Introduction: Studies have shown that monthly intravitreal aflibercept (IVT-AFL) is an effective treatment for macular edema secondary to central retinal vein occlusion. These post-hoc analyses focus on integrated data in the active treatment arms of the COPERNICUS and GALILEO studies. Methods/Study Design: Patients were randomized to receive either IVT-AFL 2 mg or sham every 4 weeks until Week 24. From Week 24 onward, all patients in the IVT-AFL arms of both studies were eligible to receive IVT-AFL 2 mg based on visual and anatomic outcomes. Results: Among patients who received IVT-AFL, 139 received ≤3 injections and 59 ≥4 injections. Baseline best corrected visual acuity (BCVA) and central retinal thickness (CRT) were 51.8 letters and 664 μm (≤3 injections group) and 51.9 letters and 733 μm (≥4 injections group). BCVA improvement at Week 24 was 18.8 letters (≤3 injections group) and 17.4 letters (≥4 injections group). Mean change in CRT was –460 μm (≤3 injections group) and –481 μm (≥4 injections group). From Week 24 onwards, BCVA improvement decreased slightly in both dosing subgroups. Mean change in CRT was –424 μm (≤3 injections group) and –441 μm (≥4 injections group). The most frequent adverse event was conjunctival hemorrhage (≤3 injections: 5 cases [3.6%]; ≥4 injections: 7 cases [11.9%]). Conclusion: Visual acuity results were similar in both dosing subgroups. Results of these analyses, as well as the overall study results, indicate that the treatment interval was extended successfully after an initiation phase with monthly injections.