

Please Join Us for the Presentation

Case based Perspectives: DME

Thursday, May 07, 2026 • 6:30 PM Eastern

Location

Eddie V's Prime Seafood
4400 West Boy Scout Blvd
Tampa, Florida 33607

Event Number: RGN0041893

(Please arrive 30 minutes prior for registration.)

RSVP By: 5/1/2026

Host

Lora Chadwick
lora.chadwick@regeneron.com
813-334-7583

Meeting ID: RGN0041893

You may RSVP to your program host.

Presenter

Sri Mukkamala, MD
Northside Hospital Forsyth
Atlanta, GA

REGISTRATION

Please Call 813-334-7583 and reference RGN0041893, or visit <https://tpprod-regeneron.physiciansworld.com/2wR9D4> to access the pre-registration site.

Questions regarding this program should be directed to your Regeneron Medical Specialist:

Lora Chadwick
813-334-7583
lora.chadwick@regeneron.com

This program is being conducted by Regeneron Pharmaceuticals, Inc. No CME credits are available.

INDICATIONS

EYLEA HD[®] (aflibercept) Injection 8 mg is indicated for the treatment of patients with Neovascular (Wet) Age-Related Macular Degeneration (AMD), Diabetic Macular Edema (DME), Diabetic Retinopathy (DR), and Macular Edema following Retinal Vein Occlusion (RVO).

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

- EYLEA HD is contraindicated in patients with ocular or periocular infections, active intraocular inflammation, or known hypersensitivity to aflibercept or any of the excipients in EYLEA HD.

IMPORTANT SAFETY INFORMATION (continued)

WARNINGS AND PRECAUTIONS

- Intravitreal injections, including those with aflibercept, have been associated with endophthalmitis and retinal detachments and, more rarely, retinal vasculitis with or without occlusion. Proper aseptic injection technique must always be used when administering EYLEA HD. Patients and/or caregivers should be instructed to report any signs and/or symptoms suggestive of endophthalmitis, retinal detachment, or retinal vasculitis without delay and should be managed appropriately.
- Acute increases in intraocular pressure (IOP) have been seen within 60 minutes of intravitreal injection, including with EYLEA HD. Sustained increases in IOP have also been reported after repeated intravitreal dosing with VEGF inhibitors. IOP 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 intravitreal use of VEGF inhibitors, including EYLEA HD. ATEs are defined as nonfatal stroke, nonfatal myocardial infarction, or vascular death (including deaths of unknown cause). The incidence of reported ATEs in the Wet AMD study from baseline through week 48 was 0.4% (3 out of 673) in the combined group of patients treated with EYLEA HD compared with 1.5% (5 out of 336) in patients treated with EYLEA 2 mg. The incidence in the DME study from baseline to week 48 was 3.1% (15 out of 491) in the combined group of patients treated with EYLEA HD compared with 3.6% (6 out of 167) in patients treated with EYLEA 2 mg. The incidence in the RVO study from baseline to week 36 was 0.5% (3 out of 591) in the combined group of patients treated with EYLEA HD compared with 1.7% (5 out of 301) in patients treated with EYLEA 2 mg.

ADVERSE REACTIONS

- The most common adverse reactions ($\geq 3\%$) reported in patients receiving EYLEA HD were cataract, conjunctival hemorrhage, corneal epithelium defect, intraocular pressure increased, ocular discomfort/eye pain/eye irritation, retinal hemorrhage, vision blurred, vitreous detachment, and vitreous floaters.
- Patients may experience temporary visual disturbances after an intravitreal injection with EYLEA HD and the associated eye examinations. Advise patients not to drive or use machinery until visual function has recovered sufficiently.

Please see additional Important Safety Information on the previous page, and accompanying full [Prescribing Information](#) for EYLEA HD.

In accordance with the phRMA Code on Interactions with Healthcare Professionals, this Program is limited to U.S. Healthcare Professionals and persons with bona fide professional interest in the information presented. Attendance at this Program by guests or spouses is not permitted unless they would qualify as an appropriate attendee on their own.

If a meal is provided, actively licensed Minnesota and Vermont prescribers may attend, but not partake in the meal. Full-time Federal Employees may attend and partake in the meal if the Program is considered widely attended (50 or more attendees). If not, they may attend, but not partake in the meal. Part-time Federal Employees acting in their civilian capacity may attend the Program and partake in the meal. The value of any meal provided in connection with the Program may be reported in accordance with federal and state laws and regulations.