



Your guide to EYLEA®



Welcome to your EYLEA guide

Your doctor has prescribed EYLEA because you have been diagnosed with one of the following conditions:

- Wet Age-Related Macular Degeneration (Wet AMD)
- Macular edema secondary to branch retinal vein occlusion (BRVO)
- Macular edema secondary to central retinal vein occlusion (CRVO)
- Diabetic Macular Oedema (DME)
- Myopic choroidal neovascularisation (myopic CNV)

These conditions make it harder for you to see clearly. Treatments like EYLEA can help stop your eyesight from becoming worse, and may improve some of the symptoms you have.

The following link includes an audio file with all of the information contained in this book.

www.edumaterial.bayer.co.il

Whether you read this guide or choose to listen to it on audio, it has been made to help answer any questions you may have, so you can get the most out of your treatment.

Your eye care clinic is:

Contact: _____

Telephone: _____

Address: _____

Email: _____

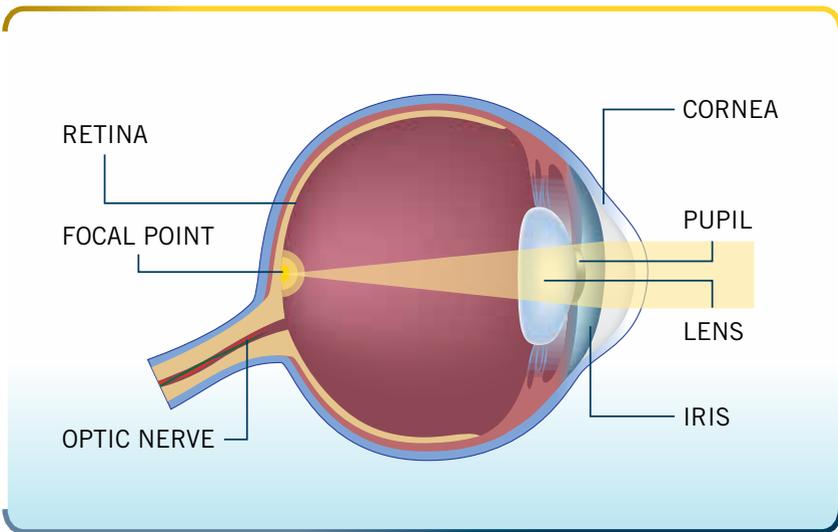
Within this book you will find:

- Information to help you understand wAMD
 - What is wAMD?
 - What causes wAMD?
- Information to help you understand BRVO
 - What is BRVO?
 - What causes BRVO?
- Information to help you understand CRVO
 - What is CRVO?
 - What causes CRVO?
- Information to help you understand DME
 - What is DME?
 - What causes DME?
- Information to help you understand myopic CNV
 - What is myopic CNV?
 - What causes myopic CNV?
- What to expect from your EYLEA® treatment
 - What is EYLEA?
 - How will I take EYLEA?
 - What if I have questions about EYLEA?
- How to care for your eyes after your EYLEA treatment
 - What should I expect?
 - When do I need to take EYLEA again?
 - Are there side effects with EYLEA?
- Advice for living with a retinal disease

There is also useful information and links to relevant associations related to eye health and to AMD and a calendar to help you keep track of your EYLEA treatment.

What is wAMD?

Patients with wAMD have an abnormal formation of new blood vessels in the eye. These weak blood vessels can cause the leak of fluid into the eye. The macula is the part of the retina responsible for central and fine vision. The leaked fluid can cause the central vision to become blurry and over time can create scars. Like scratches on a photograph, these scars make it harder for you to see.



What causes wAMD?

Wet age-related macular degeneration is as the name suggests, primarily caused by aging.

There are many factors, such as your age, your family history and genes, high blood pressure and cholesterol can all increase the risk of wAMD.

Other things that can increase your risk of getting wAMD, or having it get worse, are 'lifestyle' factors including smoking and being overweight. Quitting smoking greatly lowers the risk of damage to your eyes as well as improving your general health. If you are overweight, losing weight and eating healthily can help protect your eyesight. Your general practitioner can help you with quitting smoking and losing weight.

The best things you can do to protect your eyesight are to follow your eye doctor's advice and to make sure you keep all of your scheduled appointments.

How is wAMD treated?

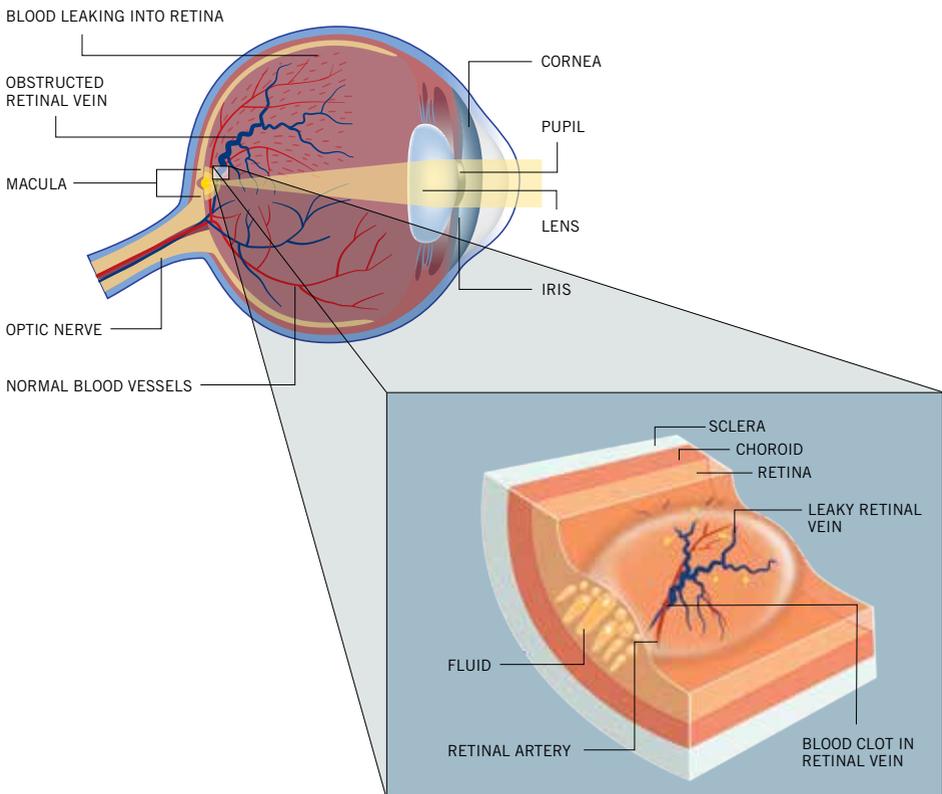
There are several treatment options for wAMD and they work in different ways. Some treatments work by stopping new, weak blood vessels from being made. Another way to treat wAMD is through laser surgery, which works by shrinking and sealing up these weak vessels that have already been made.

Since no two patients are alike, there is no one-size-fits-all solution. Your doctor will choose a treatment best-suited for your individual needs.

What is BRVO?

Within the back of your eye, there is a network of tightly woven cells and blood vessels that form a barrier to control substances entering or leaving your retina. The retina is where all of the images you see are recorded – it acts like the film in a camera.

People with BRVO have one or more branches of the blood vessels, that transport blood away from the retina, blocked. Fluid may then leak through causing swelling. The macula is the part of the retina responsible for central and fine vision. When the macula swells with fluid, central vision becomes blurry. Over time the swelling can create scars which damage the retina. Like scratches on a photograph, these scars make it harder for you to see.



What causes BRVO?

In many people with BRVO, a specific cause can't be determined but it often happens as a consequence of other conditions like atherosclerosis (hardening of the arteries), glaucoma or diabetes.

Other things that can increase your risk of getting BRVO, or having it get worse, are 'lifestyle' factors including smoking, not exercising and being overweight. Quitting smoking greatly lowers the risk of damage to your eyes as well as improving your general health. If you are overweight, losing weight and eating healthily can help protect your eyesight. Your general practitioner can help you with quitting smoking and losing weight.

The best things you can do to protect your eyesight is to follow your eye doctor's advice and to make sure you keep all of your scheduled appointments.

How is BRVO treated?

There are several treatment options for BRVO and they work in different ways. Generally, these treatments work by shrinking and sealing up the leaking blood vessels. These treatments can involve injections or laser surgery.

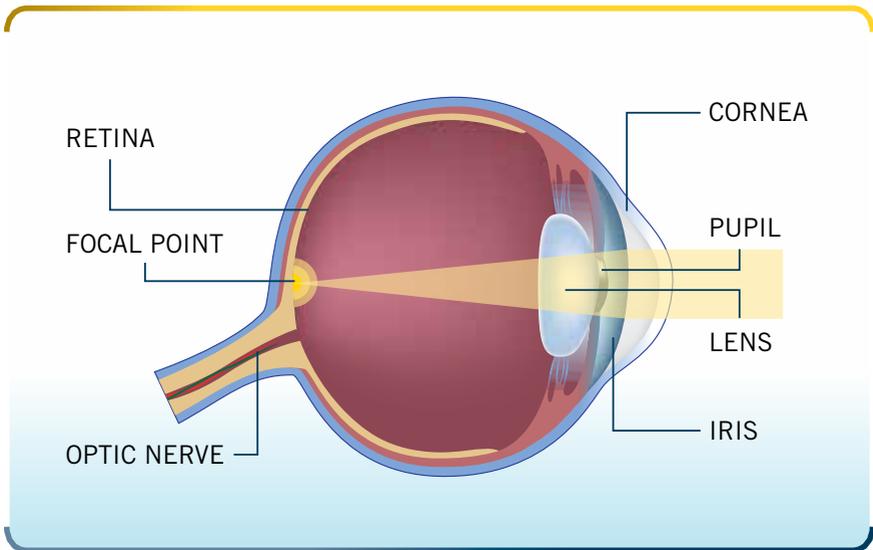
Since no two patients are alike, there is no one-size-fits-all solution. Your doctor will choose a treatment best-suited for your individual needs.

What is CRVO?

Central retinal vein occlusion is a condition that damages your eyesight by blocking the flow of blood to and from the retina, in the back of your eye.

The retina is where all of the images you see are recorded – it acts like the film in a camera.

The blockage stops blood from flowing in and out of the retina which can damage your eyesight and eventually lead to blindness and a painful eye.



What causes CRVO?

Central retinal vein occlusion can happen at any age, but is more common in people over 65 years.

In many people with CRVO, a specific cause responsible for the occlusion can't be determined but it often happens as a consequence of other conditions like glaucoma, hypertension (high blood pressure) or diabetes.

Other things that can increase your risk of getting CRVO, or having it get worse, are 'lifestyle' factors including smoking and being overweight. Quitting smoking greatly lowers the risk of damage to your eyes as well as improving your general health. If you are overweight, losing weight and eating healthily can help protect your eyesight. Your general practitioner can help you with quitting smoking and losing weight.

The best things you can do to protect your eyesight is to follow your eye doctor's advice and to make sure you keep all of your scheduled appointments.

How is CRVO treated?

There are several treatment options for CRVO and they work in different ways.

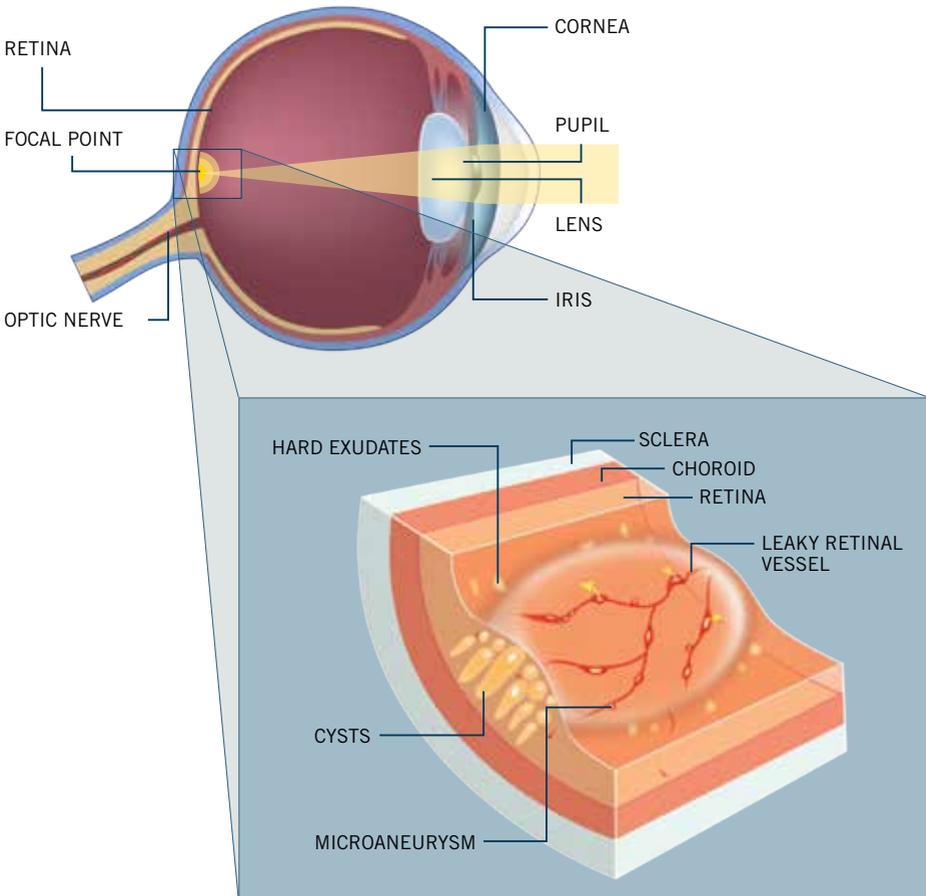
Some of these treatments work by shrinking and sealing up these weak blood vessels to prevent them from becoming blocked. Other treatments focus on reducing swelling and managing pain.

Since no two patients are alike, there is no one-size-fits-all solution. Your doctor will choose a treatment best-suited for your individual needs.

What is DME?

Within the back of your eye, there is a network of tightly woven cells and blood vessels that form a barrier to control substances entering or leaving your retina. The retina is where all of the images you see are recorded – it acts like the film in a camera.

People with DME have a damaged barrier that allows fluids to leak through. This leakage causes swelling. The macula is the part of the retina responsible for central and fine vision. When the macula swells with fluid, central vision becomes blurry. Over time the swelling can create scars which damage the retina. Like scratches on a photograph, these scars make it harder for you to see.



What causes DME?

DME is caused by long-term exposure to high blood sugar levels, known as hyperglycaemia. This is generally caused by diabetes that either wasn't diagnosed early or hasn't been consistently controlled.

Other things that can increase your risk of worsening DME, are 'lifestyle' factors including smoking and being overweight. Quitting smoking greatly lowers the risk of damage to your eyes as well as improving your general health. If you are overweight, losing weight and eating healthily can help protect your eyesight. Your general practitioner can help you with quitting smoking and losing weight.

The best things you can do to protect your eyesight are to follow your eye doctor's advice and to make sure you keep all of your scheduled appointments.

How is DME treated?

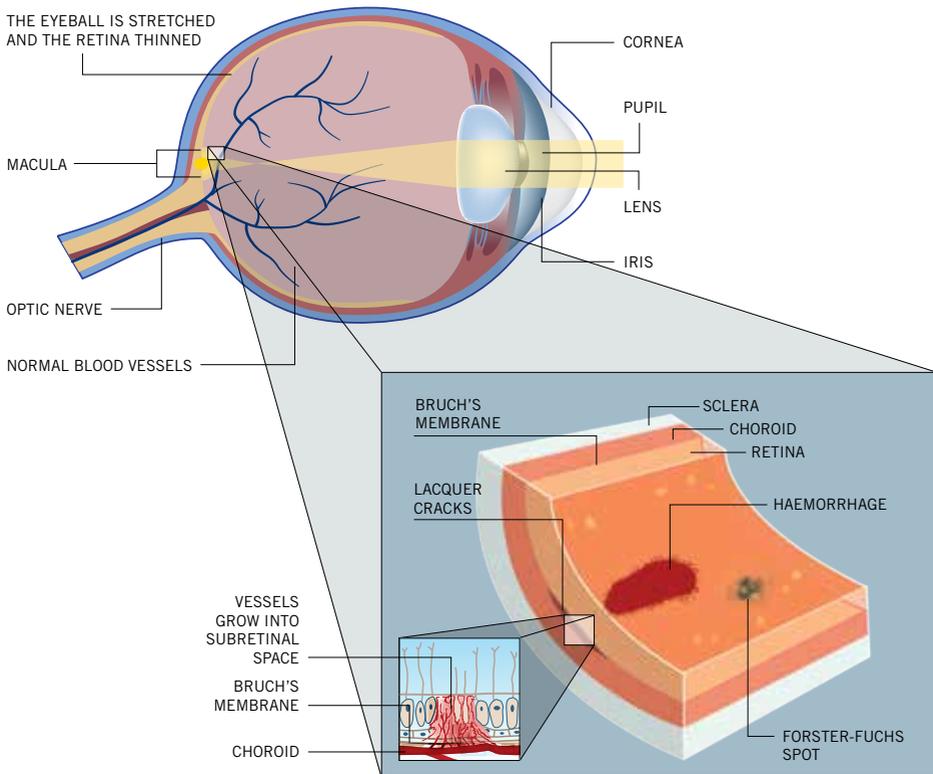
There are several treatment options for DME and they work in different ways. Generally, these treatments work by shrinking and sealing up the leaking blood vessels. These treatments can involve injections or laser surgery.

Since no two people are alike, there is no one-size-fits-all solution. Your doctor will choose a treatment best-suited for your individual needs.

What is myopic CNV?

Myopic choroidal neovascularization is a condition that occurs in people who are highly myopic (short-sighted).

In people with high myopia, enlargement or elongation of the eye ball occurs. This can lead to stretching and thinning of the retina. The retina is where all of the images you see are recorded - it acts like the film in a camera. The thinning of the retina can cause new blood vessel growth from the choroid. Choroid is a layer of the eye behind the retina, which provides blood supply to the eye. These new blood vessels can cause leakage of blood and fluid into the eye, which leads to blurred or distorted central vision.



What causes myopic CNV?

Myopic choroidal neovascularization is primarily caused due to high myopia (extreme short sightedness).

Factors such as your eye condition, genes and lifestyle can increase the risk of myopic CNV.

The best things you can do to protect your eyesight are to follow your eye doctor's advice and to make sure you keep all of your scheduled appointments.

How is myopic CNV treated?

There are several treatment options for myopic CNV and they work in different ways. Generally, these treatments work by shrinking and sealing up the leaking blood vessels. These treatments can involve injections, laser or surgery.

Since no two patients are alike, there is no one-size-fits-all solution. Your doctor will choose a treatment best-suited for your individual needs.



What is EYLEA?

EYLEA is a type of treatment known as an anti-VEGF. This is an abbreviation for anti-vascular endothelial growth factor, which is a description of how EYLEA works to protect your vision. EYLEA blocks a particular protein that creates leaky blood vessels. Eylea can keep weakened blood vessels from being made. This helps reduce the swelling in the retina and protects your vision.

EYLEA is a solution (a liquid) that is injected into the eye. While it is understandable to worry about an injection, Your doctor will give you a local anesthetic to reduce or prevent any pain you might have with the injection

Who is EYLEA for?

EYLEA is indicated for adults for the treatment of:

- Wet Age-Related Macular Degeneration (Wet AMD).
- Macular edema secondary to branch retinal vein occlusion (BRVO).
- Macular edema secondary to central retinal vein occlusion (CRVO).
- Diabetic Macular Oedema (DME).
- Myopic choroidal neovascularisation (myopic CNV).

Do Not use EYLEA if:

- You are sensitive (allergic) to the active ingredient (aflibercept) or to any of the other ingredients in this medicine. See section 6 of the Patient Information Leaflet.
- You have an active or suspected infection in or around the eye.
- You have severe inflammation of the eye (indicated by pain or redness).

Before your EYLEA treatment starts, make sure to tell your doctor or nurse if you:

- Have an infection in or around your eye.
- If you currently have redness in your eye or if there is any pain in your eye.
- Think you may be allergic to iodine, any pain killers or any of the ingredients in EYLEA.
- Have had any issues or problems with eye injections before.
- Have glaucoma or a history of high pressure in your eye.
- If you see, or have seen, flashes of light or ‘floaters’ in your vision.
- Are taking any medications, with or without a prescription.
- Are pregnant, planning to become pregnant or breastfeeding. There is no experience of using EYLEA in pregnant women. EYLEA should not be used during pregnancy, discuss this with your doctor before treatment with EYLEA. Women of child bearing potential should use effective contraception during their treatment and for at least three months after the last injection of EYLEA.
- Had or will have eye surgery within four weeks before or after EYLEA treatment.
- You have a severe form of CRVO or BRVO (ischemic CRVO or BRVO), treatment with Eylea is not recommended.

How can I get ready for my EYLEA appointment?

After your treatment, your vision may be blurry so you should not drive home. Ask a friend or a family member take you to your appointment or arrange another way to get there and home again. On the day of your appointment, do not wear any makeup.

What can I expect at my EYLEA appointment?

Your doctor or nurse will get you ready for your EYLEA treatment. The doctor and nurse are highly trained professionals with experience in treating retinal disease. They understand that the treatment procedure may sound concerning and they will take extra care to make sure you are relaxed and comfortable.

You will be given eye drops which act as a local pain killer and an eyewash will be used to clean your eye and the skin around it. Your face will be covered by a special drape and your eye will be held open. The eye drops will blur your vision so you will not see the needle.

An experienced doctor will give the injection into the white of your eye. Your doctor will give you a local anesthetic to reduce or prevent any pain you might have with the injection. The whole procedure may feel a bit uncomfortable, but is over in a few minutes.

What if I have concerns or questions?

If you have any concerns or questions, your doctor or nurse are the best people to speak to. They are very experienced and they know your individual situation so can provide you with the answers you need.

Don't worry about asking questions or voicing any concerns. Your doctor or nurse can give you answers and reassurance.

What can I expect after my EYLEA® appointment?

Your doctor may give you some eye tests after your injection. This may include a puff of air that measures the pressure inside your eye. After your injection, your vision will be blurry so you should not plan to drive until after your vision returns to normal.

In the next few days you may get a bloodshot eye or see moving spots in your vision. Both of these should clear within a few days and if they don't, or if they get worse, you should contact your doctor.

Some patients might feel a little bit of pain or discomfort in their eye after their injection. If this does not go away or gets worse, you should contact your doctor.

When do I need to come back for another appointment?

Your doctor will arrange your next EYLEA appointment with you. Your treatment schedule will be created to best meet your individual needs.

Remember, your doctor or nurse is always the best person to speak to if you have questions about your treatment.

Speak with your doctor before stopping your EYLEA treatment.

When you get a new appointment, don't forget to record it in the calendar on the back cover as a reminder.

Does EYLEA have side effects?

Just like any medicine, whether it is by prescription or over the counter, EYLEA has the potential to cause side effects. Not everyone who takes EYLEA will experience a side effect.

Side effects may include:

Infection inside the eye: Eye pain or increased discomfort. Worsening eye redness, sensitivity to light, swelling and vision changes such as sudden decrease in vision or blurring of vision.

Clouding of the lens (cataract): Seeing shadows, less vivid lines and shapes or less colour vision.

Increase in eye pressure: Seeing halos around lights. Experiencing a red eye, nausea, vomiting and vision changes.

Tear or detachment of a layer of the retina: Sudden flashes of light, a sudden appearance or an increase of floaters, a curtain like effect over a portion of the visual area, and vision changes.

Contact your doctor immediately if you think you have experienced any of these side effects.

For a full list of side effects, refer to your Patient Information Leaflet included with your patient brochure.

Reporting adverse events:

Adverse events can be reported to the Ministry of Health using the portal for reporting side effects which can be found on the Ministry of Health website: www.health.gov.il

Or via the link: <https://sideeffects.health.gov.il/>

Additionally, side-effects and product quality complaints can be reported to Bayer Israel's Pharmacovigilance Unit:

E-mail: dsisrael@bayer.com, fax: 09-7626741

Living with a retinal disease

Being diagnosed with wAMD, BRVO, CRVO, DME or myopic CNV and experiencing problems with your eyesight can be an anxious time. It is normal to worry and feel uncertain about your future, but your diagnosis doesn't mean you can no longer live a full life. You can continue to enjoy family, friends and interests with some small changes.

Some helpful adjustments include:

- Tell friends and family that you have retinal diseases and it affects your vision
- Use brighter lighting
- Organise your surroundings so everything has a place
- Carry and use a torch and magnifying lenses when about
- Read large print books and newspapers and try audio books

Support for people with wAMD, BRVO, CRVO, DME and myopic CNV

Wherever you are and however much you are affected by your retinal disease, it is important to remember that you are not alone. It may be difficult to understand your diagnosis or to come to terms with it. Speaking to experts can help answer questions you may have, and speaking to others who are in, or have been in, a similar situation to yourself can help you come to terms with your diagnosis.

Useful links*

For patients is all indications:

Lirot Association – The Israeli research association for eye health and blindness prevention

10th Uriel Ofek St. Herzliya

Phone: 09-9518475

Website: <https://www.eyes.org.il/Home>

For patients with wAMD

NAMAG association – The association for preserving eye health –

an association that was established by patients and for their sake, in order to support patients and their families in coping with the disease and its consequences.

10th David Hachami St. Tel-Aviv

Phone: 09-5472751

e-mail: amuta@namag.org.il

Website: <http://namag.org.il>

* The information is provide as a service only. These associations work independently and Bayer does not have commercial interest in them.



My next appointment

Date: _____ Time: _____

Date: _____ Time: _____

Date: _____ Time: _____

Date: _____ Time: _____

This guide and its content were approved by the Ministry of Health in October 2022.

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