁱData are descriptive only, no statistical conclusions can be made.

^jRounded value. Patients who were randomised to the 8q12 or 8q16 groups at the beginning of the PULSAR study and continued treatment with EYLEA 8mg through the PULSAR extension study. Two injections in the third year for patients maintained on q24 intervals through the end of the PULSAR trial/PULSAR extension. Mean number of injections from Year 2 to Year 3 was 4.7 (2q8→8mg) and 3.8 (8q12/8q16) in PULSAR extension study (exploratory endpoint).¹

^keFAS (observed cases).¹

^lPatients who were randomised to the 8q12 or 8q16 groups at the beginning of the PULSAR study and continued treatment with EYLEA 8mg through the PULSAR extension study.¹

^mEYLEA 2mg was dosed at fixed q8 intervals after 3 initial monthly injections.⁴

ⁿProportion of patients without fluid in the central subfield at Week 16 (key secondary endpoint). LOCF (data after ICE were censored); data represent FAS. The absence of retinal fluid was defined as no IRF or SRF in the central subfield.⁴

^oPrespecified endpoint, p value: one-sided Cochran–Mantel–Haenszel test; weighting scheme adjusted by geographic region and baseline BCVA (<60 vs ≥60 ETDRS letters).⁴

^pRounded data.

^qeSAF, patients completing Week 156. Last assigned dosing intervals at Week 156 in patients on EYLEA 8mg from baseline: 24% q24, 40% ≥q20, 58% ≥q16 (exploratory endpoint). One patient had a missing value for this assessment.¹

^rEYLEA 8mg is the first and only anti-VEGF that offers nAMD patients up to 6 months between injections.³

^sEstimated from a popPK analysis.⁹

^tA total of 1217 patients treated with EYLEA 8mg up to 96 weeks constituted the safety population in three clinical Phase II/III studies (CANDELA, PULSAR, PHOTON).³

^uLast completed interval.

^vDRM assessments occurred at injection visits after Week 24 in the aflibercept 8mg q16 arm.

^wMeasurements were not available for this treatment visit.

ABBREVIATIONS

2q8, 2mg every 8 weeks; 8q12, 8mg every 12 weeks; 8q16, 8mg every 16 weeks; AE, adverse event; APTC, Antiplatelet Trialists’ Collaboration; BCVA, best-corrected visual acuity; CI, confidence interval; CRT, central retinal thickness; CST, central subfield thickness; DME, diabetic macular oedema; DRM, dose regimen modification; E-DRM, dose regimen modification during extension; eFAS, full analysis set in the extension; eSAF, safety analysis set in the extension; ETDRS, Early Treatment Diabetic Retinopathy Study; FAS, full analysis set; HR, hazard ratio; ICE, intercurrent event; IRF, intraretinal fluid; LOCF, last observation carried forward; LS, least squares; nAMD, neovascular (wet) age-related macular degeneration; N-BL, new baseline; OCT, optical coherence tomography; popPK, population pharmacokinetics; q8, every 8 weeks; q12, every 12 weeks; q16, every 16 weeks; q20, every 20 weeks; q24, every 24 weeks; SAE, serious adverse event; SRF, subretinal fluid; TEAE, treatment-emergent adverse event; VEGF, vascular endothelial growth factor; Wk, week.



Essential Information



ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
(Refer to full SmPC before prescribing.)

Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. *Excipients:* Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

both eyes have not been systematically studied. If bilateral treatment is performed at the same time this could lead to an increased systemic exposure, which could increase the risk of systemic adverse events. Limited data are available on the concomitant use of Eylea with other anti-VEGF medicinal products (systemic or ocular). Treatment should be withheld in the event of: a decrease in best corrected visual acuity (BCVA) of ≥ 30 letters compared with the last assessment of visual acuity; a rhegmatogenous retinal detachment or stage 3 or 4 macular holes; a retinal break; a subretinal haemorrhage involving the central fovea, or, if the size of the haemorrhage is ≥ 50 % of the total lesion area; performed or planned intraocular surgery within the previous or next 28 days. Risk factors associated with the development of a retinal pigment epithelial tear after anti-VEGF therapy for nAMD include a large and/or high pigment epithelial retinal detachment. When initiating aflibercept therapy, caution should be used in patients with these risk factors for retinal pigment epithelial tears. Eylea 114.3 mg/ml should not be used during pregnancy unless the potential benefit outweighs the potential risk to the foetus. Women of childbearing potential must use effective contraception during treatment and for at least 4 months after the last intravitreal injection with Eylea 114.3 mg/ml. As a precautionary measure, breastfeeding is not recommended. Populations with limited data: There are limited data on the use of aflibercept in pregnant women. There is only limited experience with Eylea treatment in diabetic patients with an HbA1c over 12 % or with proliferative diabetic retinopathy. Eylea has not been studied in patients with active systemic infections or in patients with concurrent eye conditions such as retinal detachment or macular hole. There is also no experience of treatment with Eylea in diabetic patients with uncontrolled hypertension. This lack of information should be considered by the physician when treating such patients. Information about excipients: Polysorbates may cause allergic reactions. **Undesirable effects:** As reported in patients with nAMD or DME treated with Eylea 114.3 mg/ml in Phase II/III studies up to 96 weeks. **Common:** Hypersensitivity (including rash, pruritus, urticaria), Cataract, Intraocular pressure increased, Vitreous floaters, Vitreous detachment, Vitreous haemorrhage, Retinal haemorrhage, Visual acuity reduced, Eye pain, Conjunctival haemorrhage, Punctate keratitis, Corneal abrasion. **Uncommon:** Retinal detachment, Retinal tear, Retinal pigment epithelial tear, Detachment of the retinal pigment epithelium, Uveitis, Iritis, Iridocyclitis, Vitritis, Cataract cortical, Cataract nuclear, Cataract subcapsular, Corneal erosion, Vision blurred, Injection site pain, Foreign body sensation in eyes, Lacrimation increased, Injection site haemorrhage, Conjunctival hyperaemia, Eyelid oedema, Ocular hyperaemia, Injection site irritation. **Rare:** Corneal oedema, Lenticular opacities, Retinal degeneration, Eyelid irritation. **Frequency not known:** Scleritis. The following adverse reactions of Eylea 40 mg/ml are also considered expected with Eylea 114.3 mg/ml: abnormal sensation in eye, corneal epithelium defect, anterior chamber flare, endophthalmitis, blindness, traumatic cataract, hypopyon, severe anaphylactic/anaphylactoid reactions. **Description of selected adverse reactions:** Arterial thromboembolic events (ATEs) are adverse reactions potentially related to systemic VEGF inhibition. There is a theoretical risk of ATEs, including stroke and myocardial infarction, following intravitreal use of VEGF inhibitors. A low incidence rate of ATEs was observed in the aflibercept clinical studies in patients with nAMD and DME. Across indications, no notable difference between the groups treated with Eylea 114.3 mg/ml and the comparator groups treated with Eylea 40 mg/ml were observed.

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Date of revision of the underlying Prescribing Information: June 2025.

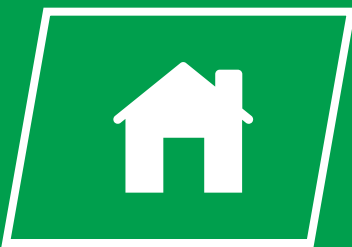
For more information on posology and treatment initiation, please refer to the EYLEA Summary of Product Characteristics. The safety profile observed in the 3 clinical studies (CANDELA, PULSAR, PHOTON) was similar in patients treated with EYLEA 114.3mg/mL and EYLEA 40mg/mL in patients with nAMD and DME. For more information on the safety profile, please refer to the EYLEA Summary of Product Characteristics.

On prescription only. Administration only by a qualified physician experienced in administering intravitreal injections. Refer to full Summary of Product Characteristics before prescribing. Additional risk minimisation measures have been developed for healthcare professionals (a prescriber's guide and video on how to prepare and inject EYLEA) and patients. The prescriber's guide aims to raise awareness of the risks associated with intravitreal injections. The purpose of the patient guide is to inform patients about the disease, treatment, injection procedure and symptoms of injection-related side effects. It is recommended to read these documents before prescribing this drug and giving the guide to the patient. These documents are available upon request.

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system.



For more information on the product, please refer to full Summary of Product Characteristics by scanning this QR code or directly on the EMA website (<https://www.ema.europa.eu/en/medicines/human/EPAR/eylea>). Marketing Authorisation Holder: Bayer AG, 51368 Leverkusen, Germany.





ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
(Refer to full SmPC before prescribing.)

Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. **Excipients:** Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

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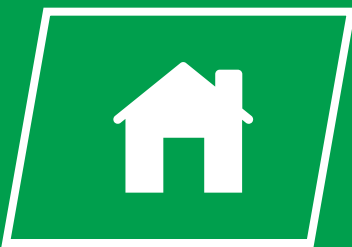
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EYLEA 8mg IN nAMD

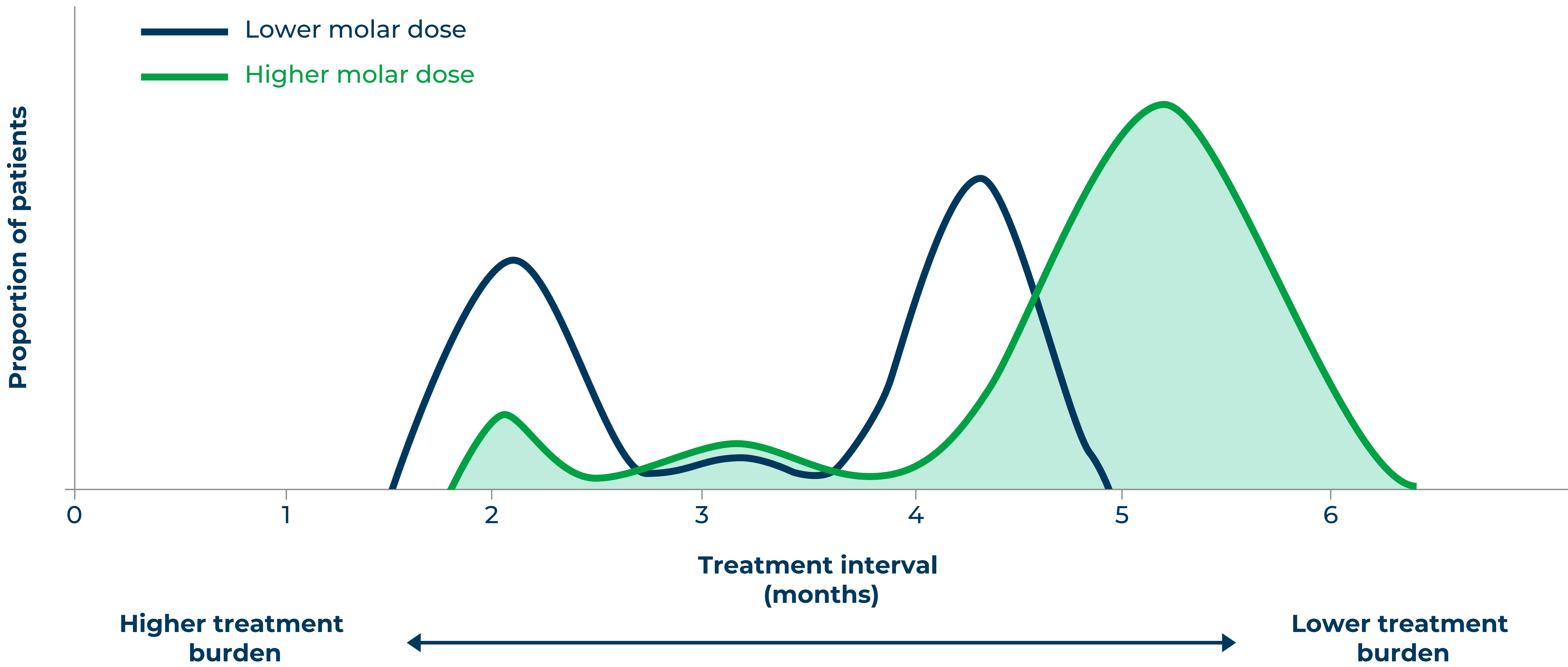
- 
- Study design
- Fluid control
- Durability
- Vision
- Safety profile
- PULSAR patient cases

UNPRECEDENTED DURABILITY THAT SHIFTS THE CURVE^{1,r}

EYLEA 8mg aims to shift the curve for all eligible patients, including those who are treatment-naïve

Illustrative model

This treatment interval simulation is an illustrative presentation model and therefore should be interpreted with caution.



EYLEA 8mg is the **first and only anti-VEGF** that offers nAMD patients **up to 6 months between injections³**

References

Essential Information



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FOOTNOTES

^aEYLEA 2mg was dosed at fixed q8 intervals after 3 initial monthly injections. At Week 96, patients could enrol in the extension study and switch to 8q12 through to Week 156. Dosing intervals could be extended or shortened in 2-week increments to a maximum of 24 weeks and a minimum of 8 weeks.¹

^bPULSAR: treatment-naïve patients.¹

^cIntervals could be shortened if DRM shortening criteria were met.²

^dIntervals could be extended if DRM extension criteria were met.²

^eIf DRM shortening criteria were met at Week 16 or 20, patients on 8q12 and 8q16 were shortened to q8. If DRM shortening criteria were met at Week 24, patients on 8q16 were shortened to q12. At subsequent dosing visits, patients on 8q12 or 8q16 had treatment intervals shortened by 4 weeks.²

^fAll assessments were compared with Week 12.²

^gVs EYLEA 2mg.

^hMedian time to dry central subfield was 4 weeks with EYLEA 8q16 and 4 weeks with EYLEA 8q12 vs 8 weeks with EYLEA 2q8 (p=0.0055, HR: 1.1798 and p=0.0429, HR: 1.1290, respectively, exploratory endpoint). ‘Time to fluid-free retina’ is defined as the time of first injection until the time where a patient did not have any IRF or SRF in the central subfield for the first time (regardless of whether any retinal fluid was found again after that). FAS: 2q8 n=336; 8q12 n=335; 8q16 n=338.^{4,5}

ⁱData are descriptive only, no statistical conclusions can be made.

^jRounded value. Patients who were randomised to the 8q12 or 8q16 groups at the beginning of the PULSAR study and continued treatment with EYLEA 8mg through the PULSAR extension study. Two injections in the third year for patients maintained on q24 intervals through the end of the PULSAR trial/PULSAR extension. Mean number of injections from Year 2 to Year 3 was 4.7 (2q8→8mg) and 3.8 (8q12/8q16) in PULSAR extension study (exploratory endpoint).¹

^keFAS (observed cases).¹

^lPatients who were randomised to the 8q12 or 8q16 groups at the beginning of the PULSAR study and continued treatment with EYLEA 8mg through the PULSAR extension study.¹

^mEYLEA 2mg was dosed at fixed q8 intervals after 3 initial monthly injections.⁴

ⁿProportion of patients without fluid in the central subfield at Week 16 (key secondary endpoint). LOCF (data after ICE were censored); data represent FAS. The absence of retinal fluid was defined as no IRF or SRF in the central subfield.⁴

^oPrespecified endpoint, p value: one-sided Cochran–Mantel–Haenszel test; weighting scheme adjusted by geographic region and baseline BCVA (<60 vs ≥60 ETDRS letters).⁴

^pRounded data.

^qeSAF, patients completing Week 156. Last assigned dosing intervals at Week 156 in patients on EYLEA 8mg from baseline: 24% q24, 40% ≥q20, 58% ≥q16 (exploratory endpoint). One patient had a missing value for this assessment.¹

^rEYLEA 8mg is the first and only anti-VEGF that offers nAMD patients up to 6 months between injections.³

^sEstimated from a popPK analysis.⁹

^tA total of 1217 patients treated with EYLEA 8mg up to 96 weeks constituted the safety population in three clinical Phase II/III studies (CANDELA, PULSAR, PHOTON).³

^uLast completed interval.

^vDRM assessments occurred at injection visits after Week 24 in the aflibercept 8mg q16 arm.

^wMeasurements were not available for this treatment visit.

ABBREVIATIONS

2q8, 2mg every 8 weeks; 8q12, 8mg every 12 weeks; 8q16, 8mg every 16 weeks; AE, adverse event; APTC, Antiplatelet Trialists’ Collaboration; BCVA, best-corrected visual acuity; CI, confidence interval; CRT, central retinal thickness; CST, central subfield thickness; DME, diabetic macular oedema; DRM, dose regimen modification; E-DRM, dose regimen modification during extension; eFAS, full analysis set in the extension; eSAF, safety analysis set in the extension; ETDRS, Early Treatment Diabetic Retinopathy Study; FAS, full analysis set; HR, hazard ratio; ICE, intercurrent event; IRF, intraretinal fluid; LOCF, last observation carried forward; LS, least squares; nAMD, neovascular (wet) age-related macular degeneration; N-BL, new baseline; OCT, optical coherence tomography; popPK, population pharmacokinetics; q8, every 8 weeks; q12, every 12 weeks; q16, every 16 weeks; q20, every 20 weeks; q24, every 24 weeks; SAE, serious adverse event; SRF, subretinal fluid; TEAE, treatment-emergent adverse event; VEGF, vascular endothelial growth factor; Wk, week.



Essential Information



ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
(Refer to full SmPC before prescribing.)

Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. *Excipients:* Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

both eyes have not been systematically studied. If bilateral treatment is performed at the same time this could lead to an increased systemic exposure, which could increase the risk of systemic adverse events. Limited data are available on the concomitant use of Eylea with other anti-VEGF medicinal products (systemic or ocular). Treatment should be withheld in the event of: a decrease in best corrected visual acuity (BCVA) of ≥ 30 letters compared with the last assessment of visual acuity; a rhegmatogenous retinal detachment or stage 3 or 4 macular holes; a retinal break; a subretinal haemorrhage involving the central fovea, or, if the size of the haemorrhage is ≥ 50 % of the total lesion area; performed or planned intraocular surgery within the previous or next 28 days. Risk factors associated with the development of a retinal pigment epithelial tear after anti-VEGF therapy for nAMD include a large and/or high pigment epithelial retinal detachment. When initiating aflibercept therapy, caution should be used in patients with these risk factors for retinal pigment epithelial tears. Eylea 114.3 mg/ml should not be used during pregnancy unless the potential benefit outweighs the potential risk to the foetus. Women of childbearing potential must use effective contraception during treatment and for at least 4 months after the last intravitreal injection with Eylea 114.3 mg/ml. As a precautionary measure, breastfeeding is not recommended. Populations with limited data: There are limited data on the use of aflibercept in pregnant women. There is only limited experience with Eylea treatment in diabetic patients with an HbA1c over 12 % or with proliferative diabetic retinopathy. Eylea has not been studied in patients with active systemic infections or in patients with concurrent eye conditions such as retinal detachment or macular hole. There is also no experience of treatment with Eylea in diabetic patients with uncontrolled hypertension. This lack of information should be considered by the physician when treating such patients. Information about excipients: Polysorbates may cause allergic reactions. **Undesirable effects:** As reported in patients with nAMD or DME treated with Eylea 114.3 mg/ml in Phase II/III studies up to 96 weeks. **Common:** Hypersensitivity (including rash, pruritus, urticaria), Cataract, Intraocular pressure increased, Vitreous floaters, Vitreous detachment, Vitreous haemorrhage, Retinal haemorrhage, Visual acuity reduced, Eye pain, Conjunctival haemorrhage, Punctate keratitis, Corneal abrasion. **Uncommon:** Retinal detachment, Retinal tear, Retinal pigment epithelial tear, Detachment of the retinal pigment epithelium, Uveitis, Iritis, Iridocyclitis, Vitritis, Cataract cortical, Cataract nuclear, Cataract subcapsular, Corneal erosion, Vision blurred, Injection site pain, Foreign body sensation in eyes, Lacrimation increased, Injection site haemorrhage, Conjunctival hyperaemia, Eyelid oedema, Ocular hyperaemia, Injection site irritation. **Rare:** Corneal oedema, Lenticular opacities, Retinal degeneration, Eyelid irritation. **Frequency not known:** Scleritis. The following adverse reactions of Eylea 40 mg/ml are also considered expected with Eylea 114.3 mg/ml: abnormal sensation in eye, corneal epithelium defect, anterior chamber flare, endophthalmitis, blindness, traumatic cataract, hypopyon, severe anaphylactic/anaphylactoid reactions. **Description of selected adverse reactions:** Arterial thromboembolic events (ATEs) are adverse reactions potentially related to systemic VEGF inhibition. There is a theoretical risk of ATEs, including stroke and myocardial infarction, following intravitreal use of VEGF inhibitors. A low incidence rate of ATEs was observed in the aflibercept clinical studies in patients with nAMD and DME. Across indications, no notable difference between the groups treated with Eylea 114.3 mg/ml and the comparator groups treated with Eylea 40 mg/ml were observed.

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Bayer AG, 51368 Leverkusen, Germany.
Date of revision of the underlying Prescribing Information: June 2025.

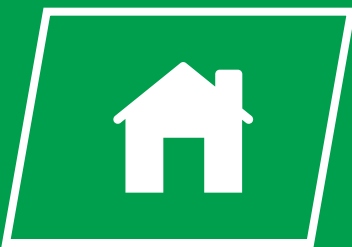
For more information on posology and treatment initiation, please refer to the EYLEA Summary of Product Characteristics. The safety profile observed in the 3 clinical studies (CANDELA, PULSAR, PHOTON) was similar in patients treated with EYLEA 114.3mg/mL and EYLEA 40mg/mL in patients with nAMD and DME. For more information on the safety profile, please refer to the EYLEA Summary of Product Characteristics.

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Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system.



For more information on the product, please refer to full Summary of Product Characteristics by scanning this QR code or directly on the EMA website (<https://www.ema.europa.eu/en/medicines/human/EPAR/eylea>).
Marketing Authorisation Holder: Bayer AG, 51368 Leverkusen, Germany.





ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
(Refer to full SmPC before prescribing.)

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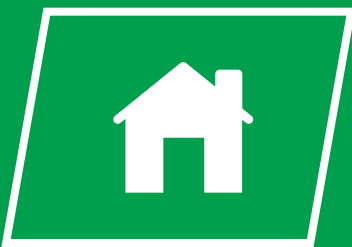
For more information on posology and treatment initiation, please refer to the EYLEA Summary of Product Characteristics. The safety profile observed in the 3 clinical studies (CANDELA, PULSAR, PHOTON) was similar in patients treated with EYLEA 114.3mg/mL and EYLEA 40mg/mL in patients with nAMD and DME. For more information on the safety profile, please refer to the EYLEA Summary of Product Characteristics.

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For more information on the product, please refer to full Summary of Product Characteristics by scanning this QR code or directly on the EMA website (<https://www.ema.europa.eu/en/medicines/human/EPAR/eylea>). Marketing Authorisation Holder: Bayer AG, 51368 Leverkusen, Germany.



EYLEA 8mg IN nAMD

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Study design

Fluid control

Durability

Vision

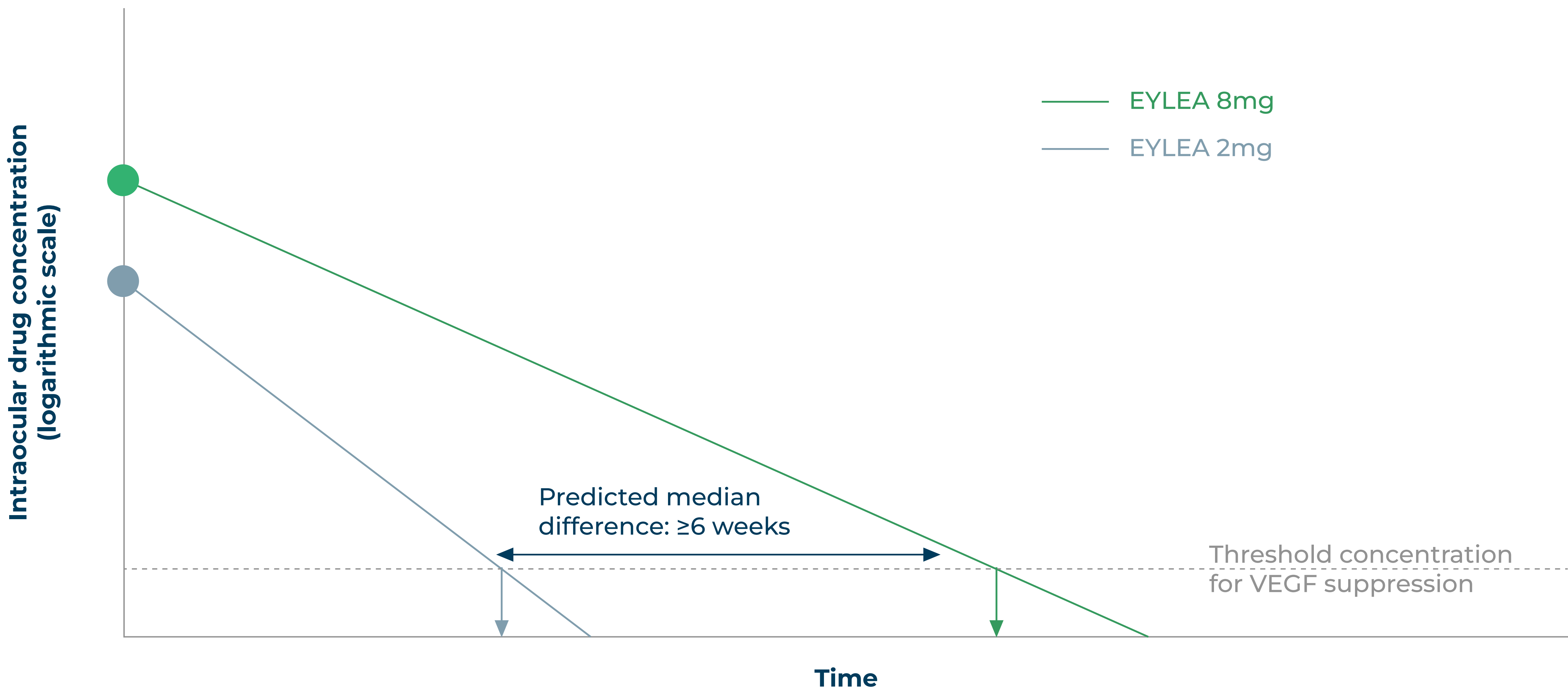
Safety profile

PULSAR patient cases

UNPRECEDENTED DURABILITY THAT SHIFTS THE CURVE^{1,r}

EYLEA 8mg is a 4x higher molar dose formulation of the tried-and-trusted EYLEA 2mg^{6,7}

EYLEA 8mg is estimated, on average, to remain in the eye for ≥6 weeks longer than EYLEA 2mg⁸



The relevance of these molecular properties on clinical outcomes has not been clinically proven. Clinical efficacy should not be inferred from *in vitro* data.

Adapted from Kaiser PK, *et al.* ARVO 2024.

- Additionally, EYLEA 8mg exhibits a 34% slower ocular clearance rate vs EYLEA 2mg, keeping an effective concentration of drug in the eye for longer^{9,10,s}

EYLEA 8mg is the **first and only anti-VEGF** that offers nAMD patients **up to 6 months between injections³**

References

Essential Information



REFERENCES

1. Wong TY, *et al.* Aflibercept 8 mg in neovascular age-related macular degeneration: 156-week results from the PULSAR extension. The Macula Society 48th Annual Meeting. 12–15 February 2025. Florida, USA. Oral presentation. **2.** Korobelnik J-F, *et al.* Aflibercept 8 mg in patients with neovascular age-related macular degeneration: Phase 3 PULSAR trial 96-week results. AAO. 3–6 November 2023. San Francisco, USA. Oral presentation. **3.** EYLEA® 8 mg (aflibercept 114.3 mg/mL, solution for injection) Summary of Product Characteristics. Berlin, Germany: Bayer Pharma AG. **4.** Korobelnik J-F, *et al.* Intravitreal aflibercept 8 mg injection in patients with neovascular age-related macular degeneration: 48-week results from the Phase 3 PULSAR trial. Retina Society 55th Annual Scientific Meeting. 2–5 November 2022. Pasadena, USA. Oral presentation. **5.** Bayer. Data on file. Clinical study report (BAY 86-5321/20968). December 2022. **6.** Do DV, *et al.* *Retina* 2020;40:643–647. **7.** Papadopoulos N, *et al.* *Angiogenesis* 2012;15:171–185. **8.** Kaiser PK, *et al.* Population pharmacokinetic modeling and simulation of ocular clearance for aflibercept 8 mg and 2 mg and association with durability and effect. ARVO. 5–9 May 2024. Seattle, USA. Oral presentation. **9.** Assessment report. Aflibercept. Available at: https://www.ema.europa.eu/en/documents/assessment-report/eylea-epar-public-assessment-report_en.pdf. Accessed: August 2025. **10.** Veritti D, *et al.* *Pharmaceutics* 2023;15:1416.

FOOTNOTES

^aEYLEA 2mg was dosed at fixed q8 intervals after 3 initial monthly injections. At Week 96, patients could enrol in the extension study and switch to 8q12 through to Week 156. Dosing intervals could be extended or shortened in 2-week increments to a maximum of 24 weeks and a minimum of 8 weeks.¹

^bPULSAR: treatment-naïve patients.¹

^cIntervals could be shortened if DRM shortening criteria were met.²

^dIntervals could be extended if DRM extension criteria were met.²

^eIf DRM shortening criteria were met at Week 16 or 20, patients on 8q12 and 8q16 were shortened to q8. If DRM shortening criteria were met at Week 24, patients on 8q16 were shortened to q12. At subsequent dosing visits, patients on 8q12 or 8q16 had treatment intervals shortened by 4 weeks.²

^fAll assessments were compared with Week 12.²

^gVs EYLEA 2mg.

^hMedian time to dry central subfield was 4 weeks with EYLEA 8q16 and 4 weeks with EYLEA 8q12 vs 8 weeks with EYLEA 2q8 (p=0.0055, HR: 1.1798 and p=0.0429, HR: 1.1290, respectively, exploratory endpoint). ‘Time to fluid-free retina’ is defined as the time of first injection until the time where a patient did not have any IRF or SRF in the central subfield for the first time (regardless of whether any retinal fluid was found again after that). FAS: 2q8 n=336; 8q12 n=335; 8q16 n=338.^{4,5}

ⁱData are descriptive only, no statistical conclusions can be made.

^jRounded value. Patients who were randomised to the 8q12 or 8q16 groups at the beginning of the PULSAR study and continued treatment with EYLEA 8mg through the PULSAR extension study. Two injections in the third year for patients maintained on q24 intervals through the end of the PULSAR trial/PULSAR extension. Mean number of injections from Year 2 to Year 3 was 4.7 (2q8→8mg) and 3.8 (8q12/8q16) in PULSAR extension study (exploratory endpoint).¹

^keFAS (observed cases).¹

^lPatients who were randomised to the 8q12 or 8q16 groups at the beginning of the PULSAR study and continued treatment with EYLEA 8mg through the PULSAR extension study.¹

^mEYLEA 2mg was dosed at fixed q8 intervals after 3 initial monthly injections.⁴

ⁿProportion of patients without fluid in the central subfield at Week 16 (key secondary endpoint). LOCF (data after ICE were censored); data represent FAS. The absence of retinal fluid was defined as no IRF or SRF in the central subfield.⁴

^oPrespecified endpoint, p value: one-sided Cochran–Mantel–Haenszel test; weighting scheme adjusted by geographic region and baseline BCVA (<60 vs ≥60 ETDRS letters).⁴

^pRounded data.

^qeSAF, patients completing Week 156. Last assigned dosing intervals at Week 156 in patients on EYLEA 8mg from baseline: 24% q24, 40% ≥q20, 58% ≥q16 (exploratory endpoint). One patient had a missing value for this assessment.¹

^rEYLEA 8mg is the first and only anti-VEGF that offers nAMD patients up to 6 months between injections.³

^sEstimated from a popPK analysis.⁹

^tA total of 1217 patients treated with EYLEA 8mg up to 96 weeks constituted the safety population in three clinical Phase II/III studies (CANDELA, PULSAR, PHOTON).³

^uLast completed interval.

^vDRM assessments occurred at injection visits after Week 24 in the aflibercept 8mg q16 arm.

^wMeasurements were not available for this treatment visit.

ABBREVIATIONS

2q8, 2mg every 8 weeks; 8q12, 8mg every 12 weeks; 8q16, 8mg every 16 weeks; AE, adverse event; APTC, Antiplatelet Trialists’ Collaboration; BCVA, best-corrected visual acuity; CI, confidence interval; CRT, central retinal thickness; CST, central subfield thickness; DME, diabetic macular oedema; DRM, dose regimen modification; E-DRM, dose regimen modification during extension; eFAS, full analysis set in the extension; eSAF, safety analysis set in the extension; ETDRS, Early Treatment Diabetic Retinopathy Study; FAS, full analysis set; HR, hazard ratio; ICE, intercurrent event; IRF, intraretinal fluid; LOCF, last observation carried forward; LS, least squares; nAMD, neovascular (wet) age-related macular degeneration; N-BL, new baseline; OCT, optical coherence tomography; popPK, population pharmacokinetics; q8, every 8 weeks; q12, every 12 weeks; q16, every 16 weeks; q20, every 20 weeks; q24, every 24 weeks; SAE, serious adverse event; SRF, subretinal fluid; TEAE, treatment-emergent adverse event; VEGF, vascular endothelial growth factor; Wk, week.



Essential Information



ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
(Refer to full SmPC before prescribing.)

Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. **Excipients:** Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

both eyes have not been systematically studied. If bilateral treatment is performed at the same time this could lead to an increased systemic exposure, which could increase the risk of systemic adverse events. Limited data are available on the concomitant use of Eylea with other anti-VEGF medicinal products (systemic or ocular). Treatment should be withheld in the event of: a decrease in best corrected visual acuity (BCVA) of ≥ 30 letters compared with the last assessment of visual acuity; a rhegmatogenous retinal detachment or stage 3 or 4 macular holes; a retinal break; a subretinal haemorrhage involving the central fovea, or, if the size of the haemorrhage is ≥ 50 % of the total lesion area; performed or planned intraocular surgery within the previous or next 28 days. Risk factors associated with the development of a retinal pigment epithelial tear after anti-VEGF therapy for nAMD include a large and/or high pigment epithelial retinal detachment. When initiating aflibercept therapy, caution should be used in patients with these risk factors for retinal pigment epithelial tears. Eylea 114.3 mg/ml should not be used during pregnancy unless the potential benefit outweighs the potential risk to the foetus. Women of childbearing potential must use effective contraception during treatment and for at least 4 months after the last intravitreal injection with Eylea 114.3 mg/ml. As a precautionary measure, breastfeeding is not recommended. Populations with limited data: There are limited data on the use of aflibercept in pregnant women. There is only limited experience with Eylea treatment in diabetic patients with an HbA1c over 12 % or with proliferative diabetic retinopathy. Eylea has not been studied in patients with active systemic infections or in patients with concurrent eye conditions such as retinal detachment or macular hole. There is also no experience of treatment with Eylea in diabetic patients with uncontrolled hypertension. This lack of information should be considered by the physician when treating such patients. Information about excipients: Polysorbates may cause allergic reactions. **Undesirable effects:** As reported in patients with nAMD or DME treated with Eylea 114.3 mg/ml in Phase II/III studies up to 96 weeks. **Common:** Hypersensitivity (including rash, pruritus, urticaria), Cataract, Intraocular pressure increased, Vitreous floaters, Vitreous detachment, Vitreous haemorrhage, Retinal haemorrhage, Visual acuity reduced, Eye pain, Conjunctival haemorrhage, Punctate keratitis, Corneal abrasion. **Uncommon:** Retinal detachment, Retinal tear, Retinal pigment epithelial tear, Detachment of the retinal pigment epithelium, Uveitis, Iritis, Iridocyclitis, Vitritis, Cataract cortical, Cataract nuclear, Cataract subcapsular, Corneal erosion, Vision blurred, Injection site pain, Foreign body sensation in eyes, Lacrimation increased, Injection site haemorrhage, Conjunctival hyperaemia, Eyelid oedema, Ocular hyperaemia, Injection site irritation. **Rare:** Corneal oedema, Lenticular opacities, Retinal degeneration, Eyelid irritation. **Frequency not known:** Scleritis. The following adverse reactions of Eylea 40 mg/ml are also considered expected with Eylea 114.3 mg/ml: abnormal sensation in eye, corneal epithelium defect, anterior chamber flare, endophthalmitis, blindness, traumatic cataract, hypopyon, severe anaphylactic/anaphylactoid reactions. **Description of selected adverse reactions:** Arterial thromboembolic events (ATEs) are adverse reactions potentially related to systemic VEGF inhibition. There is a theoretical risk of ATEs, including stroke and myocardial infarction, following intravitreal use of VEGF inhibitors. A low incidence rate of ATEs was observed in the aflibercept clinical studies in patients with nAMD and DME. Across indications, no notable difference between the groups treated with Eylea 114.3 mg/ml and the comparator groups treated with Eylea 40 mg/ml were observed.

On prescription only. Marketing Authorisation Holder:
Bayer AG, 51368 Leverkusen, Germany.
Date of revision of the underlying Prescribing Information: June 2025.

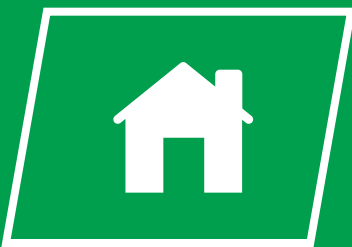
For more information on posology and treatment initiation, please refer to the EYLEA Summary of Product Characteristics. The safety profile observed in the 3 clinical studies (CANDELA, PULSAR, PHOTON) was similar in patients treated with EYLEA 114.3mg/mL and EYLEA 40mg/mL in patients with nAMD and DME. For more information on the safety profile, please refer to the EYLEA Summary of Product Characteristics.

On prescription only. Administration only by a qualified physician experienced in administering intravitreal injections. Refer to full Summary of Product Characteristics before prescribing. Additional risk minimisation measures have been developed for healthcare professionals (a prescriber's guide and video on how to prepare and inject EYLEA) and patients. The prescriber's guide aims to raise awareness of the risks associated with intravitreal injections. The purpose of the patient guide is to inform patients about the disease, treatment, injection procedure and symptoms of injection-related side effects. It is recommended to read these documents before prescribing this drug and giving the guide to the patient. These documents are available upon request.

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system.



For more information on the product, please refer to full Summary of Product Characteristics by scanning this QR code or directly on the EMA website (<https://www.ema.europa.eu/en/medicines/human/EPAR/eylea>). Marketing Authorisation Holder: Bayer AG, 51368 Leverkusen, Germany.





ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
(Refer to full SmPC before prescribing.)

Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. *Excipients:* Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

both eyes have not been systematically studied. If bilateral treatment is performed at the same time this could lead to an increased systemic exposure, which could increase the risk of systemic adverse events. Limited data are available on the concomitant use of Eylea with other anti-VEGF medicinal products (systemic or ocular). Treatment should be withheld in the event of: a decrease in best corrected visual acuity (BCVA) of ≥ 30 letters compared with the last assessment of visual acuity; a rhegmatogenous retinal detachment or stage 3 or 4 macular holes; a retinal break; a subretinal haemorrhage involving the central fovea, or, if the size of the haemorrhage is ≥ 50 % of the total lesion area; performed or planned intraocular surgery within the previous or next 28 days. Risk factors associated with the development of a retinal pigment epithelial tear after anti-VEGF therapy for nAMD include a large and/or high pigment epithelial retinal detachment. When initiating aflibercept therapy, caution should be used in patients with these risk factors for retinal pigment epithelial tears. Eylea 114.3 mg/ml should not be used during pregnancy unless the potential benefit outweighs the potential risk to the foetus. Women of childbearing potential must use effective contraception during treatment and for at least 4 months after the last intravitreal injection with Eylea 114.3 mg/ml. As a precautionary measure, breastfeeding is not recommended. Populations with limited data: There are limited data on the use of aflibercept in pregnant women. There is only limited experience with Eylea treatment in diabetic patients with an HbA1c over 12 % or with proliferative diabetic retinopathy. Eylea has not been studied in patients with active systemic infections or in patients with concurrent eye conditions such as retinal detachment or macular hole. There is also no experience of treatment with Eylea in diabetic patients with uncontrolled hypertension. This lack of information should be considered by the physician when treating such patients. Information about excipients: Polysorbates may cause allergic reactions. **Undesirable effects:** As reported in patients with nAMD or DME treated with Eylea 114.3 mg/ml in Phase II/III studies up to 96 weeks. Common: Hypersensitivity (including rash, pruritus, urticaria), Cataract, Intraocular pressure increased, Vitreous floaters, Vitreous detachment, Vitreous haemorrhage, Retinal haemorrhage, Visual acuity reduced, Eye pain, Conjunctival haemorrhage, Punctate keratitis, Corneal abrasion. Uncommon: Retinal detachment, Retinal tear, Retinal pigment epithelial tear, Detachment of the retinal pigment epithelium, Uveitis, Iritis, Iridocyclitis, Vitritis, Cataract cortical, Cataract nuclear, Cataract subcapsular, Corneal erosion, Vision blurred, Injection site pain, Foreign body sensation in eyes, Lacrimation increased, Injection site haemorrhage, Conjunctival hyperaemia, Eyelid oedema, Ocular hyperaemia, Injection site irritation. Rare: Corneal oedema, Lenticular opacities, Retinal degeneration, Eyelid irritation. Frequency not known: Scleritis. The following adverse reactions of Eylea 40 mg/ml are also considered expected with Eylea 114.3 mg/ml: abnormal sensation in eye, corneal epithelium defect, anterior chamber flare, endophthalmitis, blindness, traumatic cataract, hypopyon, severe anaphylactic/anaphylactoid reactions. Description of selected adverse reactions: Arterial thromboembolic events (ATEs) are adverse reactions potentially related to systemic VEGF inhibition. There is a theoretical risk of ATEs, including stroke and myocardial infarction, following intravitreal use of VEGF inhibitors. A low incidence rate of ATEs was observed in the aflibercept clinical studies in patients with nAMD and DME. Across indications, no notable difference between the groups treated with Eylea 114.3 mg/ml and the comparator groups treated with Eylea 40 mg/ml were observed.

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Date of revision of the underlying Prescribing Information: June 2025.

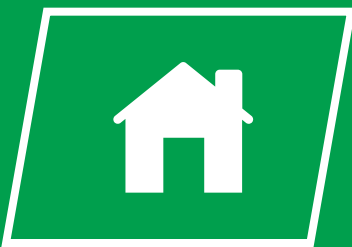
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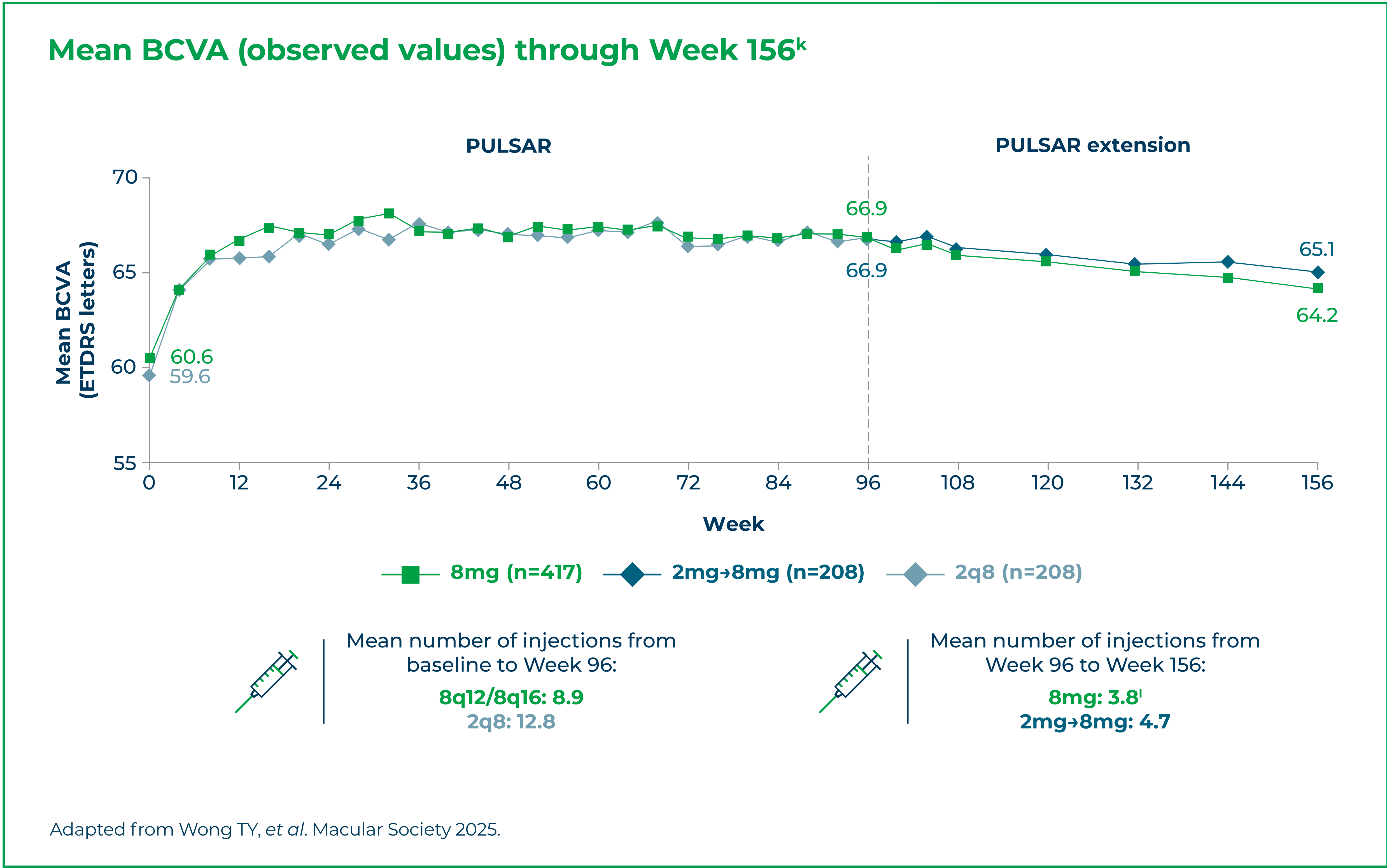
For more information on the product, please refer to full Summary of Product Characteristics by scanning this QR code or directly on the EMA website (<https://www.ema.europa.eu/en/medicines/human/EPAR/eylea>). Marketing Authorisation Holder: Bayer AG, 51368 Leverkusen, Germany.



EYLEA 8mg IN nAMD

- 
- Study design
- Fluid control
- Durability
- Vision
- Safety profile
- PULSAR patient cases

EYLEA 8mg DELIVERS MEANINGFUL VISION GAINS, SUSTAINED WITH AS FEW AS 2 INJECTIONS PER YEAR^{1,j}



LS mean change in BCVA (ETDRS letters) from baseline at Week 156:³

- EYLEA 8mg (pooled 8q12/8q16): +3.4^l
- EYLEA 2q8→8mg: +4.58

Descriptive data only.^l

Data are descriptive only, no statistical conclusions can be made.

- References
- Essential Information



REFERENCES

1. Wong TY, *et al.* Aflibercept 8 mg in neovascular age-related macular degeneration: 156-week results from the PULSAR extension. The Macula Society 48th Annual Meeting. 12–15 February 2025. Florida, USA. Oral presentation. **2.** Korobelnik J-F, *et al.* Aflibercept 8 mg in patients with neovascular age-related macular degeneration: Phase 3 PULSAR trial 96-week results. AAO. 3–6 November 2023. San Francisco, USA. Oral presentation. **3.** EYLEA® 8 mg (aflibercept 114.3 mg/mL, solution for injection) Summary of Product Characteristics. Berlin, Germany: Bayer Pharma AG. **4.** Korobelnik J-F, *et al.* Intravitreal aflibercept 8 mg injection in patients with neovascular age-related macular degeneration: 48-week results from the Phase 3 PULSAR trial. Retina Society 55th Annual Scientific Meeting. 2–5 November 2022. Pasadena, USA. Oral presentation. **5.** Bayer. Data on file. Clinical study report (BAY 86-5321/20968). December 2022. **6.** Do DV, *et al.* *Retina* 2020;40:643–647. **7.** Papadopoulos N, *et al.* *Angiogenesis* 2012;15:171–185. **8.** Kaiser PK, *et al.* Population pharmacokinetic modeling and simulation of ocular clearance for aflibercept 8 mg and 2 mg and association with durability and effect. ARVO. 5–9 May 2024. Seattle, USA. Oral presentation. **9.** Assessment report. Aflibercept. Available at: https://www.ema.europa.eu/en/documents/assessment-report/eylea-epar-public-assessment-report_en.pdf. Accessed: August 2025. **10.** Veritti D, *et al.* *Pharmaceutics* 2023;15:1416.

FOOTNOTES

^aEYLEA 2mg was dosed at fixed q8 intervals after 3 initial monthly injections. At Week 96, patients could enrol in the extension study and switch to 8q12 through to Week 156. Dosing intervals could be extended or shortened in 2-week increments to a maximum of 24 weeks and a minimum of 8 weeks.¹

^bPULSAR: treatment-naïve patients.¹

^cIntervals could be shortened if DRM shortening criteria were met.²

^dIntervals could be extended if DRM extension criteria were met.²

^eIf DRM shortening criteria were met at Week 16 or 20, patients on 8q12 and 8q16 were shortened to q8. If DRM shortening criteria were met at Week 24, patients on 8q16 were shortened to q12. At subsequent dosing visits, patients on 8q12 or 8q16 had treatment intervals shortened by 4 weeks.²

^fAll assessments were compared with Week 12.²

^gVs EYLEA 2mg.

^hMedian time to dry central subfield was 4 weeks with EYLEA 8q16 and 4 weeks with EYLEA 8q12 vs 8 weeks with EYLEA 2q8 (p=0.0055, HR: 1.1798 and p=0.0429, HR: 1.1290, respectively, exploratory endpoint). ‘Time to fluid-free retina’ is defined as the time of first injection until the time where a patient did not have any IRF or SRF in the central subfield for the first time (regardless of whether any retinal fluid was found again after that). FAS: 2q8 n=336; 8q12 n=335; 8q16 n=338.^{4,5}

ⁱData are descriptive only, no statistical conclusions can be made.

^jRounded value. Patients who were randomised to the 8q12 or 8q16 groups at the beginning of the PULSAR study and continued treatment with EYLEA 8mg through the PULSAR extension study. Two injections in the third year for patients maintained on q24 intervals through the end of the PULSAR trial/PULSAR extension. Mean number of injections from Year 2 to Year 3 was 4.7 (2q8→8mg) and 3.8 (8q12/8q16) in PULSAR extension study (exploratory endpoint).¹

^keFAS (observed cases).¹

^lPatients who were randomised to the 8q12 or 8q16 groups at the beginning of the PULSAR study and continued treatment with EYLEA 8mg through the PULSAR extension study.¹

^mEYLEA 2mg was dosed at fixed q8 intervals after 3 initial monthly injections.⁴

ⁿProportion of patients without fluid in the central subfield at Week 16 (key secondary endpoint). LOCF (data after ICE were censored); data represent FAS. The absence of retinal fluid was defined as no IRF or SRF in the central subfield.⁴

^oPrespecified endpoint, p value: one-sided Cochran–Mantel–Haenszel test; weighting scheme adjusted by geographic region and baseline BCVA (<60 vs ≥60 ETDRS letters).⁴

^pRounded data.

^qeSAF, patients completing Week 156. Last assigned dosing intervals at Week 156 in patients on EYLEA 8mg from baseline: 24% q24, 40% ≥q20, 58% ≥q16 (exploratory endpoint). One patient had a missing value for this assessment.¹

^rEYLEA 8mg is the first and only anti-VEGF that offers nAMD patients up to 6 months between injections.³

^sEstimated from a popPK analysis.⁹

^tA total of 1217 patients treated with EYLEA 8mg up to 96 weeks constituted the safety population in three clinical Phase II/III studies (CANDELA, PULSAR, PHOTON).³

^uLast completed interval.

^vDRM assessments occurred at injection visits after Week 24 in the aflibercept 8mg q16 arm.

^wMeasurements were not available for this treatment visit.

ABBREVIATIONS

2q8, 2mg every 8 weeks; 8q12, 8mg every 12 weeks; 8q16, 8mg every 16 weeks; AE, adverse event; APTC, Antiplatelet Trialists’ Collaboration; BCVA, best-corrected visual acuity; CI, confidence interval; CRT, central retinal thickness; CST, central subfield thickness; DME, diabetic macular oedema; DRM, dose regimen modification; E-DRM, dose regimen modification during extension; eFAS, full analysis set in the extension; eSAF, safety analysis set in the extension; ETDRS, Early Treatment Diabetic Retinopathy Study; FAS, full analysis set; HR, hazard ratio; ICE, intercurrent event; IRF, intraretinal fluid; LOCF, last observation carried forward; LS, least squares; nAMD, neovascular (wet) age-related macular degeneration; N-BL, new baseline; OCT, optical coherence tomography; popPK, population pharmacokinetics; q8, every 8 weeks; q12, every 12 weeks; q16, every 16 weeks; q20, every 20 weeks; q24, every 24 weeks; SAE, serious adverse event; SRF, subretinal fluid; TEAE, treatment-emergent adverse event; VEGF, vascular endothelial growth factor; Wk, week.



Essential Information



ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
(Refer to full SmPC before prescribing.)

Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. **Excipients:** Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

both eyes have not been systematically studied. If bilateral treatment is performed at the same time this could lead to an increased systemic exposure, which could increase the risk of systemic adverse events. Limited data are available on the concomitant use of Eylea with other anti-VEGF medicinal products (systemic or ocular). Treatment should be withheld in the event of: a decrease in best corrected visual acuity (BCVA) of ≥ 30 letters compared with the last assessment of visual acuity; a rhegmatogenous retinal detachment or stage 3 or 4 macular holes; a retinal break; a subretinal haemorrhage involving the central fovea, or, if the size of the haemorrhage is ≥ 50 % of the total lesion area; performed or planned intraocular surgery within the previous or next 28 days. Risk factors associated with the development of a retinal pigment epithelial tear after anti-VEGF therapy for nAMD include a large and/or high pigment epithelial retinal detachment. When initiating aflibercept therapy, caution should be used in patients with these risk factors for retinal pigment epithelial tears. Eylea 114.3 mg/ml should not be used during pregnancy unless the potential benefit outweighs the potential risk to the foetus. Women of childbearing potential must use effective contraception during treatment and for at least 4 months after the last intravitreal injection with Eylea 114.3 mg/ml. As a precautionary measure, breastfeeding is not recommended. Populations with limited data: There are limited data on the use of aflibercept in pregnant women. There is only limited experience with Eylea treatment in diabetic patients with an HbA1c over 12 % or with proliferative diabetic retinopathy. Eylea has not been studied in patients with active systemic infections or in patients with concurrent eye conditions such as retinal detachment or macular hole. There is also no experience of treatment with Eylea in diabetic patients with uncontrolled hypertension. This lack of information should be considered by the physician when treating such patients. Information about excipients: Polysorbates may cause allergic reactions. **Undesirable effects:** As reported in patients with nAMD or DME treated with Eylea 114.3 mg/ml in Phase II/III studies up to 96 weeks. **Common:** Hypersensitivity (including rash, pruritus, urticaria), Cataract, Intraocular pressure increased, Vitreous floaters, Vitreous detachment, Vitreous haemorrhage, Retinal haemorrhage, Visual acuity reduced, Eye pain, Conjunctival haemorrhage, Punctate keratitis, Corneal abrasion. **Uncommon:** Retinal detachment, Retinal tear, Retinal pigment epithelial tear, Detachment of the retinal pigment epithelium, Uveitis, Iritis, Iridocyclitis, Vitritis, Cataract cortical, Cataract nuclear, Cataract subcapsular, Corneal erosion, Vision blurred, Injection site pain, Foreign body sensation in eyes, Lacrimation increased, Injection site haemorrhage, Conjunctival hyperaemia, Eyelid oedema, Ocular hyperaemia, Injection site irritation. **Rare:** Corneal oedema, Lenticular opacities, Retinal degeneration, Eyelid irritation. **Frequency not known:** Scleritis. The following adverse reactions of Eylea 40 mg/ml are also considered expected with Eylea 114.3 mg/ml: abnormal sensation in eye, corneal epithelium defect, anterior chamber flare, endophthalmitis, blindness, traumatic cataract, hypopyon, severe anaphylactic/anaphylactoid reactions. **Description of selected adverse reactions:** Arterial thromboembolic events (ATEs) are adverse reactions potentially related to systemic VEGF inhibition. There is a theoretical risk of ATEs, including stroke and myocardial infarction, following intravitreal use of VEGF inhibitors. A low incidence rate of ATEs was observed in the aflibercept clinical studies in patients with nAMD and DME. Across indications, no notable difference between the groups treated with Eylea 114.3 mg/ml and the comparator groups treated with Eylea 40 mg/ml were observed.

On prescription only. Marketing Authorisation Holder:
Bayer AG, 51368 Leverkusen, Germany.
Date of revision of the underlying Prescribing Information: June 2025.

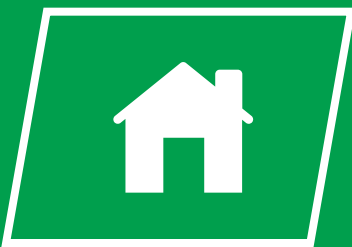
For more information on posology and treatment initiation, please refer to the EYLEA Summary of Product Characteristics. The safety profile observed in the 3 clinical studies (CANDELA, PULSAR, PHOTON) was similar in patients treated with EYLEA 114.3mg/mL and EYLEA 40mg/mL in patients with nAMD and DME. For more information on the safety profile, please refer to the EYLEA Summary of Product Characteristics.

On prescription only. Administration only by a qualified physician experienced in administering intravitreal injections. Refer to full Summary of Product Characteristics before prescribing. Additional risk minimisation measures have been developed for healthcare professionals (a prescriber's guide and video on how to prepare and inject EYLEA) and patients. The prescriber's guide aims to raise awareness of the risks associated with intravitreal injections. The purpose of the patient guide is to inform patients about the disease, treatment, injection procedure and symptoms of injection-related side effects. It is recommended to read these documents before prescribing this drug and giving the guide to the patient. These documents are available upon request.

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system.



For more information on the product, please refer to full Summary of Product Characteristics by scanning this QR code or directly on the EMA website (<https://www.ema.europa.eu/en/medicines/human/EPAR/eylea>). Marketing Authorisation Holder: Bayer AG, 51368 Leverkusen, Germany.





ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
(Refer to full SmPC before prescribing.)

Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. *Excipients:* Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

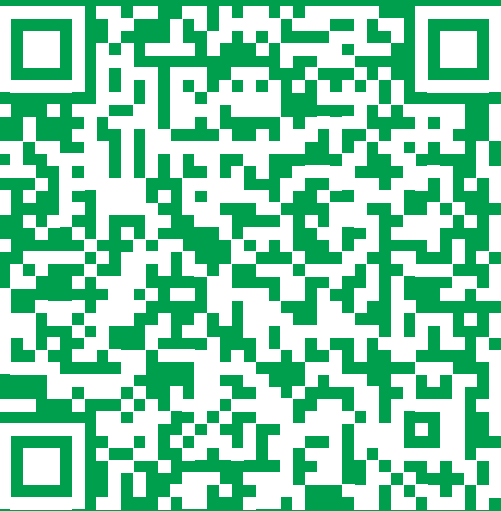
both eyes have not been systematically studied. If bilateral treatment is performed at the same time this could lead to an increased systemic exposure, which could increase the risk of systemic adverse events. Limited data are available on the concomitant use of Eylea with other anti-VEGF medicinal products (systemic or ocular). Treatment should be withheld in the event of: a decrease in best corrected visual acuity (BCVA) of ≥ 30 letters compared with the last assessment of visual acuity; a rhegmatogenous retinal detachment or stage 3 or 4 macular holes; a retinal break; a subretinal haemorrhage involving the central fovea, or, if the size of the haemorrhage is ≥ 50 % of the total lesion area; performed or planned intraocular surgery within the previous or next 28 days. Risk factors associated with the development of a retinal pigment epithelial tear after anti-VEGF therapy for nAMD include a large and/or high pigment epithelial retinal detachment. When initiating aflibercept therapy, caution should be used in patients with these risk factors for retinal pigment epithelial tears. Eylea 114.3 mg/ml should not be used during pregnancy unless the potential benefit outweighs the potential risk to the foetus. Women of childbearing potential must use effective contraception during treatment and for at least 4 months after the last intravitreal injection with Eylea 114.3 mg/ml. As a precautionary measure, breastfeeding is not recommended. Populations with limited data: There are limited data on the use of aflibercept in pregnant women. There is only limited experience with Eylea treatment in diabetic patients with an HbA1c over 12 % or with proliferative diabetic retinopathy. Eylea has not been studied in patients with active systemic infections or in patients with concurrent eye conditions such as retinal detachment or macular hole. There is also no experience of treatment with Eylea in diabetic patients with uncontrolled hypertension. This lack of information should be considered by the physician when treating such patients. Information about excipients: Polysorbates may cause allergic reactions. **Undesirable effects:** As reported in patients with nAMD or DME treated with Eylea 114.3 mg/ml in Phase II/III studies up to 96 weeks. **Common:** Hypersensitivity (including rash, pruritus, urticaria), Cataract, Intraocular pressure increased, Vitreous floaters, Vitreous detachment, Vitreous haemorrhage, Retinal haemorrhage, Visual acuity reduced, Eye pain, Conjunctival haemorrhage, Punctate keratitis, Corneal abrasion. **Uncommon:** Retinal detachment, Retinal tear, Retinal pigment epithelial tear, Detachment of the retinal pigment epithelium, Uveitis, Iritis, Iridocyclitis, Vitritis, Cataract cortical, Cataract nuclear, Cataract subcapsular, Corneal erosion, Vision blurred, Injection site pain, Foreign body sensation in eyes, Lacrimation increased, Injection site haemorrhage, Conjunctival hyperaemia, Eyelid oedema, Ocular hyperaemia, Injection site irritation. **Rare:** Corneal oedema, Lenticular opacities, Retinal degeneration, Eyelid irritation. **Frequency not known:** Scleritis. The following adverse reactions of Eylea 40 mg/ml are also considered expected with Eylea 114.3 mg/ml: abnormal sensation in eye, corneal epithelium defect, anterior chamber flare, endophthalmitis, blindness, traumatic cataract, hypopyon, severe anaphylactic/anaphylactoid reactions. **Description of selected adverse reactions:** Arterial thromboembolic events (ATEs) are adverse reactions potentially related to systemic VEGF inhibition. There is a theoretical risk of ATEs, including stroke and myocardial infarction, following intravitreal use of VEGF inhibitors. A low incidence rate of ATEs was observed in the aflibercept clinical studies in patients with nAMD and DME. Across indications, no notable difference between the groups treated with Eylea 114.3 mg/ml and the comparator groups treated with Eylea 40 mg/ml were observed.

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Bayer AG, 51368 Leverkusen, Germany.
Date of revision of the underlying Prescribing Information: June 2025.

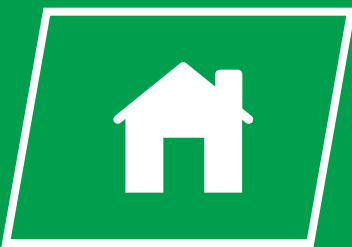
For more information on posology and treatment initiation, please refer to the EYLEA Summary of Product Characteristics. The safety profile observed in the 3 clinical studies (CANDELA, PULSAR, PHOTON) was similar in patients treated with EYLEA 114.3mg/mL and EYLEA 40mg/mL in patients with nAMD and DME. For more information on the safety profile, please refer to the EYLEA Summary of Product Characteristics.

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For more information on the product, please refer to full Summary of Product Characteristics by scanning this QR code or directly on the EMA website (<https://www.ema.europa.eu/en/medicines/human/EPAR/eylea>). Marketing Authorisation Holder: Bayer AG, 51368 Leverkusen, Germany.



EYLEA 8mg IN nAMD

- 
- Study design
- Fluid control
- Durability
- Vision
- Safety profile
- PULSAR patient cases

REASSURANCE OF TRIED-AND-TRUSTED AFLIBERCEPT

EYLEA 8mg safety profile is consistent with EYLEA 2mg^{1,3}

- No new or unexpected AEs through 3 years¹

Cumulative AEs in the study eye from PULSAR study baseline through Week 156

	2mg→8mg	8mg ¹	Total
N (eSAF)	208	417	625
Ocular TEAEs, n (%)	130 (62.5)	251 (60.2)	381 (61.0)
Ocular SAEs, n (%)	7 (3.4)	21 (5.0)	28 (4.5)
Intraocular inflammation, n (%)	5 (2.4)	8 (1.9)	13 (2.1)
Eye inflammation	1 (0.5)	0	1 (0.2)
Iridocyclitis	1 (0.5)	3 (0.7)	4 (0.6)
Iritis	0	1 (0.2)	1 (0.2)
Uveitis	1 (0.5)	0	1 (0.2)
Vitreous cells	1 (0.5)	2 (0.5)	3 (0.5)
Vitreitis	0	1 (0.2)	1 (0.2)
Chorioretinitis	0	1 (0.2)	1 (0.2)
Endophthalmitis	1 (0.5)	0	1 (0.2)
Non-ocular SAEs, n (%)	43 (20.7)	106 (25.4)	149 (23.8)
APTC events, n (%)	4 (1.9)	7 (1.7)	11 (1.8)
Deaths, n (%)	4 (1.9)	9 (2.2)	13 (2.1)

Adapted from Wong TY, *et al.* Macular Society 2025.

- Ocular TEAEs reported in ≥4% of all patients included cataract, retinal haemorrhage, visual acuity reduced, vitreous floaters and intraocular pressure increased¹
 - No cases of occlusive vasculitis were reported¹
- Serious adverse reactions seen with EYLEA 8mg in clinical studies: cataract (8.2%), retinal haemorrhage (3.6%), intraocular pressure increased (2.8%), vitreous haemorrhage (1.2%), cataract subcapsular (0.9%), cataract nuclear (0.6%), retinal detachment (0.6%), retinal tear (0.5%).^{3,t}

For more information on the safety profile, refer to the Summary of Product Characteristics and Essential Information.

- References
- Essential Information

^tA total of 1217 patients treated with EYLEA 8mg up to 96 weeks constituted the safety population in three clinical Phase II/III studies (CANDELA, PULSAR, PHOTON).³



REFERENCES

1. Wong TY, *et al.* Aflibercept 8 mg in neovascular age-related macular degeneration: 156-week results from the PULSAR extension. The Macula Society 48th Annual Meeting. 12–15 February 2025. Florida, USA. Oral presentation. **2.** Korobelnik J-F, *et al.* Aflibercept 8 mg in patients with neovascular age-related macular degeneration: Phase 3 PULSAR trial 96-week results. AAO. 3–6 November 2023. San Francisco, USA. Oral presentation. **3.** EYLEA® 8 mg (aflibercept 114.3 mg/mL, solution for injection) Summary of Product Characteristics. Berlin, Germany: Bayer Pharma AG. **4.** Korobelnik J-F, *et al.* Intravitreal aflibercept 8 mg injection in patients with neovascular age-related macular degeneration: 48-week results from the Phase 3 PULSAR trial. Retina Society 55th Annual Scientific Meeting. 2–5 November 2022. Pasadena, USA. Oral presentation. **5.** Bayer. Data on file. Clinical study report (BAY 86-5321/20968). December 2022. **6.** Do DV, *et al.* *Retina* 2020;40:643–647. **7.** Papadopoulos N, *et al.* *Angiogenesis* 2012;15:171–185. **8.** Kaiser PK, *et al.* Population pharmacokinetic modeling and simulation of ocular clearance for aflibercept 8 mg and 2 mg and association with durability and effect. ARVO. 5–9 May 2024. Seattle, USA. Oral presentation. **9.** Assessment report. Aflibercept. Available at: https://www.ema.europa.eu/en/documents/assessment-report/eylea-epar-public-assessment-report_en.pdf. Accessed: August 2025. **10.** Veritti D, *et al.* *Pharmaceutics* 2023;15:1416.

FOOTNOTES

^aEYLEA 2mg was dosed at fixed q8 intervals after 3 initial monthly injections. At Week 96, patients could enrol in the extension study and switch to 8q12 through to Week 156. Dosing intervals could be extended or shortened in 2-week increments to a maximum of 24 weeks and a minimum of 8 weeks.¹

^bPULSAR: treatment-naïve patients.¹

^cIntervals could be shortened if DRM shortening criteria were met.²

^dIntervals could be extended if DRM extension criteria were met.²

^eIf DRM shortening criteria were met at Week 16 or 20, patients on 8q12 and 8q16 were shortened to q8. If DRM shortening criteria were met at Week 24, patients on 8q16 were shortened to q12. At subsequent dosing visits, patients on 8q12 or 8q16 had treatment intervals shortened by 4 weeks.²

^fAll assessments were compared with Week 12.²

^gVs EYLEA 2mg.

^hMedian time to dry central subfield was 4 weeks with EYLEA 8q16 and 4 weeks with EYLEA 8q12 vs 8 weeks with EYLEA 2q8 (p=0.0055, HR: 1.1798 and p=0.0429, HR: 1.1290, respectively, exploratory endpoint). ‘Time to fluid-free retina’ is defined as the time of first injection until the time where a patient did not have any IRF or SRF in the central subfield for the first time (regardless of whether any retinal fluid was found again after that). FAS: 2q8 n=336; 8q12 n=335; 8q16 n=338.^{4,5}

ⁱData are descriptive only, no statistical conclusions can be made.

^jRounded value. Patients who were randomised to the 8q12 or 8q16 groups at the beginning of the PULSAR study and continued treatment with EYLEA 8mg through the PULSAR extension study. Two injections in the third year for patients maintained on q24 intervals through the end of the PULSAR trial/PULSAR extension. Mean number of injections from Year 2 to Year 3 was 4.7 (2q8→8mg) and 3.8 (8q12/8q16) in PULSAR extension study (exploratory endpoint).¹

^keFAS (observed cases).¹

^lPatients who were randomised to the 8q12 or 8q16 groups at the beginning of the PULSAR study and continued treatment with EYLEA 8mg through the PULSAR extension study.¹

^mEYLEA 2mg was dosed at fixed q8 intervals after 3 initial monthly injections.⁴

ⁿProportion of patients without fluid in the central subfield at Week 16 (key secondary endpoint). LOCF (data after ICE were censored); data represent FAS. The absence of retinal fluid was defined as no IRF or SRF in the central subfield.⁴

^oPrespecified endpoint, p value: one-sided Cochran–Mantel–Haenszel test; weighting scheme adjusted by geographic region and baseline BCVA (<60 vs ≥60 ETDRS letters).⁴

^pRounded data.

^qeSAF, patients completing Week 156. Last assigned dosing intervals at Week 156 in patients on EYLEA 8mg from baseline: 24% q24, 40% ≥q20, 58% ≥q16 (exploratory endpoint). One patient had a missing value for this assessment.¹

^rEYLEA 8mg is the first and only anti-VEGF that offers nAMD patients up to 6 months between injections.³

^sEstimated from a popPK analysis.⁹

^tA total of 1217 patients treated with EYLEA 8mg up to 96 weeks constituted the safety population in three clinical Phase II/III studies (CANDELA, PULSAR, PHOTON).³

^uLast completed interval.

^vDRM assessments occurred at injection visits after Week 24 in the aflibercept 8mg q16 arm.

^wMeasurements were not available for this treatment visit.

ABBREVIATIONS

2q8, 2mg every 8 weeks; 8q12, 8mg every 12 weeks; 8q16, 8mg every 16 weeks; AE, adverse event; APTC, Antiplatelet Trialists’ Collaboration; BCVA, best-corrected visual acuity; CI, confidence interval; CRT, central retinal thickness; CST, central subfield thickness; DME, diabetic macular oedema; DRM, dose regimen modification; E-DRM, dose regimen modification during extension; eFAS, full analysis set in the extension; eSAF, safety analysis set in the extension; ETDRS, Early Treatment Diabetic Retinopathy Study; FAS, full analysis set; HR, hazard ratio; ICE, intercurrent event; IRF, intraretinal fluid; LOCF, last observation carried forward; LS, least squares; nAMD, neovascular (wet) age-related macular degeneration; N-BL, new baseline; OCT, optical coherence tomography; popPK, population pharmacokinetics; q8, every 8 weeks; q12, every 12 weeks; q16, every 16 weeks; q20, every 20 weeks; q24, every 24 weeks; SAE, serious adverse event; SRF, subretinal fluid; TEAE, treatment-emergent adverse event; VEGF, vascular endothelial growth factor; Wk, week.



Essential Information



ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
(Refer to full SmPC before prescribing.)

Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. **Excipients:** Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

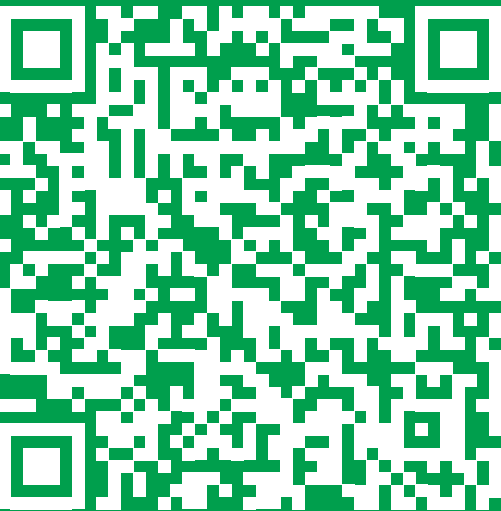
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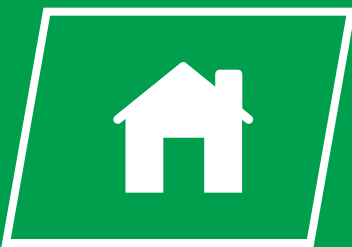
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ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
(Refer to full SmPC before prescribing.)

Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. *Excipients:* Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

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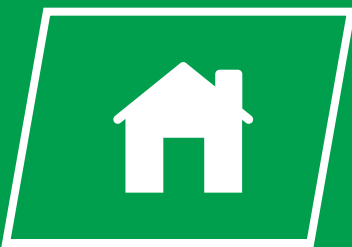
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EYLEA 8mg IN nAMD

- 
- Study design
- Fluid control
- Durability
- Vision
- Safety profile
- PULSAR**
patient cases

CHOOSE YOUR PULSAR CASE

PATIENT CASE 1

>

Treatment-naïve; assigned 8mg q16
Baseline BCVA: 69 ETDRS letters
Baseline CRT: 419 µm

PATIENT CASE 2

>

Treatment-naïve; assigned 8mg q16
Baseline BCVA: 74 ETDRS letters
Baseline CRT: 529 µm

PATIENT CASE 3

>

Treatment-naïve; assigned 8mg q16
Baseline BCVA: 66 ETDRS letters
Baseline CRT: 375 µm

PATIENT CASE 4

>

Treatment-naïve; assigned 8mg q16
Baseline BCVA: 56 ETDRS letters
Baseline CRT: 514 µm

Essential Information



ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
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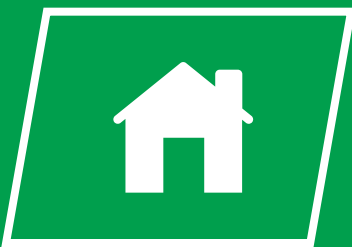
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EYLEA 8mg IN nAMD

- 
- CASE 1
- CASE 2
- CASE 3
- CASE 4

PATIENT CASE 1

Age range (years)	60–70
Sex	Male
Ethnicity	Asian
Treatment arm	8mg q16
Baseline BCVA (ETDRS letters)	69
Baseline CRT (μm)	419

CLINICAL PERSPECTIVE

BCVA and CRT improved during the loading phase, and these improvements were maintained up to Week 48. The patient met the extension criteria in Year 2 and had a last completed interval of q20 at Week 96.

This patient case is taken from the Phase III PULSAR study. Outcomes may not be representative of the complete range of potential response to EYLEA 8mg. Results in your practice may vary.

References

Essential Information



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FOOTNOTES

^aEYLEA 2mg was dosed at fixed q8 intervals after 3 initial monthly injections. At Week 96, patients could enrol in the extension study and switch to 8q12 through to Week 156. Dosing intervals could be extended or shortened in 2-week increments to a maximum of 24 weeks and a minimum of 8 weeks.¹

^bPULSAR: treatment-naïve patients.¹

^cIntervals could be shortened if DRM shortening criteria were met.²

^dIntervals could be extended if DRM extension criteria were met.²

^eIf DRM shortening criteria were met at Week 16 or 20, patients on 8q12 and 8q16 were shortened to q8. If DRM shortening criteria were met at Week 24, patients on 8q16 were shortened to q12. At subsequent dosing visits, patients on 8q12 or 8q16 had treatment intervals shortened by 4 weeks.²

^fAll assessments were compared with Week 12.²

^gVs EYLEA 2mg.

^hMedian time to dry central subfield was 4 weeks with EYLEA 8q16 and 4 weeks with EYLEA 8q12 vs 8 weeks with EYLEA 2q8 (p=0.0055, HR: 1.1798 and p=0.0429, HR: 1.1290, respectively, exploratory endpoint). ‘Time to fluid-free retina’ is defined as the time of first injection until the time where a patient did not have any IRF or SRF in the central subfield for the first time (regardless of whether any retinal fluid was found again after that). FAS: 2q8 n=336; 8q12 n=335; 8q16 n=338.^{4,5}

ⁱData are descriptive only, no statistical conclusions can be made.

^jRounded value. Patients who were randomised to the 8q12 or 8q16 groups at the beginning of the PULSAR study and continued treatment with EYLEA 8mg through the PULSAR extension study. Two injections in the third year for patients maintained on q24 intervals through the end of the PULSAR trial/PULSAR extension. Mean number of injections from Year 2 to Year 3 was 4.7 (2q8→8mg) and 3.8 (8q12/8q16) in PULSAR extension study (exploratory endpoint).¹

^keFAS (observed cases).¹

^lPatients who were randomised to the 8q12 or 8q16 groups at the beginning of the PULSAR study and continued treatment with EYLEA 8mg through the PULSAR extension study.¹

^mEYLEA 2mg was dosed at fixed q8 intervals after 3 initial monthly injections.⁴

ⁿProportion of patients without fluid in the central subfield at Week 16 (key secondary endpoint). LOCF (data after ICE were censored); data represent FAS. The absence of retinal fluid was defined as no IRF or SRF in the central subfield.⁴

^oPrespecified endpoint, p value: one-sided Cochran–Mantel–Haenszel test; weighting scheme adjusted by geographic region and baseline BCVA (<60 vs ≥60 ETDRS letters).⁴

^pRounded data.

^qeSAF, patients completing Week 156. Last assigned dosing intervals at Week 156 in patients on EYLEA 8mg from baseline: 24% q24, 40% ≥q20, 58% ≥q16 (exploratory endpoint). One patient had a missing value for this assessment.¹

^rEYLEA 8mg is the first and only anti-VEGF that offers nAMD patients up to 6 months between injections.³

^sEstimated from a popPK analysis.⁹

^tA total of 1217 patients treated with EYLEA 8mg up to 96 weeks constituted the safety population in three clinical Phase II/III studies (CANDELA, PULSAR, PHOTON).³

^uLast completed interval.

^vDRM assessments occurred at injection visits after Week 24 in the aflibercept 8mg q16 arm.

^wMeasurements were not available for this treatment visit.

ABBREVIATIONS

2q8, 2mg every 8 weeks; 8q12, 8mg every 12 weeks; 8q16, 8mg every 16 weeks; AE, adverse event; APTC, Antiplatelet Trialists’ Collaboration; BCVA, best-corrected visual acuity; CI, confidence interval; CRT, central retinal thickness; CST, central subfield thickness; DME, diabetic macular oedema; DRM, dose regimen modification; E-DRM, dose regimen modification during extension; eFAS, full analysis set in the extension; eSAF, safety analysis set in the extension; ETDRS, Early Treatment Diabetic Retinopathy Study; FAS, full analysis set; HR, hazard ratio; ICE, intercurrent event; IRF, intraretinal fluid; LOCF, last observation carried forward; LS, least squares; nAMD, neovascular (wet) age-related macular degeneration; N-BL, new baseline; OCT, optical coherence tomography; popPK, population pharmacokinetics; q8, every 8 weeks; q12, every 12 weeks; q16, every 16 weeks; q20, every 20 weeks; q24, every 24 weeks; SAE, serious adverse event; SRF, subretinal fluid; TEAE, treatment-emergent adverse event; VEGF, vascular endothelial growth factor; Wk, week.



Essential Information



ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
(Refer to full SmPC before prescribing.)

Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. **Excipients:** Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

both eyes have not been systematically studied. If bilateral treatment is performed at the same time this could lead to an increased systemic exposure, which could increase the risk of systemic adverse events. Limited data are available on the concomitant use of Eylea with other anti-VEGF medicinal products (systemic or ocular). Treatment should be withheld in the event of: a decrease in best corrected visual acuity (BCVA) of ≥ 30 letters compared with the last assessment of visual acuity; a rhegmatogenous retinal detachment or stage 3 or 4 macular holes; a retinal break; a subretinal haemorrhage involving the central fovea, or, if the size of the haemorrhage is ≥ 50 % of the total lesion area; performed or planned intraocular surgery within the previous or next 28 days. Risk factors associated with the development of a retinal pigment epithelial tear after anti-VEGF therapy for nAMD include a large and/or high pigment epithelial retinal detachment. When initiating aflibercept therapy, caution should be used in patients with these risk factors for retinal pigment epithelial tears. Eylea 114.3 mg/ml should not be used during pregnancy unless the potential benefit outweighs the potential risk to the foetus. Women of childbearing potential must use effective contraception during treatment and for at least 4 months after the last intravitreal injection with Eylea 114.3 mg/ml. As a precautionary measure, breastfeeding is not recommended. Populations with limited data: There are limited data on the use of aflibercept in pregnant women. There is only limited experience with Eylea treatment in diabetic patients with an HbA1c over 12 % or with proliferative diabetic retinopathy. Eylea has not been studied in patients with active systemic infections or in patients with concurrent eye conditions such as retinal detachment or macular hole. There is also no experience of treatment with Eylea in diabetic patients with uncontrolled hypertension. This lack of information should be considered by the physician when treating such patients. Information about excipients: Polysorbates may cause allergic reactions. **Undesirable effects:** As reported in patients with nAMD or DME treated with Eylea 114.3 mg/ml in Phase II/III studies up to 96 weeks. **Common:** Hypersensitivity (including rash, pruritus, urticaria), Cataract, Intraocular pressure increased, Vitreous floaters, Vitreous detachment, Vitreous haemorrhage, Retinal haemorrhage, Visual acuity reduced, Eye pain, Conjunctival haemorrhage, Punctate keratitis, Corneal abrasion. **Uncommon:** Retinal detachment, Retinal tear, Retinal pigment epithelial tear, Detachment of the retinal pigment epithelium, Uveitis, Iritis, Iridocyclitis, Vitritis, Cataract cortical, Cataract nuclear, Cataract subcapsular, Corneal erosion, Vision blurred, Injection site pain, Foreign body sensation in eyes, Lacrimation increased, Injection site haemorrhage, Conjunctival hyperaemia, Eyelid oedema, Ocular hyperaemia, Injection site irritation. **Rare:** Corneal oedema, Lenticular opacities, Retinal degeneration, Eyelid irritation. **Frequency not known:** Scleritis. The following adverse reactions of Eylea 40 mg/ml are also considered expected with Eylea 114.3 mg/ml: abnormal sensation in eye, corneal epithelium defect, anterior chamber flare, endophthalmitis, blindness, traumatic cataract, hypopyon, severe anaphylactic/anaphylactoid reactions. **Description of selected adverse reactions:** Arterial thromboembolic events (ATEs) are adverse reactions potentially related to systemic VEGF inhibition. There is a theoretical risk of ATEs, including stroke and myocardial infarction, following intravitreal use of VEGF inhibitors. A low incidence rate of ATEs was observed in the aflibercept clinical studies in patients with nAMD and DME. Across indications, no notable difference between the groups treated with Eylea 114.3 mg/ml and the comparator groups treated with Eylea 40 mg/ml were observed.

On prescription only. Marketing Authorisation Holder:
Bayer AG, 51368 Leverkusen, Germany.
Date of revision of the underlying Prescribing Information: June 2025.

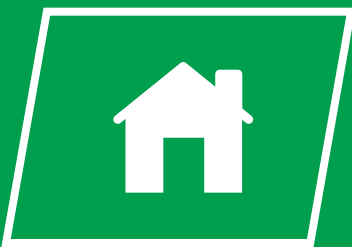
For more information on posology and treatment initiation, please refer to the EYLEA Summary of Product Characteristics. The safety profile observed in the 3 clinical studies (CANDELA, PULSAR, PHOTON) was similar in patients treated with EYLEA 114.3mg/mL and EYLEA 40mg/mL in patients with nAMD and DME. For more information on the safety profile, please refer to the EYLEA Summary of Product Characteristics.

On prescription only. Administration only by a qualified physician experienced in administering intravitreal injections. Refer to full Summary of Product Characteristics before prescribing. Additional risk minimisation measures have been developed for healthcare professionals (a prescriber's guide and video on how to prepare and inject EYLEA) and patients. The prescriber's guide aims to raise awareness of the risks associated with intravitreal injections. The purpose of the patient guide is to inform patients about the disease, treatment, injection procedure and symptoms of injection-related side effects. It is recommended to read these documents before prescribing this drug and giving the guide to the patient. These documents are available upon request.

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system.



For more information on the product, please refer to full Summary of Product Characteristics by scanning this QR code or directly on the EMA website (<https://www.ema.europa.eu/en/medicines/human/EPAR/eylea>). Marketing Authorisation Holder: Bayer AG, 51368 Leverkusen, Germany.





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both eyes have not been systematically studied. If bilateral treatment is performed at the same time this could lead to an increased systemic exposure, which could increase the risk of systemic adverse events. Limited data are available on the concomitant use of Eylea with other anti-VEGF medicinal products (systemic or ocular). Treatment should be withheld in the event of: a decrease in best corrected visual acuity (BCVA) of ≥ 30 letters compared with the last assessment of visual acuity; a rhegmatogenous retinal detachment or stage 3 or 4 macular holes; a retinal break; a subretinal haemorrhage involving the central fovea, or, if the size of the haemorrhage is ≥ 50 % of the total lesion area; performed or planned intraocular surgery within the previous or next 28 days. Risk factors associated with the development of a retinal pigment epithelial tear after anti-VEGF therapy for nAMD include a large and/or high pigment epithelial retinal detachment. When initiating aflibercept therapy, caution should be used in patients with these risk factors for retinal pigment epithelial tears. Eylea 114.3 mg/ml should not be used during pregnancy unless the potential benefit outweighs the potential risk to the foetus. Women of childbearing potential must use effective contraception during treatment and for at least 4 months after the last intravitreal injection with Eylea 114.3 mg/ml. As a precautionary measure, breastfeeding is not recommended. Populations with limited data: There are limited data on the use of aflibercept in pregnant women. There is only limited experience with Eylea treatment in diabetic patients with an HbA1c over 12 % or with proliferative diabetic retinopathy. Eylea has not been studied in patients with active systemic infections or in patients with concurrent eye conditions such as retinal detachment or macular hole. There is also no experience of treatment with Eylea in diabetic patients with uncontrolled hypertension. This lack of information should be considered by the physician when treating such patients. Information about excipients: Polysorbates may cause allergic reactions. **Undesirable effects:** As reported in patients with nAMD or DME treated with Eylea 114.3 mg/ml in Phase II/III studies up to 96 weeks. Common: Hypersensitivity (including rash, pruritus, urticaria), Cataract, Intraocular pressure increased, Vitreous floaters, Vitreous detachment, Vitreous haemorrhage, Retinal haemorrhage, Visual acuity reduced, Eye pain, Conjunctival haemorrhage, Punctate keratitis, Corneal abrasion. Uncommon: Retinal detachment, Retinal tear, Retinal pigment epithelial tear, Detachment of the retinal pigment epithelium, Uveitis, Iritis, Iridocyclitis, Vitritis, Cataract cortical, Cataract nuclear, Cataract subcapsular, Corneal erosion, Vision blurred, Injection site pain, Foreign body sensation in eyes, Lacrimation increased, Injection site haemorrhage, Conjunctival hyperaemia, Eyelid oedema, Ocular hyperaemia, Injection site irritation. Rare: Corneal oedema, Lenticular opacities, Retinal degeneration, Eyelid irritation. Frequency not known: Scleritis. The following adverse reactions of Eylea 40 mg/ml are also considered expected with Eylea 114.3 mg/ml: abnormal sensation in eye, corneal epithelium defect, anterior chamber flare, endophthalmitis, blindness, traumatic cataract, hypopyon, severe anaphylactic/anaphylactoid reactions. Description of selected adverse reactions: Arterial thromboembolic events (ATEs) are adverse reactions potentially related to systemic VEGF inhibition. There is a theoretical risk of ATEs, including stroke and myocardial infarction, following intravitreal use of VEGF inhibitors. A low incidence rate of ATEs was observed in the aflibercept clinical studies in patients with nAMD and DME. Across indications, no notable difference between the groups treated with Eylea 114.3 mg/ml and the comparator groups treated with Eylea 40 mg/ml were observed.

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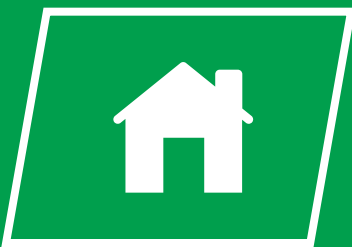
For more information on posology and treatment initiation, please refer to the EYLEA Summary of Product Characteristics. The safety profile observed in the 3 clinical studies (CANDELA, PULSAR, PHOTON) was similar in patients treated with EYLEA 114.3mg/mL and EYLEA 40mg/mL in patients with nAMD and DME. For more information on the safety profile, please refer to the EYLEA Summary of Product Characteristics.

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EYLEA 8mg IN nAMD

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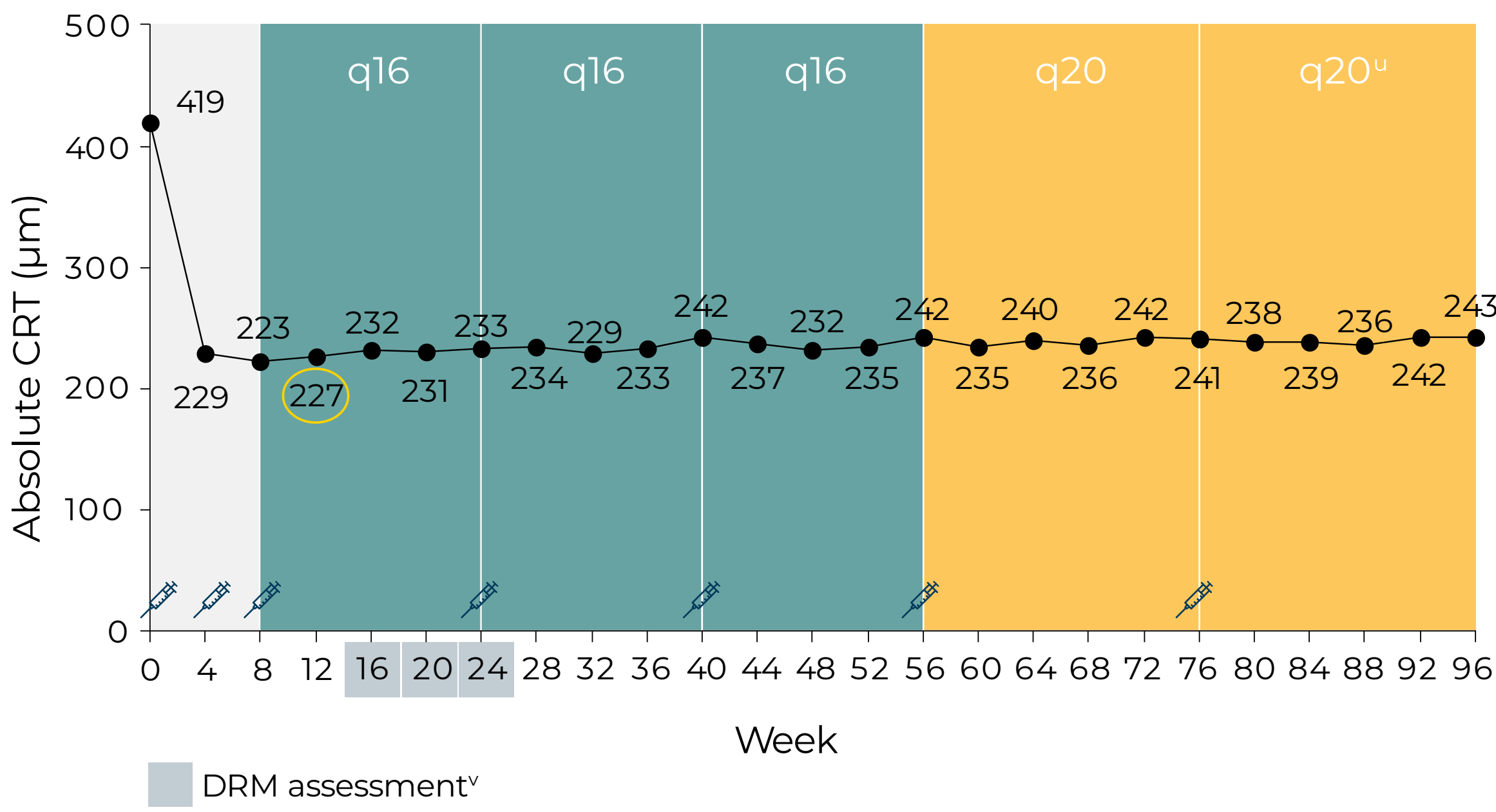
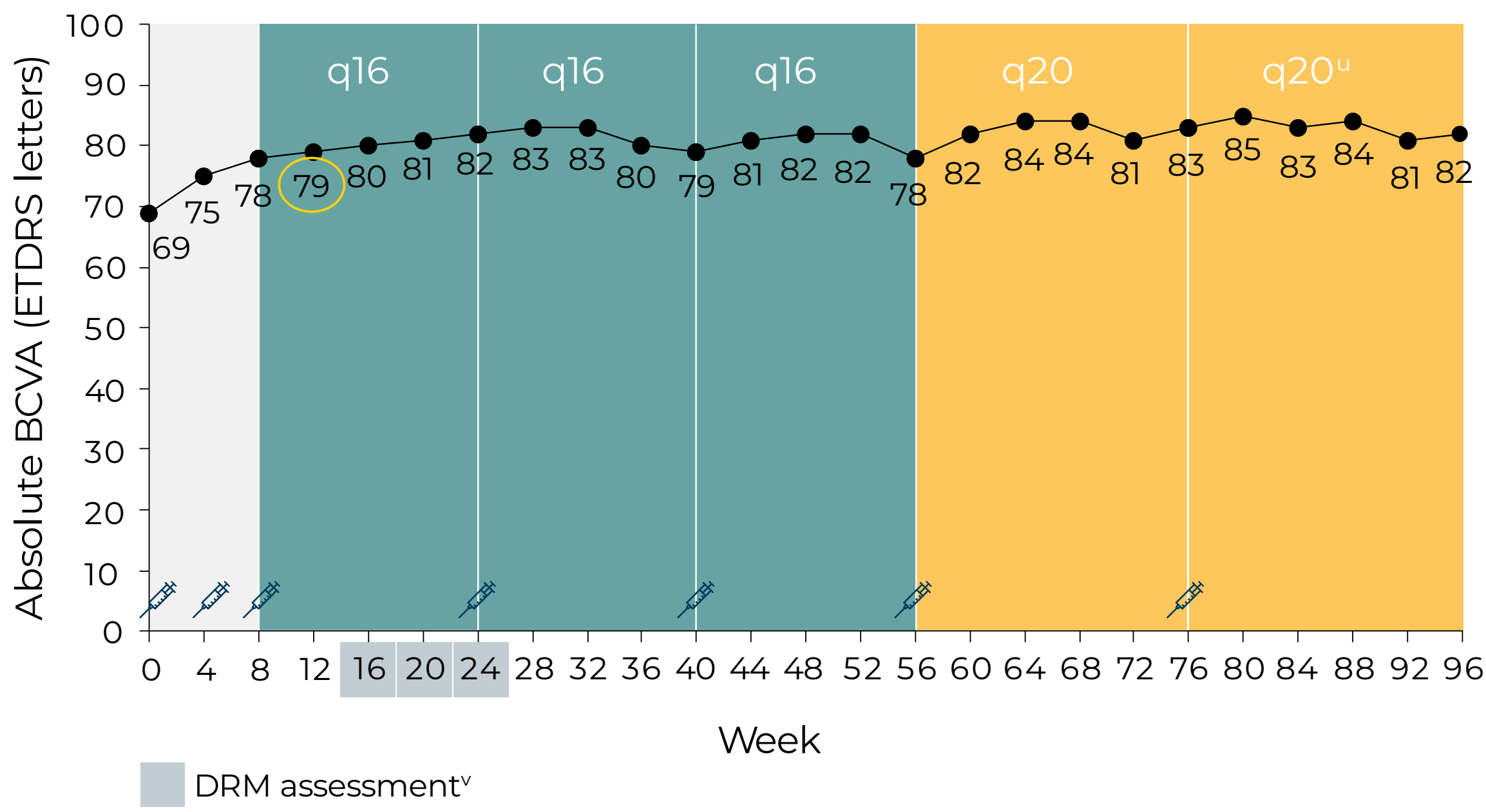
CASE 1

CASE 2

CASE 3

CASE 4

PATIENT CASE 1



This patient case is taken from the Phase III PULSAR study. Outcomes may not be representative of the complete range of potential response to EYLEA 8mg. Results in your practice may vary.

References

Essential Information



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FOOTNOTES

^aEYLEA 2mg was dosed at fixed q8 intervals after 3 initial monthly injections. At Week 96, patients could enrol in the extension study and switch to 8q12 through to Week 156. Dosing intervals could be extended or shortened in 2-week increments to a maximum of 24 weeks and a minimum of 8 weeks.¹

^bPULSAR: treatment-naïve patients.¹

^cIntervals could be shortened if DRM shortening criteria were met.²

^dIntervals could be extended if DRM extension criteria were met.²

^eIf DRM shortening criteria were met at Week 16 or 20, patients on 8q12 and 8q16 were shortened to q8. If DRM shortening criteria were met at Week 24, patients on 8q16 were shortened to q12. At subsequent dosing visits, patients on 8q12 or 8q16 had treatment intervals shortened by 4 weeks.²

^fAll assessments were compared with Week 12.²

^gVs EYLEA 2mg.

^hMedian time to dry central subfield was 4 weeks with EYLEA 8q16 and 4 weeks with EYLEA 8q12 vs 8 weeks with EYLEA 2q8 (p=0.0055, HR: 1.1798 and p=0.0429, HR: 1.1290, respectively, exploratory endpoint). ‘Time to fluid-free retina’ is defined as the time of first injection until the time where a patient did not have any IRF or SRF in the central subfield for the first time (regardless of whether any retinal fluid was found again after that). FAS: 2q8 n=336; 8q12 n=335; 8q16 n=338.^{4,5}

ⁱData are descriptive only, no statistical conclusions can be made.

^jRounded value. Patients who were randomised to the 8q12 or 8q16 groups at the beginning of the PULSAR study and continued treatment with EYLEA 8mg through the PULSAR extension study. Two injections in the third year for patients maintained on q24 intervals through the end of the PULSAR trial/PULSAR extension. Mean number of injections from Year 2 to Year 3 was 4.7 (2q8→8mg) and 3.8 (8q12/8q16) in PULSAR extension study (exploratory endpoint).¹

^keFAS (observed cases).¹

^lPatients who were randomised to the 8q12 or 8q16 groups at the beginning of the PULSAR study and continued treatment with EYLEA 8mg through the PULSAR extension study.¹

^mEYLEA 2mg was dosed at fixed q8 intervals after 3 initial monthly injections.⁴

ⁿProportion of patients without fluid in the central subfield at Week 16 (key secondary endpoint). LOCF (data after ICE were censored); data represent FAS. The absence of retinal fluid was defined as no IRF or SRF in the central subfield.⁴

^oPrespecified endpoint, p value: one-sided Cochran–Mantel–Haenszel test; weighting scheme adjusted by geographic region and baseline BCVA (<60 vs ≥60 ETDRS letters).⁴

^pRounded data.

^qeSAF, patients completing Week 156. Last assigned dosing intervals at Week 156 in patients on EYLEA 8mg from baseline: 24% q24, 40% ≥q20, 58% ≥q16 (exploratory endpoint). One patient had a missing value for this assessment.¹

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^uLast completed interval.

^vDRM assessments occurred at injection visits after Week 24 in the aflibercept 8mg q16 arm.

^wMeasurements were not available for this treatment visit.

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Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. **Excipients:** Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

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Date of revision of the underlying Prescribing Information: June 2025.

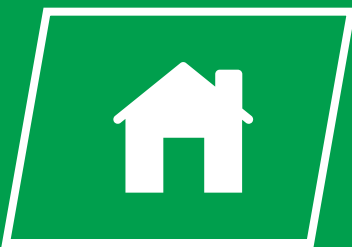
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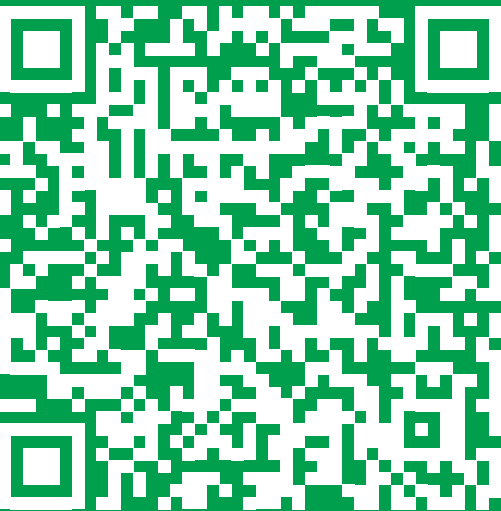
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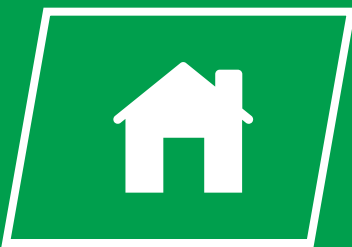
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EYLEA 8mg IN nAMD

- 
- CASE 1
- CASE 2
- CASE 3
- CASE 4

PATIENT CASE 2

Age range (years)	70–80
Sex	Male
Ethnicity	Asian
Treatment arm	8mg q16
Baseline BCVA (ETDRS letters)	74
Baseline CRT (μm)	529

CLINICAL PERSPECTIVE

BCVA and CRT improved during the loading phase, and these improvements were maintained up to Week 48. The patient met the extension criteria in Year 2 and had a last completed interval of q20 at Week 96.

This patient case is taken from the Phase III PULSAR study. Outcomes may not be representative of the complete range of potential response to EYLEA 8mg. Results in your practice may vary.

References

Essential Information



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1. Wong TY, *et al.* Aflibercept 8 mg in neovascular age-related macular degeneration: 156-week results from the PULSAR extension. The Macula Society 48th Annual Meeting. 12–15 February 2025. Florida, USA. Oral presentation. **2.** Korobelnik J-F, *et al.* Aflibercept 8 mg in patients with neovascular age-related macular degeneration: Phase 3 PULSAR trial 96-week results. AAO. 3–6 November 2023. San Francisco, USA. Oral presentation. **3.** EYLEA® 8 mg (aflibercept 114.3 mg/mL, solution for injection) Summary of Product Characteristics. Berlin, Germany: Bayer Pharma AG. **4.** Korobelnik J-F, *et al.* Intravitreal aflibercept 8 mg injection in patients with neovascular age-related macular degeneration: 48-week results from the Phase 3 PULSAR trial. Retina Society 55th Annual Scientific Meeting. 2–5 November 2022. Pasadena, USA. Oral presentation. **5.** Bayer. Data on file. Clinical study report (BAY 86-5321/20968). December 2022. **6.** Do DV, *et al.* *Retina* 2020;40:643–647. **7.** Papadopoulos N, *et al.* *Angiogenesis* 2012;15:171–185. **8.** Kaiser PK, *et al.* Population pharmacokinetic modeling and simulation of ocular clearance for aflibercept 8 mg and 2 mg and association with durability and effect. ARVO. 5–9 May 2024. Seattle, USA. Oral presentation. **9.** Assessment report. Aflibercept. Available at: https://www.ema.europa.eu/en/documents/assessment-report/eylea-epar-public-assessment-report_en.pdf. Accessed: August 2025. **10.** Veritti D, *et al.* *Pharmaceutics* 2023;15:1416.

FOOTNOTES

^aEYLEA 2mg was dosed at fixed q8 intervals after 3 initial monthly injections. At Week 96, patients could enrol in the extension study and switch to 8q12 through to Week 156. Dosing intervals could be extended or shortened in 2-week increments to a maximum of 24 weeks and a minimum of 8 weeks.¹

^bPULSAR: treatment-naïve patients.¹

^cIntervals could be shortened if DRM shortening criteria were met.²

^dIntervals could be extended if DRM extension criteria were met.²

^eIf DRM shortening criteria were met at Week 16 or 20, patients on 8q12 and 8q16 were shortened to q8. If DRM shortening criteria were met at Week 24, patients on 8q16 were shortened to q12. At subsequent dosing visits, patients on 8q12 or 8q16 had treatment intervals shortened by 4 weeks.²

^fAll assessments were compared with Week 12.²

^gVs EYLEA 2mg.

^hMedian time to dry central subfield was 4 weeks with EYLEA 8q16 and 4 weeks with EYLEA 8q12 vs 8 weeks with EYLEA 2q8 (p=0.0055, HR: 1.1798 and p=0.0429, HR: 1.1290, respectively, exploratory endpoint). ‘Time to fluid-free retina’ is defined as the time of first injection until the time where a patient did not have any IRF or SRF in the central subfield for the first time (regardless of whether any retinal fluid was found again after that). FAS: 2q8 n=336; 8q12 n=335; 8q16 n=338.^{4,5}

ⁱData are descriptive only, no statistical conclusions can be made.

^jRounded value. Patients who were randomised to the 8q12 or 8q16 groups at the beginning of the PULSAR study and continued treatment with EYLEA 8mg through the PULSAR extension study. Two injections in the third year for patients maintained on q24 intervals through the end of the PULSAR trial/PULSAR extension. Mean number of injections from Year 2 to Year 3 was 4.7 (2q8→8mg) and 3.8 (8q12/8q16) in PULSAR extension study (exploratory endpoint).¹

^keFAS (observed cases).¹

^lPatients who were randomised to the 8q12 or 8q16 groups at the beginning of the PULSAR study and continued treatment with EYLEA 8mg through the PULSAR extension study.¹

^mEYLEA 2mg was dosed at fixed q8 intervals after 3 initial monthly injections.⁴

ⁿProportion of patients without fluid in the central subfield at Week 16 (key secondary endpoint). LOCF (data after ICE were censored); data represent FAS. The absence of retinal fluid was defined as no IRF or SRF in the central subfield.⁴

^oPrespecified endpoint, p value: one-sided Cochran–Mantel–Haenszel test; weighting scheme adjusted by geographic region and baseline BCVA (<60 vs ≥60 ETDRS letters).⁴

^pRounded data.

^qeSAF, patients completing Week 156. Last assigned dosing intervals at Week 156 in patients on EYLEA 8mg from baseline: 24% q24, 40% ≥q20, 58% ≥q16 (exploratory endpoint). One patient had a missing value for this assessment.¹

^rEYLEA 8mg is the first and only anti-VEGF that offers nAMD patients up to 6 months between injections.³

^sEstimated from a popPK analysis.⁹

^tA total of 1217 patients treated with EYLEA 8mg up to 96 weeks constituted the safety population in three clinical Phase II/III studies (CANDELA, PULSAR, PHOTON).³

^uLast completed interval.

^vDRM assessments occurred at injection visits after Week 24 in the aflibercept 8mg q16 arm.

^wMeasurements were not available for this treatment visit.

ABBREVIATIONS

2q8, 2mg every 8 weeks; 8q12, 8mg every 12 weeks; 8q16, 8mg every 16 weeks; AE, adverse event; APTC, Antiplatelet Trialists’ Collaboration; BCVA, best-corrected visual acuity; CI, confidence interval; CRT, central retinal thickness; CST, central subfield thickness; DME, diabetic macular oedema; DRM, dose regimen modification; E-DRM, dose regimen modification during extension; eFAS, full analysis set in the extension; eSAF, safety analysis set in the extension; ETDRS, Early Treatment Diabetic Retinopathy Study; FAS, full analysis set; HR, hazard ratio; ICE, intercurrent event; IRF, intraretinal fluid; LOCF, last observation carried forward; LS, least squares; nAMD, neovascular (wet) age-related macular degeneration; N-BL, new baseline; OCT, optical coherence tomography; popPK, population pharmacokinetics; q8, every 8 weeks; q12, every 12 weeks; q16, every 16 weeks; q20, every 20 weeks; q24, every 24 weeks; SAE, serious adverse event; SRF, subretinal fluid; TEAE, treatment-emergent adverse event; VEGF, vascular endothelial growth factor; Wk, week.



Essential Information



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both eyes have not been systematically studied. If bilateral treatment is performed at the same time this could lead to an increased systemic exposure, which could increase the risk of systemic adverse events. Limited data are available on the concomitant use of Eylea with other anti-VEGF medicinal products (systemic or ocular). Treatment should be withheld in the event of: a decrease in best corrected visual acuity (BCVA) of ≥ 30 letters compared with the last assessment of visual acuity; a rhegmatogenous retinal detachment or stage 3 or 4 macular holes; a retinal break; a subretinal haemorrhage involving the central fovea, or, if the size of the haemorrhage is ≥ 50 % of the total lesion area; performed or planned intraocular surgery within the previous or next 28 days. Risk factors associated with the development of a retinal pigment epithelial tear after anti-VEGF therapy for nAMD include a large and/or high pigment epithelial retinal detachment. When initiating aflibercept therapy, caution should be used in patients with these risk factors for retinal pigment epithelial tears. Eylea 114.3 mg/ml should not be used during pregnancy unless the potential benefit outweighs the potential risk to the foetus. Women of childbearing potential must use effective contraception during treatment and for at least 4 months after the last intravitreal injection with Eylea 114.3 mg/ml. As a precautionary measure, breastfeeding is not recommended. Populations with limited data: There are limited data on the use of aflibercept in pregnant women. There is only limited experience with Eylea treatment in diabetic patients with an HbA1c over 12 % or with proliferative diabetic retinopathy. Eylea has not been studied in patients with active systemic infections or in patients with concurrent eye conditions such as retinal detachment or macular hole. There is also no experience of treatment with Eylea in diabetic patients with uncontrolled hypertension. This lack of information should be considered by the physician when treating such patients. Information about excipients: Polysorbates may cause allergic reactions. **Undesirable effects:** As reported in patients with nAMD or DME treated with Eylea 114.3 mg/ml in Phase II/III studies up to 96 weeks. **Common:** Hypersensitivity (including rash, pruritus, urticaria), Cataract, Intraocular pressure increased, Vitreous floaters, Vitreous detachment, Vitreous haemorrhage, Retinal haemorrhage, Visual acuity reduced, Eye pain, Conjunctival haemorrhage, Punctate keratitis, Corneal abrasion. **Uncommon:** Retinal detachment, Retinal tear, Retinal pigment epithelial tear, Detachment of the retinal pigment epithelium, Uveitis, Iritis, Iridocyclitis, Vitritis, Cataract cortical, Cataract nuclear, Cataract subcapsular, Corneal erosion, Vision blurred, Injection site pain, Foreign body sensation in eyes, Lacrimation increased, Injection site haemorrhage, Conjunctival hyperaemia, Eyelid oedema, Ocular hyperaemia, Injection site irritation. **Rare:** Corneal oedema, Lenticular opacities, Retinal degeneration, Eyelid irritation. **Frequency not known:** Scleritis. The following adverse reactions of Eylea 40 mg/ml are also considered expected with Eylea 114.3 mg/ml: abnormal sensation in eye, corneal epithelium defect, anterior chamber flare, endophthalmitis, blindness, traumatic cataract, hypopyon, severe anaphylactic/anaphylactoid reactions. **Description of selected adverse reactions:** Arterial thromboembolic events (ATEs) are adverse reactions potentially related to systemic VEGF inhibition. There is a theoretical risk of ATEs, including stroke and myocardial infarction, following intravitreal use of VEGF inhibitors. A low incidence rate of ATEs was observed in the aflibercept clinical studies in patients with nAMD and DME. Across indications, no notable difference between the groups treated with Eylea 114.3 mg/ml and the comparator groups treated with Eylea 40 mg/ml were observed.

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Date of revision of the underlying Prescribing Information: June 2025.

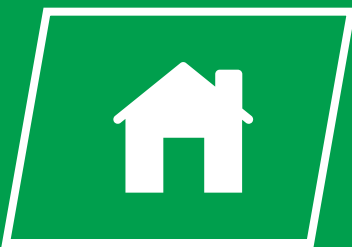
For more information on posology and treatment initiation, please refer to the EYLEA Summary of Product Characteristics. The safety profile observed in the 3 clinical studies (CANDELA, PULSAR, PHOTON) was similar in patients treated with EYLEA 114.3mg/mL and EYLEA 40mg/mL in patients with nAMD and DME. For more information on the safety profile, please refer to the EYLEA Summary of Product Characteristics.

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Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system.



For more information on the product, please refer to full Summary of Product Characteristics by scanning this QR code or directly on the EMA website (<https://www.ema.europa.eu/en/medicines/human/EPAR/eylea>).
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ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
(Refer to full SmPC before prescribing.)

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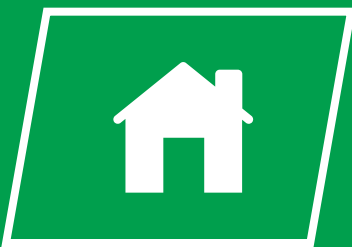
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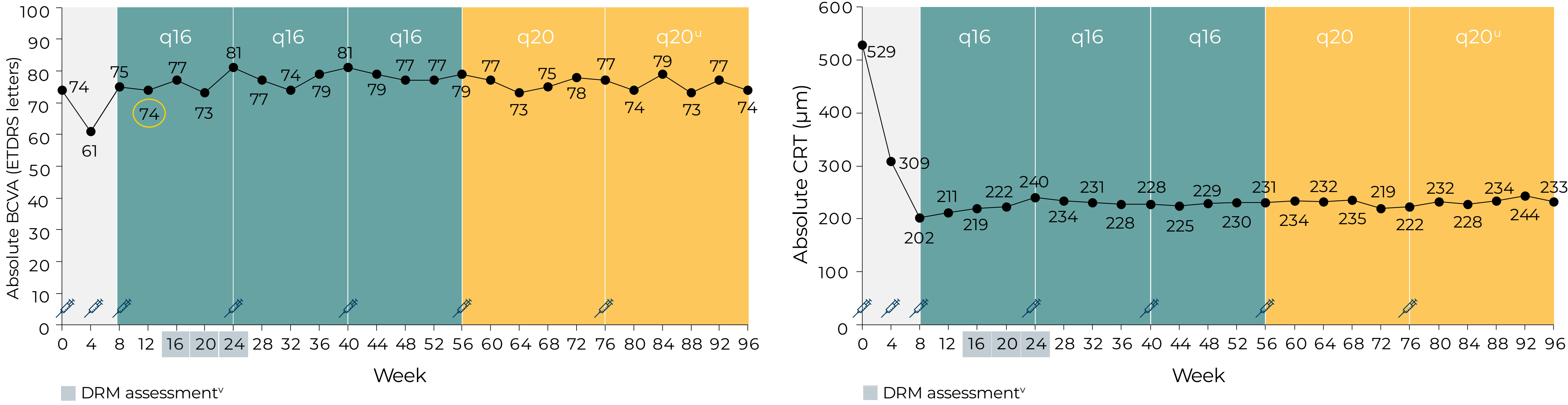
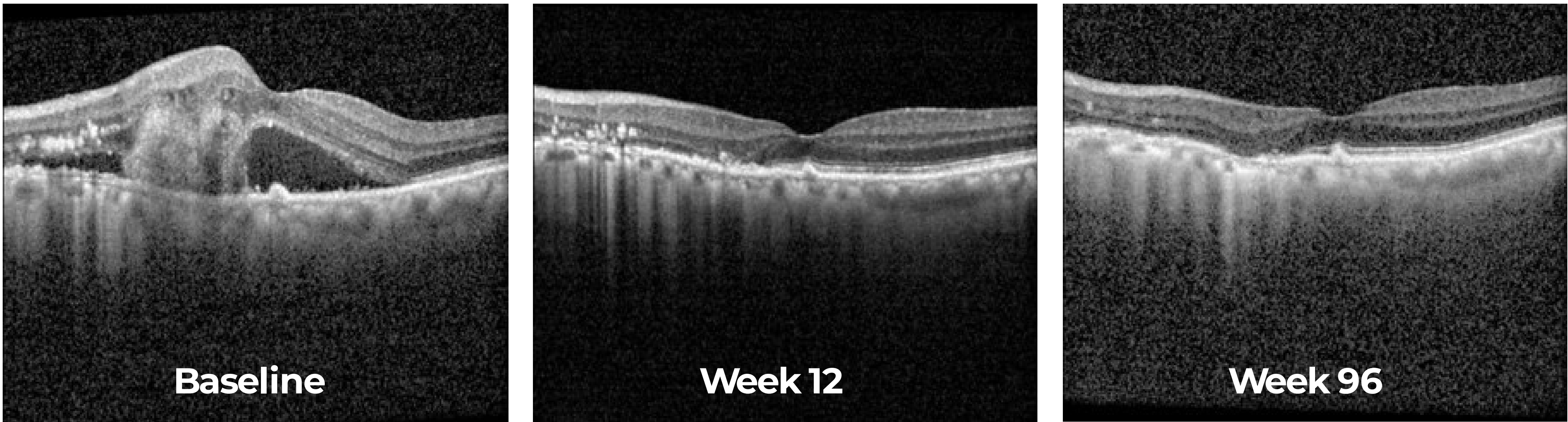
For more information on the product, please refer to full Summary of Product Characteristics by scanning this QR code or directly on the EMA website (<https://www.ema.europa.eu/en/medicines/human/EPAR/eylea>).
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EYLEA 8mg IN nAMD

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- CASE 1
- CASE 2
- CASE 3
- CASE 4

PATIENT CASE 2



This patient case is taken from the Phase III PULSAR study. Outcomes may not be representative of the complete range of potential response to EYLEA 8mg. Results in your practice may vary.

References

Essential Information



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1. Wong TY, *et al.* Aflibercept 8 mg in neovascular age-related macular degeneration: 156-week results from the PULSAR extension. The Macula Society 48th Annual Meeting. 12–15 February 2025. Florida, USA. Oral presentation. **2.** Korobelnik J-F, *et al.* Aflibercept 8 mg in patients with neovascular age-related macular degeneration: Phase 3 PULSAR trial 96-week results. AAO. 3–6 November 2023. San Francisco, USA. Oral presentation. **3.** EYLEA® 8 mg (aflibercept 114.3 mg/mL, solution for injection) Summary of Product Characteristics. Berlin, Germany: Bayer Pharma AG. **4.** Korobelnik J-F, *et al.* Intravitreal aflibercept 8 mg injection in patients with neovascular age-related macular degeneration: 48-week results from the Phase 3 PULSAR trial. Retina Society 55th Annual Scientific Meeting. 2–5 November 2022. Pasadena, USA. Oral presentation. **5.** Bayer. Data on file. Clinical study report (BAY 86-5321/20968). December 2022. **6.** Do DV, *et al.* *Retina* 2020;40:643–647. **7.** Papadopoulos N, *et al.* *Angiogenesis* 2012;15:171–185. **8.** Kaiser PK, *et al.* Population pharmacokinetic modeling and simulation of ocular clearance for aflibercept 8 mg and 2 mg and association with durability and effect. ARVO. 5–9 May 2024. Seattle, USA. Oral presentation. **9.** Assessment report. Aflibercept. Available at: https://www.ema.europa.eu/en/documents/assessment-report/eylea-epar-public-assessment-report_en.pdf. Accessed: August 2025. **10.** Veritti D, *et al.* *Pharmaceutics* 2023;15:1416.

FOOTNOTES

^aEYLEA 2mg was dosed at fixed q8 intervals after 3 initial monthly injections. At Week 96, patients could enrol in the extension study and switch to 8q12 through to Week 156. Dosing intervals could be extended or shortened in 2-week increments to a maximum of 24 weeks and a minimum of 8 weeks.¹

^bPULSAR: treatment-naïve patients.¹

^cIntervals could be shortened if DRM shortening criteria were met.²

^dIntervals could be extended if DRM extension criteria were met.²

^eIf DRM shortening criteria were met at Week 16 or 20, patients on 8q12 and 8q16 were shortened to q8. If DRM shortening criteria were met at Week 24, patients on 8q16 were shortened to q12. At subsequent dosing visits, patients on 8q12 or 8q16 had treatment intervals shortened by 4 weeks.²

^fAll assessments were compared with Week 12.²

^gVs EYLEA 2mg.

^hMedian time to dry central subfield was 4 weeks with EYLEA 8q16 and 4 weeks with EYLEA 8q12 vs 8 weeks with EYLEA 2q8 (p=0.0055, HR: 1.1798 and p=0.0429, HR: 1.1290, respectively, exploratory endpoint). ‘Time to fluid-free retina’ is defined as the time of first injection until the time where a patient did not have any IRF or SRF in the central subfield for the first time (regardless of whether any retinal fluid was found again after that). FAS: 2q8 n=336; 8q12 n=335; 8q16 n=338.^{4,5}

ⁱData are descriptive only, no statistical conclusions can be made.

^jRounded value. Patients who were randomised to the 8q12 or 8q16 groups at the beginning of the PULSAR study and continued treatment with EYLEA 8mg through the PULSAR extension study. Two injections in the third year for patients maintained on q24 intervals through the end of the PULSAR trial/PULSAR extension. Mean number of injections from Year 2 to Year 3 was 4.7 (2q8→8mg) and 3.8 (8q12/8q16) in PULSAR extension study (exploratory endpoint).¹

^keFAS (observed cases).¹

^lPatients who were randomised to the 8q12 or 8q16 groups at the beginning of the PULSAR study and continued treatment with EYLEA 8mg through the PULSAR extension study.¹

^mEYLEA 2mg was dosed at fixed q8 intervals after 3 initial monthly injections.⁴

ⁿProportion of patients without fluid in the central subfield at Week 16 (key secondary endpoint). LOCF (data after ICE were censored); data represent FAS. The absence of retinal fluid was defined as no IRF or SRF in the central subfield.⁴

^oPrespecified endpoint, p value: one-sided Cochran–Mantel–Haenszel test; weighting scheme adjusted by geographic region and baseline BCVA (<60 vs ≥60 ETDRS letters).⁴

^pRounded data.

^qeSAF, patients completing Week 156. Last assigned dosing intervals at Week 156 in patients on EYLEA 8mg from baseline: 24% q24, 40% ≥q20, 58% ≥q16 (exploratory endpoint). One patient had a missing value for this assessment.¹

^rEYLEA 8mg is the first and only anti-VEGF that offers nAMD patients up to 6 months between injections.³

^sEstimated from a popPK analysis.⁹

^tA total of 1217 patients treated with EYLEA 8mg up to 96 weeks constituted the safety population in three clinical Phase II/III studies (CANDELA, PULSAR, PHOTON).³

^uLast completed interval.

^vDRM assessments occurred at injection visits after Week 24 in the aflibercept 8mg q16 arm.

^wMeasurements were not available for this treatment visit.

ABBREVIATIONS

2q8, 2mg every 8 weeks; 8q12, 8mg every 12 weeks; 8q16, 8mg every 16 weeks; AE, adverse event; APTC, Antiplatelet Trialists’ Collaboration; BCVA, best-corrected visual acuity; CI, confidence interval; CRT, central retinal thickness; CST, central subfield thickness; DME, diabetic macular oedema; DRM, dose regimen modification; E-DRM, dose regimen modification during extension; eFAS, full analysis set in the extension; eSAF, safety analysis set in the extension; ETDRS, Early Treatment Diabetic Retinopathy Study; FAS, full analysis set; HR, hazard ratio; ICE, intercurrent event; IRF, intraretinal fluid; LOCF, last observation carried forward; LS, least squares; nAMD, neovascular (wet) age-related macular degeneration; N-BL, new baseline; OCT, optical coherence tomography; popPK, population pharmacokinetics; q8, every 8 weeks; q12, every 12 weeks; q16, every 16 weeks; q20, every 20 weeks; q24, every 24 weeks; SAE, serious adverse event; SRF, subretinal fluid; TEAE, treatment-emergent adverse event; VEGF, vascular endothelial growth factor; Wk, week.



Essential Information



ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
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Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. **Excipients:** Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

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Date of revision of the underlying Prescribing Information: June 2025.

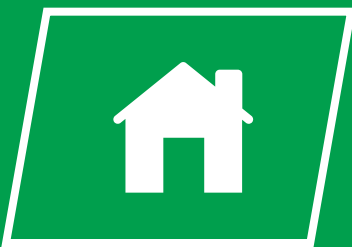
For more information on posology and treatment initiation, please refer to the EYLEA Summary of Product Characteristics. The safety profile observed in the 3 clinical studies (CANDELA, PULSAR, PHOTON) was similar in patients treated with EYLEA 114.3mg/mL and EYLEA 40mg/mL in patients with nAMD and DME. For more information on the safety profile, please refer to the EYLEA Summary of Product Characteristics.

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Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system.



For more information on the product, please refer to full Summary of Product Characteristics by scanning this QR code or directly on the EMA website (<https://www.ema.europa.eu/en/medicines/human/EPAR/eylea>).
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ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
(Refer to full SmPC before prescribing.)

Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. **Excipients:** Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

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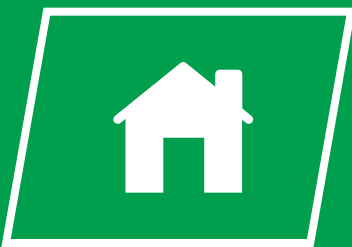
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EYLEA 8mg IN nAMD

- 
- CASE 1
- CASE 2
- CASE 3
- CASE 4

PATIENT CASE 3

Age range (years)	50–60
Sex	Male
Ethnicity	White
Treatment arm	8mg q16
Baseline BCVA (ETDRS letters)	66
Baseline CRT (μm)	375

CLINICAL PERSPECTIVE

BCVA and CRT improved during the loading phase, and these improvements were maintained up to Week 48. The patient met the extension criteria in Year 2 and had a last completed interval of q20 at Week 96.

This patient case is taken from the Phase III PULSAR study. Outcomes may not be representative of the complete range of potential response to EYLEA 8mg. Results in your practice may vary.

References

Essential Information



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1. Wong TY, *et al.* Aflibercept 8 mg in neovascular age-related macular degeneration: 156-week results from the PULSAR extension. The Macula Society 48th Annual Meeting. 12–15 February 2025. Florida, USA. Oral presentation. **2.** Korobelnik J-F, *et al.* Aflibercept 8 mg in patients with neovascular age-related macular degeneration: Phase 3 PULSAR trial 96-week results. AAO. 3–6 November 2023. San Francisco, USA. Oral presentation. **3.** EYLEA® 8 mg (aflibercept 114.3 mg/mL, solution for injection) Summary of Product Characteristics. Berlin, Germany: Bayer Pharma AG. **4.** Korobelnik J-F, *et al.* Intravitreal aflibercept 8 mg injection in patients with neovascular age-related macular degeneration: 48-week results from the Phase 3 PULSAR trial. Retina Society 55th Annual Scientific Meeting. 2–5 November 2022. Pasadena, USA. Oral presentation. **5.** Bayer. Data on file. Clinical study report (BAY 86-5321/20968). December 2022. **6.** Do DV, *et al.* *Retina* 2020;40:643–647. **7.** Papadopoulos N, *et al.* *Angiogenesis* 2012;15:171–185. **8.** Kaiser PK, *et al.* Population pharmacokinetic modeling and simulation of ocular clearance for aflibercept 8 mg and 2 mg and association with durability and effect. ARVO. 5–9 May 2024. Seattle, USA. Oral presentation. **9.** Assessment report. Aflibercept. Available at: https://www.ema.europa.eu/en/documents/assessment-report/eylea-epar-public-assessment-report_en.pdf. Accessed: August 2025. **10.** Veritti D, *et al.* *Pharmaceutics* 2023;15:1416.

FOOTNOTES

^aEYLEA 2mg was dosed at fixed q8 intervals after 3 initial monthly injections. At Week 96, patients could enrol in the extension study and switch to 8q12 through to Week 156. Dosing intervals could be extended or shortened in 2-week increments to a maximum of 24 weeks and a minimum of 8 weeks.¹

^bPULSAR: treatment-naïve patients.¹

^cIntervals could be shortened if DRM shortening criteria were met.²

^dIntervals could be extended if DRM extension criteria were met.²

^eIf DRM shortening criteria were met at Week 16 or 20, patients on 8q12 and 8q16 were shortened to q8. If DRM shortening criteria were met at Week 24, patients on 8q16 were shortened to q12. At subsequent dosing visits, patients on 8q12 or 8q16 had treatment intervals shortened by 4 weeks.²

^fAll assessments were compared with Week 12.²

^gVs EYLEA 2mg.

^hMedian time to dry central subfield was 4 weeks with EYLEA 8q16 and 4 weeks with EYLEA 8q12 vs 8 weeks with EYLEA 2q8 (p=0.0055, HR: 1.1798 and p=0.0429, HR: 1.1290, respectively, exploratory endpoint). ‘Time to fluid-free retina’ is defined as the time of first injection until the time where a patient did not have any IRF or SRF in the central subfield for the first time (regardless of whether any retinal fluid was found again after that). FAS: 2q8 n=336; 8q12 n=335; 8q16 n=338.^{4,5}

ⁱData are descriptive only, no statistical conclusions can be made.

^jRounded value. Patients who were randomised to the 8q12 or 8q16 groups at the beginning of the PULSAR study and continued treatment with EYLEA 8mg through the PULSAR extension study. Two injections in the third year for patients maintained on q24 intervals through the end of the PULSAR trial/PULSAR extension. Mean number of injections from Year 2 to Year 3 was 4.7 (2q8→8mg) and 3.8 (8q12/8q16) in PULSAR extension study (exploratory endpoint).¹

^keFAS (observed cases).¹

^lPatients who were randomised to the 8q12 or 8q16 groups at the beginning of the PULSAR study and continued treatment with EYLEA 8mg through the PULSAR extension study.¹

^mEYLEA 2mg was dosed at fixed q8 intervals after 3 initial monthly injections.⁴

ⁿProportion of patients without fluid in the central subfield at Week 16 (key secondary endpoint). LOCF (data after ICE were censored); data represent FAS. The absence of retinal fluid was defined as no IRF or SRF in the central subfield.⁴

^oPrespecified endpoint, p value: one-sided Cochran–Mantel–Haenszel test; weighting scheme adjusted by geographic region and baseline BCVA (<60 vs ≥60 ETDRS letters).⁴

^pRounded data.

^qeSAF, patients completing Week 156. Last assigned dosing intervals at Week 156 in patients on EYLEA 8mg from baseline: 24% q24, 40% ≥q20, 58% ≥q16 (exploratory endpoint). One patient had a missing value for this assessment.¹

^rEYLEA 8mg is the first and only anti-VEGF that offers nAMD patients up to 6 months between injections.³

^sEstimated from a popPK analysis.⁹

^tA total of 1217 patients treated with EYLEA 8mg up to 96 weeks constituted the safety population in three clinical Phase II/III studies (CANDELA, PULSAR, PHOTON).³

^uLast completed interval.

^vDRM assessments occurred at injection visits after Week 24 in the aflibercept 8mg q16 arm.

^wMeasurements were not available for this treatment visit.

ABBREVIATIONS

2q8, 2mg every 8 weeks; 8q12, 8mg every 12 weeks; 8q16, 8mg every 16 weeks; AE, adverse event; APTC, Antiplatelet Trialists’ Collaboration; BCVA, best-corrected visual acuity; CI, confidence interval; CRT, central retinal thickness; CST, central subfield thickness; DME, diabetic macular oedema; DRM, dose regimen modification; E-DRM, dose regimen modification during extension; eFAS, full analysis set in the extension; eSAF, safety analysis set in the extension; ETDRS, Early Treatment Diabetic Retinopathy Study; FAS, full analysis set; HR, hazard ratio; ICE, intercurrent event; IRF, intraretinal fluid; LOCF, last observation carried forward; LS, least squares; nAMD, neovascular (wet) age-related macular degeneration; N-BL, new baseline; OCT, optical coherence tomography; popPK, population pharmacokinetics; q8, every 8 weeks; q12, every 12 weeks; q16, every 16 weeks; q20, every 20 weeks; q24, every 24 weeks; SAE, serious adverse event; SRF, subretinal fluid; TEAE, treatment-emergent adverse event; VEGF, vascular endothelial growth factor; Wk, week.



Essential Information



ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

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Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
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Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. *Excipients:* Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

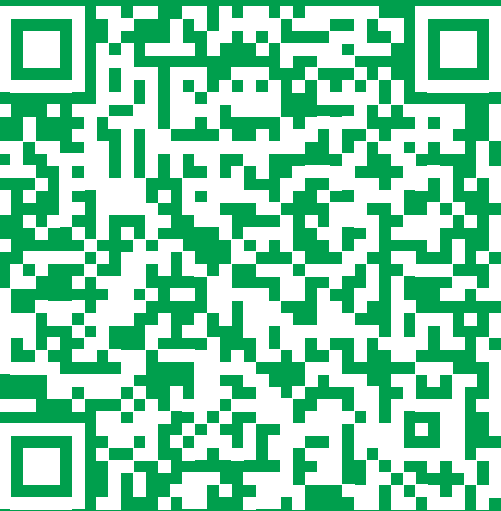
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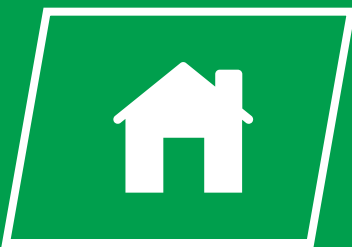
For more information on posology and treatment initiation, please refer to the EYLEA Summary of Product Characteristics. The safety profile observed in the 3 clinical studies (CANDELA, PULSAR, PHOTON) was similar in patients treated with EYLEA 114.3mg/mL and EYLEA 40mg/mL in patients with nAMD and DME. For more information on the safety profile, please refer to the EYLEA Summary of Product Characteristics.

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Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system.



For more information on the product, please refer to full Summary of Product Characteristics by scanning this QR code or directly on the EMA website (<https://www.ema.europa.eu/en/medicines/human/EPAR/eylea>).
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ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
(Refer to full SmPC before prescribing.)

Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. **Excipients:** Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

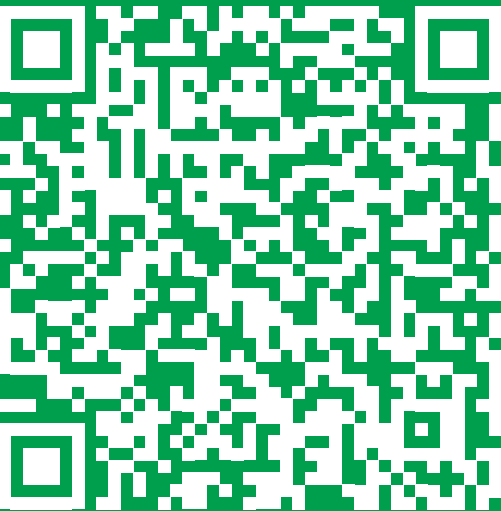
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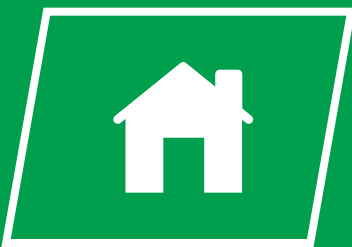
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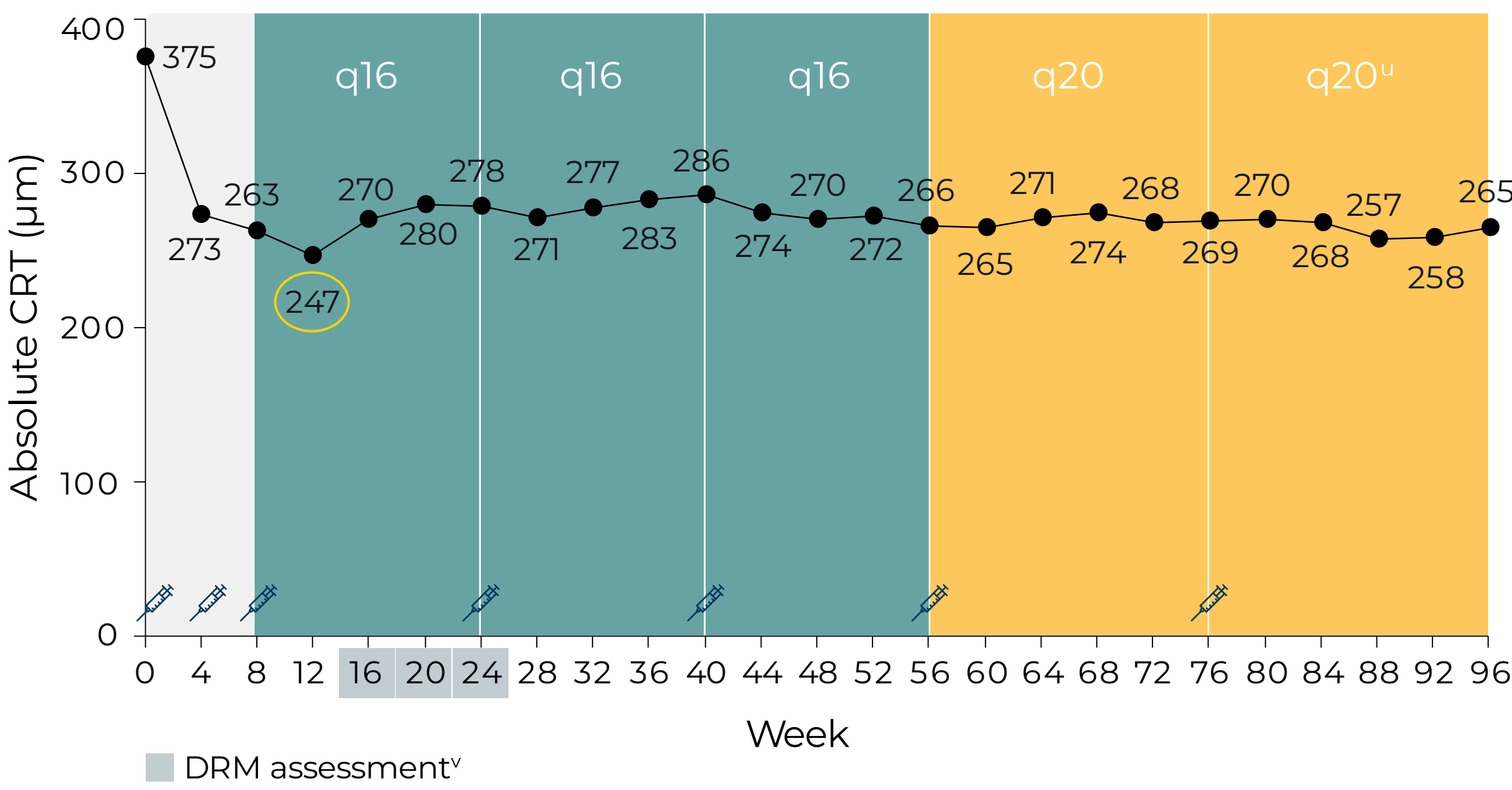
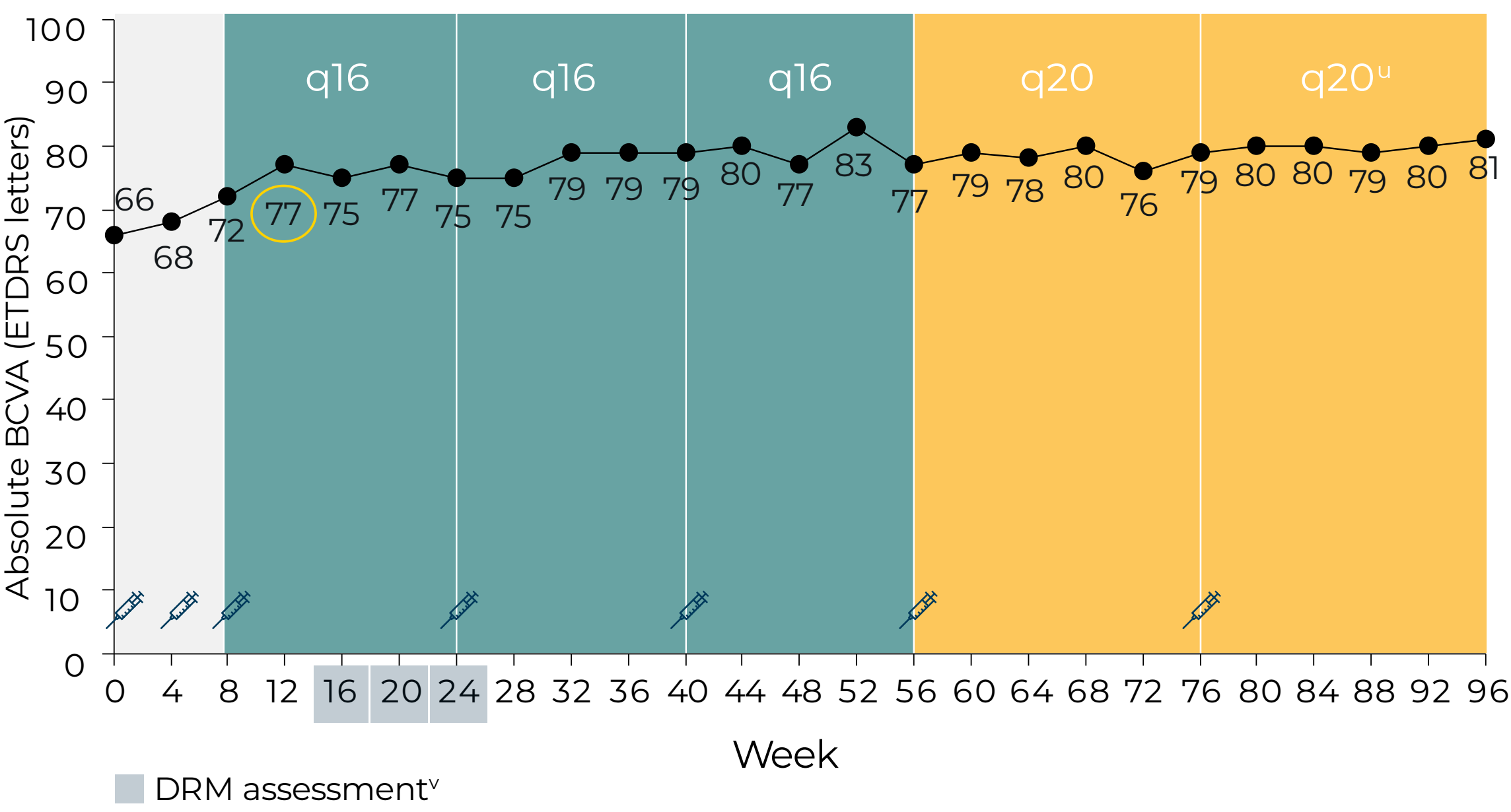
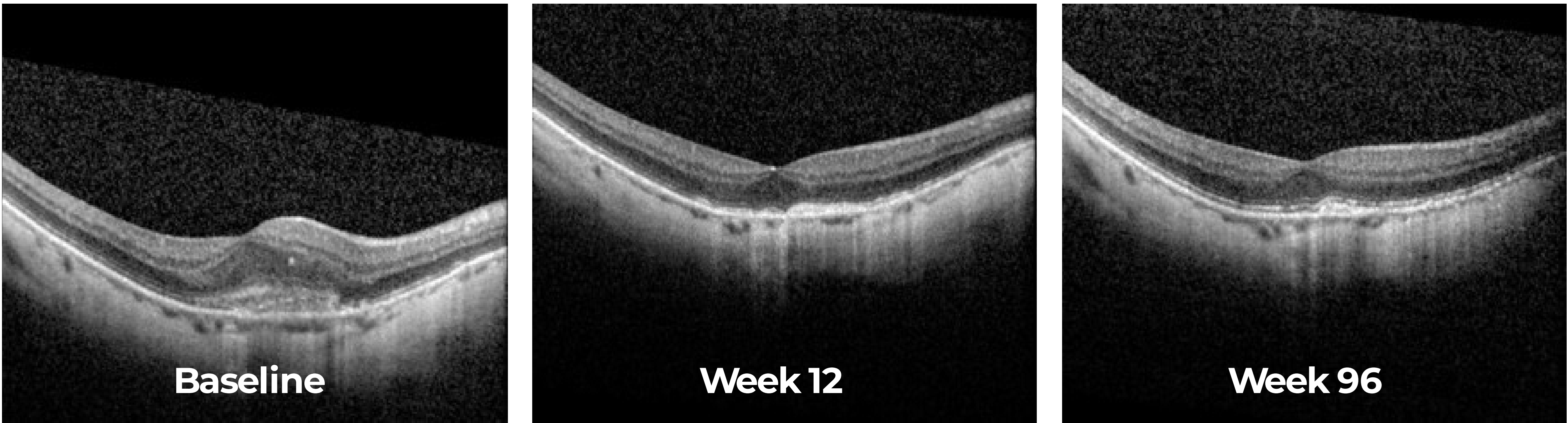
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EYLEA 8mg IN nAMD

- 
- CASE 1
- CASE 2
- CASE 3
- CASE 4

PATIENT CASE 3



This patient case is taken from the Phase III PULSAR study. Outcomes may not be representative of the complete range of potential response to EYLEA 8mg. Results in your practice may vary.

References

Essential Information



REFERENCES

1. Wong TY, *et al.* Aflibercept 8 mg in neovascular age-related macular degeneration: 156-week results from the PULSAR extension. The Macula Society 48th Annual Meeting. 12–15 February 2025. Florida, USA. Oral presentation. **2.** Korobelnik J-F, *et al.* Aflibercept 8 mg in patients with neovascular age-related macular degeneration: Phase 3 PULSAR trial 96-week results. AAO. 3–6 November 2023. San Francisco, USA. Oral presentation. **3.** EYLEA® 8 mg (aflibercept 114.3 mg/mL, solution for injection) Summary of Product Characteristics. Berlin, Germany: Bayer Pharma AG. **4.** Korobelnik J-F, *et al.* Intravitreal aflibercept 8 mg injection in patients with neovascular age-related macular degeneration: 48-week results from the Phase 3 PULSAR trial. Retina Society 55th Annual Scientific Meeting. 2–5 November 2022. Pasadena, USA. Oral presentation. **5.** Bayer. Data on file. Clinical study report (BAY 86-5321/20968). December 2022. **6.** Do DV, *et al.* *Retina* 2020;40:643–647. **7.** Papadopoulos N, *et al.* *Angiogenesis* 2012;15:171–185. **8.** Kaiser PK, *et al.* Population pharmacokinetic modeling and simulation of ocular clearance for aflibercept 8 mg and 2 mg and association with durability and effect. ARVO. 5–9 May 2024. Seattle, USA. Oral presentation. **9.** Assessment report. Aflibercept. Available at: https://www.ema.europa.eu/en/documents/assessment-report/eylea-epar-public-assessment-report_en.pdf. Accessed: August 2025. **10.** Veritti D, *et al.* *Pharmaceutics* 2023;15:1416.

FOOTNOTES

^aEYLEA 2mg was dosed at fixed q8 intervals after 3 initial monthly injections. At Week 96, patients could enrol in the extension study and switch to 8q12 through to Week 156. Dosing intervals could be extended or shortened in 2-week increments to a maximum of 24 weeks and a minimum of 8 weeks.¹

^bPULSAR: treatment-naïve patients.¹

^cIntervals could be shortened if DRM shortening criteria were met.²

^dIntervals could be extended if DRM extension criteria were met.²

^eIf DRM shortening criteria were met at Week 16 or 20, patients on 8q12 and 8q16 were shortened to q8. If DRM shortening criteria were met at Week 24, patients on 8q16 were shortened to q12. At subsequent dosing visits, patients on 8q12 or 8q16 had treatment intervals shortened by 4 weeks.²

^fAll assessments were compared with Week 12.²

^gVs EYLEA 2mg.

^hMedian time to dry central subfield was 4 weeks with EYLEA 8q16 and 4 weeks with EYLEA 8q12 vs 8 weeks with EYLEA 2q8 (p=0.0055, HR: 1.1798 and p=0.0429, HR: 1.1290, respectively, exploratory endpoint). ‘Time to fluid-free retina’ is defined as the time of first injection until the time where a patient did not have any IRF or SRF in the central subfield for the first time (regardless of whether any retinal fluid was found again after that). FAS: 2q8 n=336; 8q12 n=335; 8q16 n=338.^{4,5}

ⁱData are descriptive only, no statistical conclusions can be made.

^jRounded value. Patients who were randomised to the 8q12 or 8q16 groups at the beginning of the PULSAR study and continued treatment with EYLEA 8mg through the PULSAR extension study. Two injections in the third year for patients maintained on q24 intervals through the end of the PULSAR trial/PULSAR extension. Mean number of injections from Year 2 to Year 3 was 4.7 (2q8→8mg) and 3.8 (8q12/8q16) in PULSAR extension study (exploratory endpoint).¹

^keFAS (observed cases).¹

^lPatients who were randomised to the 8q12 or 8q16 groups at the beginning of the PULSAR study and continued treatment with EYLEA 8mg through the PULSAR extension study.¹

^mEYLEA 2mg was dosed at fixed q8 intervals after 3 initial monthly injections.⁴

ⁿProportion of patients without fluid in the central subfield at Week 16 (key secondary endpoint). LOCF (data after ICE were censored); data represent FAS. The absence of retinal fluid was defined as no IRF or SRF in the central subfield.⁴

^oPrespecified endpoint, p value: one-sided Cochran–Mantel–Haenszel test; weighting scheme adjusted by geographic region and baseline BCVA (<60 vs ≥60 ETDRS letters).⁴

^pRounded data.

^qeSAF, patients completing Week 156. Last assigned dosing intervals at Week 156 in patients on EYLEA 8mg from baseline: 24% q24, 40% ≥q20, 58% ≥q16 (exploratory endpoint). One patient had a missing value for this assessment.¹

^rEYLEA 8mg is the first and only anti-VEGF that offers nAMD patients up to 6 months between injections.³

^sEstimated from a popPK analysis.⁹

^tA total of 1217 patients treated with EYLEA 8mg up to 96 weeks constituted the safety population in three clinical Phase II/III studies (CANDELA, PULSAR, PHOTON).³

^uLast completed interval.

^vDRM assessments occurred at injection visits after Week 24 in the aflibercept 8mg q16 arm.

^wMeasurements were not available for this treatment visit.

ABBREVIATIONS

2q8, 2mg every 8 weeks; 8q12, 8mg every 12 weeks; 8q16, 8mg every 16 weeks; AE, adverse event; APTC, Antiplatelet Trialists’ Collaboration; BCVA, best-corrected visual acuity; CI, confidence interval; CRT, central retinal thickness; CST, central subfield thickness; DME, diabetic macular oedema; DRM, dose regimen modification; E-DRM, dose regimen modification during extension; eFAS, full analysis set in the extension; eSAF, safety analysis set in the extension; ETDRS, Early Treatment Diabetic Retinopathy Study; FAS, full analysis set; HR, hazard ratio; ICE, intercurrent event; IRF, intraretinal fluid; LOCF, last observation carried forward; LS, least squares; nAMD, neovascular (wet) age-related macular degeneration; N-BL, new baseline; OCT, optical coherence tomography; popPK, population pharmacokinetics; q8, every 8 weeks; q12, every 12 weeks; q16, every 16 weeks; q20, every 20 weeks; q24, every 24 weeks; SAE, serious adverse event; SRF, subretinal fluid; TEAE, treatment-emergent adverse event; VEGF, vascular endothelial growth factor; Wk, week.



Essential Information



ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
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Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. *Excipients:* Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

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Date of revision of the underlying Prescribing Information: June 2025.

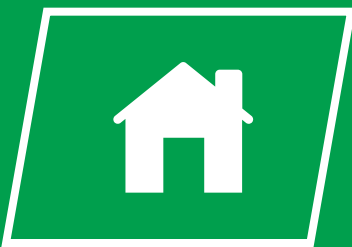
For more information on posology and treatment initiation, please refer to the EYLEA Summary of Product Characteristics. The safety profile observed in the 3 clinical studies (CANDELA, PULSAR, PHOTON) was similar in patients treated with EYLEA 114.3mg/mL and EYLEA 40mg/mL in patients with nAMD and DME. For more information on the safety profile, please refer to the EYLEA Summary of Product Characteristics.

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Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system.



For more information on the product, please refer to full Summary of Product Characteristics by scanning this QR code or directly on the EMA website (<https://www.ema.europa.eu/en/medicines/human/EPAR/eylea>). Marketing Authorisation Holder: Bayer AG, 51368 Leverkusen, Germany.





ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
(Refer to full SmPC before prescribing.)

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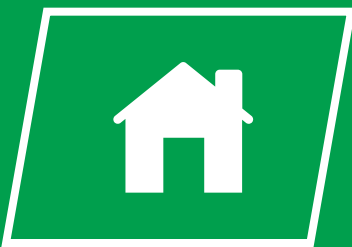
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EYLEA 8mg IN nAMD

- 
- CASE 1
- CASE 2
- CASE 3
- CASE 4

PATIENT CASE 4

Age range (years)	60–70
Sex	Female
Ethnicity	White
Treatment arm	8mg q16
Baseline BCVA (ETDRS letters)	56
Baseline CRT (μm)	514

CLINICAL PERSPECTIVE

BCVA and CRT improved during the loading phase, and these improvements were maintained up to Week 48. The patient met the extension criteria in Year 2 and had a last completed interval of q20 at Week 96.

This patient case is taken from the Phase III PULSAR study. Outcomes may not be representative of the complete range of potential response to EYLEA 8mg. Results in your practice may vary.

References

Essential Information



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FOOTNOTES

^aEYLEA 2mg was dosed at fixed q8 intervals after 3 initial monthly injections. At Week 96, patients could enrol in the extension study and switch to 8q12 through to Week 156. Dosing intervals could be extended or shortened in 2-week increments to a maximum of 24 weeks and a minimum of 8 weeks.¹

^bPULSAR: treatment-naïve patients.¹

^cIntervals could be shortened if DRM shortening criteria were met.²

^dIntervals could be extended if DRM extension criteria were met.²

^eIf DRM shortening criteria were met at Week 16 or 20, patients on 8q12 and 8q16 were shortened to q8. If DRM shortening criteria were met at Week 24, patients on 8q16 were shortened to q12. At subsequent dosing visits, patients on 8q12 or 8q16 had treatment intervals shortened by 4 weeks.²

^fAll assessments were compared with Week 12.²

^gVs EYLEA 2mg.

^hMedian time to dry central subfield was 4 weeks with EYLEA 8q16 and 4 weeks with EYLEA 8q12 vs 8 weeks with EYLEA 2q8 (p=0.0055, HR: 1.1798 and p=0.0429, HR: 1.1290, respectively, exploratory endpoint). ‘Time to fluid-free retina’ is defined as the time of first injection until the time where a patient did not have any IRF or SRF in the central subfield for the first time (regardless of whether any retinal fluid was found again after that). FAS: 2q8 n=336; 8q12 n=335; 8q16 n=338.^{4,5}

ⁱData are descriptive only, no statistical conclusions can be made.

^jRounded value. Patients who were randomised to the 8q12 or 8q16 groups at the beginning of the PULSAR study and continued treatment with EYLEA 8mg through the PULSAR extension study. Two injections in the third year for patients maintained on q24 intervals through the end of the PULSAR trial/PULSAR extension. Mean number of injections from Year 2 to Year 3 was 4.7 (2q8→8mg) and 3.8 (8q12/8q16) in PULSAR extension study (exploratory endpoint).¹

^keFAS (observed cases).¹

^lPatients who were randomised to the 8q12 or 8q16 groups at the beginning of the PULSAR study and continued treatment with EYLEA 8mg through the PULSAR extension study.¹

^mEYLEA 2mg was dosed at fixed q8 intervals after 3 initial monthly injections.⁴

ⁿProportion of patients without fluid in the central subfield at Week 16 (key secondary endpoint). LOCF (data after ICE were censored); data represent FAS. The absence of retinal fluid was defined as no IRF or SRF in the central subfield.⁴

^oPrespecified endpoint, p value: one-sided Cochran–Mantel–Haenszel test; weighting scheme adjusted by geographic region and baseline BCVA (<60 vs ≥60 ETDRS letters).⁴

^pRounded data.

^qeSAF, patients completing Week 156. Last assigned dosing intervals at Week 156 in patients on EYLEA 8mg from baseline: 24% q24, 40% ≥q20, 58% ≥q16 (exploratory endpoint). One patient had a missing value for this assessment.¹

^rEYLEA 8mg is the first and only anti-VEGF that offers nAMD patients up to 6 months between injections.³

^sEstimated from a popPK analysis.⁹

^tA total of 1217 patients treated with EYLEA 8mg up to 96 weeks constituted the safety population in three clinical Phase II/III studies (CANDELA, PULSAR, PHOTON).³

^uLast completed interval.

^vDRM assessments occurred at injection visits after Week 24 in the aflibercept 8mg q16 arm.

^wMeasurements were not available for this treatment visit.

ABBREVIATIONS

2q8, 2mg every 8 weeks; 8q12, 8mg every 12 weeks; 8q16, 8mg every 16 weeks; AE, adverse event; APTC, Antiplatelet Trialists’ Collaboration; BCVA, best-corrected visual acuity; CI, confidence interval; CRT, central retinal thickness; CST, central subfield thickness; DME, diabetic macular oedema; DRM, dose regimen modification; E-DRM, dose regimen modification during extension; eFAS, full analysis set in the extension; eSAF, safety analysis set in the extension; ETDRS, Early Treatment Diabetic Retinopathy Study; FAS, full analysis set; HR, hazard ratio; ICE, intercurrent event; IRF, intraretinal fluid; LOCF, last observation carried forward; LS, least squares; nAMD, neovascular (wet) age-related macular degeneration; N-BL, new baseline; OCT, optical coherence tomography; popPK, population pharmacokinetics; q8, every 8 weeks; q12, every 12 weeks; q16, every 16 weeks; q20, every 20 weeks; q24, every 24 weeks; SAE, serious adverse event; SRF, subretinal fluid; TEAE, treatment-emergent adverse event; VEGF, vascular endothelial growth factor; Wk, week.



Essential Information



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(Refer to full SmPC before prescribing.)

Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. **Excipients:** Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

both eyes have not been systematically studied. If bilateral treatment is performed at the same time this could lead to an increased systemic exposure, which could increase the risk of systemic adverse events. Limited data are available on the concomitant use of Eylea with other anti-VEGF medicinal products (systemic or ocular). Treatment should be withheld in the event of: a decrease in best corrected visual acuity (BCVA) of ≥ 30 letters compared with the last assessment of visual acuity; a rhegmatogenous retinal detachment or stage 3 or 4 macular holes; a retinal break; a subretinal haemorrhage involving the central fovea, or, if the size of the haemorrhage is ≥ 50 % of the total lesion area; performed or planned intraocular surgery within the previous or next 28 days. Risk factors associated with the development of a retinal pigment epithelial tear after anti-VEGF therapy for nAMD include a large and/or high pigment epithelial retinal detachment. When initiating aflibercept therapy, caution should be used in patients with these risk factors for retinal pigment epithelial tears. Eylea 114.3 mg/ml should not be used during pregnancy unless the potential benefit outweighs the potential risk to the foetus. Women of childbearing potential must use effective contraception during treatment and for at least 4 months after the last intravitreal injection with Eylea 114.3 mg/ml. As a precautionary measure, breastfeeding is not recommended. Populations with limited data: There are limited data on the use of aflibercept in pregnant women. There is only limited experience with Eylea treatment in diabetic patients with an HbA1c over 12 % or with proliferative diabetic retinopathy. Eylea has not been studied in patients with active systemic infections or in patients with concurrent eye conditions such as retinal detachment or macular hole. There is also no experience of treatment with Eylea in diabetic patients with uncontrolled hypertension. This lack of information should be considered by the physician when treating such patients. Information about excipients: Polysorbates may cause allergic reactions. **Undesirable effects:** As reported in patients with nAMD or DME treated with Eylea 114.3 mg/ml in Phase II/III studies up to 96 weeks. **Common:** Hypersensitivity (including rash, pruritus, urticaria), Cataract, Intraocular pressure increased, Vitreous floaters, Vitreous detachment, Vitreous haemorrhage, Retinal haemorrhage, Visual acuity reduced, Eye pain, Conjunctival haemorrhage, Punctate keratitis, Corneal abrasion. **Uncommon:** Retinal detachment, Retinal tear, Retinal pigment epithelial tear, Detachment of the retinal pigment epithelium, Uveitis, Iritis, Iridocyclitis, Vitritis, Cataract cortical, Cataract nuclear, Cataract subcapsular, Corneal erosion, Vision blurred, Injection site pain, Foreign body sensation in eyes, Lacrimation increased, Injection site haemorrhage, Conjunctival hyperaemia, Eyelid oedema, Ocular hyperaemia, Injection site irritation. **Rare:** Corneal oedema, Lenticular opacities, Retinal degeneration, Eyelid irritation. **Frequency not known:** Scleritis. The following adverse reactions of Eylea 40 mg/ml are also considered expected with Eylea 114.3 mg/ml: abnormal sensation in eye, corneal epithelium defect, anterior chamber flare, endophthalmitis, blindness, traumatic cataract, hypopyon, severe anaphylactic/anaphylactoid reactions. **Description of selected adverse reactions:** Arterial thromboembolic events (ATEs) are adverse reactions potentially related to systemic VEGF inhibition. There is a theoretical risk of ATEs, including stroke and myocardial infarction, following intravitreal use of VEGF inhibitors. A low incidence rate of ATEs was observed in the aflibercept clinical studies in patients with nAMD and DME. Across indications, no notable difference between the groups treated with Eylea 114.3 mg/ml and the comparator groups treated with Eylea 40 mg/ml were observed.

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Date of revision of the underlying Prescribing Information: June 2025.

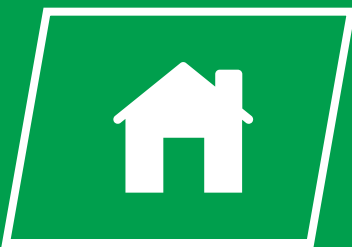
For more information on posology and treatment initiation, please refer to the EYLEA Summary of Product Characteristics. The safety profile observed in the 3 clinical studies (CANDELA, PULSAR, PHOTON) was similar in patients treated with EYLEA 114.3mg/mL and EYLEA 40mg/mL in patients with nAMD and DME. For more information on the safety profile, please refer to the EYLEA Summary of Product Characteristics.

On prescription only. Administration only by a qualified physician experienced in administering intravitreal injections. Refer to full Summary of Product Characteristics before prescribing. Additional risk minimisation measures have been developed for healthcare professionals (a prescriber's guide and video on how to prepare and inject EYLEA) and patients. The prescriber's guide aims to raise awareness of the risks associated with intravitreal injections. The purpose of the patient guide is to inform patients about the disease, treatment, injection procedure and symptoms of injection-related side effects. It is recommended to read these documents before prescribing this drug and giving the guide to the patient. These documents are available upon request.

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system.



For more information on the product, please refer to full Summary of Product Characteristics by scanning this QR code or directly on the EMA website (<https://www.ema.europa.eu/en/medicines/human/EPAR/eylea>).
Marketing Authorisation Holder: Bayer AG, 51368 Leverkusen, Germany.





ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
(Refer to full SmPC before prescribing.)

Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. **Excipients:** Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

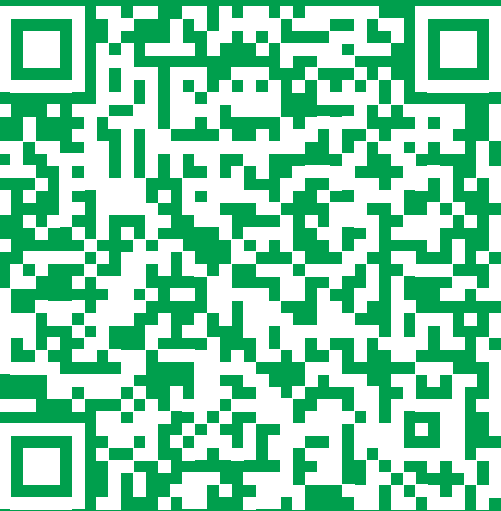
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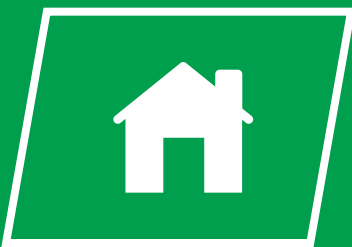
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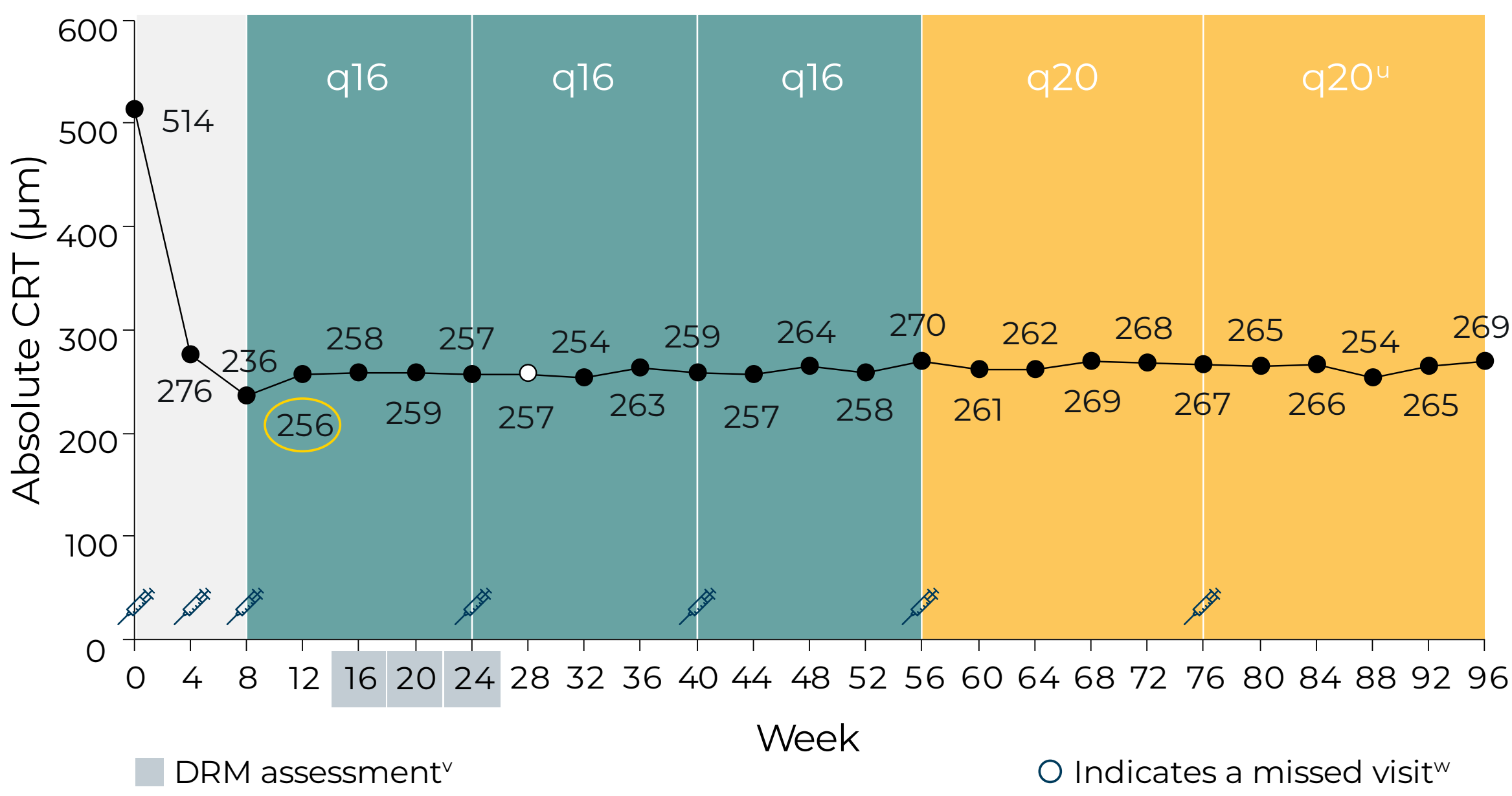
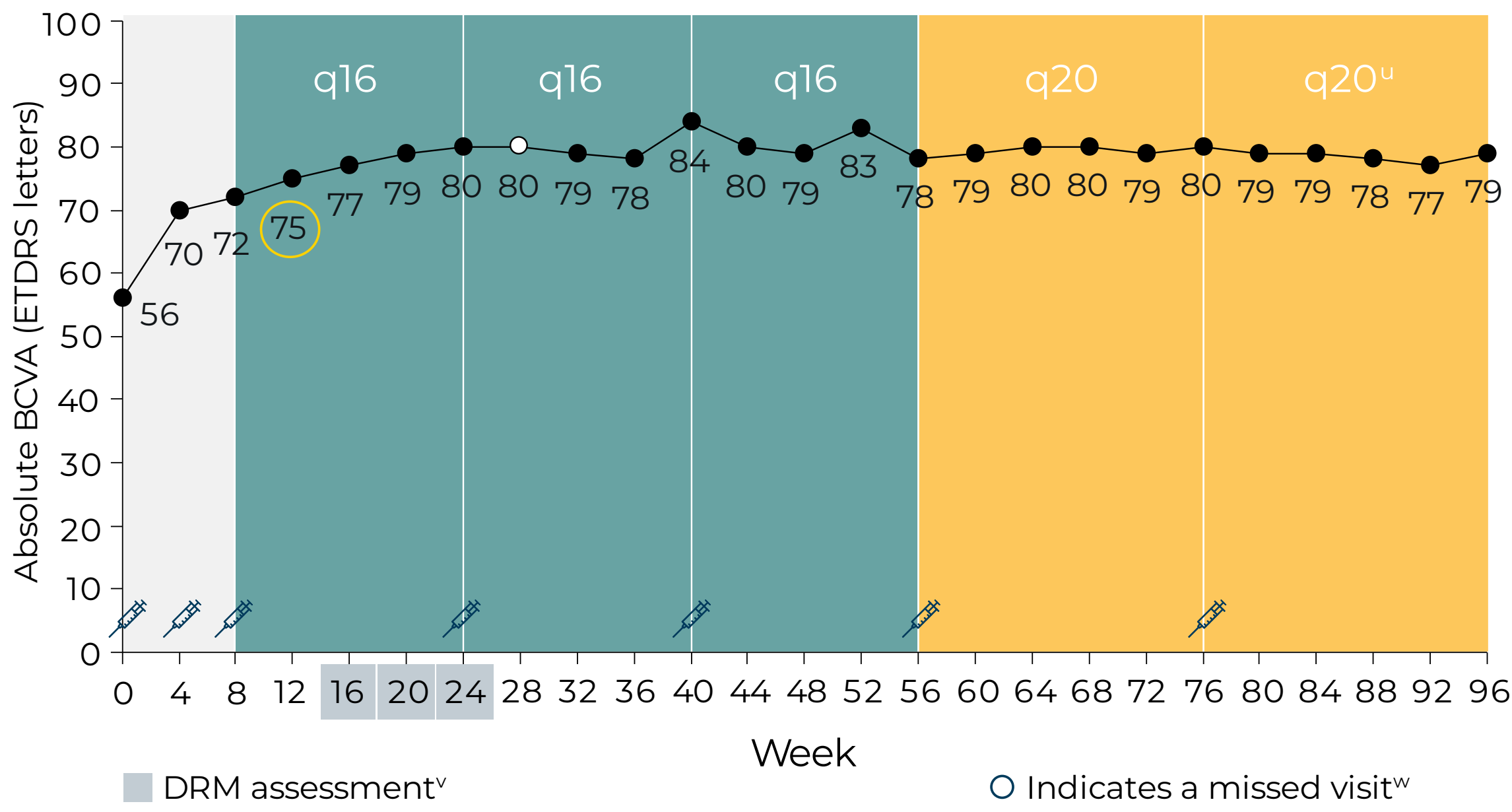
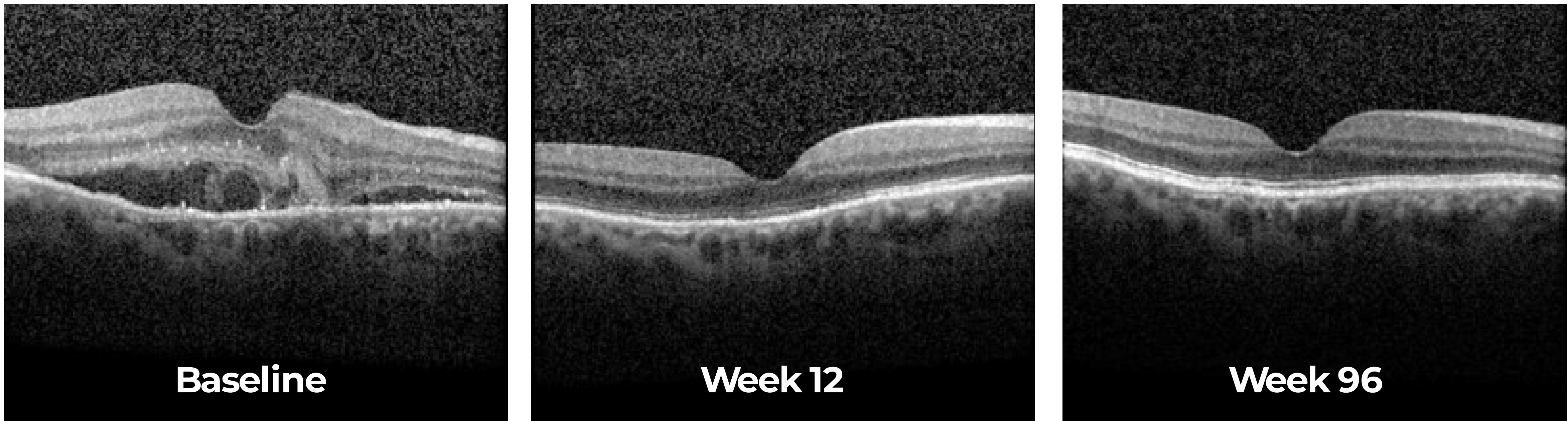
For more information on the product, please refer to full Summary of Product Characteristics by scanning this QR code or directly on the EMA website (<https://www.ema.europa.eu/en/medicines/human/EPAR/eylea>). Marketing Authorisation Holder: Bayer AG, 51368 Leverkusen, Germany.



EYLEA 8mg IN nAMD

- 
- CASE 1
- CASE 2
- CASE 3
- CASE 4

PATIENT CASE 4



This patient case is taken from the Phase III PULSAR study. Outcomes may not be representative of the complete range of potential response to EYLEA 8mg. Results in your practice may vary.

References

Essential Information



REFERENCES

1. Wong TY, *et al.* Aflibercept 8 mg in neovascular age-related macular degeneration: 156-week results from the PULSAR extension. The Macula Society 48th Annual Meeting. 12–15 February 2025. Florida, USA. Oral presentation. **2.** Korobelnik J-F, *et al.* Aflibercept 8 mg in patients with neovascular age-related macular degeneration: Phase 3 PULSAR trial 96-week results. AAO. 3–6 November 2023. San Francisco, USA. Oral presentation. **3.** EYLEA® 8 mg (aflibercept 114.3 mg/mL, solution for injection) Summary of Product Characteristics. Berlin, Germany: Bayer Pharma AG. **4.** Korobelnik J-F, *et al.* Intravitreal aflibercept 8 mg injection in patients with neovascular age-related macular degeneration: 48-week results from the Phase 3 PULSAR trial. Retina Society 55th Annual Scientific Meeting. 2–5 November 2022. Pasadena, USA. Oral presentation. **5.** Bayer. Data on file. Clinical study report (BAY 86-5321/20968). December 2022. **6.** Do DV, *et al.* *Retina* 2020;40:643–647. **7.** Papadopoulos N, *et al.* *Angiogenesis* 2012;15:171–185. **8.** Kaiser PK, *et al.* Population pharmacokinetic modeling and simulation of ocular clearance for aflibercept 8 mg and 2 mg and association with durability and effect. ARVO. 5–9 May 2024. Seattle, USA. Oral presentation. **9.** Assessment report. Aflibercept. Available at: https://www.ema.europa.eu/en/documents/assessment-report/eylea-epar-public-assessment-report_en.pdf. Accessed: August 2025. **10.** Veritti D, *et al.* *Pharmaceutics* 2023;15:1416.

FOOTNOTES

^aEYLEA 2mg was dosed at fixed q8 intervals after 3 initial monthly injections. At Week 96, patients could enrol in the extension study and switch to 8q12 through to Week 156. Dosing intervals could be extended or shortened in 2-week increments to a maximum of 24 weeks and a minimum of 8 weeks.¹

^bPULSAR: treatment-naïve patients.¹

^cIntervals could be shortened if DRM shortening criteria were met.²

^dIntervals could be extended if DRM extension criteria were met.²

^eIf DRM shortening criteria were met at Week 16 or 20, patients on 8q12 and 8q16 were shortened to q8. If DRM shortening criteria were met at Week 24, patients on 8q16 were shortened to q12. At subsequent dosing visits, patients on 8q12 or 8q16 had treatment intervals shortened by 4 weeks.²

^fAll assessments were compared with Week 12.²

^gVs EYLEA 2mg.

^hMedian time to dry central subfield was 4 weeks with EYLEA 8q16 and 4 weeks with EYLEA 8q12 vs 8 weeks with EYLEA 2q8 (p=0.0055, HR: 1.1798 and p=0.0429, HR: 1.1290, respectively, exploratory endpoint). ‘Time to fluid-free retina’ is defined as the time of first injection until the time where a patient did not have any IRF or SRF in the central subfield for the first time (regardless of whether any retinal fluid was found again after that). FAS: 2q8 n=336; 8q12 n=335; 8q16 n=338.^{4,5}

ⁱData are descriptive only, no statistical conclusions can be made.

^jRounded value. Patients who were randomised to the 8q12 or 8q16 groups at the beginning of the PULSAR study and continued treatment with EYLEA 8mg through the PULSAR extension study. Two injections in the third year for patients maintained on q24 intervals through the end of the PULSAR trial/PULSAR extension. Mean number of injections from Year 2 to Year 3 was 4.7 (2q8→8mg) and 3.8 (8q12/8q16) in PULSAR extension study (exploratory endpoint).¹

^keFAS (observed cases).¹

^lPatients who were randomised to the 8q12 or 8q16 groups at the beginning of the PULSAR study and continued treatment with EYLEA 8mg through the PULSAR extension study.¹

^mEYLEA 2mg was dosed at fixed q8 intervals after 3 initial monthly injections.⁴

ⁿProportion of patients without fluid in the central subfield at Week 16 (key secondary endpoint). LOCF (data after ICE were censored); data represent FAS. The absence of retinal fluid was defined as no IRF or SRF in the central subfield.⁴

^oPrespecified endpoint, p value: one-sided Cochran–Mantel–Haenszel test; weighting scheme adjusted by geographic region and baseline BCVA (<60 vs ≥60 ETDRS letters).⁴

^pRounded data.

^qeSAF, patients completing Week 156. Last assigned dosing intervals at Week 156 in patients on EYLEA 8mg from baseline: 24% q24, 40% ≥q20, 58% ≥q16 (exploratory endpoint). One patient had a missing value for this assessment.¹

^rEYLEA 8mg is the first and only anti-VEGF that offers nAMD patients up to 6 months between injections.³

^sEstimated from a popPK analysis.⁹

^tA total of 1217 patients treated with EYLEA 8mg up to 96 weeks constituted the safety population in three clinical Phase II/III studies (CANDELA, PULSAR, PHOTON).³

^uLast completed interval.

^vDRM assessments occurred at injection visits after Week 24 in the aflibercept 8mg q16 arm.

^wMeasurements were not available for this treatment visit.

ABBREVIATIONS

2q8, 2mg every 8 weeks; 8q12, 8mg every 12 weeks; 8q16, 8mg every 16 weeks; AE, adverse event; APTC, Antiplatelet Trialists’ Collaboration; BCVA, best-corrected visual acuity; CI, confidence interval; CRT, central retinal thickness; CST, central subfield thickness; DME, diabetic macular oedema; DRM, dose regimen modification; E-DRM, dose regimen modification during extension; eFAS, full analysis set in the extension; eSAF, safety analysis set in the extension; ETDRS, Early Treatment Diabetic Retinopathy Study; FAS, full analysis set; HR, hazard ratio; ICE, intercurrent event; IRF, intraretinal fluid; LOCF, last observation carried forward; LS, least squares; nAMD, neovascular (wet) age-related macular degeneration; N-BL, new baseline; OCT, optical coherence tomography; popPK, population pharmacokinetics; q8, every 8 weeks; q12, every 12 weeks; q16, every 16 weeks; q20, every 20 weeks; q24, every 24 weeks; SAE, serious adverse event; SRF, subretinal fluid; TEAE, treatment-emergent adverse event; VEGF, vascular endothelial growth factor; Wk, week.



Essential Information



ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
(Refer to full SmPC before prescribing.)

Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. **Excipients:** Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

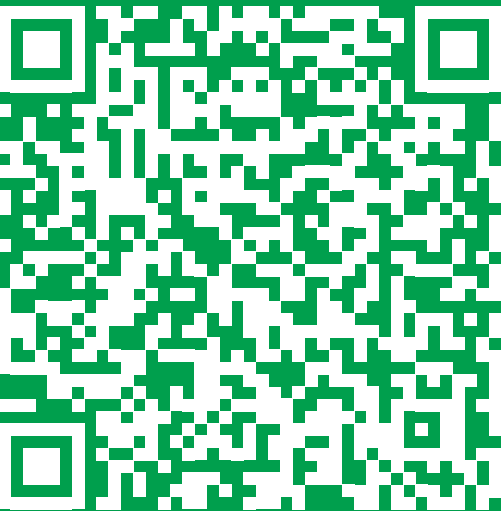
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Date of revision of the underlying Prescribing Information: June 2025.

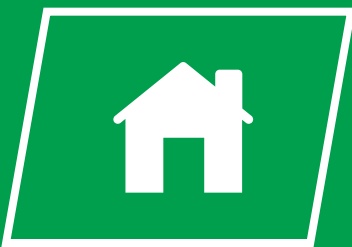
For more information on posology and treatment initiation, please refer to the EYLEA Summary of Product Characteristics. The safety profile observed in the 3 clinical studies (CANDELA, PULSAR, PHOTON) was similar in patients treated with EYLEA 114.3mg/mL and EYLEA 40mg/mL in patients with nAMD and DME. For more information on the safety profile, please refer to the EYLEA Summary of Product Characteristics.

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Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system.



For more information on the product, please refer to full Summary of Product Characteristics by scanning this QR code or directly on the EMA website (<https://www.ema.europa.eu/en/medicines/human/EPAR/eylea>). Marketing Authorisation Holder: Bayer AG, 51368 Leverkusen, Germany.





ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
(Refer to full SmPC before prescribing.)

Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. **Excipients:** Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

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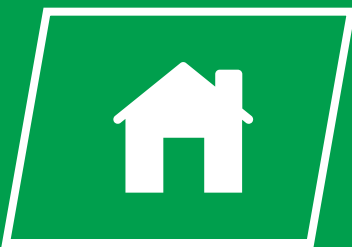
For more information on posology and treatment initiation, please refer to the EYLEA Summary of Product Characteristics. The safety profile observed in the 3 clinical studies (CANDELA, PULSAR, PHOTON) was similar in patients treated with EYLEA 114.3mg/mL and EYLEA 40mg/mL in patients with nAMD and DME. For more information on the safety profile, please refer to the EYLEA Summary of Product Characteristics.

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EYLEA 8mg IN DME



Study design

Fluid control

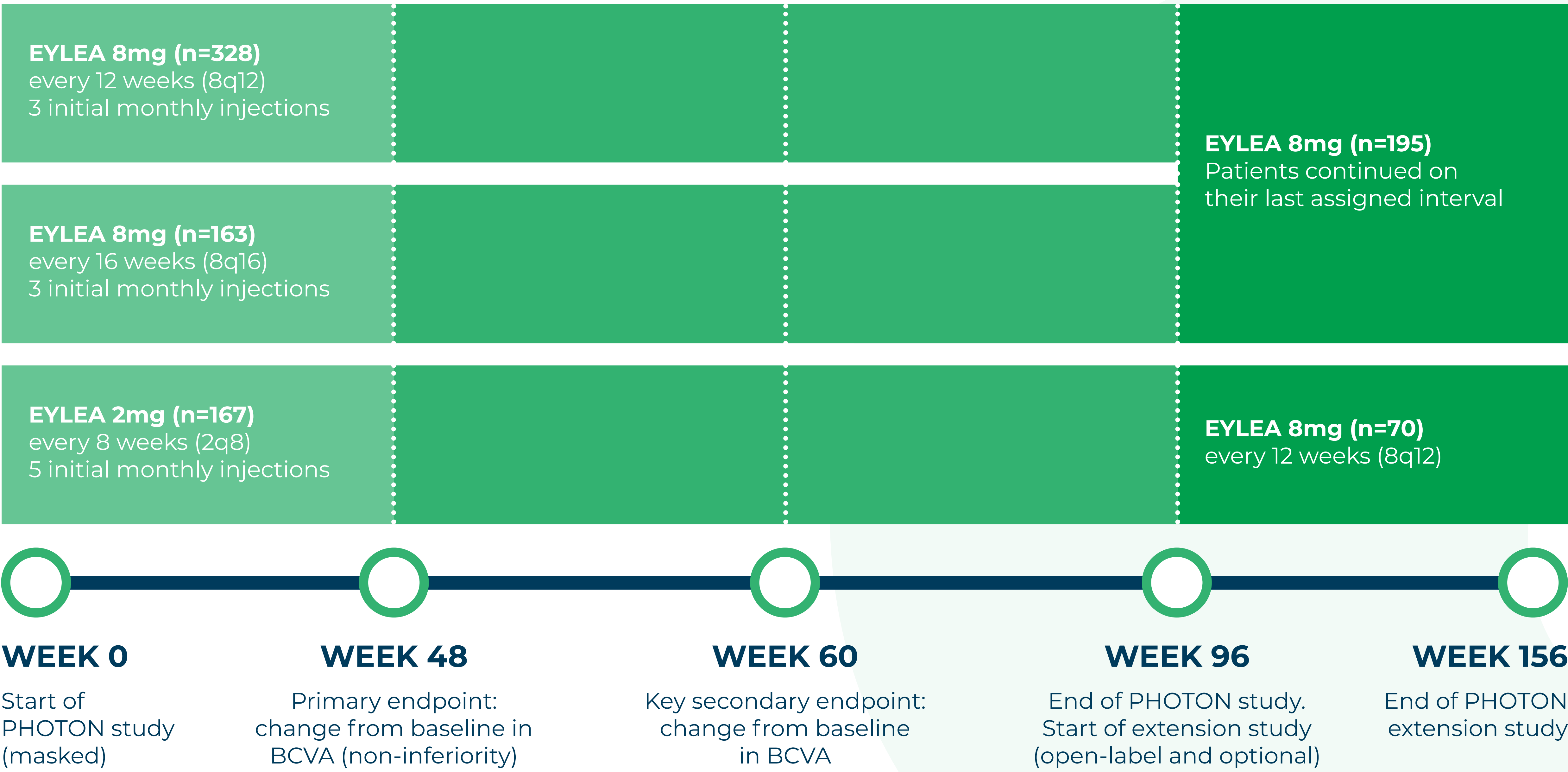
Durability

Vision

Safety profile

PHOTON patient cases

PHOTON & PHOTON EXTENSION STUDIES (DME):^{1-3,a}



PHOTON was a randomised, double-masked, head-to-head trial of EYLEA 8mg vs EYLEA 2mg²

The PHOTON primary and key secondary endpoints were met:^{2,3}

- LS mean change in BCVA (ETDRS letters) from baseline at Week 48 (primary endpoint): +7.2 with EYLEA 8q16 and +8.1 with 8q12 vs +8.7 with EYLEA 2q8 (95% CI: -3.27–0.39, p=0.0031 and 95% CI: -2.26–1.13, p<0.0001, respectively)
- LS mean change in BCVA (ETDRS letters) from baseline at Week 60 (key secondary endpoint): +7.6 with EYLEA 8q16 and +8.5 with 8q12 vs +9.4 with EYLEA 2q8 (95% CI: -3.71–0.19, p=0.0122 and 95% CI: -2.67–0.91, p=0.0003, respectively)



REFERENCES

1. Brown DM, *et al.* Aflibercept 8 mg in diabetic macular edema: 156-week results from the PHOTON extension study. The Macula Society 48th Annual Meeting. 12–15 February 2025. Florida, USA. Oral presentation. **2.** Do D, *et al.* Aflibercept 8 mg for diabetic macular edema: 96-week results from the Phase 2/3 PHOTON trial. AAO. 3–6 November 2023. San Francisco, USA. Oral presentation. **3.** EYLEA® 8 mg (aflibercept 114.3 mg/mL, solution for injection) Summary of Product Characteristics. Berlin, Germany: Bayer Pharma AG. **4.** Do DV, *et al.* *Retina* 2020;40:643–647. **5.** Papadopoulos N, *et al.* *Angiogenesis* 2012;15:171–185. **6.** Kaiser PK, *et al.* Population pharmacokinetic modeling and simulation of ocular clearance for aflibercept 8 mg and 2 mg and association with durability and effect. ARVO. 5–9 May 2024. Seattle, USA. Oral presentation. **7.** Assessment report. Aflibercept. Available at: https://www.ema.europa.eu/en/documents/assessment-report/eylea-epar-public-assessment-report_en.pdf. Accessed: August 2025. **8.** Veritti D, *et al.* *Pharmaceutics* 2023;15:1416.

FOOTNOTES

^aEYLEA 2mg was dosed at fixed q8 intervals after 5 initial monthly injections. At Week 96, patients could enrol in the extension study and switch to 8q12 through to Week 156. Dosing intervals could be extended or shortened in 2-week increments to a maximum of 24 weeks and a minimum of 8 weeks.²

^bIntervals could be shortened if DRM shortening criteria were met.²

^cIntervals could be extended if DRM extension criteria were met.²

^dIf DRM shortening criteria were met at Week 16 or 20, patients on 8q12 and 8q16 were shortened to q8. If DRM shortening criteria were met at Week 24, patients on 8q16 were shortened to q12. At subsequent dosing visits, patients on 8q12 or 8q16 had treatment intervals shortened by 4 weeks.²

^eAll assessments were compared with Week 12.²

^fData are descriptive only, no statistical conclusions can be made.

^geFAS, observed cases.¹

^hPatients who were randomised to the 8q12 or 8q16 groups at the beginning of the study and continued treatment with EYLEA 8mg through the extension study.¹

ⁱVs EYLEA 2mg.

^jRounded value. Two injections in the third year for patients maintained on q24 intervals through the end of the PHOTON trial/PHOTON extension. Mean number of injections from Year 2 to Year 3 was 4.4 (2q8→8mg) and 3.3 (8q12/8q16) in the PHOTON extension study (exploratory endpoint).¹

^keFAS, patients completing Week 156. Last assigned dosing intervals at Week 156 in patients on EYLEA 8mg from baseline: 28% q24, 48% ≥q20, 68% ≥q16 (exploratory endpoint).¹

^lEYLEA 8mg is the first and only anti-VEGF that offers DME patients up to 6 months between injections.³

^mEstimated from a popPK analysis.⁷

ⁿTreatment emergent.¹

^oAll events.¹

^pA total of 1217 patients treated with EYLEA 8mg up to 96 weeks constituted the safety population in three clinical Phase II/III studies (CANDELA, PULSAR, PHOTON).³

^qLast completed interval.

^rDRM assessments occurred at injection visits after Week 20 in the aflibercept 8mg q12 arm and after Week 24 in the aflibercept 8mg q16 arm.

^sMeasurements were not available for this treatment visit.

^tOwing to the patient receiving an injection a week later than planned, the patient received a q15 interval.

^uAs a result of the patient receiving their previous injection at Week 123 instead of Week 122, the patient received a q15 interval up to Week 138.

ABBREVIATIONS

2q8, 2mg every 8 weeks; 8q12, 8mg every 12 weeks; 8q16, 8mg every 16 weeks; AE, adverse event; APTC, Antiplatelet Trialists' Collaboration; BCVA, best-corrected visual acuity; CI, confidence interval; CRT, central retinal thickness; DME, diabetic macular oedema; DRM, dose regimen modification; E-DRM, dose regimen modification during extension; eFAS, full analysis set in the extension; eSAF, safety analysis set in the extension; ETDRS, Early Treatment Diabetic Retinopathy Study; FAS, full analysis set; LS, least squares; N-BL, new baseline; popPK, population pharmacokinetics; q8, every 8 weeks; q12, every 12 weeks; q14, every 14 weeks; q15, every 15 weeks; q16, every 16 weeks; q18, every 18 weeks; q20, every 20 weeks; q24, every 24 weeks; SAE, serious adverse event; TEAE, treatment-emergent adverse event; VEGF, vascular endothelial growth factor; Wk, week.



Essential Information



ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
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Date of revision of the underlying Prescribing Information: June 2025.

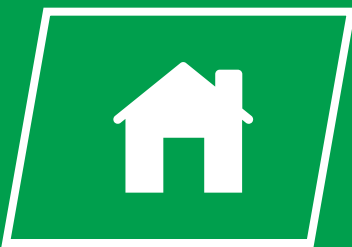
For more information on posology and treatment initiation, please refer to the EYLEA Summary of Product Characteristics. The safety profile observed in the 3 clinical studies (CANDELA, PULSAR, PHOTON) was similar in patients treated with EYLEA 114.3mg/mL and EYLEA 40mg/mL in patients with nAMD and DME. For more information on the safety profile, please refer to the EYLEA Summary of Product Characteristics.

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Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system.



For more information on the product, please refer to full Summary of Product Characteristics by scanning this QR code or directly on the EMA website (<https://www.ema.europa.eu/en/medicines/human/EPAR/eylea>).
Marketing Authorisation Holder: Bayer AG, 51368 Leverkusen, Germany.





ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
(Refer to full SmPC before prescribing.)

Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. **Excipients:** Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

both eyes have not been systematically studied. If bilateral treatment is performed at the same time this could lead to an increased systemic exposure, which could increase the risk of systemic adverse events. Limited data are available on the concomitant use of Eylea with other anti-VEGF medicinal products (systemic or ocular). Treatment should be withheld in the event of: a decrease in best corrected visual acuity (BCVA) of ≥ 30 letters compared with the last assessment of visual acuity; a rhegmatogenous retinal detachment or stage 3 or 4 macular holes; a retinal break; a subretinal haemorrhage involving the central fovea, or, if the size of the haemorrhage is ≥ 50 % of the total lesion area; performed or planned intraocular surgery within the previous or next 28 days. Risk factors associated with the development of a retinal pigment epithelial tear after anti-VEGF therapy for nAMD include a large and/or high pigment epithelial retinal detachment. When initiating aflibercept therapy, caution should be used in patients with these risk factors for retinal pigment epithelial tears. Eylea 114.3 mg/ml should not be used during pregnancy unless the potential benefit outweighs the potential risk to the foetus. Women of childbearing potential must use effective contraception during treatment and for at least 4 months after the last intravitreal injection with Eylea 114.3 mg/ml. As a precautionary measure, breastfeeding is not recommended. Populations with limited data: There are limited data on the use of aflibercept in pregnant women. There is only limited experience with Eylea treatment in diabetic patients with an HbA1c over 12 % or with proliferative diabetic retinopathy. Eylea has not been studied in patients with active systemic infections or in patients with concurrent eye conditions such as retinal detachment or macular hole. There is also no experience of treatment with Eylea in diabetic patients with uncontrolled hypertension. This lack of information should be considered by the physician when treating such patients. Information about excipients: Polysorbates may cause allergic reactions. **Undesirable effects:** As reported in patients with nAMD or DME treated with Eylea 114.3 mg/ml in Phase II/III studies up to 96 weeks. **Common:** Hypersensitivity (including rash, pruritus, urticaria), Cataract, Intraocular pressure increased, Vitreous floaters, Vitreous detachment, Vitreous haemorrhage, Retinal haemorrhage, Visual acuity reduced, Eye pain, Conjunctival haemorrhage, Punctate keratitis, Corneal abrasion. **Uncommon:** Retinal detachment, Retinal tear, Retinal pigment epithelial tear, Detachment of the retinal pigment epithelium, Uveitis, Iritis, Iridocyclitis, Vitritis, Cataract cortical, Cataract nuclear, Cataract subcapsular, Corneal erosion, Vision blurred, Injection site pain, Foreign body sensation in eyes, Lacrimation increased, Injection site haemorrhage, Conjunctival hyperaemia, Eyelid oedema, Ocular hyperaemia, Injection site irritation. **Rare:** Corneal oedema, Lenticular opacities, Retinal degeneration, Eyelid irritation. **Frequency not known:** Scleritis. The following adverse reactions of Eylea 40 mg/ml are also considered expected with Eylea 114.3 mg/ml: abnormal sensation in eye, corneal epithelium defect, anterior chamber flare, endophthalmitis, blindness, traumatic cataract, hypopyon, severe anaphylactic/anaphylactoid reactions. Description of selected adverse reactions: Arterial thromboembolic events (ATEs) are adverse reactions potentially related to systemic VEGF inhibition. There is a theoretical risk of ATEs, including stroke and myocardial infarction, following intravitreal use of VEGF inhibitors. A low incidence rate of ATEs was observed in the aflibercept clinical studies in patients with nAMD and DME. Across indications, no notable difference between the groups treated with Eylea 114.3 mg/ml and the comparator groups treated with Eylea 40 mg/ml were observed.

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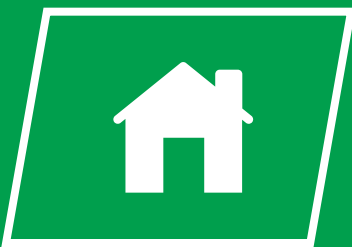
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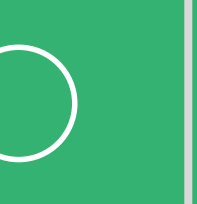
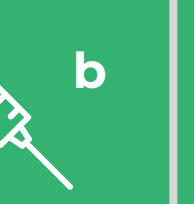
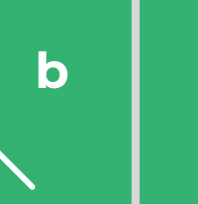
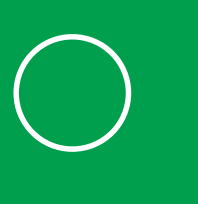
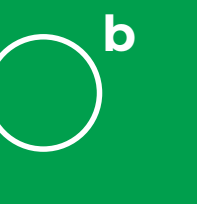
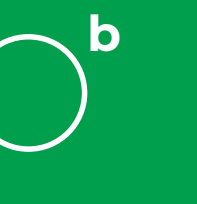
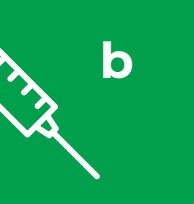
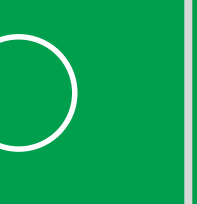
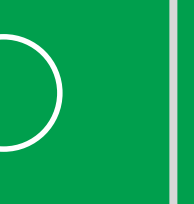
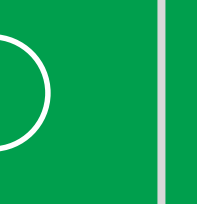
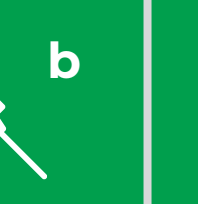


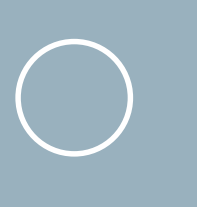
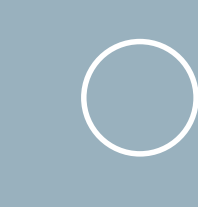
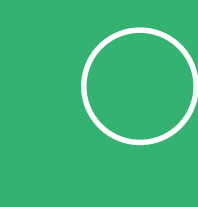
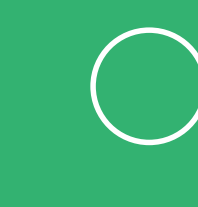
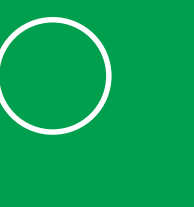
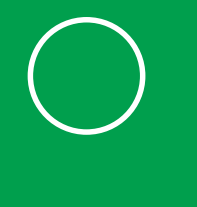
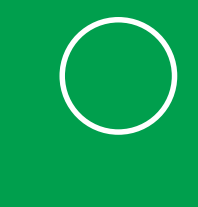
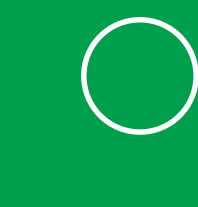
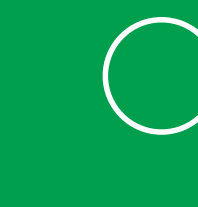
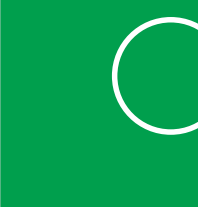
EYLEA 8mg IN DME

	Study design	Fluid control	Durability	Vision	Safety profile	PHOTON patient cases
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PHOTON STUDY (DME): DOSING SCHEDULE AND DRM CRITERIA²

Primary
endpoint

Year 1	Day 1	Wk 4	Wk 8	Wk 12	Wk 16	Wk 20	Wk 24	Wk 28	Wk 32	Wk 36	Wk 40	Wk 44	Wk 48
2q8													
8q12													
8q16													

Year 2	Wk 52	Wk 56	Wk 60	Wk 64	Wk 68	Wk 72	Wk 76	Wk 80	Wk 84	Wk 88	Wk 92	Wk 96
2q8												
8q12												
8q16												

Extracted from Do D, et al. AAO 2023.

DRM: Interval shortening during Years 1 and 2^{d,e} Criteria for interval shortening >10-letter loss in BCVA compared with Week 12 due to persistent or worsening DME AND >50 µm increase in CRT from Week 12 - Patients who met DRM shortening criteria had dosing intervals shortened to q8 at Weeks 16 and 20 or by 4-week increments from Week 24 - The minimum assigned dosing interval was q8	DRM: Interval extension during Year 2 Criteria for interval extension <5-letter loss in BCVA compared with Week 12 AND - CRT <300 µm (or <320 µm on SPECTRALIS) - Patients who met DRM extension criteria from Week 52 had dosing intervals extended by 4-week increments - The maximum assigned dosing interval was q24
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Table does not reflect all dosing options once a patient's interval is shortened or extended.
Patients on 8q12 or 8q16 could be extended by 4-week increments to a maximum of q20 or q24, respectively, if they met the DRM extension criteria.
^bIntervals could be shortened if DRM shortening criteria were met.²
^cIntervals could be extended if DRM extension criteria were met.²
^dIf DRM shortening criteria were met at Week 16 or 20, patients on 8q12 and 8q16 were shortened to q8. If DRM shortening criteria were met at Week 24, patients on 8q16 were shortened to q12. At subsequent dosing visits, patients on 8q12 or 8q16 had treatment intervals shortened by 4 weeks.²
^eAll assessments were compared with Week 12.²



REFERENCES

1. Brown DM, *et al.* Aflibercept 8 mg in diabetic macular edema: 156-week results from the PHOTON extension study. The Macula Society 48th Annual Meeting. 12–15 February 2025. Florida, USA. Oral presentation. **2.** Do D, *et al.* Aflibercept 8 mg for diabetic macular edema: 96-week results from the Phase 2/3 PHOTON trial. AAO. 3–6 November 2023. San Francisco, USA. Oral presentation. **3.** EYLEA® 8 mg (aflibercept 114.3 mg/mL, solution for injection) Summary of Product Characteristics. Berlin, Germany: Bayer Pharma AG. **4.** Do DV, *et al.* *Retina* 2020;40:643–647. **5.** Papadopoulos N, *et al.* *Angiogenesis* 2012;15:171–185. **6.** Kaiser PK, *et al.* Population pharmacokinetic modeling and simulation of ocular clearance for aflibercept 8 mg and 2 mg and association with durability and effect. ARVO. 5–9 May 2024. Seattle, USA. Oral presentation. **7.** Assessment report. Aflibercept. Available at: https://www.ema.europa.eu/en/documents/assessment-report/eylea-epar-public-assessment-report_en.pdf. Accessed: August 2025. **8.** Veritti D, *et al.* *Pharmaceutics* 2023;15:1416.

FOOTNOTES

^aEYLEA 2mg was dosed at fixed q8 intervals after 5 initial monthly injections. At Week 96, patients could enrol in the extension study and switch to 8q12 through to Week 156. Dosing intervals could be extended or shortened in 2-week increments to a maximum of 24 weeks and a minimum of 8 weeks.²

^bIntervals could be shortened if DRM shortening criteria were met.²

^cIntervals could be extended if DRM extension criteria were met.²

^dIf DRM shortening criteria were met at Week 16 or 20, patients on 8q12 and 8q16 were shortened to q8. If DRM shortening criteria were met at Week 24, patients on 8q16 were shortened to q12. At subsequent dosing visits, patients on 8q12 or 8q16 had treatment intervals shortened by 4 weeks.²

^eAll assessments were compared with Week 12.²

^fData are descriptive only, no statistical conclusions can be made.

^geFAS, observed cases.¹

^hPatients who were randomised to the 8q12 or 8q16 groups at the beginning of the study and continued treatment with EYLEA 8mg through the extension study.¹

ⁱVs EYLEA 2mg.

^jRounded value. Two injections in the third year for patients maintained on q24 intervals through the end of the PHOTON trial/PHOTON extension. Mean number of injections from Year 2 to Year 3 was 4.4 (2q8→8mg) and 3.3 (8q12/8q16) in the PHOTON extension study (exploratory endpoint).¹

^keFAS, patients completing Week 156. Last assigned dosing intervals at Week 156 in patients on EYLEA 8mg from baseline: 28% q24, 48% ≥q20, 68% ≥q16 (exploratory endpoint).¹

^lEYLEA 8mg is the first and only anti-VEGF that offers DME patients up to 6 months between injections.³

^mEstimated from a popPK analysis.⁷

ⁿTreatment emergent.¹

^oAll events.¹

^pA total of 1217 patients treated with EYLEA 8mg up to 96 weeks constituted the safety population in three clinical Phase II/III studies (CANDELA, PULSAR, PHOTON).³

^qLast completed interval.

^rDRM assessments occurred at injection visits after Week 20 in the aflibercept 8mg q12 arm and after Week 24 in the aflibercept 8mg q16 arm.

^sMeasurements were not available for this treatment visit.

^tOwing to the patient receiving an injection a week later than planned, the patient received a q15 interval.

^uAs a result of the patient receiving their previous injection at Week 123 instead of Week 122, the patient received a q15 interval up to Week 138.

ABBREVIATIONS

2q8, 2mg every 8 weeks; 8q12, 8mg every 12 weeks; 8q16, 8mg every 16 weeks; AE, adverse event; APTC, Antiplatelet Trialists' Collaboration; BCVA, best-corrected visual acuity; CI, confidence interval; CRT, central retinal thickness; DME, diabetic macular oedema; DRM, dose regimen modification; E-DRM, dose regimen modification during extension; eFAS, full analysis set in the extension; eSAF, safety analysis set in the extension; ETDRS, Early Treatment Diabetic Retinopathy Study; FAS, full analysis set; LS, least squares; N-BL, new baseline; popPK, population pharmacokinetics; q8, every 8 weeks; q12, every 12 weeks; q14, every 14 weeks; q15, every 15 weeks; q16, every 16 weeks; q18, every 18 weeks; q20, every 20 weeks; q24, every 24 weeks; SAE, serious adverse event; TEAE, treatment-emergent adverse event; VEGF, vascular endothelial growth factor; Wk, week.



Essential Information



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Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
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Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. *Excipients:* Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

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Date of revision of the underlying Prescribing Information: June 2025.

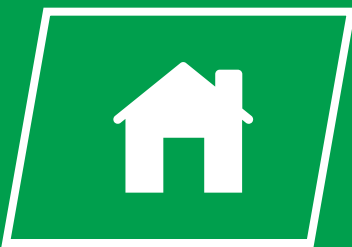
For more information on posology and treatment initiation, please refer to the EYLEA Summary of Product Characteristics. The safety profile observed in the 3 clinical studies (CANDELA, PULSAR, PHOTON) was similar in patients treated with EYLEA 114.3mg/mL and EYLEA 40mg/mL in patients with nAMD and DME. For more information on the safety profile, please refer to the EYLEA Summary of Product Characteristics.

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ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

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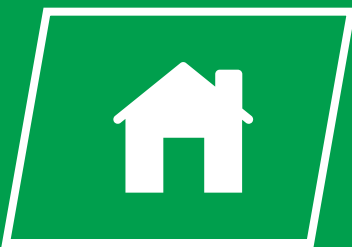
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EYLEA 8mg IN DME

	Study design	Fluid control	Durability	Vision	Safety profile	PHOTON patient cases
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PHOTON EXTENSION STUDY (DME): DOSING SCHEDULE AND E-DRM CRITERIA¹

WEEK 96

8mg
(n=195)

2mg→8mg
(n=70)

WEEK 156

- All patients received EYLEA 8mg through Week 156
 - Patients who were treated with EYLEA 2q8 were switched to EYLEA 8mg at Week 96 and immediately assigned to a 12-week dosing interval
 - Mandatory visits were every 4 weeks through Week 108, then were quarterly through Week 156
 - Dosing visits were scheduled as necessary based on individual dosing interval assignment

E-DRM: Interval shortening during Year 3

- Patients were assessed at **any visit** beginning at Week 100
- **Criteria for interval shortening**
 - >10-letter loss in BCVA from N-BL due to persistent or worsening DME **AND** >50 µm increase in CRT from N-BL **OR**
 - >15-letter loss from N-BL due to worsening DME
- Patients who met E-DRM shortening criteria had dosing intervals shortened by **2-week** increments
 - The minimum assigned dosing interval was **q8**

E-DRM: Interval extension during Year 3

- Patients were assessed at **dosing visits** beginning at Week 100
- **Criteria for interval extension**
 - <5-letter loss in BCVA from N-BL **AND**
 - CRT <300 µm (or <320 µm on SPECTRALIS)
- Patients who met E-DRM extension criteria had dosing intervals extended by **2-week** increments
 - The maximum assigned dosing interval was **q24**

N-BL was an average of values from Weeks 84, 88 and 92.



REFERENCES

1. Brown DM, *et al.* Aflibercept 8 mg in diabetic macular edema: 156-week results from the PHOTON extension study. The Macula Society 48th Annual Meeting. 12–15 February 2025. Florida, USA. Oral presentation. **2.** Do D, *et al.* Aflibercept 8 mg for diabetic macular edema: 96-week results from the Phase 2/3 PHOTON trial. AAO. 3–6 November 2023. San Francisco, USA. Oral presentation. **3.** EYLEA® 8 mg (aflibercept 114.3 mg/mL, solution for injection) Summary of Product Characteristics. Berlin, Germany: Bayer Pharma AG. **4.** Do DV, *et al.* *Retina* 2020;40:643–647. **5.** Papadopoulos N, *et al.* *Angiogenesis* 2012;15:171–185. **6.** Kaiser PK, *et al.* Population pharmacokinetic modeling and simulation of ocular clearance for aflibercept 8 mg and 2 mg and association with durability and effect. ARVO. 5–9 May 2024. Seattle, USA. Oral presentation. **7.** Assessment report. Aflibercept. Available at: https://www.ema.europa.eu/en/documents/assessment-report/eylea-epar-public-assessment-report_en.pdf. Accessed: August 2025. **8.** Veritti D, *et al.* *Pharmaceutics* 2023;15:1416.

FOOTNOTES

^aEYLEA 2mg was dosed at fixed q8 intervals after 5 initial monthly injections. At Week 96, patients could enrol in the extension study and switch to 8q12 through to Week 156. Dosing intervals could be extended or shortened in 2-week increments to a maximum of 24 weeks and a minimum of 8 weeks.²

^bIntervals could be shortened if DRM shortening criteria were met.²

^cIntervals could be extended if DRM extension criteria were met.²

^dIf DRM shortening criteria were met at Week 16 or 20, patients on 8q12 and 8q16 were shortened to q8. If DRM shortening criteria were met at Week 24, patients on 8q16 were shortened to q12. At subsequent dosing visits, patients on 8q12 or 8q16 had treatment intervals shortened by 4 weeks.²

^eAll assessments were compared with Week 12.²

^fData are descriptive only, no statistical conclusions can be made.

^geFAS, observed cases.¹

^hPatients who were randomised to the 8q12 or 8q16 groups at the beginning of the study and continued treatment with EYLEA 8mg through the extension study.¹

ⁱVs EYLEA 2mg.

^jRounded value. Two injections in the third year for patients maintained on q24 intervals through the end of the PHOTON trial/PHOTON extension. Mean number of injections from Year 2 to Year 3 was 4.4 (2q8→8mg) and 3.3 (8q12/8q16) in the PHOTON extension study (exploratory endpoint).¹

^keFAS, patients completing Week 156. Last assigned dosing intervals at Week 156 in patients on EYLEA 8mg from baseline: 28% q24, 48% ≥q20, 68% ≥q16 (exploratory endpoint).¹

^lEYLEA 8mg is the first and only anti-VEGF that offers DME patients up to 6 months between injections.³

^mEstimated from a popPK analysis.⁷

ⁿTreatment emergent.¹

^oAll events.¹

^pA total of 1217 patients treated with EYLEA 8mg up to 96 weeks constituted the safety population in three clinical Phase II/III studies (CANDELA, PULSAR, PHOTON).³

^qLast completed interval.

^rDRM assessments occurred at injection visits after Week 20 in the aflibercept 8mg q12 arm and after Week 24 in the aflibercept 8mg q16 arm.

^sMeasurements were not available for this treatment visit.

^tOwing to the patient receiving an injection a week later than planned, the patient received a q15 interval.

^uAs a result of the patient receiving their previous injection at Week 123 instead of Week 122, the patient received a q15 interval up to Week 138.

ABBREVIATIONS

2q8, 2mg every 8 weeks; 8q12, 8mg every 12 weeks; 8q16, 8mg every 16 weeks; AE, adverse event; APTC, Antiplatelet Trialists' Collaboration; BCVA, best-corrected visual acuity; CI, confidence interval; CRT, central retinal thickness; DME, diabetic macular oedema; DRM, dose regimen modification; E-DRM, dose regimen modification during extension; eFAS, full analysis set in the extension; eSAF, safety analysis set in the extension; ETDRS, Early Treatment Diabetic Retinopathy Study; FAS, full analysis set; LS, least squares; N-BL, new baseline; popPK, population pharmacokinetics; q8, every 8 weeks; q12, every 12 weeks; q14, every 14 weeks; q15, every 15 weeks; q16, every 16 weeks; q18, every 18 weeks; q20, every 20 weeks; q24, every 24 weeks; SAE, serious adverse event; TEAE, treatment-emergent adverse event; VEGF, vascular endothelial growth factor; Wk, week.



Essential Information



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Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. *Excipients:* Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

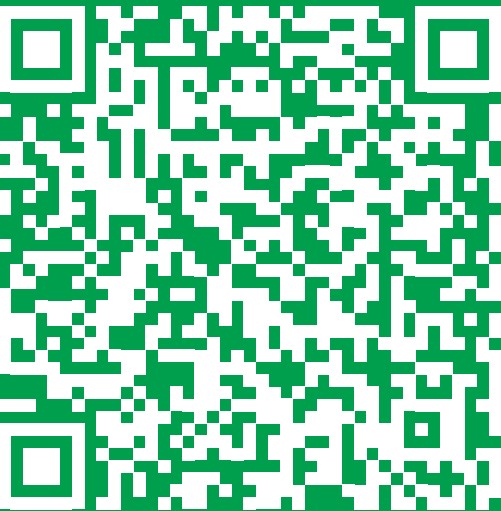
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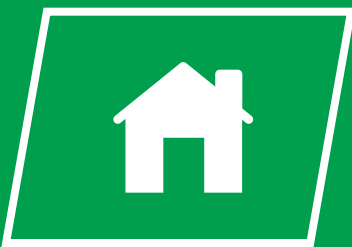
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On prescription only. Administration only by a qualified physician experienced in administering intravitreal injections. Refer to full Summary of Product Characteristics before prescribing. Additional risk minimisation measures have been developed for healthcare professionals (a prescriber's guide and video on how to prepare and inject EYLEA) and patients. The prescriber's guide aims to raise awareness of the risks associated with intravitreal injections. The purpose of the patient guide is to inform patients about the disease, treatment, injection procedure and symptoms of injection-related side effects. It is recommended to read these documents before prescribing this drug and giving the guide to the patient. These documents are available upon request.

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system.



For more information on the product, please refer to full Summary of Product Characteristics by scanning this QR code or directly on the EMA website (<https://www.ema.europa.eu/en/medicines/human/EPAR/eylea>). Marketing Authorisation Holder: Bayer AG, 51368 Leverkusen, Germany.





ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
(Refer to full SmPC before prescribing.)

Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. **Excipients:** Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

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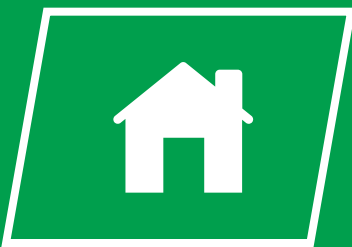
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Marketing Authorisation Holder: Bayer AG, 51368 Leverkusen, Germany.



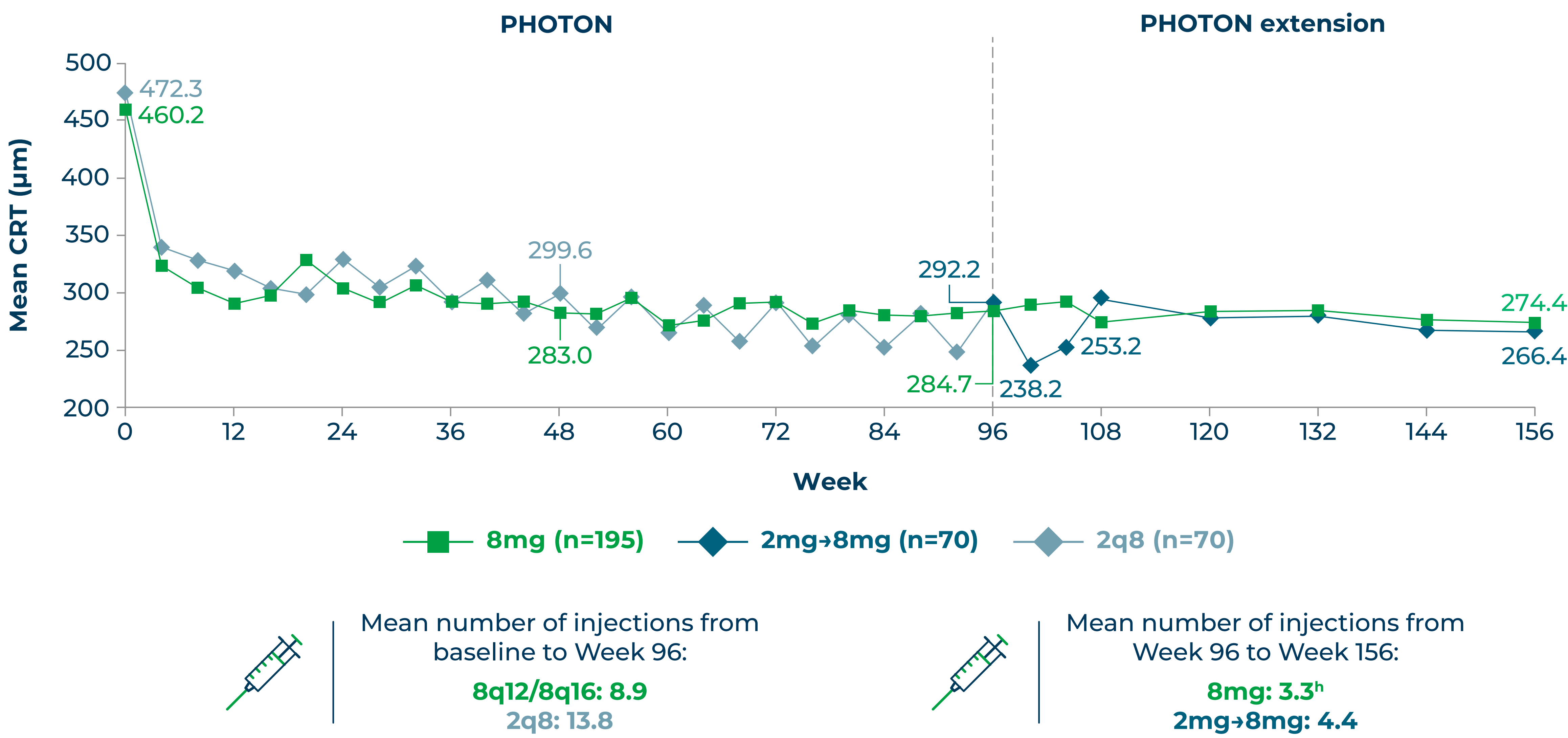
EYLEA 8mg IN DME

- 
- Study design
- Fluid control**
- Durability
- Vision
- Safety profile
- PHOTON patient cases

FAST DRYING WITH EYLEA 8mg¹

Rapid fluid resolution (CRT data) with just 3 monthly loading doses of EYLEA 8mg (descriptive data only)^{1,f}

Mean CRT through Week 156 (additional secondary exploratory endpoint)^g



Adapted from Brown DM, et al. Macula Society 2025.



REFERENCES

1. Brown DM, *et al.* Aflibercept 8 mg in diabetic macular edema: 156-week results from the PHOTON extension study. The Macula Society 48th Annual Meeting. 12–15 February 2025. Florida, USA. Oral presentation. **2.** Do D, *et al.* Aflibercept 8 mg for diabetic macular edema: 96-week results from the Phase 2/3 PHOTON trial. AAO. 3–6 November 2023. San Francisco, USA. Oral presentation. **3.** EYLEA® 8 mg (aflibercept 114.3 mg/mL, solution for injection) Summary of Product Characteristics. Berlin, Germany: Bayer Pharma AG. **4.** Do DV, *et al.* *Retina* 2020;40:643–647. **5.** Papadopoulos N, *et al.* *Angiogenesis* 2012;15:171–185. **6.** Kaiser PK, *et al.* Population pharmacokinetic modeling and simulation of ocular clearance for aflibercept 8 mg and 2 mg and association with durability and effect. ARVO. 5–9 May 2024. Seattle, USA. Oral presentation. **7.** Assessment report. Aflibercept. Available at: https://www.ema.europa.eu/en/documents/assessment-report/eylea-epar-public-assessment-report_en.pdf. Accessed: August 2025. **8.** Veritti D, *et al.* *Pharmaceutics* 2023;15:1416.

FOOTNOTES

^aEYLEA 2mg was dosed at fixed q8 intervals after 5 initial monthly injections. At Week 96, patients could enrol in the extension study and switch to 8q12 through to Week 156. Dosing intervals could be extended or shortened in 2-week increments to a maximum of 24 weeks and a minimum of 8 weeks.²

^bIntervals could be shortened if DRM shortening criteria were met.²

^cIntervals could be extended if DRM extension criteria were met.²

^dIf DRM shortening criteria were met at Week 16 or 20, patients on 8q12 and 8q16 were shortened to q8. If DRM shortening criteria were met at Week 24, patients on 8q16 were shortened to q12. At subsequent dosing visits, patients on 8q12 or 8q16 had treatment intervals shortened by 4 weeks.²

^eAll assessments were compared with Week 12.²

^fData are descriptive only, no statistical conclusions can be made.

^geFAS, observed cases.¹

^hPatients who were randomised to the 8q12 or 8q16 groups at the beginning of the study and continued treatment with EYLEA 8mg through the extension study.¹

ⁱVs EYLEA 2mg.

^jRounded value. Two injections in the third year for patients maintained on q24 intervals through the end of the PHOTON trial/PHOTON extension. Mean number of injections from Year 2 to Year 3 was 4.4 (2q8→8mg) and 3.3 (8q12/8q16) in the PHOTON extension study (exploratory endpoint).¹

^keFAS, patients completing Week 156. Last assigned dosing intervals at Week 156 in patients on EYLEA 8mg from baseline: 28% q24, 48% ≥q20, 68% ≥q16 (exploratory endpoint).¹

^lEYLEA 8mg is the first and only anti-VEGF that offers DME patients up to 6 months between injections.³

^mEstimated from a popPK analysis.⁷

ⁿTreatment emergent.¹

^oAll events.¹

^pA total of 1217 patients treated with EYLEA 8mg up to 96 weeks constituted the safety population in three clinical Phase II/III studies (CANDELA, PULSAR, PHOTON).³

^qLast completed interval.

^rDRM assessments occurred at injection visits after Week 20 in the aflibercept 8mg q12 arm and after Week 24 in the aflibercept 8mg q16 arm.

^sMeasurements were not available for this treatment visit.

^tOwing to the patient receiving an injection a week later than planned, the patient received a q15 interval.

^uAs a result of the patient receiving their previous injection at Week 123 instead of Week 122, the patient received a q15 interval up to Week 138.

ABBREVIATIONS

2q8, 2mg every 8 weeks; 8q12, 8mg every 12 weeks; 8q16, 8mg every 16 weeks; AE, adverse event; APTC, Antiplatelet Trialists' Collaboration; BCVA, best-corrected visual acuity; CI, confidence interval; CRT, central retinal thickness; DME, diabetic macular oedema; DRM, dose regimen modification; E-DRM, dose regimen modification during extension; eFAS, full analysis set in the extension; eSAF, safety analysis set in the extension; ETDRS, Early Treatment Diabetic Retinopathy Study; FAS, full analysis set; LS, least squares; N-BL, new baseline; popPK, population pharmacokinetics; q8, every 8 weeks; q12, every 12 weeks; q14, every 14 weeks; q15, every 15 weeks; q16, every 16 weeks; q18, every 18 weeks; q20, every 20 weeks; q24, every 24 weeks; SAE, serious adverse event; TEAE, treatment-emergent adverse event; VEGF, vascular endothelial growth factor; Wk, week.



Essential Information



ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
(Refer to full SmPC before prescribing.)

Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. **Excipients:** Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

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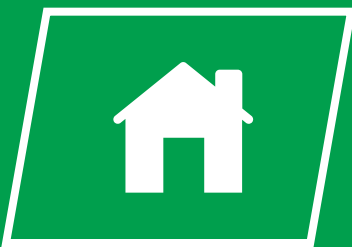
For more information on posology and treatment initiation, please refer to the EYLEA Summary of Product Characteristics. The safety profile observed in the 3 clinical studies (CANDELA, PULSAR, PHOTON) was similar in patients treated with EYLEA 114.3mg/mL and EYLEA 40mg/mL in patients with nAMD and DME. For more information on the safety profile, please refer to the EYLEA Summary of Product Characteristics.

On prescription only. Administration only by a qualified physician experienced in administering intravitreal injections. Refer to full Summary of Product Characteristics before prescribing. Additional risk minimisation measures have been developed for healthcare professionals (a prescriber's guide and video on how to prepare and inject EYLEA) and patients. The prescriber's guide aims to raise awareness of the risks associated with intravitreal injections. The purpose of the patient guide is to inform patients about the disease, treatment, injection procedure and symptoms of injection-related side effects. It is recommended to read these documents before prescribing this drug and giving the guide to the patient. These documents are available upon request.

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For more information on the product, please refer to full Summary of Product Characteristics by scanning this QR code or directly on the EMA website (<https://www.ema.europa.eu/en/medicines/human/EPAR/eylea>). Marketing Authorisation Holder: Bayer AG, 51368 Leverkusen, Germany.





ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
(Refer to full SmPC before prescribing.)

Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. **Excipients:** Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

both eyes have not been systematically studied. If bilateral treatment is performed at the same time this could lead to an increased systemic exposure, which could increase the risk of systemic adverse events. Limited data are available on the concomitant use of Eylea with other anti-VEGF medicinal products (systemic or ocular). Treatment should be withheld in the event of: a decrease in best corrected visual acuity (BCVA) of ≥ 30 letters compared with the last assessment of visual acuity; a rhegmatogenous retinal detachment or stage 3 or 4 macular holes; a retinal break; a subretinal haemorrhage involving the central fovea, or, if the size of the haemorrhage is ≥ 50 % of the total lesion area; performed or planned intraocular surgery within the previous or next 28 days. Risk factors associated with the development of a retinal pigment epithelial tear after anti-VEGF therapy for nAMD include a large and/or high pigment epithelial retinal detachment. When initiating aflibercept therapy, caution should be used in patients with these risk factors for retinal pigment epithelial tears. Eylea 114.3 mg/ml should not be used during pregnancy unless the potential benefit outweighs the potential risk to the foetus. Women of childbearing potential must use effective contraception during treatment and for at least 4 months after the last intravitreal injection with Eylea 114.3 mg/ml. As a precautionary measure, breastfeeding is not recommended. Populations with limited data: There are limited data on the use of aflibercept in pregnant women. There is only limited experience with Eylea treatment in diabetic patients with an HbA1c over 12 % or with proliferative diabetic retinopathy. Eylea has not been studied in patients with active systemic infections or in patients with concurrent eye conditions such as retinal detachment or macular hole. There is also no experience of treatment with Eylea in diabetic patients with uncontrolled hypertension. This lack of information should be considered by the physician when treating such patients. Information about excipients: Polysorbates may cause allergic reactions. **Undesirable effects:** As reported in patients with nAMD or DME treated with Eylea 114.3 mg/ml in Phase II/III studies up to 96 weeks. **Common:** Hypersensitivity (including rash, pruritus, urticaria), Cataract, Intraocular pressure increased, Vitreous floaters, Vitreous detachment, Vitreous haemorrhage, Retinal haemorrhage, Visual acuity reduced, Eye pain, Conjunctival haemorrhage, Punctate keratitis, Corneal abrasion. **Uncommon:** Retinal detachment, Retinal tear, Retinal pigment epithelial tear, Detachment of the retinal pigment epithelium, Uveitis, Iritis, Iridocyclitis, Vitritis, Cataract cortical, Cataract nuclear, Cataract subcapsular, Corneal erosion, Vision blurred, Injection site pain, Foreign body sensation in eyes, Lacrimation increased, Injection site haemorrhage, Conjunctival hyperaemia, Eyelid oedema, Ocular hyperaemia, Injection site irritation. **Rare:** Corneal oedema, Lenticular opacities, Retinal degeneration, Eyelid irritation. **Frequency not known:** Scleritis. The following adverse reactions of Eylea 40 mg/ml are also considered expected with Eylea 114.3 mg/ml: abnormal sensation in eye, corneal epithelium defect, anterior chamber flare, endophthalmitis, blindness, traumatic cataract, hypopyon, severe anaphylactic/anaphylactoid reactions. **Description of selected adverse reactions:** Arterial thromboembolic events (ATEs) are adverse reactions potentially related to systemic VEGF inhibition. There is a theoretical risk of ATEs, including stroke and myocardial infarction, following intravitreal use of VEGF inhibitors. A low incidence rate of ATEs was observed in the aflibercept clinical studies in patients with nAMD and DME. Across indications, no notable difference between the groups treated with Eylea 114.3 mg/ml and the comparator groups treated with Eylea 40 mg/ml were observed.

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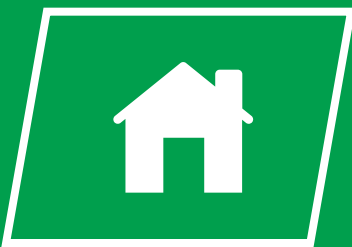
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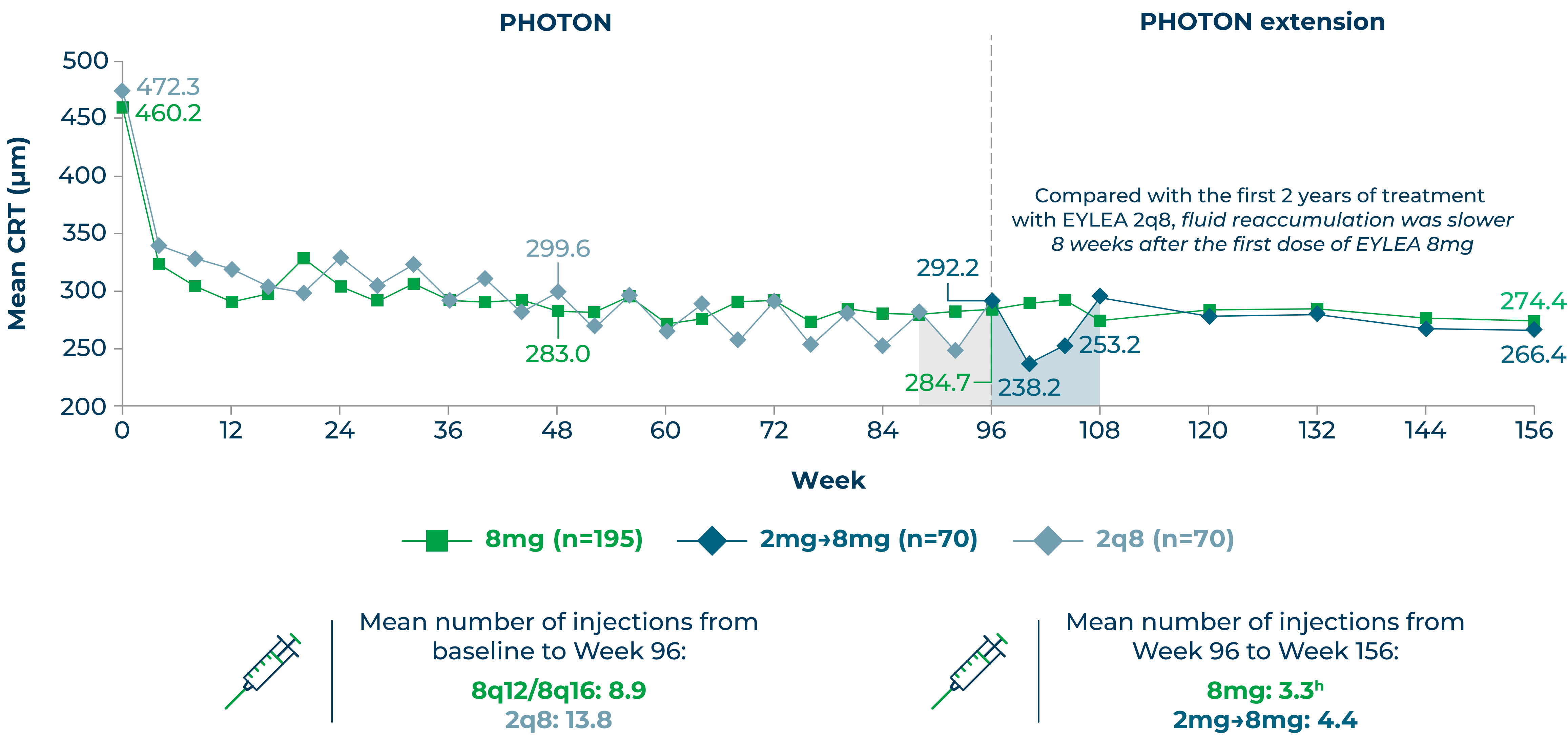
EYLEA 8mg IN DME

- 
- Study design
- Fluid control**
- Durability
- Vision
- Safety profile
- PHOTON patient cases

LONGER DRYING WITH EYLEA 8mg^{1,i}

- More resilient fluid control on switching to EYLEA 8mg from EYLEA 2mg¹
- Slower fluid reaccumulation 8 weeks after the first EYLEA 8mg dose than in the first 2 years with EYLEA 2mg in the EYLEA 2q8→8mg arm (descriptive data only)^{1,f}

Mean CRT through Week 156 (additional secondary exploratory endpoint)⁹



Adapted from Brown DM, et al. Macula Society 2025.

Fluid control maintained through **Year 3** with as few as **2 injections** per year in patients on EYLEA 8mg from Week 0^{1j}

References

Essential Information



REFERENCES

1. Brown DM, *et al.* Aflibercept 8 mg in diabetic macular edema: 156-week results from the PHOTON extension study. The Macula Society 48th Annual Meeting. 12–15 February 2025. Florida, USA. Oral presentation. **2.** Do D, *et al.* Aflibercept 8 mg for diabetic macular edema: 96-week results from the Phase 2/3 PHOTON trial. AAO. 3–6 November 2023. San Francisco, USA. Oral presentation. **3.** EYLEA® 8 mg (aflibercept 114.3 mg/mL, solution for injection) Summary of Product Characteristics. Berlin, Germany: Bayer Pharma AG. **4.** Do DV, *et al.* *Retina* 2020;40:643–647. **5.** Papadopoulos N, *et al.* *Angiogenesis* 2012;15:171–185. **6.** Kaiser PK, *et al.* Population pharmacokinetic modeling and simulation of ocular clearance for aflibercept 8 mg and 2 mg and association with durability and effect. ARVO. 5–9 May 2024. Seattle, USA. Oral presentation. **7.** Assessment report. Aflibercept. Available at: https://www.ema.europa.eu/en/documents/assessment-report/eylea-epar-public-assessment-report_en.pdf. Accessed: August 2025. **8.** Veritti D, *et al.* *Pharmaceutics* 2023;15:1416.

FOOTNOTES

^aEYLEA 2mg was dosed at fixed q8 intervals after 5 initial monthly injections. At Week 96, patients could enrol in the extension study and switch to 8q12 through to Week 156. Dosing intervals could be extended or shortened in 2-week increments to a maximum of 24 weeks and a minimum of 8 weeks.²

^bIntervals could be shortened if DRM shortening criteria were met.²

^cIntervals could be extended if DRM extension criteria were met.²

^dIf DRM shortening criteria were met at Week 16 or 20, patients on 8q12 and 8q16 were shortened to q8. If DRM shortening criteria were met at Week 24, patients on 8q16 were shortened to q12. At subsequent dosing visits, patients on 8q12 or 8q16 had treatment intervals shortened by 4 weeks.²

^eAll assessments were compared with Week 12.²

^fData are descriptive only, no statistical conclusions can be made.

^geFAS, observed cases.¹

^hPatients who were randomised to the 8q12 or 8q16 groups at the beginning of the study and continued treatment with EYLEA 8mg through the extension study.¹

ⁱVs EYLEA 2mg.

^jRounded value. Two injections in the third year for patients maintained on q24 intervals through the end of the PHOTON trial/PHOTON extension. Mean number of injections from Year 2 to Year 3 was 4.4 (2q8→8mg) and 3.3 (8q12/8q16) in the PHOTON extension study (exploratory endpoint).¹

^keFAS, patients completing Week 156. Last assigned dosing intervals at Week 156 in patients on EYLEA 8mg from baseline: 28% q24, 48% ≥q20, 68% ≥q16 (exploratory endpoint).¹

^lEYLEA 8mg is the first and only anti-VEGF that offers DME patients up to 6 months between injections.³

^mEstimated from a popPK analysis.⁷

ⁿTreatment emergent.¹

^oAll events.¹

^pA total of 1217 patients treated with EYLEA 8mg up to 96 weeks constituted the safety population in three clinical Phase II/III studies (CANDELA, PULSAR, PHOTON).³

^qLast completed interval.

^rDRM assessments occurred at injection visits after Week 20 in the aflibercept 8mg q12 arm and after Week 24 in the aflibercept 8mg q16 arm.

^sMeasurements were not available for this treatment visit.

^tOwing to the patient receiving an injection a week later than planned, the patient received a q15 interval.

^uAs a result of the patient receiving their previous injection at Week 123 instead of Week 122, the patient received a q15 interval up to Week 138.

ABBREVIATIONS

2q8, 2mg every 8 weeks; 8q12, 8mg every 12 weeks; 8q16, 8mg every 16 weeks; AE, adverse event; APTC, Antiplatelet Trialists' Collaboration; BCVA, best-corrected visual acuity; CI, confidence interval; CRT, central retinal thickness; DME, diabetic macular oedema; DRM, dose regimen modification; E-DRM, dose regimen modification during extension; eFAS, full analysis set in the extension; eSAF, safety analysis set in the extension; ETDRS, Early Treatment Diabetic Retinopathy Study; FAS, full analysis set; LS, least squares; N-BL, new baseline; popPK, population pharmacokinetics; q8, every 8 weeks; q12, every 12 weeks; q14, every 14 weeks; q15, every 15 weeks; q16, every 16 weeks; q18, every 18 weeks; q20, every 20 weeks; q24, every 24 weeks; SAE, serious adverse event; TEAE, treatment-emergent adverse event; VEGF, vascular endothelial growth factor; Wk, week.



Essential Information



ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
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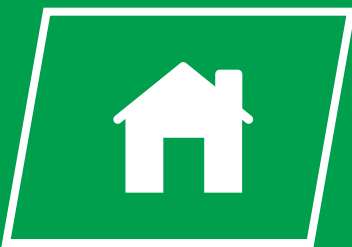
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Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. *Excipients:* Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

both eyes have not been systematically studied. If bilateral treatment is performed at the same time this could lead to an increased systemic exposure, which could increase the risk of systemic adverse events. Limited data are available on the concomitant use of Eylea with other anti-VEGF medicinal products (systemic or ocular). Treatment should be withheld in the event of: a decrease in best corrected visual acuity (BCVA) of ≥ 30 letters compared with the last assessment of visual acuity; a rhegmatogenous retinal detachment or stage 3 or 4 macular holes; a retinal break; a subretinal haemorrhage involving the central fovea, or, if the size of the haemorrhage is ≥ 50 % of the total lesion area; performed or planned intraocular surgery within the previous or next 28 days. Risk factors associated with the development of a retinal pigment epithelial tear after anti-VEGF therapy for nAMD include a large and/or high pigment epithelial retinal detachment. When initiating aflibercept therapy, caution should be used in patients with these risk factors for retinal pigment epithelial tears. Eylea 114.3 mg/ml should not be used during pregnancy unless the potential benefit outweighs the potential risk to the foetus. Women of childbearing potential must use effective contraception during treatment and for at least 4 months after the last intravitreal injection with Eylea 114.3 mg/ml. As a precautionary measure, breastfeeding is not recommended. Populations with limited data: There are limited data on the use of aflibercept in pregnant women. There is only limited experience with Eylea treatment in diabetic patients with an HbA1c over 12 % or with proliferative diabetic retinopathy. Eylea has not been studied in patients with active systemic infections or in patients with concurrent eye conditions such as retinal detachment or macular hole. There is also no experience of treatment with Eylea in diabetic patients with uncontrolled hypertension. This lack of information should be considered by the physician when treating such patients. Information about excipients: Polysorbates may cause allergic reactions. **Undesirable effects:** As reported in patients with nAMD or DME treated with Eylea 114.3 mg/ml in Phase II/III studies up to 96 weeks. **Common:** Hypersensitivity (including rash, pruritus, urticaria), Cataract, Intraocular pressure increased, Vitreous floaters, Vitreous detachment, Vitreous haemorrhage, Retinal haemorrhage, Visual acuity reduced, Eye pain, Conjunctival haemorrhage, Punctate keratitis, Corneal abrasion. **Uncommon:** Retinal detachment, Retinal tear, Retinal pigment epithelial tear, Detachment of the retinal pigment epithelium, Uveitis, Iritis, Iridocyclitis, Vitritis, Cataract cortical, Cataract nuclear, Cataract subcapsular, Corneal erosion, Vision blurred, Injection site pain, Foreign body sensation in eyes, Lacrimation increased, Injection site haemorrhage, Conjunctival hyperaemia, Eyelid oedema, Ocular hyperaemia, Injection site irritation. **Rare:** Corneal oedema, Lenticular opacities, Retinal degeneration, Eyelid irritation. **Frequency not known:** Scleritis. The following adverse reactions of Eylea 40 mg/ml are also considered expected with Eylea 114.3 mg/ml: abnormal sensation in eye, corneal epithelium defect, anterior chamber flare, endophthalmitis, blindness, traumatic cataract, hypopyon, severe anaphylactic/anaphylactoid reactions. **Description of selected adverse reactions:** Arterial thromboembolic events (ATEs) are adverse reactions potentially related to systemic VEGF inhibition. There is a theoretical risk of ATEs, including stroke and myocardial infarction, following intravitreal use of VEGF inhibitors. A low incidence rate of ATEs was observed in the aflibercept clinical studies in patients with nAMD and DME. Across indications, no notable difference between the groups treated with Eylea 114.3 mg/ml and the comparator groups treated with Eylea 40 mg/ml were observed.

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Date of revision of the underlying Prescribing Information: June 2025.

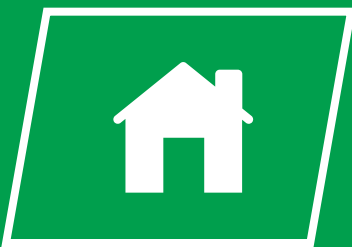
For more information on posology and treatment initiation, please refer to the EYLEA Summary of Product Characteristics. The safety profile observed in the 3 clinical studies (CANDELA, PULSAR, PHOTON) was similar in patients treated with EYLEA 114.3mg/mL and EYLEA 40mg/mL in patients with nAMD and DME. For more information on the safety profile, please refer to the EYLEA Summary of Product Characteristics.

On prescription only. Administration only by a qualified physician experienced in administering intravitreal injections. Refer to full Summary of Product Characteristics before prescribing. Additional risk minimisation measures have been developed for healthcare professionals (a prescriber's guide and video on how to prepare and inject EYLEA) and patients. The prescriber's guide aims to raise awareness of the risks associated with intravitreal injections. The purpose of the patient guide is to inform patients about the disease, treatment, injection procedure and symptoms of injection-related side effects. It is recommended to read these documents before prescribing this drug and giving the guide to the patient. These documents are available upon request.

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system.



For more information on the product, please refer to full Summary of Product Characteristics by scanning this QR code or directly on the EMA website (<https://www.ema.europa.eu/en/medicines/human/EPAR/eylea>). Marketing Authorisation Holder: Bayer AG, 51368 Leverkusen, Germany.



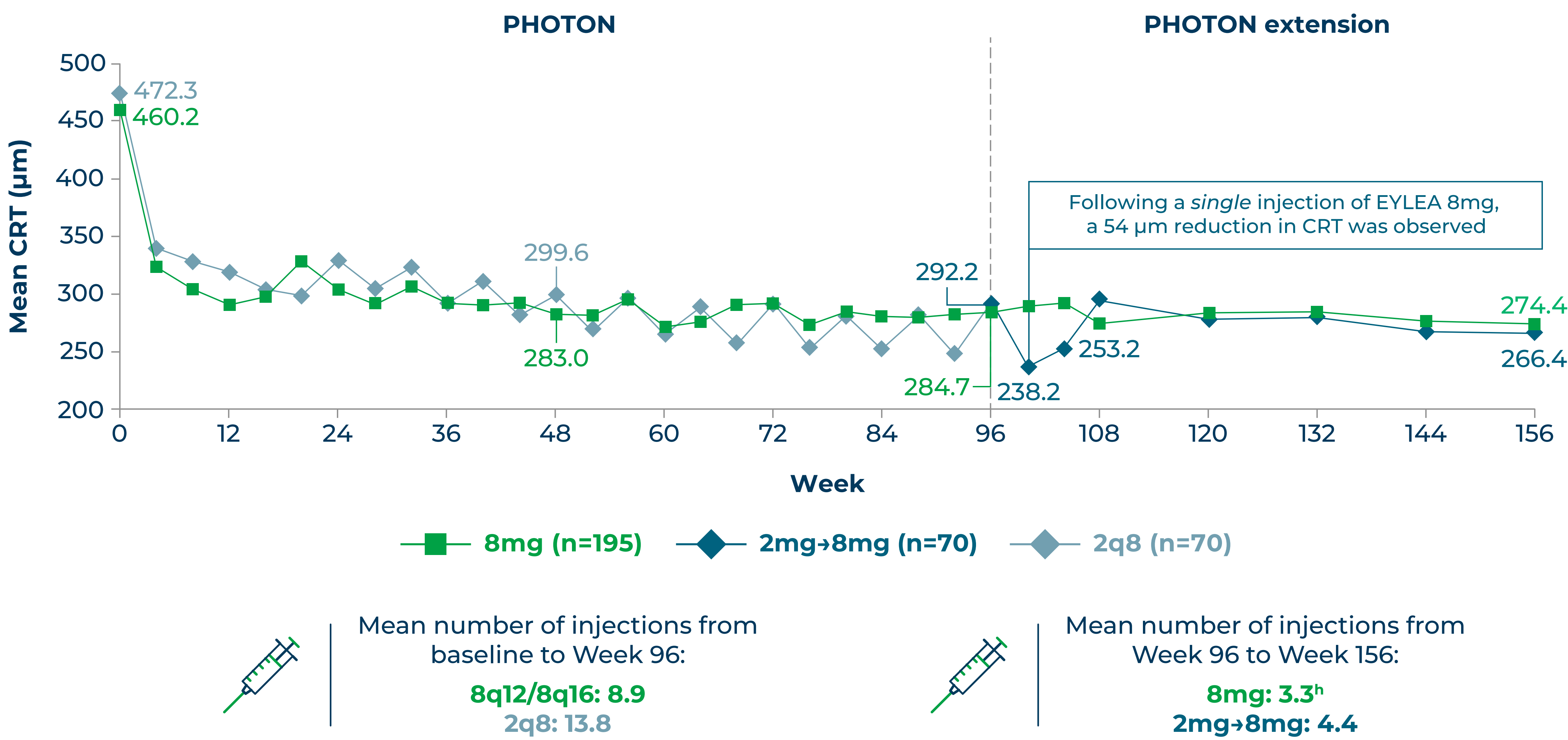
EYLEA 8mg IN DME

- 
- Study design
- Fluid control**
- Durability
- Vision
- Safety profile
- PHOTON patient cases

BETTER DRYING WITH EYLEA 8mg^{1,i}

More effective fluid control on switching to EYLEA 8mg from EYLEA 2mg (descriptive data only)^{1,f}

Mean CRT through Week 156 (additional secondary exploratory endpoint)⁹





REFERENCES

1. Brown DM, *et al.* Aflibercept 8 mg in diabetic macular edema: 156-week results from the PHOTON extension study. The Macula Society 48th Annual Meeting. 12–15 February 2025. Florida, USA. Oral presentation. **2.** Do D, *et al.* Aflibercept 8 mg for diabetic macular edema: 96-week results from the Phase 2/3 PHOTON trial. AAO. 3–6 November 2023. San Francisco, USA. Oral presentation. **3.** EYLEA® 8 mg (aflibercept 114.3 mg/mL, solution for injection) Summary of Product Characteristics. Berlin, Germany: Bayer Pharma AG. **4.** Do DV, *et al.* *Retina* 2020;40:643–647. **5.** Papadopoulos N, *et al.* *Angiogenesis* 2012;15:171–185. **6.** Kaiser PK, *et al.* Population pharmacokinetic modeling and simulation of ocular clearance for aflibercept 8 mg and 2 mg and association with durability and effect. ARVO. 5–9 May 2024. Seattle, USA. Oral presentation. **7.** Assessment report. Aflibercept. Available at: https://www.ema.europa.eu/en/documents/assessment-report/eylea-epar-public-assessment-report_en.pdf. Accessed: August 2025. **8.** Veritti D, *et al.* *Pharmaceutics* 2023;15:1416.

FOOTNOTES

^aEYLEA 2mg was dosed at fixed q8 intervals after 5 initial monthly injections. At Week 96, patients could enrol in the extension study and switch to 8q12 through to Week 156. Dosing intervals could be extended or shortened in 2-week increments to a maximum of 24 weeks and a minimum of 8 weeks.²

^bIntervals could be shortened if DRM shortening criteria were met.²

^cIntervals could be extended if DRM extension criteria were met.²

^dIf DRM shortening criteria were met at Week 16 or 20, patients on 8q12 and 8q16 were shortened to q8. If DRM shortening criteria were met at Week 24, patients on 8q16 were shortened to q12. At subsequent dosing visits, patients on 8q12 or 8q16 had treatment intervals shortened by 4 weeks.²

^eAll assessments were compared with Week 12.²

^fData are descriptive only, no statistical conclusions can be made.

^geFAS, observed cases.¹

^hPatients who were randomised to the 8q12 or 8q16 groups at the beginning of the study and continued treatment with EYLEA 8mg through the extension study.¹

ⁱVs EYLEA 2mg.

^jRounded value. Two injections in the third year for patients maintained on q24 intervals through the end of the PHOTON trial/PHOTON extension. Mean number of injections from Year 2 to Year 3 was 4.4 (2q8→8mg) and 3.3 (8q12/8q16) in the PHOTON extension study (exploratory endpoint).¹

^keFAS, patients completing Week 156. Last assigned dosing intervals at Week 156 in patients on EYLEA 8mg from baseline: 28% q24, 48% ≥q20, 68% ≥q16 (exploratory endpoint).¹

^lEYLEA 8mg is the first and only anti-VEGF that offers DME patients up to 6 months between injections.³

^mEstimated from a popPK analysis.⁷

ⁿTreatment emergent.¹

^oAll events.¹

^pA total of 1217 patients treated with EYLEA 8mg up to 96 weeks constituted the safety population in three clinical Phase II/III studies (CANDELA, PULSAR, PHOTON).³

^qLast completed interval.

^rDRM assessments occurred at injection visits after Week 20 in the aflibercept 8mg q12 arm and after Week 24 in the aflibercept 8mg q16 arm.

^sMeasurements were not available for this treatment visit.

^tOwing to the patient receiving an injection a week later than planned, the patient received a q15 interval.

^uAs a result of the patient receiving their previous injection at Week 123 instead of Week 122, the patient received a q15 interval up to Week 138.

ABBREVIATIONS

2q8, 2mg every 8 weeks; 8q12, 8mg every 12 weeks; 8q16, 8mg every 16 weeks; AE, adverse event; APTC, Antiplatelet Trialists' Collaboration; BCVA, best-corrected visual acuity; CI, confidence interval; CRT, central retinal thickness; DME, diabetic macular oedema; DRM, dose regimen modification; E-DRM, dose regimen modification during extension; eFAS, full analysis set in the extension; eSAF, safety analysis set in the extension; ETDRS, Early Treatment Diabetic Retinopathy Study; FAS, full analysis set; LS, least squares; N-BL, new baseline; popPK, population pharmacokinetics; q8, every 8 weeks; q12, every 12 weeks; q14, every 14 weeks; q15, every 15 weeks; q16, every 16 weeks; q18, every 18 weeks; q20, every 20 weeks; q24, every 24 weeks; SAE, serious adverse event; TEAE, treatment-emergent adverse event; VEGF, vascular endothelial growth factor; Wk, week.



Essential Information



ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
(Refer to full SmPC before prescribing.)

Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. **Excipients:** Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

both eyes have not been systematically studied. If bilateral treatment is performed at the same time this could lead to an increased systemic exposure, which could increase the risk of systemic adverse events. Limited data are available on the concomitant use of Eylea with other anti-VEGF medicinal products (systemic or ocular). Treatment should be withheld in the event of: a decrease in best corrected visual acuity (BCVA) of ≥ 30 letters compared with the last assessment of visual acuity; a rhegmatogenous retinal detachment or stage 3 or 4 macular holes; a retinal break; a subretinal haemorrhage involving the central fovea, or, if the size of the haemorrhage is ≥ 50 % of the total lesion area; performed or planned intraocular surgery within the previous or next 28 days. Risk factors associated with the development of a retinal pigment epithelial tear after anti-VEGF therapy for nAMD include a large and/or high pigment epithelial retinal detachment. When initiating aflibercept therapy, caution should be used in patients with these risk factors for retinal pigment epithelial tears. Eylea 114.3 mg/ml should not be used during pregnancy unless the potential benefit outweighs the potential risk to the foetus. Women of childbearing potential must use effective contraception during treatment and for at least 4 months after the last intravitreal injection with Eylea 114.3 mg/ml. As a precautionary measure, breastfeeding is not recommended. Populations with limited data: There are limited data on the use of aflibercept in pregnant women. There is only limited experience with Eylea treatment in diabetic patients with an HbA1c over 12 % or with proliferative diabetic retinopathy. Eylea has not been studied in patients with active systemic infections or in patients with concurrent eye conditions such as retinal detachment or macular hole. There is also no experience of treatment with Eylea in diabetic patients with uncontrolled hypertension. This lack of information should be considered by the physician when treating such patients. Information about excipients: Polysorbates may cause allergic reactions. **Undesirable effects:** As reported in patients with nAMD or DME treated with Eylea 114.3 mg/ml in Phase II/III studies up to 96 weeks. **Common:** Hypersensitivity (including rash, pruritus, urticaria), Cataract, Intraocular pressure increased, Vitreous floaters, Vitreous detachment, Vitreous haemorrhage, Retinal haemorrhage, Visual acuity reduced, Eye pain, Conjunctival haemorrhage, Punctate keratitis, Corneal abrasion. **Uncommon:** Retinal detachment, Retinal tear, Retinal pigment epithelial tear, Detachment of the retinal pigment epithelium, Uveitis, Iritis, Iridocyclitis, Vitritis, Cataract cortical, Cataract nuclear, Cataract subcapsular, Corneal erosion, Vision blurred, Injection site pain, Foreign body sensation in eyes, Lacrimation increased, Injection site haemorrhage, Conjunctival hyperaemia, Eyelid oedema, Ocular hyperaemia, Injection site irritation. **Rare:** Corneal oedema, Lenticular opacities, Retinal degeneration, Eyelid irritation. **Frequency not known:** Scleritis. The following adverse reactions of Eylea 40 mg/ml are also considered expected with Eylea 114.3 mg/ml: abnormal sensation in eye, corneal epithelium defect, anterior chamber flare, endophthalmitis, blindness, traumatic cataract, hypopyon, severe anaphylactic/anaphylactoid reactions. **Description of selected adverse reactions:** Arterial thromboembolic events (ATEs) are adverse reactions potentially related to systemic VEGF inhibition. There is a theoretical risk of ATEs, including stroke and myocardial infarction, following intravitreal use of VEGF inhibitors. A low incidence rate of ATEs was observed in the aflibercept clinical studies in patients with nAMD and DME. Across indications, no notable difference between the groups treated with Eylea 114.3 mg/ml and the comparator groups treated with Eylea 40 mg/ml were observed.

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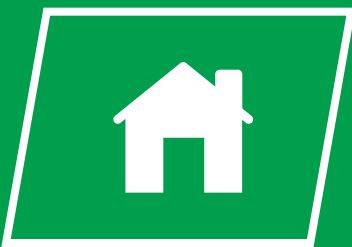
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ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

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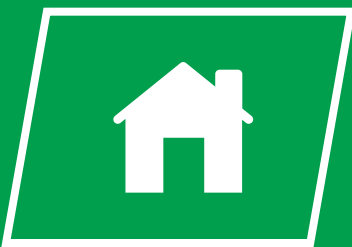
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On prescription only. Administration only by a qualified physician experienced in administering intravitreal injections. Refer to full Summary of Product Characteristics before prescribing. Additional risk minimisation measures have been developed for healthcare professionals (a prescriber's guide and video on how to prepare and inject EYLEA) and patients. The prescriber's guide aims to raise awareness of the risks associated with intravitreal injections. The purpose of the patient guide is to inform patients about the disease, treatment, injection procedure and symptoms of injection-related side effects. It is recommended to read these documents before prescribing this drug and giving the guide to the patient. These documents are available upon request.

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system.



For more information on the product, please refer to full Summary of Product Characteristics by scanning this QR code or directly on the EMA website (<https://www.ema.europa.eu/en/medicines/human/EPAR/eylea>).
Marketing Authorisation Holder: Bayer AG, 51368 Leverkusen, Germany.



EYLEA 8mg IN DME



Study design

Fluid control

Durability

Vision

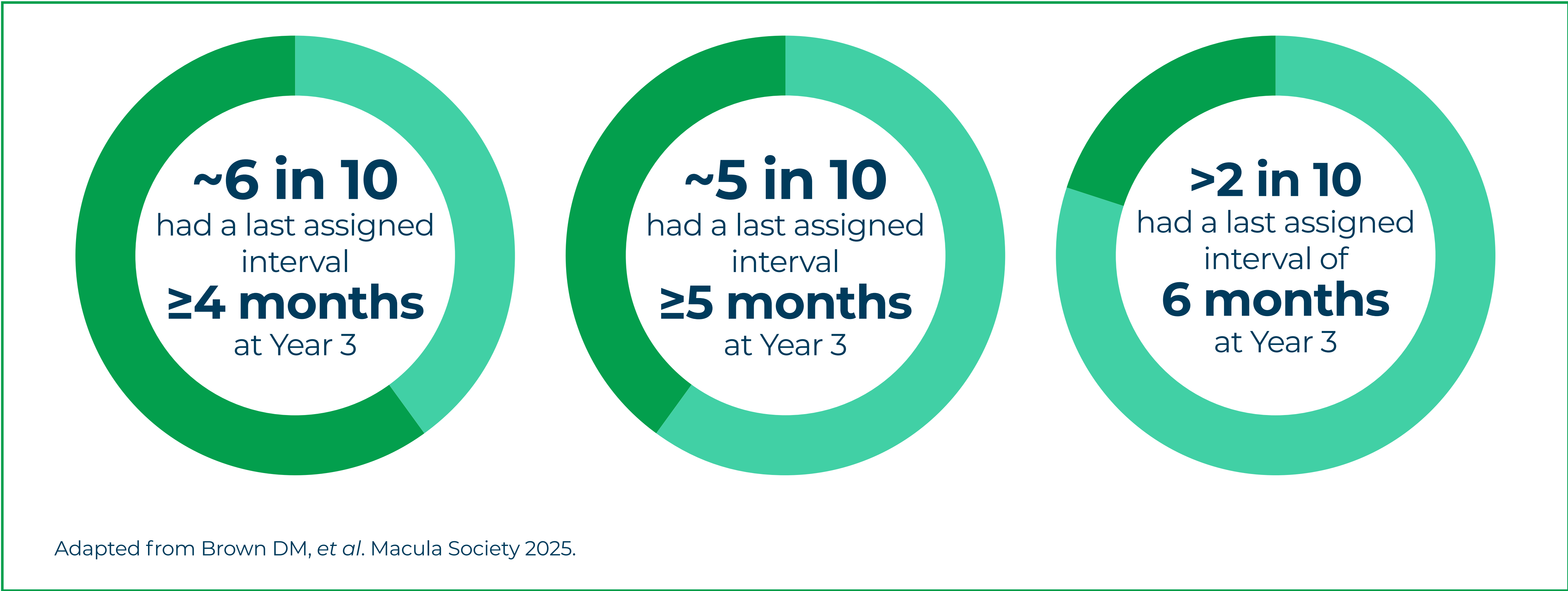
Safety profile

PHOTON patient cases

EYLEA 8mg ENABLES EXTENDED INTERVALS FOR ALL ELIGIBLE PATIENTS^{1,3}

Treating with EYLEA 8mg from the start can shift the curve for your patients and your clinic¹

In the PHOTON extension study, of the DME patients treated with EYLEA 8mg (pooled 8q12/8q16) from baseline (exploratory endpoint, n=152):^{1,h,k}



EYLEA 8mg offers **durable disease control** with as few as **2 injections per year^{1,j}**



REFERENCES

1. Brown DM, *et al.* Aflibercept 8 mg in diabetic macular edema: 156-week results from the PHOTON extension study. The Macula Society 48th Annual Meeting. 12–15 February 2025. Florida, USA. Oral presentation. **2.** Do D, *et al.* Aflibercept 8 mg for diabetic macular edema: 96-week results from the Phase 2/3 PHOTON trial. AAO. 3–6 November 2023. San Francisco, USA. Oral presentation. **3.** EYLEA® 8 mg (aflibercept 114.3 mg/mL, solution for injection) Summary of Product Characteristics. Berlin, Germany: Bayer Pharma AG. **4.** Do DV, *et al.* *Retina* 2020;40:643–647. **5.** Papadopoulos N, *et al.* *Angiogenesis* 2012;15:171–185. **6.** Kaiser PK, *et al.* Population pharmacokinetic modeling and simulation of ocular clearance for aflibercept 8 mg and 2 mg and association with durability and effect. ARVO. 5–9 May 2024. Seattle, USA. Oral presentation. **7.** Assessment report. Aflibercept. Available at: https://www.ema.europa.eu/en/documents/assessment-report/eylea-epar-public-assessment-report_en.pdf. Accessed: August 2025. **8.** Veritti D, *et al.* *Pharmaceutics* 2023;15:1416.

FOOTNOTES

^aEYLEA 2mg was dosed at fixed q8 intervals after 5 initial monthly injections. At Week 96, patients could enrol in the extension study and switch to 8q12 through to Week 156. Dosing intervals could be extended or shortened in 2-week increments to a maximum of 24 weeks and a minimum of 8 weeks.²

^bIntervals could be shortened if DRM shortening criteria were met.²

^cIntervals could be extended if DRM extension criteria were met.²

^dIf DRM shortening criteria were met at Week 16 or 20, patients on 8q12 and 8q16 were shortened to q8. If DRM shortening criteria were met at Week 24, patients on 8q16 were shortened to q12. At subsequent dosing visits, patients on 8q12 or 8q16 had treatment intervals shortened by 4 weeks.²

^eAll assessments were compared with Week 12.²

^fData are descriptive only, no statistical conclusions can be made.

^geFAS, observed cases.¹

^hPatients who were randomised to the 8q12 or 8q16 groups at the beginning of the study and continued treatment with EYLEA 8mg through the extension study.¹

ⁱVs EYLEA 2mg.

^jRounded value. Two injections in the third year for patients maintained on q24 intervals through the end of the PHOTON trial/PHOTON extension. Mean number of injections from Year 2 to Year 3 was 4.4 (2q8→8mg) and 3.3 (8q12/8q16) in the PHOTON extension study (exploratory endpoint).¹

^keFAS, patients completing Week 156. Last assigned dosing intervals at Week 156 in patients on EYLEA 8mg from baseline: 28% q24, 48% ≥q20, 68% ≥q16 (exploratory endpoint).¹

^lEYLEA 8mg is the first and only anti-VEGF that offers DME patients up to 6 months between injections.³

^mEstimated from a popPK analysis.⁷

ⁿTreatment emergent.¹

^oAll events.¹

^pA total of 1217 patients treated with EYLEA 8mg up to 96 weeks constituted the safety population in three clinical Phase II/III studies (CANDELA, PULSAR, PHOTON).³

^qLast completed interval.

^rDRM assessments occurred at injection visits after Week 20 in the aflibercept 8mg q12 arm and after Week 24 in the aflibercept 8mg q16 arm.

^sMeasurements were not available for this treatment visit.

^tOwing to the patient receiving an injection a week later than planned, the patient received a q15 interval.

^uAs a result of the patient receiving their previous injection at Week 123 instead of Week 122, the patient received a q15 interval up to Week 138.

ABBREVIATIONS

2q8, 2mg every 8 weeks; 8q12, 8mg every 12 weeks; 8q16, 8mg every 16 weeks; AE, adverse event; APTC, Antiplatelet Trialists' Collaboration; BCVA, best-corrected visual acuity; CI, confidence interval; CRT, central retinal thickness; DME, diabetic macular oedema; DRM, dose regimen modification; E-DRM, dose regimen modification during extension; eFAS, full analysis set in the extension; eSAF, safety analysis set in the extension; ETDRS, Early Treatment Diabetic Retinopathy Study; FAS, full analysis set; LS, least squares; N-BL, new baseline; popPK, population pharmacokinetics; q8, every 8 weeks; q12, every 12 weeks; q14, every 14 weeks; q15, every 15 weeks; q16, every 16 weeks; q18, every 18 weeks; q20, every 20 weeks; q24, every 24 weeks; SAE, serious adverse event; TEAE, treatment-emergent adverse event; VEGF, vascular endothelial growth factor; Wk, week.



Essential Information



ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
(Refer to full SmPC before prescribing.)

Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. **Excipients:** Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

both eyes have not been systematically studied. If bilateral treatment is performed at the same time this could lead to an increased systemic exposure, which could increase the risk of systemic adverse events. Limited data are available on the concomitant use of Eylea with other anti-VEGF medicinal products (systemic or ocular). Treatment should be withheld in the event of: a decrease in best corrected visual acuity (BCVA) of ≥ 30 letters compared with the last assessment of visual acuity; a rhegmatogenous retinal detachment or stage 3 or 4 macular holes; a retinal break; a subretinal haemorrhage involving the central fovea, or, if the size of the haemorrhage is ≥ 50 % of the total lesion area; performed or planned intraocular surgery within the previous or next 28 days. Risk factors associated with the development of a retinal pigment epithelial tear after anti-VEGF therapy for nAMD include a large and/or high pigment epithelial retinal detachment. When initiating aflibercept therapy, caution should be used in patients with these risk factors for retinal pigment epithelial tears. Eylea 114.3 mg/ml should not be used during pregnancy unless the potential benefit outweighs the potential risk to the foetus. Women of childbearing potential must use effective contraception during treatment and for at least 4 months after the last intravitreal injection with Eylea 114.3 mg/ml. As a precautionary measure, breastfeeding is not recommended. Populations with limited data: There are limited data on the use of aflibercept in pregnant women. There is only limited experience with Eylea treatment in diabetic patients with an HbA1c over 12 % or with proliferative diabetic retinopathy. Eylea has not been studied in patients with active systemic infections or in patients with concurrent eye conditions such as retinal detachment or macular hole. There is also no experience of treatment with Eylea in diabetic patients with uncontrolled hypertension. This lack of information should be considered by the physician when treating such patients. Information about excipients: Polysorbates may cause allergic reactions. **Undesirable effects:** As reported in patients with nAMD or DME treated with Eylea 114.3 mg/ml in Phase II/III studies up to 96 weeks. **Common:** Hypersensitivity (including rash, pruritus, urticaria), Cataract, Intraocular pressure increased, Vitreous floaters, Vitreous detachment, Vitreous haemorrhage, Retinal haemorrhage, Visual acuity reduced, Eye pain, Conjunctival haemorrhage, Punctate keratitis, Corneal abrasion. **Uncommon:** Retinal detachment, Retinal tear, Retinal pigment epithelial tear, Detachment of the retinal pigment epithelium, Uveitis, Iritis, Iridocyclitis, Vitritis, Cataract cortical, Cataract nuclear, Cataract subcapsular, Corneal erosion, Vision blurred, Injection site pain, Foreign body sensation in eyes, Lacrimation increased, Injection site haemorrhage, Conjunctival hyperaemia, Eyelid oedema, Ocular hyperaemia, Injection site irritation. **Rare:** Corneal oedema, Lenticular opacities, Retinal degeneration, Eyelid irritation. **Frequency not known:** Scleritis. The following adverse reactions of Eylea 40 mg/ml are also considered expected with Eylea 114.3 mg/ml: abnormal sensation in eye, corneal epithelium defect, anterior chamber flare, endophthalmitis, blindness, traumatic cataract, hypopyon, severe anaphylactic/anaphylactoid reactions. **Description of selected adverse reactions:** Arterial thromboembolic events (ATEs) are adverse reactions potentially related to systemic VEGF inhibition. There is a theoretical risk of ATEs, including stroke and myocardial infarction, following intravitreal use of VEGF inhibitors. A low incidence rate of ATEs was observed in the aflibercept clinical studies in patients with nAMD and DME. Across indications, no notable difference between the groups treated with Eylea 114.3 mg/ml and the comparator groups treated with Eylea 40 mg/ml were observed.

On prescription only. Marketing Authorisation Holder:
Bayer AG, 51368 Leverkusen, Germany.
Date of revision of the underlying Prescribing Information: June 2025.

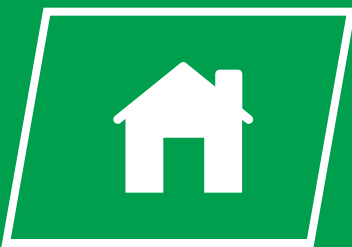
For more information on posology and treatment initiation, please refer to the EYLEA Summary of Product Characteristics. The safety profile observed in the 3 clinical studies (CANDELA, PULSAR, PHOTON) was similar in patients treated with EYLEA 114.3mg/mL and EYLEA 40mg/mL in patients with nAMD and DME. For more information on the safety profile, please refer to the EYLEA Summary of Product Characteristics.

On prescription only. Administration only by a qualified physician experienced in administering intravitreal injections. Refer to full Summary of Product Characteristics before prescribing. Additional risk minimisation measures have been developed for healthcare professionals (a prescriber's guide and video on how to prepare and inject EYLEA) and patients. The prescriber's guide aims to raise awareness of the risks associated with intravitreal injections. The purpose of the patient guide is to inform patients about the disease, treatment, injection procedure and symptoms of injection-related side effects. It is recommended to read these documents before prescribing this drug and giving the guide to the patient. These documents are available upon request.

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system.



For more information on the product, please refer to full Summary of Product Characteristics by scanning this QR code or directly on the EMA website (<https://www.ema.europa.eu/en/medicines/human/EPAR/eylea>). Marketing Authorisation Holder: Bayer AG, 51368 Leverkusen, Germany.





ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
(Refer to full SmPC before prescribing.)

Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. *Excipients:* Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

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On prescription only. Marketing Authorisation Holder:
Bayer AG, 51368 Leverkusen, Germany.
Date of revision of the underlying Prescribing Information: June 2025.

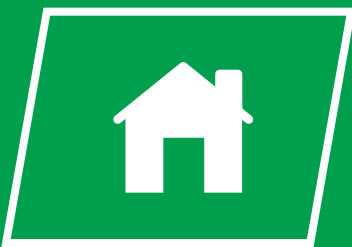
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Marketing Authorisation Holder: Bayer AG, 51368 Leverkusen, Germany.



EYLEA 8mg IN DME

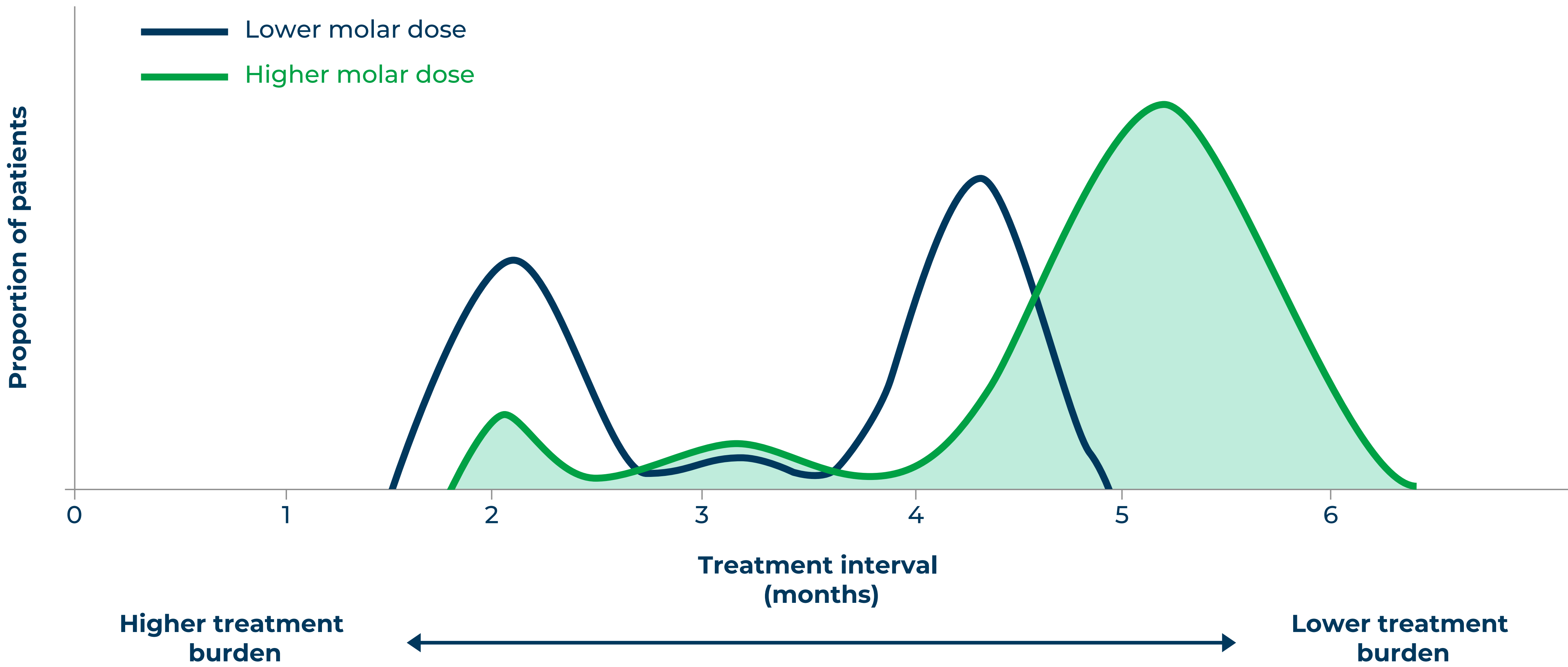
- 
- Study design
- Fluid control
- Durability**
- Vision
- Safety profile
- PHOTON patient cases

UNPRECEDENTED DURABILITY THAT SHIFTS THE CURVE^{1,1}

EYLEA 8mg aims to shift the curve for all eligible patients, including those who are treatment-naïve

Illustrative model

This treatment interval simulation is an illustrative presentation model and therefore should be interpreted with caution.



EYLEA 8mg is the **first and only anti-VEGF** that offers DME patients **up to 6 months between injections³**

References

Essential Information



REFERENCES

1. Brown DM, *et al.* Aflibercept 8 mg in diabetic macular edema: 156-week results from the PHOTON extension study. The Macula Society 48th Annual Meeting. 12–15 February 2025. Florida, USA. Oral presentation. **2.** Do D, *et al.* Aflibercept 8 mg for diabetic macular edema: 96-week results from the Phase 2/3 PHOTON trial. AAO. 3–6 November 2023. San Francisco, USA. Oral presentation. **3.** EYLEA® 8 mg (aflibercept 114.3 mg/mL, solution for injection) Summary of Product Characteristics. Berlin, Germany: Bayer Pharma AG. **4.** Do DV, *et al.* *Retina* 2020;40:643–647. **5.** Papadopoulos N, *et al.* *Angiogenesis* 2012;15:171–185. **6.** Kaiser PK, *et al.* Population pharmacokinetic modeling and simulation of ocular clearance for aflibercept 8 mg and 2 mg and association with durability and effect. ARVO. 5–9 May 2024. Seattle, USA. Oral presentation. **7.** Assessment report. Aflibercept. Available at: https://www.ema.europa.eu/en/documents/assessment-report/eylea-epar-public-assessment-report_en.pdf. Accessed: August 2025. **8.** Veritti D, *et al.* *Pharmaceutics* 2023;15:1416.

FOOTNOTES

^aEYLEA 2mg was dosed at fixed q8 intervals after 5 initial monthly injections. At Week 96, patients could enrol in the extension study and switch to 8q12 through to Week 156. Dosing intervals could be extended or shortened in 2-week increments to a maximum of 24 weeks and a minimum of 8 weeks.²

^bIntervals could be shortened if DRM shortening criteria were met.²

^cIntervals could be extended if DRM extension criteria were met.²

^dIf DRM shortening criteria were met at Week 16 or 20, patients on 8q12 and 8q16 were shortened to q8. If DRM shortening criteria were met at Week 24, patients on 8q16 were shortened to q12. At subsequent dosing visits, patients on 8q12 or 8q16 had treatment intervals shortened by 4 weeks.²

^eAll assessments were compared with Week 12.²

^fData are descriptive only, no statistical conclusions can be made.

^geFAS, observed cases.¹

^hPatients who were randomised to the 8q12 or 8q16 groups at the beginning of the study and continued treatment with EYLEA 8mg through the extension study.¹

ⁱVs EYLEA 2mg.

^jRounded value. Two injections in the third year for patients maintained on q24 intervals through the end of the PHOTON trial/PHOTON extension. Mean number of injections from Year 2 to Year 3 was 4.4 (2q8→8mg) and 3.3 (8q12/8q16) in the PHOTON extension study (exploratory endpoint).¹

^keFAS, patients completing Week 156. Last assigned dosing intervals at Week 156 in patients on EYLEA 8mg from baseline: 28% q24, 48% ≥q20, 68% ≥q16 (exploratory endpoint).¹

^lEYLEA 8mg is the first and only anti-VEGF that offers DME patients up to 6 months between injections.³

^mEstimated from a popPK analysis.⁷

ⁿTreatment emergent.¹

^oAll events.¹

^pA total of 1217 patients treated with EYLEA 8mg up to 96 weeks constituted the safety population in three clinical Phase II/III studies (CANDELA, PULSAR, PHOTON).³

^qLast completed interval.

^rDRM assessments occurred at injection visits after Week 20 in the aflibercept 8mg q12 arm and after Week 24 in the aflibercept 8mg q16 arm.

^sMeasurements were not available for this treatment visit.

^tOwing to the patient receiving an injection a week later than planned, the patient received a q15 interval.

^uAs a result of the patient receiving their previous injection at Week 123 instead of Week 122, the patient received a q15 interval up to Week 138.

ABBREVIATIONS

2q8, 2mg every 8 weeks; 8q12, 8mg every 12 weeks; 8q16, 8mg every 16 weeks; AE, adverse event; APTC, Antiplatelet Trialists' Collaboration; BCVA, best-corrected visual acuity; CI, confidence interval; CRT, central retinal thickness; DME, diabetic macular oedema; DRM, dose regimen modification; E-DRM, dose regimen modification during extension; eFAS, full analysis set in the extension; eSAF, safety analysis set in the extension; ETDRS, Early Treatment Diabetic Retinopathy Study; FAS, full analysis set; LS, least squares; N-BL, new baseline; popPK, population pharmacokinetics; q8, every 8 weeks; q12, every 12 weeks; q14, every 14 weeks; q15, every 15 weeks; q16, every 16 weeks; q18, every 18 weeks; q20, every 20 weeks; q24, every 24 weeks; SAE, serious adverse event; TEAE, treatment-emergent adverse event; VEGF, vascular endothelial growth factor; Wk, week.



Essential Information



ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
(Refer to full SmPC before prescribing.)

Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. *Excipients:* Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

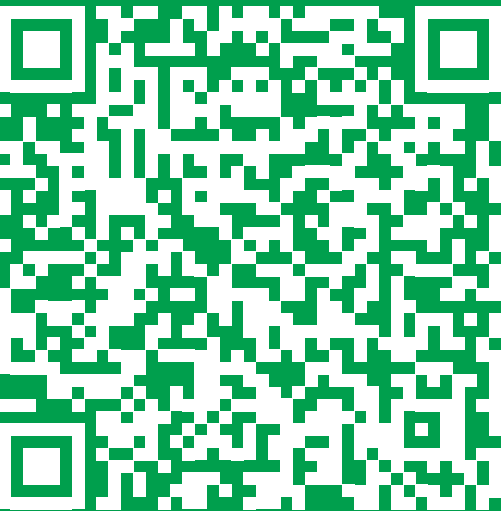
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Date of revision of the underlying Prescribing Information: June 2025.

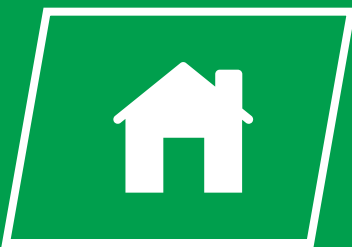
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Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system.



For more information on the product, please refer to full Summary of Product Characteristics by scanning this QR code or directly on the EMA website (<https://www.ema.europa.eu/en/medicines/human/EPAR/eylea>). Marketing Authorisation Holder: Bayer AG, 51368 Leverkusen, Germany.





ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

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(Refer to full SmPC before prescribing.)

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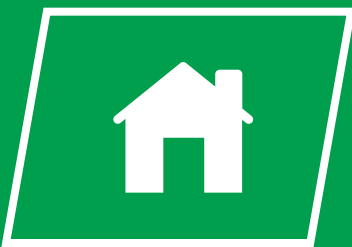
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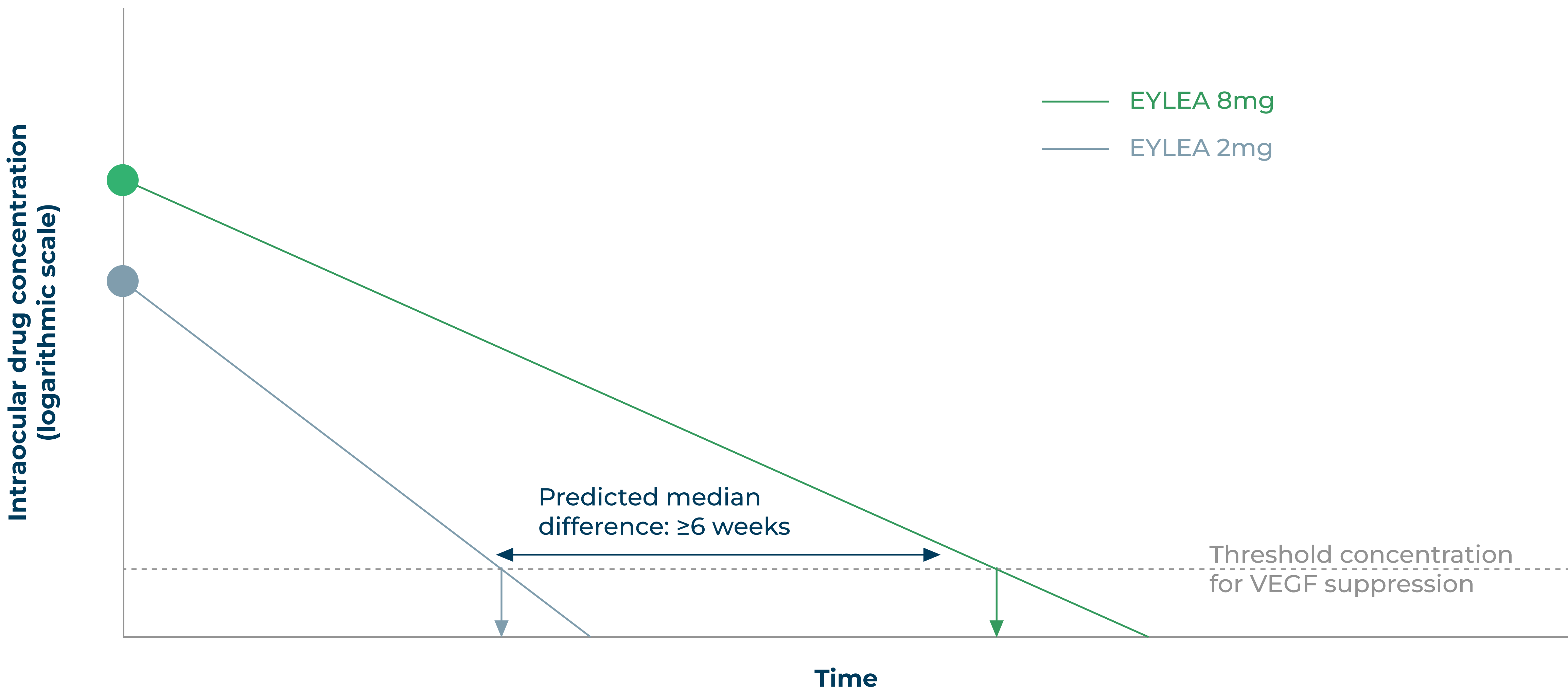
EYLEA 8mg IN DME

- 
- Study design
- Fluid control
- Durability**
- Vision
- Safety profile
- PHOTON patient cases

UNPRECEDENTED DURABILITY THAT SHIFTS THE CURVE^{1,1}

EYLEA 8mg is a 4x higher molar dose formulation of the tried-and-trusted EYLEA 2mg^{4,5}

EYLEA 8mg is estimated, on average, to remain in the eye for **≥6 weeks longer than EYLEA 2mg**^{6,m}



The relevance of these molecular properties on clinical outcomes has not been clinically proven. Clinical efficacy should not be inferred from *in vitro* data.

Adapted from Kaiser PK, *et al.* ARVO 2024.

- Additionally, EYLEA 8mg exhibits a 34% slower ocular clearance rate vs EYLEA 2mg, keeping an effective concentration of drug in the eye for longer^{7,8,m}

EYLEA 8mg is the **first and only anti-VEGF** that offers DME patients **up to 6 months between injections**³

References

Essential Information



REFERENCES

1. Brown DM, *et al.* Aflibercept 8 mg in diabetic macular edema: 156-week results from the PHOTON extension study. The Macula Society 48th Annual Meeting. 12–15 February 2025. Florida, USA. Oral presentation. **2.** Do D, *et al.* Aflibercept 8 mg for diabetic macular edema: 96-week results from the Phase 2/3 PHOTON trial. AAO. 3–6 November 2023. San Francisco, USA. Oral presentation. **3.** EYLEA® 8 mg (aflibercept 114.3 mg/mL, solution for injection) Summary of Product Characteristics. Berlin, Germany: Bayer Pharma AG. **4.** Do DV, *et al.* *Retina* 2020;40:643–647. **5.** Papadopoulos N, *et al.* *Angiogenesis* 2012;15:171–185. **6.** Kaiser PK, *et al.* Population pharmacokinetic modeling and simulation of ocular clearance for aflibercept 8 mg and 2 mg and association with durability and effect. ARVO. 5–9 May 2024. Seattle, USA. Oral presentation. **7.** Assessment report. Aflibercept. Available at: https://www.ema.europa.eu/en/documents/assessment-report/eylea-epar-public-assessment-report_en.pdf. Accessed: August 2025. **8.** Veritti D, *et al.* *Pharmaceutics* 2023;15:1416.

FOOTNOTES

^aEYLEA 2mg was dosed at fixed q8 intervals after 5 initial monthly injections. At Week 96, patients could enrol in the extension study and switch to 8q12 through to Week 156. Dosing intervals could be extended or shortened in 2-week increments to a maximum of 24 weeks and a minimum of 8 weeks.²

^bIntervals could be shortened if DRM shortening criteria were met.²

^cIntervals could be extended if DRM extension criteria were met.²

^dIf DRM shortening criteria were met at Week 16 or 20, patients on 8q12 and 8q16 were shortened to q8. If DRM shortening criteria were met at Week 24, patients on 8q16 were shortened to q12. At subsequent dosing visits, patients on 8q12 or 8q16 had treatment intervals shortened by 4 weeks.²

^eAll assessments were compared with Week 12.²

^fData are descriptive only, no statistical conclusions can be made.

^geFAS, observed cases.¹

^hPatients who were randomised to the 8q12 or 8q16 groups at the beginning of the study and continued treatment with EYLEA 8mg through the extension study.¹

ⁱVs EYLEA 2mg.

^jRounded value. Two injections in the third year for patients maintained on q24 intervals through the end of the PHOTON trial/PHOTON extension. Mean number of injections from Year 2 to Year 3 was 4.4 (2q8→8mg) and 3.3 (8q12/8q16) in the PHOTON extension study (exploratory endpoint).¹

^keFAS, patients completing Week 156. Last assigned dosing intervals at Week 156 in patients on EYLEA 8mg from baseline: 28% q24, 48% ≥q20, 68% ≥q16 (exploratory endpoint).¹

^lEYLEA 8mg is the first and only anti-VEGF that offers DME patients up to 6 months between injections.³

^mEstimated from a popPK analysis.⁷

ⁿTreatment emergent.¹

^oAll events.¹

^pA total of 1217 patients treated with EYLEA 8mg up to 96 weeks constituted the safety population in three clinical Phase II/III studies (CANDELA, PULSAR, PHOTON).³

^qLast completed interval.

^rDRM assessments occurred at injection visits after Week 20 in the aflibercept 8mg q12 arm and after Week 24 in the aflibercept 8mg q16 arm.

^sMeasurements were not available for this treatment visit.

^tOwing to the patient receiving an injection a week later than planned, the patient received a q15 interval.

^uAs a result of the patient receiving their previous injection at Week 123 instead of Week 122, the patient received a q15 interval up to Week 138.

ABBREVIATIONS

2q8, 2mg every 8 weeks; 8q12, 8mg every 12 weeks; 8q16, 8mg every 16 weeks; AE, adverse event; APTC, Antiplatelet Trialists' Collaboration; BCVA, best-corrected visual acuity; CI, confidence interval; CRT, central retinal thickness; DME, diabetic macular oedema; DRM, dose regimen modification; E-DRM, dose regimen modification during extension; eFAS, full analysis set in the extension; eSAF, safety analysis set in the extension; ETDRS, Early Treatment Diabetic Retinopathy Study; FAS, full analysis set; LS, least squares; N-BL, new baseline; popPK, population pharmacokinetics; q8, every 8 weeks; q12, every 12 weeks; q14, every 14 weeks; q15, every 15 weeks; q16, every 16 weeks; q18, every 18 weeks; q20, every 20 weeks; q24, every 24 weeks; SAE, serious adverse event; TEAE, treatment-emergent adverse event; VEGF, vascular endothelial growth factor; Wk, week.



Essential Information



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Date of revision of the underlying Prescribing Information: June 2025.

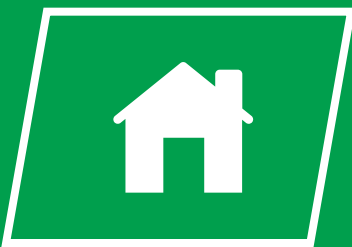
For more information on posology and treatment initiation, please refer to the EYLEA Summary of Product Characteristics. The safety profile observed in the 3 clinical studies (CANDELA, PULSAR, PHOTON) was similar in patients treated with EYLEA 114.3mg/mL and EYLEA 40mg/mL in patients with nAMD and DME. For more information on the safety profile, please refer to the EYLEA Summary of Product Characteristics.

On prescription only. Administration only by a qualified physician experienced in administering intravitreal injections. Refer to full Summary of Product Characteristics before prescribing. Additional risk minimisation measures have been developed for healthcare professionals (a prescriber's guide and video on how to prepare and inject EYLEA) and patients. The prescriber's guide aims to raise awareness of the risks associated with intravitreal injections. The purpose of the patient guide is to inform patients about the disease, treatment, injection procedure and symptoms of injection-related side effects. It is recommended to read these documents before prescribing this drug and giving the guide to the patient. These documents are available upon request.

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For more information on the product, please refer to full Summary of Product Characteristics by scanning this QR code or directly on the EMA website (<https://www.ema.europa.eu/en/medicines/human/EPAR/eylea>). Marketing Authorisation Holder: Bayer AG, 51368 Leverkusen, Germany.





ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
(Refer to full SmPC before prescribing.)

Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. **Excipients:** Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

both eyes have not been systematically studied. If bilateral treatment is performed at the same time this could lead to an increased systemic exposure, which could increase the risk of systemic adverse events. Limited data are available on the concomitant use of Eylea with other anti-VEGF medicinal products (systemic or ocular). Treatment should be withheld in the event of: a decrease in best corrected visual acuity (BCVA) of ≥ 30 letters compared with the last assessment of visual acuity; a rhegmatogenous retinal detachment or stage 3 or 4 macular holes; a retinal break; a subretinal haemorrhage involving the central fovea, or, if the size of the haemorrhage is ≥ 50 % of the total lesion area; performed or planned intraocular surgery within the previous or next 28 days. Risk factors associated with the development of a retinal pigment epithelial tear after anti-VEGF therapy for nAMD include a large and/or high pigment epithelial retinal detachment. When initiating aflibercept therapy, caution should be used in patients with these risk factors for retinal pigment epithelial tears. Eylea 114.3 mg/ml should not be used during pregnancy unless the potential benefit outweighs the potential risk to the foetus. Women of childbearing potential must use effective contraception during treatment and for at least 4 months after the last intravitreal injection with Eylea 114.3 mg/ml. As a precautionary measure, breastfeeding is not recommended. Populations with limited data: There are limited data on the use of aflibercept in pregnant women. There is only limited experience with Eylea treatment in diabetic patients with an HbA1c over 12 % or with proliferative diabetic retinopathy. Eylea has not been studied in patients with active systemic infections or in patients with concurrent eye conditions such as retinal detachment or macular hole. There is also no experience of treatment with Eylea in diabetic patients with uncontrolled hypertension. This lack of information should be considered by the physician when treating such patients. Information about excipients: Polysorbates may cause allergic reactions. **Undesirable effects:** As reported in patients with nAMD or DME treated with Eylea 114.3 mg/ml in Phase II/III studies up to 96 weeks. **Common:** Hypersensitivity (including rash, pruritus, urticaria), Cataract, Intraocular pressure increased, Vitreous floaters, Vitreous detachment, Vitreous haemorrhage, Retinal haemorrhage, Visual acuity reduced, Eye pain, Conjunctival haemorrhage, Punctate keratitis, Corneal abrasion. **Uncommon:** Retinal detachment, Retinal tear, Retinal pigment epithelial tear, Detachment of the retinal pigment epithelium, Uveitis, Iritis, Iridocyclitis, Vitritis, Cataract cortical, Cataract nuclear, Cataract subcapsular, Corneal erosion, Vision blurred, Injection site pain, Foreign body sensation in eyes, Lacrimation increased, Injection site haemorrhage, Conjunctival hyperaemia, Eyelid oedema, Ocular hyperaemia, Injection site irritation. **Rare:** Corneal oedema, Lenticular opacities, Retinal degeneration, Eyelid irritation. **Frequency not known:** Scleritis. The following adverse reactions of Eylea 40 mg/ml are also considered expected with Eylea 114.3 mg/ml: abnormal sensation in eye, corneal epithelium defect, anterior chamber flare, endophthalmitis, blindness, traumatic cataract, hypopyon, severe anaphylactic/anaphylactoid reactions. **Description of selected adverse reactions:** Arterial thromboembolic events (ATEs) are adverse reactions potentially related to systemic VEGF inhibition. There is a theoretical risk of ATEs, including stroke and myocardial infarction, following intravitreal use of VEGF inhibitors. A low incidence rate of ATEs was observed in the aflibercept clinical studies in patients with nAMD and DME. Across indications, no notable difference between the groups treated with Eylea 114.3 mg/ml and the comparator groups treated with Eylea 40 mg/ml were observed.

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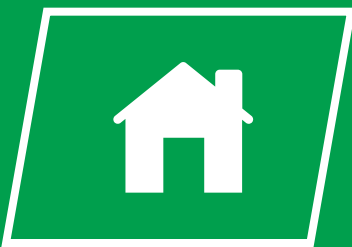
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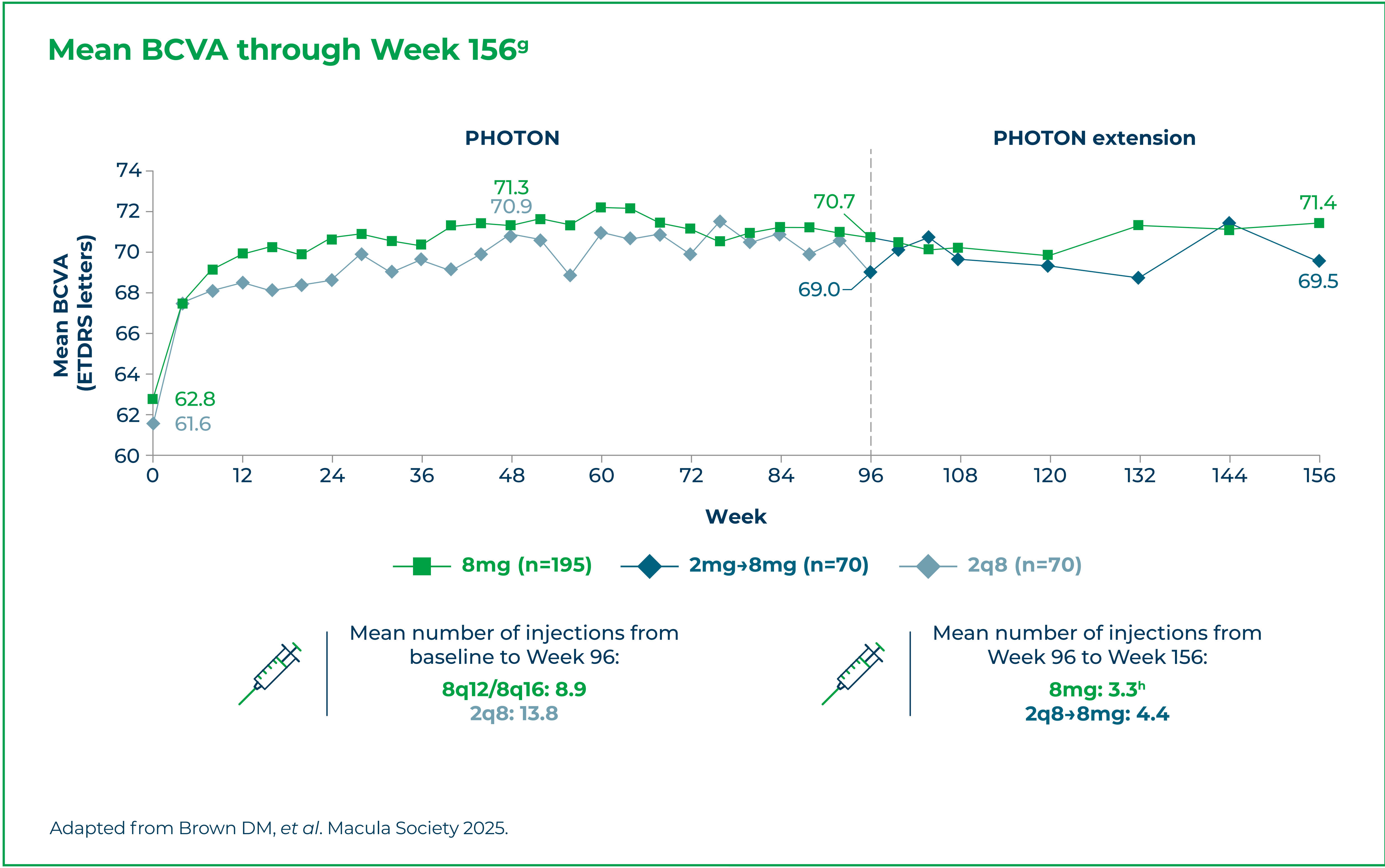
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EYLEA 8mg IN DME

- 
- Study design
- Fluid control
- Durability
- Vision
- Safety profile
- PHOTON patient cases

EYLEA 8mg DELIVERS MEANINGFUL VISION GAINS, SUSTAINED WITH AS FEW AS 2 INJECTIONS PER YEAR^{1,j}



LS mean change in BCVA (ETDRS letters) from baseline at Week 156:³

- EYLEA 8mg (pooled 8q12/8q16): +7.2
- EYLEA 2q8+8mg: +6.5

Descriptive data only.^f

Data are descriptive only, no statistical conclusions can be made.

- References
- Essential Information



REFERENCES

1. Brown DM, *et al.* Aflibercept 8 mg in diabetic macular edema: 156-week results from the PHOTON extension study. The Macula Society 48th Annual Meeting. 12–15 February 2025. Florida, USA. Oral presentation. **2.** Do D, *et al.* Aflibercept 8 mg for diabetic macular edema: 96-week results from the Phase 2/3 PHOTON trial. AAO. 3–6 November 2023. San Francisco, USA. Oral presentation. **3.** EYLEA® 8 mg (aflibercept 114.3 mg/mL, solution for injection) Summary of Product Characteristics. Berlin, Germany: Bayer Pharma AG. **4.** Do DV, *et al.* *Retina* 2020;40:643–647. **5.** Papadopoulos N, *et al.* *Angiogenesis* 2012;15:171–185. **6.** Kaiser PK, *et al.* Population pharmacokinetic modeling and simulation of ocular clearance for aflibercept 8 mg and 2 mg and association with durability and effect. ARVO. 5–9 May 2024. Seattle, USA. Oral presentation. **7.** Assessment report. Aflibercept. Available at: https://www.ema.europa.eu/en/documents/assessment-report/eylea-epar-public-assessment-report_en.pdf. Accessed: August 2025. **8.** Veritti D, *et al.* *Pharmaceutics* 2023;15:1416.

FOOTNOTES

^aEYLEA 2mg was dosed at fixed q8 intervals after 5 initial monthly injections. At Week 96, patients could enrol in the extension study and switch to 8q12 through to Week 156. Dosing intervals could be extended or shortened in 2-week increments to a maximum of 24 weeks and a minimum of 8 weeks.²

^bIntervals could be shortened if DRM shortening criteria were met.²

^cIntervals could be extended if DRM extension criteria were met.²

^dIf DRM shortening criteria were met at Week 16 or 20, patients on 8q12 and 8q16 were shortened to q8. If DRM shortening criteria were met at Week 24, patients on 8q16 were shortened to q12. At subsequent dosing visits, patients on 8q12 or 8q16 had treatment intervals shortened by 4 weeks.²

^eAll assessments were compared with Week 12.²

^fData are descriptive only, no statistical conclusions can be made.

^geFAS, observed cases.¹

^hPatients who were randomised to the 8q12 or 8q16 groups at the beginning of the study and continued treatment with EYLEA 8mg through the extension study.¹

ⁱVs EYLEA 2mg.

^jRounded value. Two injections in the third year for patients maintained on q24 intervals through the end of the PHOTON trial/PHOTON extension. Mean number of injections from Year 2 to Year 3 was 4.4 (2q8→8mg) and 3.3 (8q12/8q16) in the PHOTON extension study (exploratory endpoint).¹

^keFAS, patients completing Week 156. Last assigned dosing intervals at Week 156 in patients on EYLEA 8mg from baseline: 28% q24, 48% ≥q20, 68% ≥q16 (exploratory endpoint).¹

^lEYLEA 8mg is the first and only anti-VEGF that offers DME patients up to 6 months between injections.³

^mEstimated from a popPK analysis.⁷

ⁿTreatment emergent.¹

^oAll events.¹

^pA total of 1217 patients treated with EYLEA 8mg up to 96 weeks constituted the safety population in three clinical Phase II/III studies (CANDELA, PULSAR, PHOTON).³

^qLast completed interval.

^rDRM assessments occurred at injection visits after Week 20 in the aflibercept 8mg q12 arm and after Week 24 in the aflibercept 8mg q16 arm.

^sMeasurements were not available for this treatment visit.

^tOwing to the patient receiving an injection a week later than planned, the patient received a q15 interval.

^uAs a result of the patient receiving their previous injection at Week 123 instead of Week 122, the patient received a q15 interval up to Week 138.

ABBREVIATIONS

2q8, 2mg every 8 weeks; 8q12, 8mg every 12 weeks; 8q16, 8mg every 16 weeks; AE, adverse event; APTC, Antiplatelet Trialists' Collaboration; BCVA, best-corrected visual acuity; CI, confidence interval; CRT, central retinal thickness; DME, diabetic macular oedema; DRM, dose regimen modification; E-DRM, dose regimen modification during extension; eFAS, full analysis set in the extension; eSAF, safety analysis set in the extension; ETDRS, Early Treatment Diabetic Retinopathy Study; FAS, full analysis set; LS, least squares; N-BL, new baseline; popPK, population pharmacokinetics; q8, every 8 weeks; q12, every 12 weeks; q14, every 14 weeks; q15, every 15 weeks; q16, every 16 weeks; q18, every 18 weeks; q20, every 20 weeks; q24, every 24 weeks; SAE, serious adverse event; TEAE, treatment-emergent adverse event; VEGF, vascular endothelial growth factor; Wk, week.



Essential Information



ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
(Refer to full SmPC before prescribing.)

Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. **Excipients:** Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

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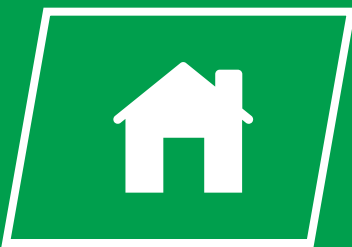
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both eyes have not been systematically studied. If bilateral treatment is performed at the same time this could lead to an increased systemic exposure, which could increase the risk of systemic adverse events. Limited data are available on the concomitant use of Eylea with other anti-VEGF medicinal products (systemic or ocular). Treatment should be withheld in the event of: a decrease in best corrected visual acuity (BCVA) of ≥ 30 letters compared with the last assessment of visual acuity; a rhegmatogenous retinal detachment or stage 3 or 4 macular holes; a retinal break; a subretinal haemorrhage involving the central fovea, or, if the size of the haemorrhage is ≥ 50 % of the total lesion area; performed or planned intraocular surgery within the previous or next 28 days. Risk factors associated with the development of a retinal pigment epithelial tear after anti-VEGF therapy for nAMD include a large and/or high pigment epithelial retinal detachment. When initiating aflibercept therapy, caution should be used in patients with these risk factors for retinal pigment epithelial tears. Eylea 114.3 mg/ml should not be used during pregnancy unless the potential benefit outweighs the potential risk to the foetus. Women of childbearing potential must use effective contraception during treatment and for at least 4 months after the last intravitreal injection with Eylea 114.3 mg/ml. As a precautionary measure, breastfeeding is not recommended. Populations with limited data: There are limited data on the use of aflibercept in pregnant women. There is only limited experience with Eylea treatment in diabetic patients with an HbA1c over 12 % or with proliferative diabetic retinopathy. Eylea has not been studied in patients with active systemic infections or in patients with concurrent eye conditions such as retinal detachment or macular hole. There is also no experience of treatment with Eylea in diabetic patients with uncontrolled hypertension. This lack of information should be considered by the physician when treating such patients. Information about excipients: Polysorbates may cause allergic reactions. **Undesirable effects:** As reported in patients with nAMD or DME treated with Eylea 114.3 mg/ml in Phase II/III studies up to 96 weeks. **Common:** Hypersensitivity (including rash, pruritus, urticaria), Cataract, Intraocular pressure increased, Vitreous floaters, Vitreous detachment, Vitreous haemorrhage, Retinal haemorrhage, Visual acuity reduced, Eye pain, Conjunctival haemorrhage, Punctate keratitis, Corneal abrasion. **Uncommon:** Retinal detachment, Retinal tear, Retinal pigment epithelial tear, Detachment of the retinal pigment epithelium, Uveitis, Iritis, Iridocyclitis, Vitritis, Cataract cortical, Cataract nuclear, Cataract subcapsular, Corneal erosion, Vision blurred, Injection site pain, Foreign body sensation in eyes, Lacrimation increased, Injection site haemorrhage, Conjunctival hyperaemia, Eyelid oedema, Ocular hyperaemia, Injection site irritation. **Rare:** Corneal oedema, Lenticular opacities, Retinal degeneration, Eyelid irritation. **Frequency not known:** Scleritis. The following adverse reactions of Eylea 40 mg/ml are also considered expected with Eylea 114.3 mg/ml: abnormal sensation in eye, corneal epithelium defect, anterior chamber flare, endophthalmitis, blindness, traumatic cataract, hypopyon, severe anaphylactic/anaphylactoid reactions. **Description of selected adverse reactions:** Arterial thromboembolic events (ATEs) are adverse reactions potentially related to systemic VEGF inhibition. There is a theoretical risk of ATEs, including stroke and myocardial infarction, following intravitreal use of VEGF inhibitors. A low incidence rate of ATEs was observed in the aflibercept clinical studies in patients with nAMD and DME. Across indications, no notable difference between the groups treated with Eylea 114.3 mg/ml and the comparator groups treated with Eylea 40 mg/ml were observed.

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Bayer AG, 51368 Leverkusen, Germany.
Date of revision of the underlying Prescribing Information: June 2025.

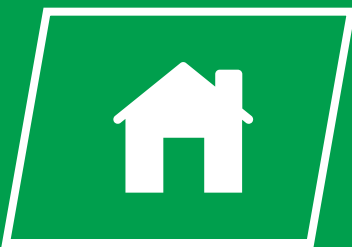
For more information on posology and treatment initiation, please refer to the EYLEA Summary of Product Characteristics. The safety profile observed in the 3 clinical studies (CANDELA, PULSAR, PHOTON) was similar in patients treated with EYLEA 114.3mg/mL and EYLEA 40mg/mL in patients with nAMD and DME. For more information on the safety profile, please refer to the EYLEA Summary of Product Characteristics.

On prescription only. Administration only by a qualified physician experienced in administering intravitreal injections. Refer to full Summary of Product Characteristics before prescribing. Additional risk minimisation measures have been developed for healthcare professionals (a prescriber's guide and video on how to prepare and inject EYLEA) and patients. The prescriber's guide aims to raise awareness of the risks associated with intravitreal injections. The purpose of the patient guide is to inform patients about the disease, treatment, injection procedure and symptoms of injection-related side effects. It is recommended to read these documents before prescribing this drug and giving the guide to the patient. These documents are available upon request.

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system.



For more information on the product, please refer to full Summary of Product Characteristics by scanning this QR code or directly on the EMA website (<https://www.ema.europa.eu/en/medicines/human/EPAR/eylea>). Marketing Authorisation Holder: Bayer AG, 51368 Leverkusen, Germany.



EYLEA 8mg IN DME

- 
- Study design
- Fluid control
- Durability
- Vision
- Safety profile
- PHOTON patient cases

REASSURANCE OF TRIED-AND-TRUSTED AFLIBERCEPT

EYLEA 8mg safety profile is consistent with EYLEA 2mg^{1,3}

- No new or unexpected AEs through 3 years¹

Cumulative AEs in the study eye from PHOTON study baseline through Week 156

	2q8→8mg	8mg ^h	Total
N (eSAF)	70	195	265
Ocular AEs, n (%) ⁿ	37 (52.9)	108 (55.4)	145 (54.7)
Ocular SAEs, n (%) ⁿ	3 (4.3)	4 (2.1)	7 (2.6)
Intraocular inflammation, n (%) ⁿ	1 (1.4)	3 (1.5)	4 (1.5)
Iritis	0	2 (1.0)	2 (0.8)
Iridocyclitis	1 (1.4)	0	1 (0.4)
Uveitis	1 (1.4)	0	1 (0.4)
Endophthalmitis	0	1 (0.5)	1 (0.4)
Non-ocular SAEs, n (%) ⁿ	24 (34.3)	58 (29.7)	82 (30.9)
APTC events, n (%) ⁿ	5 (7.1)	14 (7.2)	19 (7.2)
Deaths, n (%) ^o	2 (2.9)	10 (5.1)	12 (4.5)

Adapted from Brown DM, et al. Macula Society 2025.

- Ocular TEAEs reported in >4% of all patients included cataract, vitreous floaters, vitreous detachment and diabetic retinal oedema¹
- No cases of occlusive vasculitis were reported¹

Serious adverse reactions seen with EYLEA 8mg in clinical studies: cataract (8.2%), retinal haemorrhage (3.6%), intraocular pressure increased (2.8%), vitreous haemorrhage (1.2%), cataract subcapsular (0.9%), cataract nuclear (0.6%), retinal detachment (0.6%), retinal tear (0.5%).^{3,p}

For more information on the safety profile refer to the Summary of Product Characteristics and Essential Information.

References

Essential Information

^p A total of 1217 patients treated with EYLEA 8mg up to 96 weeks constituted the safety population in three clinical Phase II/III studies (CANDELA, PULSAR, PHOTON).³



REFERENCES

1. Brown DM, *et al.* Aflibercept 8 mg in diabetic macular edema: 156-week results from the PHOTON extension study. The Macula Society 48th Annual Meeting. 12–15 February 2025. Florida, USA. Oral presentation. **2.** Do D, *et al.* Aflibercept 8 mg for diabetic macular edema: 96-week results from the Phase 2/3 PHOTON trial. AAO. 3–6 November 2023. San Francisco, USA. Oral presentation. **3.** EYLEA® 8 mg (aflibercept 114.3 mg/mL, solution for injection) Summary of Product Characteristics. Berlin, Germany: Bayer Pharma AG. **4.** Do DV, *et al.* *Retina* 2020;40:643–647. **5.** Papadopoulos N, *et al.* *Angiogenesis* 2012;15:171–185. **6.** Kaiser PK, *et al.* Population pharmacokinetic modeling and simulation of ocular clearance for aflibercept 8 mg and 2 mg and association with durability and effect. ARVO. 5–9 May 2024. Seattle, USA. Oral presentation. **7.** Assessment report. Aflibercept. Available at: https://www.ema.europa.eu/en/documents/assessment-report/eylea-epar-public-assessment-report_en.pdf. Accessed: August 2025. **8.** Veritti D, *et al.* *Pharmaceutics* 2023;15:1416.

FOOTNOTES

^aEYLEA 2mg was dosed at fixed q8 intervals after 5 initial monthly injections. At Week 96, patients could enrol in the extension study and switch to 8q12 through to Week 156. Dosing intervals could be extended or shortened in 2-week increments to a maximum of 24 weeks and a minimum of 8 weeks.²

^bIntervals could be shortened if DRM shortening criteria were met.²

^cIntervals could be extended if DRM extension criteria were met.²

^dIf DRM shortening criteria were met at Week 16 or 20, patients on 8q12 and 8q16 were shortened to q8. If DRM shortening criteria were met at Week 24, patients on 8q16 were shortened to q12. At subsequent dosing visits, patients on 8q12 or 8q16 had treatment intervals shortened by 4 weeks.²

^eAll assessments were compared with Week 12.²

^fData are descriptive only, no statistical conclusions can be made.

^geFAS, observed cases.¹

^hPatients who were randomised to the 8q12 or 8q16 groups at the beginning of the study and continued treatment with EYLEA 8mg through the extension study.¹

ⁱVs EYLEA 2mg.

^jRounded value. Two injections in the third year for patients maintained on q24 intervals through the end of the PHOTON trial/PHOTON extension. Mean number of injections from Year 2 to Year 3 was 4.4 (2q8→8mg) and 3.3 (8q12/8q16) in the PHOTON extension study (exploratory endpoint).¹

^keFAS, patients completing Week 156. Last assigned dosing intervals at Week 156 in patients on EYLEA 8mg from baseline: 28% q24, 48% ≥q20, 68% ≥q16 (exploratory endpoint).¹

^lEYLEA 8mg is the first and only anti-VEGF that offers DME patients up to 6 months between injections.³

^mEstimated from a popPK analysis.⁷

ⁿTreatment emergent.¹

^oAll events.¹

^pA total of 1217 patients treated with EYLEA 8mg up to 96 weeks constituted the safety population in three clinical Phase II/III studies (CANDELA, PULSAR, PHOTON).³

^qLast completed interval.

^rDRM assessments occurred at injection visits after Week 20 in the aflibercept 8mg q12 arm and after Week 24 in the aflibercept 8mg q16 arm.

^sMeasurements were not available for this treatment visit.

^tOwing to the patient receiving an injection a week later than planned, the patient received a q15 interval.

^uAs a result of the patient receiving their previous injection at Week 123 instead of Week 122, the patient received a q15 interval up to Week 138.

ABBREVIATIONS

2q8, 2mg every 8 weeks; 8q12, 8mg every 12 weeks; 8q16, 8mg every 16 weeks; AE, adverse event; APTC, Antiplatelet Trialists' Collaboration; BCVA, best-corrected visual acuity; CI, confidence interval; CRT, central retinal thickness; DME, diabetic macular oedema; DRM, dose regimen modification; E-DRM, dose regimen modification during extension; eFAS, full analysis set in the extension; eSAF, safety analysis set in the extension; ETDRS, Early Treatment Diabetic Retinopathy Study; FAS, full analysis set; LS, least squares; N-BL, new baseline; popPK, population pharmacokinetics; q8, every 8 weeks; q12, every 12 weeks; q14, every 14 weeks; q15, every 15 weeks; q16, every 16 weeks; q18, every 18 weeks; q20, every 20 weeks; q24, every 24 weeks; SAE, serious adverse event; TEAE, treatment-emergent adverse event; VEGF, vascular endothelial growth factor; Wk, week.



Essential Information



ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
(Refer to full SmPC before prescribing.)

Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. *Excipients:* Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

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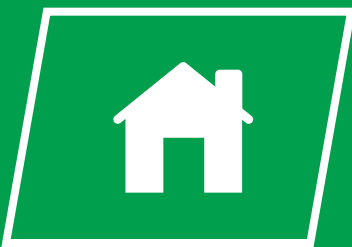
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Date of revision of the underlying Prescribing Information: June 2025.

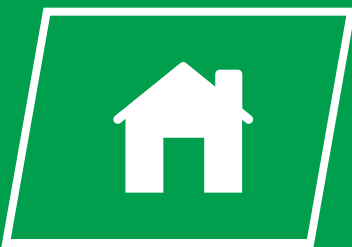
For more information on posology and treatment initiation, please refer to the EYLEA Summary of Product Characteristics. The safety profile observed in the 3 clinical studies (CANDELA, PULSAR, PHOTON) was similar in patients treated with EYLEA 114.3mg/mL and EYLEA 40mg/mL in patients with nAMD and DME. For more information on the safety profile, please refer to the EYLEA Summary of Product Characteristics.

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EYLEA 8mg IN DME



Study design

Fluid control

Durability

Vision

Safety profile

**PHOTON
patient cases**

CHOOSE YOUR PHOTON CASE

PATIENT CASE 1 >

Previously treated; assigned 8mg q16

Baseline BCVA: 38 ETDRS letters
Baseline CRT: 523 μ m

PATIENT CASE 2 >

Previously treated; assigned 8mg q12

Baseline BCVA: 70 ETDRS letters
Baseline CRT: 570 μ m

PATIENT CASE 3 >

Treatment-naïve; assigned 8mg q12

Baseline BCVA: 77 ETDRS letters
Baseline CRT: 835 μ m

PATIENT CASE 4 >

Treatment-naïve; assigned 8mg q16

Baseline BCVA: 45 ETDRS letters
Baseline CRT: 611 μ m

PATIENT CASE 5 >

**PHOTON extension study
Treatment-naïve; assigned 2mg q8,
switched to 8mg at Week 96**

Baseline BCVA: 78 ETDRS letters
Baseline CRT: 414 μ m

Essential Information



ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
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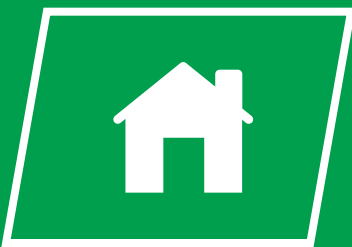
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EYLEA 8mg IN DME

- 
- CASE 1
- CASE 2
- CASE 3
- CASE 4
- CASE 5

PATIENT CASE 1

Age range (years)	50–60
Sex	Male
Ethnicity	White
Treatment arm	8mg q16
Baseline BCVA (ETDRS letters)	38
Baseline CRT (µm)	523
Prior treatment for DME (Y/N)	Yes

CLINICAL PERSPECTIVE

A rapid interval extension after loading was not suitable for this patient, and so the patient’s intervals were shortened according to the DRM criteria the first year. However, during the second year, the patient met the criteria for interval extension and had a last assigned dosing interval of q20 at Week 96.

This patient case is taken from the Phase II/III PHOTON study. Outcomes may not be representative of the complete range of potential response to EYLEA 8mg. Results in your practice may vary.

References

Essential Information



REFERENCES

1. Brown DM, *et al.* Aflibercept 8 mg in diabetic macular edema: 156-week results from the PHOTON extension study. The Macula Society 48th Annual Meeting. 12–15 February 2025. Florida, USA. Oral presentation. **2.** Do D, *et al.* Aflibercept 8 mg for diabetic macular edema: 96-week results from the Phase 2/3 PHOTON trial. AAO. 3–6 November 2023. San Francisco, USA. Oral presentation. **3.** EYLEA® 8 mg (aflibercept 114.3 mg/mL, solution for injection) Summary of Product Characteristics. Berlin, Germany: Bayer Pharma AG. **4.** Do DV, *et al.* *Retina* 2020;40:643–647. **5.** Papadopoulos N, *et al.* *Angiogenesis* 2012;15:171–185. **6.** Kaiser PK, *et al.* Population pharmacokinetic modeling and simulation of ocular clearance for aflibercept 8 mg and 2 mg and association with durability and effect. ARVO. 5–9 May 2024. Seattle, USA. Oral presentation. **7.** Assessment report. Aflibercept. Available at: https://www.ema.europa.eu/en/documents/assessment-report/eylea-epar-public-assessment-report_en.pdf. Accessed: August 2025. **8.** Veritti D, *et al.* *Pharmaceutics* 2023;15:1416.

FOOTNOTES

^aEYLEA 2mg was dosed at fixed q8 intervals after 5 initial monthly injections. At Week 96, patients could enrol in the extension study and switch to 8q12 through to Week 156. Dosing intervals could be extended or shortened in 2-week increments to a maximum of 24 weeks and a minimum of 8 weeks.²

^bIntervals could be shortened if DRM shortening criteria were met.²

^cIntervals could be extended if DRM extension criteria were met.²

^dIf DRM shortening criteria were met at Week 16 or 20, patients on 8q12 and 8q16 were shortened to q8. If DRM shortening criteria were met at Week 24, patients on 8q16 were shortened to q12. At subsequent dosing visits, patients on 8q12 or 8q16 had treatment intervals shortened by 4 weeks.²

^eAll assessments were compared with Week 12.²

^fData are descriptive only, no statistical conclusions can be made.

^geFAS, observed cases.¹

^hPatients who were randomised to the 8q12 or 8q16 groups at the beginning of the study and continued treatment with EYLEA 8mg through the extension study.¹

ⁱVs EYLEA 2mg.

^jRounded value. Two injections in the third year for patients maintained on q24 intervals through the end of the PHOTON trial/PHOTON extension. Mean number of injections from Year 2 to Year 3 was 4.4 (2q8→8mg) and 3.3 (8q12/8q16) in the PHOTON extension study (exploratory endpoint).¹

^keFAS, patients completing Week 156. Last assigned dosing intervals at Week 156 in patients on EYLEA 8mg from baseline: 28% q24, 48% ≥q20, 68% ≥q16 (exploratory endpoint).¹

^lEYLEA 8mg is the first and only anti-VEGF that offers DME patients up to 6 months between injections.³

^mEstimated from a popPK analysis.⁷

ⁿTreatment emergent.¹

^oAll events.¹

^pA total of 1217 patients treated with EYLEA 8mg up to 96 weeks constituted the safety population in three clinical Phase II/III studies (CANDELA, PULSAR, PHOTON).³

^qLast completed interval.

^rDRM assessments occurred at injection visits after Week 20 in the aflibercept 8mg q12 arm and after Week 24 in the aflibercept 8mg q16 arm.

^sMeasurements were not available for this treatment visit.

^tOwing to the patient receiving an injection a week later than planned, the patient received a q15 interval.

^uAs a result of the patient receiving their previous injection at Week 123 instead of Week 122, the patient received a q15 interval up to Week 138.

ABBREVIATIONS

2q8, 2mg every 8 weeks; 8q12, 8mg every 12 weeks; 8q16, 8mg every 16 weeks; AE, adverse event; APTC, Antiplatelet Trialists' Collaboration; BCVA, best-corrected visual acuity; CI, confidence interval; CRT, central retinal thickness; DME, diabetic macular oedema; DRM, dose regimen modification; E-DRM, dose regimen modification during extension; eFAS, full analysis set in the extension; eSAF, safety analysis set in the extension; ETDRS, Early Treatment Diabetic Retinopathy Study; FAS, full analysis set; LS, least squares; N-BL, new baseline; popPK, population pharmacokinetics; q8, every 8 weeks; q12, every 12 weeks; q14, every 14 weeks; q15, every 15 weeks; q16, every 16 weeks; q18, every 18 weeks; q20, every 20 weeks; q24, every 24 weeks; SAE, serious adverse event; TEAE, treatment-emergent adverse event; VEGF, vascular endothelial growth factor; Wk, week.



Essential Information



ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

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Date of revision of the underlying Prescribing Information: June 2025.

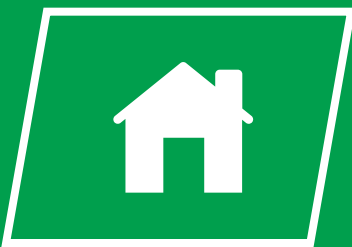
For more information on posology and treatment initiation, please refer to the EYLEA Summary of Product Characteristics. The safety profile observed in the 3 clinical studies (CANDELA, PULSAR, PHOTON) was similar in patients treated with EYLEA 114.3mg/mL and EYLEA 40mg/mL in patients with nAMD and DME. For more information on the safety profile, please refer to the EYLEA Summary of Product Characteristics.

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Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system.



For more information on the product, please refer to full Summary of Product Characteristics by scanning this QR code or directly on the EMA website (<https://www.ema.europa.eu/en/medicines/human/EPAR/eylea>). Marketing Authorisation Holder: Bayer AG, 51368 Leverkusen, Germany.





ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
(Refer to full SmPC before prescribing.)

Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. *Excipients:* Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

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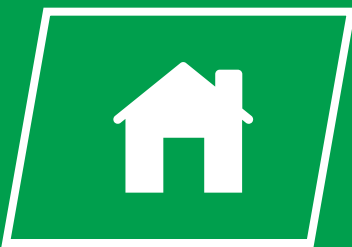
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EYLEA 8mg IN DME



CASE 1

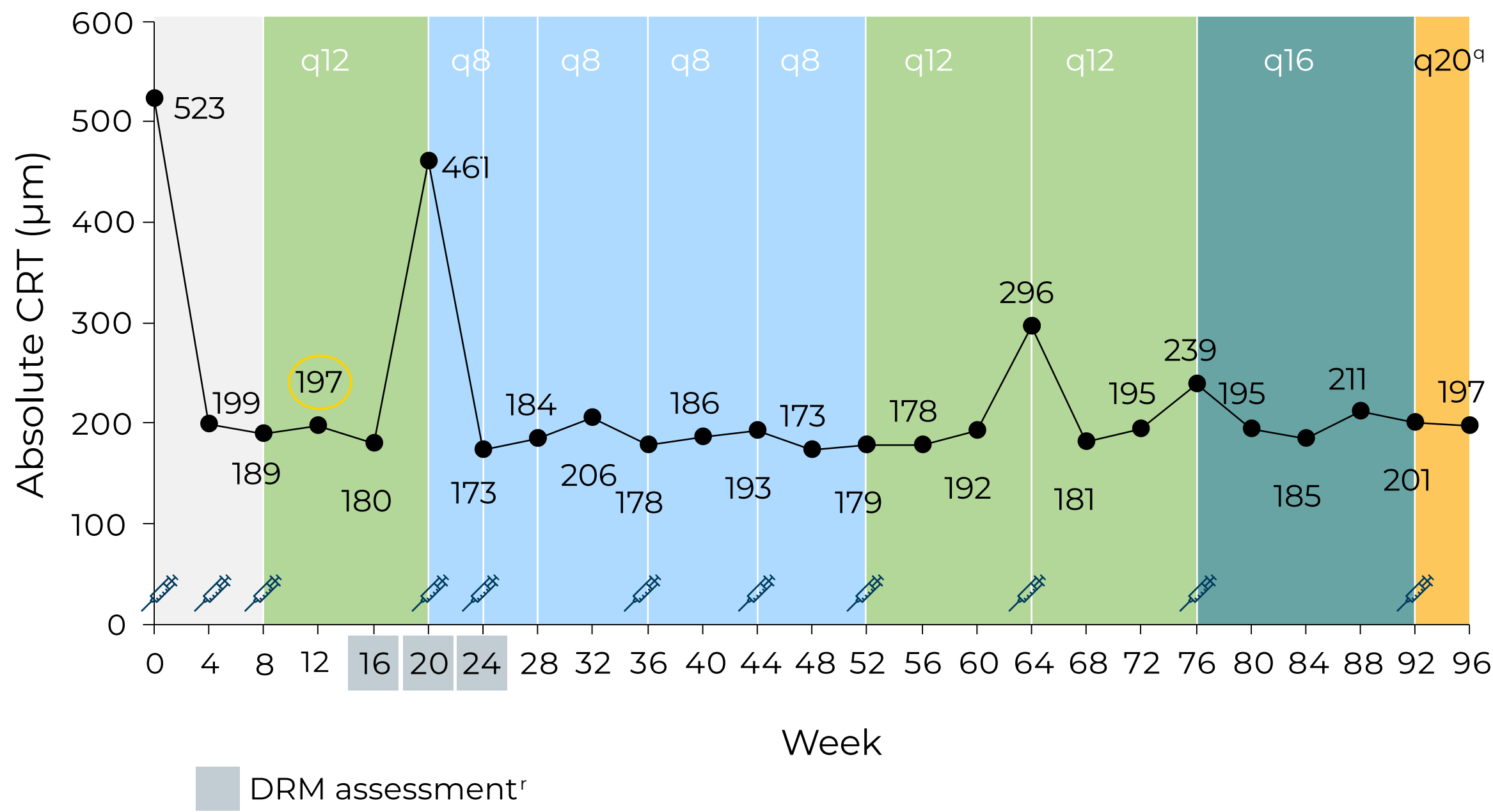
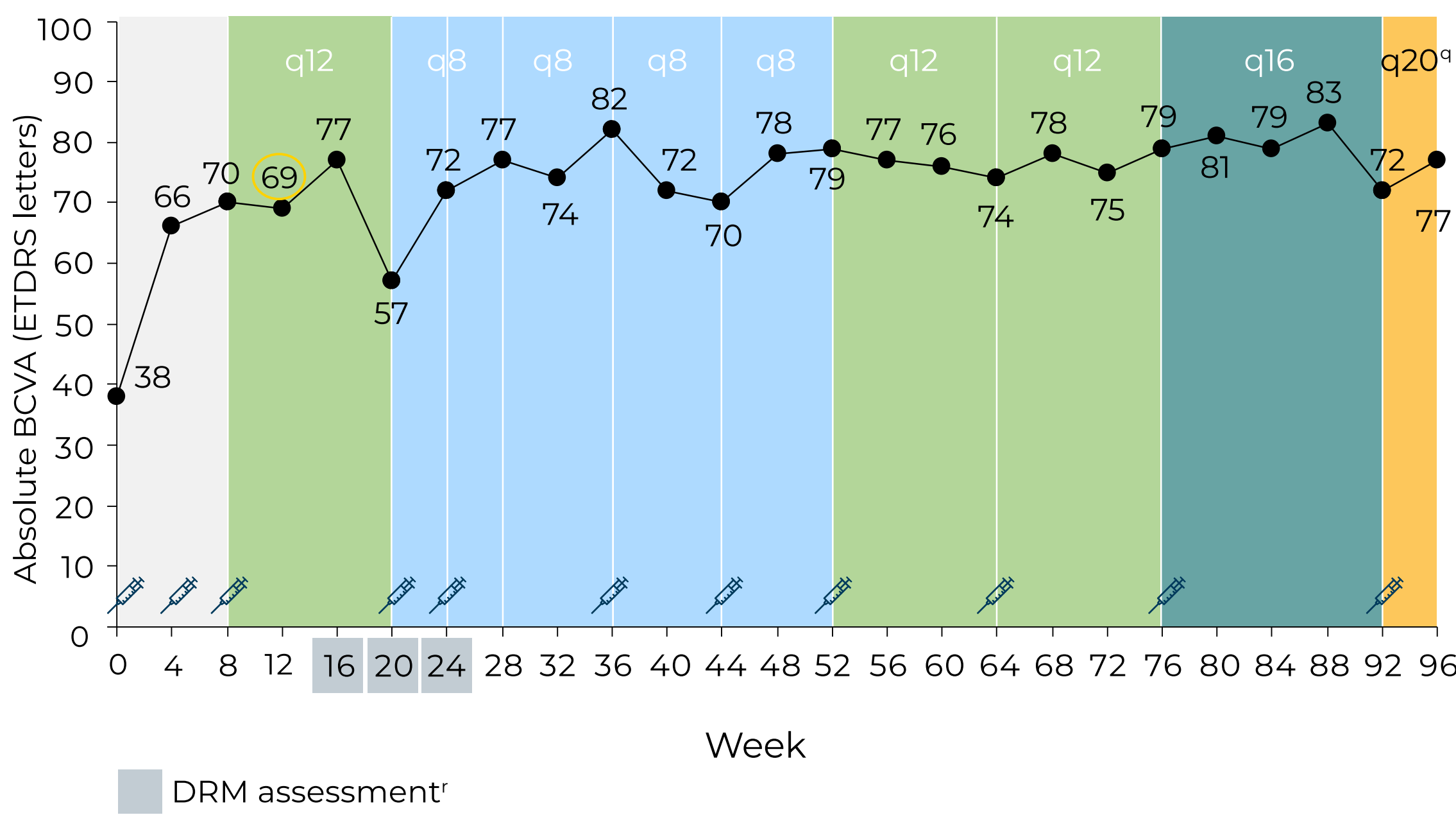
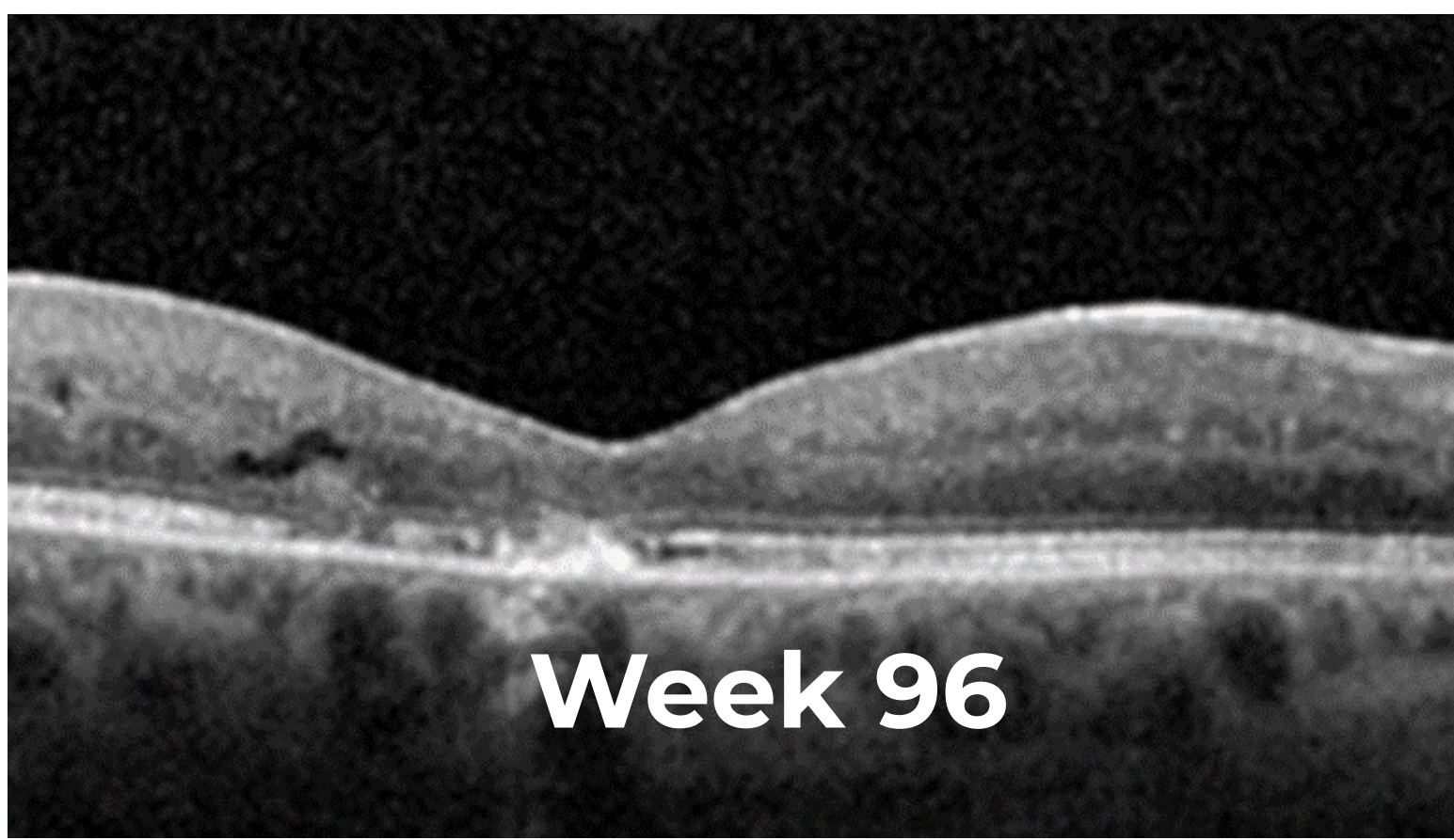
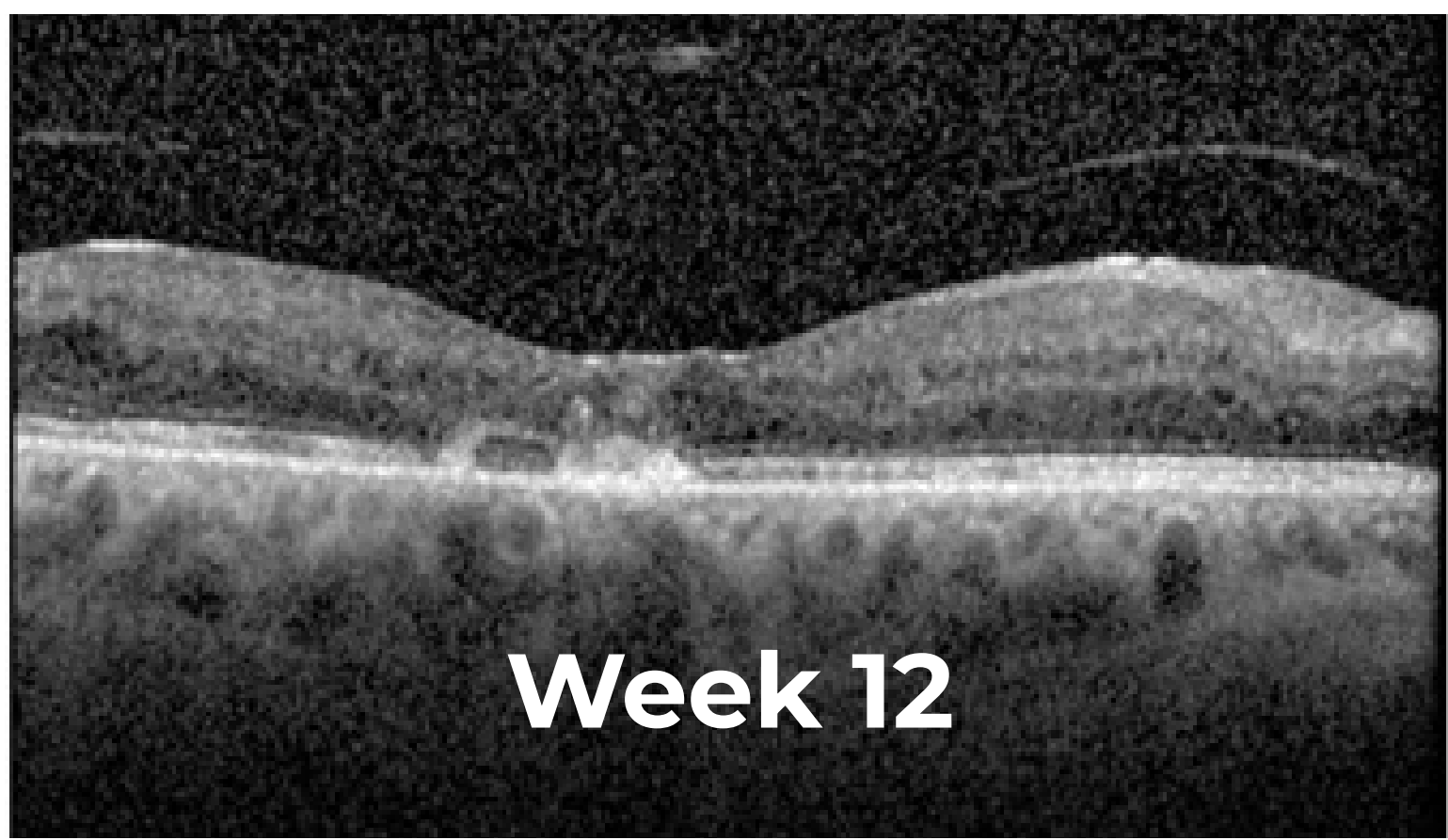
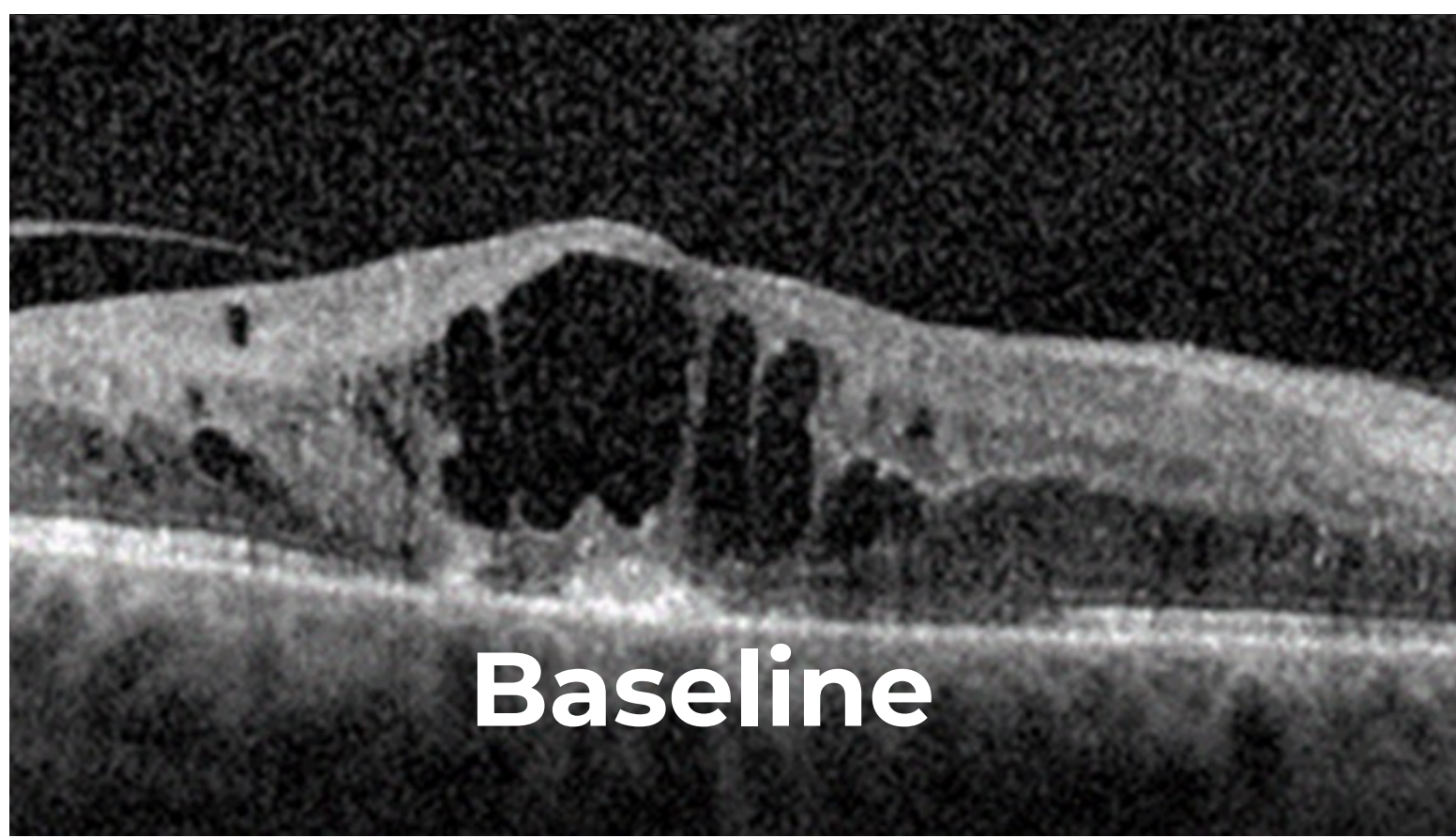
CASE 2

CASE 3

CASE 4

CASE 5

PATIENT CASE 1



This patient case is taken from the Phase II/III PHOTON study. Outcomes may not be representative of the complete range of potential response to EYLEA 8mg. Results in your practice may vary.

References

Essential Information



REFERENCES

1. Brown DM, *et al.* Aflibercept 8 mg in diabetic macular edema: 156-week results from the PHOTON extension study. The Macula Society 48th Annual Meeting. 12–15 February 2025. Florida, USA. Oral presentation. **2.** Do D, *et al.* Aflibercept 8 mg for diabetic macular edema: 96-week results from the Phase 2/3 PHOTON trial. AAO. 3–6 November 2023. San Francisco, USA. Oral presentation. **3.** EYLEA® 8 mg (aflibercept 114.3 mg/mL, solution for injection) Summary of Product Characteristics. Berlin, Germany: Bayer Pharma AG. **4.** Do DV, *et al.* *Retina* 2020;40:643–647. **5.** Papadopoulos N, *et al.* *Angiogenesis* 2012;15:171–185. **6.** Kaiser PK, *et al.* Population pharmacokinetic modeling and simulation of ocular clearance for aflibercept 8 mg and 2 mg and association with durability and effect. ARVO. 5–9 May 2024. Seattle, USA. Oral presentation. **7.** Assessment report. Aflibercept. Available at: https://www.ema.europa.eu/en/documents/assessment-report/eylea-epar-public-assessment-report_en.pdf. Accessed: August 2025. **8.** Veritti D, *et al.* *Pharmaceutics* 2023;15:1416.

FOOTNOTES

^aEYLEA 2mg was dosed at fixed q8 intervals after 5 initial monthly injections. At Week 96, patients could enrol in the extension study and switch to 8q12 through to Week 156. Dosing intervals could be extended or shortened in 2-week increments to a maximum of 24 weeks and a minimum of 8 weeks.²

^bIntervals could be shortened if DRM shortening criteria were met.²

^cIntervals could be extended if DRM extension criteria were met.²

^dIf DRM shortening criteria were met at Week 16 or 20, patients on 8q12 and 8q16 were shortened to q8. If DRM shortening criteria were met at Week 24, patients on 8q16 were shortened to q12. At subsequent dosing visits, patients on 8q12 or 8q16 had treatment intervals shortened by 4 weeks.²

^eAll assessments were compared with Week 12.²

^fData are descriptive only, no statistical conclusions can be made.

^geFAS, observed cases.¹

^hPatients who were randomised to the 8q12 or 8q16 groups at the beginning of the study and continued treatment with EYLEA 8mg through the extension study.¹

ⁱVs EYLEA 2mg.

^jRounded value. Two injections in the third year for patients maintained on q24 intervals through the end of the PHOTON trial/PHOTON extension. Mean number of injections from Year 2 to Year 3 was 4.4 (2q8→8mg) and 3.3 (8q12/8q16) in the PHOTON extension study (exploratory endpoint).¹

^keFAS, patients completing Week 156. Last assigned dosing intervals at Week 156 in patients on EYLEA 8mg from baseline: 28% q24, 48% ≥q20, 68% ≥q16 (exploratory endpoint).¹

^lEYLEA 8mg is the first and only anti-VEGF that offers DME patients up to 6 months between injections.³

^mEstimated from a popPK analysis.⁷

ⁿTreatment emergent.¹

^oAll events.¹

^pA total of 1217 patients treated with EYLEA 8mg up to 96 weeks constituted the safety population in three clinical Phase II/III studies (CANDELA, PULSAR, PHOTON).³

^qLast completed interval.

^rDRM assessments occurred at injection visits after Week 20 in the aflibercept 8mg q12 arm and after Week 24 in the aflibercept 8mg q16 arm.

^sMeasurements were not available for this treatment visit.

^tOwing to the patient receiving an injection a week later than planned, the patient received a q15 interval.

^uAs a result of the patient receiving their previous injection at Week 123 instead of Week 122, the patient received a q15 interval up to Week 138.

ABBREVIATIONS

2q8, 2mg every 8 weeks; 8q12, 8mg every 12 weeks; 8q16, 8mg every 16 weeks; AE, adverse event; APTC, Antiplatelet Trialists' Collaboration; BCVA, best-corrected visual acuity; CI, confidence interval; CRT, central retinal thickness; DME, diabetic macular oedema; DRM, dose regimen modification; E-DRM, dose regimen modification during extension; eFAS, full analysis set in the extension; eSAF, safety analysis set in the extension; ETDRS, Early Treatment Diabetic Retinopathy Study; FAS, full analysis set; LS, least squares; N-BL, new baseline; popPK, population pharmacokinetics; q8, every 8 weeks; q12, every 12 weeks; q14, every 14 weeks; q15, every 15 weeks; q16, every 16 weeks; q18, every 18 weeks; q20, every 20 weeks; q24, every 24 weeks; SAE, serious adverse event; TEAE, treatment-emergent adverse event; VEGF, vascular endothelial growth factor; Wk, week.



Essential Information



ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

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(Refer to full SmPC before prescribing.)

Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. **Excipients:** Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

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Date of revision of the underlying Prescribing Information: June 2025.

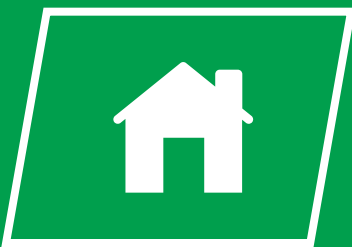
For more information on posology and treatment initiation, please refer to the EYLEA Summary of Product Characteristics. The safety profile observed in the 3 clinical studies (CANDELA, PULSAR, PHOTON) was similar in patients treated with EYLEA 114.3mg/mL and EYLEA 40mg/mL in patients with nAMD and DME. For more information on the safety profile, please refer to the EYLEA Summary of Product Characteristics.

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Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system.



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ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
(Refer to full SmPC before prescribing.)

Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. *Excipients:* Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

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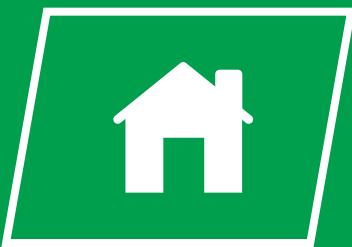
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EYLEA 8mg IN DME

- 
- CASE 1
- CASE 2
- CASE 3
- CASE 4
- CASE 5

PATIENT CASE 2

Age range (years)	60–70
Sex	Female
Ethnicity	White
Treatment arm	8mg q12
Baseline BCVA (ETDRS letters)	70
Baseline CRT (µm)	570
Prior treatment for DME (Y/N)	Yes

CLINICAL PERSPECTIVE

BCVA and CRT improved during the loading phase, and these improvements were maintained up to Week 48. The patient met the extension criteria in Year 2 and had a last completed interval of q20 at Week 96.

This patient case is taken from the Phase II/III PHOTON study. Outcomes may not be representative of the complete range of potential response to EYLEA 8mg. Results in your practice may vary.

References

Essential Information



REFERENCES

1. Brown DM, *et al.* Aflibercept 8 mg in diabetic macular edema: 156-week results from the PHOTON extension study. The Macula Society 48th Annual Meeting. 12–15 February 2025. Florida, USA. Oral presentation. **2.** Do D, *et al.* Aflibercept 8 mg for diabetic macular edema: 96-week results from the Phase 2/3 PHOTON trial. AAO. 3–6 November 2023. San Francisco, USA. Oral presentation. **3.** EYLEA® 8 mg (aflibercept 114.3 mg/mL, solution for injection) Summary of Product Characteristics. Berlin, Germany: Bayer Pharma AG. **4.** Do DV, *et al.* *Retina* 2020;40:643–647. **5.** Papadopoulos N, *et al.* *Angiogenesis* 2012;15:171–185. **6.** Kaiser PK, *et al.* Population pharmacokinetic modeling and simulation of ocular clearance for aflibercept 8 mg and 2 mg and association with durability and effect. ARVO. 5–9 May 2024. Seattle, USA. Oral presentation. **7.** Assessment report. Aflibercept. Available at: https://www.ema.europa.eu/en/documents/assessment-report/eylea-epar-public-assessment-report_en.pdf. Accessed: August 2025. **8.** Veritti D, *et al.* *Pharmaceutics* 2023;15:1416.

FOOTNOTES

^aEYLEA 2mg was dosed at fixed q8 intervals after 5 initial monthly injections. At Week 96, patients could enrol in the extension study and switch to 8q12 through to Week 156. Dosing intervals could be extended or shortened in 2-week increments to a maximum of 24 weeks and a minimum of 8 weeks.²

^bIntervals could be shortened if DRM shortening criteria were met.²

^cIntervals could be extended if DRM extension criteria were met.²

^dIf DRM shortening criteria were met at Week 16 or 20, patients on 8q12 and 8q16 were shortened to q8. If DRM shortening criteria were met at Week 24, patients on 8q16 were shortened to q12. At subsequent dosing visits, patients on 8q12 or 8q16 had treatment intervals shortened by 4 weeks.²

^eAll assessments were compared with Week 12.²

^fData are descriptive only, no statistical conclusions can be made.

^geFAS, observed cases.¹

^hPatients who were randomised to the 8q12 or 8q16 groups at the beginning of the study and continued treatment with EYLEA 8mg through the extension study.¹

ⁱVs EYLEA 2mg.

^jRounded value. Two injections in the third year for patients maintained on q24 intervals through the end of the PHOTON trial/PHOTON extension. Mean number of injections from Year 2 to Year 3 was 4.4 (2q8→8mg) and 3.3 (8q12/8q16) in the PHOTON extension study (exploratory endpoint).¹

^keFAS, patients completing Week 156. Last assigned dosing intervals at Week 156 in patients on EYLEA 8mg from baseline: 28% q24, 48% ≥q20, 68% ≥q16 (exploratory endpoint).¹

^lEYLEA 8mg is the first and only anti-VEGF that offers DME patients up to 6 months between injections.³

^mEstimated from a popPK analysis.⁷

ⁿTreatment emergent.¹

^oAll events.¹

^pA total of 1217 patients treated with EYLEA 8mg up to 96 weeks constituted the safety population in three clinical Phase II/III studies (CANDELA, PULSAR, PHOTON).³

^qLast completed interval.

^rDRM assessments occurred at injection visits after Week 20 in the aflibercept 8mg q12 arm and after Week 24 in the aflibercept 8mg q16 arm.

^sMeasurements were not available for this treatment visit.

^tOwing to the patient receiving an injection a week later than planned, the patient received a q15 interval.

^uAs a result of the patient receiving their previous injection at Week 123 instead of Week 122, the patient received a q15 interval up to Week 138.

ABBREVIATIONS

2q8, 2mg every 8 weeks; 8q12, 8mg every 12 weeks; 8q16, 8mg every 16 weeks; AE, adverse event; APTC, Antiplatelet Trialists' Collaboration; BCVA, best-corrected visual acuity; CI, confidence interval; CRT, central retinal thickness; DME, diabetic macular oedema; DRM, dose regimen modification; E-DRM, dose regimen modification during extension; eFAS, full analysis set in the extension; eSAF, safety analysis set in the extension; ETDRS, Early Treatment Diabetic Retinopathy Study; FAS, full analysis set; LS, least squares; N-BL, new baseline; popPK, population pharmacokinetics; q8, every 8 weeks; q12, every 12 weeks; q14, every 14 weeks; q15, every 15 weeks; q16, every 16 weeks; q18, every 18 weeks; q20, every 20 weeks; q24, every 24 weeks; SAE, serious adverse event; TEAE, treatment-emergent adverse event; VEGF, vascular endothelial growth factor; Wk, week.



Essential Information



ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

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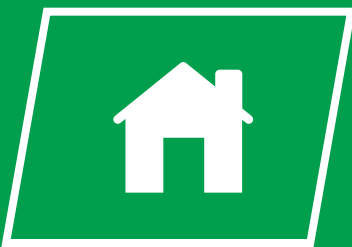
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On prescription only. Administration only by a qualified physician experienced in administering intravitreal injections. Refer to full Summary of Product Characteristics before prescribing. Additional risk minimisation measures have been developed for healthcare professionals (a prescriber's guide and video on how to prepare and inject EYLEA) and patients. The prescriber's guide aims to raise awareness of the risks associated with intravitreal injections. The purpose of the patient guide is to inform patients about the disease, treatment, injection procedure and symptoms of injection-related side effects. It is recommended to read these documents before prescribing this drug and giving the guide to the patient. These documents are available upon request.

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system.



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Marketing Authorisation Holder: Bayer AG, 51368 Leverkusen, Germany.





ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
(Refer to full SmPC before prescribing.)

Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. **Excipients:** Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

both eyes have not been systematically studied. If bilateral treatment is performed at the same time this could lead to an increased systemic exposure, which could increase the risk of systemic adverse events. Limited data are available on the concomitant use of Eylea with other anti-VEGF medicinal products (systemic or ocular). Treatment should be withheld in the event of: a decrease in best corrected visual acuity (BCVA) of ≥ 30 letters compared with the last assessment of visual acuity; a rhegmatogenous retinal detachment or stage 3 or 4 macular holes; a retinal break; a subretinal haemorrhage involving the central fovea, or, if the size of the haemorrhage is ≥ 50 % of the total lesion area; performed or planned intraocular surgery within the previous or next 28 days. Risk factors associated with the development of a retinal pigment epithelial tear after anti-VEGF therapy for nAMD include a large and/or high pigment epithelial retinal detachment. When initiating aflibercept therapy, caution should be used in patients with these risk factors for retinal pigment epithelial tears. Eylea 114.3 mg/ml should not be used during pregnancy unless the potential benefit outweighs the potential risk to the foetus. Women of childbearing potential must use effective contraception during treatment and for at least 4 months after the last intravitreal injection with Eylea 114.3 mg/ml. As a precautionary measure, breastfeeding is not recommended. Populations with limited data: There are limited data on the use of aflibercept in pregnant women. There is only limited experience with Eylea treatment in diabetic patients with an HbA1c over 12 % or with proliferative diabetic retinopathy. Eylea has not been studied in patients with active systemic infections or in patients with concurrent eye conditions such as retinal detachment or macular hole. There is also no experience of treatment with Eylea in diabetic patients with uncontrolled hypertension. This lack of information should be considered by the physician when treating such patients. Information about excipients: Polysorbates may cause allergic reactions. **Undesirable effects:** As reported in patients with nAMD or DME treated with Eylea 114.3 mg/ml in Phase II/III studies up to 96 weeks. **Common:** Hypersensitivity (including rash, pruritus, urticaria), Cataract, Intraocular pressure increased, Vitreous floaters, Vitreous detachment, Vitreous haemorrhage, Retinal haemorrhage, Visual acuity reduced, Eye pain, Conjunctival haemorrhage, Punctate keratitis, Corneal abrasion. **Uncommon:** Retinal detachment, Retinal tear, Retinal pigment epithelial tear, Detachment of the retinal pigment epithelium, Uveitis, Iritis, Iridocyclitis, Vitritis, Cataract cortical, Cataract nuclear, Cataract subcapsular, Corneal erosion, Vision blurred, Injection site pain, Foreign body sensation in eyes, Lacrimation increased, Injection site haemorrhage, Conjunctival hyperaemia, Eyelid oedema, Ocular hyperaemia, Injection site irritation. **Rare:** Corneal oedema, Lenticular opacities, Retinal degeneration, Eyelid irritation. **Frequency not known:** Scleritis. The following adverse reactions of Eylea 40 mg/ml are also considered expected with Eylea 114.3 mg/ml: abnormal sensation in eye, corneal epithelium defect, anterior chamber flare, endophthalmitis, blindness, traumatic cataract, hypopyon, severe anaphylactic/anaphylactoid reactions. **Description of selected adverse reactions:** Arterial thromboembolic events (ATEs) are adverse reactions potentially related to systemic VEGF inhibition. There is a theoretical risk of ATEs, including stroke and myocardial infarction, following intravitreal use of VEGF inhibitors. A low incidence rate of ATEs was observed in the aflibercept clinical studies in patients with nAMD and DME. Across indications, no notable difference between the groups treated with Eylea 114.3 mg/ml and the comparator groups treated with Eylea 40 mg/ml were observed.

On prescription only. Marketing Authorisation Holder:
Bayer AG, 51368 Leverkusen, Germany.
Date of revision of the underlying Prescribing Information: June 2025.

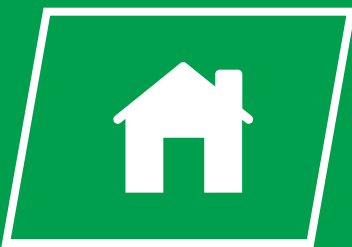
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EYLEA 8mg IN DME



CASE 1

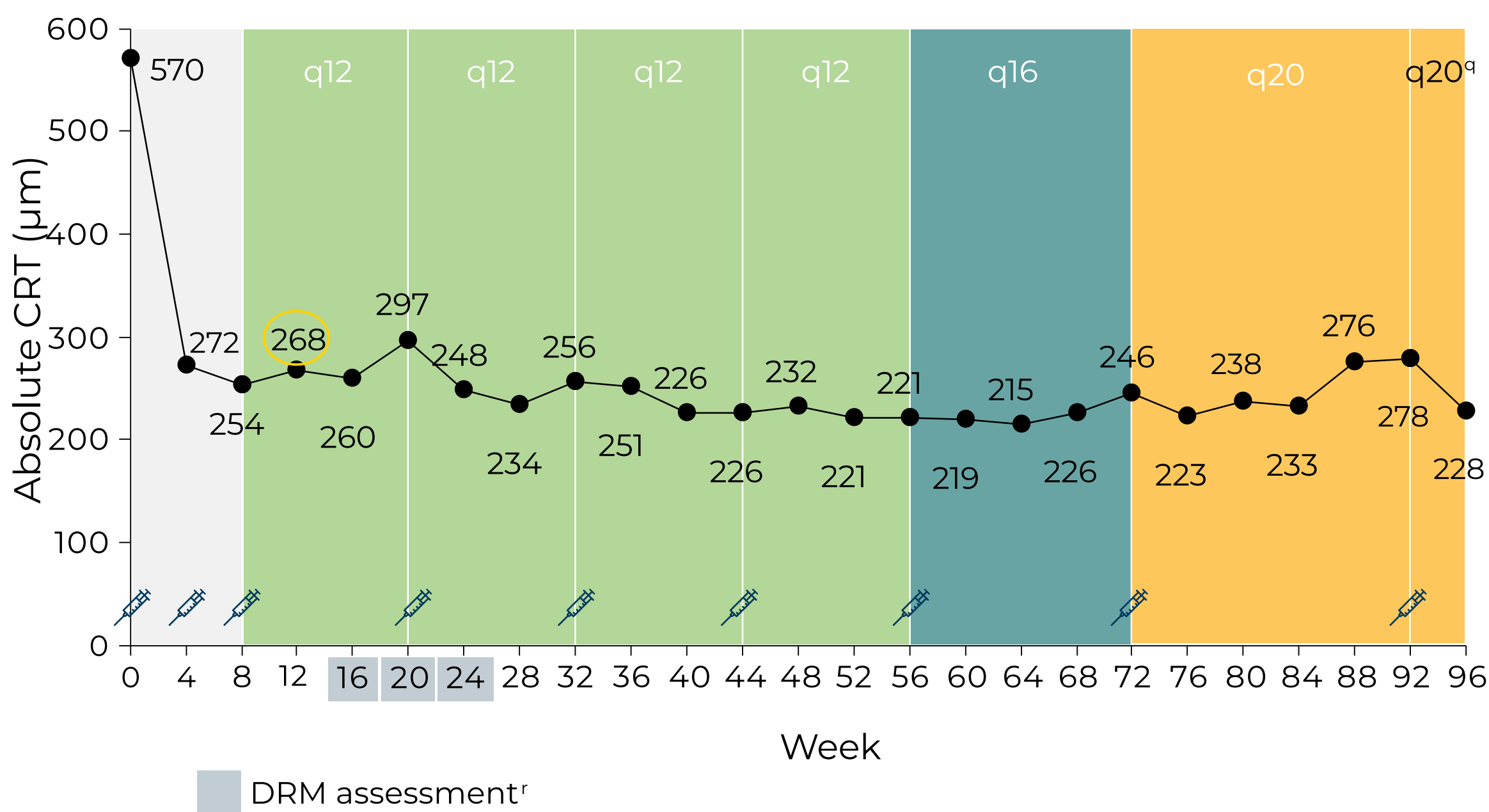
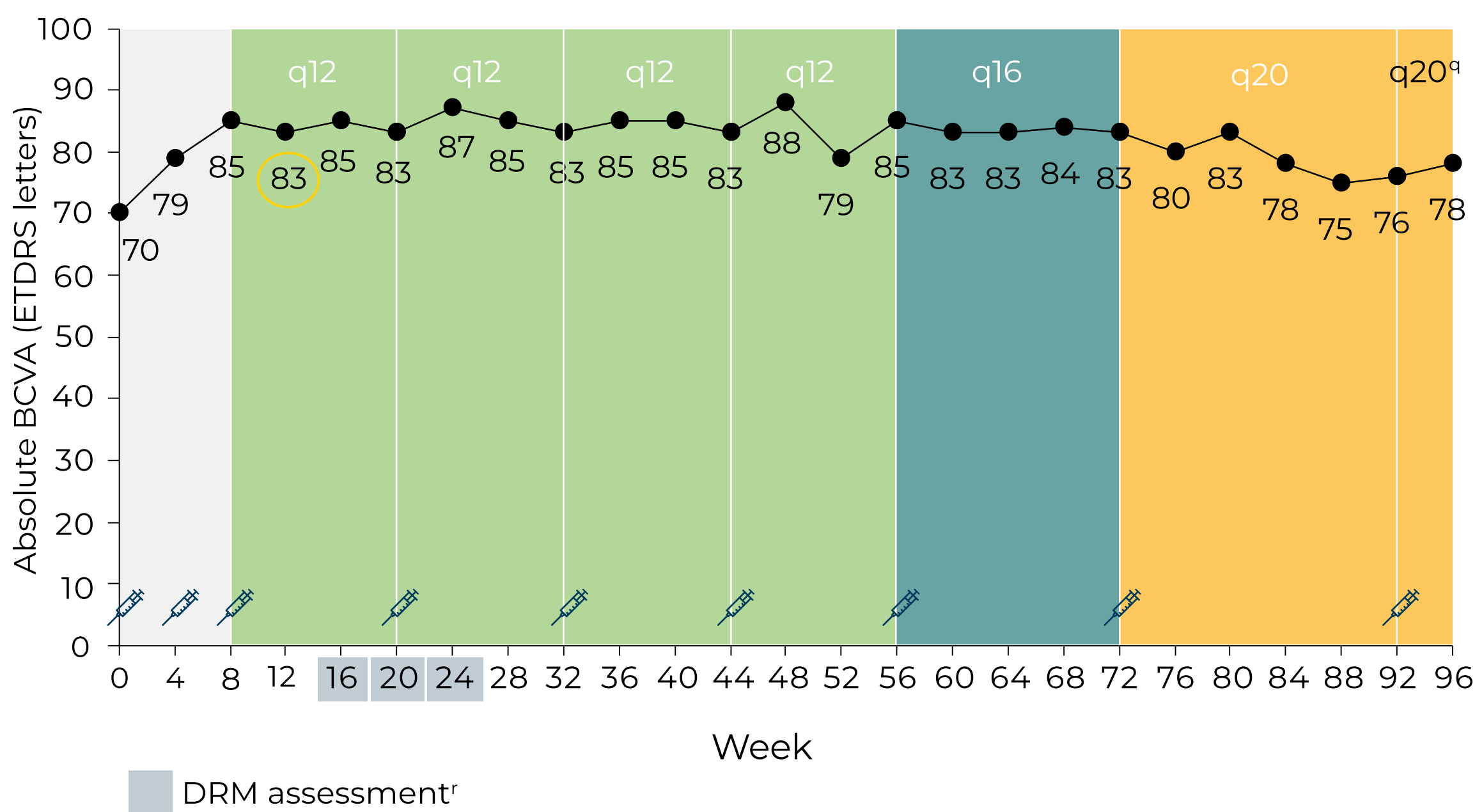
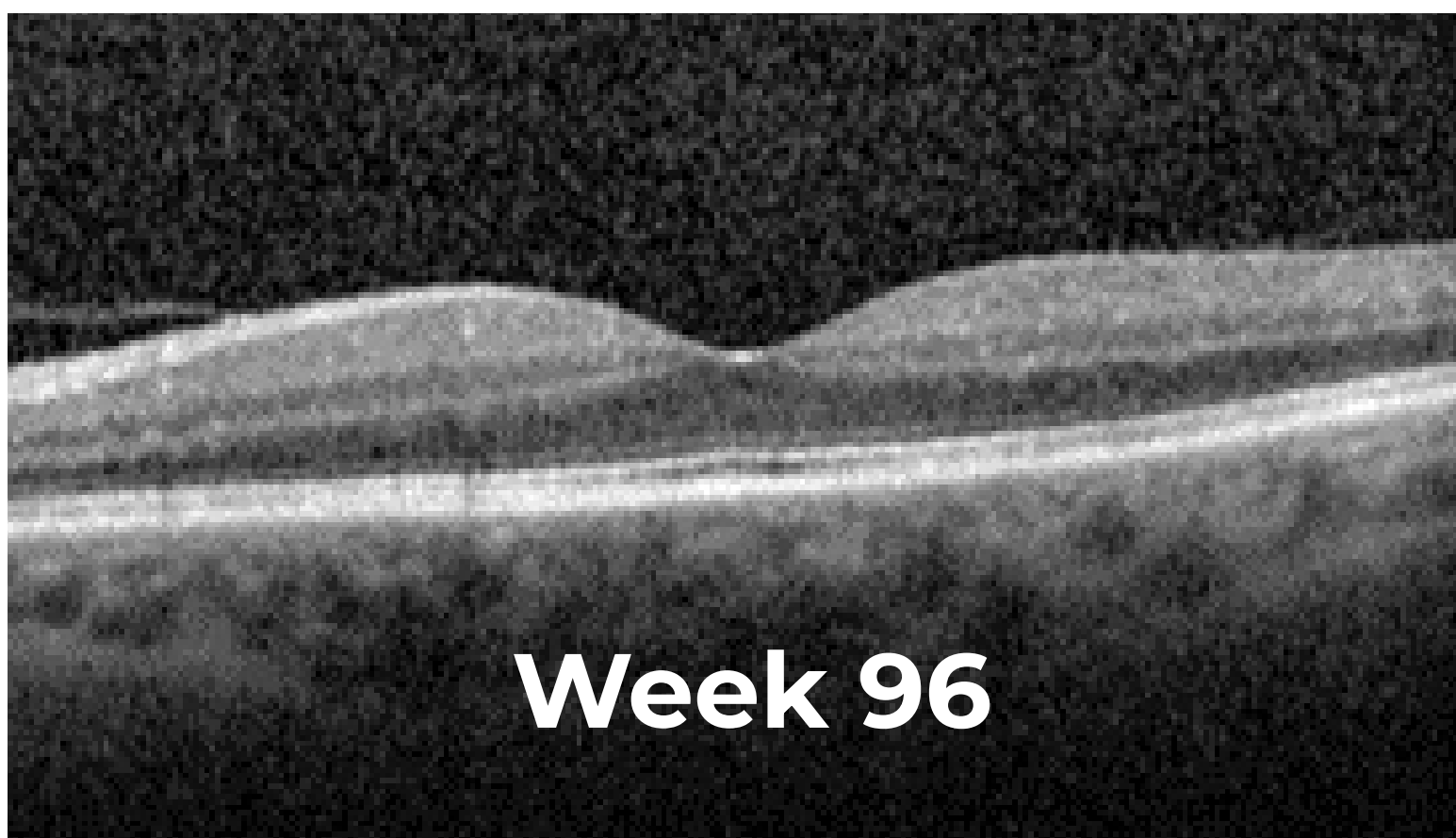
CASE 2

CASE 3

CASE 4

CASE 5

PATIENT CASE 2



This patient case is taken from the Phase II/III PHOTON study. Outcomes may not be representative of the complete range of potential response to EYLEA 8mg. Results in your practice may vary.

References

Essential Information



REFERENCES

1. Brown DM, *et al.* Aflibercept 8 mg in diabetic macular edema: 156-week results from the PHOTON extension study. The Macula Society 48th Annual Meeting. 12–15 February 2025. Florida, USA. Oral presentation. **2.** Do D, *et al.* Aflibercept 8 mg for diabetic macular edema: 96-week results from the Phase 2/3 PHOTON trial. AAO. 3–6 November 2023. San Francisco, USA. Oral presentation. **3.** EYLEA® 8 mg (aflibercept 114.3 mg/mL, solution for injection) Summary of Product Characteristics. Berlin, Germany: Bayer Pharma AG. **4.** Do DV, *et al.* *Retina* 2020;40:643–647. **5.** Papadopoulos N, *et al.* *Angiogenesis* 2012;15:171–185. **6.** Kaiser PK, *et al.* Population pharmacokinetic modeling and simulation of ocular clearance for aflibercept 8 mg and 2 mg and association with durability and effect. ARVO. 5–9 May 2024. Seattle, USA. Oral presentation. **7.** Assessment report. Aflibercept. Available at: https://www.ema.europa.eu/en/documents/assessment-report/eylea-epar-public-assessment-report_en.pdf. Accessed: August 2025. **8.** Veritti D, *et al.* *Pharmaceutics* 2023;15:1416.

FOOTNOTES

^aEYLEA 2mg was dosed at fixed q8 intervals after 5 initial monthly injections. At Week 96, patients could enrol in the extension study and switch to 8q12 through to Week 156. Dosing intervals could be extended or shortened in 2-week increments to a maximum of 24 weeks and a minimum of 8 weeks.²

^bIntervals could be shortened if DRM shortening criteria were met.²

^cIntervals could be extended if DRM extension criteria were met.²

^dIf DRM shortening criteria were met at Week 16 or 20, patients on 8q12 and 8q16 were shortened to q8. If DRM shortening criteria were met at Week 24, patients on 8q16 were shortened to q12. At subsequent dosing visits, patients on 8q12 or 8q16 had treatment intervals shortened by 4 weeks.²

^eAll assessments were compared with Week 12.²

^fData are descriptive only, no statistical conclusions can be made.

^geFAS, observed cases.¹

^hPatients who were randomised to the 8q12 or 8q16 groups at the beginning of the study and continued treatment with EYLEA 8mg through the extension study.¹

ⁱVs EYLEA 2mg.

^jRounded value. Two injections in the third year for patients maintained on q24 intervals through the end of the PHOTON trial/PHOTON extension. Mean number of injections from Year 2 to Year 3 was 4.4 (2q8→8mg) and 3.3 (8q12/8q16) in the PHOTON extension study (exploratory endpoint).¹

^keFAS, patients completing Week 156. Last assigned dosing intervals at Week 156 in patients on EYLEA 8mg from baseline: 28% q24, 48% ≥q20, 68% ≥q16 (exploratory endpoint).¹

^lEYLEA 8mg is the first and only anti-VEGF that offers DME patients up to 6 months between injections.³

^mEstimated from a popPK analysis.⁷

ⁿTreatment emergent.¹

^oAll events.¹

^pA total of 1217 patients treated with EYLEA 8mg up to 96 weeks constituted the safety population in three clinical Phase II/III studies (CANDELA, PULSAR, PHOTON).³

^qLast completed interval.

^rDRM assessments occurred at injection visits after Week 20 in the aflibercept 8mg q12 arm and after Week 24 in the aflibercept 8mg q16 arm.

^sMeasurements were not available for this treatment visit.

^tOwing to the patient receiving an injection a week later than planned, the patient received a q15 interval.

^uAs a result of the patient receiving their previous injection at Week 123 instead of Week 122, the patient received a q15 interval up to Week 138.

ABBREVIATIONS

2q8, 2mg every 8 weeks; 8q12, 8mg every 12 weeks; 8q16, 8mg every 16 weeks; AE, adverse event; APTC, Antiplatelet Trialists' Collaboration; BCVA, best-corrected visual acuity; CI, confidence interval; CRT, central retinal thickness; DME, diabetic macular oedema; DRM, dose regimen modification; E-DRM, dose regimen modification during extension; eFAS, full analysis set in the extension; eSAF, safety analysis set in the extension; ETDRS, Early Treatment Diabetic Retinopathy Study; FAS, full analysis set; LS, least squares; N-BL, new baseline; popPK, population pharmacokinetics; q8, every 8 weeks; q12, every 12 weeks; q14, every 14 weeks; q15, every 15 weeks; q16, every 16 weeks; q18, every 18 weeks; q20, every 20 weeks; q24, every 24 weeks; SAE, serious adverse event; TEAE, treatment-emergent adverse event; VEGF, vascular endothelial growth factor; Wk, week.



Essential Information



ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
(Refer to full SmPC before prescribing.)

Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. **Excipients:** Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

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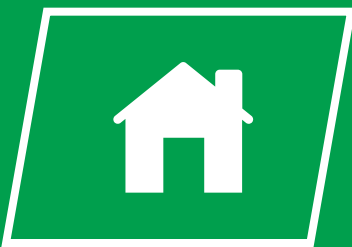
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Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. *Excipients:* Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

both eyes have not been systematically studied. If bilateral treatment is performed at the same time this could lead to an increased systemic exposure, which could increase the risk of systemic adverse events. Limited data are available on the concomitant use of Eylea with other anti-VEGF medicinal products (systemic or ocular). Treatment should be withheld in the event of: a decrease in best corrected visual acuity (BCVA) of ≥ 30 letters compared with the last assessment of visual acuity; a rhegmatogenous retinal detachment or stage 3 or 4 macular holes; a retinal break; a subretinal haemorrhage involving the central fovea, or, if the size of the haemorrhage is ≥ 50 % of the total lesion area; performed or planned intraocular surgery within the previous or next 28 days. Risk factors associated with the development of a retinal pigment epithelial tear after anti-VEGF therapy for nAMD include a large and/or high pigment epithelial retinal detachment. When initiating aflibercept therapy, caution should be used in patients with these risk factors for retinal pigment epithelial tears. Eylea 114.3 mg/ml should not be used during pregnancy unless the potential benefit outweighs the potential risk to the foetus. Women of childbearing potential must use effective contraception during treatment and for at least 4 months after the last intravitreal injection with Eylea 114.3 mg/ml. As a precautionary measure, breastfeeding is not recommended. Populations with limited data: There are limited data on the use of aflibercept in pregnant women. There is only limited experience with Eylea treatment in diabetic patients with an HbA1c over 12 % or with proliferative diabetic retinopathy. Eylea has not been studied in patients with active systemic infections or in patients with concurrent eye conditions such as retinal detachment or macular hole. There is also no experience of treatment with Eylea in diabetic patients with uncontrolled hypertension. This lack of information should be considered by the physician when treating such patients. Information about excipients: Polysorbates may cause allergic reactions. **Undesirable effects:** As reported in patients with nAMD or DME treated with Eylea 114.3 mg/ml in Phase II/III studies up to 96 weeks. **Common:** Hypersensitivity (including rash, pruritus, urticaria), Cataract, Intraocular pressure increased, Vitreous floaters, Vitreous detachment, Vitreous haemorrhage, Retinal haemorrhage, Visual acuity reduced, Eye pain, Conjunctival haemorrhage, Punctate keratitis, Corneal abrasion. **Uncommon:** Retinal detachment, Retinal tear, Retinal pigment epithelial tear, Detachment of the retinal pigment epithelium, Uveitis, Iritis, Iridocyclitis, Vitritis, Cataract cortical, Cataract nuclear, Cataract subcapsular, Corneal erosion, Vision blurred, Injection site pain, Foreign body sensation in eyes, Lacrimation increased, Injection site haemorrhage, Conjunctival hyperaemia, Eyelid oedema, Ocular hyperaemia, Injection site irritation. **Rare:** Corneal oedema, Lenticular opacities, Retinal degeneration, Eyelid irritation. **Frequency not known:** Scleritis. The following adverse reactions of Eylea 40 mg/ml are also considered expected with Eylea 114.3 mg/ml: abnormal sensation in eye, corneal epithelium defect, anterior chamber flare, endophthalmitis, blindness, traumatic cataract, hypopyon, severe anaphylactic/anaphylactoid reactions. **Description of selected adverse reactions:** Arterial thromboembolic events (ATEs) are adverse reactions potentially related to systemic VEGF inhibition. There is a theoretical risk of ATEs, including stroke and myocardial infarction, following intravitreal use of VEGF inhibitors. A low incidence rate of ATEs was observed in the aflibercept clinical studies in patients with nAMD and DME. Across indications, no notable difference between the groups treated with Eylea 114.3 mg/ml and the comparator groups treated with Eylea 40 mg/ml were observed.

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Bayer AG, 51368 Leverkusen, Germany.
Date of revision of the underlying Prescribing Information: June 2025.

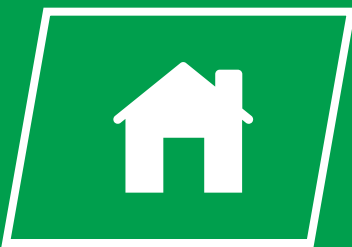
For more information on posology and treatment initiation, please refer to the EYLEA Summary of Product Characteristics. The safety profile observed in the 3 clinical studies (CANDELA, PULSAR, PHOTON) was similar in patients treated with EYLEA 114.3mg/mL and EYLEA 40mg/mL in patients with nAMD and DME. For more information on the safety profile, please refer to the EYLEA Summary of Product Characteristics.

On prescription only. Administration only by a qualified physician experienced in administering intravitreal injections. Refer to full Summary of Product Characteristics before prescribing. Additional risk minimisation measures have been developed for healthcare professionals (a prescriber's guide and video on how to prepare and inject EYLEA) and patients. The prescriber's guide aims to raise awareness of the risks associated with intravitreal injections. The purpose of the patient guide is to inform patients about the disease, treatment, injection procedure and symptoms of injection-related side effects. It is recommended to read these documents before prescribing this drug and giving the guide to the patient. These documents are available upon request.

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system.



For more information on the product, please refer to full Summary of Product Characteristics by scanning this QR code or directly on the EMA website (<https://www.ema.europa.eu/en/medicines/human/EPAR/eylea>). Marketing Authorisation Holder: Bayer AG, 51368 Leverkusen, Germany.



EYLEA 8mg IN DME

- 
- CASE 1
- CASE 2
- CASE 3
- CASE 4
- CASE 5

PATIENT CASE 3

Age range (years)	20–30
Sex	Male
Ethnicity	White
Treatment arm	8mg q12
Baseline BCVA (ETDRS letters)	77
Baseline CRT (µm)	835
Prior treatment for DME (Y/N)	No

CLINICAL PERSPECTIVE

A rapid interval extension after loading was not suitable for this patient. The patient achieved and maintained improvements in BCVA and CRT while on a q8 interval.

This patient case is taken from the Phase II/III PHOTON study. Outcomes may not be representative of the complete range of potential response to EYLEA 8mg. Results in your practice may vary.

References

Essential Information



REFERENCES

1. Brown DM, *et al.* Aflibercept 8 mg in diabetic macular edema: 156-week results from the PHOTON extension study. The Macula Society 48th Annual Meeting. 12–15 February 2025. Florida, USA. Oral presentation. **2.** Do D, *et al.* Aflibercept 8 mg for diabetic macular edema: 96-week results from the Phase 2/3 PHOTON trial. AAO. 3–6 November 2023. San Francisco, USA. Oral presentation. **3.** EYLEA® 8 mg (aflibercept 114.3 mg/mL, solution for injection) Summary of Product Characteristics. Berlin, Germany: Bayer Pharma AG. **4.** Do DV, *et al.* *Retina* 2020;40:643–647. **5.** Papadopoulos N, *et al.* *Angiogenesis* 2012;15:171–185. **6.** Kaiser PK, *et al.* Population pharmacokinetic modeling and simulation of ocular clearance for aflibercept 8 mg and 2 mg and association with durability and effect. ARVO. 5–9 May 2024. Seattle, USA. Oral presentation. **7.** Assessment report. Aflibercept. Available at: https://www.ema.europa.eu/en/documents/assessment-report/eylea-epar-public-assessment-report_en.pdf. Accessed: August 2025. **8.** Veritti D, *et al.* *Pharmaceutics* 2023;15:1416.

FOOTNOTES

^aEYLEA 2mg was dosed at fixed q8 intervals after 5 initial monthly injections. At Week 96, patients could enrol in the extension study and switch to 8q12 through to Week 156. Dosing intervals could be extended or shortened in 2-week increments to a maximum of 24 weeks and a minimum of 8 weeks.²

^bIntervals could be shortened if DRM shortening criteria were met.²

^cIntervals could be extended if DRM extension criteria were met.²

^dIf DRM shortening criteria were met at Week 16 or 20, patients on 8q12 and 8q16 were shortened to q8. If DRM shortening criteria were met at Week 24, patients on 8q16 were shortened to q12. At subsequent dosing visits, patients on 8q12 or 8q16 had treatment intervals shortened by 4 weeks.²

^eAll assessments were compared with Week 12.²

^fData are descriptive only, no statistical conclusions can be made.

^geFAS, observed cases.¹

^hPatients who were randomised to the 8q12 or 8q16 groups at the beginning of the study and continued treatment with EYLEA 8mg through the extension study.¹

ⁱVs EYLEA 2mg.

^jRounded value. Two injections in the third year for patients maintained on q24 intervals through the end of the PHOTON trial/PHOTON extension. Mean number of injections from Year 2 to Year 3 was 4.4 (2q8→8mg) and 3.3 (8q12/8q16) in the PHOTON extension study (exploratory endpoint).¹

^keFAS, patients completing Week 156. Last assigned dosing intervals at Week 156 in patients on EYLEA 8mg from baseline: 28% q24, 48% ≥q20, 68% ≥q16 (exploratory endpoint).¹

^lEYLEA 8mg is the first and only anti-VEGF that offers DME patients up to 6 months between injections.³

^mEstimated from a popPK analysis.⁷

ⁿTreatment emergent.¹

^oAll events.¹

^pA total of 1217 patients treated with EYLEA 8mg up to 96 weeks constituted the safety population in three clinical Phase II/III studies (CANDELA, PULSAR, PHOTON).³

^qLast completed interval.

^rDRM assessments occurred at injection visits after Week 20 in the aflibercept 8mg q12 arm and after Week 24 in the aflibercept 8mg q16 arm.

^sMeasurements were not available for this treatment visit.

^tOwing to the patient receiving an injection a week later than planned, the patient received a q15 interval.

^uAs a result of the patient receiving their previous injection at Week 123 instead of Week 122, the patient received a q15 interval up to Week 138.

ABBREVIATIONS

2q8, 2mg every 8 weeks; 8q12, 8mg every 12 weeks; 8q16, 8mg every 16 weeks; AE, adverse event; APTC, Antiplatelet Trialists' Collaboration; BCVA, best-corrected visual acuity; CI, confidence interval; CRT, central retinal thickness; DME, diabetic macular oedema; DRM, dose regimen modification; E-DRM, dose regimen modification during extension; eFAS, full analysis set in the extension; eSAF, safety analysis set in the extension; ETDRS, Early Treatment Diabetic Retinopathy Study; FAS, full analysis set; LS, least squares; N-BL, new baseline; popPK, population pharmacokinetics; q8, every 8 weeks; q12, every 12 weeks; q14, every 14 weeks; q15, every 15 weeks; q16, every 16 weeks; q18, every 18 weeks; q20, every 20 weeks; q24, every 24 weeks; SAE, serious adverse event; TEAE, treatment-emergent adverse event; VEGF, vascular endothelial growth factor; Wk, week.



Essential Information



ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
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Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. *Excipients:* Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

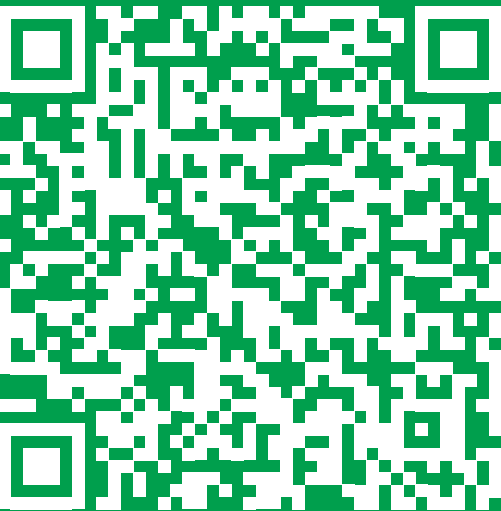
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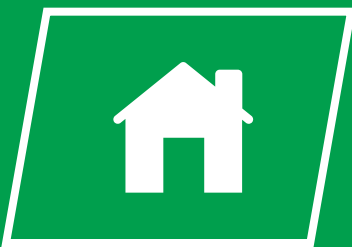
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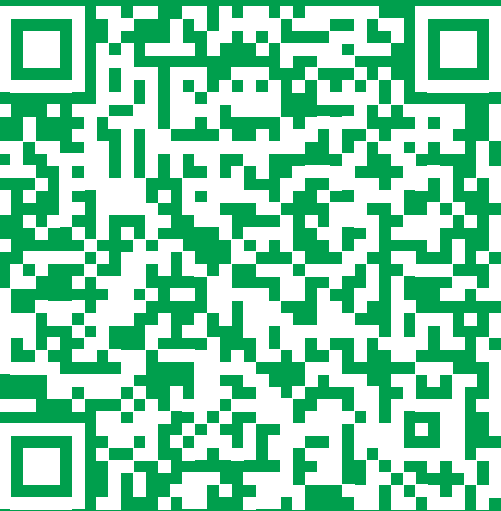
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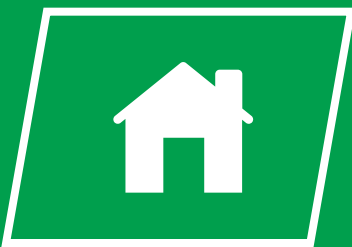
For more information on posology and treatment initiation, please refer to the EYLEA Summary of Product Characteristics. The safety profile observed in the 3 clinical studies (CANDELA, PULSAR, PHOTON) was similar in patients treated with EYLEA 114.3mg/mL and EYLEA 40mg/mL in patients with nAMD and DME. For more information on the safety profile, please refer to the EYLEA Summary of Product Characteristics.

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For more information on the product, please refer to full Summary of Product Characteristics by scanning this QR code or directly on the EMA website (<https://www.ema.europa.eu/en/medicines/human/EPAR/eylea>). Marketing Authorisation Holder: Bayer AG, 51368 Leverkusen, Germany.



EYLEA 8mg IN DME



CASE 1

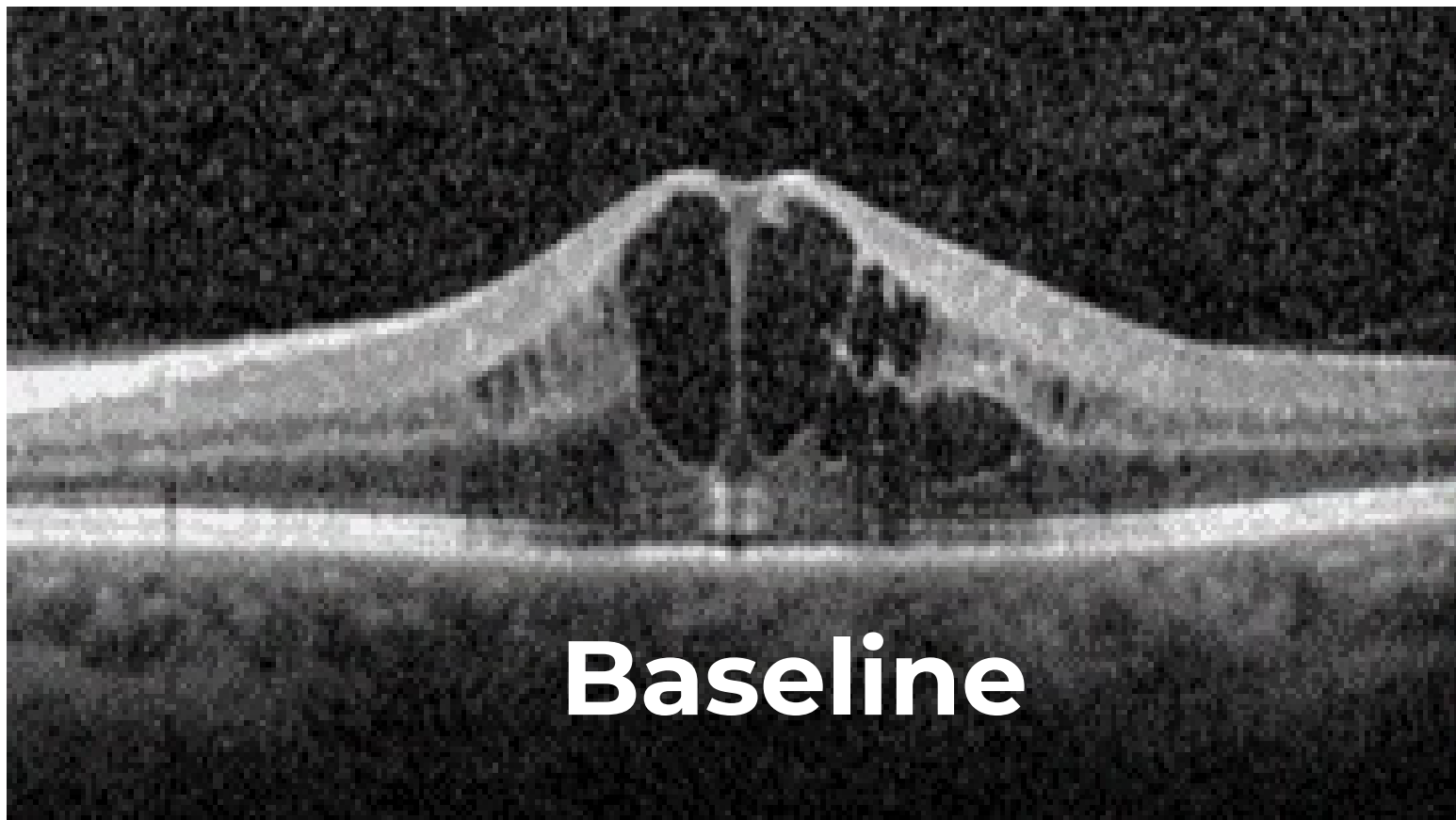
CASE 2

CASE 3

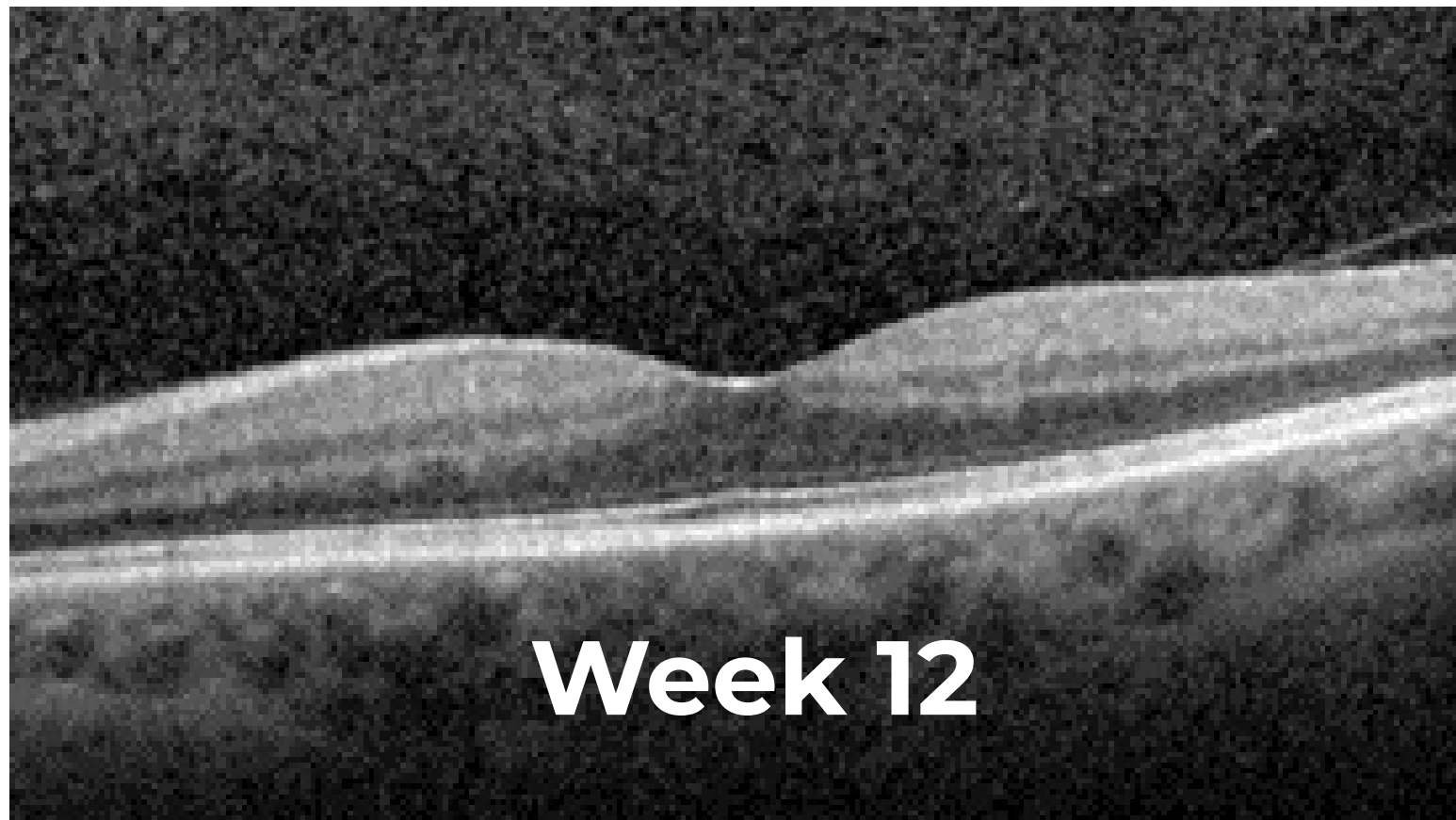
CASE 4

CASE 5

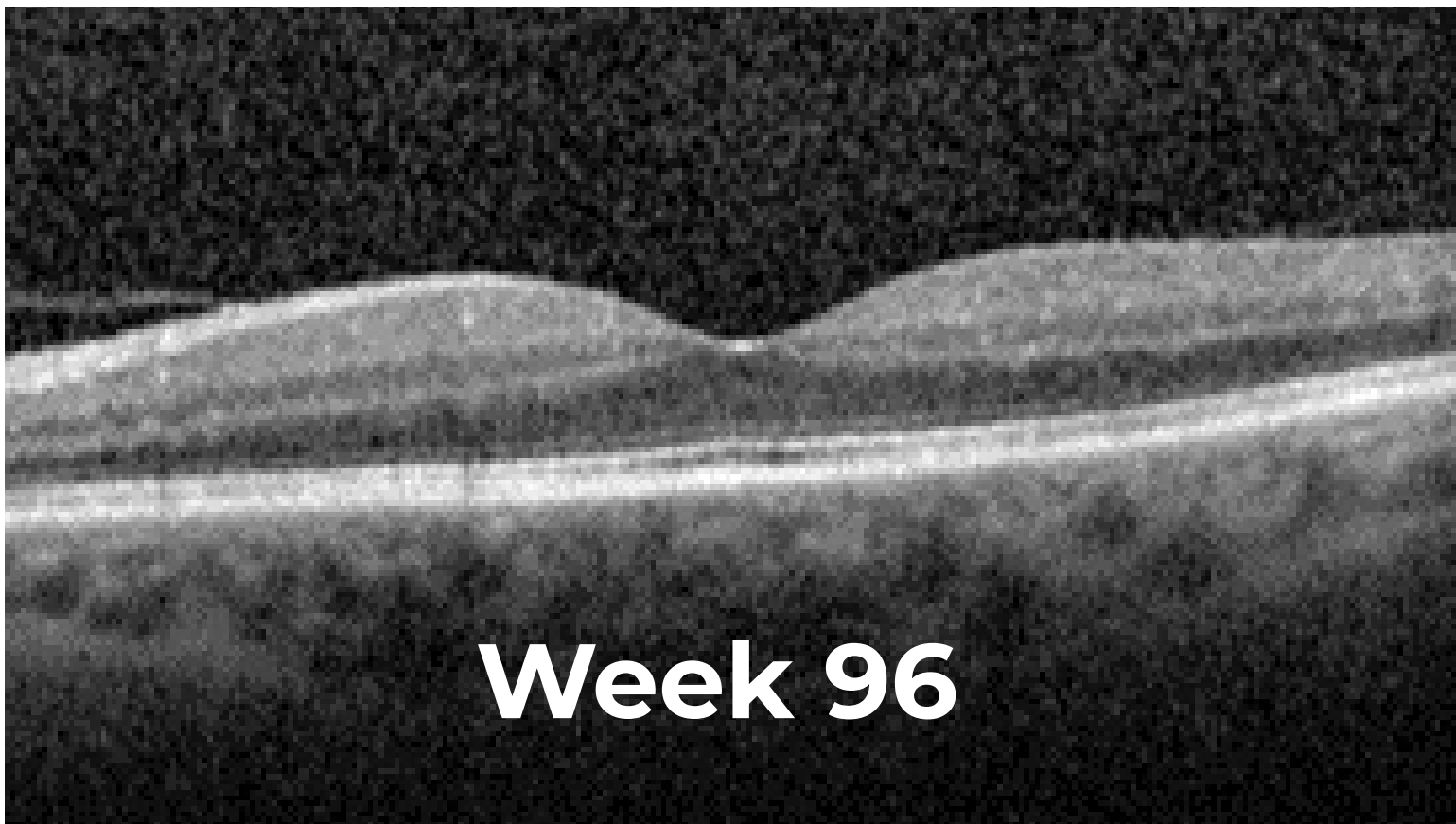
PATIENT CASE 3



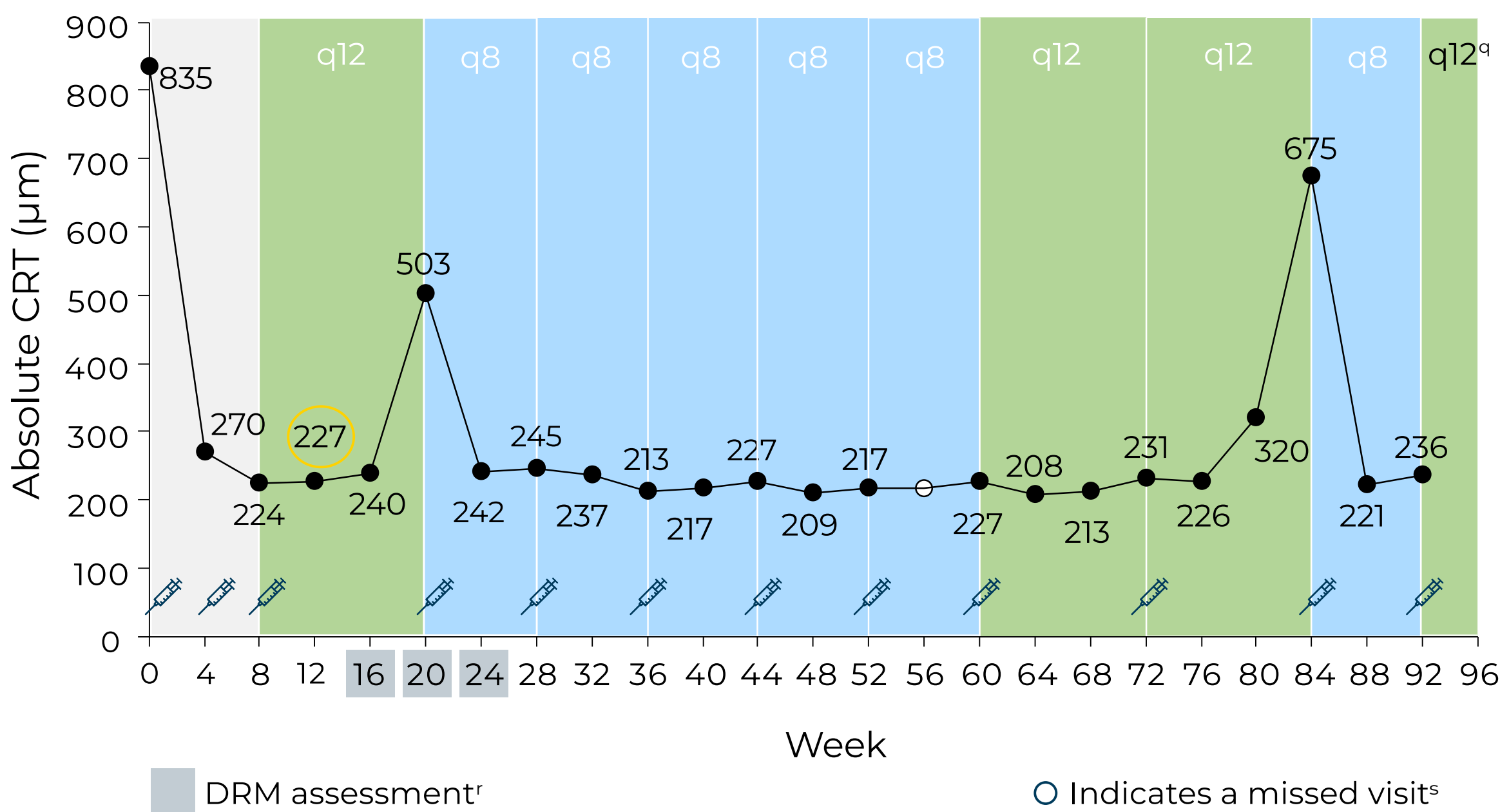
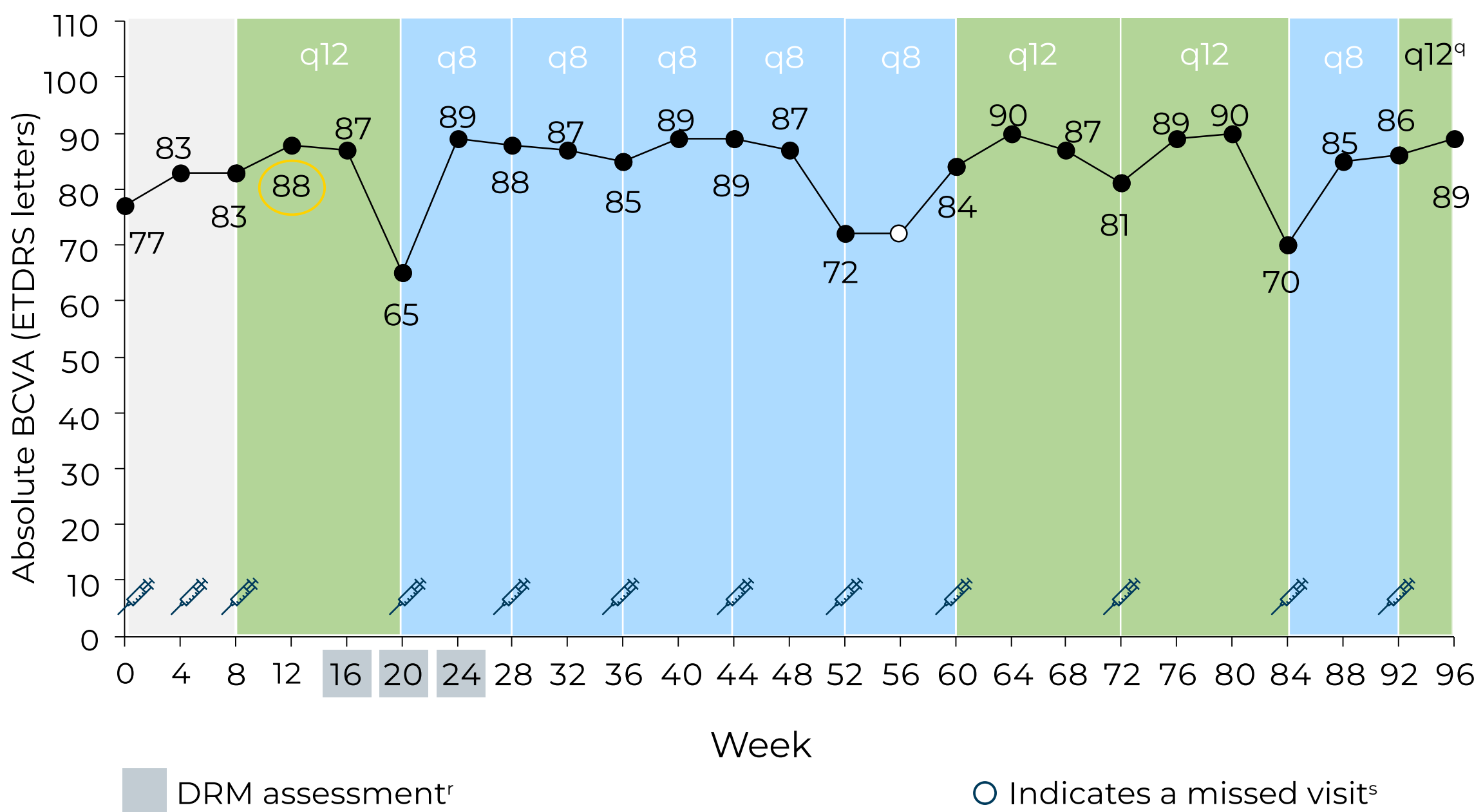
Baseline



Week 12



Week 96



This patient case is taken from the Phase II/III PHOTON study. Outcomes may not be representative of the complete range of potential response to EYLEA 8mg. Results in your practice may vary.

References

Essential Information



REFERENCES

1. Brown DM, *et al.* Aflibercept 8 mg in diabetic macular edema: 156-week results from the PHOTON extension study. The Macula Society 48th Annual Meeting. 12–15 February 2025. Florida, USA. Oral presentation. **2.** Do D, *et al.* Aflibercept 8 mg for diabetic macular edema: 96-week results from the Phase 2/3 PHOTON trial. AAO. 3–6 November 2023. San Francisco, USA. Oral presentation. **3.** EYLEA® 8 mg (aflibercept 114.3 mg/mL, solution for injection) Summary of Product Characteristics. Berlin, Germany: Bayer Pharma AG. **4.** Do DV, *et al.* *Retina* 2020;40:643–647. **5.** Papadopoulos N, *et al.* *Angiogenesis* 2012;15:171–185. **6.** Kaiser PK, *et al.* Population pharmacokinetic modeling and simulation of ocular clearance for aflibercept 8 mg and 2 mg and association with durability and effect. ARVO. 5–9 May 2024. Seattle, USA. Oral presentation. **7.** Assessment report. Aflibercept. Available at: https://www.ema.europa.eu/en/documents/assessment-report/eylea-epar-public-assessment-report_en.pdf. Accessed: August 2025. **8.** Veritti D, *et al.* *Pharmaceutics* 2023;15:1416.

FOOTNOTES

^aEYLEA 2mg was dosed at fixed q8 intervals after 5 initial monthly injections. At Week 96, patients could enrol in the extension study and switch to 8q12 through to Week 156. Dosing intervals could be extended or shortened in 2-week increments to a maximum of 24 weeks and a minimum of 8 weeks.²

^bIntervals could be shortened if DRM shortening criteria were met.²

^cIntervals could be extended if DRM extension criteria were met.²

^dIf DRM shortening criteria were met at Week 16 or 20, patients on 8q12 and 8q16 were shortened to q8. If DRM shortening criteria were met at Week 24, patients on 8q16 were shortened to q12. At subsequent dosing visits, patients on 8q12 or 8q16 had treatment intervals shortened by 4 weeks.²

^eAll assessments were compared with Week 12.²

^fData are descriptive only, no statistical conclusions can be made.

^geFAS, observed cases.¹

^hPatients who were randomised to the 8q12 or 8q16 groups at the beginning of the study and continued treatment with EYLEA 8mg through the extension study.¹

ⁱVs EYLEA 2mg.

^jRounded value. Two injections in the third year for patients maintained on q24 intervals through the end of the PHOTON trial/PHOTON extension. Mean number of injections from Year 2 to Year 3 was 4.4 (2q8→8mg) and 3.3 (8q12/8q16) in the PHOTON extension study (exploratory endpoint).¹

^keFAS, patients completing Week 156. Last assigned dosing intervals at Week 156 in patients on EYLEA 8mg from baseline: 28% q24, 48% ≥q20, 68% ≥q16 (exploratory endpoint).¹

^lEYLEA 8mg is the first and only anti-VEGF that offers DME patients up to 6 months between injections.³

^mEstimated from a popPK analysis.⁷

ⁿTreatment emergent.¹

^oAll events.¹

^pA total of 1217 patients treated with EYLEA 8mg up to 96 weeks constituted the safety population in three clinical Phase II/III studies (CANDELA, PULSAR, PHOTON).³

^qLast completed interval.

^rDRM assessments occurred at injection visits after Week 20 in the aflibercept 8mg q12 arm and after Week 24 in the aflibercept 8mg q16 arm.

^sMeasurements were not available for this treatment visit.

^tOwing to the patient receiving an injection a week later than planned, the patient received a q15 interval.

^uAs a result of the patient receiving their previous injection at Week 123 instead of Week 122, the patient received a q15 interval up to Week 138.

ABBREVIATIONS

2q8, 2mg every 8 weeks; 8q12, 8mg every 12 weeks; 8q16, 8mg every 16 weeks; AE, adverse event; APTC, Antiplatelet Trialists' Collaboration; BCVA, best-corrected visual acuity; CI, confidence interval; CRT, central retinal thickness; DME, diabetic macular oedema; DRM, dose regimen modification; E-DRM, dose regimen modification during extension; eFAS, full analysis set in the extension; eSAF, safety analysis set in the extension; ETDRS, Early Treatment Diabetic Retinopathy Study; FAS, full analysis set; LS, least squares; N-BL, new baseline; popPK, population pharmacokinetics; q8, every 8 weeks; q12, every 12 weeks; q14, every 14 weeks; q15, every 15 weeks; q16, every 16 weeks; q18, every 18 weeks; q20, every 20 weeks; q24, every 24 weeks; SAE, serious adverse event; TEAE, treatment-emergent adverse event; VEGF, vascular endothelial growth factor; Wk, week.



Essential Information



ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
(Refer to full SmPC before prescribing.)

Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. *Excipients:* Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

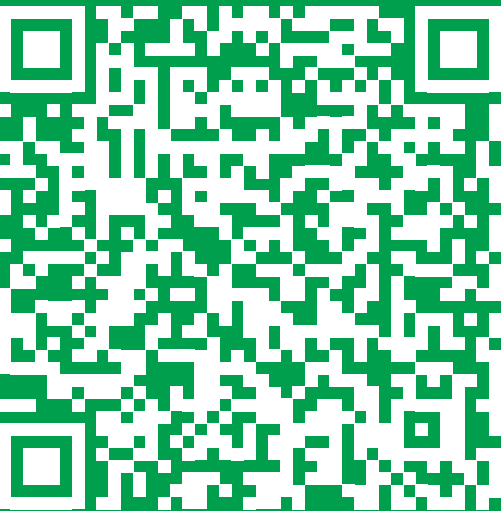
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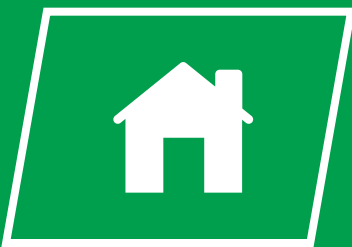
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Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
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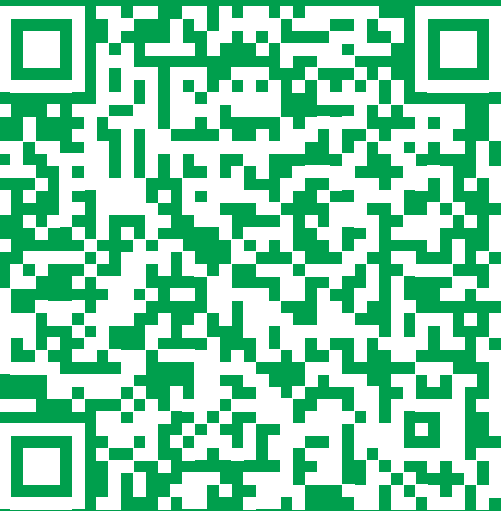
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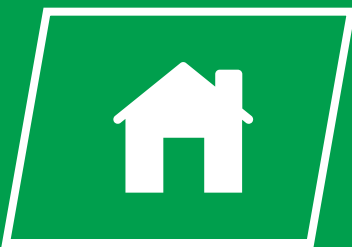
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EYLEA 8mg IN DME

- 
- CASE 1
- CASE 2
- CASE 3
- CASE 4
- CASE 5

PATIENT CASE 4

Age range (years)	50–60
Sex	Male
Ethnicity	White
Treatment arm	8mg q16
Baseline BCVA (ETDRS letters)	45
Baseline CRT (µm)	611
Prior treatment for DME (Y/N)	No

CLINICAL PERSPECTIVE

BCVA and CRT improved during the loading phase, and these improvements were maintained up to Week 48. The patient met the extension criteria in Year 2 and had a last completed interval of q20 at Week 96.

This patient case is taken from the Phase II/III PHOTON study. Outcomes may not be representative of the complete range of potential response to EYLEA 8mg. Results in your practice may vary.

References

Essential Information



REFERENCES

1. Brown DM, *et al.* Aflibercept 8 mg in diabetic macular edema: 156-week results from the PHOTON extension study. The Macula Society 48th Annual Meeting. 12–15 February 2025. Florida, USA. Oral presentation. **2.** Do D, *et al.* Aflibercept 8 mg for diabetic macular edema: 96-week results from the Phase 2/3 PHOTON trial. AAO. 3–6 November 2023. San Francisco, USA. Oral presentation. **3.** EYLEA® 8 mg (aflibercept 114.3 mg/mL, solution for injection) Summary of Product Characteristics. Berlin, Germany: Bayer Pharma AG. **4.** Do DV, *et al.* *Retina* 2020;40:643–647. **5.** Papadopoulos N, *et al.* *Angiogenesis* 2012;15:171–185. **6.** Kaiser PK, *et al.* Population pharmacokinetic modeling and simulation of ocular clearance for aflibercept 8 mg and 2 mg and association with durability and effect. ARVO. 5–9 May 2024. Seattle, USA. Oral presentation. **7.** Assessment report. Aflibercept. Available at: https://www.ema.europa.eu/en/documents/assessment-report/eylea-epar-public-assessment-report_en.pdf. Accessed: August 2025. **8.** Veritti D, *et al.* *Pharmaceutics* 2023;15:1416.

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^bIntervals could be shortened if DRM shortening criteria were met.²

^cIntervals could be extended if DRM extension criteria were met.²

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^eAll assessments were compared with Week 12.²

^fData are descriptive only, no statistical conclusions can be made.

^geFAS, observed cases.¹

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ⁱVs EYLEA 2mg.

^jRounded value. Two injections in the third year for patients maintained on q24 intervals through the end of the PHOTON trial/PHOTON extension. Mean number of injections from Year 2 to Year 3 was 4.4 (2q8→8mg) and 3.3 (8q12/8q16) in the PHOTON extension study (exploratory endpoint).¹

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^pA total of 1217 patients treated with EYLEA 8mg up to 96 weeks constituted the safety population in three clinical Phase II/III studies (CANDELA, PULSAR, PHOTON).³

^qLast completed interval.

^rDRM assessments occurred at injection visits after Week 20 in the aflibercept 8mg q12 arm and after Week 24 in the aflibercept 8mg q16 arm.

^sMeasurements were not available for this treatment visit.

^tOwing to the patient receiving an injection a week later than planned, the patient received a q15 interval.

^uAs a result of the patient receiving their previous injection at Week 123 instead of Week 122, the patient received a q15 interval up to Week 138.

ABBREVIATIONS

2q8, 2mg every 8 weeks; 8q12, 8mg every 12 weeks; 8q16, 8mg every 16 weeks; AE, adverse event; APTC, Antiplatelet Trialists' Collaboration; BCVA, best-corrected visual acuity; CI, confidence interval; CRT, central retinal thickness; DME, diabetic macular oedema; DRM, dose regimen modification; E-DRM, dose regimen modification during extension; eFAS, full analysis set in the extension; eSAF, safety analysis set in the extension; ETDRS, Early Treatment Diabetic Retinopathy Study; FAS, full analysis set; LS, least squares; N-BL, new baseline; popPK, population pharmacokinetics; q8, every 8 weeks; q12, every 12 weeks; q14, every 14 weeks; q15, every 15 weeks; q16, every 16 weeks; q18, every 18 weeks; q20, every 20 weeks; q24, every 24 weeks; SAE, serious adverse event; TEAE, treatment-emergent adverse event; VEGF, vascular endothelial growth factor; Wk, week.



Essential Information



ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
(Refer to full SmPC before prescribing.)

Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. *Excipients:* Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

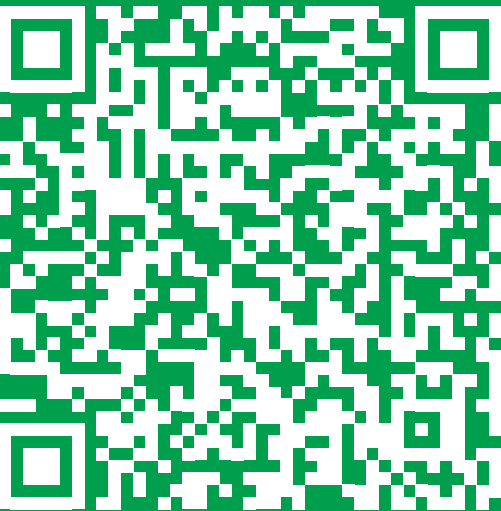
both eyes have not been systematically studied. If bilateral treatment is performed at the same time this could lead to an increased systemic exposure, which could increase the risk of systemic adverse events. Limited data are available on the concomitant use of Eylea with other anti-VEGF medicinal products (systemic or ocular). Treatment should be withheld in the event of: a decrease in best corrected visual acuity (BCVA) of ≥ 30 letters compared with the last assessment of visual acuity; a rhegmatogenous retinal detachment or stage 3 or 4 macular holes; a retinal break; a subretinal haemorrhage involving the central fovea, or, if the size of the haemorrhage is ≥ 50 % of the total lesion area; performed or planned intraocular surgery within the previous or next 28 days. Risk factors associated with the development of a retinal pigment epithelial tear after anti-VEGF therapy for nAMD include a large and/or high pigment epithelial retinal detachment. When initiating aflibercept therapy, caution should be used in patients with these risk factors for retinal pigment epithelial tears. Eylea 114.3 mg/ml should not be used during pregnancy unless the potential benefit outweighs the potential risk to the foetus. Women of childbearing potential must use effective contraception during treatment and for at least 4 months after the last intravitreal injection with Eylea 114.3 mg/ml. As a precautionary measure, breastfeeding is not recommended. Populations with limited data: There are limited data on the use of aflibercept in pregnant women. There is only limited experience with Eylea treatment in diabetic patients with an HbA1c over 12 % or with proliferative diabetic retinopathy. Eylea has not been studied in patients with active systemic infections or in patients with concurrent eye conditions such as retinal detachment or macular hole. There is also no experience of treatment with Eylea in diabetic patients with uncontrolled hypertension. This lack of information should be considered by the physician when treating such patients. Information about excipients: Polysorbates may cause allergic reactions. **Undesirable effects:** As reported in patients with nAMD or DME treated with Eylea 114.3 mg/ml in Phase II/III studies up to 96 weeks. **Common:** Hypersensitivity (including rash, pruritus, urticaria), Cataract, Intraocular pressure increased, Vitreous floaters, Vitreous detachment, Vitreous haemorrhage, Retinal haemorrhage, Visual acuity reduced, Eye pain, Conjunctival haemorrhage, Punctate keratitis, Corneal abrasion. **Uncommon:** Retinal detachment, Retinal tear, Retinal pigment epithelial tear, Detachment of the retinal pigment epithelium, Uveitis, Iritis, Iridocyclitis, Vitritis, Cataract cortical, Cataract nuclear, Cataract subcapsular, Corneal erosion, Vision blurred, Injection site pain, Foreign body sensation in eyes, Lacrimation increased, Injection site haemorrhage, Conjunctival hyperaemia, Eyelid oedema, Ocular hyperaemia, Injection site irritation. **Rare:** Corneal oedema, Lenticular opacities, Retinal degeneration, Eyelid irritation. **Frequency not known:** Scleritis. The following adverse reactions of Eylea 40 mg/ml are also considered expected with Eylea 114.3 mg/ml: abnormal sensation in eye, corneal epithelium defect, anterior chamber flare, endophthalmitis, blindness, traumatic cataract, hypopyon, severe anaphylactic/anaphylactoid reactions. **Description of selected adverse reactions:** Arterial thromboembolic events (ATEs) are adverse reactions potentially related to systemic VEGF inhibition. There is a theoretical risk of ATEs, including stroke and myocardial infarction, following intravitreal use of VEGF inhibitors. A low incidence rate of ATEs was observed in the aflibercept clinical studies in patients with nAMD and DME. Across indications, no notable difference between the groups treated with Eylea 114.3 mg/ml and the comparator groups treated with Eylea 40 mg/ml were observed.

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Bayer AG, 51368 Leverkusen, Germany.
Date of revision of the underlying Prescribing Information: June 2025.

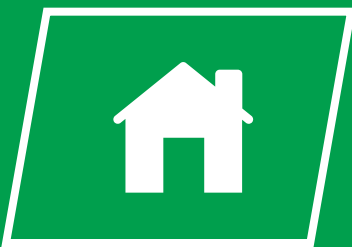
For more information on posology and treatment initiation, please refer to the EYLEA Summary of Product Characteristics. The safety profile observed in the 3 clinical studies (CANDELA, PULSAR, PHOTON) was similar in patients treated with EYLEA 114.3mg/mL and EYLEA 40mg/mL in patients with nAMD and DME. For more information on the safety profile, please refer to the EYLEA Summary of Product Characteristics.

On prescription only. Administration only by a qualified physician experienced in administering intravitreal injections. Refer to full Summary of Product Characteristics before prescribing. Additional risk minimisation measures have been developed for healthcare professionals (a prescriber's guide and video on how to prepare and inject EYLEA) and patients. The prescriber's guide aims to raise awareness of the risks associated with intravitreal injections. The purpose of the patient guide is to inform patients about the disease, treatment, injection procedure and symptoms of injection-related side effects. It is recommended to read these documents before prescribing this drug and giving the guide to the patient. These documents are available upon request.

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system.



For more information on the product, please refer to full Summary of Product Characteristics by scanning this QR code or directly on the EMA website (<https://www.ema.europa.eu/en/medicines/human/EPAR/eylea>). Marketing Authorisation Holder: Bayer AG, 51368 Leverkusen, Germany.





ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
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Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. *Excipients:* Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

both eyes have not been systematically studied. If bilateral treatment is performed at the same time this could lead to an increased systemic exposure, which could increase the risk of systemic adverse events. Limited data are available on the concomitant use of Eylea with other anti-VEGF medicinal products (systemic or ocular). Treatment should be withheld in the event of: a decrease in best corrected visual acuity (BCVA) of ≥ 30 letters compared with the last assessment of visual acuity; a rhegmatogenous retinal detachment or stage 3 or 4 macular holes; a retinal break; a subretinal haemorrhage involving the central fovea, or, if the size of the haemorrhage is ≥ 50 % of the total lesion area; performed or planned intraocular surgery within the previous or next 28 days. Risk factors associated with the development of a retinal pigment epithelial tear after anti-VEGF therapy for nAMD include a large and/or high pigment epithelial retinal detachment. When initiating aflibercept therapy, caution should be used in patients with these risk factors for retinal pigment epithelial tears. Eylea 114.3 mg/ml should not be used during pregnancy unless the potential benefit outweighs the potential risk to the foetus. Women of childbearing potential must use effective contraception during treatment and for at least 4 months after the last intravitreal injection with Eylea 114.3 mg/ml. As a precautionary measure, breastfeeding is not recommended. Populations with limited data: There are limited data on the use of aflibercept in pregnant women. There is only limited experience with Eylea treatment in diabetic patients with an HbA1c over 12 % or with proliferative diabetic retinopathy. Eylea has not been studied in patients with active systemic infections or in patients with concurrent eye conditions such as retinal detachment or macular hole. There is also no experience of treatment with Eylea in diabetic patients with uncontrolled hypertension. This lack of information should be considered by the physician when treating such patients. Information about excipients: Polysorbates may cause allergic reactions. **Undesirable effects:** As reported in patients with nAMD or DME treated with Eylea 114.3 mg/ml in Phase II/III studies up to 96 weeks. **Common:** Hypersensitivity (including rash, pruritus, urticaria), Cataract, Intraocular pressure increased, Vitreous floaters, Vitreous detachment, Vitreous haemorrhage, Retinal haemorrhage, Visual acuity reduced, Eye pain, Conjunctival haemorrhage, Punctate keratitis, Corneal abrasion. **Uncommon:** Retinal detachment, Retinal tear, Retinal pigment epithelial tear, Detachment of the retinal pigment epithelium, Uveitis, Iritis, Iridocyclitis, Vitritis, Cataract cortical, Cataract nuclear, Cataract subcapsular, Corneal erosion, Vision blurred, Injection site pain, Foreign body sensation in eyes, Lacrimation increased, Injection site haemorrhage, Conjunctival hyperaemia, Eyelid oedema, Ocular hyperaemia, Injection site irritation. **Rare:** Corneal oedema, Lenticular opacities, Retinal degeneration, Eyelid irritation. **Frequency not known:** Scleritis. The following adverse reactions of Eylea 40 mg/ml are also considered expected with Eylea 114.3 mg/ml: abnormal sensation in eye, corneal epithelium defect, anterior chamber flare, endophthalmitis, blindness, traumatic cataract, hypopyon, severe anaphylactic/anaphylactoid reactions. **Description of selected adverse reactions:** Arterial thromboembolic events (ATEs) are adverse reactions potentially related to systemic VEGF inhibition. There is a theoretical risk of ATEs, including stroke and myocardial infarction, following intravitreal use of VEGF inhibitors. A low incidence rate of ATEs was observed in the aflibercept clinical studies in patients with nAMD and DME. Across indications, no notable difference between the groups treated with Eylea 114.3 mg/ml and the comparator groups treated with Eylea 40 mg/ml were observed.

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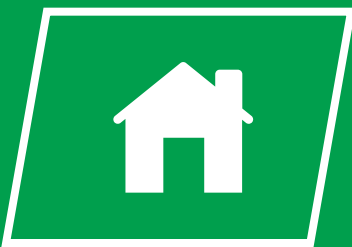
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For more information on the product, please refer to full Summary of Product Characteristics by scanning this QR code or directly on the EMA website (<https://www.ema.europa.eu/en/medicines/human/EPAR/eylea>). Marketing Authorisation Holder: Bayer AG, 51368 Leverkusen, Germany.



EYLEA 8mg IN DME



CASE 1

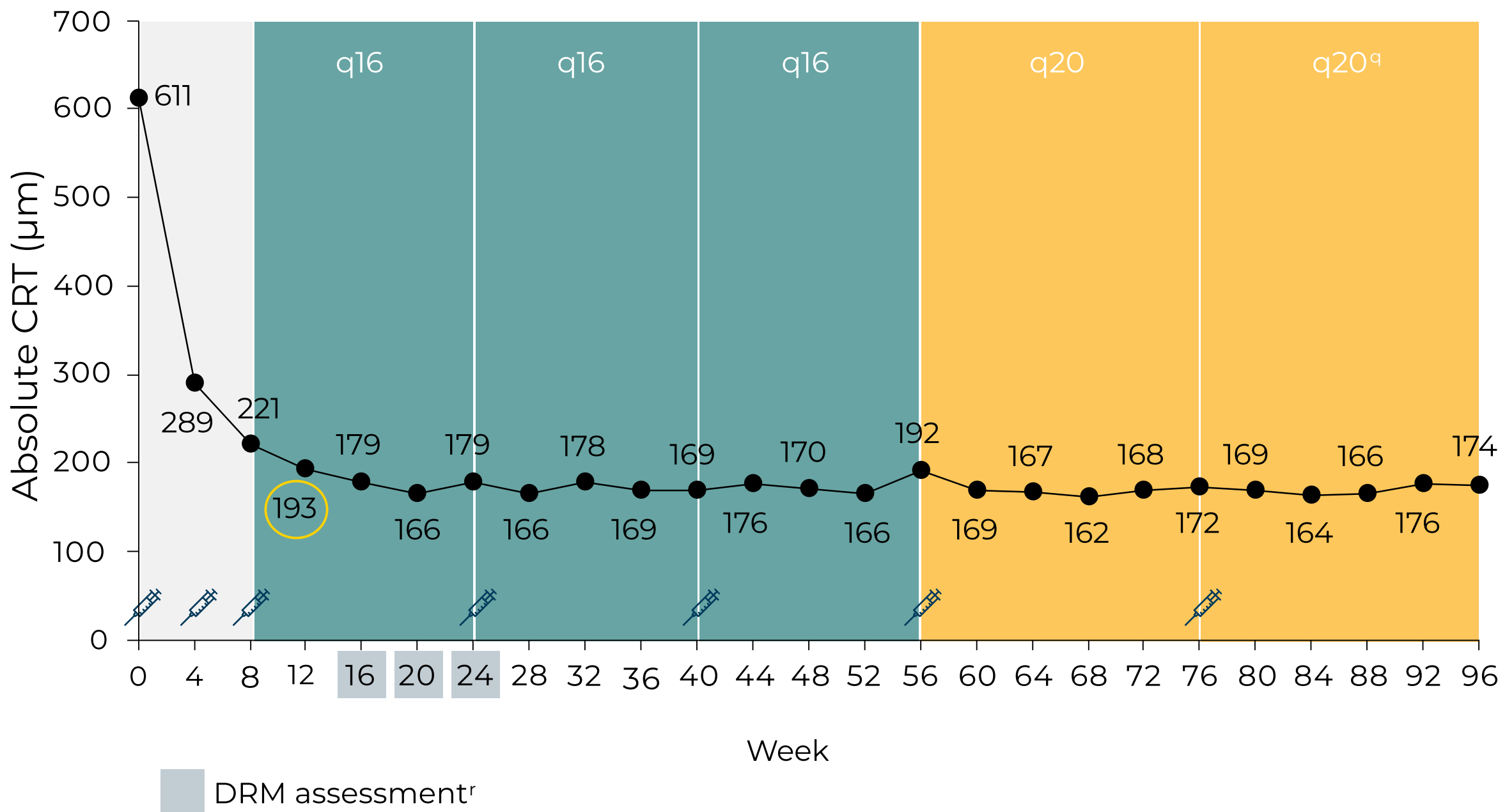
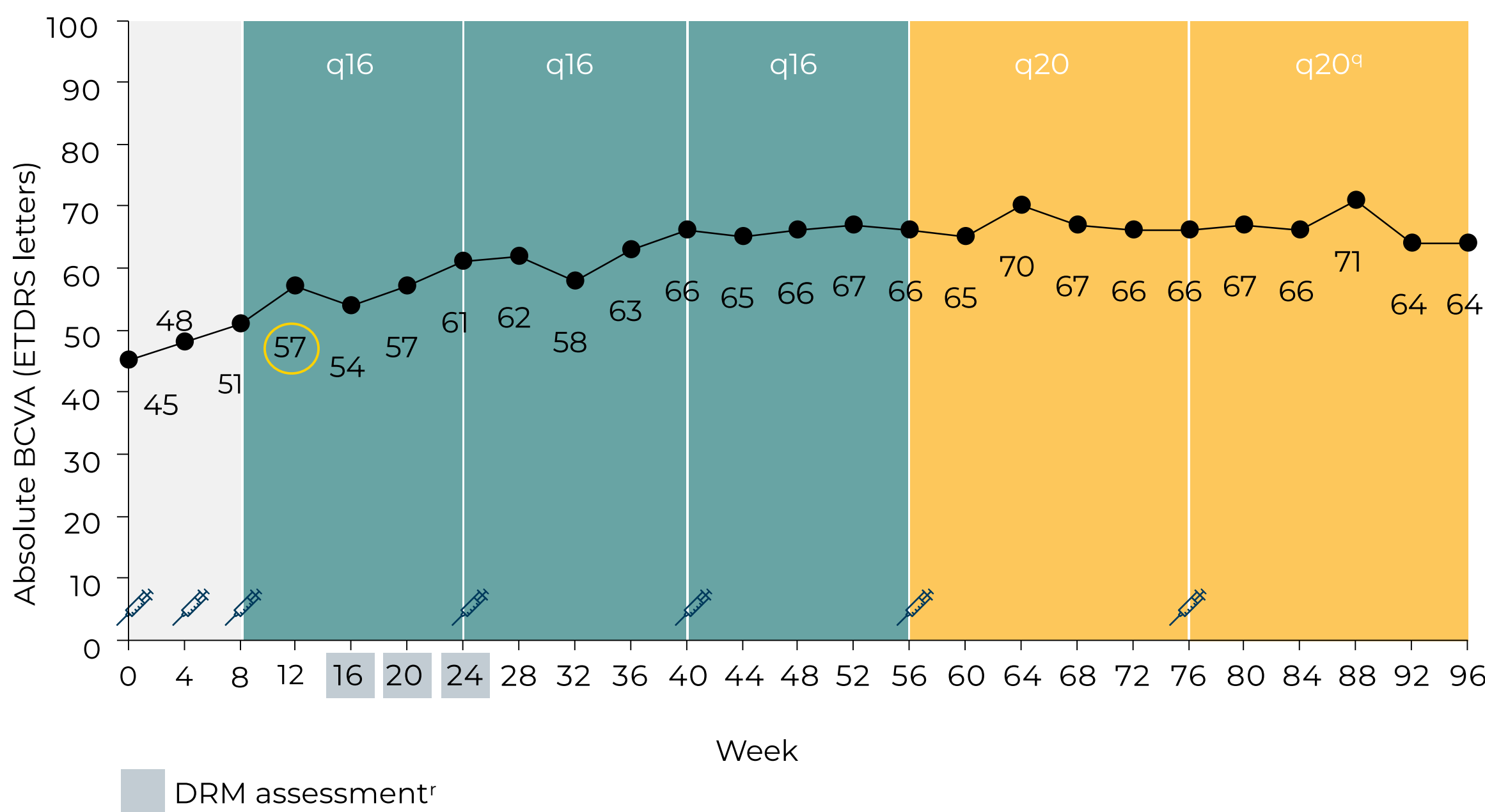
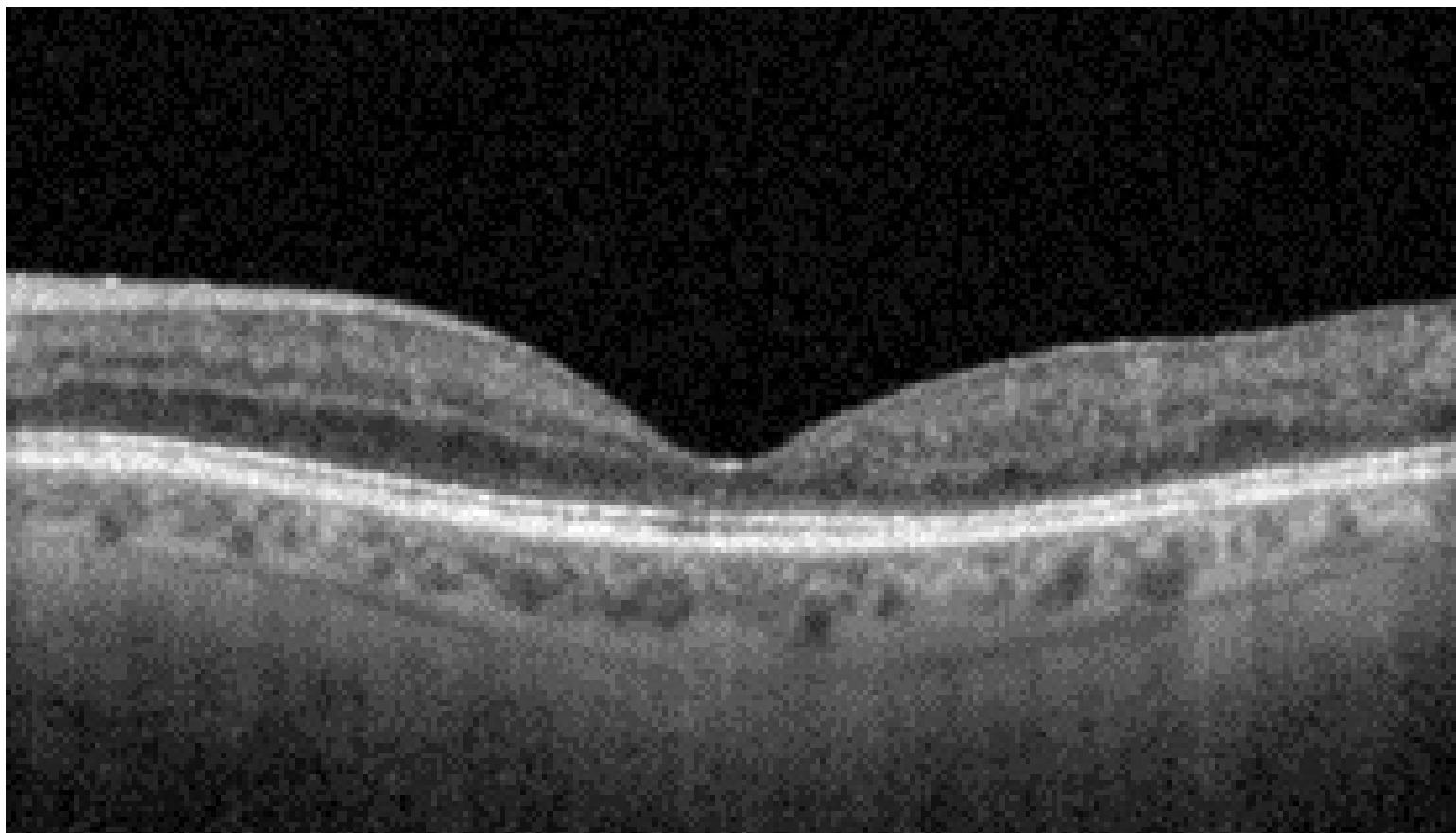
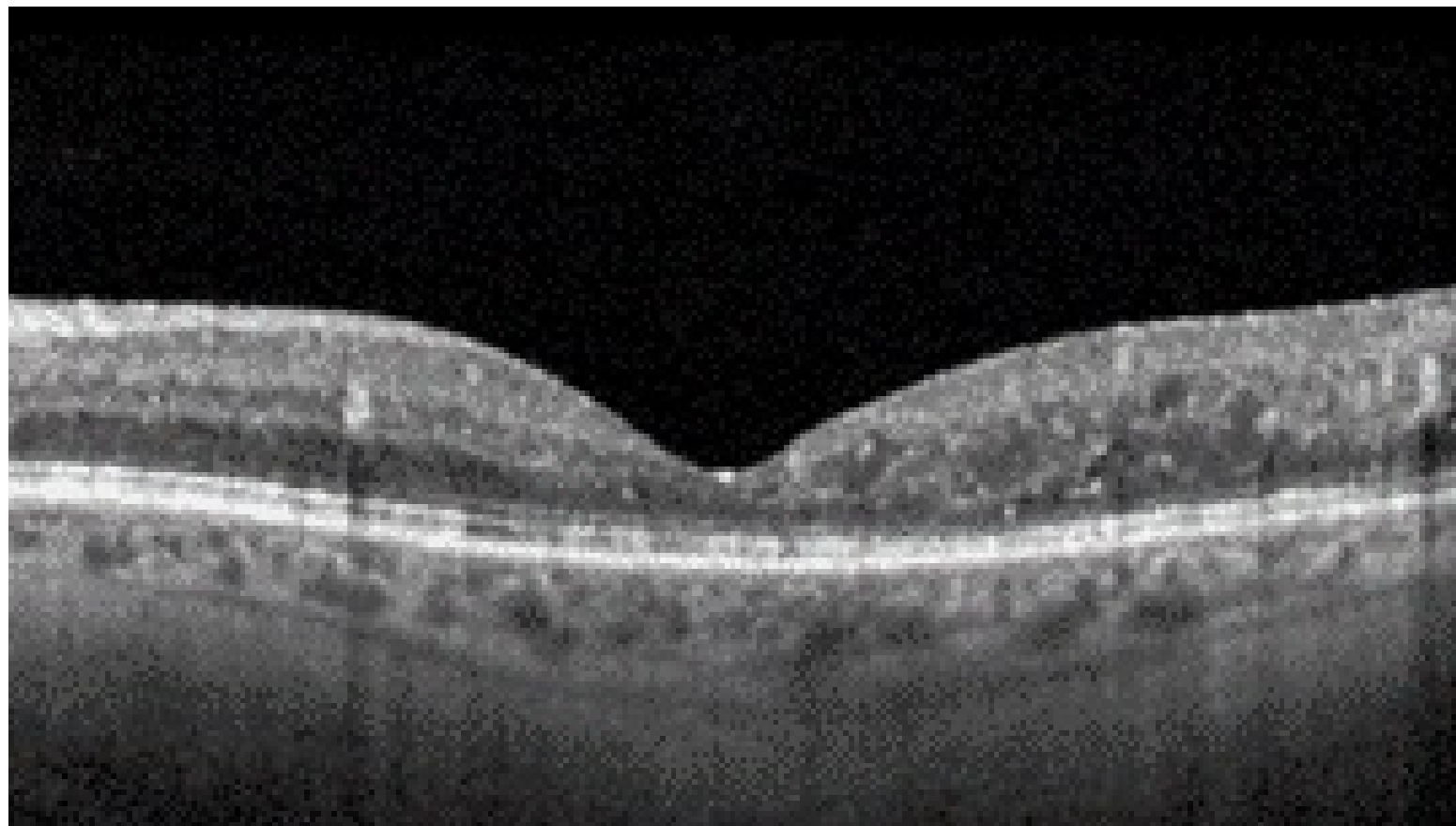
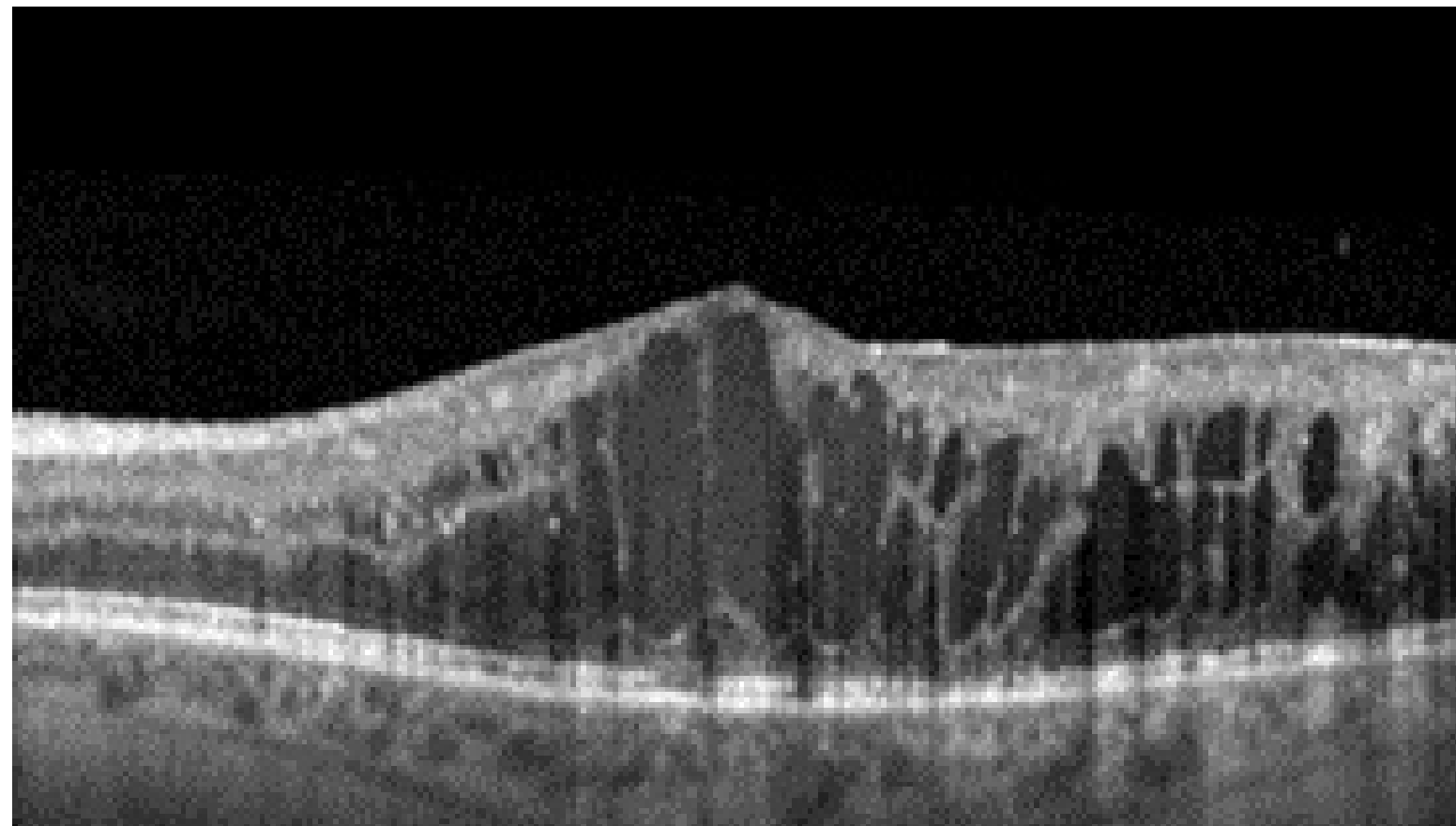
CASE 2

CASE 3

CASE 4

CASE 5

PATIENT CASE 4



This patient case is taken from the Phase II/III PHOTON study. Outcomes may not be representative of the complete range of potential response to EYLEA 8mg. Results in your practice may vary.

References

Essential Information



REFERENCES

1. Brown DM, *et al.* Aflibercept 8 mg in diabetic macular edema: 156-week results from the PHOTON extension study. The Macula Society 48th Annual Meeting. 12–15 February 2025. Florida, USA. Oral presentation. **2.** Do D, *et al.* Aflibercept 8 mg for diabetic macular edema: 96-week results from the Phase 2/3 PHOTON trial. AAO. 3–6 November 2023. San Francisco, USA. Oral presentation. **3.** EYLEA® 8 mg (aflibercept 114.3 mg/mL, solution for injection) Summary of Product Characteristics. Berlin, Germany: Bayer Pharma AG. **4.** Do DV, *et al.* *Retina* 2020;40:643–647. **5.** Papadopoulos N, *et al.* *Angiogenesis* 2012;15:171–185. **6.** Kaiser PK, *et al.* Population pharmacokinetic modeling and simulation of ocular clearance for aflibercept 8 mg and 2 mg and association with durability and effect. ARVO. 5–9 May 2024. Seattle, USA. Oral presentation. **7.** Assessment report. Aflibercept. Available at: https://www.ema.europa.eu/en/documents/assessment-report/eylea-epar-public-assessment-report_en.pdf. Accessed: August 2025. **8.** Veritti D, *et al.* *Pharmaceutics* 2023;15:1416.

FOOTNOTES

^aEYLEA 2mg was dosed at fixed q8 intervals after 5 initial monthly injections. At Week 96, patients could enrol in the extension study and switch to 8q12 through to Week 156. Dosing intervals could be extended or shortened in 2-week increments to a maximum of 24 weeks and a minimum of 8 weeks.²

^bIntervals could be shortened if DRM shortening criteria were met.²

^cIntervals could be extended if DRM extension criteria were met.²

^dIf DRM shortening criteria were met at Week 16 or 20, patients on 8q12 and 8q16 were shortened to q8. If DRM shortening criteria were met at Week 24, patients on 8q16 were shortened to q12. At subsequent dosing visits, patients on 8q12 or 8q16 had treatment intervals shortened by 4 weeks.²

^eAll assessments were compared with Week 12.²

^fData are descriptive only, no statistical conclusions can be made.

^geFAS, observed cases.¹

^hPatients who were randomised to the 8q12 or 8q16 groups at the beginning of the study and continued treatment with EYLEA 8mg through the extension study.¹

ⁱVs EYLEA 2mg.

^jRounded value. Two injections in the third year for patients maintained on q24 intervals through the end of the PHOTON trial/PHOTON extension. Mean number of injections from Year 2 to Year 3 was 4.4 (2q8→8mg) and 3.3 (8q12/8q16) in the PHOTON extension study (exploratory endpoint).¹

^keFAS, patients completing Week 156. Last assigned dosing intervals at Week 156 in patients on EYLEA 8mg from baseline: 28% q24, 48% ≥q20, 68% ≥q16 (exploratory endpoint).¹

^lEYLEA 8mg is the first and only anti-VEGF that offers DME patients up to 6 months between injections.³

^mEstimated from a popPK analysis.⁷

ⁿTreatment emergent.¹

^oAll events.¹

^pA total of 1217 patients treated with EYLEA 8mg up to 96 weeks constituted the safety population in three clinical Phase II/III studies (CANDELA, PULSAR, PHOTON).³

^qLast completed interval.

^rDRM assessments occurred at injection visits after Week 20 in the aflibercept 8mg q12 arm and after Week 24 in the aflibercept 8mg q16 arm.

^sMeasurements were not available for this treatment visit.

^tOwing to the patient receiving an injection a week later than planned, the patient received a q15 interval.

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ABBREVIATIONS

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Essential Information



ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
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Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. *Excipients:* Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

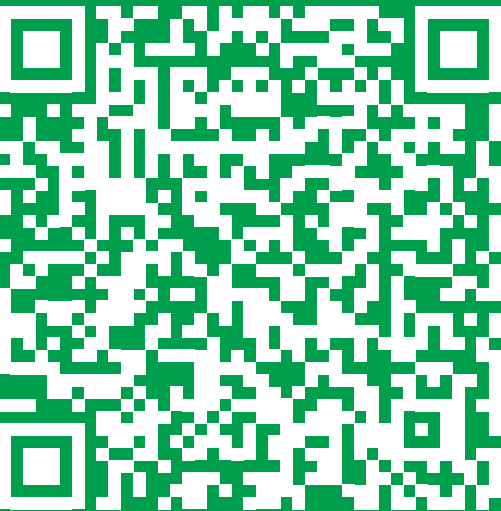
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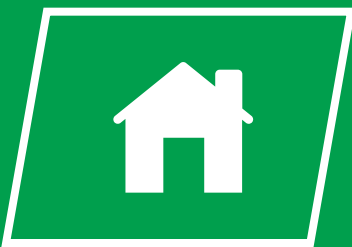
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Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system.



For more information on the product, please refer to full Summary of Product Characteristics by scanning this QR code or directly on the EMA website (<https://www.ema.europa.eu/en/medicines/human/EPAR/eylea>).
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ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
(Refer to full SmPC before prescribing.)

Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. *Excipients:* Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

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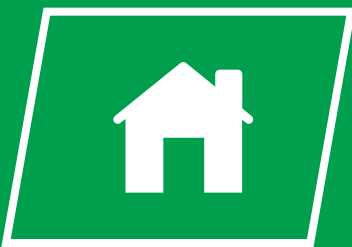
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EYLEA 8mg IN DME

- 
- CASE 1
- CASE 2
- CASE 3
- CASE 4
- CASE 5

PATIENT CASE 5

Age (years)	70
Sex	Male
Ethnicity	White
Treatment arm	2q8→8mg
Baseline BCVA (ETDRS letters)	78
Baseline CRT (µm)	414
Prior treatment for DME (Y/N)	No

CLINICAL PERSPECTIVE

Residual fluid was present 8 weeks after each EYLEA 2mg injection through Week 96, when the patient was switched to EYLEA 8q12. The patient met the extension criteria in Years 2 and 3 and had a last completed dosing interval of q18 at Week 156.

This patient case is taken from the Phase II/III PHOTON study. Outcomes may not be representative of the complete range of potential response to EYLEA 8mg. Results in your practice may vary.

References

Essential Information



REFERENCES

1. Brown DM, *et al.* Aflibercept 8 mg in diabetic macular edema: 156-week results from the PHOTON extension study. The Macula Society 48th Annual Meeting. 12–15 February 2025. Florida, USA. Oral presentation. **2.** Do D, *et al.* Aflibercept 8 mg for diabetic macular edema: 96-week results from the Phase 2/3 PHOTON trial. AAO. 3–6 November 2023. San Francisco, USA. Oral presentation. **3.** EYLEA® 8 mg (aflibercept 114.3 mg/mL, solution for injection) Summary of Product Characteristics. Berlin, Germany: Bayer Pharma AG. **4.** Do DV, *et al.* *Retina* 2020;40:643–647. **5.** Papadopoulos N, *et al.* *Angiogenesis* 2012;15:171–185. **6.** Kaiser PK, *et al.* Population pharmacokinetic modeling and simulation of ocular clearance for aflibercept 8 mg and 2 mg and association with durability and effect. ARVO. 5–9 May 2024. Seattle, USA. Oral presentation. **7.** Assessment report. Aflibercept. Available at: https://www.ema.europa.eu/en/documents/assessment-report/eylea-epar-public-assessment-report_en.pdf. Accessed: August 2025. **8.** Veritti D, *et al.* *Pharmaceutics* 2023;15:1416.

FOOTNOTES

^aEYLEA 2mg was dosed at fixed q8 intervals after 5 initial monthly injections. At Week 96, patients could enrol in the extension study and switch to 8q12 through to Week 156. Dosing intervals could be extended or shortened in 2-week increments to a maximum of 24 weeks and a minimum of 8 weeks.²

^bIntervals could be shortened if DRM shortening criteria were met.²

^cIntervals could be extended if DRM extension criteria were met.²

^dIf DRM shortening criteria were met at Week 16 or 20, patients on 8q12 and 8q16 were shortened to q8. If DRM shortening criteria were met at Week 24, patients on 8q16 were shortened to q12. At subsequent dosing visits, patients on 8q12 or 8q16 had treatment intervals shortened by 4 weeks.²

^eAll assessments were compared with Week 12.²

^fData are descriptive only, no statistical conclusions can be made.

^geFAS, observed cases.¹

^hPatients who were randomised to the 8q12 or 8q16 groups at the beginning of the study and continued treatment with EYLEA 8mg through the extension study.¹

ⁱVs EYLEA 2mg.

^jRounded value. Two injections in the third year for patients maintained on q24 intervals through the end of the PHOTON trial/PHOTON extension. Mean number of injections from Year 2 to Year 3 was 4.4 (2q8→8mg) and 3.3 (8q12/8q16) in the PHOTON extension study (exploratory endpoint).¹

^keFAS, patients completing Week 156. Last assigned dosing intervals at Week 156 in patients on EYLEA 8mg from baseline: 28% q24, 48% ≥q20, 68% ≥q16 (exploratory endpoint).¹

^lEYLEA 8mg is the first and only anti-VEGF that offers DME patients up to 6 months between injections.³

^mEstimated from a popPK analysis.⁷

ⁿTreatment emergent.¹

^oAll events.¹

^pA total of 1217 patients treated with EYLEA 8mg up to 96 weeks constituted the safety population in three clinical Phase II/III studies (CANDELA, PULSAR, PHOTON).³

^qLast completed interval.

^rDRM assessments occurred at injection visits after Week 20 in the aflibercept 8mg q12 arm and after Week 24 in the aflibercept 8mg q16 arm.

^sMeasurements were not available for this treatment visit.

^tOwing to the patient receiving an injection a week later than planned, the patient received a q15 interval.

^uAs a result of the patient receiving their previous injection at Week 123 instead of Week 122, the patient received a q15 interval up to Week 138.

ABBREVIATIONS

2q8, 2mg every 8 weeks; 8q12, 8mg every 12 weeks; 8q16, 8mg every 16 weeks; AE, adverse event; APTC, Antiplatelet Trialists' Collaboration; BCVA, best-corrected visual acuity; CI, confidence interval; CRT, central retinal thickness; DME, diabetic macular oedema; DRM, dose regimen modification; E-DRM, dose regimen modification during extension; eFAS, full analysis set in the extension; eSAF, safety analysis set in the extension; ETDRS, Early Treatment Diabetic Retinopathy Study; FAS, full analysis set; LS, least squares; N-BL, new baseline; popPK, population pharmacokinetics; q8, every 8 weeks; q12, every 12 weeks; q14, every 14 weeks; q15, every 15 weeks; q16, every 16 weeks; q18, every 18 weeks; q20, every 20 weeks; q24, every 24 weeks; SAE, serious adverse event; TEAE, treatment-emergent adverse event; VEGF, vascular endothelial growth factor; Wk, week.



Essential Information



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Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
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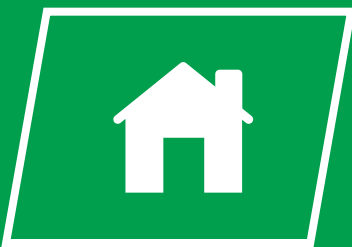
For more information on posology and treatment initiation, please refer to the EYLEA Summary of Product Characteristics. The safety profile observed in the 3 clinical studies (CANDELA, PULSAR, PHOTON) was similar in patients treated with EYLEA 114.3mg/mL and EYLEA 40mg/mL in patients with nAMD and DME. For more information on the safety profile, please refer to the EYLEA Summary of Product Characteristics.

On prescription only. Administration only by a qualified physician experienced in administering intravitreal injections. Refer to full Summary of Product Characteristics before prescribing. Additional risk minimisation measures have been developed for healthcare professionals (a prescriber's guide and video on how to prepare and inject EYLEA) and patients. The prescriber's guide aims to raise awareness of the risks associated with intravitreal injections. The purpose of the patient guide is to inform patients about the disease, treatment, injection procedure and symptoms of injection-related side effects. It is recommended to read these documents before prescribing this drug and giving the guide to the patient. These documents are available upon request.

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For more information on the product, please refer to full Summary of Product Characteristics by scanning this QR code or directly on the EMA website (<https://www.ema.europa.eu/en/medicines/human/EPAR/eylea>). Marketing Authorisation Holder: Bayer AG, 51368 Leverkusen, Germany.





ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
(Refer to full SmPC before prescribing.)

Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. *Excipients:* Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

both eyes have not been systematically studied. If bilateral treatment is performed at the same time this could lead to an increased systemic exposure, which could increase the risk of systemic adverse events. Limited data are available on the concomitant use of Eylea with other anti-VEGF medicinal products (systemic or ocular). Treatment should be withheld in the event of: a decrease in best corrected visual acuity (BCVA) of ≥ 30 letters compared with the last assessment of visual acuity; a rhegmatogenous retinal detachment or stage 3 or 4 macular holes; a retinal break; a subretinal haemorrhage involving the central fovea, or, if the size of the haemorrhage is ≥ 50 % of the total lesion area; performed or planned intraocular surgery within the previous or next 28 days. Risk factors associated with the development of a retinal pigment epithelial tear after anti-VEGF therapy for nAMD include a large and/or high pigment epithelial retinal detachment. When initiating aflibercept therapy, caution should be used in patients with these risk factors for retinal pigment epithelial tears. Eylea 114.3 mg/ml should not be used during pregnancy unless the potential benefit outweighs the potential risk to the foetus. Women of childbearing potential must use effective contraception during treatment and for at least 4 months after the last intravitreal injection with Eylea 114.3 mg/ml. As a precautionary measure, breastfeeding is not recommended. Populations with limited data: There are limited data on the use of aflibercept in pregnant women. There is only limited experience with Eylea treatment in diabetic patients with an HbA1c over 12 % or with proliferative diabetic retinopathy. Eylea has not been studied in patients with active systemic infections or in patients with concurrent eye conditions such as retinal detachment or macular hole. There is also no experience of treatment with Eylea in diabetic patients with uncontrolled hypertension. This lack of information should be considered by the physician when treating such patients. Information about excipients: Polysorbates may cause allergic reactions. **Undesirable effects:** As reported in patients with nAMD or DME treated with Eylea 114.3 mg/ml in Phase II/III studies up to 96 weeks. **Common:** Hypersensitivity (including rash, pruritus, urticaria), Cataract, Intraocular pressure increased, Vitreous floaters, Vitreous detachment, Vitreous haemorrhage, Retinal haemorrhage, Visual acuity reduced, Eye pain, Conjunctival haemorrhage, Punctate keratitis, Corneal abrasion. **Uncommon:** Retinal detachment, Retinal tear, Retinal pigment epithelial tear, Detachment of the retinal pigment epithelium, Uveitis, Iritis, Iridocyclitis, Vitritis, Cataract cortical, Cataract nuclear, Cataract subcapsular, Corneal erosion, Vision blurred, Injection site pain, Foreign body sensation in eyes, Lacrimation increased, Injection site haemorrhage, Conjunctival hyperaemia, Eyelid oedema, Ocular hyperaemia, Injection site irritation. **Rare:** Corneal oedema, Lenticular opacities, Retinal degeneration, Eyelid irritation. **Frequency not known:** Scleritis. The following adverse reactions of Eylea 40 mg/ml are also considered expected with Eylea 114.3 mg/ml: abnormal sensation in eye, corneal epithelium defect, anterior chamber flare, endophthalmitis, blindness, traumatic cataract, hypopyon, severe anaphylactic/anaphylactoid reactions. **Description of selected adverse reactions:** Arterial thromboembolic events (ATEs) are adverse reactions potentially related to systemic VEGF inhibition. There is a theoretical risk of ATEs, including stroke and myocardial infarction, following intravitreal use of VEGF inhibitors. A low incidence rate of ATEs was observed in the aflibercept clinical studies in patients with nAMD and DME. Across indications, no notable difference between the groups treated with Eylea 114.3 mg/ml and the comparator groups treated with Eylea 40 mg/ml were observed.

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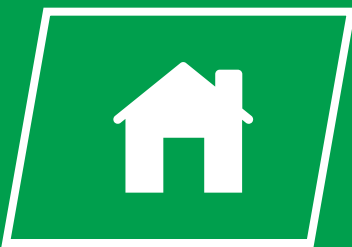
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EYLEA 8mg IN DME



CASE 1

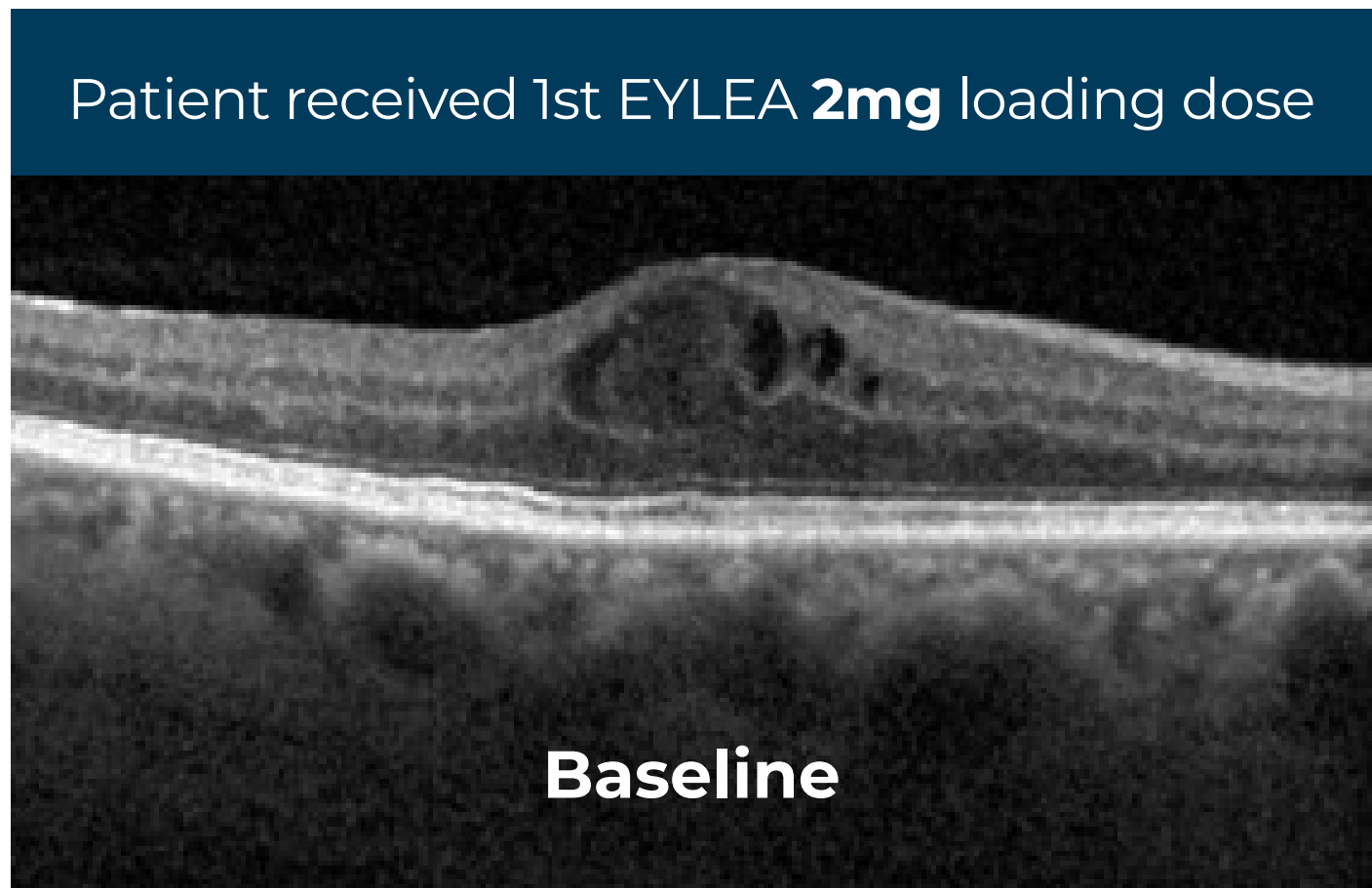
CASE 2

CASE 3

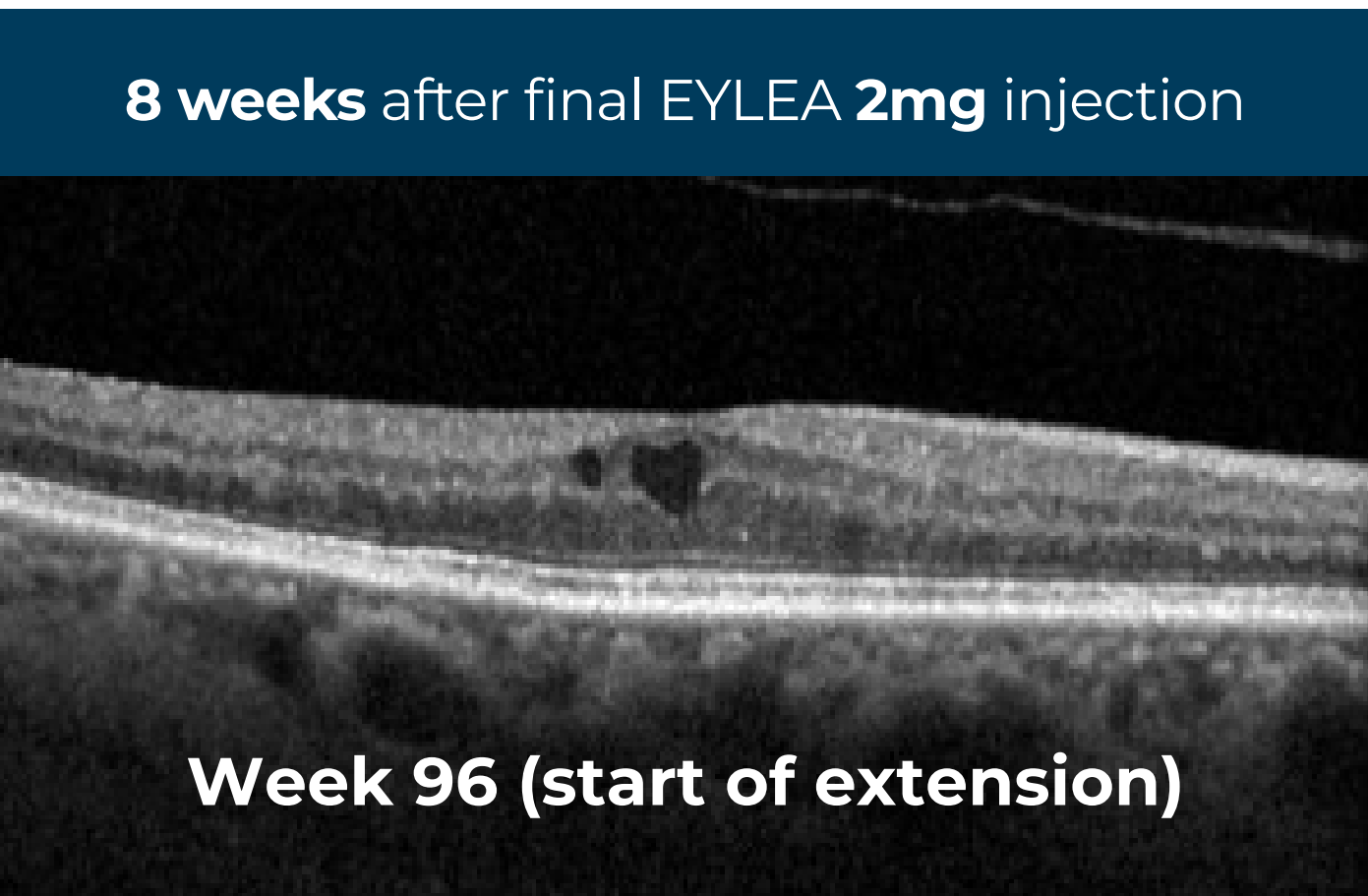
CASE 4

CASE 5

PATIENT CASE 5



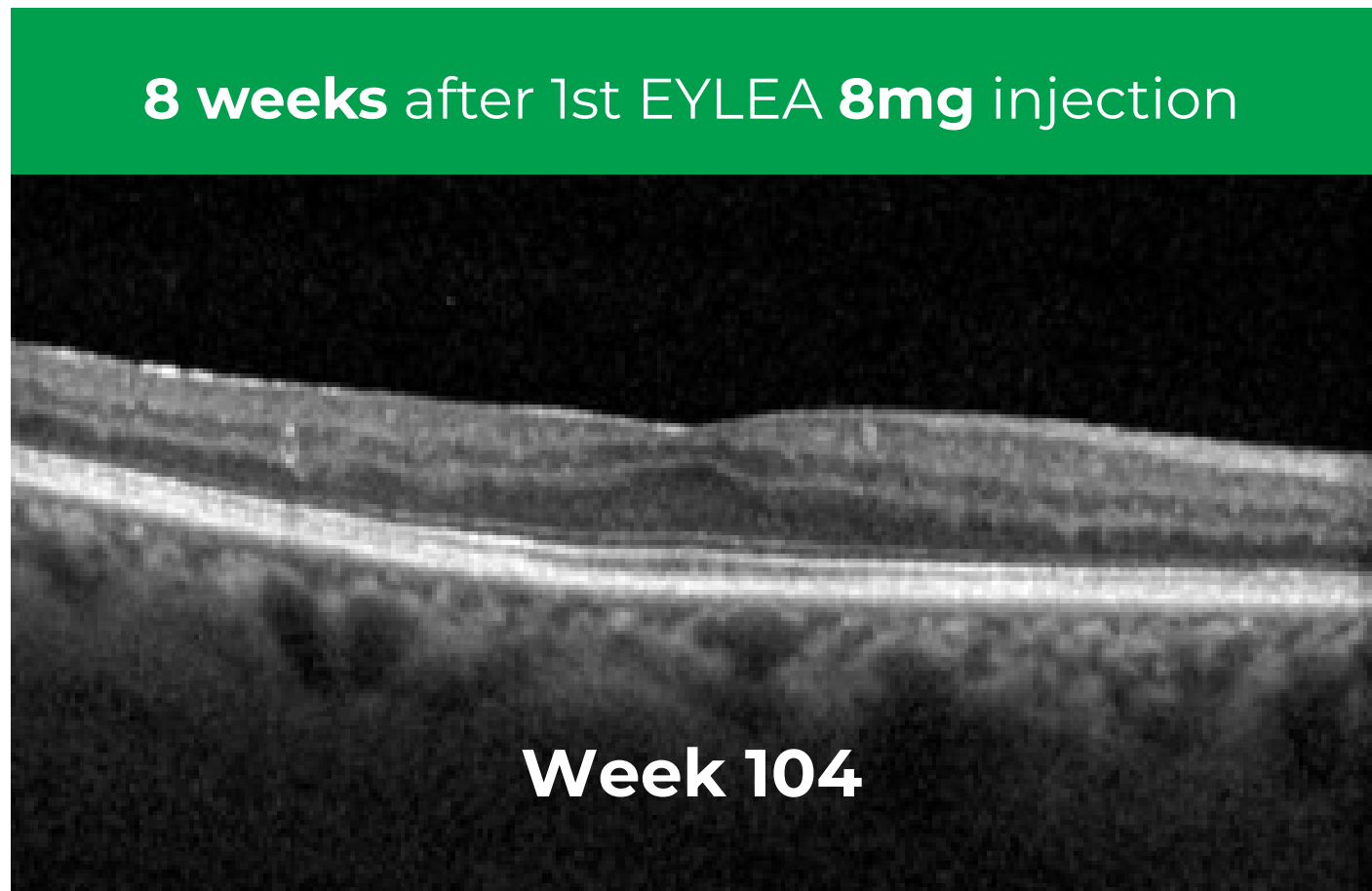
Status: CRT 414 µm



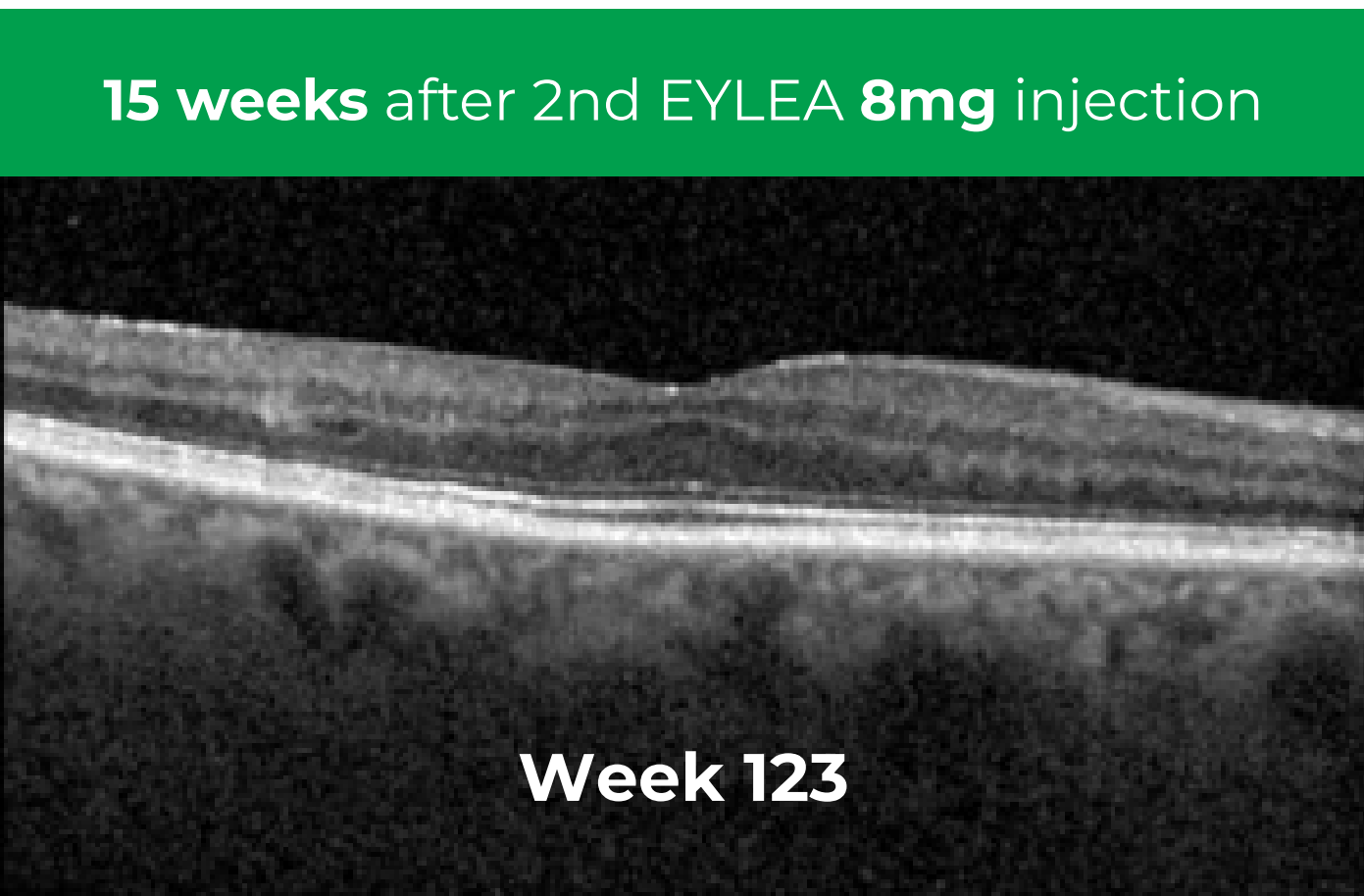
Status: residual fluid present

Residual fluid was present 8 weeks after each EYLEA 2mg injection through Week 96

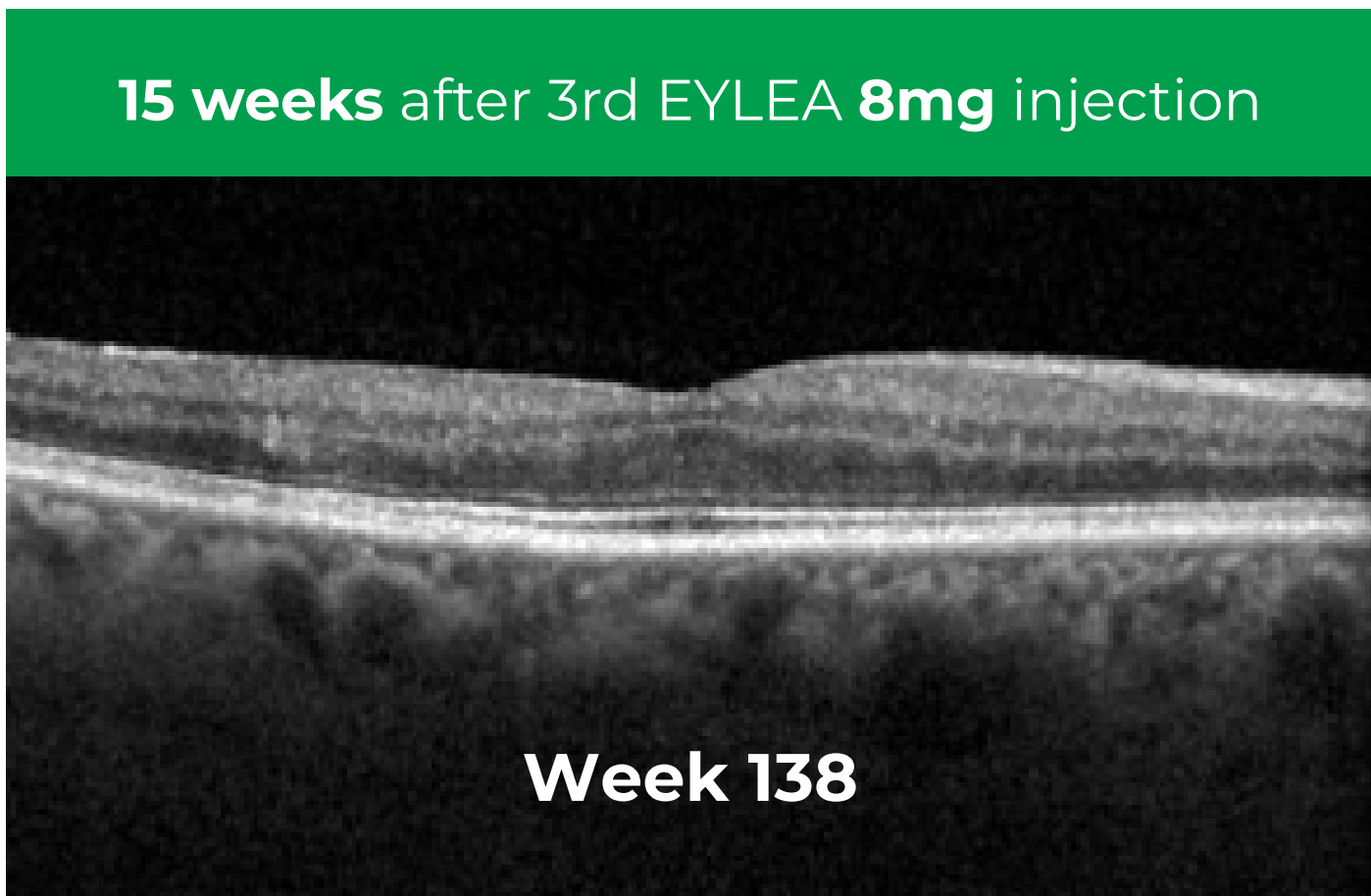
→ Patient was switched to EYLEA 8mg at Week 96



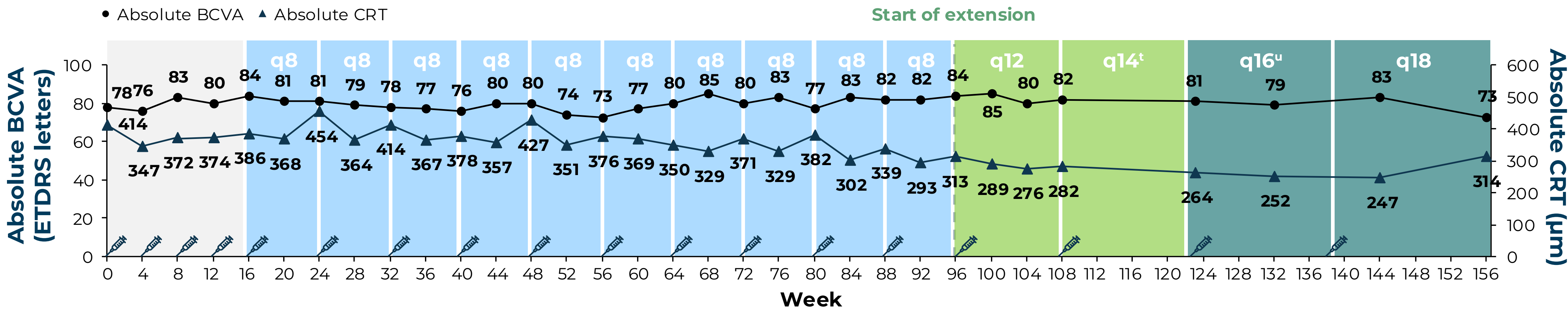
Status: dry



Status: dry



Status: dry



This patient case is taken from the Phase II/III PHOTON study and the PHOTON extension study. Outcomes may not be representative of the complete range of potential response to EYLEA 8mg. Results in your practice may vary.

References

Essential Information



REFERENCES

1. Brown DM, *et al.* Aflibercept 8 mg in diabetic macular edema: 156-week results from the PHOTON extension study. The Macula Society 48th Annual Meeting. 12–15 February 2025. Florida, USA. Oral presentation. **2.** Do D, *et al.* Aflibercept 8 mg for diabetic macular edema: 96-week results from the Phase 2/3 PHOTON trial. AAO. 3–6 November 2023. San Francisco, USA. Oral presentation. **3.** EYLEA® 8 mg (aflibercept 114.3 mg/mL, solution for injection) Summary of Product Characteristics. Berlin, Germany: Bayer Pharma AG. **4.** Do DV, *et al.* *Retina* 2020;40:643–647. **5.** Papadopoulos N, *et al.* *Angiogenesis* 2012;15:171–185. **6.** Kaiser PK, *et al.* Population pharmacokinetic modeling and simulation of ocular clearance for aflibercept 8 mg and 2 mg and association with durability and effect. ARVO. 5–9 May 2024. Seattle, USA. Oral presentation. **7.** Assessment report. Aflibercept. Available at: https://www.ema.europa.eu/en/documents/assessment-report/eylea-epar-public-assessment-report_en.pdf. Accessed: August 2025. **8.** Veritti D, *et al.* *Pharmaceutics* 2023;15:1416.

FOOTNOTES

^aEYLEA 2mg was dosed at fixed q8 intervals after 5 initial monthly injections. At Week 96, patients could enrol in the extension study and switch to 8q12 through to Week 156. Dosing intervals could be extended or shortened in 2-week increments to a maximum of 24 weeks and a minimum of 8 weeks.²

^bIntervals could be shortened if DRM shortening criteria were met.²

^cIntervals could be extended if DRM extension criteria were met.²

^dIf DRM shortening criteria were met at Week 16 or 20, patients on 8q12 and 8q16 were shortened to q8. If DRM shortening criteria were met at Week 24, patients on 8q16 were shortened to q12. At subsequent dosing visits, patients on 8q12 or 8q16 had treatment intervals shortened by 4 weeks.²

^eAll assessments were compared with Week 12.²

^fData are descriptive only, no statistical conclusions can be made.

^geFAS, observed cases.¹

^hPatients who were randomised to the 8q12 or 8q16 groups at the beginning of the study and continued treatment with EYLEA 8mg through the extension study.¹

ⁱVs EYLEA 2mg.

^jRounded value. Two injections in the third year for patients maintained on q24 intervals through the end of the PHOTON trial/PHOTON extension. Mean number of injections from Year 2 to Year 3 was 4.4 (2q8→8mg) and 3.3 (8q12/8q16) in the PHOTON extension study (exploratory endpoint).¹

^keFAS, patients completing Week 156. Last assigned dosing intervals at Week 156 in patients on EYLEA 8mg from baseline: 28% q24, 48% ≥q20, 68% ≥q16 (exploratory endpoint).¹

^lEYLEA 8mg is the first and only anti-VEGF that offers DME patients up to 6 months between injections.³

^mEstimated from a popPK analysis.⁷

ⁿTreatment emergent.¹

^oAll events.¹

^pA total of 1217 patients treated with EYLEA 8mg up to 96 weeks constituted the safety population in three clinical Phase II/III studies (CANDELA, PULSAR, PHOTON).³

^qLast completed interval.

^rDRM assessments occurred at injection visits after Week 20 in the aflibercept 8mg q12 arm and after Week 24 in the aflibercept 8mg q16 arm.

^sMeasurements were not available for this treatment visit.

^tOwing to the patient receiving an injection a week later than planned, the patient received a q15 interval.

^uAs a result of the patient receiving their previous injection at Week 123 instead of Week 122, the patient received a q15 interval up to Week 138.

ABBREVIATIONS

2q8, 2mg every 8 weeks; 8q12, 8mg every 12 weeks; 8q16, 8mg every 16 weeks; AE, adverse event; APTC, Antiplatelet Trialists' Collaboration; BCVA, best-corrected visual acuity; CI, confidence interval; CRT, central retinal thickness; DME, diabetic macular oedema; DRM, dose regimen modification; E-DRM, dose regimen modification during extension; eFAS, full analysis set in the extension; eSAF, safety analysis set in the extension; ETDRS, Early Treatment Diabetic Retinopathy Study; FAS, full analysis set; LS, least squares; N-BL, new baseline; popPK, population pharmacokinetics; q8, every 8 weeks; q12, every 12 weeks; q14, every 14 weeks; q15, every 15 weeks; q16, every 16 weeks; q18, every 18 weeks; q20, every 20 weeks; q24, every 24 weeks; SAE, serious adverse event; TEAE, treatment-emergent adverse event; VEGF, vascular endothelial growth factor; Wk, week.



Essential Information



ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
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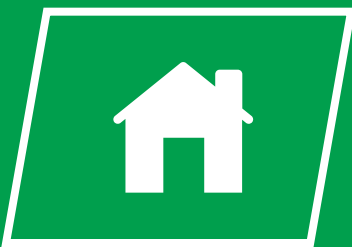
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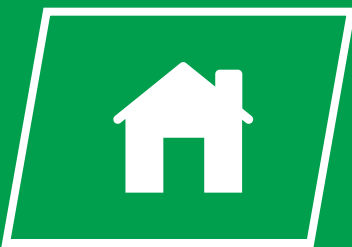
For more information on posology and treatment initiation, please refer to the EYLEA Summary of Product Characteristics. The safety profile observed in the 3 clinical studies (CANDELA, PULSAR, PHOTON) was similar in patients treated with EYLEA 114.3mg/mL and EYLEA 40mg/mL in patients with nAMD and DME. For more information on the safety profile, please refer to the EYLEA Summary of Product Characteristics.

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EYLEA 8mg REAL-WORLD EVIDENCE

**SPECTRUM
REAL-WORLD STUDY**

**GONDAL TM, *ET AL.*
REAL-WORLD nAMD**

nAMD, neovascular (wet) age-related macular degeneration.

Essential Information



ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

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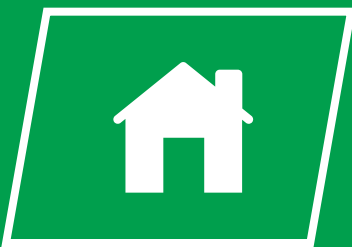
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EYLEA 8mg

REAL-WORLD EVIDENCE



SPECTRUM

Gondal TM, et al.

SPECTRUM: THE FIRST GLOBAL REAL-WORLD STUDY OF EYLEA 8mg IN nAMD AND DME¹

Ongoing, **non-interventional**, prospective, observational study across 18 countries

	Population	Diagnosis	Treatment
nAMD cohorts	Aged ≥50 years	nAMD	Patients across all cohorts had to have been prescribed EYLEA 8mg as part of routine clinical practice
DME cohorts	Aged ≥18 years with type 1 or type 2 diabetes	DME	
All patients categorised as either:			
Treatment-naïve Never been exposed to any medical treatment for nAMD/DME		Previously treated Received prior treatment, including other anti-VEGFs, up to prespecified timepoints before study start	

For more information on SPECTRUM, visit the medical booth.

References

Essential Information



REFERENCES

1. Bailey C, *et al.* Real-world effectiveness and safety of aflibercept 8 mg in the treatment of neovascular age-related macular degeneration and diabetic macular edema: Design of the SPECTRUM study. FLORetina ICOOR Meeting. 5–8 December 2024. Florence, Italy. **2.** Bailey C, *et al.* SPECTRUM: Early clinical experience from the first global real-world study of aflibercept 8mg in patients with pretreated neovascular age-related macular degeneration. Retina World Congress. 8–11 May 2025. Fort Lauderdale, FL, USA. Video presentation. **3.** Konidaris V, *et al.* SPECTRUM: Early clinical experience from the first global real-world study of aflibercept 8mg in patients with treatment-naïve neovascular age-related macular degeneration. Retina World Congress. 8–11 May 2025. Fort Lauderdale, FL, USA. Video presentation. **4.** Gondal TM, *et al.* Efficacy and safety of three-monthly loading doses of IVT injections of aflibercept 8mg in clinical practice at a district general hospital in the UK. ARVO. 4–8 May 2025. Salt Lake City, UT, USA.

FOOTNOTES

^aMean VA change at Week 4 and Week 8 from baseline was calculated in patients with VA assessment at Week 4 and Week 8, respectively. Error bars are 95% confidence intervals.^{2,3}

^bMean CRT change at Week 4 and Week 8 from baseline was calculated in patients with CRT assessment at Week 4 and Week 8, respectively. Error bars are 95% confidence intervals.^{2,3}

^cA total of 27 treatment-naïve patients completed 4 visits.⁴

^dPatients completing 4 visits.⁴

ABBREVIATIONS

BCVA, best-corrected visual acuity; CRT, central retinal thickness; DME, diabetic macular oedema; ETDRS, Early Treatment Diabetic Retinopathy Study; IOI, intraocular inflammation; IOP, intraocular pressure; IVT, intravitreal; nAMD, neovascular (wet) age-related macular degeneration; q12, every 12 weeks; TEAE, treatment-emergent adverse event; VA, visual acuity; VEGF, vascular endothelial growth factor.



Essential Information



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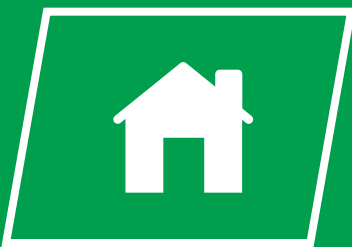
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Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. **Excipients:** Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

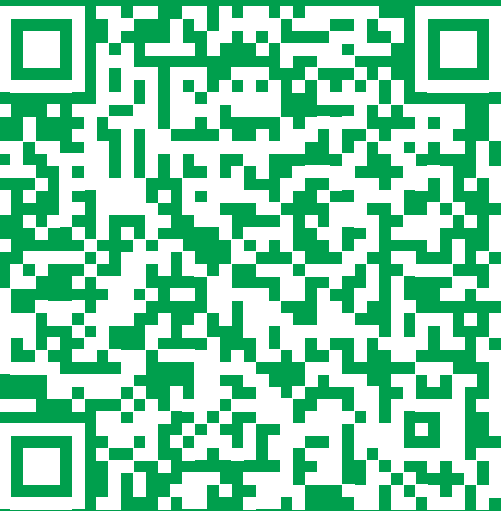
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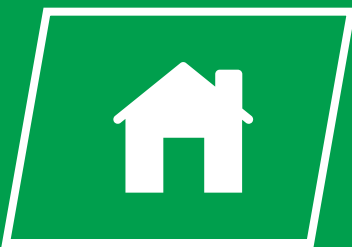
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Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system.



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EYLEA 8mg REAL-WORLD EVIDENCE



SPECTRUM

Gondal TM, et al.

SPECTRUM ENROLMENT

18 countries participating, across North America, Europe, the Middle East and Asia Pacific²



It is expected that a minimum of **~4000 patients** will be enrolled²



Each **participating country/country cluster** plans to contribute ~100 patients to 1 or more of the 4 cohorts¹

For more information on SPECTRUM, visit the medical booth.

References

Essential Information



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1. Bailey C, *et al.* Real-world effectiveness and safety of aflibercept 8 mg in the treatment of neovascular age-related macular degeneration and diabetic macular edema: Design of the SPECTRUM study. FLORetina ICOOR Meeting. 5–8 December 2024. Florence, Italy. **2.** Bailey C, *et al.* SPECTRUM: Early clinical experience from the first global real-world study of aflibercept 8mg in patients with pretreated neovascular age-related macular degeneration. Retina World Congress. 8–11 May 2025. Fort Lauderdale, FL, USA. Video presentation. **3.** Konidaris V, *et al.* SPECTRUM: Early clinical experience from the first global real-world study of aflibercept 8mg in patients with treatment-naïve neovascular age-related macular degeneration. Retina World Congress. 8–11 May 2025. Fort Lauderdale, FL, USA. Video presentation. **4.** Gondal TM, *et al.* Efficacy and safety of three-monthly loading doses of IVT injections of aflibercept 8mg in clinical practice at a district general hospital in the UK. ARVO. 4–8 May 2025. Salt Lake City, UT, USA.

FOOTNOTES

^aMean VA change at Week 4 and Week 8 from baseline was calculated in patients with VA assessment at Week 4 and Week 8, respectively. Error bars are 95% confidence intervals.^{2,3}

^bMean CRT change at Week 4 and Week 8 from baseline was calculated in patients with CRT assessment at Week 4 and Week 8, respectively. Error bars are 95% confidence intervals.^{2,3}

^cA total of 27 treatment-naïve patients completed 4 visits.⁴

^dPatients completing 4 visits.⁴

ABBREVIATIONS

BCVA, best-corrected visual acuity; CRT, central retinal thickness; DME, diabetic macular oedema; ETDRS, Early Treatment Diabetic Retinopathy Study; IOI, intraocular inflammation; IOP, intraocular pressure; IVT, intravitreal; nAMD, neovascular (wet) age-related macular degeneration; q12, every 12 weeks; TEAE, treatment-emergent adverse event; VA, visual acuity; VEGF, vascular endothelial growth factor.



Essential Information



ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
(Refer to full SmPC before prescribing.)

Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. **Excipients:** Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

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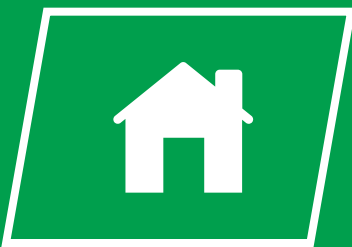
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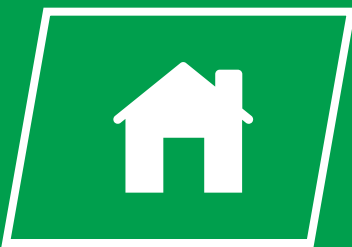
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EYLEA 8mg

REAL-WORLD EVIDENCE

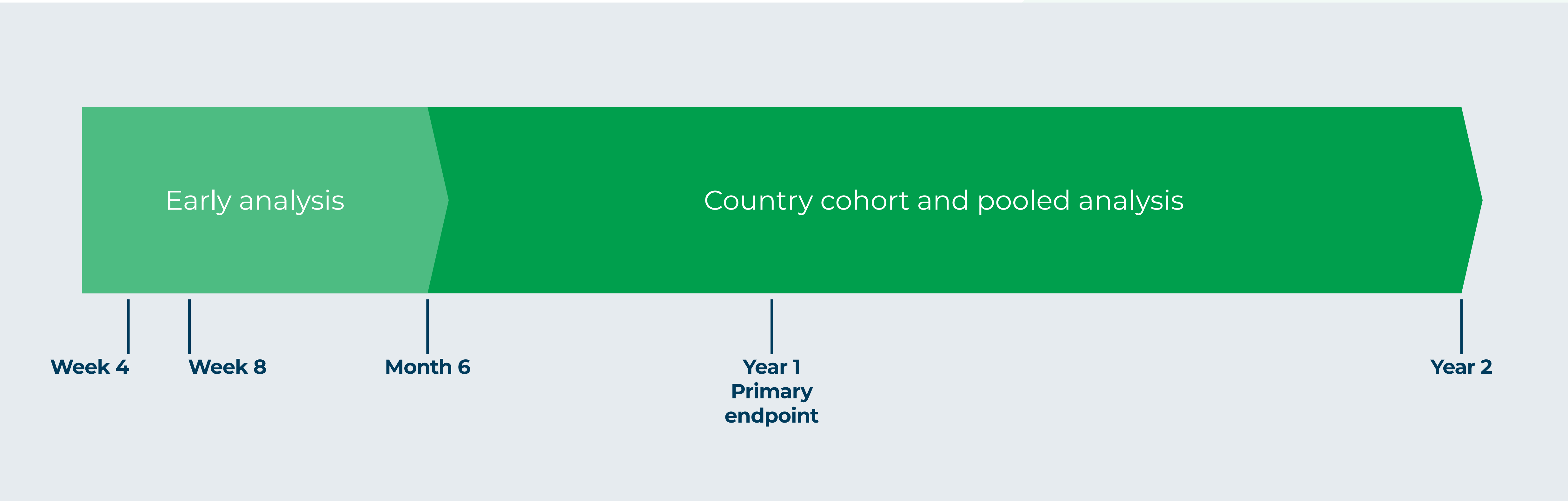


SPECTRUM

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SPECTRUM DESIGN¹

Data collection from medical records for up to 24 months per patient from February 2024 to September 2027



Primary endpoint:

Change in BCVA from baseline to Month 12

Key secondary endpoints:

- Change in BCVA from baseline to Weeks 4 and 8, and Months 6 and 24
- Change in CRT from baseline to Weeks 4 and 8, and Months 6, 12 and 24
- Number of EYLEA 8mg injections from baseline to Months 6, 12 and 24
- Number of adverse events and serious adverse events

For more information on SPECTRUM, visit the medical booth.

References

Essential Information



REFERENCES

1. Bailey C, *et al.* Real-world effectiveness and safety of aflibercept 8 mg in the treatment of neovascular age-related macular degeneration and diabetic macular edema: Design of the SPECTRUM study. FLORetina ICOOR Meeting. 5–8 December 2024. Florence, Italy. **2.** Bailey C, *et al.* SPECTRUM: Early clinical experience from the first global real-world study of aflibercept 8mg in patients with pretreated neovascular age-related macular degeneration. Retina World Congress. 8–11 May 2025. Fort Lauderdale, FL, USA. Video presentation. **3.** Konidaris V, *et al.* SPECTRUM: Early clinical experience from the first global real-world study of aflibercept 8mg in patients with treatment-naïve neovascular age-related macular degeneration. Retina World Congress. 8–11 May 2025. Fort Lauderdale, FL, USA. Video presentation. **4.** Gondal TM, *et al.* Efficacy and safety of three-monthly loading doses of IVT injections of aflibercept 8mg in clinical practice at a district general hospital in the UK. ARVO. 4–8 May 2025. Salt Lake City, UT, USA.

FOOTNOTES

^aMean VA change at Week 4 and Week 8 from baseline was calculated in patients with VA assessment at Week 4 and Week 8, respectively. Error bars are 95% confidence intervals.^{2,3}

^bMean CRT change at Week 4 and Week 8 from baseline was calculated in patients with CRT assessment at Week 4 and Week 8, respectively. Error bars are 95% confidence intervals.^{2,3}

^cA total of 27 treatment-naïve patients completed 4 visits.⁴

^dPatients completing 4 visits.⁴

ABBREVIATIONS

BCVA, best-corrected visual acuity; CRT, central retinal thickness; DME, diabetic macular oedema; ETDRS, Early Treatment Diabetic Retinopathy Study; IOI, intraocular inflammation; IOP, intraocular pressure; IVT, intravitreal; nAMD, neovascular (wet) age-related macular degeneration; q12, every 12 weeks; TEAE, treatment-emergent adverse event; VA, visual acuity; VEGF, vascular endothelial growth factor.



Essential Information



ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
(Refer to full SmPC before prescribing.)

Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. **Excipients:** Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

both eyes have not been systematically studied. If bilateral treatment is performed at the same time this could lead to an increased systemic exposure, which could increase the risk of systemic adverse events. Limited data are available on the concomitant use of Eylea with other anti-VEGF medicinal products (systemic or ocular). Treatment should be withheld in the event of: a decrease in best corrected visual acuity (BCVA) of ≥ 30 letters compared with the last assessment of visual acuity; a rhegmatogenous retinal detachment or stage 3 or 4 macular holes; a retinal break; a subretinal haemorrhage involving the central fovea, or, if the size of the haemorrhage is ≥ 50 % of the total lesion area; performed or planned intraocular surgery within the previous or next 28 days. Risk factors associated with the development of a retinal pigment epithelial tear after anti-VEGF therapy for nAMD include a large and/or high pigment epithelial retinal detachment. When initiating aflibercept therapy, caution should be used in patients with these risk factors for retinal pigment epithelial tears. Eylea 114.3 mg/ml should not be used during pregnancy unless the potential benefit outweighs the potential risk to the foetus. Women of childbearing potential must use effective contraception during treatment and for at least 4 months after the last intravitreal injection with Eylea 114.3 mg/ml. As a precautionary measure, breastfeeding is not recommended. Populations with limited data: There are limited data on the use of aflibercept in pregnant women. There is only limited experience with Eylea treatment in diabetic patients with an HbA1c over 12 % or with proliferative diabetic retinopathy. Eylea has not been studied in patients with active systemic infections or in patients with concurrent eye conditions such as retinal detachment or macular hole. There is also no experience of treatment with Eylea in diabetic patients with uncontrolled hypertension. This lack of information should be considered by the physician when treating such patients. Information about excipients: Polysorbates may cause allergic reactions. **Undesirable effects:** As reported in patients with nAMD or DME treated with Eylea 114.3 mg/ml in Phase II/III studies up to 96 weeks. **Common:** Hypersensitivity (including rash, pruritus, urticaria), Cataract, Intraocular pressure increased, Vitreous floaters, Vitreous detachment, Vitreous haemorrhage, Retinal haemorrhage, Visual acuity reduced, Eye pain, Conjunctival haemorrhage, Punctate keratitis, Corneal abrasion. **Uncommon:** Retinal detachment, Retinal tear, Retinal pigment epithelial tear, Detachment of the retinal pigment epithelium, Uveitis, Iritis, Iridocyclitis, Vitritis, Cataract cortical, Cataract nuclear, Cataract subcapsular, Corneal erosion, Vision blurred, Injection site pain, Foreign body sensation in eyes, Lacrimation increased, Injection site haemorrhage, Conjunctival hyperaemia, Eyelid oedema, Ocular hyperaemia, Injection site irritation. **Rare:** Corneal oedema, Lenticular opacities, Retinal degeneration, Eyelid irritation. **Frequency not known:** Scleritis. The following adverse reactions of Eylea 40 mg/ml are also considered expected with Eylea 114.3 mg/ml: abnormal sensation in eye, corneal epithelium defect, anterior chamber flare, endophthalmitis, blindness, traumatic cataract, hypopyon, severe anaphylactic/anaphylactoid reactions. Description of selected adverse reactions: Arterial thromboembolic events (ATEs) are adverse reactions potentially related to systemic VEGF inhibition. There is a theoretical risk of ATEs, including stroke and myocardial infarction, following intravitreal use of VEGF inhibitors. A low incidence rate of ATEs was observed in the aflibercept clinical studies in patients with nAMD and DME. Across indications, no notable difference between the groups treated with Eylea 114.3 mg/ml and the comparator groups treated with Eylea 40 mg/ml were observed.

On prescription only. Marketing Authorisation Holder:
Bayer AG, 51368 Leverkusen, Germany.
Date of revision of the underlying Prescribing Information: June 2025.

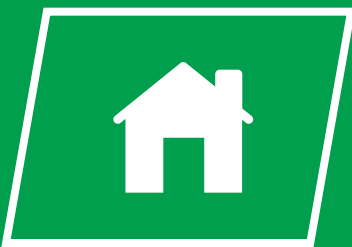
For more information on posology and treatment initiation, please refer to the EYLEA Summary of Product Characteristics. The safety profile observed in the 3 clinical studies (CANDELA, PULSAR, PHOTON) was similar in patients treated with EYLEA 114.3mg/mL and EYLEA 40mg/mL in patients with nAMD and DME. For more information on the safety profile, please refer to the EYLEA Summary of Product Characteristics.

On prescription only. Administration only by a qualified physician experienced in administering intravitreal injections. Refer to full Summary of Product Characteristics before prescribing. Additional risk minimisation measures have been developed for healthcare professionals (a prescriber's guide and video on how to prepare and inject EYLEA) and patients. The prescriber's guide aims to raise awareness of the risks associated with intravitreal injections. The purpose of the patient guide is to inform patients about the disease, treatment, injection procedure and symptoms of injection-related side effects. It is recommended to read these documents before prescribing this drug and giving the guide to the patient. These documents are available upon request.

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system.



For more information on the product, please refer to full Summary of Product Characteristics by scanning this QR code or directly on the EMA website (<https://www.ema.europa.eu/en/medicines/human/EPAR/eylea>).
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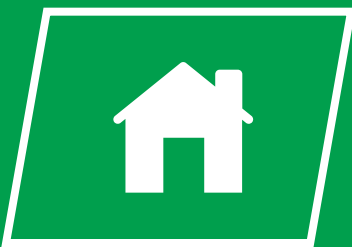
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EYLEA 8mg

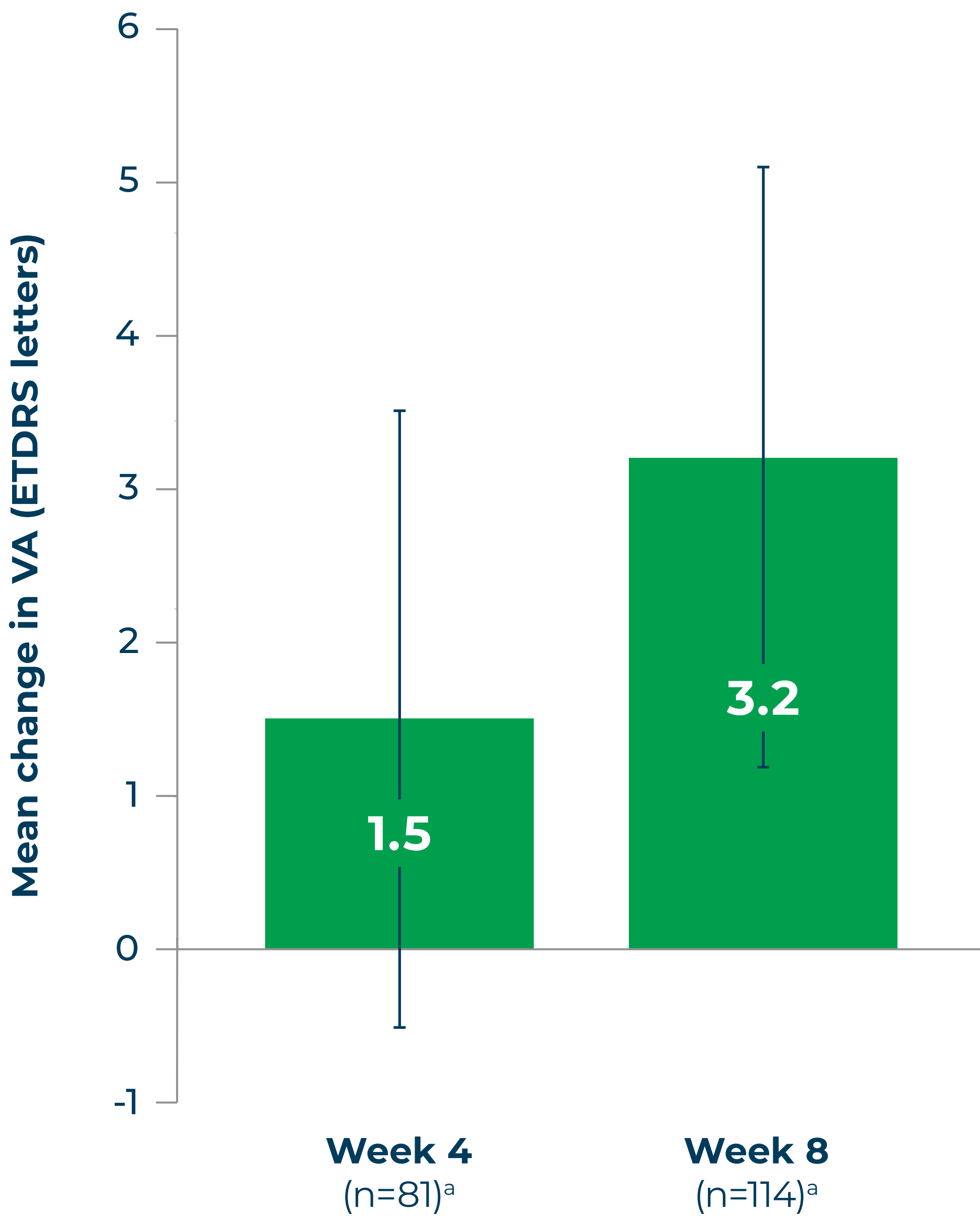
REAL-WORLD EVIDENCE

SPECTRUM EARLY ANALYSIS:

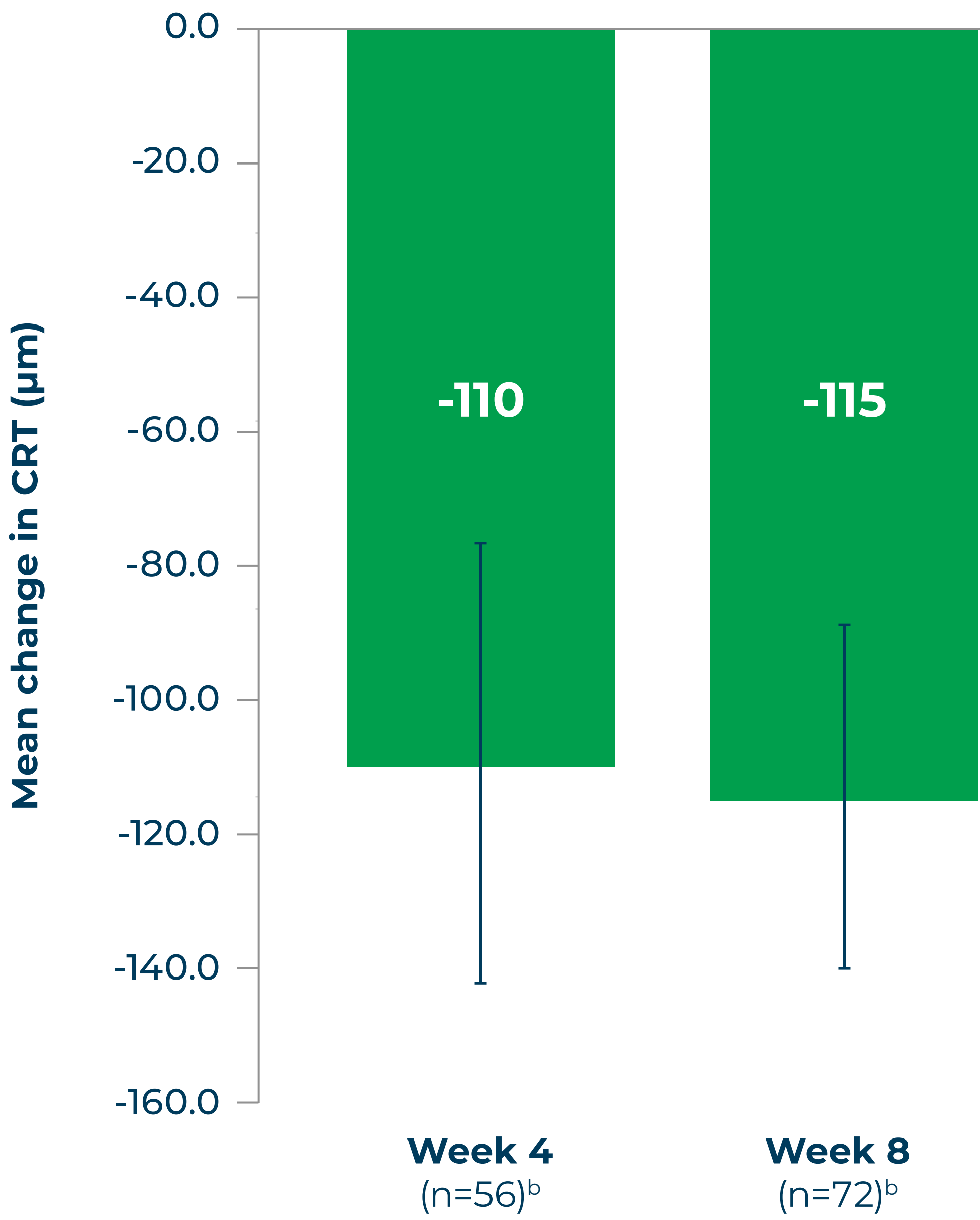
TREATMENT-NAÏVE nAMD³

Early findings from SPECTRUM support real-world effectiveness and safety profile of EYLEA 8mg in **treatment-naïve nAMD**

Mean change from baseline
in VA through Week 8



Mean change from baseline
in CRT through Week 8



Adapted from Konidaris V, et al. Retina World Congress 2025.

No new safety signals were identified at Week 8.
There were no cases of IOI or serious ocular TEAEs.

Conclusions on the real-world effectiveness and safety of EYLEA 8mg should be drawn with caution until final study data are presented.
Month 6 data will be presented in 2025, with Month 12 and Month 24 analyses on track.
For more information on SPECTRUM, visit the medical booth.



REFERENCES

1. Bailey C, *et al.* Real-world effectiveness and safety of aflibercept 8 mg in the treatment of neovascular age-related macular degeneration and diabetic macular edema: Design of the SPECTRUM study. FLORetina ICOOR Meeting. 5–8 December 2024. Florence, Italy. **2.** Bailey C, *et al.* SPECTRUM: Early clinical experience from the first global real-world study of aflibercept 8mg in patients with pretreated neovascular age-related macular degeneration. Retina World Congress. 8–11 May 2025. Fort Lauderdale, FL, USA. Video presentation. **3.** Konidaris V, *et al.* SPECTRUM: Early clinical experience from the first global real-world study of aflibercept 8mg in patients with treatment-naïve neovascular age-related macular degeneration. Retina World Congress. 8–11 May 2025. Fort Lauderdale, FL, USA. Video presentation. **4.** Gondal TM, *et al.* Efficacy and safety of three-monthly loading doses of IVT injections of aflibercept 8mg in clinical practice at a district general hospital in the UK. ARVO. 4–8 May 2025. Salt Lake City, UT, USA.

FOOTNOTES

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^cA total of 27 treatment-naïve patients completed 4 visits.⁴

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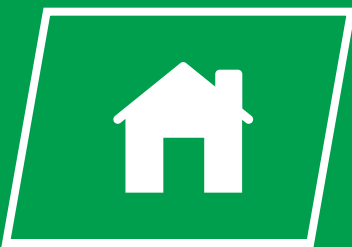
For more information on posology and treatment initiation, please refer to the EYLEA Summary of Product Characteristics. The safety profile observed in the 3 clinical studies (CANDELA, PULSAR, PHOTON) was similar in patients treated with EYLEA 114.3mg/mL and EYLEA 40mg/mL in patients with nAMD and DME. For more information on the safety profile, please refer to the EYLEA Summary of Product Characteristics.

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Marketing Authorisation Holder: Bayer AG, 51368 Leverkusen, Germany.





ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
(Refer to full SmPC before prescribing.)

Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. **Excipients:** Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

both eyes have not been systematically studied. If bilateral treatment is performed at the same time this could lead to an increased systemic exposure, which could increase the risk of systemic adverse events. Limited data are available on the concomitant use of Eylea with other anti-VEGF medicinal products (systemic or ocular). Treatment should be withheld in the event of: a decrease in best corrected visual acuity (BCVA) of ≥ 30 letters compared with the last assessment of visual acuity; a rhegmatogenous retinal detachment or stage 3 or 4 macular holes; a retinal break; a subretinal haemorrhage involving the central fovea, or, if the size of the haemorrhage is ≥ 50 % of the total lesion area; performed or planned intraocular surgery within the previous or next 28 days. Risk factors associated with the development of a retinal pigment epithelial tear after anti-VEGF therapy for nAMD include a large and/or high pigment epithelial retinal detachment. When initiating aflibercept therapy, caution should be used in patients with these risk factors for retinal pigment epithelial tears. Eylea 114.3 mg/ml should not be used during pregnancy unless the potential benefit outweighs the potential risk to the foetus. Women of childbearing potential must use effective contraception during treatment and for at least 4 months after the last intravitreal injection with Eylea 114.3 mg/ml. As a precautionary measure, breastfeeding is not recommended. Populations with limited data: There are limited data on the use of aflibercept in pregnant women. There is only limited experience with Eylea treatment in diabetic patients with an HbA1c over 12 % or with proliferative diabetic retinopathy. Eylea has not been studied in patients with active systemic infections or in patients with concurrent eye conditions such as retinal detachment or macular hole. There is also no experience of treatment with Eylea in diabetic patients with uncontrolled hypertension. This lack of information should be considered by the physician when treating such patients. Information about excipients: Polysorbates may cause allergic reactions. **Undesirable effects:** As reported in patients with nAMD or DME treated with Eylea 114.3 mg/ml in Phase II/III studies up to 96 weeks. **Common:** Hypersensitivity (including rash, pruritus, urticaria), Cataract, Intraocular pressure increased, Vitreous floaters, Vitreous detachment, Vitreous haemorrhage, Retinal haemorrhage, Visual acuity reduced, Eye pain, Conjunctival haemorrhage, Punctate keratitis, Corneal abrasion. **Uncommon:** Retinal detachment, Retinal tear, Retinal pigment epithelial tear, Detachment of the retinal pigment epithelium, Uveitis, Iritis, Iridocyclitis, Vitritis, Cataract cortical, Cataract nuclear, Cataract subcapsular, Corneal erosion, Vision blurred, Injection site pain, Foreign body sensation in eyes, Lacrimation increased, Injection site haemorrhage, Conjunctival hyperaemia, Eyelid oedema, Ocular hyperaemia, Injection site irritation. **Rare:** Corneal oedema, Lenticular opacities, Retinal degeneration, Eyelid irritation. **Frequency not known:** Scleritis. The following adverse reactions of Eylea 40 mg/ml are also considered expected with Eylea 114.3 mg/ml: abnormal sensation in eye, corneal epithelium defect, anterior chamber flare, endophthalmitis, blindness, traumatic cataract, hypopyon, severe anaphylactic/anaphylactoid reactions. **Description of selected adverse reactions:** Arterial thromboembolic events (ATEs) are adverse reactions potentially related to systemic VEGF inhibition. There is a theoretical risk of ATEs, including stroke and myocardial infarction, following intravitreal use of VEGF inhibitors. A low incidence rate of ATEs was observed in the aflibercept clinical studies in patients with nAMD and DME. Across indications, no notable difference between the groups treated with Eylea 114.3 mg/ml and the comparator groups treated with Eylea 40 mg/ml were observed.

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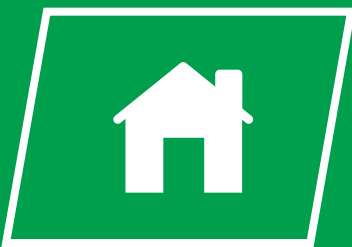
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EYLEA 8mg

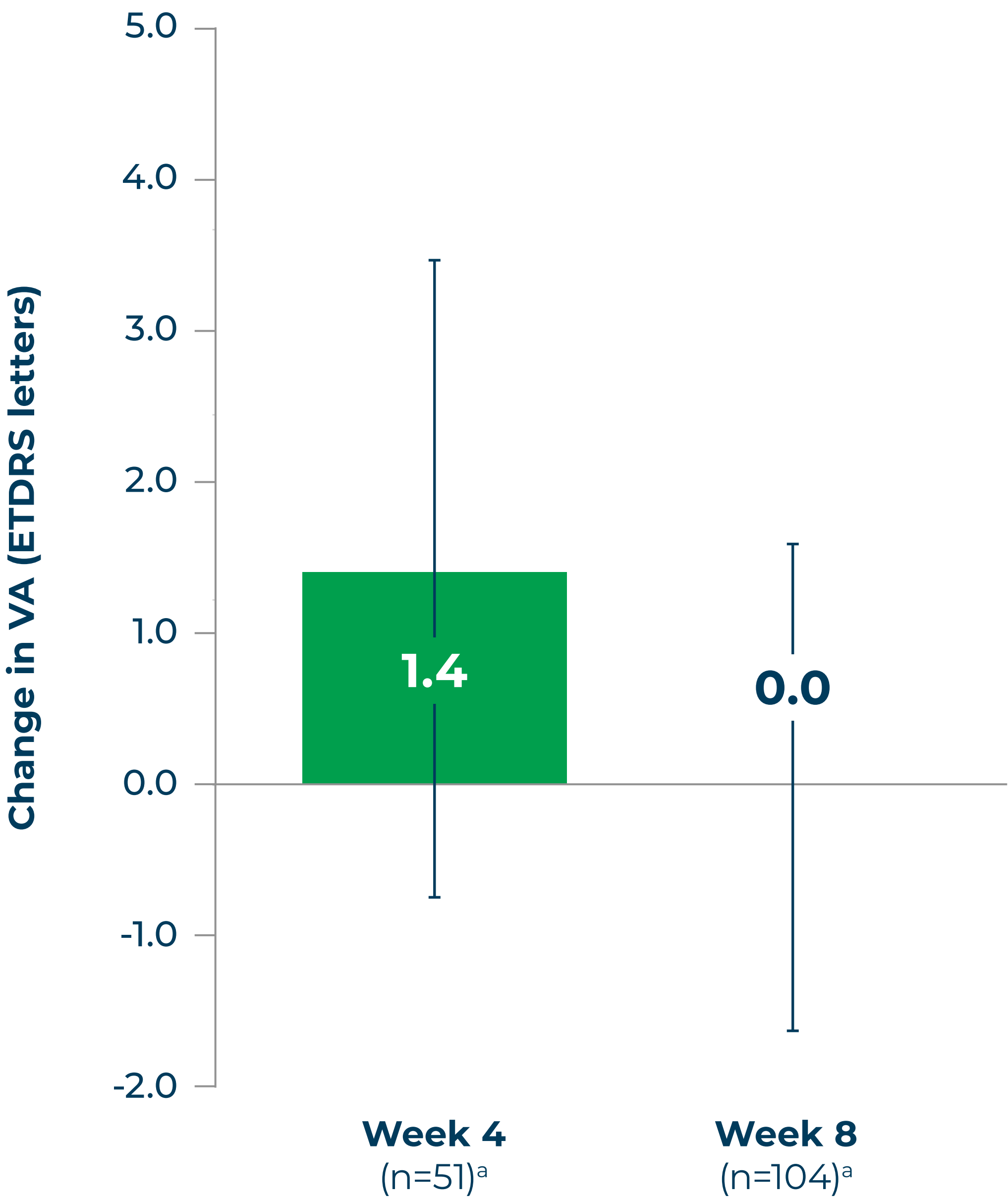
REAL-WORLD EVIDENCE

SPECTRUM EARLY ANALYSIS:

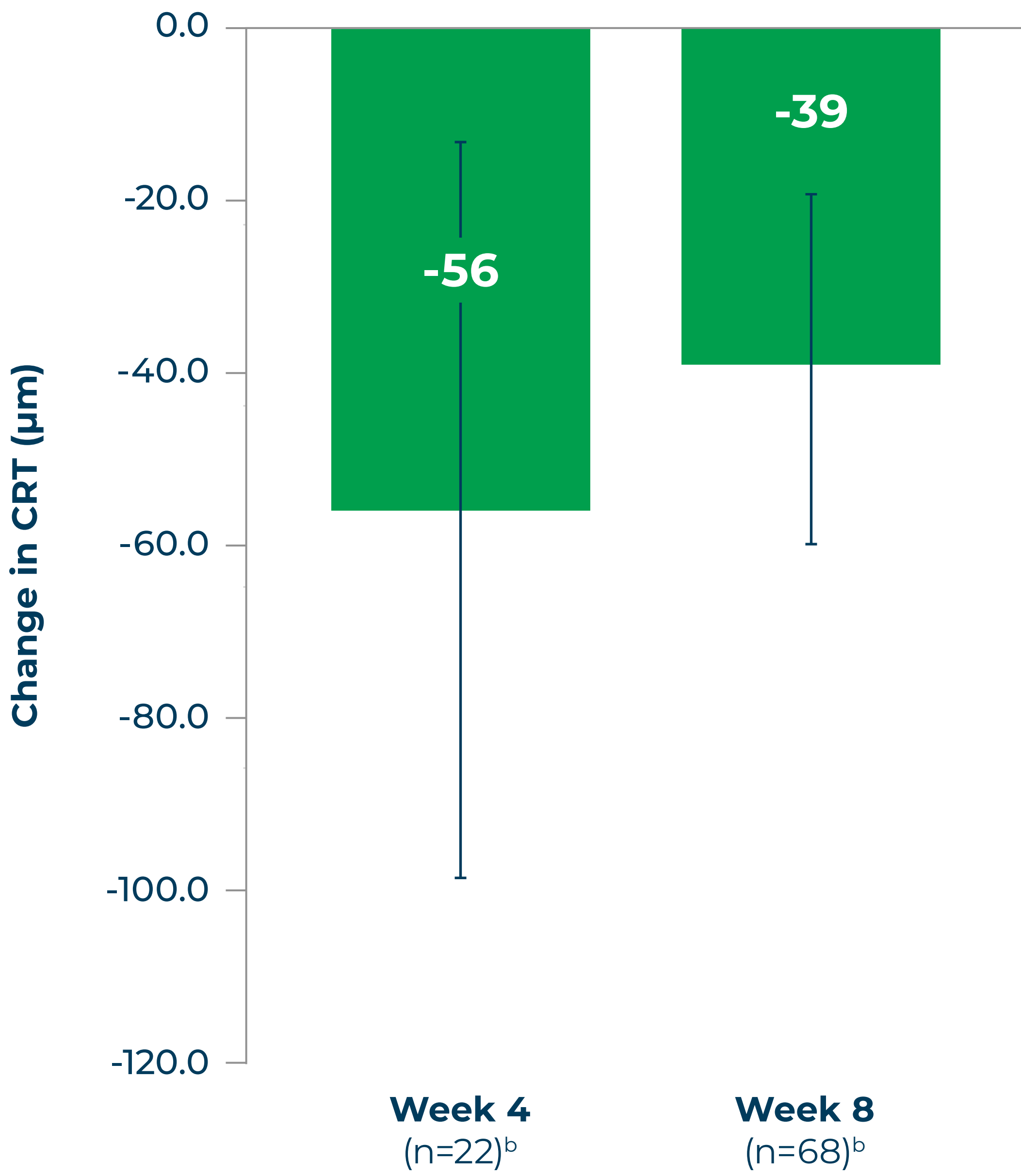
PREVIOUSLY TREATED nAMD²

Early findings from SPECTRUM support real-world effectiveness and safety profile of EYLEA 8mg in **previously treated nAMD**

Mean change from baseline
in VA through Week 8



Mean change from baseline
in CRT through Week 8



Adapted from Bailey C, et al. Retina World Congress 2025.

No new safety signals were identified at Week 8.
There were no cases of IOI or serious ocular TEAEs.

Conclusions on the real-world effectiveness and safety of EYLEA 8mg should be drawn with caution until final study data are presented.
Month 6 data will be presented in 2025, with Month 12 and Month 24 analyses on track.
For more information on SPECTRUM, visit the medical booth.



REFERENCES

1. Bailey C, *et al.* Real-world effectiveness and safety of aflibercept 8 mg in the treatment of neovascular age-related macular degeneration and diabetic macular edema: Design of the SPECTRUM study. FLORetina ICOOR Meeting. 5–8 December 2024. Florence, Italy. **2.** Bailey C, *et al.* SPECTRUM: Early clinical experience from the first global real-world study of aflibercept 8mg in patients with pretreated neovascular age-related macular degeneration. Retina World Congress. 8–11 May 2025. Fort Lauderdale, FL, USA. Video presentation. **3.** Konidaris V, *et al.* SPECTRUM: Early clinical experience from the first global real-world study of aflibercept 8mg in patients with treatment-naïve neovascular age-related macular degeneration. Retina World Congress. 8–11 May 2025. Fort Lauderdale, FL, USA. Video presentation. **4.** Gondal TM, *et al.* Efficacy and safety of three-monthly loading doses of IVT injections of aflibercept 8mg in clinical practice at a district general hospital in the UK. ARVO. 4–8 May 2025. Salt Lake City, UT, USA.

FOOTNOTES

^aMean VA change at Week 4 and Week 8 from baseline was calculated in patients with VA assessment at Week 4 and Week 8, respectively. Error bars are 95% confidence intervals.^{2,3}

^bMean CRT change at Week 4 and Week 8 from baseline was calculated in patients with CRT assessment at Week 4 and Week 8, respectively. Error bars are 95% confidence intervals.^{2,3}

^cA total of 27 treatment-naïve patients completed 4 visits.⁴

^dPatients completing 4 visits.⁴

ABBREVIATIONS

BCVA, best-corrected visual acuity; CRT, central retinal thickness; DME, diabetic macular oedema; ETDRS, Early Treatment Diabetic Retinopathy Study; IOI, intraocular inflammation; IOP, intraocular pressure; IVT, intravitreal; nAMD, neovascular (wet) age-related macular degeneration; q12, every 12 weeks; TEAE, treatment-emergent adverse event; VA, visual acuity; VEGF, vascular endothelial growth factor.



Essential Information



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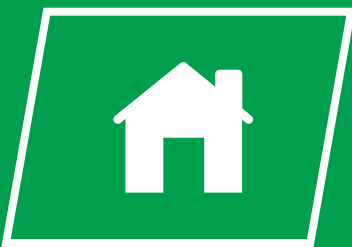
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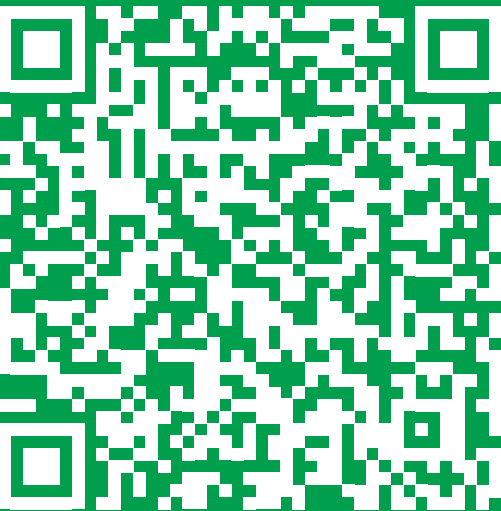
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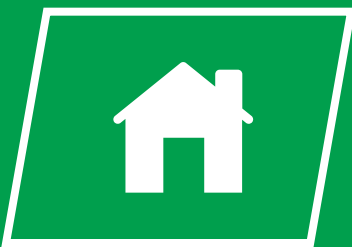
For more information on posology and treatment initiation, please refer to the EYLEA Summary of Product Characteristics. The safety profile observed in the 3 clinical studies (CANDELA, PULSAR, PHOTON) was similar in patients treated with EYLEA 114.3mg/mL and EYLEA 40mg/mL in patients with nAMD and DME. For more information on the safety profile, please refer to the EYLEA Summary of Product Characteristics.

On prescription only. Administration only by a qualified physician experienced in administering intravitreal injections. Refer to full Summary of Product Characteristics before prescribing. Additional risk minimisation measures have been developed for healthcare professionals (a prescriber's guide and video on how to prepare and inject EYLEA) and patients. The prescriber's guide aims to raise awareness of the risks associated with intravitreal injections. The purpose of the patient guide is to inform patients about the disease, treatment, injection procedure and symptoms of injection-related side effects. It is recommended to read these documents before prescribing this drug and giving the guide to the patient. These documents are available upon request.

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system.



For more information on the product, please refer to full Summary of Product Characteristics by scanning this QR code or directly on the EMA website (<https://www.ema.europa.eu/en/medicines/human/EPAR/eylea>). Marketing Authorisation Holder: Bayer AG, 51368 Leverkusen, Germany.



EYLEA 8mg

REAL-WORLD EVIDENCE



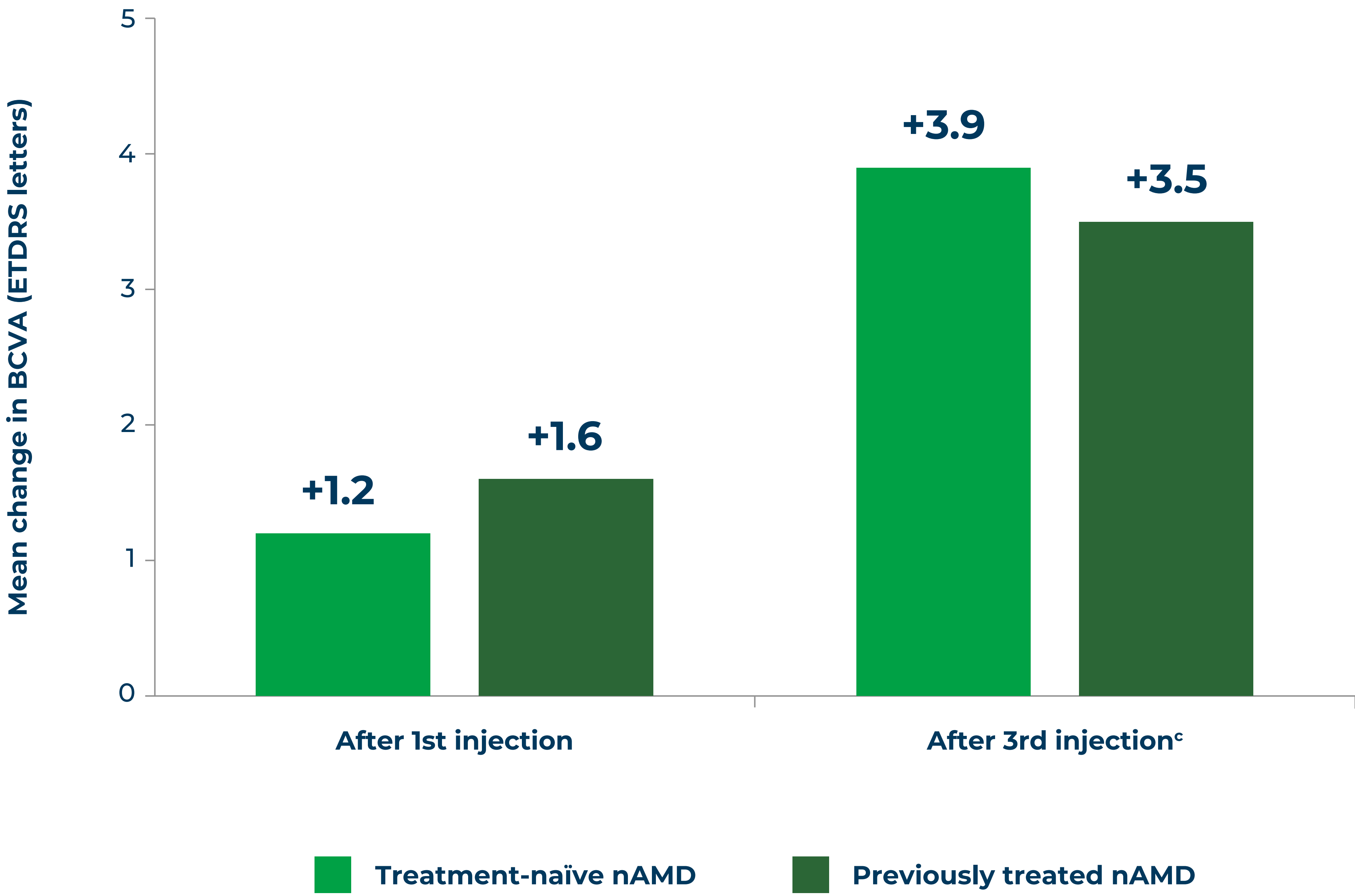
SPECTRUM

Gondal TM, et al.

GONDAL TM, ET AL. EFFICACY AND SAFETY OF 3-MONTHLY LOADING DOSES OF IVT INJECTIONS OF AFLIBERCEPT 8mg IN CLINICAL PRACTICE AT A DISTRICT GENERAL HOSPITAL IN THE UK⁴

Retrospective analysis of **treatment-naïve (n=50)** and **previously treated (n=20)** patients with nAMD treated with 3-monthly loading doses of EYLEA 8mg at Frimley Park Hospital, UK

Mean change in BCVA from baseline



Adapted from Gondal TM, et al. ARVO 2025.

References

Essential Information



REFERENCES

1. Bailey C, *et al.* Real-world effectiveness and safety of aflibercept 8 mg in the treatment of neovascular age-related macular degeneration and diabetic macular edema: Design of the SPECTRUM study. FLORetina ICOOR Meeting. 5–8 December 2024. Florence, Italy. **2.** Bailey C, *et al.* SPECTRUM: Early clinical experience from the first global real-world study of aflibercept 8mg in patients with pretreated neovascular age-related macular degeneration. Retina World Congress. 8–11 May 2025. Fort Lauderdale, FL, USA. Video presentation. **3.** Konidaris V, *et al.* SPECTRUM: Early clinical experience from the first global real-world study of aflibercept 8mg in patients with treatment-naïve neovascular age-related macular degeneration. Retina World Congress. 8–11 May 2025. Fort Lauderdale, FL, USA. Video presentation. **4.** Gondal TM, *et al.* Efficacy and safety of three-monthly loading doses of IVT injections of aflibercept 8mg in clinical practice at a district general hospital in the UK. ARVO. 4–8 May 2025. Salt Lake City, UT, USA.

FOOTNOTES

^aMean VA change at Week 4 and Week 8 from baseline was calculated in patients with VA assessment at Week 4 and Week 8, respectively. Error bars are 95% confidence intervals.^{2,3}

^bMean CRT change at Week 4 and Week 8 from baseline was calculated in patients with CRT assessment at Week 4 and Week 8, respectively. Error bars are 95% confidence intervals.^{2,3}

^cA total of 27 treatment-naïve patients completed 4 visits.⁴

^dPatients completing 4 visits.⁴

ABBREVIATIONS

BCVA, best-corrected visual acuity; CRT, central retinal thickness; DME, diabetic macular oedema; ETDRS, Early Treatment Diabetic Retinopathy Study; IOI, intraocular inflammation; IOP, intraocular pressure; IVT, intravitreal; nAMD, neovascular (wet) age-related macular degeneration; q12, every 12 weeks; TEAE, treatment-emergent adverse event; VA, visual acuity; VEGF, vascular endothelial growth factor.



Essential Information



ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
(Refer to full SmPC before prescribing.)

Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. **Excipients:** Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

both eyes have not been systematically studied. If bilateral treatment is performed at the same time this could lead to an increased systemic exposure, which could increase the risk of systemic adverse events. Limited data are available on the concomitant use of Eylea with other anti-VEGF medicinal products (systemic or ocular). Treatment should be withheld in the event of: a decrease in best corrected visual acuity (BCVA) of ≥ 30 letters compared with the last assessment of visual acuity; a rhegmatogenous retinal detachment or stage 3 or 4 macular holes; a retinal break; a subretinal haemorrhage involving the central fovea, or, if the size of the haemorrhage is ≥ 50 % of the total lesion area; performed or planned intraocular surgery within the previous or next 28 days. Risk factors associated with the development of a retinal pigment epithelial tear after anti-VEGF therapy for nAMD include a large and/or high pigment epithelial retinal detachment. When initiating aflibercept therapy, caution should be used in patients with these risk factors for retinal pigment epithelial tears. Eylea 114.3 mg/ml should not be used during pregnancy unless the potential benefit outweighs the potential risk to the foetus. Women of childbearing potential must use effective contraception during treatment and for at least 4 months after the last intravitreal injection with Eylea 114.3 mg/ml. As a precautionary measure, breastfeeding is not recommended. Populations with limited data: There are limited data on the use of aflibercept in pregnant women. There is only limited experience with Eylea treatment in diabetic patients with an HbA1c over 12 % or with proliferative diabetic retinopathy. Eylea has not been studied in patients with active systemic infections or in patients with concurrent eye conditions such as retinal detachment or macular hole. There is also no experience of treatment with Eylea in diabetic patients with uncontrolled hypertension. This lack of information should be considered by the physician when treating such patients. Information about excipients: Polysorbates may cause allergic reactions. **Undesirable effects:** As reported in patients with nAMD or DME treated with Eylea 114.3 mg/ml in Phase II/III studies up to 96 weeks. **Common:** Hypersensitivity (including rash, pruritus, urticaria), Cataract, Intraocular pressure increased, Vitreous floaters, Vitreous detachment, Vitreous haemorrhage, Retinal haemorrhage, Visual acuity reduced, Eye pain, Conjunctival haemorrhage, Punctate keratitis, Corneal abrasion. **Uncommon:** Retinal detachment, Retinal tear, Retinal pigment epithelial tear, Detachment of the retinal pigment epithelium, Uveitis, Iritis, Iridocyclitis, Vitritis, Cataract cortical, Cataract nuclear, Cataract subcapsular, Corneal erosion, Vision blurred, Injection site pain, Foreign body sensation in eyes, Lacrimation increased, Injection site haemorrhage, Conjunctival hyperaemia, Eyelid oedema, Ocular hyperaemia, Injection site irritation. **Rare:** Corneal oedema, Lenticular opacities, Retinal degeneration, Eyelid irritation. **Frequency not known:** Scleritis. The following adverse reactions of Eylea 40 mg/ml are also considered expected with Eylea 114.3 mg/ml: abnormal sensation in eye, corneal epithelium defect, anterior chamber flare, endophthalmitis, blindness, traumatic cataract, hypopyon, severe anaphylactic/anaphylactoid reactions. **Description of selected adverse reactions:** Arterial thromboembolic events (ATEs) are adverse reactions potentially related to systemic VEGF inhibition. There is a theoretical risk of ATEs, including stroke and myocardial infarction, following intravitreal use of VEGF inhibitors. A low incidence rate of ATEs was observed in the aflibercept clinical studies in patients with nAMD and DME. Across indications, no notable difference between the groups treated with Eylea 114.3 mg/ml and the comparator groups treated with Eylea 40 mg/ml were observed.

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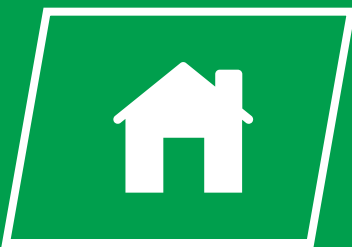
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ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
(Refer to full SmPC before prescribing.)

Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. *Excipients:* Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

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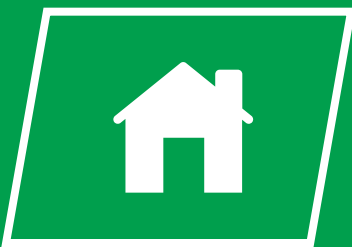
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EYLEA 8mg

REAL-WORLD EVIDENCE



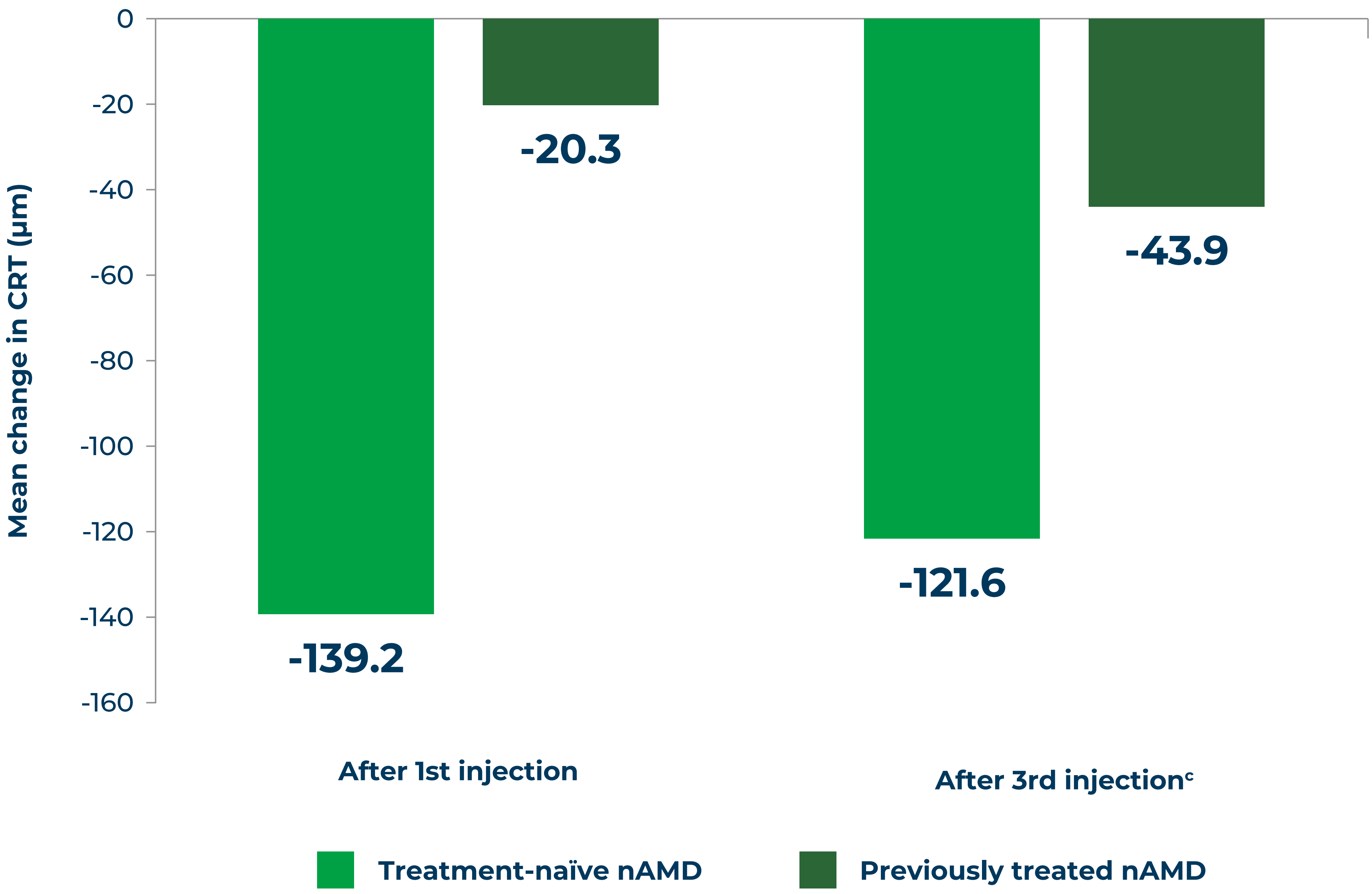
SPECTRUM

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Mean change in CRT from baseline



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References

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REFERENCES

1. Bailey C, *et al.* Real-world effectiveness and safety of aflibercept 8 mg in the treatment of neovascular age-related macular degeneration and diabetic macular edema: Design of the SPECTRUM study. FLORetina ICOOR Meeting. 5–8 December 2024. Florence, Italy. **2.** Bailey C, *et al.* SPECTRUM: Early clinical experience from the first global real-world study of aflibercept 8mg in patients with pretreated neovascular age-related macular degeneration. Retina World Congress. 8–11 May 2025. Fort Lauderdale, FL, USA. Video presentation. **3.** Konidaris V, *et al.* SPECTRUM: Early clinical experience from the first global real-world study of aflibercept 8mg in patients with treatment-naïve neovascular age-related macular degeneration. Retina World Congress. 8–11 May 2025. Fort Lauderdale, FL, USA. Video presentation. **4.** Gondal TM, *et al.* Efficacy and safety of three-monthly loading doses of IVT injections of aflibercept 8mg in clinical practice at a district general hospital in the UK. ARVO. 4–8 May 2025. Salt Lake City, UT, USA.

FOOTNOTES

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^bMean CRT change at Week 4 and Week 8 from baseline was calculated in patients with CRT assessment at Week 4 and Week 8, respectively. Error bars are 95% confidence intervals.^{2,3}

^cA total of 27 treatment-naïve patients completed 4 visits.⁴

^dPatients completing 4 visits.⁴

ABBREVIATIONS

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Essential Information



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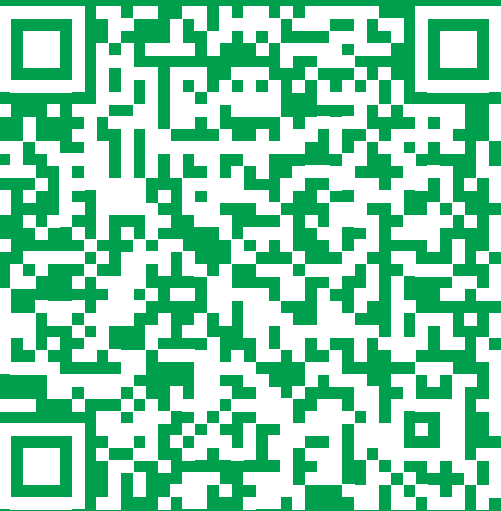
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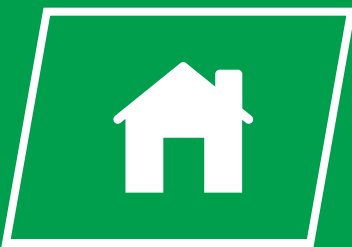
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ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

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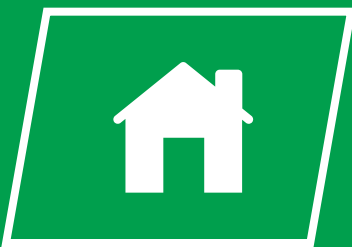
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EYLEA 8mg REAL-WORLD EVIDENCE



SPECTRUM

Gondal TM, et al.

GONDAL TM, ET AL. EFFICACY AND SAFETY OF 3-MONTHLY LOADING DOSES OF IVT INJECTIONS OF AFLIBERCEPT 8mg IN CLINICAL PRACTICE AT A DISTRICT GENERAL HOSPITAL IN THE UK⁴

Retrospective analysis of **treatment-naïve (n=50)** and **previously treated (n=20)** patients with nAMD treated with 3-monthly loading doses of EYLEA 8mg at Frimley Park Hospital, UK

Of the patients in the treatment-naïve cohort (n=27):^d



67%
(n=18)

were extended to q12
intervals after 3-monthly
loading doses

33%
(n=9)

were not extended to q12
intervals after 3-monthly
loading doses

No notable cases of IOP elevation were observed after 3-monthly loading injections.

These results for the previously treated cohort patients have not been communicated.

References

Essential Information



REFERENCES

1. Bailey C, *et al.* Real-world effectiveness and safety of aflibercept 8 mg in the treatment of neovascular age-related macular degeneration and diabetic macular edema: Design of the SPECTRUM study. FLORetina ICOOR Meeting. 5–8 December 2024. Florence, Italy. **2.** Bailey C, *et al.* SPECTRUM: Early clinical experience from the first global real-world study of aflibercept 8mg in patients with pretreated neovascular age-related macular degeneration. Retina World Congress. 8–11 May 2025. Fort Lauderdale, FL, USA. Video presentation. **3.** Konidaris V, *et al.* SPECTRUM: Early clinical experience from the first global real-world study of aflibercept 8mg in patients with treatment-naïve neovascular age-related macular degeneration. Retina World Congress. 8–11 May 2025. Fort Lauderdale, FL, USA. Video presentation. **4.** Gondal TM, *et al.* Efficacy and safety of three-monthly loading doses of IVT injections of aflibercept 8mg in clinical practice at a district general hospital in the UK. ARVO. 4–8 May 2025. Salt Lake City, UT, USA.

FOOTNOTES

^aMean VA change at Week 4 and Week 8 from baseline was calculated in patients with VA assessment at Week 4 and Week 8, respectively. Error bars are 95% confidence intervals.^{2,3}

^bMean CRT change at Week 4 and Week 8 from baseline was calculated in patients with CRT assessment at Week 4 and Week 8, respectively. Error bars are 95% confidence intervals.^{2,3}

^cA total of 27 treatment-naïve patients completed 4 visits.⁴

^dPatients completing 4 visits.⁴

ABBREVIATIONS

BCVA, best-corrected visual acuity; CRT, central retinal thickness; DME, diabetic macular oedema; ETDRS, Early Treatment Diabetic Retinopathy Study; IOI, intraocular inflammation; IOP, intraocular pressure; IVT, intravitreal; nAMD, neovascular (wet) age-related macular degeneration; q12, every 12 weeks; TEAE, treatment-emergent adverse event; VA, visual acuity; VEGF, vascular endothelial growth factor.



Essential Information



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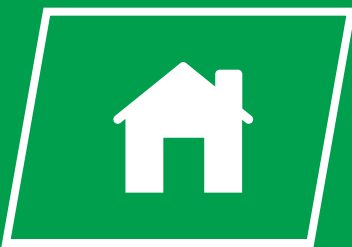
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Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
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Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. *Excipients:* Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

both eyes have not been systematically studied. If bilateral treatment is performed at the same time this could lead to an increased systemic exposure, which could increase the risk of systemic adverse events. Limited data are available on the concomitant use of Eylea with other anti-VEGF medicinal products (systemic or ocular). Treatment should be withheld in the event of: a decrease in best corrected visual acuity (BCVA) of ≥ 30 letters compared with the last assessment of visual acuity; a rhegmatogenous retinal detachment or stage 3 or 4 macular holes; a retinal break; a subretinal haemorrhage involving the central fovea, or, if the size of the haemorrhage is ≥ 50 % of the total lesion area; performed or planned intraocular surgery within the previous or next 28 days. Risk factors associated with the development of a retinal pigment epithelial tear after anti-VEGF therapy for nAMD include a large and/or high pigment epithelial retinal detachment. When initiating aflibercept therapy, caution should be used in patients with these risk factors for retinal pigment epithelial tears. Eylea 114.3 mg/ml should not be used during pregnancy unless the potential benefit outweighs the potential risk to the foetus. Women of childbearing potential must use effective contraception during treatment and for at least 4 months after the last intravitreal injection with Eylea 114.3 mg/ml. As a precautionary measure, breastfeeding is not recommended. Populations with limited data: There are limited data on the use of aflibercept in pregnant women. There is only limited experience with Eylea treatment in diabetic patients with an HbA1c over 12 % or with proliferative diabetic retinopathy. Eylea has not been studied in patients with active systemic infections or in patients with concurrent eye conditions such as retinal detachment or macular hole. There is also no experience of treatment with Eylea in diabetic patients with uncontrolled hypertension. This lack of information should be considered by the physician when treating such patients. Information about excipients: Polysorbates may cause allergic reactions. **Undesirable effects:** As reported in patients with nAMD or DME treated with Eylea 114.3 mg/ml in Phase II/III studies up to 96 weeks. **Common:** Hypersensitivity (including rash, pruritus, urticaria), Cataract, Intraocular pressure increased, Vitreous floaters, Vitreous detachment, Vitreous haemorrhage, Retinal haemorrhage, Visual acuity reduced, Eye pain, Conjunctival haemorrhage, Punctate keratitis, Corneal abrasion. **Uncommon:** Retinal detachment, Retinal tear, Retinal pigment epithelial tear, Detachment of the retinal pigment epithelium, Uveitis, Iritis, Iridocyclitis, Vitritis, Cataract cortical, Cataract nuclear, Cataract subcapsular, Corneal erosion, Vision blurred, Injection site pain, Foreign body sensation in eyes, Lacrimation increased, Injection site haemorrhage, Conjunctival hyperaemia, Eyelid oedema, Ocular hyperaemia, Injection site irritation. **Rare:** Corneal oedema, Lenticular opacities, Retinal degeneration, Eyelid irritation. **Frequency not known:** Scleritis. The following adverse reactions of Eylea 40 mg/ml are also considered expected with Eylea 114.3 mg/ml: abnormal sensation in eye, corneal epithelium defect, anterior chamber flare, endophthalmitis, blindness, traumatic cataract, hypopyon, severe anaphylactic/anaphylactoid reactions. **Description of selected adverse reactions:** Arterial thromboembolic events (ATEs) are adverse reactions potentially related to systemic VEGF inhibition. There is a theoretical risk of ATEs, including stroke and myocardial infarction, following intravitreal use of VEGF inhibitors. A low incidence rate of ATEs was observed in the aflibercept clinical studies in patients with nAMD and DME. Across indications, no notable difference between the groups treated with Eylea 114.3 mg/ml and the comparator groups treated with Eylea 40 mg/ml were observed.

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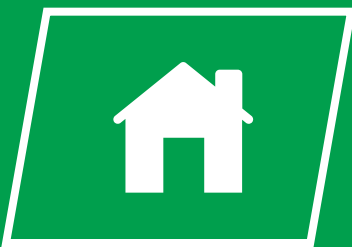
For more information on posology and treatment initiation, please refer to the EYLEA Summary of Product Characteristics. The safety profile observed in the 3 clinical studies (CANDELA, PULSAR, PHOTON) was similar in patients treated with EYLEA 114.3mg/mL and EYLEA 40mg/mL in patients with nAMD and DME. For more information on the safety profile, please refer to the EYLEA Summary of Product Characteristics.

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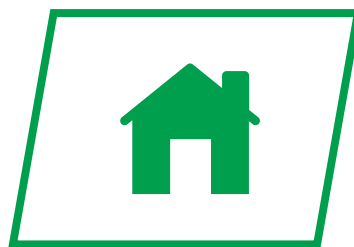
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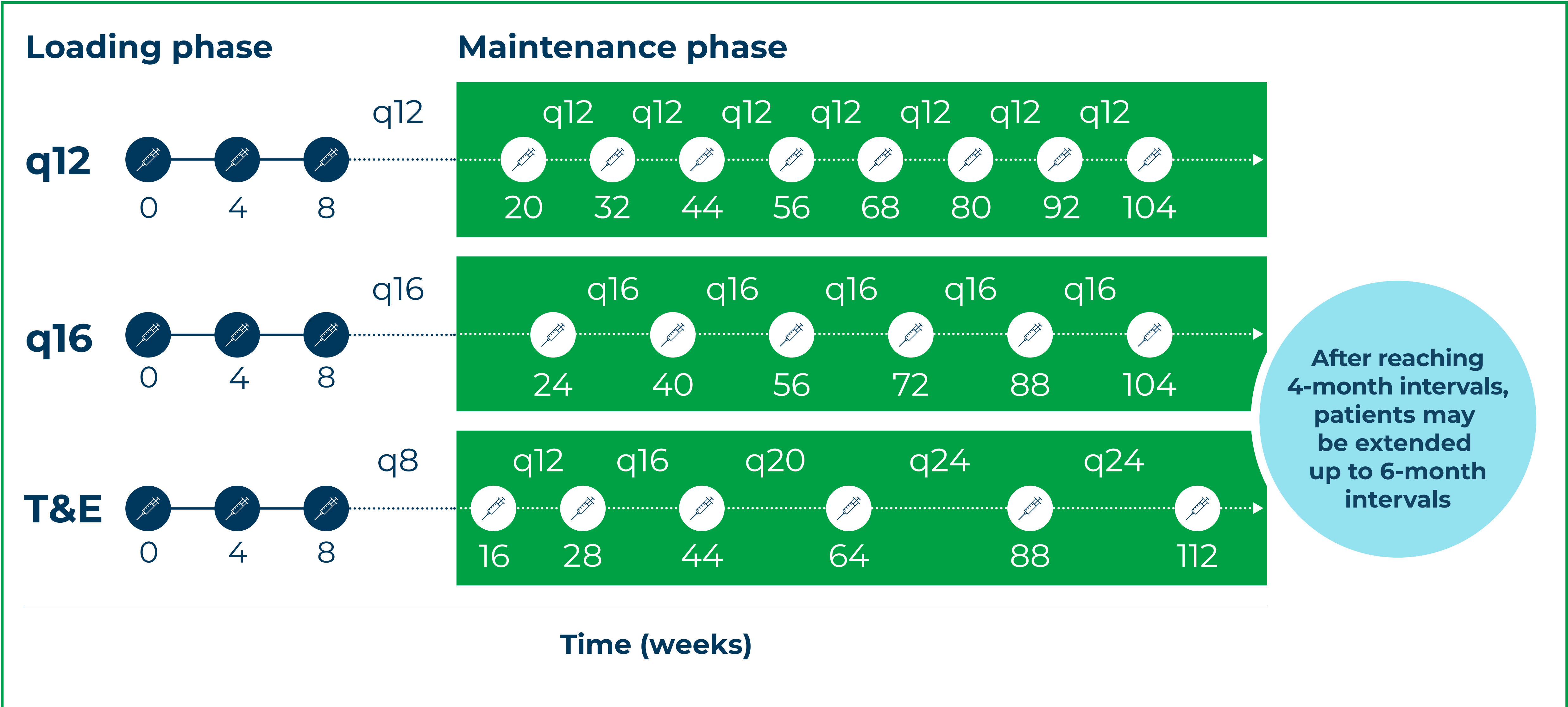
EYLEA 8mg DOSING



THE FIRST AND ONLY ANTI-VEGF THAT OFFERS PATIENTS UP TO 6 MONTHS BETWEEN INJECTIONS IN BOTH nAMD AND DME¹

Treatment-naïve patients

After only 3 monthly loading doses in both nAMD and DME, EYLEA 8mg offers the potential either to extend to q12 or q16 fixed dosing directly, or to use your clinic's extension method, such as T&E¹



Time (weeks)

After reaching 4-month intervals, patients may be extended up to 6-month intervals

Example T&E regimen for illustrative purposes only.

Previously treated patients

EYLEA 8mg offers the opportunity to extend patients previously treated with other anti-VEGFs¹

Patients with stable visual and anatomic outcomes	Previous treatment intervals can be maintained or extended after the first injection of EYLEA 8mg, such as with a T&E regimen
Patients with suboptimal visual and/or anatomic outcomes	Treatment with EYLEA 8mg may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a T&E regimen

If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between two injections is two months in the maintenance phase. EYLEA at monthly doses of 8mg has not been studied for more than 3 consecutive doses.¹



REFERENCE

1. EYLEA® 8 mg (aflibercept 114.3 mg/mL, solution for injection) Summary of Product Characteristics. Berlin, Germany: Bayer Pharma AG.

ABBREVIATIONS

DME, diabetic macular oedema; nAMD, neovascular (wet) age-related macular degeneration; q8, every 8 weeks; q12, every 12 weeks; q16, every 16 weeks; q20, every 20 weeks; q24, every 24 weeks; T&E, treat and extend; VEGF, vascular endothelial growth factor.



Essential Information



ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
(Refer to full SmPC before prescribing.)

Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. **Excipients:** Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

both eyes have not been systematically studied. If bilateral treatment is performed at the same time this could lead to an increased systemic exposure, which could increase the risk of systemic adverse events. Limited data are available on the concomitant use of Eylea with other anti-VEGF medicinal products (systemic or ocular). Treatment should be withheld in the event of: a decrease in best corrected visual acuity (BCVA) of ≥ 30 letters compared with the last assessment of visual acuity; a rhegmatogenous retinal detachment or stage 3 or 4 macular holes; a retinal break; a subretinal haemorrhage involving the central fovea, or, if the size of the haemorrhage is ≥ 50 % of the total lesion area; performed or planned intraocular surgery within the previous or next 28 days. Risk factors associated with the development of a retinal pigment epithelial tear after anti-VEGF therapy for nAMD include a large and/or high pigment epithelial retinal detachment. When initiating aflibercept therapy, caution should be used in patients with these risk factors for retinal pigment epithelial tears. Eylea 114.3 mg/ml should not be used during pregnancy unless the potential benefit outweighs the potential risk to the foetus. Women of childbearing potential must use effective contraception during treatment and for at least 4 months after the last intravitreal injection with Eylea 114.3 mg/ml. As a precautionary measure, breastfeeding is not recommended. Populations with limited data: There are limited data on the use of aflibercept in pregnant women. There is only limited experience with Eylea treatment in diabetic patients with an HbA1c over 12 % or with proliferative diabetic retinopathy. Eylea has not been studied in patients with active systemic infections or in patients with concurrent eye conditions such as retinal detachment or macular hole. There is also no experience of treatment with Eylea in diabetic patients with uncontrolled hypertension. This lack of information should be considered by the physician when treating such patients. Information about excipients: Polysorbates may cause allergic reactions. **Undesirable effects:** As reported in patients with nAMD or DME treated with Eylea 114.3 mg/ml in Phase II/III studies up to 96 weeks. **Common:** Hypersensitivity (including rash, pruritus, urticaria), Cataract, Intraocular pressure increased, Vitreous floaters, Vitreous detachment, Vitreous haemorrhage, Retinal haemorrhage, Visual acuity reduced, Eye pain, Conjunctival haemorrhage, Punctate keratitis, Corneal abrasion. **Uncommon:** Retinal detachment, Retinal tear, Retinal pigment epithelial tear, Detachment of the retinal pigment epithelium, Uveitis, Iritis, Iridocyclitis, Vitritis, Cataract cortical, Cataract nuclear, Cataract subcapsular, Corneal erosion, Vision blurred, Injection site pain, Foreign body sensation in eyes, Lacrimation increased, Injection site haemorrhage, Conjunctival hyperaemia, Eyelid oedema, Ocular hyperaemia, Injection site irritation. **Rare:** Corneal oedema, Lenticular opacities, Retinal degeneration, Eyelid irritation. **Frequency not known:** Scleritis. The following adverse reactions of Eylea 40 mg/ml are also considered expected with Eylea 114.3 mg/ml: abnormal sensation in eye, corneal epithelium defect, anterior chamber flare, endophthalmitis, blindness, traumatic cataract, hypopyon, severe anaphylactic/anaphylactoid reactions. **Description of selected adverse reactions:** Arterial thromboembolic events (ATEs) are adverse reactions potentially related to systemic VEGF inhibition. There is a theoretical risk of ATEs, including stroke and myocardial infarction, following intravitreal use of VEGF inhibitors. A low incidence rate of ATEs was observed in the aflibercept clinical studies in patients with nAMD and DME. Across indications, no notable difference between the groups treated with Eylea 114.3 mg/ml and the comparator groups treated with Eylea 40 mg/ml were observed.

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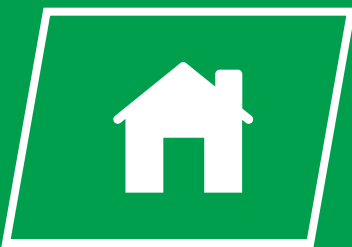
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ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
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Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. *Excipients:* Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

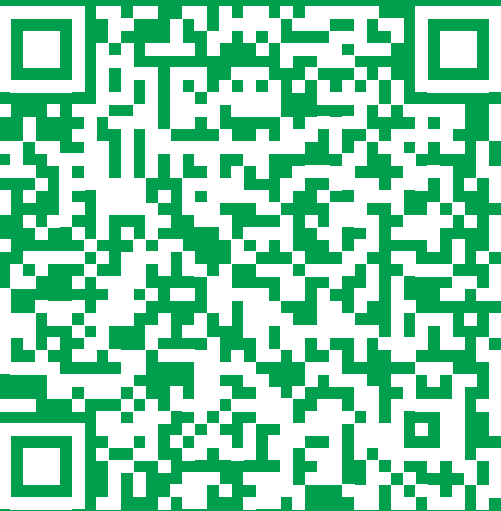
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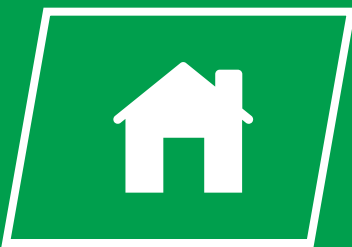
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OCUCLICK



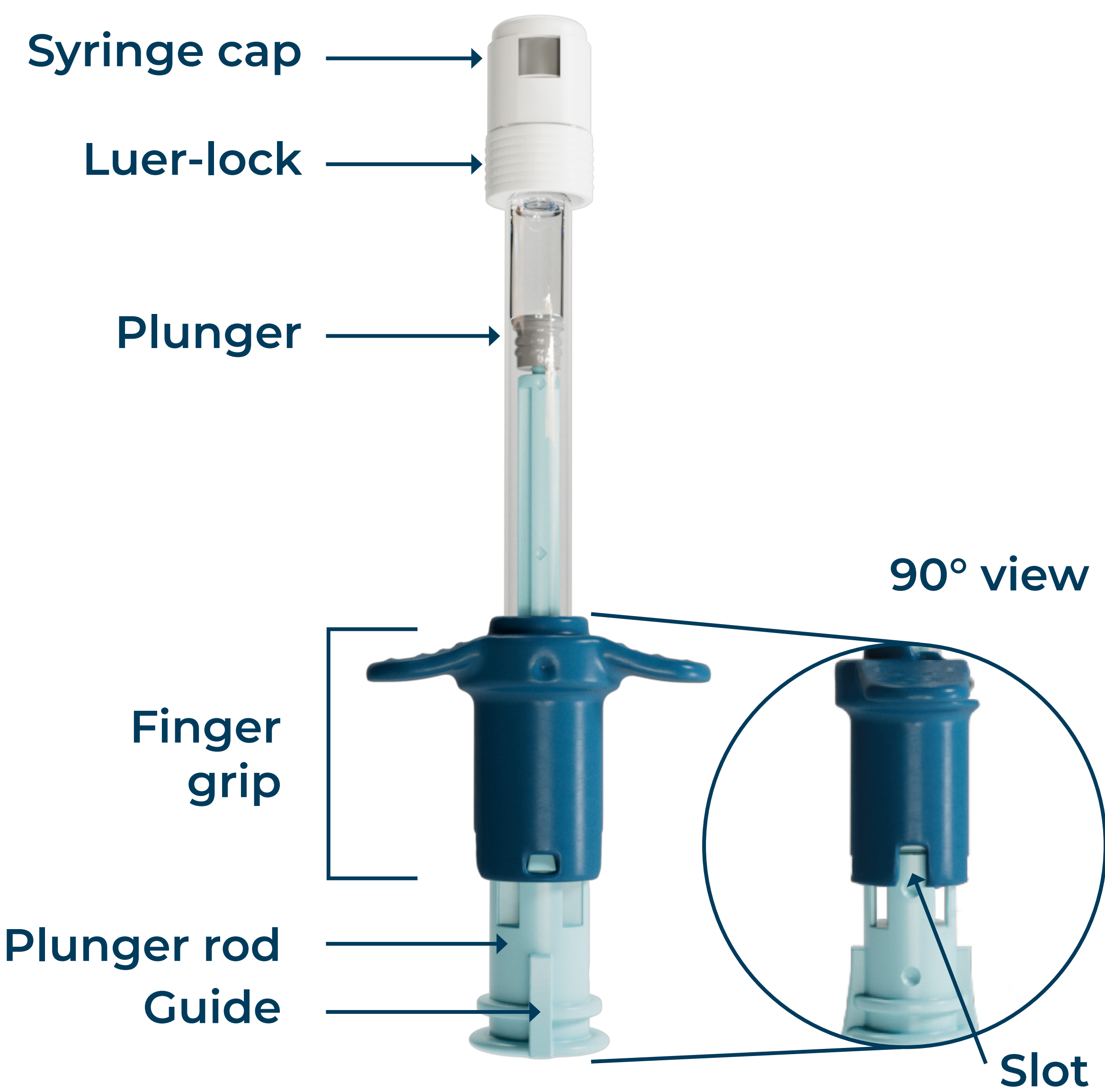
OCUCLICK

HOW TO INJECT

INJECT WITH CONFIDENCE, WITH OCUCLICK

OcuClick delivers next-generation precision, simplicity and efficiency¹

The EYLEA 8mg pre-filled syringe



- **Simple, intuitive priming**, reducing time required per injection¹
- Mechanical dose setting for **precise drug delivery**¹
- Ergonomically designed for control, **comfort and injection stability**¹



References

Essential Information



REFERENCE

1. EYLEA[®] 8 mg (aflibercept 114.3 mg/mL, solution for injection) Summary of Product Characteristics. Berlin, Germany: Bayer Pharma AG.

FOOTNOTES

- ^aBefore injection: Check the label on the pre-filled syringe to ensure you have the strength of EYLEA that you intend to use; the EYLEA 8mg dose requires use of the EYLEA 114.3mg/mL pre-filled syringe. Remove the pre-filled syringe from the packaging only when ready to inject. Ensure that you use aseptic technique. Carefully peel open the blister, ensuring the sterility of its contents. Keep the syringe in the sterile tray until you are ready to attach the injection needle. Do not use the pre-filled syringe if particulates, cloudiness or discolouration are visible. Do not use if any part of the pre-filled syringe is damaged, loose or if the syringe cap is detached from the Luer-lock.¹
- ^bThe intravitreal injection should be performed with a 30 G × ½ inch injection needle (not included). Use of a smaller size needle (higher gauge) than the recommended 30 G × ½ inch injection needle may result in increased injection forces.¹
- ^cOcuClick is for single use in one eye only. Extraction of multiple doses from a single pre-filled syringe may increase the risk of contamination and subsequent infection.¹



Essential Information



ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
(Refer to full SmPC before prescribing.)

Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. **Excipients:** Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

both eyes have not been systematically studied. If bilateral treatment is performed at the same time this could lead to an increased systemic exposure, which could increase the risk of systemic adverse events. Limited data are available on the concomitant use of Eylea with other anti-VEGF medicinal products (systemic or ocular). Treatment should be withheld in the event of: a decrease in best corrected visual acuity (BCVA) of ≥ 30 letters compared with the last assessment of visual acuity; a rhegmatogenous retinal detachment or stage 3 or 4 macular holes; a retinal break; a subretinal haemorrhage involving the central fovea, or, if the size of the haemorrhage is ≥ 50 % of the total lesion area; performed or planned intraocular surgery within the previous or next 28 days. Risk factors associated with the development of a retinal pigment epithelial tear after anti-VEGF therapy for nAMD include a large and/or high pigment epithelial retinal detachment. When initiating aflibercept therapy, caution should be used in patients with these risk factors for retinal pigment epithelial tears. Eylea 114.3 mg/ml should not be used during pregnancy unless the potential benefit outweighs the potential risk to the foetus. Women of childbearing potential must use effective contraception during treatment and for at least 4 months after the last intravitreal injection with Eylea 114.3 mg/ml. As a precautionary measure, breastfeeding is not recommended. Populations with limited data: There are limited data on the use of aflibercept in pregnant women. There is only limited experience with Eylea treatment in diabetic patients with an HbA1c over 12 % or with proliferative diabetic retinopathy. Eylea has not been studied in patients with active systemic infections or in patients with concurrent eye conditions such as retinal detachment or macular hole. There is also no experience of treatment with Eylea in diabetic patients with uncontrolled hypertension. This lack of information should be considered by the physician when treating such patients. Information about excipients: Polysorbates may cause allergic reactions. **Undesirable effects:** As reported in patients with nAMD or DME treated with Eylea 114.3 mg/ml in Phase II/III studies up to 96 weeks. **Common:** Hypersensitivity (including rash, pruritus, urticaria), Cataract, Intraocular pressure increased, Vitreous floaters, Vitreous detachment, Vitreous haemorrhage, Retinal haemorrhage, Visual acuity reduced, Eye pain, Conjunctival haemorrhage, Punctate keratitis, Corneal abrasion. **Uncommon:** Retinal detachment, Retinal tear, Retinal pigment epithelial tear, Detachment of the retinal pigment epithelium, Uveitis, Iritis, Iridocyclitis, Vitritis, Cataract cortical, Cataract nuclear, Cataract subcapsular, Corneal erosion, Vision blurred, Injection site pain, Foreign body sensation in eyes, Lacrimation increased, Injection site haemorrhage, Conjunctival hyperaemia, Eyelid oedema, Ocular hyperaemia, Injection site irritation. **Rare:** Corneal oedema, Lenticular opacities, Retinal degeneration, Eyelid irritation. **Frequency not known:** Scleritis. The following adverse reactions of Eylea 40 mg/ml are also considered expected with Eylea 114.3 mg/ml: abnormal sensation in eye, corneal epithelium defect, anterior chamber flare, endophthalmitis, blindness, traumatic cataract, hypopyon, severe anaphylactic/anaphylactoid reactions. **Description of selected adverse reactions:** Arterial thromboembolic events (ATEs) are adverse reactions potentially related to systemic VEGF inhibition. There is a theoretical risk of ATEs, including stroke and myocardial infarction, following intravitreal use of VEGF inhibitors. A low incidence rate of ATEs was observed in the aflibercept clinical studies in patients with nAMD and DME. Across indications, no notable difference between the groups treated with Eylea 114.3 mg/ml and the comparator groups treated with Eylea 40 mg/ml were observed.

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Bayer AG, 51368 Leverkusen, Germany.
Date of revision of the underlying Prescribing Information: June 2025.

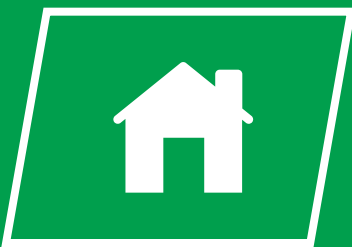
For more information on posology and treatment initiation, please refer to the EYLEA Summary of Product Characteristics. The safety profile observed in the 3 clinical studies (CANDELA, PULSAR, PHOTON) was similar in patients treated with EYLEA 114.3mg/mL and EYLEA 40mg/mL in patients with nAMD and DME. For more information on the safety profile, please refer to the EYLEA Summary of Product Characteristics.

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Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system.



For more information on the product, please refer to full Summary of Product Characteristics by scanning this QR code or directly on the EMA website (<https://www.ema.europa.eu/en/medicines/human/EPAR/eylea>).
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ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
(Refer to full SmPC before prescribing.)

Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. *Excipients:* Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

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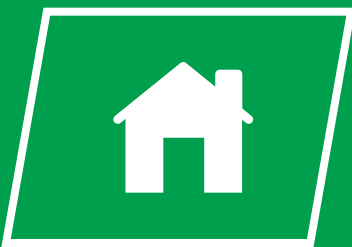
For more information on posology and treatment initiation, please refer to the EYLEA Summary of Product Characteristics. The safety profile observed in the 3 clinical studies (CANDELA, PULSAR, PHOTON) was similar in patients treated with EYLEA 114.3mg/mL and EYLEA 40mg/mL in patients with nAMD and DME. For more information on the safety profile, please refer to the EYLEA Summary of Product Characteristics.

On prescription only. Administration only by a qualified physician experienced in administering intravitreal injections. Refer to full Summary of Product Characteristics before prescribing. Additional risk minimisation measures have been developed for healthcare professionals (a prescriber's guide and video on how to prepare and inject EYLEA) and patients. The prescriber's guide aims to raise awareness of the risks associated with intravitreal injections. The purpose of the patient guide is to inform patients about the disease, treatment, injection procedure and symptoms of injection-related side effects. It is recommended to read these documents before prescribing this drug and giving the guide to the patient. These documents are available upon request.

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system.



For more information on the product, please refer to full Summary of Product Characteristics by scanning this QR code or directly on the EMA website (<https://www.ema.europa.eu/en/medicines/human/EPAR/eylea>). Marketing Authorisation Holder: Bayer AG, 51368 Leverkusen, Germany.



OCUCLICK



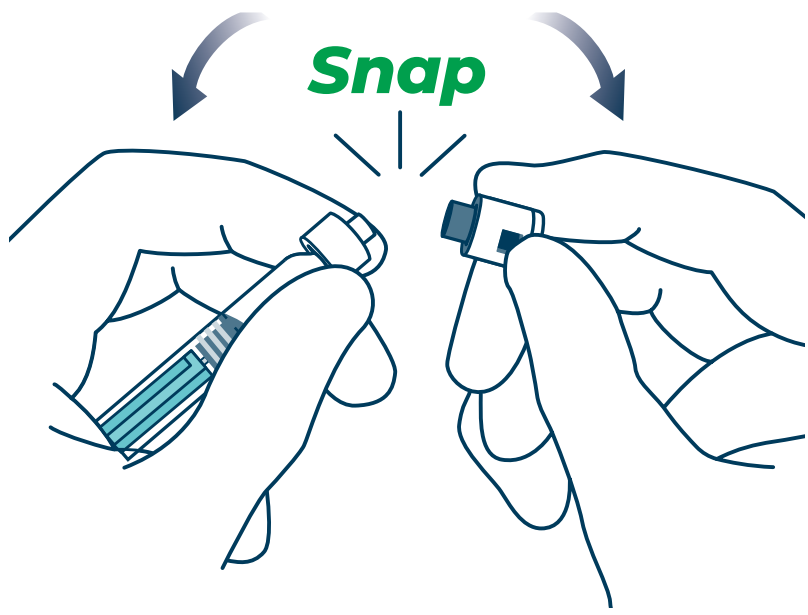
OCUCLICK

HOW TO INJECT

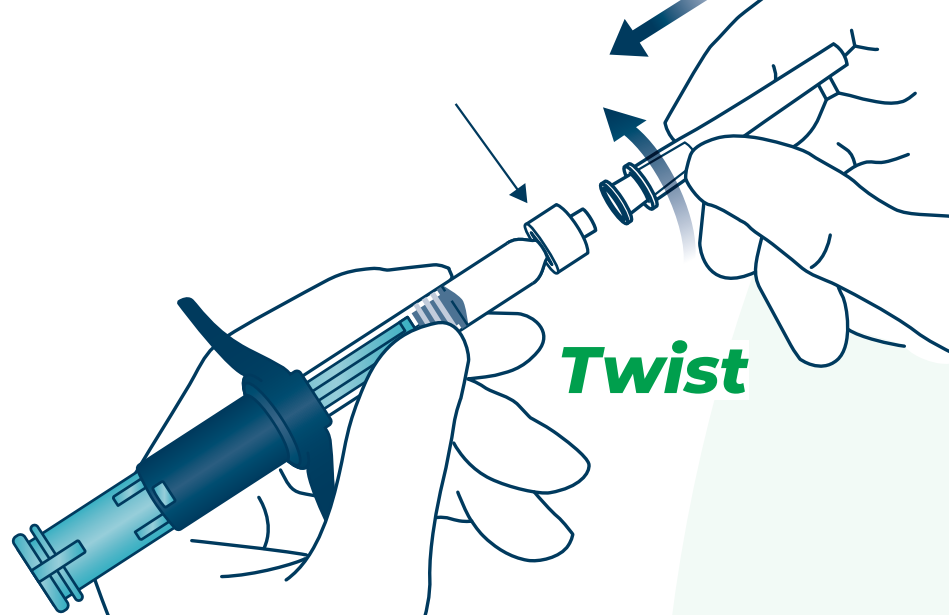
KEY STEPS FOR INJECTING WITH OCUCLICK¹

Administer EYLEA® (aflibercept) 8mg with a simple priming process^{1,a}
Ensure that you use aseptic technique

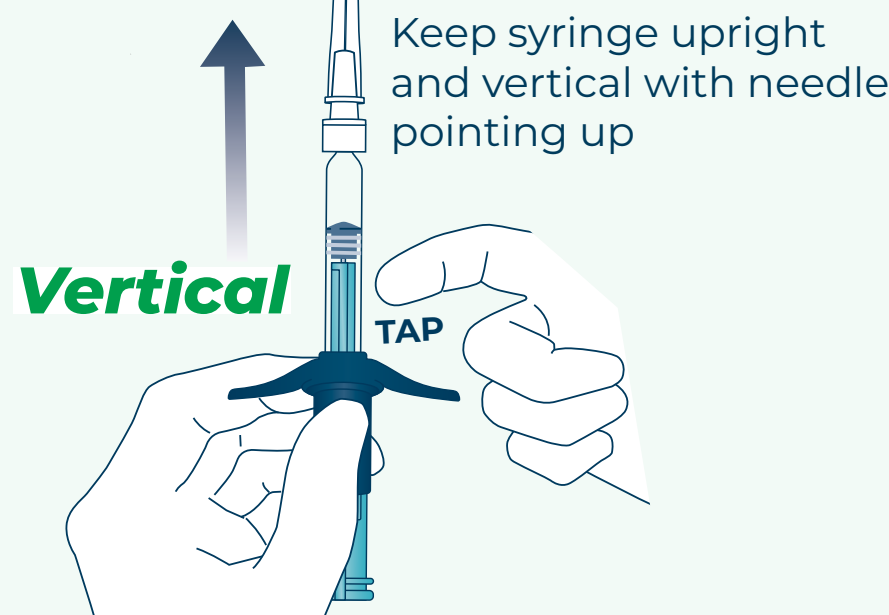
1 Snap off syringe cap
(do not twist off)



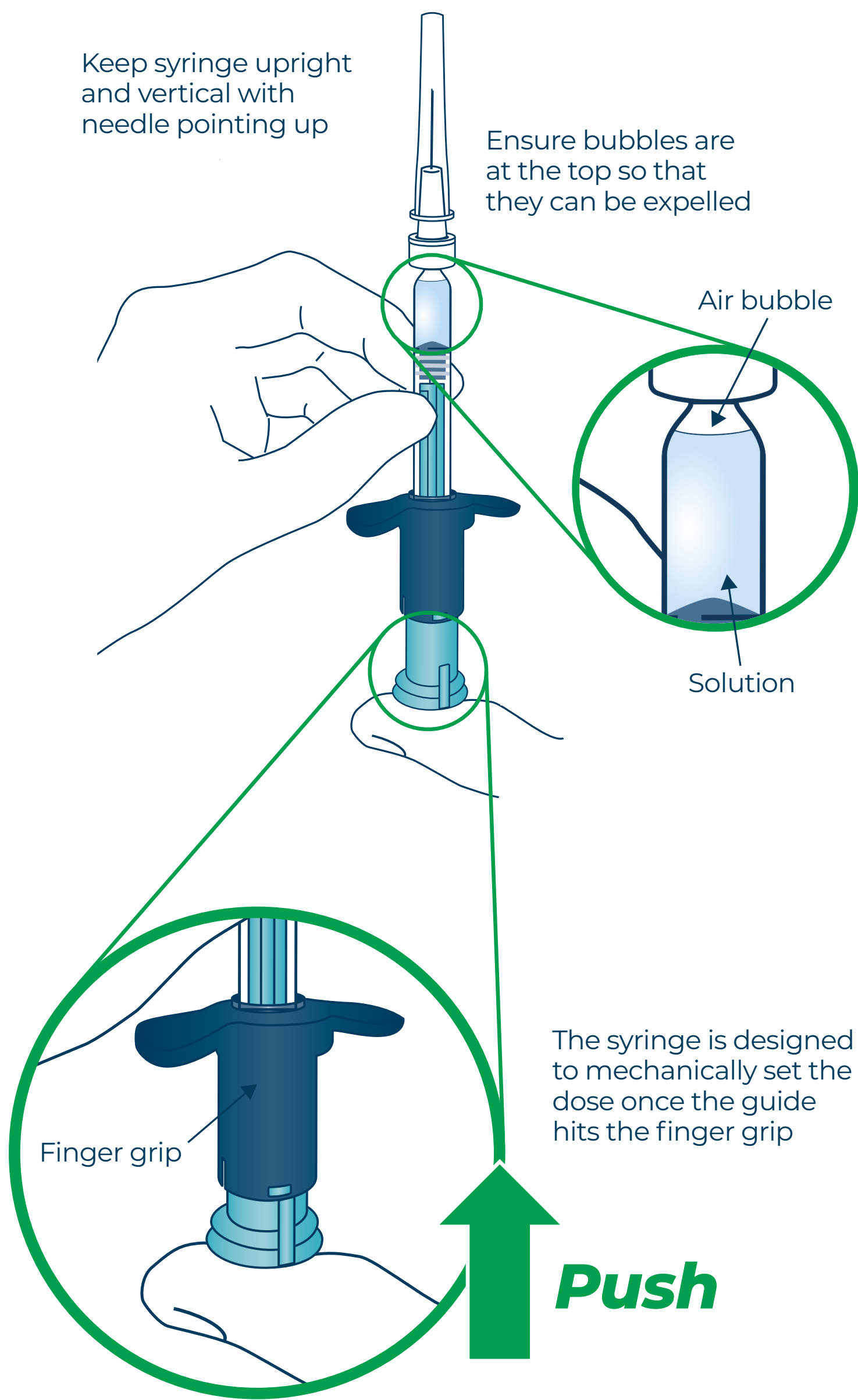
2 Attach needle^b



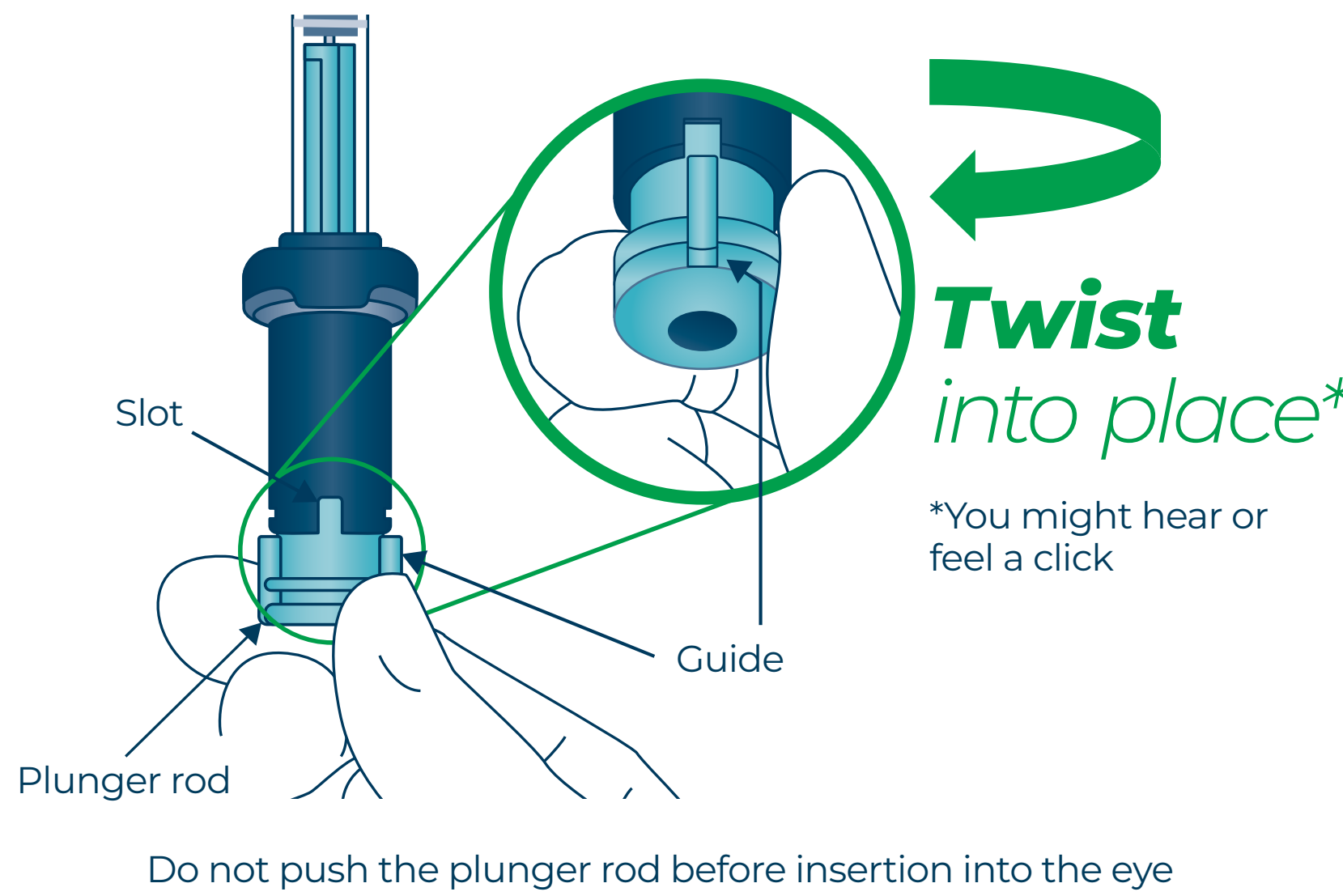
3 Dislodge air bubbles



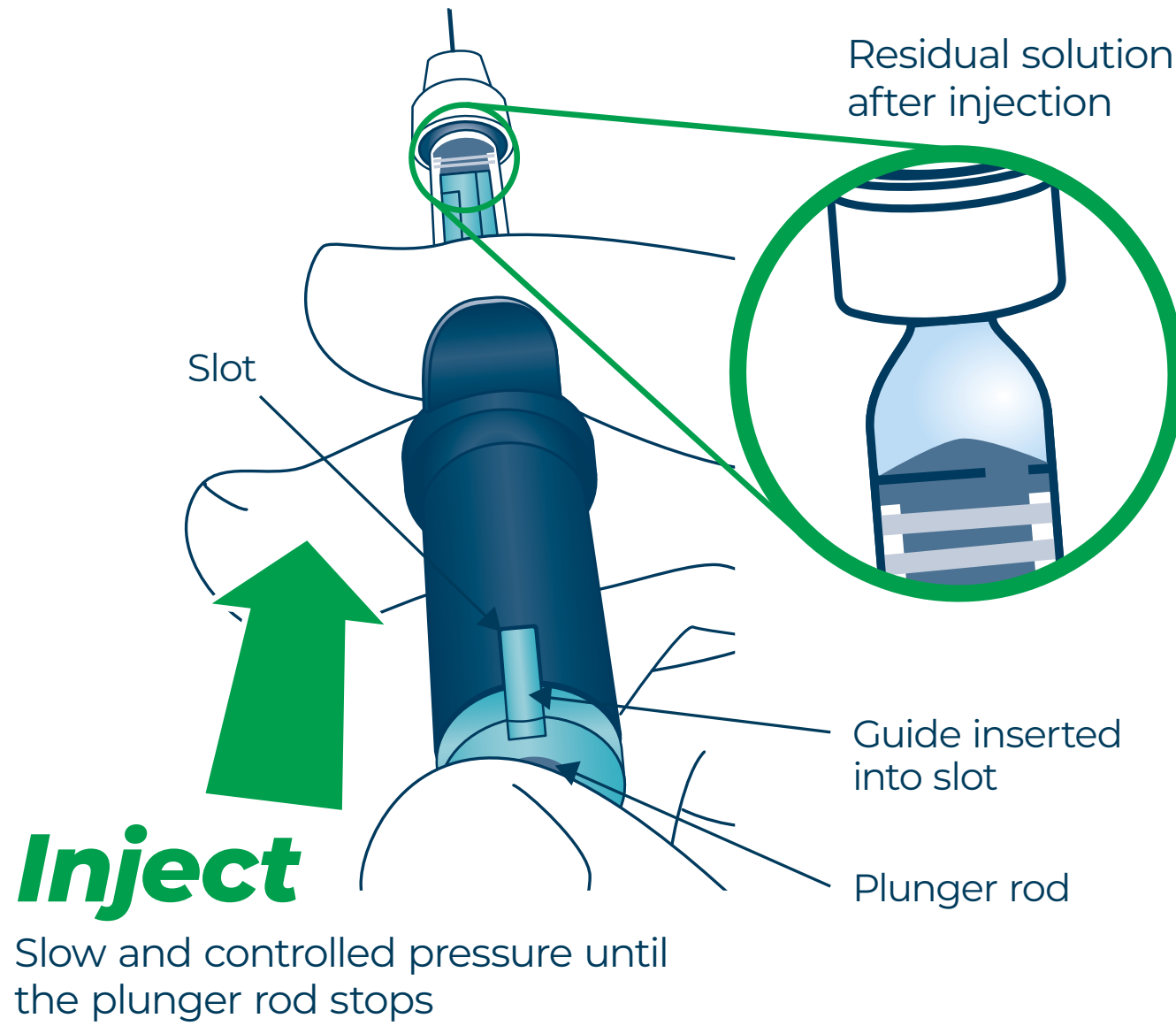
4 Push the plunger rod to expel air and excess volume



5 Twist the plunger rod until the guide is aligned with the slot



6 Remove the needle shield, insert the needle into the ocular injection site, and administer the injection^c



Always consult the Summary of Product Characteristics before use.

Additional risk minimisation measures have been developed for healthcare professionals (a prescriber's guide and video on how to prepare and inject EYLEA) and patients. The prescriber's guide aims to raise awareness of the risks associated with intravitreal injections. The purpose of the patient guide is to inform patients about the disease, treatment, injection procedure and symptoms of injection-related side effects. It is recommended to read these documents before prescribing this drug and giving the guide to the patient. These documents are available upon request.

References

Essential Information



REFERENCE

1. EYLEA® 8 mg (aflibercept 114.3 mg/mL, solution for injection) Summary of Product Characteristics. Berlin, Germany: Bayer Pharma AG.

FOOTNOTES

- ^aBefore injection: Check the label on the pre-filled syringe to ensure you have the strength of EYLEA that you intend to use; the EYLEA 8mg dose requires use of the EYLEA 114.3mg/mL pre-filled syringe. Remove the pre-filled syringe from the packaging only when ready to inject. Ensure that you use aseptic technique. Carefully peel open the blister, ensuring the sterility of its contents. Keep the syringe in the sterile tray until you are ready to attach the injection needle. Do not use the pre-filled syringe if particulates, cloudiness or discolouration are visible. Do not use if any part of the pre-filled syringe is damaged, loose or if the syringe cap is detached from the Luer-lock.¹
- ^bThe intravitreal injection should be performed with a 30 G × ½ inch injection needle (not included). Use of a smaller size needle (higher gauge) than the recommended 30 G × ½ inch injection needle may result in increased injection forces.¹
- ^cOcuClick is for single use in one eye only. Extraction of multiple doses from a single pre-filled syringe may increase the risk of contamination and subsequent infection.¹



Essential Information



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Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
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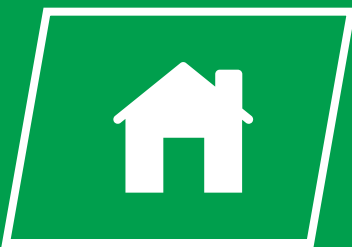
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For more information on the product, please refer to full Summary of Product Characteristics by scanning this QR code or directly on the EMA website (<https://www.ema.europa.eu/en/medicines/human/EPAR/eylea>). Marketing Authorisation Holder: Bayer AG, 51368 Leverkusen, Germany.





ESSENTIAL INFORMATION FOR EYLEA 114.3 MG/ML SOLUTION FOR INJECTION

Eylea 114.3 mg/ml solution for injection in a vial.
Eylea 114.3 mg/ml solution for injection in pre-filled syringe.
(Refer to full SmPC before prescribing.)

Composition: Each vial contains 30.1 mg aflibercept in 0.263 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. Each pre-filled syringe contains 21 mg aflibercept in 0.184 ml solution. This provides a usable amount to deliver a single dose of 0.07 ml containing 8 mg aflibercept. **Excipients:** Sucrose, Arginine hydrochloride, Histidine hydrochloride monohydrate, Histidine, Polysorbate 20, Water for injections. **Indication:** Eylea is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (nAMD) and visual impairment due to diabetic macular oedema (DME). **Administration and dosage:** For intravitreal injection only. The vial or pre-filled syringe is for single use in one eye only. Extraction of multiple doses from a single vial or pre-filled syringe may increase the risk of contamination and subsequent infection. Administration only by a qualified physician experienced in administering intravitreal injections. Recommended dose: 8 mg aflibercept, equivalent to 0.07 ml solution. The posology is the same for the nAMD and DME indications. For nAMD and DME, patients who are initiating treatment, Eylea is administered with 1 injection per month for 3 consecutive doses. Injection intervals may then be extended up to every 4 months based on the physician's judgement of visual and/or anatomic outcomes. Subsequently, the treatment intervals may be further extended up to 6 months, such as with a treat-and-extend dosing regimen, while maintaining stable visual and/or anatomic outcomes. For patients who have previously been treated with Eylea 40 mg/ml or other anti-VEGF medicinal products and are switching to Eylea 114.3 mg/ml, treatment intervals should be determined based on visual and/or anatomic outcomes. In patients with stable visual and anatomic outcomes, previous treatment intervals can be maintained or extended after the first injection of Eylea 114.3 mg/ml, such as with a treat-and-extend dosing regimen. In patients with suboptimal visual and/or anatomic outcomes, treatment with Eylea 114.3 mg/ml may begin with 1 injection per month for up to 3 consecutive doses followed by adjustment of injection intervals, such as with a treat-and-extend dosing regimen. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly based on the physician's discretion. The shortest interval between 2 injections is 2 months in the maintenance phase. Eylea at monthly doses of 8 mg has not been studied for more than 3 consecutive doses. The frequency of monitoring visits should be based on the patient's status and at the physician's discretion. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed. Ocular or periocular infection. Active severe intraocular inflammation (IOI). **Warnings and precautions:** Intravitreal injections, including those with Eylea, have been associated with endophthalmitis, IOI, retinal detachment, retinal tear and traumatic cataract. Aseptic injection techniques are essential. Patients should be instructed to report any symptoms suggestive of endophthalmitis or any of the above mentioned events without delay and should be managed appropriately. Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of an intravitreal injection, including those with Eylea. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). In all cases, IOP and perfusion of optic nerve head must be monitored and managed appropriately. Potential for immunogenicity. Instruct patients to report any signs or symptoms of IOI, e.g., pain, photophobia, or redness, which may be a clinical sign attributable to hypersensitivity. Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. There are limited data on safety in the treatment of patients with nAMD and DME with a history of stroke, transient ischaemic attacks or myocardial infarction within the last 6 months. Caution should be exercised when treating such patients. Safety and efficacy of concurrent use in

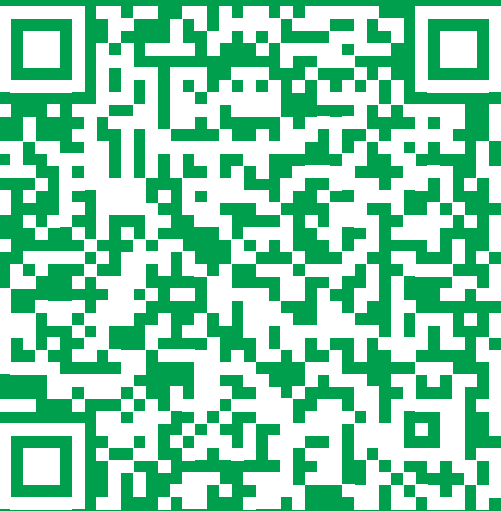
both eyes have not been systematically studied. If bilateral treatment is performed at the same time this could lead to an increased systemic exposure, which could increase the risk of systemic adverse events. Limited data are available on the concomitant use of Eylea with other anti-VEGF medicinal products (systemic or ocular). Treatment should be withheld in the event of: a decrease in best corrected visual acuity (BCVA) of ≥ 30 letters compared with the last assessment of visual acuity; a rhegmatogenous retinal detachment or stage 3 or 4 macular holes; a retinal break; a subretinal haemorrhage involving the central fovea, or, if the size of the haemorrhage is ≥ 50 % of the total lesion area; performed or planned intraocular surgery within the previous or next 28 days. Risk factors associated with the development of a retinal pigment epithelial tear after anti-VEGF therapy for nAMD include a large and/or high pigment epithelial retinal detachment. When initiating aflibercept therapy, caution should be used in patients with these risk factors for retinal pigment epithelial tears. Eylea 114.3 mg/ml should not be used during pregnancy unless the potential benefit outweighs the potential risk to the foetus. Women of childbearing potential must use effective contraception during treatment and for at least 4 months after the last intravitreal injection with Eylea 114.3 mg/ml. As a precautionary measure, breastfeeding is not recommended. Populations with limited data: There are limited data on the use of aflibercept in pregnant women. There is only limited experience with Eylea treatment in diabetic patients with an HbA1c over 12 % or with proliferative diabetic retinopathy. Eylea has not been studied in patients with active systemic infections or in patients with concurrent eye conditions such as retinal detachment or macular hole. There is also no experience of treatment with Eylea in diabetic patients with uncontrolled hypertension. This lack of information should be considered by the physician when treating such patients. Information about excipients: Polysorbates may cause allergic reactions. **Undesirable effects:** As reported in patients with nAMD or DME treated with Eylea 114.3 mg/ml in Phase II/III studies up to 96 weeks. **Common:** Hypersensitivity (including rash, pruritus, urticaria), Cataract, Intraocular pressure increased, Vitreous floaters, Vitreous detachment, Vitreous haemorrhage, Retinal haemorrhage, Visual acuity reduced, Eye pain, Conjunctival haemorrhage, Punctate keratitis, Corneal abrasion. **Uncommon:** Retinal detachment, Retinal tear, Retinal pigment epithelial tear, Detachment of the retinal pigment epithelium, Uveitis, Iritis, Iridocyclitis, Vitritis, Cataract cortical, Cataract nuclear, Cataract subcapsular, Corneal erosion, Vision blurred, Injection site pain, Foreign body sensation in eyes, Lacrimation increased, Injection site haemorrhage, Conjunctival hyperaemia, Eyelid oedema, Ocular hyperaemia, Injection site irritation. **Rare:** Corneal oedema, Lenticular opacities, Retinal degeneration, Eyelid irritation. **Frequency not known:** Scleritis. The following adverse reactions of Eylea 40 mg/ml are also considered expected with Eylea 114.3 mg/ml: abnormal sensation in eye, corneal epithelium defect, anterior chamber flare, endophthalmitis, blindness, traumatic cataract, hypopyon, severe anaphylactic/anaphylactoid reactions. Description of selected adverse reactions: Arterial thromboembolic events (ATEs) are adverse reactions potentially related to systemic VEGF inhibition. There is a theoretical risk of ATEs, including stroke and myocardial infarction, following intravitreal use of VEGF inhibitors. A low incidence rate of ATEs was observed in the aflibercept clinical studies in patients with nAMD and DME. Across indications, no notable difference between the groups treated with Eylea 114.3 mg/ml and the comparator groups treated with Eylea 40 mg/ml were observed.

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Bayer AG, 51368 Leverkusen, Germany.
Date of revision of the underlying Prescribing Information: June 2025.

For more information on posology and treatment initiation, please refer to the EYLEA Summary of Product Characteristics. The safety profile observed in the 3 clinical studies (CANDELA, PULSAR, PHOTON) was similar in patients treated with EYLEA 114.3mg/mL and EYLEA 40mg/mL in patients with nAMD and DME. For more information on the safety profile, please refer to the EYLEA Summary of Product Characteristics.

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