BLA 125387/S-069 Page 3

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 use Initial U.S. Approval: 2011

EYLEA is a vascular endothelial growth factor (VEGF) inhibitor indicated for the treatment of patients with:

- Neovascular (Wet) Age-Related Macular Degeneration (AMD) (1.1)
- Macular Edema Following Retinal Vein Occlusion (RVO) (1.2)
- Diabetic Macular Edema (DME) (1.3)
- Diabetic Retinopathy (DR) (1.4)

-DOSAGE AND ADMINISTRATION

• Neovascular (Wet) Age-Related Macular Degeneration (AMD)

- The recommended dose for EYLEA is 2 mg (0.05 mL) administered by intravitreal injection every 4 weeks (approximately every 28 days, 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 (approximately every 25 days, monthly), additional efficacy was not demonstrated in most patients when EYLEA was dosed every 4 weeks compared to every 8 weeks. Some patients may need every 4 week (monthly) dosing after the first 12 weeks (3 months). (2.2)
- Although not as effective as the recommended every 8 week dosing regimen, patients may also be treated with one dose every 12 weeks after one year of effective therapy. Patients should be assessed regularly. (2.2)
- Macular Edema Following Retinal Vein Occlusion (RVO)
 - The recommended dose for EYLEA is 2 mg (0.05 mL) administered by intravitreal injection once every 4 weeks (approximately every 25 days, monthly). (2.3)
- Diabetic Macular Edema (DME) and Diabetic Retinopathy (DR)
 - The recommended dose for EYLEA is 2 mg (0.05 mL) administered by intravitreal injection every 4 weeks (approximately every 28 days, monthly) for the first 5 injections followed by 2 mg (0.05 mL) via intravitreal injection once every 8 weeks (2 months). (2.4, 2.5)

FULL PRESCRIBING INFORMATION: CONTENTS*

1 INDICATIONS AND USAGE

- 1.1 Neovascular (Wet) Age-Related Macular Degeneration (AMD)
- 1.2 Macular Edema Following Retinal Vein Occlusion (RVO)
- 1.3 Diabetic Macular Edema (DME)
- 1.4 Diabetic Retinopathy (DR)

2 DOSAGE AND ADMINISTRATION

- 2.1 Important Injection Instructions
- 2.2 Neovascular (Wet) Age-Related Macular Degeneration (AMD)
- 2.3 Macular Edema Following Retinal Vein Occlusion (RVO)
- 2.4 Diabetic Macular Edema (DME)
- 2.5 Diabetic Retinopathy (DR)
- 2.6 Preparation for Administration Pre-filled Syringe
- 2.7 Preparation for Administration Vial
- 2.8 Injection Procedure

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 Clinical Trials Experience
- 6.2 Immunogenicity

8 USE IN SPECIFIC POPULATIONS

 Although EYLEA may be dosed as frequently as 2 mg every 4 weeks (approximately every 25 days, monthly), additional efficacy was not demonstrated in most patients when EYLEA was dosed every 4 weeks compared to every 8 weeks. Some patients may need every 4 week (monthly) dosing after the first 20 weeks (5 months). (2.4, 2.5)

- Injection: 2 mg/0.05 mL solution in a single-dose pre-filled syringe (3)
- Injection: 2 mg/0.05 mL solution in a single-dose vial (3)

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

- 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)
- There is a potential risk of arterial thromboembolic events following intravitreal use of VEGF inhibitors. (5.3)

-ADVERSE REACTIONS

The most common adverse reactions (\geq 5%) reported in patients receiving EYLEA were conjunctival hemorrhage, eye pain, cataract, vitreous detachment, vitreous floaters, and intraocular pressure increased. (6.1)

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: 03/2021

- 8.1 Pregnancy8.2 Lactation
- 8.3 Females and Males of Reproductive Potential
- 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

- 14.1 Neovascular (Wet) Age-Related Macular Degeneration (AMD)
- 14.2 Macular Edema Following Central Retinal Vein Occlusion (CRVO)
- 14.3 Macular Edema Following Branch Retinal Vein Occlusion (BRVO)
- 14.4 Diabetic Macular Edema (DME)
- 14.5 Diabetic Retinopathy (DR)
- 16 HOW SUPPLIED/STORAGE AND HANDLING
- 17 PATIENT COUNSELING INFORMATION

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

Mylan v. Regeneron, IPR2021-00881 U.S. Pat. 9,254,338, Exhibit 2189

Find authenticated court documents lacksquare

BLA 125387/S-069 Page 4

FULL PRESCRIBING INFORMATION

1 INDICATIONS AND USAGE

EYLEA is indicated for the treatment of:

- **1.1** Neovascular (Wet) Age-Related Macular Degeneration (AMD)
- **1.2** Macular Edema Following Retinal Vein Occlusion (RVO)
- **1.3 Diabetic Macular Edema (DME)**
- **1.4** Diabetic Retinopathy (DR)

2 DOSAGE AND ADMINISTRATION

2.1 Important Injection Instructions

For ophthalmic intravitreal injection. EYLEA must only be administered by a qualified physician.

<u>Pre-filled Syringe</u>: A 30-gauge $\times \frac{1}{2}$ -inch sterile injection needle is needed but not provided.

<u>Vial</u>: A 5-micron sterile filter needle (19-gauge \times 1¹/₂-inch), a 1-mL Luer lock syringe and a 30-gauge \times 1¹/₂-inch sterile injection needle are needed.

EYLEA is available packaged as follows:

• Pre-filled Syringe

DOCKF

• Vial Kit with Injection Components (filter needle, syringe, injection needle)

[see How Supplied/Storage and Handling (16)].

2.2 Neovascular (Wet) Age-Related Macular Degeneration (AMD)

The recommended dose for EYLEA is 2 mg (0.05 mL or 50 microliters) administered by intravitreal injection every 4 weeks (approximately every 28 days, 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 (approximately every 25 days, monthly), additional efficacy was not demonstrated in most patients when EYLEA was dosed every 4 weeks compared to every 8 weeks [see Clinical Studies (14.1)]. Some patients may need every 4 week (monthly) dosing after the first 12 weeks (3 months). Although not as effective as the recommended every 8 week dosing regimen, patients may also be treated with one dose every 12 weeks after one year of effective therapy. Patients should be assessed regularly.

DOCKE.

2.3 Macular Edema Following Retinal Vein Occlusion (RVO)

The recommended dose for EYLEA is 2 mg (0.05 mL or 50 microliters) administered by intravitreal injection once every 4 weeks (approximately every 25 days, monthly) [see Clinical Studies (14.2), (14.3)].

2.4 Diabetic Macular Edema (DME)

The recommended dose for EYLEA is 2 mg (0.05 mL or 50 microliters) administered by intravitreal injection every 4 weeks (approximately every 28 days, monthly) for the first 5 injections, 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 (approximately every 25 days, monthly), additional efficacy was not demonstrated in most patients when EYLEA was dosed every 4 weeks compared to every 8 weeks [see Clinical Studies (14.4)]. Some patients may need every 4 week (monthly) dosing after the first 20 weeks (5 months).

2.5 Diabetic Retinopathy (DR)

The recommended dose for EYLEA is 2 mg (0.05 mL or 50 microliters) administered by intravitreal injection every 4 weeks (approximately every 28 days, monthly) for the first 5 injections, 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 (approximately every 25 days, monthly), additional efficacy was not demonstrated in most patients when EYLEA was dosed every 4 weeks compared to every 8 weeks [*see Clinical Studies (14.5)*]. Some patients may need every 4 week (monthly) dosing after the first 20 weeks (5 months).

2.6 Preparation for Administration - Pre-filled Syringe

The EYLEA pre-filled glass syringe is sterile and for single use only. It should be inspected visually prior to administration. **Do not** use if particulates, cloudiness, or discoloration are visible, or if the package is open or damaged.

The intravitreal injection should be performed with a 30-gauge x $\frac{1}{2}$ -inch injection needle (not provided).

The pre-filled syringe contains more than the recommended dose of 2 mg aflibercept (equivalent to 50 microliters). **The excess volume must be discarded prior to the administration**.

PRE-FILLED SYRINGE DESCRIPTION – Figure 1:

| Syringe Cap Luer Lock 0.05 mL Dosing Line (|
|---|
| Plunger |
| Finger Grip |
| Plunger Rod |

Use aseptic technique to carry out the following steps:

1. PREPARE

When ready to administer EYLEA, open the carton and remove sterilized blister pack. Carefully peel open the sterilized blister pack ensuring the sterility of its contents. Keep the syringe in the sterile tray until you are ready for assembly.

2. REMOVE SYRINGE

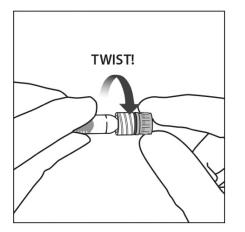
Using aseptic technique, remove the syringe from the sterilized blister pack.

3. TWIST OFF SYRINGE CAP

Twist off the syringe cap by holding the syringe in one hand and the syringe cap with the thumb and forefinger of the other hand (see Figure 2).

Note: To avoid compromising the sterility of the product, do not pull back on the plunger.

Figure 2:

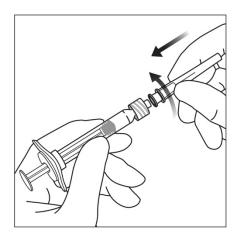


BLA 125387/S-069 Page 7

4. ATTACH NEEDLE

Using aseptic technique, firmly twist a 30-gauge x ¹/₂-inch injection needle onto the Luer lock syringe tip (see Figure 3).

Figure 3:

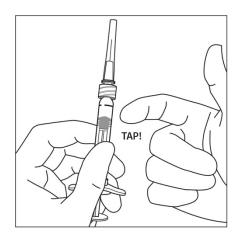


Note: When ready to administer EYLEA, remove the plastic needle shield from the needle.

5. 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 (see Figure 4).

Figure 4:



6. EXPEL AIR AND SET THE DOSE

To eliminate all bubbles and to expel excess drug, slowly depress the plunger rod to align the plunger dome edge (see Figure 5a) with the black dosing line on the syringe (equivalent to 50 microliters) (see Figure 5b).

DOCKET A L A R M



Explore Litigation Insights

Docket Alarm provides insights to develop a more informed litigation strategy and the peace of mind of knowing you're on top of things.

Real-Time Litigation Alerts



Keep your litigation team up-to-date with **real-time alerts** and advanced team management tools built for the enterprise, all while greatly reducing PACER spend.

Our comprehensive service means we can handle Federal, State, and Administrative courts across the country.

Advanced Docket Research



With over 230 million records, Docket Alarm's cloud-native docket research platform finds what other services can't. Coverage includes Federal, State, plus PTAB, TTAB, ITC and NLRB decisions, all in one place.

Identify arguments that have been successful in the past with full text, pinpoint searching. Link to case law cited within any court document via Fastcase.

Analytics At Your Fingertips



Learn what happened the last time a particular judge, opposing counsel or company faced cases similar to yours.

Advanced out-of-the-box PTAB and TTAB analytics are always at your fingertips.

API

Docket Alarm offers a powerful API (application programming interface) to developers that want to integrate case filings into their apps.

LAW FIRMS

Build custom dashboards for your attorneys and clients with live data direct from the court.

Automate many repetitive legal tasks like conflict checks, document management, and marketing.

FINANCIAL INSTITUTIONS

Litigation and bankruptcy checks for companies and debtors.

E-DISCOVERY AND LEGAL VENDORS

Sync your system to PACER to automate legal marketing.