

Prescribing information and adverse event reporting information for EYLEA® (aflibercept) 40 mg/mL can be accessed [here](#) or via the QR code located on the last page of this document.



# Treat and extend with EYLEA® 2 mg (aflibercept) in nAMD:

## Guidance from a UK expert panel

This pathway was developed by a panel of retinal specialists:

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nAMD, neovascular age-related macular degeneration.  
PP-EYL-GB-2642 | December 2024  
This document is produced and fully funded by Bayer.  
**For UK healthcare professionals only.**

 **EYLEA®**  
(aflibercept solution for injection)

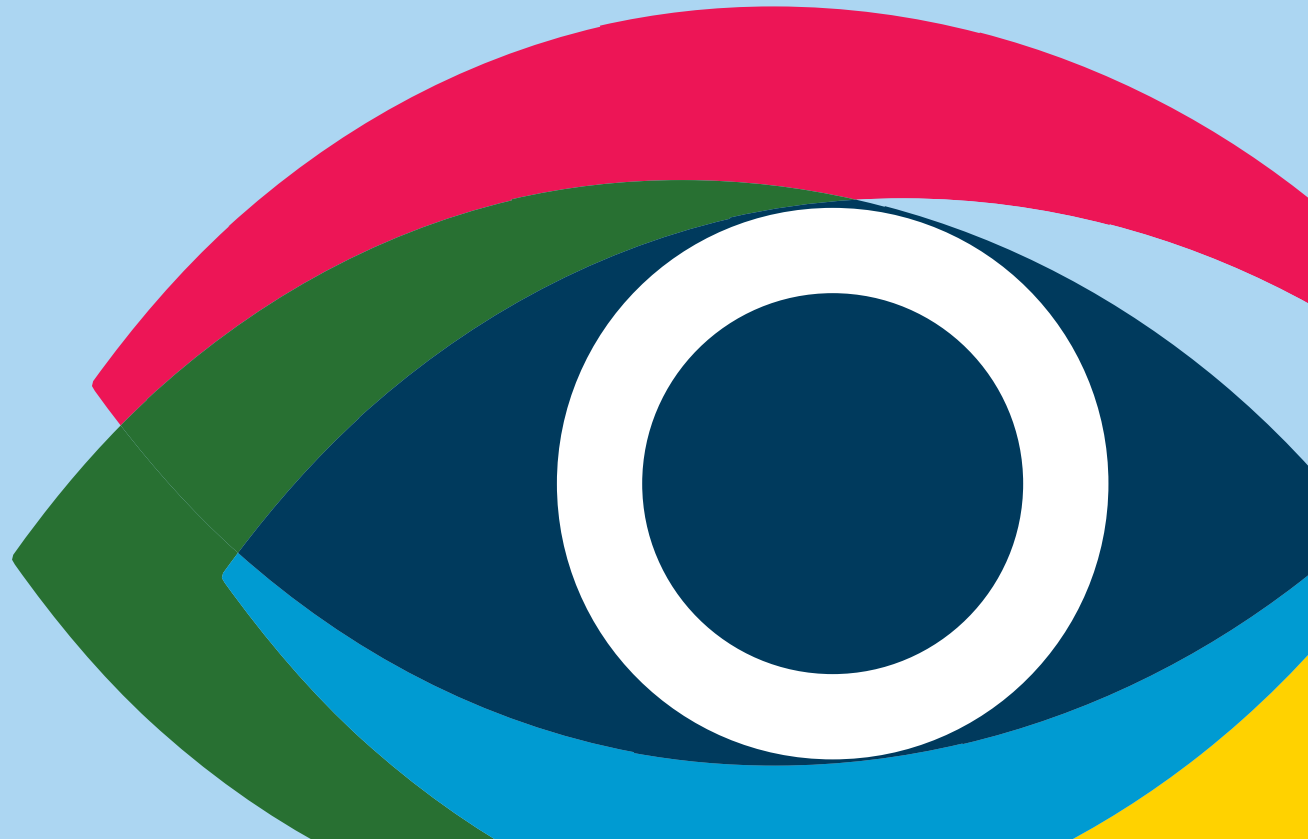
# Guidance from a UK expert panel

Two roundtable meetings were held virtually on Wednesday, 19<sup>th</sup> May 2021 and Wednesday, 16<sup>th</sup> June 2021. These meetings were organised and funded by Bayer and were attended by a group of national medical retina thought leaders from across the UK.

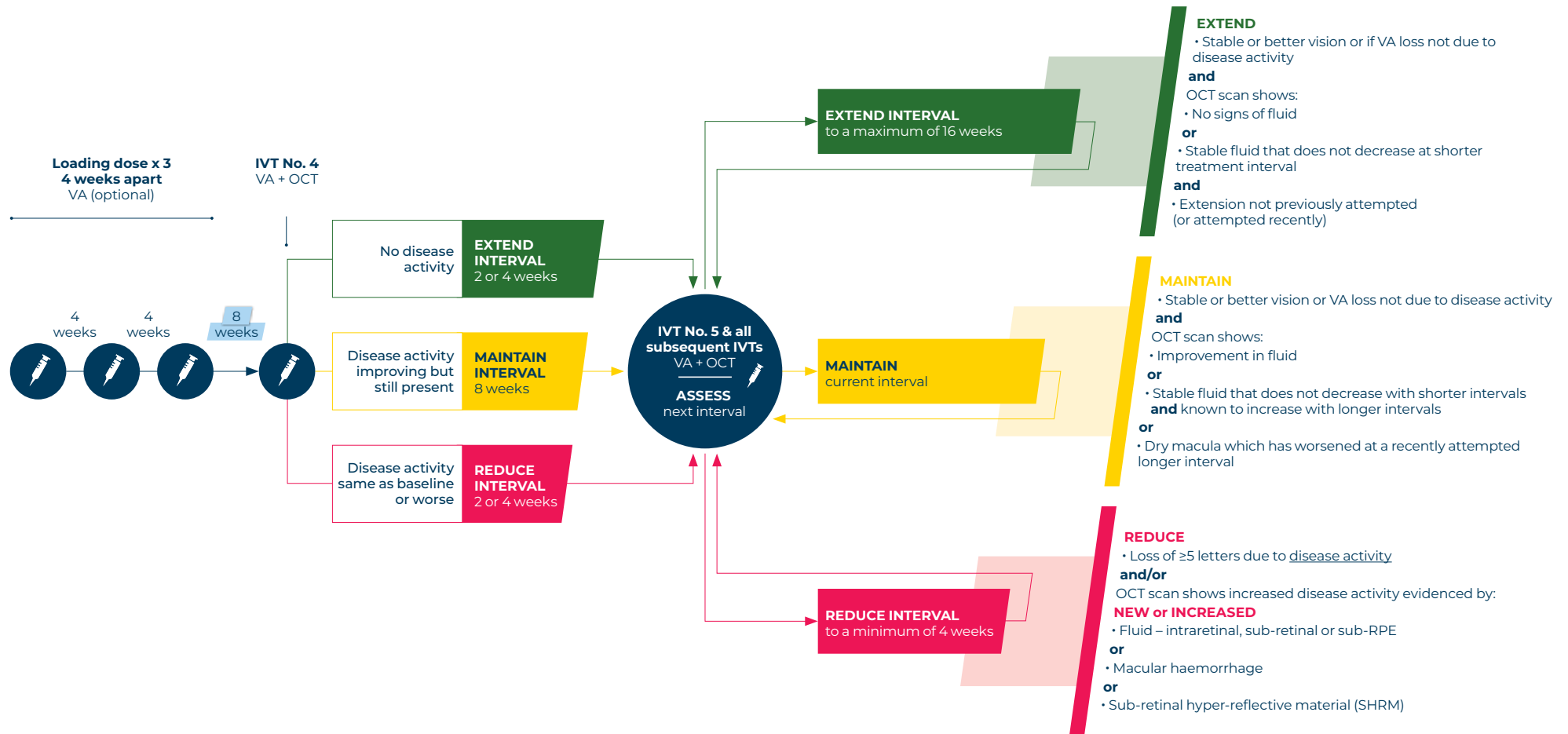
During their discussions, the panel reached a consensus about an **on-label T&E pathway with EYLEA 2 mg in nAMD**, illustrating how **injection intervals can be extended up to 16 weeks in eligible patients**.

## Licensed posology of EYLEA 2 mg in nAMD

After 3 initial monthly doses, the EYLEA 2 mg treatment interval is extended to 2 months. Based on the physician's judgement of visual and/or anatomic outcomes, the treatment interval may be maintained at 2 months or further extended using a T&E dosing regimen, where injection intervals are increased in 2- or 4-weekly increments, to a maximum of 16 weeks, to maintain stable visual and/or anatomic outcomes. If visual and/or anatomic outcomes deteriorate, the treatment interval should be shortened accordingly, to a minimum of 4 weeks.



# T&E with EYLEA 2 mg in nAMD: Guidance from a UK expert panel



IVT, intravitreal injection; nAMD, neovascular age-related macular degeneration; OCT, optical coherence tomography; RPE, retinal pigment epithelium; T&E, treat and extend; VA, visual acuity.

# Top tips for implementing T&E with EYLEA 2 mg in nAMD

## Initial set-up

- Gain buy-in from all team members including the business manager, lead clinicians and administrative staff
- Set up a meeting with the entire team to explain the protocol and answer any questions
- Ensure there is a coordinator and dedicated admin team to run the injection service

## Planning interval extensions

- Use the initial response to the first 3 injections as an indicator for how quickly patients may be able to be extended by
- Consider 2-week treatment interval extensions for most patients; however, consider 4-week treatment extensions for patients performing well
- If disease recurs after extension, consider keeping patients on a shorter interval for a minimum period of time (e.g. 6 months following the first recurrence and 12 months following subsequent recurrences)
- Decide how many extensions with disease recurrence you will tolerate, before deciding not to extend to that interval again
- When patients are stable at a planned fixed interval, consider injection-only visits without diagnostics, with the number of injections determined by the current injection interval

## Appointment scheduling

- Work on capacity to deliver injections on time to help identify optimal treatment intervals
- To aid compliance, aim for sufficient capacity to enable patients to book their next appointment when attending an appointment
- Audit compliance with review intervals to help manage and plan capacity
- Create a robust method for rebooking patients who do not attend their appointment and decide whether to extend from the original appointment date or from the rescheduled appointment

## Going forward

- Unless the second eye is untreatable, monitor both eyes with OCT and plan a policy for managing second eye involvement
- To increase capacity, plan an exit policy for example discharge patients into OCT monitoring in virtual clinics after 2 to 3 16-week intervals
- Create posters of the pathway to be placed in clinic rooms for optometrists and nurses to refer to as needed and put guidelines on the intranet if computers are available in clinic rooms
- Ensure members of the multidisciplinary team consider discussing patients who are non-responsive to the treatment pathway with a consultant

## Patient support

- Create patient information leaflets to explain the concept of T&E, and for patients to refer to throughout treatment. Include a section on recognising signs of disease recurrence
- Set up two separate contact numbers, one for booking appointments and one for patient-initiated follow-ups

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