

CENTER FOR DRUG EVALUATION AND RESEARCH

Approval Package for:

APPLICATION NUMBER:

125387Orig1s023

Trade Name: EYLEA

Generic or Proper Name: aflibercept

Sponsor: Regeneron Pharmaceuticals Inc.

Approval Date: January 27, 2014

Indication: EYLEA is indicated for the treatment of patients with:

- Neovascular (Wet) Age-Related Macular Degeneration (AMD)
- Macular Edema Following Central Retinal Vein Occlusion (CRVO)

CENTER FOR DRUG EVALUATION AND RESEARCH

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**CENTER FOR DRUG EVALUATION AND
RESEARCH**

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APPROVAL LETTER



BLA 125387/S-023

SUPPLEMENT APPROVAL

Regeneron Pharmaceuticals, Inc.
Attention: Amanda Cook
Associate Director, Regulatory Affairs
777 Old Saw Mill River Road
Tarrytown, NY 10591

Dear Ms. Cook:

Please refer to your Supplemental Biologics License Application (sBLA) dated and received November 14, 2012, submitted under section 351(a) of the Public Health Service Act for EYLEA (aflibercept), injection.

This Prior Approval” supplemental biologics application provides for revisions to Figures 4a and 4b of the package insert to illustrate a greater vial tilt to ensure proper withdrawal of drug product from the vial into the syringe.

APPROVAL & LABELING

We have completed our review of this supplemental application. It is approved, effective on the date of this letter, for use as recommended in the enclosed, agreed-upon labeling text.

CONTENT OF LABELING

As soon as possible, but no later than 14 days from the date of this letter, submit, via the FDA automated drug registration and listing system (eLIST), the content of labeling [21 CFR 601.14(b)] in structured product labeling (SPL) format, as described at the enclosed labeling text for the package insert, which includes revisions to the Sections 8.1, 13.1 and 13.2, approved on June 7, 2013 for Supplements S-015 and S-020, and include the labeling changes proposed in any pending “Changes Being Effectuated” (CBE) supplements. Information on submitting SPL files using eLIST may be found in the guidance for industry titled “SPL Standard for Content of Labeling Technical Qs and As” at <http://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM072392.pdf>.

The SPL will be accessible via publicly available labeling repositories.

Also within 14 days, amend all pending supplemental applications that include labeling changes for this BLA, including pending “Changes Being Effected” (CBE) supplements, for which FDA has not yet issued an action letter, with the content of labeling [21 CFR 601.12(f)] in MS Word format that includes the changes approved in this supplemental application.

<http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM083570.pdf>.

Information and Instructions for completing the form can be found at

<http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM375154.pdf>. For more information about submission of promotional materials to the Office of Prescription Drug Promotion (OPDP), see <http://www.fda.gov/AboutFDA/CentersOffices/CDER/ucm090142.htm>.

REPORTING REQUIREMENTS

We remind you that you must comply with reporting requirements for an approved BLA (in 21 CFR 600.80 and in 21 CFR 600.81).

If you have any questions, call Judit Milstein, Regulatory Project Manager, at (301) 796-0763.

Sincerely,

{See appended electronic signature page}

Wiley A. Chambers, MD
Deputy Director
Division of Transplant and Ophthalmology Products
Office of Antimicrobial Products
Center for Drug Evaluation and Research

ENCLOSURE(S): Content of Labeling

This is a representation of an electronic record that was signed electronically and this page is the manifestation of the electronic signature.

/s/

WILEY A CHAMBERS
01/27/2014

**CENTER FOR DRUG EVALUATION AND
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APPLICATION NUMBER:

125387Orig1s023

LABELING

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) (1.1)
- Macular Edema Following Central Retinal Vein Occlusion (CRVO) (1.2)

DOSAGE AND ADMINISTRATION

For ophthalmic intravitreal injection only. (2.1)

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 (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)

Macular Edema Following Central Retinal Vein Occlusion (CRVO)

- The recommended dose for EYLEA is 2 mg (0.05 mL) administered by intravitreal injection once every 4 weeks (monthly). (2.3)

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

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: XX/2014

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FULL PRESCRIBING INFORMATION

1 INDICATIONS AND USAGE

EYLEA is indicated for the treatment of patients with:

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

1.2 Macular Edema Following Central Retinal Vein Occlusion (CRVO)

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 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 (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 (14.1)*].

2.3 Macular Edema Following Central Retinal Vein Occlusion (CRVO)

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

2.4 Preparation for Administration

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

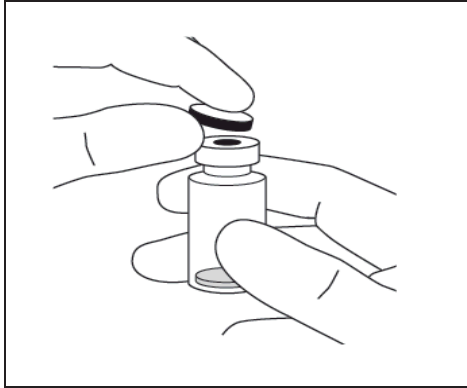
Using aseptic technique, the intravitreal injection should be performed with a 30-gauge x ½-inch injection needle.

Vial

The glass vial is for single use only.

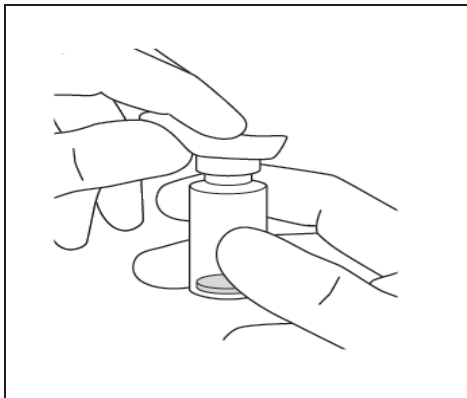
1. Remove the protective plastic cap from the vial (see [Figure 1](#)).

Figure 1:



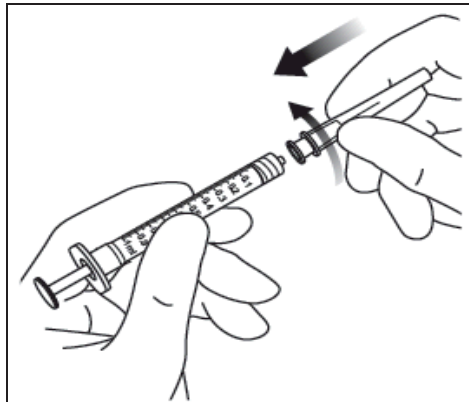
2. Clean the top of the vial with an alcohol wipe (see [Figure 2](#)).

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:



4. Push the filter needle into the center of the vial stopper until the needle is completely inserted into the vial and the tip touches the bottom or 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. To deter the introduction of air, ensure the bevel of the filter needle is submerged into the liquid. Continue to tilt the vial during withdrawal keeping the bevel of the filter needle submerged in the liquid (see [Figures 4a](#) and [4b](#)).

Figure 4a:

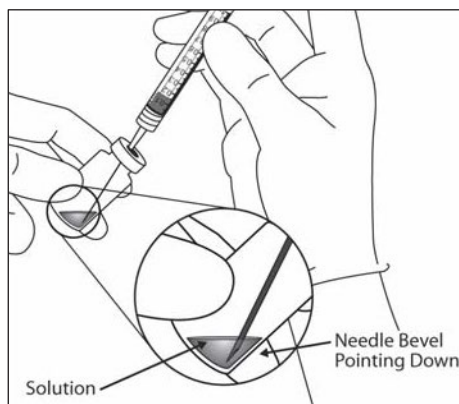
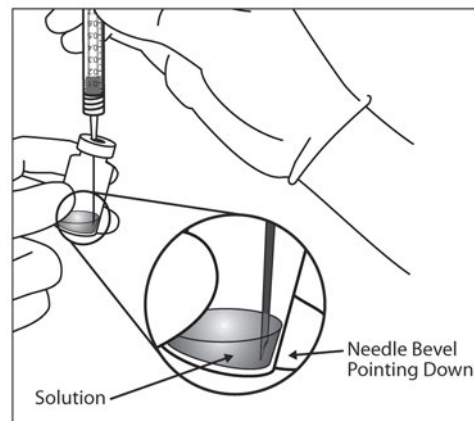


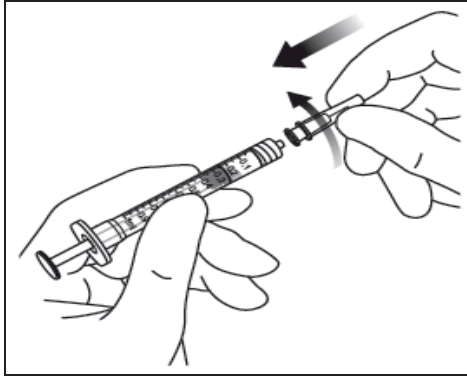
Figure 4b:



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.

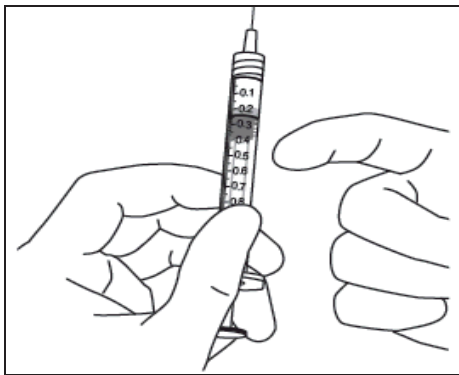
8. Remove the 30-gauge x ½-inch injection needle from the plastic pouch and attach the injection needle to the syringe by firmly twisting the injection needle onto the Luer lock syringe tip (see [Figure 5](#)).

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](#)).

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 7a](#) and [7b](#)).

Figure 7a:

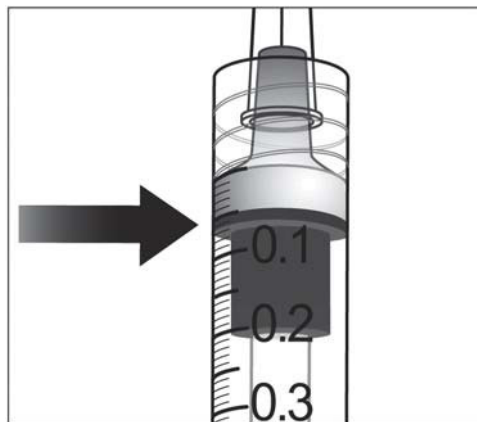
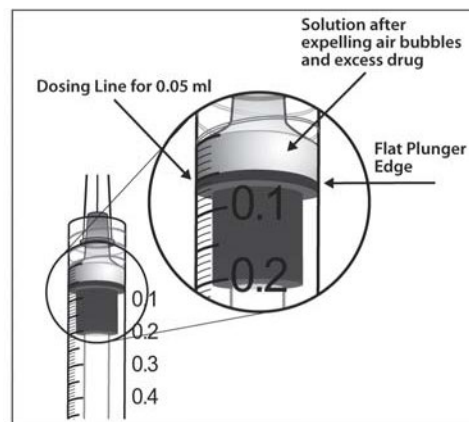


Figure 7b:



2.5 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 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. Hypersensitivity reactions may manifest as severe intraocular inflammation.

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 (2.5)* 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 (2.5)*].

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 (14.1)*]. The incidence in the GALILEO and COPERNICUS CRVO studies during the first 6 months was 0% (0/218) in

patients treated with EYLEA 2 mg every 4 weeks compared with 1.4% (2/142) in patients receiving sham treatment [see *Clinical Studies (14.2)*].

6 ADVERSE REACTIONS

The following adverse reactions are discussed in greater detail in the *Warnings and Precautions (5)* section of the labeling:

- Endophthalmitis and retinal detachments
- Increased intraocular pressure
- Thromboembolic events

The most common adverse reactions ($\geq 5\%$) 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, increased intraocular pressure, and vitreous detachment.

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 other clinical trials of the same or another drug and may not reflect the rates observed in practice.

A total of 2042 patients treated with EYLEA constituted the safety population in four phase 3 studies. Among those, 1441 patients were treated with the recommended dose of 2 mg.

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

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 (14.1)*].

Table 1: Most Common Adverse Reactions ($\geq 1\%$) in Wet AMD Studies

Adverse Reactions	EYLEA (N=1824)	Active Control (ranibizumab) (N=595)
Conjunctival hemorrhage	25%	28%

Adverse Reactions	EYLEA (N=1824)	Active Control (ranibizumab) (N=595)
Eye pain	9%	9%
Cataract	7%	7%
Vitreous detachment	6%	6%
Vitreous floaters	6%	7%
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%
Intraocular inflammation	2%	3%
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 hypersensitivity, retinal detachment, retinal tear, and endophthalmitis.

Macular Edema Following Central Retinal Vein Occlusion (CRVO)

The data described below reflect exposure to EYLEA in 218 patients with macular edema following CRVO treated with 2 mg dose in 2 double-masked, controlled clinical studies (GALILEO and COPERNICUS) for 6 months [see *Clinical Studies (14.2)*].

Table 2: Most Common Adverse Reactions (≥1%) in CRVO Studies

Adverse Reactions	EYLEA (N=218)	Control (N=142)
Eye pain	13%	5%

Adverse Reactions	EYLEA (N=218)	Control (N=142)
Conjunctival hemorrhage	12%	11%
Intraocular pressure increased	8%	6%
Corneal erosion	5%	4%
Vitreous floaters	5%	1%
Conjunctival hyperemia	5%	3%
Foreign body sensation in eyes	3%	5%
Vitreous detachment	3%	4%
Lacrimation increased	3%	4%
Injection site pain	3%	1%
Vision blurred	1%	<1%
Intraocular inflammation	1%	1%

Less common adverse reactions reported in <1% of the patients treated with EYLEA were cataract, eyelid edema, corneal edema, retinal tear, hypersensitivity and endophthalmitis.

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 wet AMD and CRVO studies, the pre-treatment incidence of immunoreactivity to EYLEA was 1% to 3% across treatment groups. After dosing with EYLEA for 52 weeks (wet AMD), or 24 weeks (CRVO), antibodies to EYLEA were detected in a similar percentage range of patients. Both in the wet AMD and in the CRVO studies, there were no differences in efficacy or safety between patients with or without immunoreactivity.

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Pregnancy Category C. Aflibercept produced embryo-fetal toxicity when administered every three days during organogenesis to pregnant rabbits at intravenous doses ≥ 3 mg per kg, or every six days at subcutaneous doses ≥ 0.1 mg per kg. Adverse embryo-fetal effects included increased incidences of postimplantation loss and fetal malformations, including anasarca, umbilical hernia, diaphragmatic hernia, gastroschisis, cleft palate, ectrodactyly, intestinal atresia, spina bifida, encephalomeningocele, heart and major vessel defects, and skeletal malformations (fused vertebrae, sternebrae, and ribs; supernumerary vertebral arches and ribs; and incomplete ossification). The maternal No Observed Adverse Effect Level (NOAEL) in these studies was 3 mg per kg. Aflibercept produced fetal malformations at all doses assessed in rabbits and the fetal NOAEL was less than 0.1 mg per kg. Administration of the lowest dose assessed in rabbits (0.1 mg per kg) resulted in systemic exposure (AUC) that was approximately 10 times the systemic exposure 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 85% (1728/2034) of patients randomized to treatment with EYLEA were ≥ 65 years of age and approximately 58% (1177/2034) 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).

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

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

In the clinical 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 [see *Clinical Studies (14.1)*].

Macular Edema Following Central Retinal Vein Occlusion (CRVO)

Reductions in mean retinal thickness were observed in GALILEO and COPERNICUS at week 24 compared to baseline. Anatomic data were not used to influence treatment decisions [see *Clinical Studies (14.2)*].

12.3 Pharmacokinetics

EYLEA is administered intravitreally to exert local effects in the eye. In patients with wet AMD or CRVO, 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 and CRVO, the mean C_{max} of free aflibercept in the plasma was 0.02 mcg/mL (range: 0 to 0.054 mcg/mL) and 0.05 mcg/mL (range 0 to 0.081 mcg/mL), respectively 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 half-life ($t_{1/2}$) 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 wet AMD 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. Similar results were seen in patients in a CRVO study. No dose adjustment based on renal impairment status is needed for either wet AMD or CRVO patients.

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 weekly doses ranging from 3 to 30 mg per 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. Administration of the lowest

dose of aflibercept assessed in monkeys (3 mg per kg) resulted in systemic exposure (AUC) that was approximately 1500 times higher than the systemic exposure observed in humans after an intravitreal dose of 2 mg. All changes were reversible within 20 weeks after cessation of treatment.

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 per eye. At the NOAEL of 0.5 mg per eye in monkeys, the systemic exposure (AUC) was 56 times higher 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

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

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.

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 3](#) and [Figure 8](#) below.

Table 3: Efficacy Outcomes at Week 52 (Full Analysis Set with LOCF) in VIEW1 and VIEW2 Studies

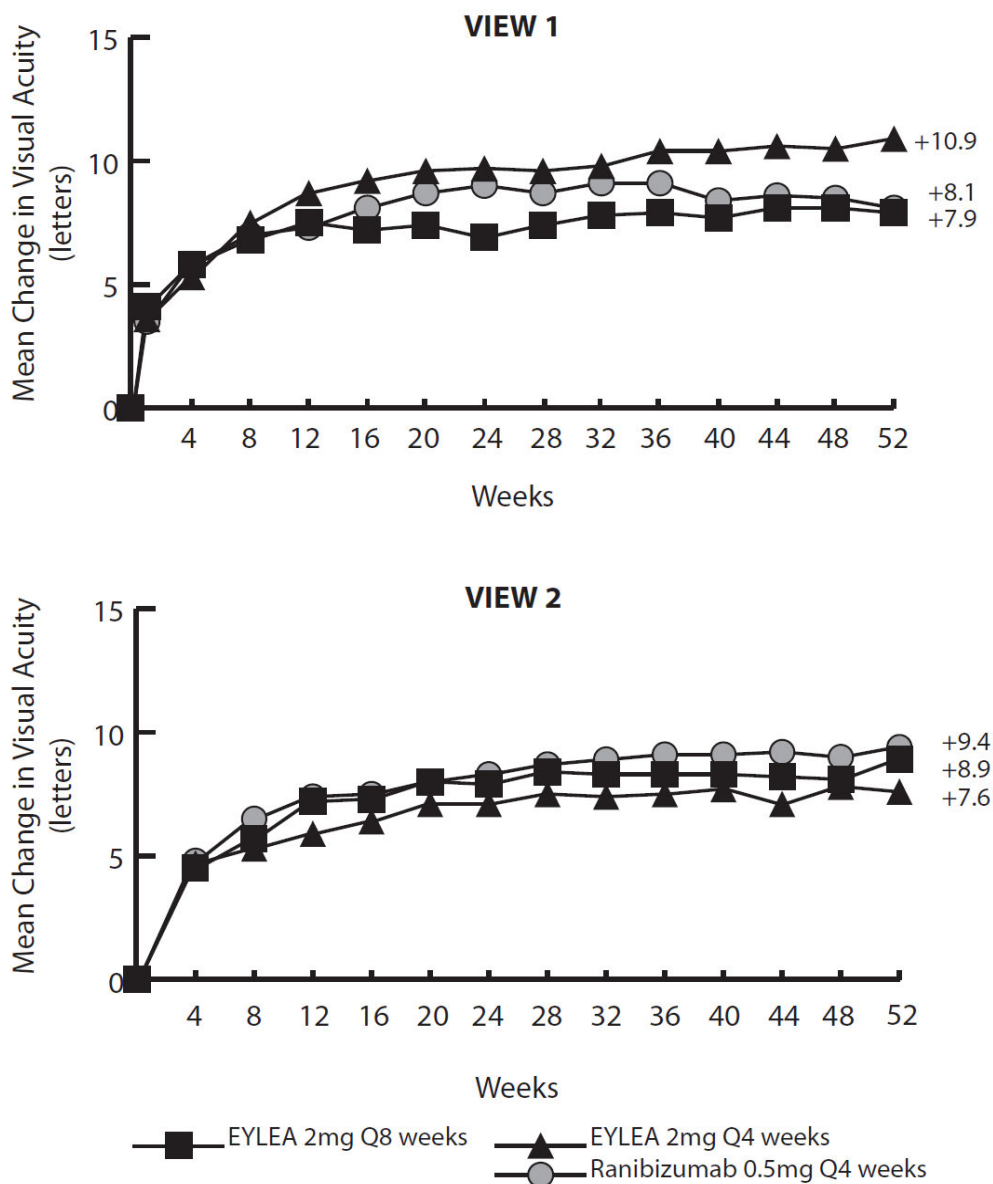
	VIEW1			VIEW2		
	EYLEA 2 mg Q8 weeks ¹⁾	EYLEA 2 mg Q4 weeks	ranibizu- mab 0.5 mg Q4 weeks	EYLEA 2 mg Q8 weeks ^a	EYLEA 2 mg Q4 weeks	ranibizu- mab 0.5 mg Q4 weeks
Full Analysis Set	N=301	N=304	N=304	N=306	N=309	N=291
Efficacy Outcomes						
Proportion of patients who maintained visual acuity (%) (<15 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

Figure 8: Mean Change in Visual Acuity from Baseline to Week 52 in VIEW1 and VIEW2 Studies



14.2 Macular Edema Following Central Retinal Vein Occlusion (CRVO)

The safety and efficacy of EYLEA were assessed in two randomized, multi-center, double-masked, sham-controlled studies in patients with macular edema following CRVO. A total of 358 patients were treated and evaluable for efficacy (217 with EYLEA) in the two studies (GALILEO and COPERNICUS). In both studies, patients were randomly assigned in a 3:2 ratio to either 2 mg EYLEA administered every 4 weeks (2Q4), or sham injections (control group)

administered every 4 weeks for a total of 6 injections. Patient ages ranged from 22 to 89 years with a mean of 64 years.

In both studies, the primary efficacy endpoint was the proportion of patients who gained at least 15 letters in BCVA compared to baseline. At week 24, the EYLEA 2 mg Q4 group was superior to the control group for the primary endpoint.

Results from the analysis of the GALILEO and COPERNICUS studies are shown in [Table 4](#) and [Figure 9](#) below.

Table 4: Efficacy Outcomes at Week 24 (Full Analysis Set with LOCF) in GALILEO and COPERNICUS Studies

	COPERNICUS		GALILEO	
	Control	EYLEA 2 mg Q4 weeks	Control	EYLEA 2 mg Q4 weeks
	N=73	N=114	N=68	N=103
Efficacy Outcomes				
Proportion of patients who gained at least 15 letters in BCVA from Baseline (%)	12%	56%	22%	60%
Weighted Difference ^{a,b} (%) (95.1% CI)		44.8% ^c (32.9, 56.6)		38.3% ^c (24.4, 52.1)
Mean change in BCVA as measured by ETDRS letter score from Baseline (SD)	-4.0 (18.0)	17.3 (12.8)	3.3 (14.1)	18.0 (12.2)
Difference in LS mean ^{a,d} (95.1% CI)		21.7 ^c (17.3, 26.1)		14.7 ^c (10.7, 18.7)

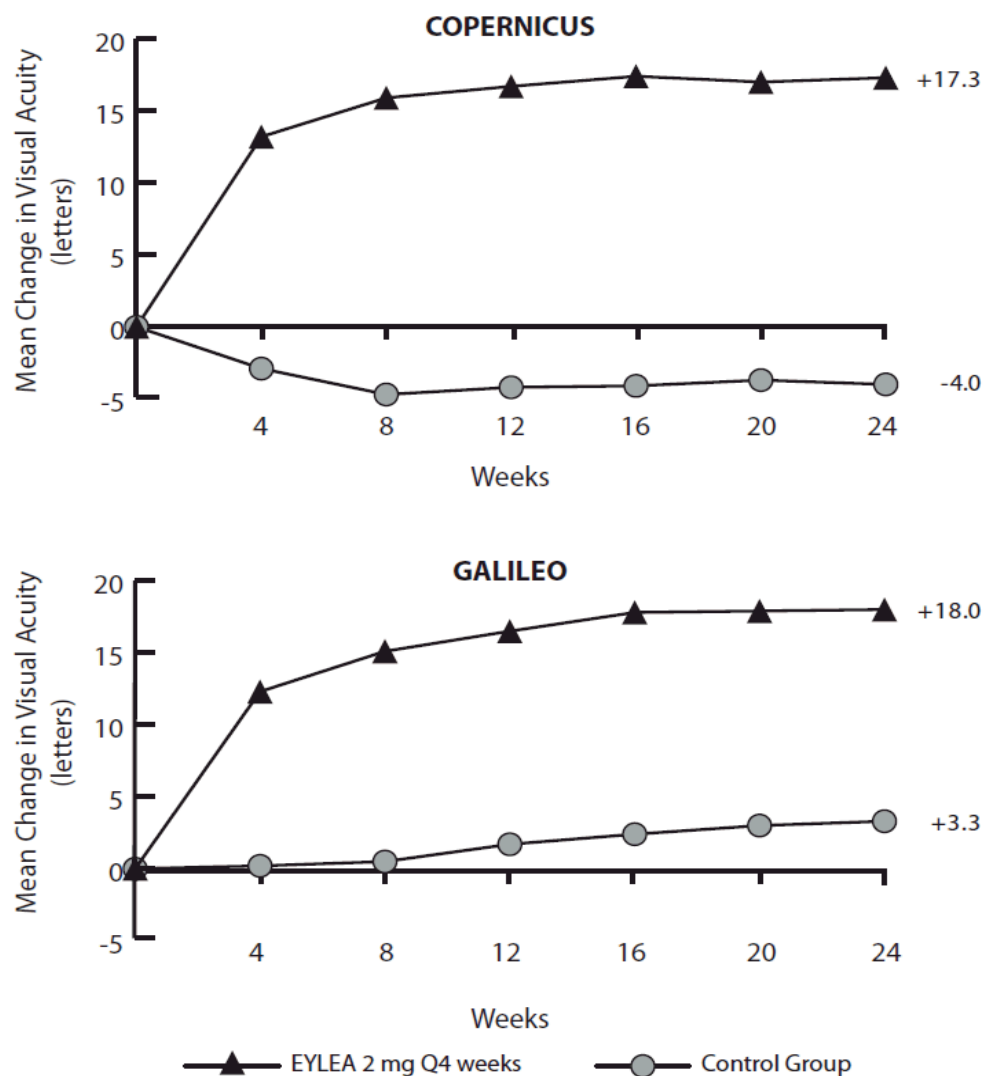
^a Difference is EYLEA 2 mg Q4 weeks minus Control

^b Difference and CI are calculated using Cochran-Mantel-Haenszel (CMH) test adjusted for baseline factors; 95.1% confidence intervals were presented to adjust for the multiple assessments conducted during the study.

^c p<0.01 compared with control

^d LS mean and CI based on an ANCOVA model

Figure 9: Mean Change in BCVA as Measured by ETDRS Letter Score from Baseline to Week 24 in COPERNICUS and GALILEO Studies



Treatment effects in evaluable subgroups (e.g., age, gender, race, baseline visual acuity, retinal perfusion status, and CRVO duration) in each study and in the combined analysis were in general consistent with the results in the overall populations.

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 (2.4) and (2.5)*].

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 8°C (36°F to 46°F). 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

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, advise patients to seek immediate care from an ophthalmologist [*see Warnings and Precautions (5.1)*].

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

REGENERON

Manufactured by:

Regeneron Pharmaceuticals, Inc.

777 Old Saw Mill River Road

Tarrytown, NY 10591-6707

U.S. License Number 1760

EYLEA[™] is a trademark of Regeneron Pharmaceuticals, Inc.

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V X.0

Issue Date: month 2014

Initial U.S. Approval: 2011

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.

**CENTER FOR DRUG EVALUATION AND
RESEARCH**

APPLICATION NUMBER:

125387Orig1s023

MEDICAL REVIEW(S)

Clinical Review of BLA 125387
Prior Approval Labeling Supplement

BLA 125387/S-023
eCTD 0081

Submission Date: November 14, 2012
Received Date: November 14, 2012
Review Date: January 18, 2014

Applicant:

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Tarrytown, NY 10591-6707

Applicant's
Representative:

Jennifer Woo, Ph.D., PPM, RAC
Regulatory Affairs Associate IV
914-847-5814

Drug:

EYLEA (aflibercept) Injection

Pharmacologic
Category:

anti-VEGF monoclonal antibody

Submitted:

The applicant has submitted a Prior Approval Labeling Supplement which proposes revised Figures 4a and 4b to illustrate a greater vial tilt to ensure proper withdrawal of drug product from the vial into the syringe.

Following is the current approved labeling for EYLEA.

Applicant proposed additions are noted by underline and deletions by within the review.
Reviewer proposed additions are noted by underline and deletions by within the review.

19 Page(s) of Draft Labeling have been Withheld in Full as b4
(CCI/TS) immediately following this page

Recommendations:

It is recommended that this supplement which provides for revision to Figures 4a and 4b be approved.

It is recommended that the applicant incorporate the changes approved in Supplements 15 and 20 (i.e., Sections 6.2, 6.4 and 17) in the final printed labeling for this supplement.

It is recommended that the applicant be requested to incorporate the additional labeling revisions found in this review (i.e. Sections 8.1, 13.1, 13.2) in a future labeling supplement.

William M. Boyd, M.D.
Medical Officer

Wiley A. Chambers, MD
Supervisory Medical Officer

This is a representation of an electronic record that was signed electronically and this page is the manifestation of the electronic signature.

/s/

WILLIAM M BOYD
01/27/2014

WILEY A CHAMBERS
01/27/2014