Real-World Use of Aflibercept 8 mg in Eyes With Neovascular Age-Related Macular Degeneration or Diabetic Macular Edema: Analysis of the Medicare Fee-for-Service Claims Database (Elucid-8-Medicare)

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Presented at the American Society of Retina Specialists (ASRS) Annual Meeting, July 15-18, 2026

Disclosures

- Scott Friedman reports advisory board/consulting activities for Adverum, Amgen, Belite Bio, Boehringer Ingelheim, EyePoint, Jaeb Center for Health Research, Kalaris, Molecular Therapeutics, Ocular Therapeutics, ONL, Opthea, Regeneron Pharmaceuticals, Inc., and REGENXBIO. Keran Moll, Eilish McCann, Dana J Murdock, Steven Sherman, and Hadi Moini are employees of Regeneron Pharmaceuticals, Inc. and hold stock/stock options in Regeneron Pharmaceuticals, Inc. Judy E Kim reports advisory board/consulting activities for Adverum, EyePoint, Harrow, Genentech/Roche, and Regeneron Pharmaceuticals, Inc.
- This analysis was funded by Regeneron Pharmaceuticals, Inc. (Tarrytown, New York). The sponsor participated in the design and conduct of the study, analysis of the data, and preparation of this presentation
- Medical writing support was provided by Julie Birt, PharmD, of MEDiSTRAVA (Yardley, Pennsylvania), funded by Regeneron Pharmaceuticals, Inc., according to Good Publication Practice (GPP) guidelines (*Ann Intern Med*. 2022;175:1298-1304)

Background and Objectives

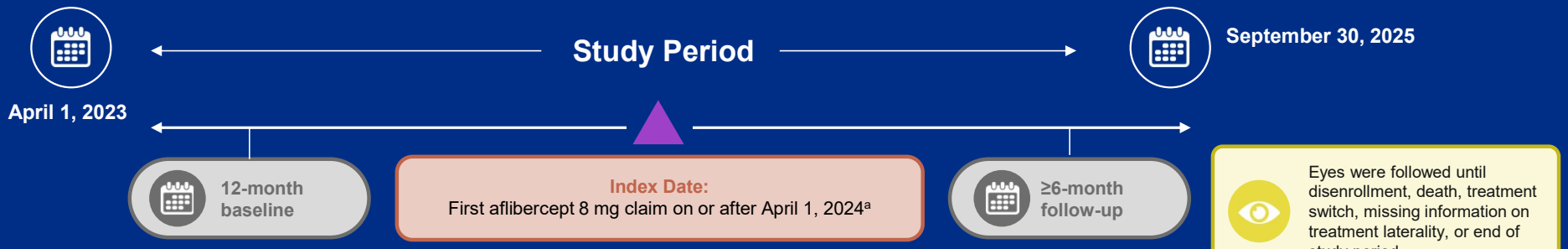
- Treatment patterns (eg, dosing intervals) for aflibercept 8 mg have been evaluated in EHR datasets, which provide comprehensive clinical information but may not capture care delivered outside specialty settings[1-4]
- To date, aflibercept 8 mg treatment patterns have not been evaluated using Medicare FFS claims data, which offer a longitudinal view of care for people aged ≥65 years

The Elucid-8-Medicare cohort study evaluated real-world treatment patterns in patients with nAMD or DME who initiated aflibercept 8 mg as a first-line therapy, or after treatment with aflibercept 2 mg, using data from the Medicare FFS claims database[a]

[a]Safety parameters were not assessed in these analyses.
DME, diabetic macular edema; EHR, electronic health record; FFS, Fee-for-Service; nAMD, neovascular age-related macular degeneration.
1. Ali FS et al. *Invest Ophthalmol Vis Sci*. 2025;66(8):3095. 2. Leng T et al. *Invest Ophthalmol Vis Sci*. 2025;66(8):3110. 3. Mehta N et al. *Invest Ophthalmol Vis Sci.* 2025;66(8):2398.
4. Javaheri M et al. *Invest Ophthalmol Vis Sci*. 2025;66(8):2396.

Elucid-8-Medicare

Study Design



Inclusion

- Patient eyes diagnosed with nAMD or DME (aged ≥65 years) at the index date
- Treated with ≥2 aflibercept 8 mg injections during follow-up (including index date)
- At least 12 months of continuous enrollment in medical benefits prior to (and including) the index date
- Previously treated: consistently treated[b] with aflibercept 2 mg during baseline, directly switched to aflibercept 8 mg; treatment-naive: no prior treatment[c]
- At least 6 months of follow-up post-index date

Exclusion

- Diagnosis of DME or DR (only for the nAMD cohort), nAMD (only for the DME cohort), or RVO during the 12 months prior to or on the index date
- Use of anti-VEGF agents (other than aflibercept 8 mg), intravitreal steroids, or photodynamic or laser therapy at the index date

Baseline Measures

- Demographics and clinical characteristics
- For previously treated patients, last observed injection interval between aflibercept 2 mg injections before index

Follow-Up Measures

- Number of aflibercept 8 mg injections
- Last observed injection interval after being treated by aflibercept 8 mg for >6 months
- Change in the interval from the last aflibercept 8 mg interval vs last pre-switch aflibercept 2 mg interval (in previously treated eyes)

[a]The HCPCS (Healthcare Common Procedure Coding System) code specific to aflibercept 8 mg (J0177) became effective April 1, 2024; [b]≥3 consecutive injections of aflibercept 2 mg (with ≤2-week variation between injections); [c]anti-VEGF, intravitreal steroids, photodynamic or laser therapy.
DR, diabetic retinopathy; RVO, retinal vein occlusion; VEGF, vascular endothelial growth factor.

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Patient Demographics and Ocular Characteristics at the Aflibercept 8 mg Index Date

	nAMD		DME	
	Previously treated (n=9453)	Treatment-naive (n=5670)	Previously treated (n=1232)	Treatment-naive (n=1154)
Age, mean (SD), years	**82.7 (7.4)**	**82.2 (7.3)**	**74.1 (5.9)**	**74.1 (5.7)**
Male, n (%)	3502 (37.0)	2033 (35.9)	638 (51.8)	598 (51.8)
Race/Ethnicity, n (%)[a]				
Non-Hispanic White	8854 (95.2)	5268 (94.3)	1002 (83.6)	824 (73.6)
Non-Hispanic African American/Black	87 (0.9)	64 (1.1)	98 (8.2)	142 (12.7)
Other[b]	207 (2.2)	156 (2.8)	37 (3.1)	70 (6.3)
Hispanic or Latino	157 (1.7)	98 (1.8)	61 (5.1)	84 (7.5)
Bilateral disease, n (%)	**4851 (51.3)**	**2353 (41.5)**	**1008 (81.8)**	**904 (78.3)**

[a]Patients with missing values were excluded when calculating percentages; [b]Other includes Asian, Pacific Islander, or Other.
SD, standard deviation.

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Treatment Patterns With Aflibercept 8 mg in Patients With nAMD or DME

	nAMD		DME	
	Previously treated (n=9453)	Treatment-naive (n=5670)	Previously treated (n=1232)	Treatment-naive (n=1154)
Post-index follow-up, median (Q1, Q3), days	390 (282, 474)	329 (244, 425)	376 (275, 463)	330 (245, 421)
Number of aflibercept 8 mg injections during the follow-up period (including the index date), mean (SD)	5.7 (2.1)	5.5 (2.0)	5.4 (2.1)	4.5 (2.0)
Eyes completing 3 initial doses of aflibercept 8 mg injection during the first 90 days after initiation, n (%)	1806 (19.1)	3645 (64.3)	245 (19.9)	522 (45.2)

Q, quartile.

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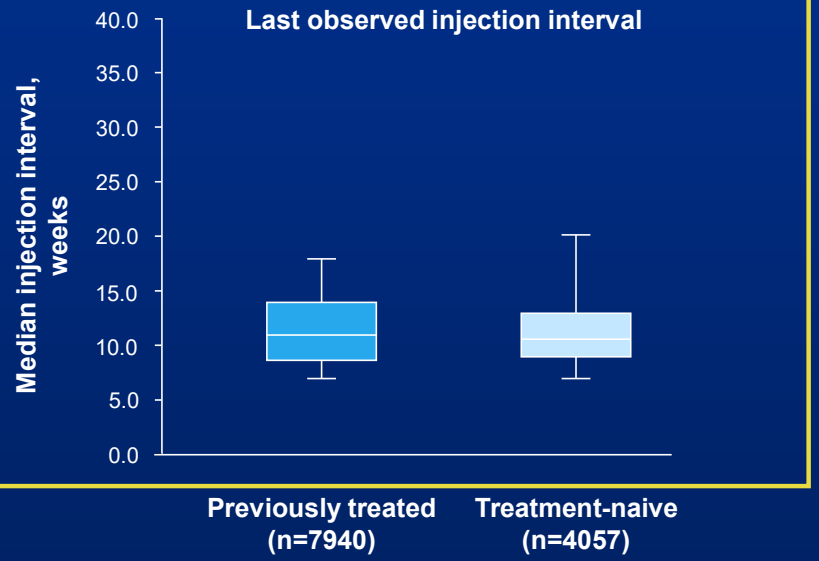
Last Aflibercept 8 mg Injection Interval 6 Months After Treatment Initiation

Last aflibercept 8 mg injection interval 6 months after initiation was ~11 weeks for nAMD and DME

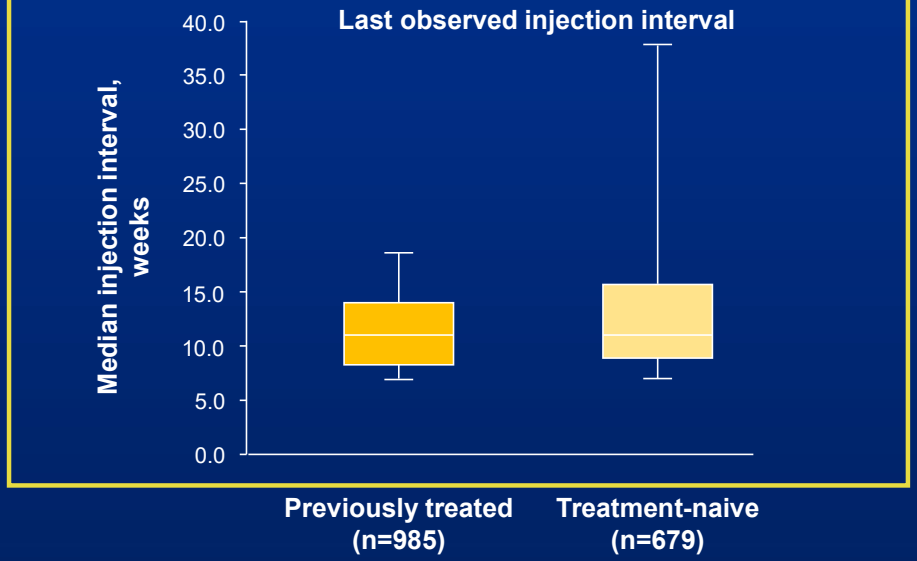
nAMD — Injection interval

	Previously treated (n=7940)	Treatment-naive (n=4057)
Median (Q1, Q3):	11.0 (8.7, 14.0)	10.6 (9.0, 13.0)
Mean (SD):	11.6 (4.1)	11.9 (5.5)



DME — Injection interval

	Previously treated (n=985)	Treatment-naive (n=679)
Median (Q1, Q3):	11.0 (8.3, 14.0)	11.0 (8.9, 15.7)
Mean (SD):	11.7 (4.7)	14.3 (9.5)



The box represents the interquartile range (Q1, Q3) with the median indicated as a line. The whiskers represent the 5% and 95% percentiles.

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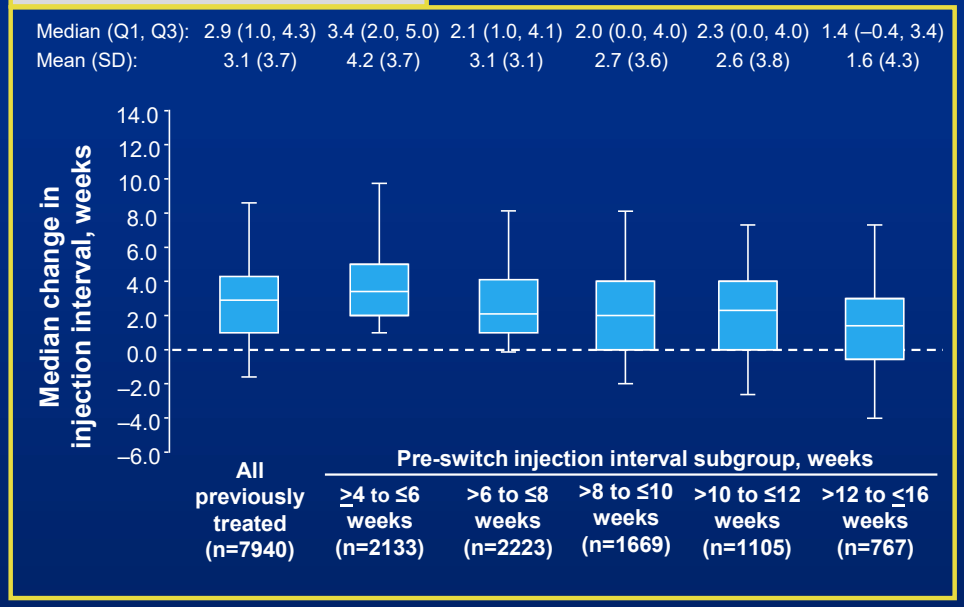
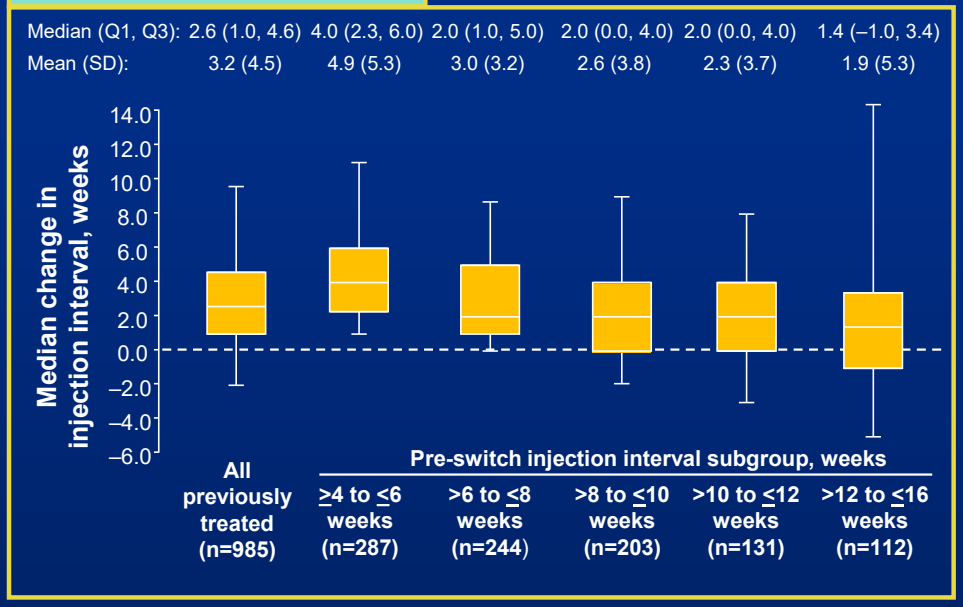
Increase in Injection Interval 6 Months After Switching From Aflibercept 2 mg to 8 mg

Injection interval extensions of over 2 weeks were achieved after switching from aflibercept 2 mg to 8 mg

nAMD



DME



The box represents the interquartile range (Q1, Q3) with the median indicated as a line. The whiskers represent the 5% and 95% percentiles, which were calculated directly from the Medicare FFS data.

Limitations

- Claims databases lack some of the granularity to fully characterize disease severity, response to treatment, and rationale for treatment decision-making
- Diagnosis and treatment identification are based on billing codes, with the potential for coding errors
- The duration of follow-up time was limited

Conclusions

- Among Medicare FFS-insured patients with nAMD or DME, treatment-naive eyes that received aflibercept 8 mg for ≥6 months and previously treated eyes that were switched from aflibercept 2 mg to 8 mg achieved median injection intervals of ~11 weeks (mean of 11.6 to 14.3 weeks)
- In previously treated eyes that were switched from aflibercept 2 mg to 8 mg, median injection intervals were extended by almost 3 weeks following ≥6 months of treatment, depending on the pre-switch injection interval. The greatest extension was seen in eyes that had the shortest injection interval with aflibercept 2 mg
- Additional analyses with longer follow-up can further evaluate the durability of aflibercept 8 mg