Bayer Breakfast Symposium

Optimising the Patient Journey

DATE: Sunday 18th November

VENUE: Panorama Rooms 1,2,3 — Adelaide Convention Centre.
North Terrace, Adelaide SA 5000

Time: 6.45am — 8.00am

Speakers:
Chairman:
Dr Grant Raymond
Dr Peter van Wijngaarden: An introduction to the KeepSight Program: A National Approach to Diabetic Retinopathy Screening.

International Speaker:

Prof Paul Mitchell: Optimising patient adherence: Real-world Australian data and practical measures you can take.
PHARMACOVIGILANCE: By registering to take part in this event you consent to notify Bayer of any Adverse Events (AEs) regarding Bayer product(s) and services(s) that come to your attention within (1) business day of becoming aware of the AE. This requirement applies for the duration of the event. You may inform a Bayer representative at the event or by calling 1800 008 757. This will be considered sufficient to fulfilling your Pharmacovigilance reporting requirements.

PRIVACY STATEMENT: By accepting this invitation, you consent to us collecting your personal information and disclosing that information to third parties for administration purposes relevant to the event and the subject of this invitation. We collect personal information only when you provide it to us, through registration, completion of forms or emails, as part of an order for products or services, inquiries or requests about materials being ordered and similar situations in which you have chosen to provide the information to us. Bayer will disclose the cost of all hospitality provided for this meeting in a report that is published online. The names of attendees will not be included. For our policy on the collection and use of your personal information, see Bayer’s full Privacy Statement found at www.bayer.com.au. If you have any questions, please contact the Privacy Officer at Privacy.Office@bayer.com. If you no longer wish to receive information, please mail or fax your request to Bayer Australia Limited, Pharmaceuticals Division, Specialty Medicine Business Unit, 875 Pacific Highway, Pymble NSW 2073. Fax +61(2) 9391 6633.

Please review the full Product Information before prescribing.

MINIMUM PRODUCT INFORMATION EYLEA® [aflibercept (rch)] INDICATIONS: EYLEA (aflibercept) is indicated in adults for the treatment of neovascular (wet) age-related macular degeneration (wet AMD); visual impairment due to macular oedema secondary to central retinal vein occlusion (CRVO); visual impairment due to macular oedema secondary to branch retinal vein occlusion (BRVO); diabetic macular oedema (DME), visual impairment due to myopic choroidal neovascularisation (myopic CNV).

CONTRAINDICATIONS: Known hypersensitivity to aflibercept or excipients; ocular or periocular infection; active severe intraocular inflammation.

PRECAUTIONS: Endophthalmitis, increase in intracocular pressure; immunogenicity; arterial thromboembolic events; bilateral treatment; risk factors for retinal pigment epithelial tears; treatment should be withheld in case of rhegmatogenous retinal detachment, stage 3 or 4 macular holes, retinal break, decrease in best-corrected visual acuity of ≥ 30 letters, subretinal haemorrhage or intracranial surgery; treatment not recommended in patients with irreversible ischemic visual function loss; population with limited data (diabetic macular oedema due to type 1 diabetes, diabetic patients with HbA1c > 12 %, proliferative diabetic retinopathy, active systemic infections, concurrent eye conditions, uncontrolled hypertension, myopic CNV: no experience in the treatment of non-Asian patients, previous treatment for myopic CNV and extrafoveal lesions); see full PI for effects on fertility, pregnancy, lactation, effects on ability to drive or use machines. ADVERSE EFFECTS: Very common: visual acuity reduced, conjunctival haemorrhage, eye pain. Common: retinal pigment epithelial tear, detachment of retinal pigment epithelium, retinal degeneration, vitreous haemorrhage, cataract, cataract cortical, cataract nuclear, cataract subcapsular, corneal erosion, corneal abrasion, intraocular pressure increased, vision blurred, vitreous floaters, vitreous detachment, injection site pain, foreign body sensation in eyes, lacrimation increased, eyelid oedema, injection site haemorrhage, punctate keratitis, conjunctival hyperaemia, ocular hyperaemia. Others: see full PI. DOSAGE AND ADMINISTRATION: 2 mg aflibercept (equivalent to injection volume of 50 μL). EYLEA is for intravitreal injection only. The interval between doses injected into the same eye should not be shorter than one month. Advice on treatment initiation and maintenance of therapy specific to each patient population is described in the section below. Once optimal visual acuity is achieved and/or there are no signs of disease activity, treatment may then be continued with a treat-and-extend regimen with gradually increased treatment intervals to maintain stable visual and/or anatomic outcomes. If disease activity persists or recurs, the treatment interval may be shortened accordingly. Monitoring should be done at injection visits. There is limited information on the optimal dosing interval and monitoring interval especially for long-term (e.g. > 12 months) treatment. The monitoring and treatment schedule should be determined by the treating ophthalmologist based on the individual patient’s response. If visual and anatomic outcomes indicate that the patient is not benefiting from continued treatment, EYLEA should be discontinued. For wet AMD: Treatment is initiated with one injection per month for three consecutive months, followed by one injection every two months. Long term, it is recommended to continue EYLEA every 2 months. Generally, once optimal visual acuity is achieved and/or there are no signs of disease activity, the treatment interval may be adjusted based on visual and/or anatomic outcomes. The dosing interval can be extended up to every 3 months. For CRVO: Treatment is initiated with one injection per month for three consecutive months. After the first three monthly injections, the treatment interval may be adjusted based on visual and/or anatomic outcomes. For BRVO: Treatment is initiated with one injection per month for three consecutive months. After the first three monthly injections, the treatment interval may be adjusted based on visual and/or anatomic outcomes. For DME: Treatment is initiated with one injection per month for five consecutive months followed by one injection every two months. After the first 12 months, the treatment interval may be adjusted based on visual and/or anatomic outcomes. For myopic CNV: EYLEA treatment is initiated with one injection of 2 mg aflibercept (equivalent to 50 μL). Additional doses should be administered only if visual and/or anatomic outcome indicate that the disease persists. Recurrences are treated like a new manifestation of the disease. DATE OF PREPARATION: Based on PI dated July 2016. Approved PI available at http://www.bayerresources.com.au/resources/uploads/PI/file10294.pdf or upon request from Bayer Australia Ltd, ABN 22 000 138 714, 875 Pacific Highway, Pymble NSW 2073.

PBS Information: Authority required for the treatment of wet age-related macular degeneration, diabetic macular oedema, central retinal vein occlusion and branch retinal vein occlusion.

Refer to PBS schedule for full Authority Required information.

EYLEA is not listed on the PBS for myopic choroidal neovascularisation.

EYLEA® is a registered trademark of Bayer Group, Germany. Bayer Australia Limited, ABN 22 000 138 714. 875 Pacific Highway, Pymble, NSW 2073. L.AU.MKT.09.2017.0935