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HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use EYLEA safely and effectively. See full prescribing information for EYLEA.

EYLEA™ (aflibercept) Injection
For Intravitreal Injection
Initial U.S. Approval: 2011

INDICATIONS AND USAGE

EYLEA is indicated for the treatment of patients with Neovascular (Wet) Age-Related Macular Degeneration (AMD). (1)

DOSAGE AND ADMINISTRATION

- For ophthalmic intravitreal injection only. (2.1)
- The recommended dose for EYLEA is 2 mg (0.05 mL) administered by intravitreal injection every 4 weeks (monthly) for the first 3 months, followed by 2 mg (0.05 mL) via intravitreal injection once every 8 weeks (2 months). (2.2)
- Although EYLEA may be dosed as frequently as 2 mg every 4 weeks (monthly), additional efficacy was not demonstrated when EYLEA was dosed every 4 weeks compared to every 8 weeks. (2.2)

DOSAGE FORMS AND STRENGTHS

40 mg/mL solution for intravitreal injection in a single-use vial (3)

CONTRAINDICATIONS

- Ocular or periocular infection (4.1)
- Active intraocular inflammation (4.2)
- Hypersensitivity (4.3)

WARNINGS AND PRECAUTIONS

- Endophthalmitis and retinal detachments may occur following intravitreal injections. Patients should be instructed to report any symptoms suggestive of endophthalmitis or retinal detachment without delay and should be managed appropriately. (5.1)
- Increases in intraocular pressure have been seen within 60 minutes of an intravitreal injection. (5.2)

ADVERSE REACTIONS

The most common adverse reactions (≥5%) reported in patients receiving EYLEA were conjunctival hemorrhage, eye pain, cataract, vitreous detachment, vitreous floaters, and increased intraocular pressure. (6.2)

To report SUSPECTED ADVERSE REACTIONS, contact Regeneron at 1-855-395-3248 or FDA at 1-800-FDA-1088 or *www.fda.gov/medwatch*.

See 17 for PATIENT COUNSELING INFORMATION.

Revised: 11/2011

FULL PRESCRIBING INFORMATION: CONTENTS*

1 INDICATIONS AND USAGE
2 DOSAGE AND ADMINISTRATION
2.1 General Dosing Information
2.2 Dosing
2.3 Preparation for Administration
2.4 Administration
3 DOSAGE FORMS AND STRENGTHS
4 CONTRAINDICATIONS
4.1 Ocular or Periocular Infections
4.2 Active Intraocular Inflammation
4.3 Hypersensitivity
5 WARNINGS AND PRECAUTIONS
5.1 Endophthalmitis and Retinal Detachments
5.2 Increase in Intraocular Pressure
5.3 Thromboembolic Events
6 ADVERSE REACTIONS
6.1 Injection Procedure
6.2 Clinical Studies Experience
6.3 Immunogenicity
8 USE IN SPECIFIC POPULATIONS
8.1 Pregnancy
8.3 Nursing Mothers
8.4 Pediatric Use
8.5 Geriatric Use
11 DESCRIPTION
12 CLINICAL PHARMACOLOGY
12.1 Mechanism of Action
12.2 Pharmacodynamics
12.3 Pharmacokinetics
13 NONCLINICAL TOXICOLOGY
13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility
13.2 Animal Toxicology and/or Pharmacology
14 CLINICAL STUDIES
16 HOW SUPPLIED/STORAGE AND HANDLING
17 PATIENT COUNSELING INFORMATION

***Sections or subsections omitted from the full prescribing information are not listed.**

Regeneron Ex. 2032
Formycon v. Regeneron
IPR2025-00233
Page 1 of 15

This label may not be the latest approved by FDA.
For current labeling information, please visit https://www.fda.gov/drugsatfda

FULL PRESCRIBING INFORMATION

1 INDICATIONS AND USAGE

EYLEA is indicated for the treatment of patients with Neovascular (Wet) Age-Related Macular Degeneration (AMD).

2 DOSAGE AND ADMINISTRATION

2.1 General Dosing Information

FOR OPHTHALMIC INTRAVITREAL INJECTION ONLY. EYLEA must only be administered by a qualified physician.

2.2 Dosing

The recommended dose for EYLEA is 2 mg (0.05 mL or 50 microliters) administered by intravitreal injection every 4 weeks (monthly) for the first 12 weeks (3 months), followed by 2 mg (0.05 mL) via intravitreal injection once every 8 weeks (2 months). Although EYLEA may be dosed as frequently as 2 mg every 4 weeks (monthly), additional efficacy was not demonstrated when EYLEA was dosed every 4 weeks compared to every 8 weeks [*see Clinical Studies (14)*].

2.3 Preparation for Administration

EYLEA should be inspected visually prior to administration. If particulates, cloudiness, or discoloration are visible, the vial must not be used.

Using aseptic technique, the intravitreal injection should be performed with a 30-gauge x ½-inch injection needle.

Vial

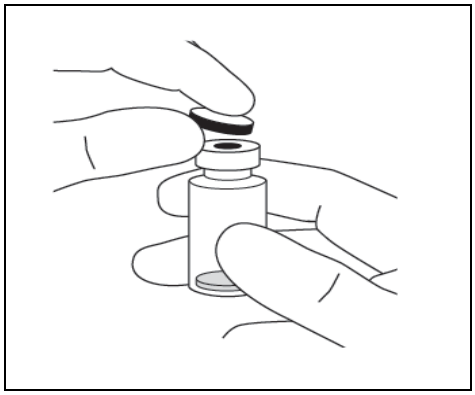
The glass vial is for single use only.

1. Remove the protective plastic cap from the vial (see Figure 1).

Regeneron Ex. 2032
Formycon v. Regeneron
IPR2025-00233
Page 2 of 15

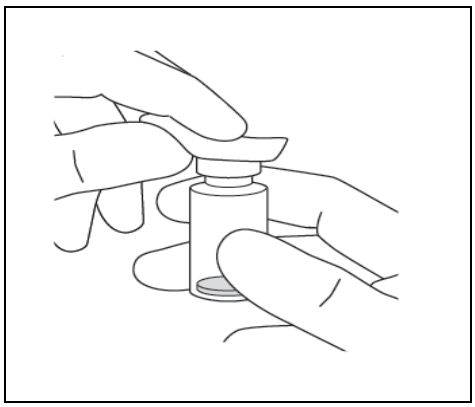
This label may not be the latest approved by FDA.
For current labeling information, please visit https://www.fda.gov/drugsatfda

Figure 1:



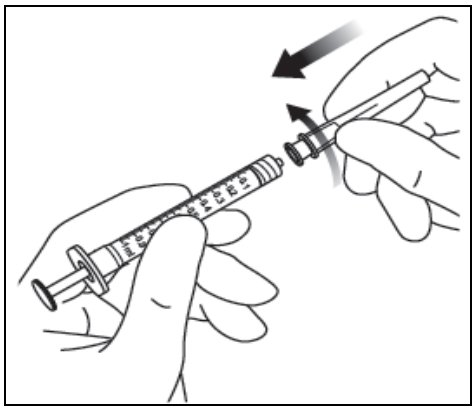
2. Clean the top of the vial with an alcohol wipe (see Figure 2).

Figure 2:



3. Remove the 19-gauge x 1½-inch, 5-micron, filter needle from its pouch and remove the 1-mL syringe supplied in the carton from its pouch. Attach the filter needle to the syringe by twisting it onto the Luer lock syringe tip (see Figure 3).

Figure 3:

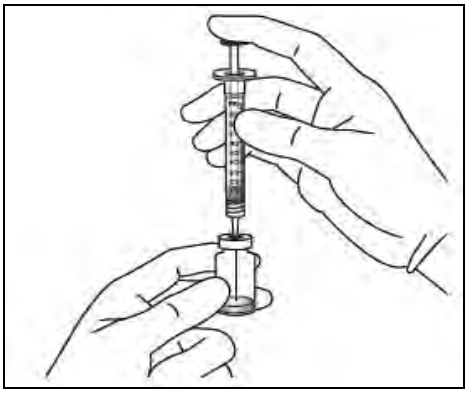


Regeneron Ex. 2032
Formycon v. Regeneron
IPR2025-00233
Page 3 of 15

This label may not be the latest approved by FDA.
For current labeling information, please visit https://www.fda.gov/drugsatfda

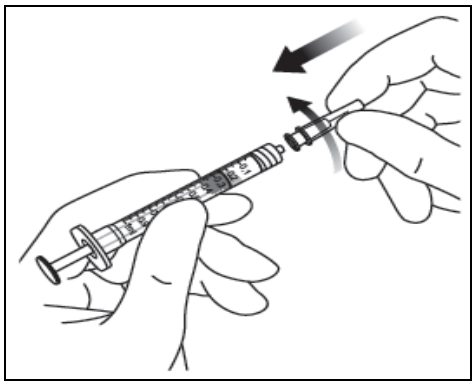
4. Push the filter needle into the center of the vial stopper until the needle touches the bottom edge of the vial.
5. Using aseptic technique withdraw all of the EYLEA vial contents into the syringe, keeping the vial in an upright position, slightly inclined to ease complete withdrawal (see Figure 4).

Figure 4:



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 from the syringe and properly dispose of the filter needle.
   Note: Filter needle is **not** to be used for intravitreal injection.
8. Remove the 30-gauge x ½-inch injection needle from the plastic pouch and attach the injection needle to the syringe by firmly twisting the injection needle onto the Luer lock syringe tip (see Figure 5).

Figure 5:

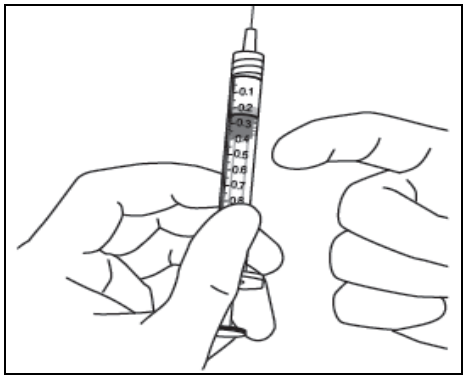


9. When ready to administer EYLEA, remove the plastic needle shield from the needle.
10. Holding the syringe with the needle pointing up, check the syringe for bubbles. If there are bubbles, gently tap the syringe with your finger until the bubbles rise to the top (see Figure 6).

Regeneron Ex. 2032
Formycon v. Regeneron
IPR2025-00233
Page 4 of 15

This label may not be the latest approved by FDA.
For current labeling information, please visit https://www.fda.gov/drugsatfda

Figure 6:



11. To eliminate all of the bubbles and to expel excess drug, SLOWLY depress the plunger so that the plunger tip aligns with the line that marks 0.05 mL on the syringe (see Figures 7 and 8).

Figure 7:

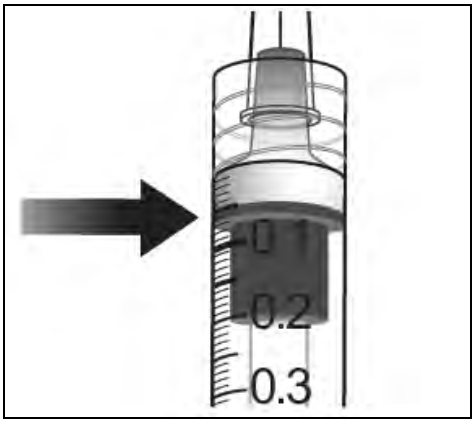
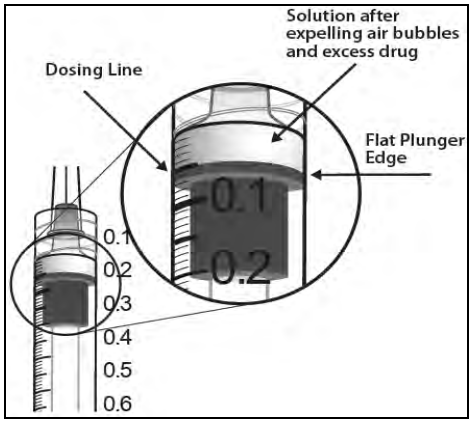


Figure 8:



2.4 Administration

The intravitreal injection procedure should be carried out under controlled aseptic conditions, which include surgical hand disinfection and the use of sterile gloves, a sterile drape, and a sterile eyelid speculum (or equivalent). Adequate anesthesia and a topical broad–spectrum microbicide should be given prior to the injection.

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, a sterile paracentesis needle should be available.

Following intravitreal injection, patients should be instructed to report any symptoms suggestive of endophthalmitis or retinal detachment (e.g., eye pain, redness of the eye, photophobia, blurring of vision) without delay [*see Patient Counseling Information (17)*].

Each vial should only be used for the treatment of a single eye. If the contralateral eye requires treatment, a new vial should be used and the sterile field, syringe, gloves, drapes, eyelid

Regeneron Ex. 2032
Formycon v. Regeneron
IPR2025-00233
Page 5 of 15

This label may not be the latest approved by FDA.
For current labeling information, please visit https://www.fda.gov/drugsatfda

speculum, filter, and injection needles should be changed before EYLEA is administered to the other eye.

After injection, any unused product must be discarded.

No special dosage modification is required for any of the populations that have been studied (e.g., gender, elderly).

3 DOSAGE FORMS AND STRENGTHS

Single-use, glass vial designed to provide 0.05 mL of 40 mg/mL solution for intravitreal injection.

4 CONTRAINDICATIONS

4.1 Ocular or Periocular Infections

EYLEA is contraindicated in patients with ocular or periocular infections.

4.2 Active Intraocular Inflammation

EYLEA is contraindicated in patients with active intraocular inflammation.

4.3 Hypersensitivity

EYLEA is contraindicated in patients with known hypersensitivity to aflibercept or any of the excipients in EYLEA.

5 WARNINGS AND PRECAUTIONS

5.1 Endophthalmitis and Retinal Detachments

Intravitreal injections, including those with EYLEA, have been associated with endophthalmitis and retinal detachments [*see Adverse Reactions (6.1)*]. Proper aseptic injection technique must always be used when administering EYLEA. Patients should be instructed to report any symptoms suggestive of endophthalmitis or retinal detachment without delay and should be managed appropriately [*see Dosage and Administration (2.4) and Patient Counseling Information (17)*].

5.2 Increase in Intraocular Pressure

Acute increases in intraocular pressure have been seen within 60 minutes of intravitreal injection, including with EYLEA [*see Adverse Reactions (6.1)*]. Sustained increases in intraocular pressure have also been reported after repeated intravitreal dosing with VEGF inhibitors. Intraocular pressure and the perfusion of the optic nerve head should be monitored and managed appropriately [*see Dosage and Administration (2.4)*].

Regeneron Ex. 2032
Formycon v. Regeneron
IPR2025-00233
Page 6 of 15

This label may not be the latest approved by FDA.
For current labeling information, please visit https://www.fda.gov/drugsatfda

5.3 Thromboembolic Events

There is a potential risk of arterial thromboembolic events (ATEs) following intravitreal use of VEGF inhibitors, including EYLEA. ATEs are defined as nonfatal stroke, nonfatal myocardial infarction, or vascular death (including deaths of unknown cause). The incidence in the VIEW1 and VIEW2 wet AMD studies during the first year was 1.8% (32 out of 1824) in the combined group of patients treated with EYLEA [*see Clinical Studies (14)*].

6 ADVERSE REACTIONS

The following adverse reactions are discussed in detail in other sections of the labeling:

- Endophthalmitis and retinal detachments [*see Warnings and Precautions (5.1)*]
- Increased intraocular pressure [*see Warnings and Precautions (5.2)*]
- Thromboembolic events [*see Warnings and Precautions (5.3)*]

The most common adverse reactions (≥5%) reported in patients receiving EYLEA were conjunctival hemorrhage, eye pain, cataract, vitreous detachment, vitreous floaters, and increased intraocular pressure.

6.1 Injection Procedure

Serious adverse reactions related to the injection procedure have occurred in <0.1% of intravitreal injections with EYLEA including endophthalmitis, traumatic cataract, and increased intraocular pressure.

6.2 Clinical Studies Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

The data described below reflect exposure to EYLEA in 1824 patients with wet AMD, including 1223 patients treated with the 2-mg dose, in 2 double-masked, active-controlled clinical studies (VIEW1 and VIEW2) for 12 months [*see Clinical Studies (14)*].

Table 1: Most Common Adverse Reactions (≥1%) in Phase 3 wet AMD studies

Adverse Reactions	**EYLEA (N=1824)**	**Active Control (ranibizumab) (N=595)**
Conjunctival hemorrhage	25%	28%
Eye pain	9%	9%
Cataract	7%	7%
Vitreous detachment	6%	6%
Vitreous floaters	6%	7%

Regeneron Ex. 2032
Formycon v. Regeneron
IPR2025-00233
Page 7 of 15

This label may not be the latest approved by FDA.
For current labeling information, please visit https://www.fda.gov/drugsatfda

Adverse Reactions	EYLEA (N=1824)	Active Control (ranibizumab) (N=595)
Intraocular pressure increased	5%	7%
Conjunctival hyperemia	4%	8%
Corneal erosion	4%	5%
Detachment of the retinal pigment epithelium	3%	3%
Injection site pain	3%	3%
Foreign body sensation in eyes	3%	4%
Lacrimation increased	3%	1%
Vision blurred	2%	2%
Retinal pigment epithelium tear	2%	1%
Injection site hemorrhage	1%	2%
Eyelid edema	1%	2%
Corneal edema	1%	1%

Less common serious adverse reactions reported in <1% of the patients treated with EYLEA were retinal detachment, retinal tear, and endophthalmitis. Hypersensitivity has also been reported in less than 1% of the patients treated with EYLEA.

6.3 Immunogenicity

As with all therapeutic proteins, there is a potential for an immune response in patients treated with EYLEA. The immunogenicity of EYLEA was evaluated in serum samples. The immunogenicity data reflect the percentage of patients whose test results were considered positive for antibodies to EYLEA in immunoassays. The detection of an immune response is highly dependent on the sensitivity and specificity of the assays used, sample handling, timing of sample collection, concomitant medications, and underlying disease. For these reasons, comparison of the incidence of antibodies to EYLEA with the incidence of antibodies to other products may be misleading.

In the phase 3 studies, the pre-treatment incidence of immunoreactivity to EYLEA was 1% to 3% across treatment groups. After dosing with EYLEA for 52 weeks, antibodies to EYLEA were detected in a similar percentage range of patients. There were no differences in efficacy or safety between patients with or without immunoreactivity.

Regeneron Ex. 2032
Formycon v. Regeneron
IPR2025-00233
Page 8 of 15

This label may not be the latest approved by FDA.
For current labeling information, please visit https://www.fda.gov/drugsatfda

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Pregnancy Category C. Aflibercept produced embryo-fetal toxicity when administered during organogenesis in pregnant rabbits at intravenous doses of 3 to 60 mg/kg. A series of external, visceral, and skeletal malformations were observed in the fetuses. The maternal No Observed Adverse Effect Level (NOAEL) was 3 mg/kg, whereas the fetal NOAEL was below 3 mg/kg. At this dose, the systemic exposures based on C_{max} and AUC for free aflibercept were approximately 2900 times and 600 times higher, respectively, when compared to corresponding values observed in humans after an intravitreal dose of 2 mg.

There are no adequate and well-controlled studies in pregnant women. EYLEA should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

8.3 Nursing Mothers

It is unknown whether aflibercept is excreted in human milk. Because many drugs are excreted in human milk, a risk to the breastfed child cannot be excluded. EYLEA is not recommended during breastfeeding. A decision must be made whether to discontinue nursing or to discontinue treatment with EYLEA, taking into account the importance of the drug to the mother.

8.4 Pediatric Use

The safety and effectiveness of EYLEA in pediatric patients have not been established.

8.5 Geriatric Use

In the clinical studies, approximately 89% (1616/1817) of patients randomized to treatment with EYLEA were ≥65 years of age and approximately 63% (1139/1817) were ≥75 years of age. No significant differences in efficacy or safety were seen with increasing age in these studies.

11 DESCRIPTION

EYLEA (aflibercept) is a recombinant fusion protein consisting of portions of human VEGF receptors 1 and 2 extracellular domains fused to the Fc portion of human IgG1 formulated as an iso-osmotic solution for intravitreal administration. Aflibercept is a dimeric glycoprotein with a protein molecular weight of 97 kilodaltons (kDa) and contains glycosylation, constituting an additional 15% of the total molecular mass, resulting in a total molecular weight of 115 kDa. Aflibercept is produced in recombinant Chinese hamster ovary (CHO) cells.

EYLEA is a sterile, clear, and colorless to pale yellow solution. EYLEA is supplied as a preservative-free, sterile, aqueous solution in a single-use, glass vial designed to deliver 0.05 mL (50 microliters) of EYLEA (40 mg/mL in 10 mM sodium phosphate, 40 mM sodium chloride, 0.03% polysorbate 20, and 5% sucrose, pH 6.2).

Regeneron Ex. 2032
Formycon v. Regeneron
IPR2025-00233
Page 9 of 15

This label may not be the latest approved by FDA.
For current labeling information, please visit https://www.fda.gov/drugsatfda

12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action

Vascular endothelial growth factor-A (VEGF-A) and placental growth factor (PlGF) are members of the VEGF family of angiogenic factors that can act as mitogenic, chemotactic, and vascular permeability factors for endothelial cells. VEGF acts via two receptor tyrosine kinases, VEGFR-1 and VEGFR-2, present on the surface of endothelial cells. PlGF binds only to VEGFR-1, which is also present on the surface of leucocytes. Activation of these receptors by VEGF-A can result in neovascularization and vascular permeability.

Aflibercept acts as a soluble decoy receptor that binds VEGF-A and PlGF, and thereby can inhibit the binding and activation of these cognate VEGF receptors.

12.2 Pharmacodynamics

In the phase 3 studies anatomic measures of disease activity improved similarly in all treatment groups from baseline to week 52. Anatomic data were not used to influence treatment decisions.

12.3 Pharmacokinetics

EYLEA is administered intravitreally to exert local effects in the eye. In patients with wet AMD, following intravitreal administration of EYLEA, a fraction of the administered dose is expected to bind with endogenous VEGF in the eye to form an inactive aflibercept: VEGF complex. Once absorbed into the systemic circulation, aflibercept presents in the plasma as free aflibercept (unbound to VEGF) and a more predominant stable inactive form with circulating endogenous VEGF (i.e., aflibercept: VEGF complex).

Absorption/Distribution

Following intravitreal administration of 2 mg per eye of EYLEA to patients with wet AMD, the mean C_{max} of free aflibercept in the plasma was 0.02 mcg/mL (range: 0 to 0.054 mcg/mL) and was attained in 1 to 3 days. The free aflibercept plasma concentrations were undetectable two weeks post-dosing in all patients. Aflibercept did not accumulate in plasma when administered as repeated doses intravitreally every 4 weeks. It is estimated that after intravitreal administration of 2 mg to patients, the mean maximum plasma concentration of free aflibercept is more than 100 fold lower than the concentration of aflibercept required to half-maximally bind systemic VEGF.

The volume of distribution of free aflibercept following intravenous (I.V.) administration of aflibercept has been determined to be approximately 6L.

Metabolism/Elimination

Aflibercept is a therapeutic protein and no drug metabolism studies have been conducted. Aflibercept is expected to undergo elimination through both target-mediated disposition via binding to free endogenous VEGF and metabolism via proteolysis. The terminal elimination

Regeneron Ex. 2032
Formycon v. Regeneron
IPR2025-00233
Page 10 of 15

This label may not be the latest approved by FDA.
For current labeling information, please visit https://www.fda.gov/drugsatfda

half-life (t1/2) of free aflibercept in plasma was approximately 5 to 6 days after I.V. administration of doses of 2 to 4 mg/kg aflibercept.

Specific Populations

Renal Impairment

Pharmacokinetic analysis of a subgroup of patients (n=492) in one Phase 3 study, of which 43% had renal impairment (mild n=120, moderate n=74, and severe n=16), revealed no differences with respect to plasma concentrations of free aflibercept after intravitreal administration every 4 or 8 weeks. No dose adjustment based on renal impairment status is needed.

13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

No studies have been conducted on the mutagenic or carcinogenic potential of aflibercept. Effects on male and female fertility were assessed as part of a 6-month study in monkeys with intravenous administration of aflibercept at doses ranging from 3 to 30 mg/kg. Absent or irregular menses associated with alterations in female reproductive hormone levels and changes in sperm morphology and motility were observed at all dose levels. In addition, females showed decreased ovarian and uterine weight accompanied by compromised luteal development and reduction of maturing follicles. These changes correlated with uterine and vaginal atrophy. A No Observed Adverse Effect Level (NOAEL) was not identified. Based on C_{max} and AUC for free aflibercept observed at the lowest dose used of 3 mg/kg, the systemic exposures were approximately 4900 times and 1500 times higher, respectively, than the exposure observed in humans after an intravitreal dose of 2 mg. All changes were reversible.

13.2 Animal Toxicology and/or Pharmacology

Erosions and ulcerations of the respiratory epithelium in nasal turbinates in monkeys treated with aflibercept intravitreally were observed at intravitreal doses of 2 or 4 mg/eye. At the NOAEL of 0.5 mg/eye in monkeys, the systemic exposure was 42 times and 56 times higher based on C_{max} and AUC, respectively, than the exposure observed in humans after an intravitreal dose of 2 mg. Similar effects were not seen in clinical studies [*see Clinical Studies (14)*].

14 CLINICAL STUDIES

The safety and efficacy of EYLEA were assessed in two randomized, multi-center, double-masked, active-controlled studies in patients with wet AMD. A total of 2412 patients were treated and evaluable for efficacy (1817 with EYLEA) in the two studies (VIEW1 and VIEW2). In each study, patients were randomly assigned in a 1:1:1:1 ratio to 1 of 4 dosing regimens: 1) EYLEA administered 2 mg every 8 weeks following 3 initial monthly doses (EYLEA 2Q8); 2) EYLEA administered 2 mg every 4 weeks (EYLEA 2Q4); 3) EYLEA 0.5 mg administered every 4 weeks (EYLEA 0.5Q4); and 4) ranibizumab administered 0.5 mg every 4 weeks (ranibizumab 0.5 mg Q4). Patient ages ranged from 49 to 99 years with a mean of 76 years.

Regeneron Ex. 2032
Formycon v. Regeneron
IPR2025-00233
Page 11 of 15

This label may not be the latest approved by FDA.
For current labeling information, please visit https://www.fda.gov/drugsatfda

In both studies, the primary efficacy endpoint was the proportion of patients who maintained vision, defined as losing fewer than 15 letters of visual acuity at week 52 compared to baseline. Data are available through week 52. Both EYLEA 2Q8 and EYLEA 2Q4 groups were shown to have efficacy that was clinically equivalent to the ranibizumab 0.5 mg Q4 group.

Detailed results from the analysis of the VIEW1 and VIEW2 studies are shown in Table 2 and Figure 9 below.

Table 2: Efficacy Outcomes at Week 52 (Full Analysis Set with LOCF) in VIEW1 and VIEW2 Studies

	VIEW1			VIEW2		
	EYLEA 2 mg Q8 weeks [a]	EYLEA 2 mg Q4 weeks	ranibizu-mab 0.5 mg Q4 weeks	EYLEA 2 mg Q8 weeks [a]	EYLEA 2 mg Q4 weeks	ranibizu-mab 0.5 mg Q4 weeks
Full Analysis Set	N=301	N=304	N=304	N=306	N=309	N=291
Efficacy Outcomes						
Proportion of patients who maintained visual acuity (%) (<15 letters of BCVA loss)	94%	95%	94%	95%	95%	95%
Difference[b] (%) (95.1% CI)	0.6 (-3.2, 4.4)	1.3 (-2.4, 5.0)		0.6 (-2.9, 4.0)	-0.3 (-4.0, 3.3)	
Mean change in BCVA as measured by ETDRS letter score from Baseline	7.9	10.9	8.1	8.9	7.6	9.4
Difference[b] in LS mean (95.1% CI)	0.3 (-2.0, 2.5)	3.2 (0.9, 5.4)		-0.9 (-3.1, 1.3)	-2.0 (-4.1, 0.2)	
Number of patients who gained at least 15 letters of vision from Baseline (%)	92 (31%)	114 (38%)	94 (31%)	96 (31%)	91 (29%)	99 (34%)
Difference[b] (%) (95.1% CI)	-0.4 (-7.7, 7.0)	6.6 (-1.0, 14.1)		-2.6 (-10.2, 4.9)	-4.6 (-12.1, 2.9)	

BCVA = Best Corrected Visual Acuity; CI = Confidence Interval; ETDRS = Early Treatment Diabetic Retinopathy Study; LOCF = Last Observation Carried Forward (baseline values are not carried forward); 95.1% confidence intervals were presented to adjust for safety assessment conducted during the study.

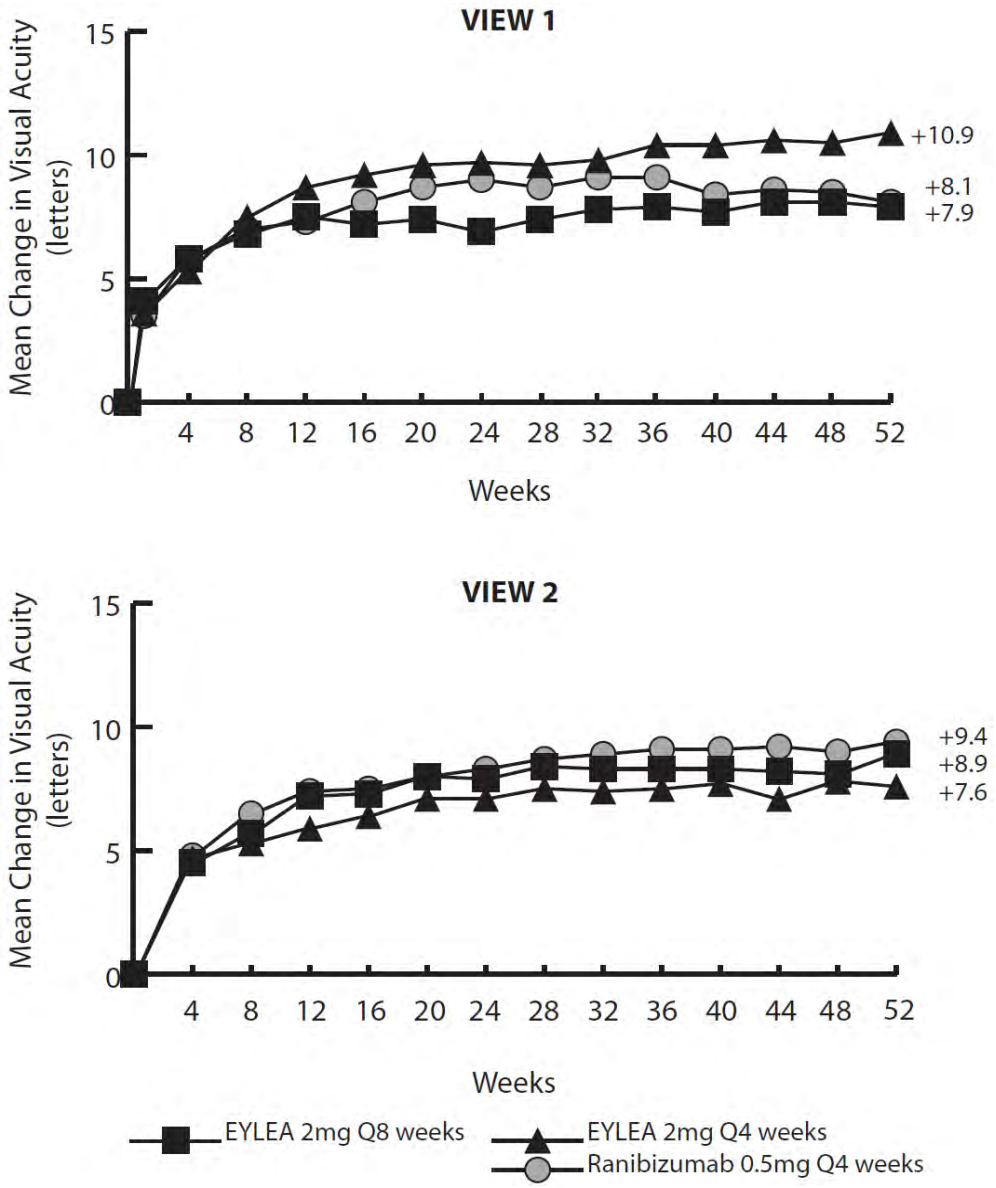
[a] After treatment initiation with 3 monthly doses

[b] EYLEA group minus the ranibizumab group

Regeneron Ex. 2032
Formycon v. Regeneron
IPR2025-00233
Page 12 of 15

This label may not be the latest approved by FDA.
For current labeling information, please visit https://www.fda.gov/drugsatfda

Figure 9: Mean Change in Visual Acuity from Baseline to Week 52 in VIEW1 and VIEW2 Studies



16 HOW SUPPLIED/STORAGE AND HANDLING

Each Vial is for single eye use only. EYLEA is supplied in the following presentation [*see Dosage and Administration (2.3) and (2.4)*].

Regeneron Ex. 2032
Formycon v. Regeneron
IPR2025-00233
Page 13 of 15

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NDC NUMBER	CARTON TYPE	CARTON CONTENTS
61755-005-02	Vial	one single-use, sterile, 3-mL, glass vial containing a 0.278 mL fill of 40 mg/mL EYLEA one 19-gauge x 1½-inch, 5-micron, filter needle for withdrawal of the vial contents one 30-gauge x ½-inch injection needle for intravitreal injection one 1-mL syringe for administration one package insert

Storage

EYLEA should be refrigerated at 2°C to 8ºC (36°F to 46ºF). Do Not Freeze. Do not use beyond the date stamped on the carton and container label. Protect from light. Store in the original carton until time of use.

17 PATIENT COUNSELING INFORMATION

Patients may experience temporary visual disturbances after an intravitreal injection with EYLEA and the associated eye examinations [*see Adverse Reactions (6)*]. Patients should be advised not to drive or use machinery until visual function has recovered sufficiently.

In the days following EYLEA administration, patients are at risk of developing endophthalmitis or retinal detachment. If the eye becomes red, sensitive to light, painful, or develops a change in vision, the patient should seek immediate care from an ophthalmologist [*see Warnings and Precautions (5.1)*].

Regeneron Ex. 2032
Formycon v. Regeneron
IPR2025-00233
Page 14 of 15

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REGENERON

Manufactured by:

Regeneron Pharmaceuticals, Inc.

777 Old Saw Mill River Road

Tarrytown, NY 10591-6707

U.S. License Number 1760

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V1.0

Issue Date: November /2011

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Regeneron U.S. Patents 7,306,799; 7,531,173; 7,608,261; 7,070,959; 7,374,757; 7,374,758, and other pending patents

Regeneron Ex. 2032
Formycon v. Regeneron
IPR2025-00233
Page 15 of 15