



## **OPHTHALMIC VEGF INHIBITORS**

**Beovu (brolucizumab-dbli)**

**Eylea (aflibercept), Ahzantive\* (aflibercept-mrbb), Opuviz\* (aflibercept-yszy), Pavblu\* (aflibercept-ayyh), Yesafili\* (aflibercept-jbvf)**

**Eylea HD (aflibercept)**

**Vabysmo (faricimab-svoa)**

\*These medications are included in this policy but are not available on the market as of yet

### **Pre - PA Allowance**

None

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### **Prior-Approval Requirements**

**Age** 18 years of age or older

#### **Diagnoses**

##### **Eylea, Ahzantive, Opuviz, Pavblu, and Yesafili only**

Patient must have **ONE** of the following:

1. Neovascular (wet) age-related macular degeneration (AMD)
2. Macular edema following retinal vein occlusion (RVO)
3. Diabetic macular edema (DME)
4. Diabetic retinopathy (DR)

##### **Eylea HD only**

Patient must have **ONE** of the following:

1. Neovascular (wet) age-related macular degeneration (AMD)
2. Diabetic macular edema (DME)
3. Diabetic retinopathy (DR)

##### **Beovu only**

Patient must have **ONE** of the following:

1. Neovascular (wet) age-related macular degeneration (AMD)
2. Diabetic macular edema (DME)

##### **Vabysmo only**

Patient must have **ONE** of the following:

1. Neovascular (wet) age-related macular degeneration (AMD)
2. Diabetic macular edema (DME)
3. Macular edema following retinal vein occlusion (RVO)

**AND ALL** of the following for **ALL** medications:

- a. Documented baseline visual acuity test
- b. **NO** active intraocular inflammation



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- c. **NO** ocular or periocular infection
- d. **NOT** used in combination with other vascular endothelial growth factor (VEGF) inhibitors for ocular indications (see Appendix 1)

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**Age** No age requirement

### Diagnosis

#### **Eylea, Ahzantive, Opuviz, Pavlu, and Yesafili only**

Patient must have the following:

1. Retinopathy of prematurity (ROP)

**AND ALL** of the following:

- a. **NO** active intraocular inflammation
- b. **NO** ocular or periocular infection
- c. **NOT** used in combination with other vascular endothelial growth factor (VEGF) inhibitors for ocular indications (see Appendix 1)

## Prior - Approval Limits

**Duration** 12 months

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## Prior – Approval *Renewal* Requirements

**Age** 18 years of age or older

### Diagnoses

#### **Eylea, Ahzantive, Opuviz, Pavlu, and Yesafili only**

Patient must have **ONE** of the following:

1. Neovascular (wet) age-related macular degeneration (AMD)
2. Macular edema following retinal vein occlusion (RVO)
3. Diabetic macular edema (DME)
4. Diabetic retinopathy (DR)



## **OPHTHALMIC VEGF INHIBITORS**

### **Beovu (brolucizumab-dbll)**

**Eylea (aflibercept), Ahzantive\* (aflibercept-mrbb), Opuviz\* (aflibercept-yszy), Pavblu\* (aflibercept-ayyh), Yesafili\* (aflibercept-jbvf)**

### **Eylea HD (aflibercept)**

### **Vabysmo (faricimab-svoa)**

\*These medications are included in this policy but are not available on the market as of yet

#### **Eylea HD only**

Patient must have **ONE** of the following:

1. Neovascular (wet) age-related macular degeneration (AMD)
2. Diabetic macular edema (DME)
3. Diabetic retinopathy (DR)

#### **Beovu only**

Patient must have **ONE** of the following:

1. Neovascular (wet) age-related macular degeneration (AMD)
2. Diabetic macular edema (DME)

#### **Vabysmo only**

Patient must have **ONE** of the following:

1. Neovascular (wet) age-related macular degeneration (AMD)
2. Diabetic macular edema (DME)
3. Macular edema following retinal vein occlusion (RVO)

**AND ALL** of the following for **ALL** medications:

- a. Patient has demonstrated a positive clinical response to therapy (e.g., improvement or maintenance in best corrected visual acuity [BCVA] or visual field, or a reduction in the rate of vision decline or the risk of more severe vision loss)
- b. **NO** active intraocular inflammation
- c. **NO** ocular or periocular infection
- d. **NOT** used in combination with other vascular endothelial growth factor (VEGF) inhibitors for ocular indications (see Appendix 1)

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**Age** No age requirement

**Diagnosis**

#### **Eylea, Ahzantive, Opuviz, Pavblu, and Yesafili only**

Patient must have the following:

1. Retinopathy of prematurity (ROP)

## OPHTHALMIC VEGF INHIBITORS

**Beovu (brolucizumab-dbl)**

**Eylea (aflibercept), Ahzantive\* (aflibercept-mrb), Opuviz\* (aflibercept-ysy), Pavlu\* (aflibercept-ayh), Yesafili\* (aflibercept-jbv)**

**Eylea HD (aflibercept)**

**Vabysmo (faricimab-svo)**

\*These medications are included in this policy but are not available on the market as of yet

**AND ALL** of the following:

- Patient has demonstrated a positive clinical response to therapy (e.g., no clinically significant reactivations of ROP)
- NO** active intraocular inflammation
- NO** ocular or periocular infection
- NOT** used in combination with other vascular endothelial growth factor (VEGF) inhibitors for ocular indications (see Appendix 1)

## Prior - Approval *Renewal* Limits

Same as above

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### Appendix 1 - List of VEGF Inhibitors for Ocular Indications

Generic Name	Brand Name
aflibercept	Eylea/Eylea HD
bevacizumab	Avastin
brolucizumab-dbl	Beovu
faricimab-svo	Vabysmo
ranibizumab	Lucentis
ranibizumab	Susvimo