PURPOSE: The aim of this post-hoc analysis was to identify prognostic factors associated with improvement in best-corrected visual acuity (BCVA) in patients with myopic choroidal neovascularisation (CNV) treated with intravitreal aflibercept (IVT-AFL). METHODS: A post hoc analysis of the MYRROR study in which 121 patients were randomised 3:1 to IVT-AFL injection or sham/IVT-AFL (sham to Week 20 [W20]; IVT-AFL from W24 to W48). The following prognostic factors were included: gender, age (years), baseline BCVA (letters), CNV location, CNV size (disc area), area of leakage, spherical equivalent value (diopters), axial length (mm), and central retinal thickness (CRT; µm). RESULTS: Stepwise linear regression analysis of patients in the IVT-AFL group identified age (linear regression β=-0.2830), baseline BCVA (-0.4494), spherical equivalent value (-0.3062), and CRT (-0.2107) as significant (P<0.05) prognostic factors for improvement in BCVA at W48; baseline BCVA and age were negatively correlated with change in BCVA at W48 (Pearson’s correlation; P<0.05). The most common ocular adverse events in the study eye were conjunctival haemorrhage (11%) in the IVT-AFL group and punctate keratitis (12.9%) in the sham/IVT-AFL group. Seven (5.7%) patients had a serious AE (all IVT-AFL; only 1 serious AE in the study eye [macular hole]). CONCLUSIONS: Myopic CNV patients in all subgroups benefited from IVT-AFL. Age, BCVA, spherical equivalent value, and CRT appeared to be prognostic factors for the magnitude of improvements in BCVA with IVT-AFL. The incidence of adverse events in this study was consistent with the well-known safety profile of IVT-AFL in retinal disease.