

**Generic Name:** Ophthalmic VEGF Inhibitors

**Therapeutic Class or Brand Name:** Ophthalmic VEGF Inhibitors

**Applicable Drugs (if Therapeutic Class):**

Avastin® (bevacizumab), Beovu® (brolucizumab-dblI), Byooviz™ (ranibizumab-nuna), Cimerli™ (ranibizumab-eqrn), Eylea® (aflibercept), Lucentis® (ranibizumab), Macugen™ (pegaptanib), Susvimo™ (ranibizumab), Vabysmo™ (faricimab-svoa)

**Preferred:** a bevacizumab product, Byooviz™, Cimerli™

**Non-preferred:** Beovu® (brolucizumab-dblI), Eylea® (aflibercept), Lucentis® (ranibizumab), Macugen™ (pegaptanib)

**VSI Excluded Drugs:** Susvimo™ (ranibizumab), Vabysmo™ (faricimab-svoa)

**Date of Origin:** 8/28/2015

**Date Last Reviewed / Revised:** 6/17/2024

## PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through IV are met)

- I. Documented diagnosis of one of the following conditions A through F AND must meet criteria listed under applicable diagnosis (see [Table 1](#) for approved indications by product):
  - A. Neovascular (Wet) Age-Related Macular Degeneration (AMD) AND criterion 1 is met:
    1. Documented trial and failure of, intolerance to, or contraindication to bevacizumab.
  - B. Diabetic Macular Edema (DME) AND criterion 1 is met:
    1. Documented trial and failure of, intolerance to, or contraindication to bevacizumab.
  - C. Diabetic Retinopathy (DR) in patients with or without DME AND criterion 1 is met:
    1. Documented trial and failure of, intolerance to, or contraindication to bevacizumab.
  - D. Macular Edema Following Retinal Vein Occlusion (RVO) AND criterion 1 is met:
    1. Documented trial and failure of, intolerance to, or contraindication to bevacizumab.
  - E. Myopic Choroidal Neovascularization (mCNV) AND one of criteria 1 is met:
    1. Documented trial and failure of, intolerance to, or contraindication to bevacizumab.
- II. Minimum age requirement: 18 years old.
- III. Treatment must be prescribed by or in consultation with an ophthalmologist.
- IV. Refer to plan document for the list of preferred products. If requested agent is not listed as a preferred product, must have a documented failure, intolerance, or contraindication to both a bevacizumab and ranibizumab product.

## EXCLUSION CRITERIA

- Ocular or periocular infections.

- Active intraocular inflammation (except for requests for Lucentis).
- Concurrent use of one VEGF inhibitor with another VEGF inhibitor.

## OTHER CRITERIA

**Table 1: Approved Indications by Product**

Product	Indications
Beovu®	AMD, DME
Byooviz™	AMD, mCNV, RVO
Cimerli™	AMD, DME, DR, mCNV, RVO
Eylea®	AMD, DME, DR, RVO
Lucentis®	AMD, DME, DR, mCNV, RVO
Macugen™	AMD
Susvimo™	AMD
Vabysmo™	AMD, DME, RVO

## QUANTITY / DAYS SUPPLY RESTRICTIONS

- Avastin and other bevacizumab products: One injection every 4 weeks.
- Beovu:
  - AMD: One injection every 4 weeks for the first 12 weeks, followed by one injection every 8 weeks.
  - DME: One injection every 6 weeks for the first 5 injections, followed by one injection every 8 weeks.
- Byooviz, Cimerli, Lucentis: One injection every 4 weeks.
- Eylea:
  - AMD: One injection every 4 weeks for the first 12 weeks, followed by one injection every 8 weeks.
  - RVO: One injection every 4 weeks.
  - DME/DR: One injection every 4 weeks for the first 5 injections, followed by one injection every 8 weeks.

## APPROVAL LENGTH

- **Authorization:**
  - AMD, DME, RVO, DR: 1 year.
  - mCNV:
    - Avastin: 1 year.
    - Byooviz, Cimerli, Lucentis: 3 months.

- **Re-Authorization:** An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and that the medication is effective. Reauthorization is for the same length as the original authorization.

## APPENDIX

N/A

## REFERENCES

1. American Academy of Ophthalmology. Preferred Practice Pattern® Guidelines: Retina Summary Benchmarks. AAO PPP Retina/Vitreous Panel, Hoskins Center for Quality Eye Care; Dec 2022. Available at: [https://www.aao.org/education/summary-benchmark-detail/retina-summary-benchmarks-2020#Age-RelatedMacularDegeneration\(InitialandFollow-upEvaluation\)](https://www.aao.org/education/summary-benchmark-detail/retina-summary-benchmarks-2020#Age-RelatedMacularDegeneration(InitialandFollow-upEvaluation))
2. Brown GC, Brown MM, Rapuano SB, Boyer D. A Cost-Benefit Analysis of VEGF-Inhibitor Therapy for Neovascular Age-Related Macular Degeneration in the United States. *Am J Ophthalmol*. 2021;223:405-429. doi:10.1016/j.ajo.2020.07.010
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**DISCLAIMER:** Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.