

# PRESCRIBER GUIDE TO INTRAVITREAL INJECTIONS WITH



For further information and additional details on EYLEA, please refer to the relevant Summary of Product Characteristics (SmPC). This booklet has been produced by Bayer.

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# CONTENTS

<b>ADULT INDICATION PRESCRIBER GUIDE</b>	4
<b>Key summary information</b>	6
Indications	6
Contraindications	8
Key instructions for use	8
Dosing recommendations	11
Selected instructions for storage and handling	11
Special warnings and precautions for use	12
After the injection	13
<b>General information</b>	14
<b>About EYLEA</b>	15
<b>Product information</b>	16
Special precautions for storage	17
Dosing recommendations	17
<b>Important Safety information about EYLEA</b>	18
Contraindications	18
Special warnings and precautions for use	18
<b>Instructions for use/handling</b>	19
Injection preparation	19
Instructions for use of vial	20
Instructions for use of pre-filled syringe (2 mg dose)	24
Instructions for use of pre-filled syringe (8 mg dose)	26
<b>Injection procedure</b>	30
<b>After the injection</b>	32
<b>Adverse reactions</b>	33
<b>Management of injection-related adverse reactions</b>	34

<b>RETINOPATHY OF PREMATURITY PRESCRIBER GUIDE</b>	37
<b>Key summary information</b>	38
Indication in preterm infants	38
Contraindications	38
Key instructions for use	38
Selected instructions for storage and handling	39
Special warnings and precautions for use	40
<b>General information</b>	43
<b>About EYLEA</b>	44
Therapeutic indication	45
Dosing recommendations	45
<b>Important safety information about EYLEA</b>	46
Contraindications	46
Special warnings and precautions for use	46
<b>Storage and handling of EYLEA</b>	51
Special precautions for storage of the EYLEA pre-filled syringe	51
Storage and handling instructions for the PICLEO paediatric dosing device	52
<b>Instructions for use of EYLEA for ROP</b>	54
General preparation for injection	54
Important information about the PICLEO paediatric dosing device	55
Preparation of administration	57
<b>Injection procedure</b>	62

## ADULT INDICATION PRESCRIBER GUIDE TO INTRAVITREAL INJECTIONS WITH



This guide provides important information on EYLEA<sup>®</sup> 40 mg/ml solution for injection (2 mg aflibercept dose) in a vial and pre-filled syringe and EYLEA<sup>®</sup> 114.3 mg/ml solution for injection (8 mg aflibercept dose) in a vial and pre-filled syringe.

It includes information on the medication itself and how to correctly administer it to your patients.

Please ensure you refer to the correct SmPC for the presentation of EYLEA 2 mg or EYLEA 8 mg based on the QR codes below.

For UK (Great Britain and Northern Ireland) healthcare professionals only:



EYLEA 40 mg/ml  
solution for injection  
(2 mg dose)



EYLEA 114.3 mg/ml  
solution for injection  
(8 mg dose)



EYLEA 40 mg/ml  
solution for injection  
in pre-filled syringe  
(2 mg dose)



EYLEA 114.3 mg/ml  
solution for injection  
in pre-filled syringe  
(8 mg dose)





Please provide your patients with the relevant EYLEA Patient Booklet including its audio version (read out of the Patient Booklet) and the product Patient Information Leaflet.

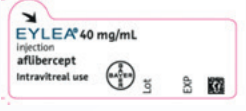
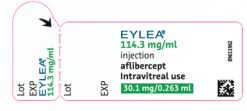





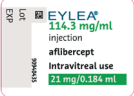
For further information and additional details on EYLEA, please refer to the relevant Summary of Product Characteristics (SmPC). This booklet has been produced by Bayer.

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# KEY SUMMARY INFORMATION

## Differences between EYLEA 40 mg/ml solution for injection (2 mg dose) and EYLEA 114.3 mg/ml solution for injection (8 mg dose)

	EYLEA 40 mg/ml	EYLEA 114.3 mg/ml
Approved indications in adults*	Neovascular (wet) age-related macular degeneration (wAMD), macular oedema secondary to retinal vein occlusion (RVO)(branch RVO [BRVO] or central RVO [CVRO]), diabetic macular oedema (DMO), myopic choroidal neovascularisation (myopic CNV)	wAMD, DMO, macular oedema secondary to RVO (BRVO, CRVO and hemi-RVO [HRVO])
Dose per injection	2 mg	8 mg
Injection volume	0.05 ml	0.07 ml
Presentation	Pre-filled syringe and vial	Pre-filled syringe with OcuClick dosing system and vial
Vial Packaging		
Vial		

Label on vial		
PFS Packaging		
PFS		
Label on PFS		

\*For the use of EYLEA 40 mg/ml in the treatment of retinopathy of prematurity, please refer to the Prescriber Guide for Retinopathy of Prematurity Indication section of this document.

### Contraindications

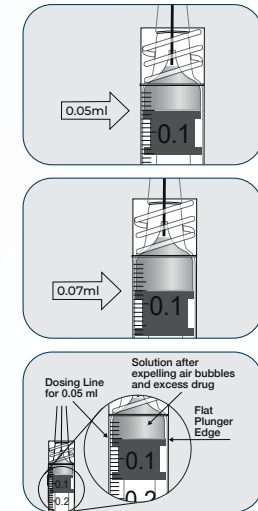
- Hypersensitivity to aflibercept or to any of the excipients listed in section 6.1 of the EYLEA 40 mg/ml solution for injection or EYLEA 114.3 mg/ml solution for injection SmPCs
- Active or suspected ocular or periocular infection
- Active severe intraocular inflammation

### Key instructions for use

- The vials and the pre-filled syringes come with excess volumes. Before injecting, syringes with solution withdrawn from the vial and the pre-filled syringes must be primed to the correct volume for injection according to the steps in the instructions for use. The EYLEA 114.3 mg/ml pre-filled syringe (8 mg dose) does not have a dose line because it is designed to set the dose mechanically, as shown in the key steps summarised below and provided in detail in the instructions for use section of this guide. Priming and setting the dose must be done using the steps below and in the instructions for use section
- Ensure proper aseptic technique including the use of broad-spectrum microbicide to minimise the risk of intraocular infection
- For intravitreal injection, a **30 G x 1/2 inch needle** should be used. Use of a smaller size injection needle (higher gauge) than the 30 G x 1/2 inch injection needle may result in increased injection forces, which may lead to more rapid and uncontrolled intravitreal drug delivery, potentially increasing the risk of ocular adverse events, such as those related to intraocular pressure

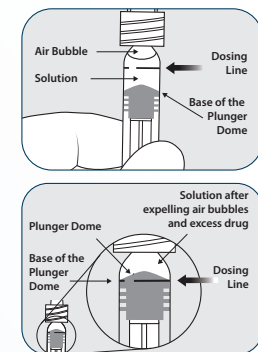
### Vial – EYLEA 40 mg/ml solution for injection (2 mg dose) and EYLEA 114.3 mg/ml solution for injection (8 mg dose):

- Eliminate all bubbles and expel excess medicinal product by slowly depressing the plunger so that the flat plunger edge aligns with the line that marks 0.05 mL on the syringe for the 40 mg/ml vial, and 0.07 mL on the syringe for the 114.3 mg/ml vial



### Pre-filled syringe – EYLEA 40 mg/ml solution for injection (2 mg dose):

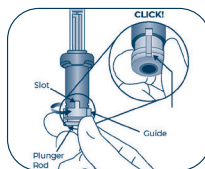
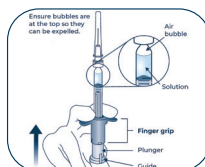
- Expel excess volume and air bubbles from the pre-filled syringe and adjust the base of the plunger dome (NOT the tip) to the dosing line before injection
- Push the plunger slowly and with constant pressure, and do not administer any residual volume remaining in the syringe after injection



### Pre-filled syringe – EYLEA 114.3 mg/ml solution for injection (8 mg dose):

This pre-filled syringe does not have a dose line because it is designed to set the dose using the following steps:

- Expel excess volume and air bubbles by pushing the plunger slowly and with constant pressure until it stops, i.e., when the guide on the plunger rod reaches the finger grip
- Turn the end of the plunger rod 90 degrees clockwise or counter-clockwise until the guide of the plunger rod aligns with the slot (click sound may be heard). Now the device is ready to be inserted into the eye for dosing
- Upon insertion of the needle into the injection site, inject the solution by slowly pushing the plunger rod until it stops. Do not apply additional pressure after the plunger reaches the stop
- Residual solution remains in the syringe after the injection



Ensure use of sterile gloves.

### Dosing recommendations

- For full details of the dosing schedule, please refer to section 4.2 of the relevant SmPC

### Selected instructions for storage and handling

- Store EYLEA in the refrigerator (2°C to 8°C)
- Prior to use, the unopened EYLEA 40 mg/ml and 114.3 mg/ml vials and the EYLEA 40 mg/ml and 114.3 mg/ml pre-filled syringes may be kept in their cartons at room temperature (below 25°C) for up to 24 hours
- EYLEA is not licensed for multi-dose, further compounding or vial splitting. Extraction of multiple doses from a pre-filled syringe/single vial can lead to contamination and subsequent infection

### Special warnings and precautions for use

In all cases, instruct patients to immediately report signs and symptoms of adverse events

Adverse event/risk	Measures to minimise risk
Intraocular inflammation including endophthalmitis	Use proper aseptic technique when preparing the injection and during the injection itself Use recommended antiseptic agents Monitor patient after the injection
Transient intraocular pressure (IOP) increase	Properly prime the syringe by removing excess volume and air bubbles from the syringe before administration Monitor patients vision and IOP after the injection
Medication error	Check the carton and the label on the medication to ensure you have the correct dose of EYLEA
Retinal pigment epithelial (RPE) tear	Review pigment epithelial detachment (PED) features for the risk of RPE tears. Monitor patient after the injection for symptoms such as acute decrease in (central) vision, blind spot (central scotoma) and distorted vision with deviation of either vertical or horizontal lines (metamorphopsia)
Cataract	Measure the correct site for the injection, use correct injection technique
Off-label use/misuse	Use medication only for treatment of approved indications, and use approved dose

Embryo-foetotoxicity	Instruct patient to use effective contraception during treatment: <ul style="list-style-type: none"> <li>For at least 3 months after last intravitreal injection of EYLEA 40 mg/ml (2 mg dose)</li> <li>For at least 4 months after last intravitreal injection of EYLEA 114.3 mg/ml (8 mg dose)</li> </ul> <p>EYLEA 40 mg/ml (2 mg dose) and EYLEA 114.3 mg/ml (8 mg dose) should not be used during pregnancy unless the potential benefit outweighs the potential risk to the foetus.</p>
Exposure during breastfeeding	EYLEA is not recommended in patients who are breastfeeding

### After the injection

- **Evaluate vision immediately after injection** (hand movement or finger counting)
- **Immediately following the intravitreal injection, patients should be monitored for elevation in intraocular pressure.** Appropriate monitoring may consist of a check for perfusion of the optic nerve head or tonometry. Sterile equipment for paracentesis should be available in the case that paracentesis is required
- Following intravitreal injection, patients should be instructed to report any symptoms suggestive of endophthalmitis (e.g. eye pain, redness of the eye, photophobia, blurring of vision) without delay

## GENERAL INFORMATION

Before the start of treatment with EYLEA, a patient information booklet, including an audio guide and the Package Leaflet, must be provided to each patient who is prescribed EYLEA. The physician is responsible for providing the patient with these materials. This guide is available upon request to Bayer.

In addition, the implications of anti-VEGF treatment should be explained with respect to the patient's individual condition.

Specifically, any signs and symptoms of serious adverse events and when to seek medical attention should be discussed with the patient.

The Summary of Product Characteristics, or SmPC, describes the properties of EYLEA and the approved indications for use. It is an important source of information for healthcare professionals on how to use EYLEA safely and effectively. It is located on the eMC website. Refer to the approved SmPC for EYLEA for complete information on posology and dosing recommendations for EYLEA 40 mg/ml solution for injection (2 mg dose) and EYLEA 114.3 mg/ml solution for injection (8 mg dose).

## ABOUT EYLEA

	EYLEA 40 mg/ml	EYLEA 114.3 mg/ml
<b>Presentation</b>	Pre-filled syringe and vial	Pre-filled syringe with OcuClick dosing system and vial
<b>Approved indications in adult (18 years and older) patients</b>		
Neovascular (wet) AMD	Yes	Yes
Visual impairment due to diabetic macular oedema (DMO)	Yes	Yes
Visual impairment due to macular oedema secondary to retinal vein occlusion (RVO), including branch (BRVO) or central (CRVO)	Yes	Yes – also includes HRVO (only applicable to EYLEA 114.3 mg/ml)
Visual impairment due to myopic choroidal neovascularisation (mCNV)	Yes	No
<b>Recommended dose</b>	2 mg	8 mg
<b>Volume to inject</b>	50 microliters or 0.05 ml	70 microliters or 0.07 ml
<b>Posology for approved indications</b>	Refer to the SmPC for complete information on posology and dosing for EYLEA 40 mg/ml and for EYLEA 114.3 mg/ml, for approved indications	

\*For the treatment of preterm infants with Retinopathy of Prematurity, use only the EYLEA 40 mg/ml pre-filled syringe with PICLEO paediatric dosing device and low dead space 30 G ½ inch injection needle. **Do not use EYLEA 114.3 mg/ml pre-filled syringe.** Please refer to the Prescriber Guide for Retinopathy of Prematurity Indication section of this document.

## PRODUCT INFORMATION

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- EYLEA 40 mg/ml solution for injection in pre-filled syringe
- EYLEA 40 mg/ml solution for injection in a vial
- EYLEA 114.3 mg/ml solution for injection in pre-filled syringe
- EYLEA 114.3 mg/ml solution for injection in a vial
- **EYLEA is for intravitreal injection only.** It must only be administered by a qualified healthcare professional in the UK who is experienced in administering intravitreal injections
- The EYLEA 40 mg/ml (2 mg dose) solution is clear, and the EYLEA 114.3 mg/ml (8 mg dose) solution is clear to slightly opalescent. Both solutions are colourless to pale yellow, and iso-osmotic
- The solution should be inspected visually for any foreign particulate matter and/or discolouration or any variation in physical appearance prior to administration. In the event of either being observed, discard the medicinal product
- The pre-filled syringe and the vials are for single use in one eye only
- EYLEA is not licensed for multi-dose, further compounding or vial splitting. Extraction of multiple doses from a pre-filled syringe/single vial can lead to contamination and subsequent infection
- The pre-filled syringes and each individual vial contain more than the recommended dose of 2 mg aflibercept (equivalent to 0.05 ml) or 8 mg aflibercept (equivalent to 0.07 ml), respectively. The excess volume and any air bubbles in the syringes must be discarded before injecting

- The EYLEA 114.3 mg/ml pre-filled syringe has a push and twist priming mechanism and is different from other pre-filled syringes including the EYLEA 40 mg/ml pre-filled syringe

### Special precautions for storage

- Store in a refrigerator (2°C to 8°C)
- Do not freeze
- Keep the pre-filled syringe in its blister and in the outer carton in order to protect from light
- Keep the vial in the outer carton in order to protect from light
- Prior to usage, the unopened EYLEA vial or pre-filled syringe may be kept in its carton at room temperature (below 25°C) for up to 24 hours
- Do not open the sterile, pre-filled blister outside the clean administration room. After opening the blister or vial, proceed under aseptic conditions

### Dosing recommendations

For full details of the dosing schedule for each indication, please refer to section 4.2 of the relevant SmPC.

# IMPORTANT SAFETY INFORMATION ABOUT EYLEA

## Contraindications

EYLEA is contraindicated in the following:

- Hypersensitivity to aflibercept or to any of the excipients listed in section 6.1 of the SmPC
- Active or suspected ocular or periocular infection
- Active severe intraocular inflammation

## Special warnings and precautions for use

Please refer to section 4.4 and 4.6 of the SmPC for full information about special warnings and precautions for EYLEA treatment, including (but not limited to):

- Intravitreal injection-related reactions such as endophthalmitis
- Increase in intraocular pressure
- Immunogenicity
- Systemic effects
- Other:

### Women of childbearing potential

Women of childbearing potential have to use effective contraception during treatment and for at least 3 months after the last intravitreal injection of EYLEA 40 mg/ml (2 mg dose), and for at least 4 months after the last intravitreal injection of EYLEA 114.3 mg/ml (8 mg dose).

### Pregnancy

There are limited data on the use of aflibercept in pregnant women. EYLEA 2 mg and EYLEA 8 mg should not be used during pregnancy unless the potential benefit outweighs the potential risk to the foetus.

## Breast-feeding

Based on very limited human data, aflibercept may be excreted in human milk at low levels. Aflibercept is a large protein molecule and the amount of medication absorbed by the infant is expected to be minimal. The effects of aflibercept on a breast-fed newborn/infant is unknown. As a precautionary measure, breast-feeding is not recommended during the use of EYLEA.

# INSTRUCTIONS FOR USE/HANDLING

## Injection preparation

- The EYLEA 40 mg/ml (2 mg dose) vial and pre-filled syringe are different from the EYLEA 114.3 mg/ml (8 mg dose) vial and pre-filled syringe, including their appearance to allow for easy identification. Please take this into consideration when selecting the product to be administered and check the carton, the vial and label to ensure the correct EYLEA solution is chosen
- Remember that the priming steps of the EYLEA 114.3 mg/ml pre-filled syringe differs from other pre-filled syringes, including EYLEA 40 mg/ml
- Intravitreal injections must be carried out according to current medical standards and applicable guidelines by a qualified healthcare professional, who is experienced in administering intravitreal injections
- Surgical hand disinfection, sterile gloves, a sterile drape, and a sterile eyelid speculum (or equivalent) are recommended
- Use of a smaller size injection needle (higher gauge) than the 30 G x 1/2 inch needle may result in increased injection forces

Note: In the pictures the darker/grey gloves are not aseptic and the white gloves are aseptic.

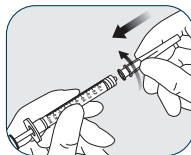
### Instructions for use of vial – 40 mg/ml (2 mg dose) and 114.3 mg/ml (8 mg dose):

1. Check the carton, the vial, and label to ensure the correct EYLEA solution is chosen

2. Remove the carton containing the vial from the refrigerator. Let the carton and its contents reach room temperature. Open the carton, and remove the vial and place it upright on a flat surface to allow the solution to accumulate at the bottom of the vial. An assistant should remove the plastic cap and disinfect the outer part of the rubber stopper of the vial

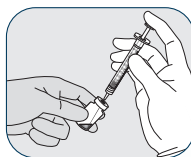


3. Attach the 18 G, 5 micron filter needle supplied in the carton to a 1 ml sterile, Luer-lock syringe

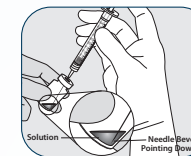


4. While an assistant holds the vial, push the filter needle into the centre of the vial stopper until the needle is completely inserted into the vial and the tip touches the bottom or bottom edge of the vial

5. Using aseptic technique withdraw all of the EYLEA vial contents into the syringe, while an assistant keeps the vial in an upright position, slightly inclined to ease complete withdrawal. This helps to prevent air bubbles. To deter the introduction of air, ensure the bevel of the filter needle is submerged in the liquid.

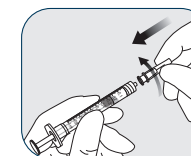


The assistant should continue to tilt the vial while withdrawing to allow the liquid to collect to the corner of the vial, keeping the bevel of the filter needle submerged in the liquid

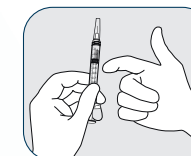


6. Ensure that the plunger rod is drawn sufficiently back when emptying the vial in order to completely empty the filter needle
7. Remove the filter needle and properly dispose of it. Note: Filter needle is not to be used for intravitreal injection

8. Using aseptic technique, firmly twist a 30 G x 1/2 inch injection needle onto the Luer-lock syringe tip. Use of a smaller size injection needle (higher gauge) than the 30 G x 1/2 inch needle may result in increased injection forces

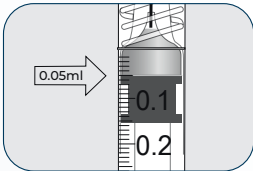
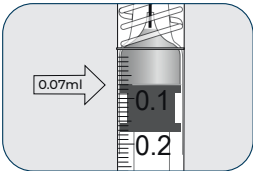


9. Holding the syringe with the needle pointing up, visually inspect the contents of the syringe. Check the syringe for air bubbles. If there are bubbles, gently tap the syringe with your finger until the bubbles rise to the top



- 10.** Correct handling of the filled syringe is important in order to avoid the risk of medication errors. This includes removal of the excess volume and air bubbles, in order to avoid overdosing.

**Attention!** The EYLEA 2 mg dose uses 0.05 ml volume of EYLEA 40 mg/ml solution. The EYLEA 8 mg dose uses 0.07 ml volume of EYLEA 114.3 mg/ml solution.

EYLEA 2 mg dose	EYLEA 8 mg dose
Use 0.05 ml volume of EYLEA 40 mg/ml solution	Use 0.07 ml of EYLEA 114.3 mg/ml solution
Eliminate all air bubbles and expel excess drug by slowly depressing the plunger rod to align the flat plunger edge with the <b>0.05 ml line on the syringe for the 40 mg/ml mg vial.</b>	Eliminate all air bubbles and expel excess drug by slowly depressing the plunger rod to align the flat plunger edge with the <b>0.07 ml line on the syringe for the 114.3 mg/ml mg vial.</b>
	

Accurate positioning of the plunger as shown in the diagrams in the table opposite is critical. Incorrect plunger positioning can lead to delivering more or less than the recommended dose.

- 11.** The vial is for single use only. Extraction of multiple doses from a single vial may increase the risk of contamination and subsequent infection. Any unused medicinal product or waste material should be disposed of in accordance with local requirements

### Instructions for use of pre-filled syringe – 40 mg/ml, solution for injection (2 mg dose):

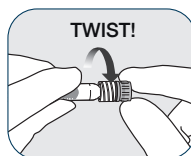
The EYLEA 40 mg/ml pre-filled syringe is a glass syringe with a rubber plunger that requires slightly more force to depress compared with plastic syringes (such as those used with the vial presentation). **Become familiarised with this syringe before using it on patients.**

**The pre-filled syringe and contents must be inspected before use.** Do not use the pre-filled syringe if any part is damaged or loose. Do not use it if the syringe cap is detached from the Luer-lock. Look for any particulate matter and/or unusual colour or any variation in physical appearance. If any of these are observed, do not use the product.

**1.** When ready to administer EYLEA, an assistant should carefully open the carton and remove the sterilised blister. The assistant should carefully peel open the blister, ensuring the sterility of its contents. Keep the syringe in the sterile tray until you are ready for assembly

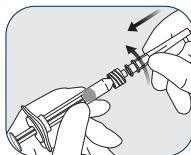
**2.** Using aseptic technique, the injector should remove the syringe from the sterilised blister

**3.** To remove the syringe cap, hold the syringe in one hand while using the other hand to grasp the syringe cap with the thumb and forefinger. Please note: You should twist off (do not snap off) the syringe cap

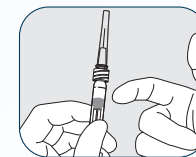


**4.** To avoid compromising the sterility of the product, do not pull back on the plunger

**5.** Using aseptic technique, firmly twist the injection needle onto the Luer-lock syringe tip

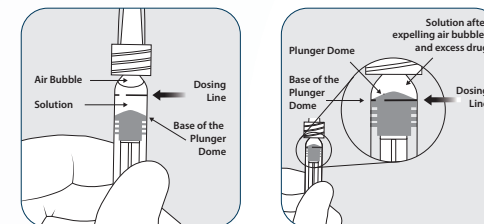


**6.** Holding the syringe with the needle pointing up, check the syringe for bubbles. If there are bubbles, gently tap the syringe with your finger until the bubbles rise to the top



**7.** The excess volume must be discarded prior to administration. Eliminate all bubbles and **expel excess medicinal product by slowly depressing the plunger to align the base of the plunger dome (not the tip of the dome) with the dosing line on the syringe** (equivalent to 0.05 ml, i.e. 2 mg aflibercept)

**Note:** This accurate positioning of the plunger is very important, because incorrect plunger positioning can lead to delivering more or less than the labelled dose



**8.** Inject while pressing the plunger carefully and with constant pressure. Do not apply additional pressure once the plunger has reached the bottom of the syringe. **Do not administer any residual solution observed in the syringe**

**9.** The pre-filled syringe is for single use only. Extraction of multiple doses from a pre-filled syringe may increase the risk of contamination and subsequent infection

Any unused medicinal product or waste material should be disposed of in accordance with local requirements

### Instructions for use of pre-filled syringe – 114.3 mg/ml, solution for injection (8 mg dose):

The EYLEA 114.3 mg/ml pre-filled glass syringe does not have a dose line because it is designed to set the dose using the steps listed below. Residual solution will remain in the syringe after the injection, and is to be discarded.

#### The pre-filled syringe and contents must be inspected before use.

Do not use if any part of the OcuClick dosing system is damaged or loose. Do not use it if the syringe cap is detached from the Luer-lock. Look for any particulate matter and/or unusual colour or any variation in physical appearance. If any of these are observed, do not use the product.

### 1. Prepare the pre-filled syringe for administration

It is important to prepare the pre-filled syringe using aseptic technique.

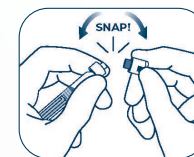
Remove the carton containing the pre-filled syringe from the refrigerator. Open the carton and remove the blister containing the syringe. The blister must not be placed on an aseptic surface because the outside surface of the blister is not sterile. The inside of the sealed blister and the pre-filled syringe are sterile. Carefully peel open the blister. **Aseptic technique must be used once the blister is opened.**

The remaining steps have to be carried out by a qualified healthcare professional using aseptic technique including the use of sterile gloves (white gloves in pictures) when handling.

With two fingers, remove the pre-filled syringe from the blister, visually inspect the syringe and place the syringe in a sterile tray until ready for assembly.

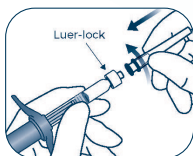
### 2. **SNAP OFF** (do not twist off) syringe cap by holding the syringe in one hand and the syringe cap with the thumb and forefinger of the other hand.

Note: Do not pull back on the plunger rod.



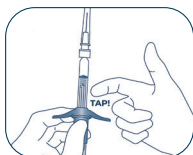
### 3. Attach needle

Firmly twist the 30 G x ½ inch injection needle onto the Luer-lock syringe tip. Use of a smaller size injection needle (higher gauge) than the 30 G x ½ inch needle may result in increased injection forces.



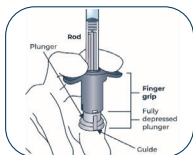
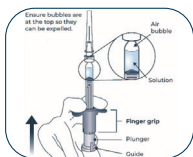
### 4. Dislodge air bubbles

Holding the syringe with the needle pointing up, check the syringe for bubbles. If there are bubbles, gently tap the syringe with your finger until the bubbles rise to the top.



### 5. Expel air and excess volume to prime

The EYLEA 114.3 mg/ml pre-filled syringe does not have a dose line because it is designed to set the dose mechanically. Priming and setting the dose must be done using the following steps. To eliminate all bubbles and to expel excess drug, slowly depress the plunger rod (top figure) until it stops, i.e. when the guide on the plunger rod reaches the finger grip (bottom figure).

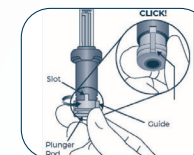


### 6. Set to dose

Turn the end of the plunger rod 90 degrees clockwise or counterclockwise until the guide of the plunger rod aligns with the slot. You may hear a “click”.

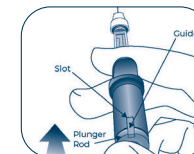
Note: Now the device is ready to dose.

Do not push the plunger rod before insertion into the eye.



### 7. Administer the injection

Insert the needle into the ocular injection site. Inject the solution by pushing in the plunger rod until it stops, i.e. until the guide is completely within the slot. Do not apply additional pressure once the guide is within the slot.



It is normal to see a small amount of residual solution left in the syringe.

### 8. The pre-filled syringe is for single use only.

After injection discard the used syringe into a sharps container.

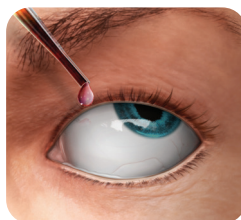
# INJECTION PROCEDURE

## 1. Administer topical anaesthesia

Eye dilation prior to the injection procedure is **not** necessary



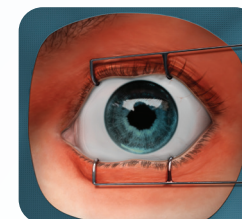
- ## 2. Instil disinfectant (e.g. 5% povidone iodine solution or equivalent) according to manufacturer's guidance. The disinfectant should be on the surface for the period of time specified in local clinical guidelines



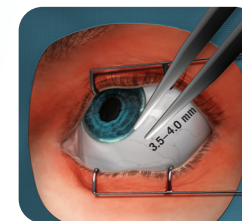
- ## 3. Apply disinfectant (e.g. 10% povidone iodine solution or equivalent) to periocular skin, eyelids, eyelid margins and eyelashes, avoiding excessive pressure on eyelids. The disinfectant should be on the surface for the period of time specified in local clinical guidelines



- ## 4. Cover with sterile drape and insert sterile lid speculum. A second application of disinfectant, e.g., 5% povidone iodine solution, may be made to the conjunctival sac. Disinfectant should be on the surface for the period of time specified in local clinical guidelines



- ## 5. Tell your patient to look away from the injection site. Position the eye adequately. At an area 3.5 to 4.0 mm posterior to the limbus, mark an injection site



- ## 6. Insert the injection needle into the vitreous cavity, avoiding the horizontal meridian and aiming towards the centre of the globe. The injection volume of 0.05 ml of EYLEA 40 mg/ml or 0.07ml of EYLEA 114.3 mg/ml is then delivered, with careful and constant pressure on the plunger. Do not apply additional pressure once the plunger has reached the bottom of the syringe. Do not inject any residual volume remaining in the syringe after the injection. Use a different scleral site for subsequent injections.



## AFTER THE INJECTION

- Evaluate vision immediately after injection (hand movement or finger counting)
- Immediately following the intravitreal injection, patients should be monitored for elevation in intraocular pressure. Appropriate monitoring may consist of a check for perfusion of the optic nerve head or tonometry. If required, sterile equipment for paracentesis should be available
- Following intravitreal injection, patients should be instructed to report any symptoms suggestive of endophthalmitis (e.g. eye pain, redness of the eye, photophobia, blurring of vision) without delay
- Application of antibiotic eye drops after intravitreal injections should be according to local or national clinical guidelines and at the discretion of the treating clinician
- Please inform your patients that they could experience:
  - Bloodshot eye caused by bleeding from small blood vessels in the outer layers of the eye (conjunctival haemorrhage)
  - Moving spots in their vision (vitreous floaters)
  - Eye pain

These conditions normally go away a few days after the injection. Please advise your patients to seek medical attention if these conditions do not go away in a few days, or get worse.

## ADVERSE REACTIONS

The safety profiles observed in the clinical programme for EYLEA 40 mg/ml (2 mg dose) and EYLEA 114.3 mg/ml (8 mg dose) are similar.

Please inform your patients that they could experience the following adverse reactions:

- Endophthalmitis
- Cataract (traumatic, nuclear, subcapsular, cortical) or lenticular opacities
- Transient increase in intraocular pressure
- Tear of the retinal pigment epithelium
- Tear or detachment of the retina

To allow for early treatment, please also instruct your patients to report without delay any of the following symptoms, suggestive of serious adverse events:

- Increased eye pain
- Worsening redness of the eye
- Vision gets more blurred than usual or inability to see as well as usual
- Increased sensitivity to light
- Sudden appearance of floaters, flashes of light and/or obscured vision

For comprehensive information about adverse reactions, please see section 4.8 of the SmPC.

# MANAGEMENT OF INJECTION-RELATED ADVERSE REACTIONS

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**Make sure that, in case of any adverse reaction that concerns your patient, they have immediate access to an ophthalmologist.**

**Appropriate action and treatment of ALL adverse reactions, including those associated with the intravitreal injection procedure, should be carried out according to established clinical practice and/or following standardised guidelines.**

For this reason, it is important to advise your patients to inform their doctor, pharmacist or nurse if they experience any side effects. This includes any possible side effects not listed in the Package Leaflet. Patients can also report side effects directly via the Yellow Card Scheme at [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard) or search for MHRA Yellow Card in the Google Play or Apple App Store. By reporting side effects, patients can help provide more information on the safety of EYLEA.

# RETINOPATHY OF PREMATURITY PRESCRIBER GUIDE TO INTRAVITREAL INJECTIONS WITH



EYLEA 40 mg/ml solution for injection in pre-filled syringe

EYLEA is indicated in preterm infants for the treatment of retinopathy of prematurity (ROP) with zone I (stage 1+, 2+, 3 or 3+), zone II (stage 2+ or 3+) or AP-ROP (aggressive posterior ROP) disease.

This Guide provides you with important information on EYLEA, the medication itself and how to correctly administer it to your patients.

**Please provide the EYLEA parent/caregiver guide and the Patient Information Leaflet to the patient's parent/caregiver.**

In this document, patient = preterm infant = premature baby.

For further information and additional details on EYLEA, please see the Summary of Product Characteristics (SmPC). This booklet has been produced by Bayer.

v.9 Review date: April 2026

## KEY SUMMARY INFORMATION

### Indication in preterm infants

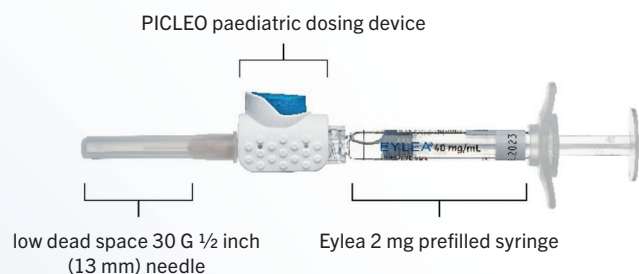
- Retinopathy of Prematurity (ROP) with zone I (stage 1+, 2+, 3 or 3+), zone II (stage 2+ or 3+) or AP-ROP (aggressive posterior ROP) disease.

### Contraindications

- Hypersensitivity to aflibercept or to any of the excipients listed in section 6.1 of the Summary of Product Characteristics (SmPC)
- Active or suspected ocular or periocular infection
- Active severe intraocular inflammation

### Key instructions for use

- The EYLEA 2 mg pre-filled syringe is used for the treatment of preterm infants with ROP, and it must be used in combination with the PICLEO® paediatric dosing device and a low dead space 30 G ½ inch (13 mm) injection needle to ensure administration of the recommended dose.**
- Do not use the EYLEA 8 mg pre-filled syringe for the treatment of preterm infants with ROP**



- In preterm infants being treated for ROP, EYLEA must only be administered by a qualified physician experienced in administering intravitreal injections
- Ensure that the procedure is carried out in a sterile environment and that proper aseptic technique is followed, including use of a broad-spectrum microbicide to minimise risk of intraocular infection. Ensure that the injection needle is inserted into the patient's eye such that damage to the lens and the retina is avoided. Refer to the instructions for use section in this guide
- The EYLEA 2 mg pre-filled syringe is for single use in one eye only
- The PICLEO paediatric dosing device is for single use in one eye only
- For the intravitreal injection, **a low dead space 30 G injection needle, ½ inch (13 mm) in length** must be used. A low dead space needle has a reduced excessive space in the needle hub. **The EYLEA 2 mg pre-filled syringe contains more than the recommended dose of 0.4 mg (equivalent to 0.01 mL dose of EYLEA). Do not inject the entire volume contained in the syringe.**
- Carefully read the Instructions for Use included in the package of the PICLEO paediatric dosing device, including the Important Information section. Also read the sections in this prescriber guide for instructions on proper storage, handling and use.**

### Selected instructions for storage and handling

- Store EYLEA in the refrigerator (2°C to 8°C); it may be kept at room temperature (below 25°C) in the unopened blister in the carton for up to 24 hours
- EYLEA is not licensed for multi-dose, further compounding or splitting. Use of more than one injection from the pre-filled syringe can lead to contamination and subsequent infection

### Special warnings and precautions for use

After and in the days following the injection, patients should be observed for signs and symptoms of adverse reactions. The parent/caregiver should also be instructed to be watchful for signs and symptoms, such as those suggestive of endophthalmitis, and to report them without delay.

- Immediately following the intravitreal injection, patients should be monitored for elevation in intraocular pressure
- In the days following the intravitreal injection, patients should be observed for any symptoms suggestive of endophthalmitis (e.g., redness/irritation of the eye, ocular discharge, lid swelling, photophobia)

Adverse event/risk	Measures to minimise risk
Intraocular inflammation including endophthalmitis	Use proper aseptic technique when preparing the injection and during the injection itself.  Use recommended antiseptic agents such as antibiotic ointment and/or drops.  Monitor patients frequently post-injection and instruct the parent/caregiver to also monitor in the days following the injection.
Transient intraocular pressure (IOP) increase	The EYLEA 2 mg pre-filled syringe must be used in combination with the PICLEO paediatric dosing device, for the treatment of ROP in preterm infants.  Monitor IOP and optic nerve perfusion immediately after the injection.
Medication error	The EYLEA 2 mg pre-filled syringe must be used in combination with the PICLEO paediatric dosing device, for the treatment of ROP in preterm infants.  Air bubbles must be removed before use from the PICLEO paediatric dosing device + EYLEA 2 mg pre-filled syringe + low dead space 30 G ½ inch (13 mm) injection needle assembly to avoid the possibility of underdosing.
Cataract	Measure for correct site of injection, use correct injection technique.
Off-label use/misuse	Use EYLEA 2 mg pre-filled syringe only in combination with the PICLEO paediatric dosing device and a low dead space injection needle for treatment of retinopathy of prematurity.  Use medication only for treatment of retinopathy of prematurity and use approved dose (0.4 mg, equivalent to 0.01 mL).

## GENERAL INFORMATION

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It is important that you explain the implications of anti-VEGF treatment to parents/caregivers of patients undergoing treatment with EYLEA.

To support with these discussions, a parent/caregiver booklet has been created. The booklet is available electronically on the eMC website or in hard copy format upon request from Bayer. It is the physician's responsibility to provide the booklet to the parents/caregivers of patients receiving treatment with EYLEA.

The booklet is a tool that will help you to communicate with your patient's parents/caregivers about ROP and its treatment. It contains information on signs and symptoms of adverse reactions and when the patient's parent/caregiver should seek emergency medical attention for the patient.

## ABOUT EYLEA

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- EYLEA is a 40 mg/mL solution of aflibercept for intravitreal injection, in a pre-filled syringe
- **EYLEA is for intravitreal injection only.** It must only be administered by a qualified physician experienced in administering intravitreal injections and familiar with the handling of the EYLEA 2 mg pre-filled syringe and with the PICLEO paediatric dosing device.
- For more information on the EYLEA pre-filled syringe, please also refer to the summary of product characteristics (SmPC) available on the eMC website.

### Therapeutic indication:

- EYLEA is indicated in preterm infants for the treatment of Retinopathy of Prematurity (ROP) with zone I (stage 1+, 2+, 3 or 3+), zone II (stage 2+ or 3+) or AP-ROP (aggressive posterior ROP) disease.

### Dosing recommendations:

- The recommended dose for EYLEA for the treatment of ROP is 0.4 mg aflibercept, equivalent to 0.01 mL.  
**Note that the recommended dose for the treatment of ROP patients is lower than the dose used to treat adult patients for other approved EYLEA indications.** For this reason the PICLEO paediatric dosing device must be used with the EYLEA pre-filled syringe and a low dead space needle to ensure administration of the correct dose to the patient. A low dead space needle has a reduced excessive space in the needle hub.

## IMPORTANT SAFETY INFORMATION ABOUT EYLEA

The safety of EYLEA for the treatment of ROP was evaluated in a 6-month phase III study, which included 75 preterm infants treated with aflibercept 0.4 mg at baseline. The long-term safety profile in preterm infants has not been established.

### Contraindications

EYLEA is contraindicated in the following:

- Hypersensitivity to aflibercept or to any of the excipients listed in section 6.1 of the SmPC
- Active or suspected ocular or periocular infection
- Active severe intraocular inflammation

### Special warnings and precautions for use

#### Increase in intraocular pressure

Increases in intraocular pressure have been seen within 60 minutes of intravitreal injection, including injections with EYLEA.

- **Immediately following the intravitreal injection, monitor your patient for elevation in intraocular pressure and have sterile equipment available in case a paracentesis is required**

Refer to the post-injection care section for further instruction

#### Further intravitreal injection-related reactions

Intravitreal injections, including those with EYLEA, have been associated with endophthalmitis, intraocular inflammation, rhegmatogenous retinal detachment, retinal tear and iatrogenic traumatic cataract.

- **Always use proper aseptic injection techniques when administering EYLEA**

- **Monitor patients during the week following injection** to permit early treatment if an infection occurs
- **Closely observe your patients for any signs and symptoms** suggestive of endophthalmitis or any of the adverse reactions mentioned below. Instruct the parent/caregiver to also closely observe the patient for the signs and symptoms noted below, and to report without delay
- **The pre-filled syringe contains more than the recommended dose of 0.4 mg aflibercept (equivalent to 0.01 mL). For the treatment of ROP in preterm infants, the pre-filled syringe must be used in combination with the PICLEO paediatric dosing device and a low dead space needle to avoid administration of a higher than recommended volume that could result in increased intraocular pressure**
- Carefully read the instructions for use (IFU) included in the package of the PICLEO paediatric dosing device

#### Intraocular inflammation/Endophthalmitis

- **Observe your patients for any signs or symptoms of intraocular inflammation** (e.g., redness/irritation of the eye, ocular discharge, lid swelling, photophobia) that may be attributable to infection. Instruct the parent/caregiver to also observe the patient for these signs and symptoms and to report without delay
- Refer to the post-injection care section for further instructions

### Immunogenicity

EYLEA is a therapeutic protein and has potential for immunogenicity.

- **Observe your patients for any signs or symptoms of intraocular inflammation** (e.g., redness/irritation of the eye, ocular discharge, lid swelling) that may be attributable to hypersensitivity. Instruct the parent/caregiver to also observe the patient for these signs and symptoms and to report without delay.
- Refer to the post-injection care section for further instructions

### Systemic effects

Systemic adverse events including non-ocular haemorrhages and arterial thromboembolic events have been reported following intravitreal injection of VEGF inhibitors, and there is a theoretical risk that these may relate to VEGF inhibition.

### Post-injection care

#### Immediately after intravitreal injection:

- Immediately monitor the patient for elevation in intraocular pressure. Appropriate monitoring may consist of fundus examination including a check for perfusion of the central retinal artery, or conducting a tonometry test. Sterile equipment for paracentesis should be readily available if anterior chamber paracentesis needs to be done.

#### After intravitreal injection:

- Observe your patient for any signs and symptoms suggestive of endophthalmitis (e.g., redness of the eye, photophobia, irritation of the eye, ocular discharge, lid swelling) without delay.
- Observe your patient for any signs or symptoms after the injection that get worse over time and instruct the parent/caregiver to do the same, and to report any observed signs and symptoms without delay.

### Adverse Drug Reactions

Adverse reactions reported in more than one patient treated with aflibercept 0.4 mg were retinal detachment, conjunctival haemorrhage, injection site haemorrhage, increased intraocular pressure, eyelid oedema and retinal haemorrhage. Additionally, adverse reactions established for adult indications are considered applicable to preterm infants with ROP, though not all were observed in the phase III paediatric study.

Key signs and symptoms of intravitreal injection-related adverse reactions include:

Transient increased intraocular pressure	Preterm infant may experience cloudy anterior segment of eyeball (corneal oedema), rock-hard eyeball, red eye, paroxysmal crying, nausea and vomiting.
Tear or detachment of the retina	Preterm infant may experience white pupil (leukocoria), newly observed crossed eyes (strabismus) and vision changes.
Intraocular inflammation including endophthalmitis	Preterm infant may experience eye pain or increased discomfort, worsening eye redness, sensitivity to light (photophobia), lid swelling, paroxysmal crying and ocular discharge.
Cataract (traumatic)	Preterm infant may experience white pupil, loss of red reflex, and vision changes.

See section 4.8 of the SmPC for a complete list of potential adverse reactions.

### Management of intravitreal injection-related adverse events

In case of any adverse events, your patient must have immediate access to an ophthalmologist. As such, the patient's parent/caregiver should be provided with 24/7 emergency contact details.

Appropriate management of ALL adverse events, including those associated with the intravitreal injection, should be carried out according to clinical practice and/or following standardised guidelines.

Please report **suspected adverse drug reactions (ADRs)** to the MHRA through the Yellow Card scheme. You can report via:

- the Yellow Card website [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard)
  - the free Yellow Card app available from the [Apple App Store](#) or [Google Play Store](#)
  - some clinical IT systems (EMIS/SystemOne/Vision/MiDatabank) for healthcare professionals
- Alternatively you can report a **suspected adverse drug reaction** to the Yellow Card scheme by calling 0800 731 6789 for free, Monday to Friday between 9am and 5pm. You can leave a message outside of these hours.

When reporting please provide as much information as possible. By reporting **adverse drug reactions**, you can help provide more information on the safety of this medicine.

## STORAGE AND HANDLING OF EYLEA

The EYLEA solution is isosmotic, and it is clear and colourless to pale yellow.

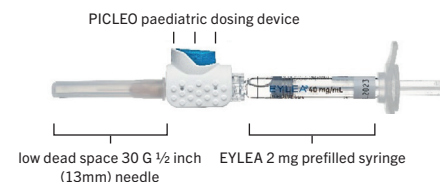
**Inspect the solution visually before use**, for any foreign particulate matter and/or unusual colour (the solution can be pale yellow, which is normal) or any variation in physical appearance. If any of these are observed, discard the product.

**Inspect the syringe.** If any part is damaged or loose, or if the syringe cap is detached from the Luer-lock, do not use.

**Do not split a pre-filled syringe into more than one dose.** Each pre-filled syringe 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 in the patient.



**Each pre-filled syringe contains more than the recommended dose of 0.4 mg EYLEA (equivalent to 0.01 mL)**



**To ensure the administration of the recommended dose, the pre-filled syringe must be used with the PICLEO paediatric dosing device and a low dead space 30 G 1/2 inch (13 mm) needle. Use of a smaller size injection needle (higher gauge) than the 30 G x 1/2 inch injection needle may result in increased injection forces that may lead to more rapid and uncontrolled intravitreal drug delivery, potentially increasing the risk of ocular adverse events such as those related to intraocular pressure. Please refer to the section "Important information about the PICLEO paediatric dosing device" in this guide**

### Special precautions for storage of the EYLEA 2 mg pre-filled syringe

- Store in the sealed blister in the outer carton in a refrigerator (2–8°C).
- Do not freeze.
- Keep the 2 mg pre-filled syringe in its blister and in the outer carton in order to protect it from light.
- Prior to use, the unopened blister of EYLEA in the outer carton may be kept at room temperature (below 25°C) for up to 24 hours.
- The inside of the blister of the sealed 2 mg pre-filled syringe packaging and the 2 mg pre-filled syringe itself are sterile. Do not open the 2 mg pre-filled syringe blister outside the clean administration room. After opening the blister, proceed under aseptic conditions.



### Storage and handling instructions for the PICLEO paediatric dosing device

- Carefully read the instructions for use (IFU) included in the package of the PICLEO paediatric dosing device.
- Do not use the PICLEO device for more than one dose. The PICLEO paediatric dosing device is for single use in one eye only. Never re-use the device as it will malfunction, and contamination increases the risk to the patient of intraocular infection.
- It is recommended to store the PICLEO paediatric dosing device at room temperature.
- Keep it within its original packaging. Keep it away from sunlight.
- Do not open the sealed blister pack before time of use. Do not use beyond use-by date.
- **The inside of the blister of the sealed PICLEO paediatric dosing device packaging and the PICLEO paediatric dosing device itself are sterile. Do not open the PICLEO paediatric dosing device blister outside the clean administration room. After opening the blister, proceed under aseptic conditions.**



# INSTRUCTIONS FOR USE OF EYLEA FOR ROP

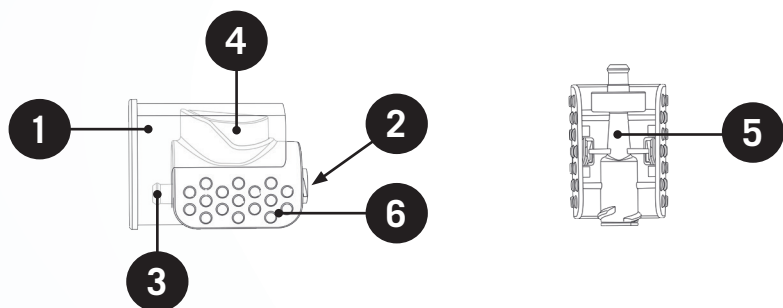
## General preparation for injection

- Intravitreal injections in preterm infants must be carried out according to medical standards and applicable guidelines by a qualified physician experienced in administering intravitreal injections. The physician must be trained to properly use the EYLEA 2 mg pre-filled syringe together with the PICLEO paediatric dosing device and low dead space injection needle. Training on assembly with the use of demonstration samples is required.
- Ensure that you read the instructions for use provided with the PICLEO paediatric dosing device.
- Surgical hand disinfection, sterile gloves, a sterile drape and a sterilised eyelid speculum (or equivalent) are recommended.
- For the intravitreal injection, a 30 G ½ inch (13 mm) low dead space injection needle must be used. The following injection needles are recommended:
  - TSK, 30 G x ½" / 0.3 x 13 mm (Art. N. LDS-30013I-100).
  - OcuJect - OcuSafe®, 30 G x ½" / 0.3 x 13 mm (Art. N. PN0403-03).
  - Any other combinations are not supported by the manufacturer of the device.
- Check the expiration date of the EYLEA 2 mg pre-filled syringe and of the PICLEO paediatric dosing device. Do not use the 2 mg pre-filled syringe or the paediatric dosing device if the packaging is damaged/open or if any parts of the products are broken or loose.

## Important information about the PICLEO paediatric dosing device

- Use the PICLEO paediatric dosing device only with the EYLEA 2 mg pre-filled syringe and a low dead space 30 G ½ inch (13 mm) injection needle because it is designed for use only in combination with these two components. Use only a low dead space injection needle as use of other needles could lead to underdosing.
- The PICLEO paediatric dosing device is provided sterile. Do not use if the packaging is damaged or has been tampered with.
- Use aseptic technique when removing the PICLEO paediatric dosing device from its blister pack and for all subsequent steps to prevent contamination.
- Assemble the syringe and injection needle firmly to the PICLEO paediatric dosing device to avoid leakage as well as accidental detachment.
- Air bubbles must be removed from the syringe and device and the system must be primed. When using the PICLEO paediatric dosing device with the 2 mg pre-filled syringe, it is not required to align the syringe plunger with the dosing line on the 2 mg pre-filled syringe.
- Make sure not to touch the blue dose button of the PICLEO paediatric dosing device before the medicinal product administration. Should the dose button be inadvertently depressed during assembly, do not proceed and discard the device and the 2 mg pre-filled syringe. Select a new PICLEO paediatric dosing device and follow assembly procedure steps using a 2 mg new pre-filled syringe.

- Medicinal product will remain in syringe and PICLEO paediatric dosing device after correct dose administration. Do not administer this residual solution but discard it.
- The PICLEO paediatric dosing device is for single use in one eye only. Never re-use the device as it will malfunction, and contamination increases the risk of intraocular infection.



1. Cover
2. Connection for the syringe (female Luer Connector)
3. Connection for the needle (male Luer Connector)
4. Dose button
5. Viewing window
6. Grip area

### Pre-filled syringe

**Note:** the EYLEA 2 mg pre-filled syringe is a glass syringe with a rubber plunger that requires slightly more force to depress compared with plastic syringes. **Become familiarised with the features of this syringe before attaching it to the PICLEO paediatric dosing device. Aseptic technique must be used once the blister is opened, as the inside of the blister pack is sterile. Do not depress or retract the plunger during preparation of administration.**

### Preparation of administration

1. Prepare the EYLEA 2 mg pre-filled syringe for attachment to the PICLEO paediatric dosing device.

It is important to prepare the EYLEA 2 mg pre-filled syringe and the paediatric dosing device using aseptic technique.

In the figures, the assistant is shown wearing darker gloves to indicate contact to non-sterile surface.

The assistant should remove the carton containing the 2 mg pre-filled syringe from the refrigerator. Note that the 2 mg pre-filled syringe can be stored in the carton at room temperature for up to 24 hours. Open the carton and remove the blister containing the syringe. The blister must not be placed on a sterile surface because the outside surface of the blister is not sterile. The inside of the sealed blister and the 2 mg pre-filled syringe are sterile. Carefully peel open the 2 mg pre-filled syringe blister. **Aseptic technique must be used once the blister is opened.**

The assistant should open the carton of the PICLEO paediatric dosing device and remove the sealed blister pack. Carefully peel open the device blister. **Aseptic technique must be used once the blister is opened. Note: The outside of the blister pack is non-sterile. The inside of the blister pack is sterile. Do not place the blister on a sterile surface.**

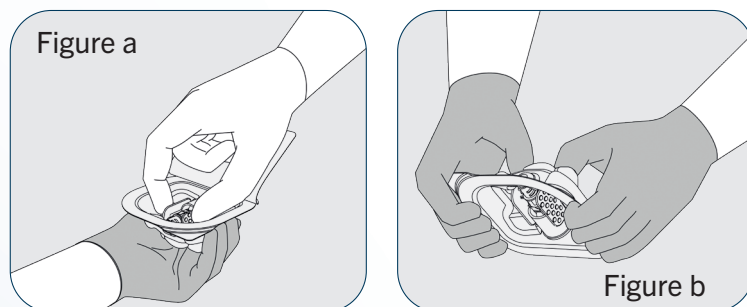
The qualified physician carries out the remainder of the steps using aseptic technique including the use of sterile gloves.

## 2. Prepare the PICLEO paediatric dosing device for administration.

With two fingers, remove the 2 mg pre-filled syringe from the blister. Visually inspect the syringe for loose or damaged parts and inspect the solution in the syringe for particulate matter and discoloration. Place the syringe in a sterile tray until ready for assembly.

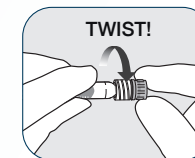
Using aseptic technique, carefully remove the PICLEO paediatric dosing device from its blister pack by taking it out with two fingers, while your assistant holds the blister from the outside, as shown in Figure a. Alternatively, your assistant can open the blister pack, and drop the PICLEO paediatric device onto a sterile surface as shown in Figure b.

Only the inside of the blister pack and the enclosed PICLEO paediatric dosing device are sterile. To avoid contamination, do not touch the Luer Connectors.

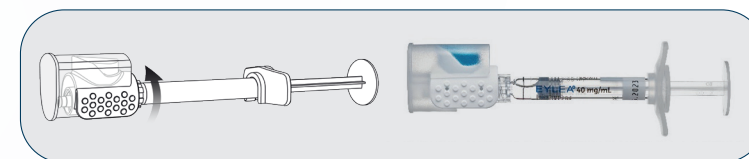


## 3. Attachment of the EYLEA 2 mg pre-filled syringe to the device.

Remove the 2 mg pre-filled syringe cap by holding the syringe in one hand while using your other hand to grasp the syringe cap with the thumb and forefinger. **Twist off – do not snap off – the syringe cap.**



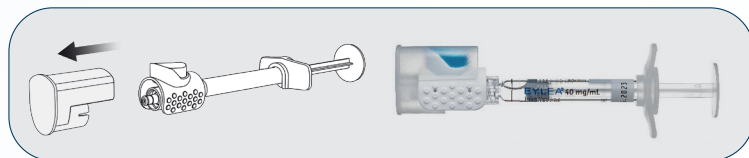
Hold the PICLEO paediatric dosing device at the finger grips. Firmly twist the syringe onto the female Luer connector of the PICLEO paediatric dosing device. Make sure the connection is firm.



## 4. Attach the low dead space 30 G ½ inch (13 mm) injection needle to the PICLEO paediatric dosing device.

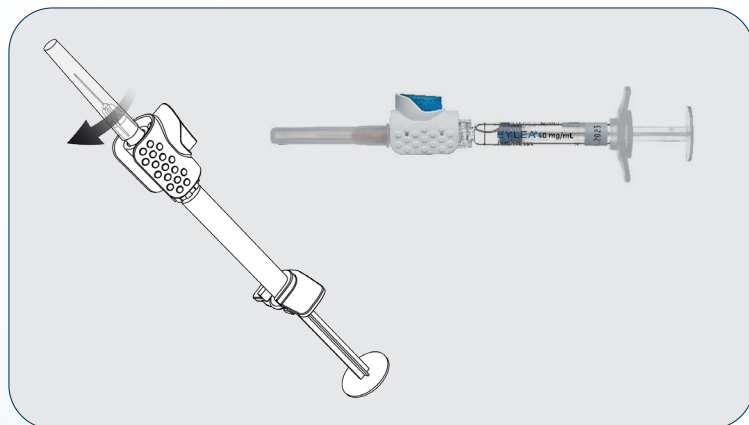
Hold the Picleo paediatric dosing device at the grip area and carefully remove the cover from the PICLEO paediatric dosing device by pulling it straight off.

Do not touch the dose button when assembling. If it is pressed or partially pressed in error, it will not deliver the recommended dose. If pressed, the system needs to be discarded and you need to start again with a new device and 2 mg pre-filled syringe. Do not depress the syringe plunger rod when assembling.



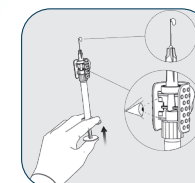
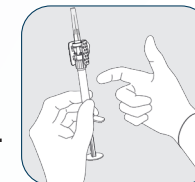
Hold the PICLEO paediatric dosing device at the grip area and firmly twist the low dead space 30 G ½ inch (13 mm) length injection needle onto the male Luer connector of the PICLEO paediatric dosing device. The device has been validated with EYLEA 2 mg pre-filled syringe and the low dead space 30 G ½ inch (13 mm) injection needle only.

The EYLEA 2 mg pre-filled syringe and injection needle must be firmly attached to the PICLEO paediatric dosing device to avoid accidental detachment and to avoid leakage.

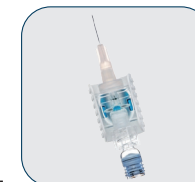


## 5. Inspection and priming of the system.

Hold the EYLEA 2 mg pre-filled syringe with the injection needle pointing upwards and the viewing window of the PICLEO paediatric dosing device facing towards you. Inspect the medicinal product and the PICLEO paediatric dosing device for particles. Do not use if particulates are visible. Check the syringe for air bubbles. If there are any air bubbles, gently tap the syringe with your finger until the bubbles rise to the top.



Remove the cap from the needle. Prime the system by slowly depressing the plunger rod while observing the liquid through the viewing window to identify any air bubbles. Eliminate air bubbles from the syringe and the PICLEO paediatric dosing device. The system is now ready for intravitreal injection.



Caution: Aligning the syringe plunger with the dosing line on the syringe is not required. After air removal and priming, the PICLEO paediatric dosing device and injection needle contain the required volume. To avoid compromising the sterility of the medicinal product, do not pull-back the plunger.

The system is now ready for intravitreal injection.

After injection, dispose of any unused medicinal product or waste material in accordance with local regulations.

## INJECTION PROCEDURE

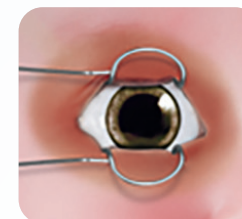
1. Administer topical anaesthesia.



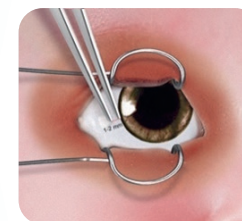
2. Apply disinfectant (e.g., povidone iodine solution or equivalent) to the periocular skin, eyelashes, eyelids, and into the conjunctival sac, avoiding extensive pressure to the periocular glands. The disinfectant should be on the surface for the period of time specified in local clinical guidelines before proceeding to the next step.



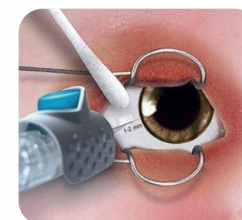
3. Cover with sterile drape as needed and insert a sterile lid speculum to keep the eyelids open. Apply a second application of disinfectant (e.g., povidone iodine solution). The disinfectant should be on the ocular surface (conjunctival sac) in accordance with local clinical guidelines.



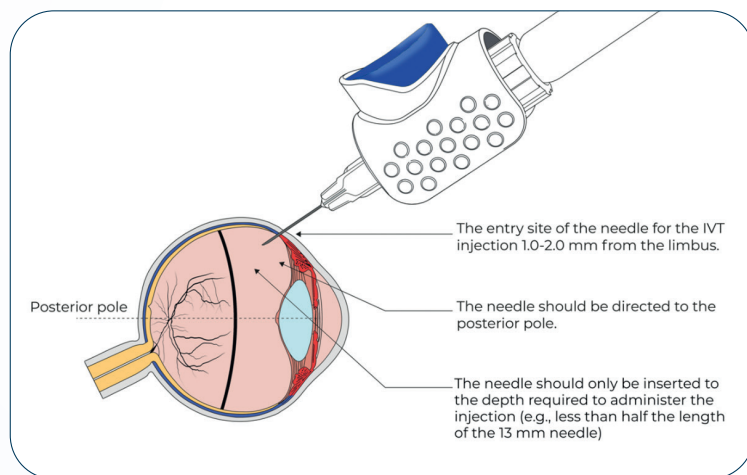
4. Position the eye adequately. At an area of 1.0–2.0 mm posterior to the limbus, mark an injection site.



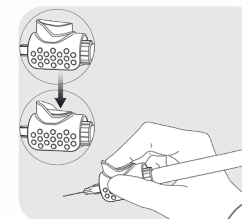
5. Hold the PICLEO paediatric dosing device with needle and syringe assembly by the finger grips with the blue dosing button facing upward. The forefinger should be available to depress the dosing button. As the needle is withdrawn, a sterile cotton tip applicator should be rolled over the injection site.



6. The injection needle should be angled and inserted such that damage to the lens and retina is avoided: Insert the injection needle into the vitreous cavity at the injection site, directed towards the posterior pole and optic nerve. The needle should only be introduced to the depth required to administer the injection, so less than half the length of the  $\frac{1}{2}$  inch (13 mm) needle.



When ready, completely depress the dosing button on the PICLEO paediatric dosing device to administer the dose without moving the syringe or plunger. You will hear a click once the dose button has been fully depressed. This confirms that the dose has been delivered correctly.



Remove the injection needle with care and avoiding damage or contact with the lens.

**Never administer the dose by depressing the syringe plunger rod as this may result in incorrect dosing.** Because only the medicinal product within the needle and PICLEO paediatric dosing device will be injected, residual medicinal product will remain in the syringe and the PICLEO paediatric dosing device. Do not administer any residual medicinal product. The PICLEO paediatric dosing device is for single use in one eye only. After injection, any unused medicinal product must be discarded. Avoid the needle touching the lens and damaging it.

Post-injection care information is found in the Important Safety Information About EYLEA section.





Please report **suspected adverse drug reactions (ADRs)** to the MHRA through the Yellow Card scheme. You can report via:

- the Yellow Card website [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard)
- the free Yellow Card app available from the [Apple App Store](#) or [Google Play Store](#)
- some clinical IT systems (EMIS/SystemOne/Vision/MiDatabank) for healthcare professionals Alternatively you can report a **suspected adverse drug reaction** to the Yellow Card scheme by calling 0800 731 6789 for free, Monday to Friday between 9am and 5pm. You can leave a message outside of these hours.

When reporting please provide as much information as possible. By reporting **adverse drug reactions**, you can help provide more information on the safety of this medicine.