Ophthalmic VEGF Inhibitors

Generic Name: Ophthalmic VEGF Inhibitors

Therapeutic Class or Brand Name: Ophthalmic VEGF Inhibitors

Applicable Drugs (if Therapeutic Class): Avastin® (bevacizumab), Eylea® (aflibercept), Lucentis® (ranibizumab), Macugen® (pegaptanib), Beovu® (brolucizumab), Mvasi™ (bevacizumab-awwb), Zirabev™ (bevacizumab-bvzr),

GPI Code: 2133502000, 8665501000, 8665505030, 8665506000, 8665502520

Preferred: N/A

Non-preferred: N/A

Date of Origin: 8/28/2015

Date Last Reviewed / Revised: 1/15/2020

PRIOR AUTHORIZATION CRITERIA

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

I. Documented diagnosis of one of the following conditions A through F AND must meet criteria listed under applicable diagnosis:

A. Neovascular (Wet) Age-Related Macular Degeneration (AMD) AND one of criteria 1 through 4 is met:

1. Request is for Avastin.
2. Request is for Eylea or Beovu AND criterion a is met:
   a) Documented trial and failure of, intolerance to, or contraindication to Avastin.
3. Request is for Lucentis AND criterion a is met:
   a) Documented trial and failure of, intolerance to, or contraindication to Avastin and ONE of the following: Eylea and Beovu.
4. Request is for Macugen AND criterion a is met:
   a) Documented trial and failure of, intolerance to, or contraindication to Avastin and TWO of the following: Eylea, Lucentis, and Beovu.

B. Diabetic Macular Edema (DME) AND one of criteria 1 through 4 is met:

1. Request is for Avastin.
2. Request is for Eylea AND one of the following criteria a or b is met:
   a) Documented baseline visual acuity of 20/50 or worse.
   b) Documented trial and failure of, intolerance to, or contraindication to Avastin
3. Request is for Lucentis AND criterion a is met:

a) Documented trial and failure of, intolerance to, or contraindication to Avastin and Eylea.

4. Request is for Macugen AND criterion a is met:
   a) Documented trial and failure of, intolerance to, or contraindication to TWO of the following: Avastin, Eylea, and Lucentis.

C. Macular Edema Following Retinal Vein Occlusion (RVO) AND one of criteria 1 through 3 is met:
   1. Request is for Avastin.
   2. Request is for Eylea AND criterion a is met:
      a) Documented trial and failure of, intolerance to, or contraindication to Avastin.
   3. Request is for Lucentis AND criterion a is met:
      a) Documented trial and failure of, intolerance to, or contraindication to Avastin and Eylea.

D. Diabetic Retinopathy (DR) in Patients without DME AND one of criteria 1 through 2 is met:
   1. Request is for Avastin.
   2. Request is for Lucentis AND criterion a is met:
      a) Documented trial and failure of, intolerance to, or contraindication to Avastin.

E. Diabetic Retinopathy (DR) in Patients with DME AND one of criteria 1 through 3 is met:
   1. Request is for Avastin.
   2. Request is for Eylea AND criterion a is met:
      a) Documented trial and failure of, intolerance to, or contraindication to Avastin.
   3. Request is for Lucentis AND criterion a is met:
      a) Documented trial and failure of, intolerance to, or contraindication to Avastin and Eylea.

F. Myopic Choroidal Neovascularization (mCNV) AND one of criteria 1 or 2 is met:
   1. Request is for Avastin.
   2. Request is for Lucentis and criterion a is met:
      a) Documented trial and failure of, intolerance to, or contraindication to Avastin.

II. Minimum age requirement: 18 years old.

III. Provider is 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 a preferred product(s).

Exclusion Criteria

- Ocular or periocular infections.
- Concurrent use of one VEGF inhibitor with another VEGF inhibitor.

Other Criteria

- N/A

Quantity / Days Supply Restrictions

- Avastin, Mvasi, Zirabev: 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.
- Lucentis: One injection every 4 weeks.
- Macugen: One injection every 6 weeks.
- Beovu: One injection every 4 weeks for the first 12 weeks, followed by one injection every 8 weeks.

Approval Length

- **Authorization:**
  - mCNV:
    - Lucentis: 3 months.
    - Avastin: 1 year.
  - AMD, DME, RVO, DR: 1 year.
- **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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HISTORICAL TRACKING OF CHANGES MADE TO POLICY

Date	Notes/Changes
1/15/2020	1. **Added** "Beovu® (brolucizumab), Mvasi™ (bevacizumab-awwb), Zirabev™ (bevacizumab-bvzr)" **under Applicable Drugs**. 2. **Added** "8665502520" **under GPI Code**. 3. **Changed** "I.A.2. Request is for Eylea AND criterion a is met: a)Documented trial and failure of, intolerance to, or contraindication to Avastin. 3. Request is for Lucentis AND criterion a is met: a) Documented trial and failure of, intolerance to, or contraindication to Avastin and Eylea. 4. Request is for Macugen AND criterion a is met: a) Documented trial and failure of, intolerance to, or contraindication to TWO of the following: Avastin, Eylea, and Lucentis" **to** "I.A.2. Request is for Eylea or Beovu AND criterion a is met: a) Documented trial and failure of, intolerance to, or contraindication to Avastin. 3. Request is for Lucentis AND criterion a is met: a) Documented trial and failure of, intolerance to, or contraindication to Avastin and ONE of the following: Eylea and Beovu. 4. Request is for Macugen AND criterion a is met: a) Documented trial and failure of, intolerance to, or contraindication to Avastin and TWO of the following: Eylea, Lucentis, and Beovu" **under Prior Authorization Criteria I. A. 2-4.** 4. **Added 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 a preferred product(s)." **under Prior Authorization Criteria**. 5. **Added** "Mvasi and Zirabev: One injection every 4 weeks" **under Quantity/Days Supply Restriction.** 6. **Added** "Beovu: One injection every 4 weeks for the first 12 weeks, followed by one injection every 8 weeks" **under Quantity/Days Supply Restriction**

	7. **Removed** outdated references. **Added** "https://www.pharma.us.novartis.com/sites/www.pharma.us.novartis.com/files/beovu.pdf" **under References**.
12/17/2018	1. **Removed** "http://blue.regence.com/trgmedpol/drugs/dru267.pdf", "http://blue.regence.com/trgmedpol/drugs/dru242.pdf", "http://blue.regence.com/trgmedpol/drugs/dru241.pdf" (links no longer working). **Added** "https://regence.myprime.com/content/dam/prime/memberportal/forms/AuthorForms/Cambia/Program_Summaries/dru267reg.pdf", "https://regence.myprime.com/content/dam/prime/memberportal/forms/AuthorForms/Cambia/Program_Summaries/dru242reg.pdf", "https://regence.myprime.com/content/dam/prime/memberportal/forms/AuthorForms/Cambia/Program_Summaries/dru215reg.pdf" **under References**.
1/16/2018	1. **Added** "I. D. Diabetic Retinopathy (DR) in Patients without DME AND one of criteria 1 through 2 is met: 1. Request is for Avastin®; 2. Request is for Lucentis® AND criterion a is met: a. Documented trial and failure of, intolerance to, or contraindication to Avastin®" **under Prior Authorization Criteria**.
3/20/2017	1. Changed "Avastin" to "Avastin®" throughout document. 2. **Changed** "I. Documented diagnosis of one of the following conditions A through D…" **to** "I. Documented diagnosis of one of the following conditions A through E…"**and added** "I. E. Myopic Choroidal Neovascularization (mCNV) AND one of criteria 1 or 2 is met: 1. Request is for Avastin®; 2. Request is for Lucentis® and criterion a is met: a. Documented trial and failure of, intolerance to, or contraindication to Avastin®" **under Prior Authorization Criteria**. 3. **Changed** "Authorization: 1 year; Re-Authorization: An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and that the medication is effective" **to** "Authorization: mCNV: Lucentis®: 3 months; Avastin®: 1 year; AMD, DME, RVO, DR: 1 year; 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" **under Approval Length**. 4. **Updated** "Diabetic retinopathy. San Francisco, CA: American Academy of Ophthalmology; 2014. Available at: www.aao.org/ppp" **to** "Diabetic retinopathy. San Francisco, CA: American Academy of Ophthalmology; 2016. Available at: www.aao.org/ppp", "http://www.bausch.com/Portals/107/-/m/BL/United%20States/USFiles/Package%20Inserts/Pharma/macugen-package-insert.pdf" **to** "http://www.bausch.com/Portals/77/-/m/BL/United%20States/Files/Package%20Inserts/Pharma/macugen-package-insert.pdf?ver=2017-02-14-083844-843", **and** "https://www.priorityhealth.com/~/~/media/documents/drug-auth-forms/d-h/eylea-pa-commercial-medicaid.pdf" **to** "http://www.priorityhealth.com/-/media/E7F3DF05EBB240EAB4DDDC62953BE1B8.pdf" **under References**.

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.