Aseptic technique should be observed during tray assembly, anesthetic preparation, drug preparation and administration. Ranibizumab must be administered by a qualified ophthalmologist experienced in administering intravitreal injections. In addition to the procedures outlined below, intravitreal injection guidelines of your specific clinic should be followed.

**Notes**

- Read all the instructions carefully before using the pre-filled syringe.
- The pre-filled syringe is for single use only. The pre-filled syringe is sterile. Do not use the product if the packaging is damaged.
- The opening of the sealed tray and all subsequent steps should be done under aseptic conditions.
- **Note:** the dose must be set to 0.05 mL.

**Before starting**

- Make sure that the pack contains a sterile pre-filled syringe in a sealed tray.
- Peel the lid off the syringe tray and, using aseptic technique, carefully remove the syringe.

**LUCENTIS® (ranibizumab) pre-filled syringe preparation guidelines**

*Please refer to the approved LUCENTIS® prescribing information.

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1. **Check syringe**
   - Only proceed if the pre-filled syringe cap is not detached from the Luer Lock, the syringe is not damaged, and the solution looks clear, colorless to pale yellow and does not contain any particulates. Otherwise, discard the pre-filled syringe and use a new one.

2. **Remove syringe cap**
   - Snap off (do not turn or twist) and dispose of the syringe cap.

3. **Attach needle**
   - Attach a 30-gauge, 1/2-inch, sterile, injection needle firmly onto the syringe by screwing it tightly onto the Luer Lock. Carefully remove needle cap by pulling straight off. **Note:** do not wipe the needle at any time.

4. **Dislodge air bubbles**
   - Hold syringe upright. If there are any air bubbles, gently tap the syringe with your finger until the bubbles rise to the top.

5. **Set dose**
   - Hold the syringe at eye level and carefully push the plunger until the edge below the dome of the rubber stopper is aligned with the dose mark. This will expel the air and excess solution and set the dose to 0.05 mL. **Note:** the plunger rod is not attached to the rubber stopper – this is to prevent air being drawn into the syringe.

For intravitreal injection guidelines, please see overleaf.
**Injection supplies**

Before starting, aseptically assemble the following supplies:

- Sterile surgical gloves
- 4 x 4 sterile pads
- Pupillary dilation agent
- Povidone iodine solution 10%
- Povidone iodine eye drops 5%
- Sterile eyelid speculum
- Sterile ophthalmic drape
- Sterile caliper

**Injection procedures**

1. Dilate the pupil.
2. Apply topical anesthesia.
3. Apply 10% povidone iodine solution to periocular skin, lids, and eyelashes, and place sterile drape over eye.
4. Apply sterile lid speculum.
5. Instill 5% povidone iodine ophthalmic solution, and wait for 90 seconds.
6. Rinse the eye with ophthalmic saline solution.
7. Direct the patient to look away from the injection site. Mark an injection site at an area 3.5 mm to 4.0 mm posterior to the limbus, avoiding the horizontal meridian.
8. The injection needle should be inserted aiming toward the center of the globe. Slowly deliver the injection volume, then remove the needle slowly.
   - Rotate the scleral site for subsequent intravitreal injections so that the same site is not injected repeatedly.

**Post-injection procedures**

- After injection, do not recap the needle or detach it from the syringe
- Dispose of the used syringe together with the needle in a sharps disposal container or in accordance with local requirements
- Evaluate light perception, indirect ophthalmoscope findings, and intraocular pressure immediately post injection
- Instruct patient to report immediately any signs of inflammation or infection, such as eye pain or discomfort, worsening eye redness, sensitivity to light, vitreous floaters, or vision changes
- Monitor patients during the week following the injection to permit early treatment if an infection occurs