This policy applies to the following:

	Standard Control (SF)		Managed Medicaid Template (MMT)		ACSF Chart (ACSFC)		Medical Benefit	✓	Medicare Part B
	Preferred Drug Plan Design (PDPD)		Marketplace (MF)		SF Chart (SFC)		Medical Benefit: Biosimilars First	✓	Medicare Part B: Advanced Biosimilars First
	Advanced Control Specialty (ACSF)		New to Market (NTM)		VF Chart (VFC)		Medical Benefit: Add-on		
	Value (VF)		Aetna Health Exchange (AHE)				Medical Benefit: Managed Medicaid		
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EXCEPTIONS CRITERIA

RETINAL DISORDERS

PRIMARY PREFERRED PRODUCT: AVASTIN

SECONDARY PREFERRED PRODUCTS: BYOOVIZ, EYLEA, EYLEA HD

POLICY

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

I. PLAN DESIGN SUMMARY

This program applies to the retinal disorder products specified in this policy. 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 members who are new to treatment with a targeted product for the first time.

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

Table. Retinal disorder products

	Product(s)
Primary Preferred*	• **Avastin** (bevacizumab)
Secondary Preferred*	• **Byooviz** (ranibizumab-nuna) • **Eylea** (aflibercept) or **Eylea HD** (aflibercept)
Targeted	• **Beovu** (brolucizumab-dbll) • **Cimerli** (ranibizumab-eqrn) • **Lucentis** (ranibizumab) • **Susvimo** (ranibizumab injection) • **Vabysmo** (faricimab-svoa)

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

II. EXCEPTION CRITERIA

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

A. Member has received treatment with the targeted product in the past 365 days.

This policy applies to the following:

	Standard Control (SF)		**Managed Medicaid Template (MMT)**		**ACSF Chart (ACSFC)**		**Medical Benefit**	✓	**Medicare Part B**
	Preferred Drug Plan Design (PDPD)		**Marketplace (MF)**		**SF Chart (SFC)**		**Medical Benefit: Biosimilars First**	✓	**Medicare Part B: Advanced Biosimilars First**
	Advanced Control Specialty (ACSF)		**New to Market (NTM)**		**VF Chart (VFC)**		**Medical Benefit: Add-on**		
	Value (VF)		**Aetna Health Exchange (AHE)**				**Medical Benefit: Managed Medicaid**		
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B. The requested product is Byooviz or Eylea HD and member has had a documented inadequate response or intolerable adverse event with the primary preferred product, Avastin.
C. The requested product is Eylea and either of the following criteria are met:
   1. Member has a diagnosis of retinopathy of prematurity
   2. Member has a documented inadequate response or intolerable adverse event with the primary preferred product, Avastin.
D. The requested product is Beovu or Vabysmo and both of the following criteria are met:
   1. Member has had a documented inadequate response or intolerable adverse event with the primary preferred product, Avastin.
   2. Member has had a documented inadequate response or intolerable adverse event with two of the secondary preferred products: Byooviz and either Eylea or Eylea HD.
E. The requested product is Cimerli or Lucentis and either of the following criteria are met:
   1. Member has a diagnosis of myopic choroidal neovascularization (mCNV) and all of the following criteria are met:
      i. Member has a documented inadequate response or intolerable adverse event with the primary preferred product, Avastin.
      ii. Member has had a documented intolerable adverse event to the secondary preferred product, Byooviz, and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information (i.e., known adverse reaction for both the reference product and biosimilar product).
   2. Member has a diagnosis other than myopic choroidal neovascularization (mCNV) and all of the following criteria are met:
      i. Member has had a documented inadequate response or intolerable adverse event with the primary preferred product, Avastin.
      ii. Member has had a documented intolerable adverse event to the secondary preferred product, Byooviz, and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information (i.e., known adverse reaction for both the reference product and biosimilar product).
      iii. Member has had a documented inadequate response or intolerable adverse event with either of the secondary preferred products, Eylea or Eylea HD.
F. The requested product is Susvimo and all of the following criteria are met:
   1. Member has a documented inadequate response or intolerable adverse event with the primary preferred product, Avastin.
   2. Member has had a documented intolerable adverse event to the secondary preferred product, Byooviz, and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information (i.e., known adverse reaction for both the reference product and biosimilar product).
   3. Member had had a documented inadequate response or intolerable adverse event with either of the secondary preferred products, Eylea or Eylea HD.

REFERENCES

This policy applies to the following:

	Standard Control (SF)		**Managed Medicaid Template (MMT)**		**ACSF Chart (ACSFC)**		**Medical Benefit**	✓	**Medicare Part B**
	Preferred Drug Plan Design (PDPD)		**Marketplace (MF)**		**SF Chart (SFC)**		**Medical Benefit: Biosimilars First**	✓	**Medicare Part B: Advanced Biosimilars First**
	Advanced Control Specialty (ACSF)		**New to Market (NTM)**		**VF Chart (VFC)**		**Medical Benefit: Add-on**		
	Value (VF)		**Aetna Health Exchange (AHE)**				**Medical Benefit: Managed Medicaid**		
			IVL						

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1. Avastin [package insert]. South San Francisco, CA: Genentech, Inc.; September 2022.
2. Beovu [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; September 2023.
3. Byooviz [package insert]. Cambridge, MA: Biogen, Inc.; October 2023.
4. Cimerli [package insert]. Redwood City, CA: Coherus BioSciences, Inc.; November 2022.
5. Eylea [package insert]. Tarrytown, NY: Regeneron Pharmaceuticals, Inc.; December 2023.
6. Eylea HD [package insert]. Tarrytown, NY: Regeneron Pharmaceuticals, Inc.; December 2023.
7. Lucentis [package insert]. San Francisco, CA: Genentech, Inc.; February 2024.
8. Susvimo [package insert]. San Francisco, CA: Genentech, Inc.; April 2022.
9. Vabysmo [package insert]. San Francisco, CA: Genentech, Inc.; October 2023.