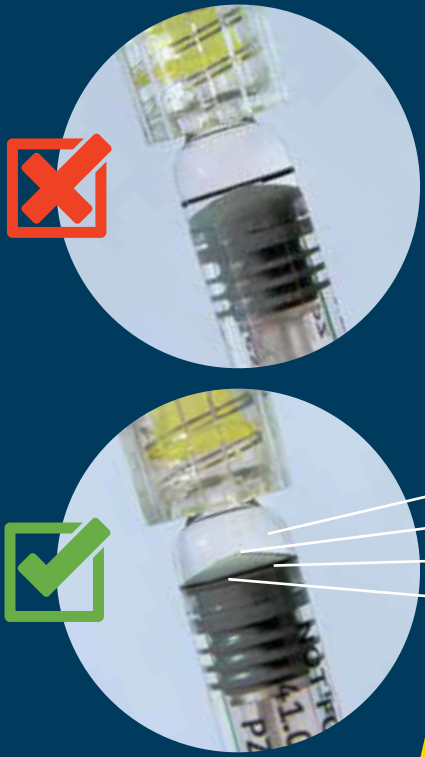
SET THE BASE ON THE LINE
GET THE RIGHT DOSE EVERY TIME

PRE-FILLED SYRINGE

KEY STEPS TO SETTING THE RIGHT DOSE[1]

1. Using aseptic technique, attach the needle to the syringe, eliminate all bubbles, and express drug by slowly depressing the plunger.
2. Stop when the base of the plunger dome (not the tip of the dome) is align with the dosing line on the syringe.
3. The correct dose of 0.05 mL is now set.

Any residual solution observed in the syringe after the injection is production-related and was taken into account in the development of the pre-filled syringe. Do not administer this residual solution.



SET THE LINE EVERY TIME

EYLEA® 2mg
(aflibercept 40mg/ml, solution for injection)

Reference: 1. Eylea 2mg SPC as approved by the Israeli MoH.

Indications: Eylea 2mg is indicated for adults for treatment of neovascular (wet) age-related macular degeneration (AMD), visual impairment due to macular oedema secondary to retinal vein occlusion (branch RVO or central RVO), visual impairment due to diabetic macular oedema (DME) and visual impairment due to myopic choroidal neovascularisation (myopic CNV). Contraindications: Hypersensitivity to aflibercept or to any of the excipients. Active or suspected ocular or periocular infection. Active severe intraocular inflammation. Main Warnings and Precautions: Intravitreal injections have been associated with endophthalmitis, intraocular inflammation, rhegmatogenous retinal detachment, retinal tear and iatrogenic traumatic cataract. Increases in intraocular pressure (IOP) were seen within 60 min. of intravitreal injection. Special precaution is needed in poorly controlled glaucoma (no injection while IOP is ≥ 30 mmHg). Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors. Safety and efficacy of concurrent use in both eyes have not been systematically studied. Eylea 2mg should not be used in pregnancy unless the potential benefit outweighs the potential risk to the foetus. Women of childbearing potential have to use effective contraception during treatment and for at least 3 months after the last intravitreal injection of aflibercept. In patients presenting with clinical signs of irreversible ischaemic visual function loss, the treatment is not recommended. Eylea 2mg has not been studied in patients with active systemic infections, concurrent eye conditions such as retinal detachment or macular hole, or in diabetic patients with uncontrolled hypertension. This lack of information should be considered when treating such patients. In myopic CNV there is no experience with Eylea 2mg in the treatment of patients who have previously undergone treatment for myopic CNV, and patients with extrafoveal lesions. For full safety profile see MOH approved physician prescribing information.

למידע נוסף ולהתוויות יש לפנות לעלון העדכני לרופא כפי שפורסם ע"י משרד הבריאות בישראל.

BAYER

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