Reference number(s)
7058-D

This document applies to the following:

Formulary	Applies
Standard Control (SF)	☐
Standard Control – Choice (SCCF)	☐
Preferred Drug Plan Design (PDPD)	☐
Advanced Control Specialty (ACSF)	☐
Advanced Control Specialty – Choice (ACSCF)	☐
Managed Medicaid Template (MMT)	☐
Marketplace (MF)	☐
Aetna Small Group Affordable Care Act (SG ACA) Aetna Health Exchange (AHE)	☐
Aetna Individual Lives (IVL)	☐
Value (VF)	☐

Formulary	Applies
New to Market (NTM)	☐
Standard Formulary Chart (SFC)	☑
Basic Control Chart Preferred Drug Plan Design (BCC PDPD)	☐
Advanced Control Specialty Formulary Chart (ACSFC)	☑
Value Formulary Chart (VFC)	☐
Medical Benefit	☐
Medical Benefit: Advanced Biosimilars First	☐
Medical Benefit: Managed Medicaid (MMMB)	☐
Medicare Part B	☐
Medicare Part B: Advanced Biosimilars First	☐

Exceptions Criteria
Retinal Disorders

This document informs prescribers of preferred products and provides an exception process for targeted products through prior authorization.

These criteria were developed to align with the following: Standard Formulary Chart (SFC) and Advanced Control Specialty Formulary Chart (ACSFC).

Plan Design Summary

This program applies to the retinal disorder products specified in this document. Coverage for targeted products is provided based on clinical circumstances that would exclude the use of the preferred product and may be based on previous use of a product. The coverage review process will ascertain situations where a clinical exception can be made. This program applies to all members requesting treatment with Eylea HD. This program applies to members who are new to treatment with Beovu, Cimerli, Susvimo, and Vabysmo for the first time.

Each referral is reviewed based on all utilization management (UM) programs implemented for the client.

Table. Retinal Disorder Products

Medications considered formulary or preferred on your plan may still require a clinical prior authorization review.

	Products
Preferred	• Eylea (aflibercept)
Target	• Beovu (brolucizumab-dbll) • Cimerli (ranibizumab-eqrn) • Eylea HD (aflibercept) • Susvimo (ranibizumab) • Vabysmo (faricimab-svoa)

Exception Criteria

This program applies to members requesting treatment for an indication that is FDA-approved for the preferred product.

Beovu, Cimerli, Susvimo, Vabysmo

Coverage for a targeted product is provided when the any of the following criteria are met:

- Member is currently receiving treatment with a targeted product, excluding when the requested targeted product is obtained as samples or via manufacturer's patient assistance programs.
- Member has a documented inadequate response or intolerable adverse event with the preferred product, Eylea.

Eylea HD

Coverage for the targeted product is provided when the member had a documented intolerable adverse event to the preferred product, Eylea, and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information.

References

1. Beovu [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; July 2024.
2. Cimerli [package insert]. Redwood City, CA: Coherus BioSciences, Inc.; November 2022.
3. Eylea [package insert]. Tarrytown, NY: Regeneron Pharmaceuticals, Inc.; December 2023.
4. Eylea HD [package insert]. Tarrytown, NY: Regeneron Pharmaceuticals; December 2023.
5. Susvimo [package insert]. San Francisco, CA: Genentech, Inc.; April 2022.
6. Vabysmo [package insert]. San Francisco, CA: Genentech, Inc.; July 2024.