

TARRYTOWN, N.Y., Nov. 18, 2011 /PRNewswire/ -- Regeneron Pharmaceuticals, Inc. announced that the U.S. Food and Drug Administration (FDA) has approved EYLEA as the scientific literature as VEGF Trap-Eye, for the treatment of patients with neovascular age-related macular degeneration (AMD) at a recommended dose of 2 milligrams (mg) every four weeks followed by 2 mg every eight weeks (2 months).

The approval of EYLEA was granted under a Priority Review, a designation that is granted to drugs that are expected to provide advances in treatment, or provide a treatment where no adequate therapy exists. The approval is based on the results of two Phase 3 clinical studies. In these studies, EYLEA dosed every eight weeks with monthly injections, was clinically equivalent to the standard of care, Lucentis® (ranibizumab) dosed every four weeks, as measured by the primary endpoint of maintenance of visual acuity (measured on an eye chart) over 52 weeks. The most common adverse reactions (frequency of occurrence) in patients receiving EYLEA were conjunctival hemorrhage, eye pain, cataract, vitreous detachment, and increased intraocular pressure. The adverse event profile was similar to that seen with Lucentis®.

"The approval of EYLEA offers a much needed new treatment option for patients with neovascular age-related macular degeneration. Dr. Leonard S. Schleifer, M.D., a clinical ophthalmologist and retinal specialist at Ophthalmic Consultants of Boston and Professor of Ophthalmology at Tufts School of Medicine, and Chair of the Steering Committee for the EYLEA clinical studies, said, "The potential of achieving the efficacy we've come to expect from current anti-VEGF therapies with fewer injections and monitoring. This may reduce the need for costly and time-consuming treatments and their caregivers."

"This approval is an important step forward for Regeneron and for patients suffering from neovascular age-related macular degeneration, a common cause of blindness in the U.S. in older adults," said Leonard S. Schleifer, M.D., Executive Officer of Regeneron. "We thank the patients and clinical investigators who participated in the clinical studies, the FDA, and the Regeneron employees who helped make this day possible. Regeneron plans to make EYLEA available to patients within the next few days."

### **About EYLEA™ (aflibercept) Injection**

Vascular Endothelial Growth Factor (VEGF) is a naturally occurring protein in the body. The primary function of VEGF in the organism is to trigger formation of new blood vessels (angiogenesis) supporting the growth of new organs. However, in certain diseases, such as wet age-related macular degeneration, VEGF causes the growth of abnormal new blood vessels in the eye, which exhibit abnormal increases in permeability, leading to retinal edema. Scarring and loss of fine-resolution central vision often results.

EYLEA, known in the scientific literature as VEGF Trap-Eye, is a recombinant fusion protein consisting of human VEGF receptors 1 and 2 extracellular domains fused to the Fc portion of human IgG1. EYLEA is an iso-osmotic solution for intravitreal administration. EYLEA acts as a soluble decoy receptor for VEGF, placental growth factor (PIGF) and thereby can inhibit the binding and activation of VEGF receptors.

EYLEA is indicated for the treatment of patients with neovascular age-related macular degeneration. EYLEA is contraindicated in patients with ocular or periocular infections, active intraocular inflammation, or hypersensitivity to aflibercept or to any of the excipients in EYLEA.

fewer than 15 letters of BCVA loss at week 52 compared to baseline. Data are shown for the EYLEA™ (aflibercept) Injection 2Q8 and 2Q4 dosing groups were shown to have efficacy similar to the ranibizumab 0.5Q4 group for the primary endpoint.

Select results of the VIEW 1 and VIEW 2 studies as described in the full Prescribing Information are shown below. Results for the EYLEA 2 mg every four weeks and EYLEA 2 mg every eight weeks dosing groups as compared to the ranibizumab 0.5 mg every four weeks dosing group are shown below.

Efficacy Outcomes at Week 52 (Full Analysis Set with LOCF) in VIEW 1 and VIEW 2

	VIEW 1		
	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
<b>Efficacy Outcomes</b>			
Proportion of patients who maintained visual acuity (%) (<15 letters of BCVA loss)	94%	95%	94%
Difference(b) (%) (95.1% CI)	0.6 (-3.2, 4.4)	1.3 (-2.4, 5.0)	
Mean change in BCVA as measured by ETDRS letter score from Baseline	7.9	10.9	8.1
Difference(b) in LS mean (95.1% CI)	0.3 (-2.0, 2.5)	3.2 (0.9, 5.4)	

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). Data are 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

**IMPORTANT SAFETY INFORMATION**

EYLEA™ (aflibercept) Injection is contraindicated in patients with ocular or periocular inflammation, or known hypersensitivity to aflibercept or to any of the excipients in the formulation.

Intravitreal injections, including those with EYLEA, have been associated with endophthalmitis and retinal detachments. Proper aseptic injection technique must always be used when administering intravitreal injections. Patients should be instructed to report any symptoms suggestive of endophthalmitis or retinal detachment. Endophthalmitis and retinal detachment should be managed appropriately.

Acute increases in intraocular pressure have been seen within 60 minutes of intravitreal injection with EYLEA. Sustained increases in intraocular pressure have also been reported after intravitreal injection with VEGF inhibitors. Intraocular pressure and the perfusion of the optic nerve head should be monitored and managed appropriately.

There is a potential risk of arterial thromboembolic events (ATEs) following use of EYLEA, including EYLEA, defined as nonfatal stroke, nonfatal myocardial infarction, or vascular death of unknown cause). The incidence of ATEs with EYLEA in clinical trials was low (1.8% in the VIEW 1 study).

## Conference Call Information

Leonard S. Schleifer, M.D., Ph.D., President and Chief Executive Officer of Regeneron management will host a conference call to discuss the FDA approval of EYLEA for AMD and launch plans, as well as other corporate matters. The interactive call will begin at 6:30 p.m. Eastern Time and can be accessed live through the Regeneron website at [www.regeneron.com](#) on the Investor Relations page. The call, including the question and answer session, can be accessed on the

Domestic Dial-in Number: (888) 660-6127

International Dial-in Number: (973) 890-8355

Participant Passcode: 30193445

An archived version of the conference call will be available for 30 days on the company website at [www.regeneron.com](#) on the Investor Relations page.

## About Regeneron Pharmaceuticals

Regeneron is a fully integrated biopharmaceutical company that discovers, invents, develops, and commercializes medicines for the treatment of serious medical conditions. Regeneron's ARCALYST® (rilonacept) Injection For Subcutaneous Use and EYLEA™ (aflibercept) completed several Phase 3 studies and is conducting an additional Phase 3 clinical trial for ZALTRAP® (aflibercept) Concentrate for Intravenous Infusion. Additional therapeutic programs include proprietary Regeneron technologies for creating fully human monoclonal antibodies and programs in rheumatoid arthritis and other inflammatory conditions, pain, cholesterol-lowering, and cancer. Additional information about Regeneron and recent news releases are available on the Regeneron web site at [www.regeneron.com](#).

## Regeneron Forward Looking Statement

This news release includes forward-looking statements that involve risks and uncertainties and the future performance of Regeneron, and actual events or results may differ materially from these forward-looking statements. These statements concern, and these risks and uncertainties include, the timing, and possible success and therapeutic applications of EYLEA and Regeneron's research and clinical programs now underway or planned, the likelihood and timing of the commercial launch of Regeneron's late-stage product candidates, determinations by administrative governmental authorities which may delay or restrict Regeneron's ability to commercialize EYLEA and other products and drug candidates, competing drugs to Regeneron's products and drug candidates, uncertainty of market acceptance of EYLEA and drug candidates, unanticipated expenses, the availability and cost of capital, the ability to sell and selling products, the potential for any license or collaboration agreement, including with Sanofi and Bayer HealthCare, to be canceled or terminated without any product success, the potential for third party intellectual property and pending or future litigation relating thereto. A number of these and other material risks can be found in Regeneron's filings with the United States Securities and Exchange Commission, including its Form 10-K for the year ended December 31, 2010 and Form 10-Q for the period ended September 30, 2011. Regeneron does not undertake any obligation to update public statements, whether as a result of new information, future events, or otherwise, unless

