

Applicable Drugs: Avastin (bevacizumab), Beovu (brolucizumab-dbl), Byooviz (ranibizumab-nuna), Eylea (aflibercept), Jobevne (bevacizumab-nwgd), Lucentis (ranibizumab), Macugen (pegaptanib), Susvimo (ranibizumab), Vabysmo (faricimab-svoa)

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

Date of Origin: 8/28/2015

Date Last Reviewed / Revised: 2/23/2026

PRIOR AUTHORIZATION CRITERIA

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

- I. Documented diagnosis of one of the following conditions A through F (see [Table 1](#) below for approved indications by product):
 - A. Neovascular (Wet) Age-Related Macular Degeneration (AMD)
 - B. Diabetic Macular Edema (DME)
 - C. Diabetic Retinopathy (DR) in patients with or without DME
 - D. Macular Edema Following Retinal Vein Occlusion (RVO)
 - E. Myopic Choroidal Neovascularization (mCNV)
 - F. Retinopathy of Prematurity (ROP)
- II. Request is for bevacizumab, or there is documented trial and failure of, intolerance to, or contraindication to bevacizumab.
- III. Minimum age requirement: 18 years old (except for requests for the treatment of ROP).
- IV. Treatment must be prescribed by or in consultation with an ophthalmologist.
- V. 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 ranibizumab).
- Concurrent use of more than one VEGF inhibitor.
- Ranibizumab products: history of the development of retinal vasculitis with or without occlusion during treatment with ranibizumab.

OTHER CRITERIA

Table 1: Approved Indications by Product

Product Name	Generic Name	Indication(s)
Beovu	brolocizumab-dbl	AMD, DME
Byooviz	ranibizumab-nuna	AMD, mCNV, RVO
Eylea	afibercept	AMD, DME, DR, ROP, RVO
Lucentis	ranibizumab	AMD, DME, DR, mCNV, RVO
Macugen	pegaptanib	AMD
Susvimo	ranibizumab implant	AMD, DME, DR
Vabysmo	faricimab-svoa	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, then one injection no more frequently than every 8 weeks thereafter.
 - DME: One injection every 6 weeks for the first 5 injections, then one injection no more frequently than every 8 weeks thereafter.
- Byooviz, 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, ROP: 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.
 - ROP: 6 months.
 - mCNV:
 - Bevacizumab: 1 year.
 - Byooviz, 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

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4. Eylea. Prescribing Information. Regeneron Pharmaceuticals Inc; 2024. Accessed February 23, 2026. https://www.regeneron.com/sites/default/files/EYLEA_FPI.pdf
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12. Hashem AS, Mohammad JJT, Mohammad TA, et al. Safety and Efficacy of Brolucizumab in the Treatment of Diabetic Macular Edema and Diabetic Retinopathy: A Systematic Review and Meta-Analysis. *Seminars in Ophthalmology*. 2023. DOI: 10.1080/08820538.2023.2271095

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.