

## SPECIALTY GUIDELINE MANAGEMENT

**EYLEA (aflibercept)**  
**EYLEA HD (aflibercept)**  
**AHZANTIVE (aflibercept-mrbb)**  
**ENZEEVU (aflibercept-abzv)**  
**OPUVIZ (aflibercept-yszy)**  
**PAVBLU (aflibercept-ayyh)**  
**YESAFILI (aflibercept-jbvf)**

### POLICY

#### I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

##### FDA-Approved Indications

Eylea is indicated for the treatment of:

- A. Diabetic macular edema
- B. Diabetic retinopathy
- C. Neovascular (wet) age-related macular degeneration
- D. Macular edema following retinal vein occlusion
- E. Retinopathy of Prematurity

Eylea HD is indicated for the treatment of:

- A. Diabetic macular edema
- B. Diabetic retinopathy
- C. Neovascular (wet) age-related macular degeneration

Ahzantive, Opuviz, Pavblu and Yesafili are indicated for the treatment of:

- A. Diabetic macular edema
- B. Diabetic retinopathy
- C. Neovascular (wet) age-related macular degeneration
- D. Macular edema following retinal vein occlusion

Enzeevu is indicated for the treatment of:

- A. Neovascular (wet) age-related macular degeneration

All other indications are considered experimental/investigational and not medically necessary.

#### II. CRITERIA FOR INITIAL APPROVAL

##### **A. Diabetic Macular Edema**

Authorization of 6 months may be granted for treatment of diabetic macular edema.

##### **B. Diabetic Retinopathy**

Authorization of 6 months may be granted for treatment of diabetic retinopathy.

**C. Neovascular (Wet) Age-Related Macular Degeneration**

Authorization of 6 months may be granted for treatment of neovascular (wet) age-related macular degeneration.

**D. Macular Edema Following Retinal Vein Occlusion (Eylea and Biosimilars Only)**

Authorization of 6 months may be granted for treatment of macular edema following retinal vein occlusion.

**E. Retinopathy of Prematurity (Eylea and Biosimilars Only)**

Authorization of 6 months may be granted for treatment of retinopathy of prematurity.

**III. CONTINUATION OF THERAPY**

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in Section II when the member 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).

**IV. REFERENCES**

1. Eylea [package insert]. Tarrytown, NY: Regeneron Pharmaceuticals, Inc.; December 2023.
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3. American Academy of Ophthalmology Retinal/Vitreous Panel. Preferred Practice Pattern® Guidelines. Age-Related Macular Degeneration. San Francisco, CA: American Academy of Ophthalmology; 2019. Available at: <https://www.aao.org/preferred-practice-pattern/age-related-macular-degeneration-ppp>.
4. American Academy of Ophthalmology Retinal/Vitreous Panel. Preferred Practice Pattern® Guidelines. Diabetic Retinopathy. San Francisco, CA: American Academy of Ophthalmology; 2019. Available at: <https://www.aao.org/preferred-practice-pattern/diabetic-retinopathy-ppp>.
5. American Academy of Ophthalmology Retinal/Vitreous Panel. Preferred Practice Pattern® Guidelines. Retinal Vein Occlusions. San Francisco, CA: American Academy of Ophthalmology; 2019. Available at: <https://www.aao.org/preferred-practice-pattern/retinal-vein-occlusions-ppp>.
6. Opuviz [package insert]. Cambridge, MA: Biogen MA Inc.; May 2024.
7. Yesafili [package insert]. Cambridge, MA: Biocon Biologics Inc.; May 2024.
8. Ahzantive [package insert]. Martinsried/Planegg, Germany: Formycon AG; June 2024.
9. Enzeevu [package insert]. Princeton, NJ: Sandoz Inc.; August 2024.
10. Pavblu [package insert]. Thousand Oaks, CA: Amgen, Inc.; August 2024.