

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	X

Eylea (aflibercept)

Override(s)	Approval Duration
Prior Authorization	1 year

Medications	Dosing Limit
Eylea (aflibercept) 2mg vial & syringe	2 mg per eye; each eye may be treated as frequently as every 4 weeks

APPROVAL CRITERIA

Requests for Eylea (aflibercept) may be approved if the following criteria are met:

- I. Individual has a diagnosis of one of the following:
 - A. Diabetic macular edema; **OR**
 - B. Proliferative diabetic retinopathy with or without diabetic macular edema (AAO 2017); **OR**
 - C. Established neovascular “wet” age-related macular degeneration; **OR**
 - D. Macular edema from branch retinal vein occlusion; **OR**
 - E. Macular edema from central retinal vein occlusion.

Requests for intravitreal injections Eylea (aflibercept) may not be approved when the above criteria are not met and for all other indications.

Key References:

1. American Academy of Ophthalmology Retina/Vitreous Panel. Preferred Practice Pattern@Guidelines. Diabetic Retinopathy. San Francisco, CA: American Academy of Ophthalmology; 2017. Available at: www.aao.org/ppp.
2. American Academy of Ophthalmology Retina/Vitreous Panel. Preferred Practice Pattern@Guidelines. Age-Related Macular Degeneration. San Francisco, CA: American Academy of Ophthalmology; 2015. Available at: www.aao.org/ppp.
3. American Academy of Ophthalmology Retina/Vitreous Panel. Preferred Practice Pattern@Guidelines. Retinal Vein Occlusions. San Francisco, CA: American Academy of Ophthalmology; 2015. Available at: www.aao.org/ppp.
4. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.; 2018. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
5. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: June 14, 2018.
6. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
7. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2018; Updated periodically.
8. Finger PT, Chin KJ, Semenova EA. Intravitreal anti-VEGF therapy for macular radiation retinopathy: a 10-year study. *Eur J Ophthalmol.* 2016; 26(1):60-66.

CRX-ALL-0515-20

PAGE 1 of 2 02/20/2020

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	X

9. Sankar MJ, Sankar J, Chandra P. Anti-vascular endothelial growth factor (VEGF) drugs for treatment of retinopathy of prematurity. *Cochrane Database Syst Rev* 2018; 1:CD009734.
10. Pulido JS, Flaxel CJ, Adelman RA, Hyman L, Folk JC, Olsen TW. American Academy of Ophthalmology: Retinal Vein Occlusions Preferred Practice Pattern® guidelines. *Ophthalmology*. 2016; 123: 182–208.
11. Cheung, C.M.G.; Arnold, J.J.; Holz, F.G.; Park, K.H.; Lai, T.Y.Y.; Larsen, M.; Mitchell, P.; Ohno-Matsui, K.; Chen, S.J.; Wolf, S.; et al. Myopic Choroidal Neovascularization: Review, Guidance, and Consensus Statement on Management. *Ophthalmology* 2017, 124, 1690–1711.
12. Weber, M. L. & Heier, J. S. Choroidal Neovascularization Secondary to Myopia, Infection and Inflammation. *Dev Ophthalmol* 55: 167–75, 10.1159/000431194, Epub 2015 Oct 26 (2016).

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.