Reference number(s)
5057-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: Medical Benefit and Medical Benefit Advanced Biosmiliars First.

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 products 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 Lucentis who have not tried a secondary preferred product. This program applies to members who are new to treatment with Byooviz, Cimerli, Eylea, 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
Primary Preferred	• Avastin (bevacizumab)
Secondary Preferred	1. Byooviz (ranibizumab-nuna) 2. Cimerli (ranibizumab-eqrn)
Targeted	1. Eylea (aflibercept) 2. Lucentis (ranibizumab) 3. Vabysmo (faricimab-svoa)

Exception Criteria

Byooviz, Cimerli

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

1. Member is currently receiving treatment with a targeted product, Byooviz or Cimerli, excluding when the requested targeted product is obtained via samples or via manufacturer's patient assistance programs.
2. Member has had a documented inadequate response or intolerable adverse event with the primary preferred product, Avastin.

Eylea

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

1. Member is currently receiving treatment with the targeted product, Eylea, excluding when the requested targeted product is obtained via samples or via manufacturer's patient assistance programs.
2. Member has a diagnosis of retinopathy of prematurity.
3. Member has a documented inadequate response or intolerable adverse event with the primary preferred product, Avastin, and at least one of the secondary preferred products, Byooviz or Cimerli.

Lucentis

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

1. Member meets either of the following criteria:
    1. Member is currently receiving treatment with the targeted product, Lucentis, excluding when the requested targeted product is obtained via samples or via manufacturer's patient assistance programs.

   2. Member has had a documented inadequate response or intolerable adverse event with the primary preferred product, Avastin.
2. Member has a documented intolerable adverse event to both of the secondary preferred products, Byooviz and Cimerli, 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 products).

Vabysmo

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

1. Member is currently receiving treatment with the targeted product, Vabysmo, excluding when the requested targeted product is obtained as samples or via manufacturer's patient assistance programs.
2. Member has a documented inadequate response or intolerable adverse event with the primary preferred product, Avastin, and at least one of the secondary preferred products, Byooviz or Cimerli.

References

1. Avastin [package insert]. South San Francisco, CA: Genentech, Inc.; September 2022.
2. Byooviz (ranibizumab) [package insert]. Cambridge, MA: Biogen Inc; October 2023.
3. Cimerli [package insert]. Redwood City, CA: Coherus BioSciences, Inc.; June 2024.
4. Eylea [package insert]. Tarrytown, NY: Regeneron Pharmaceuticals, Inc.; December 2023.
5. Lucentis [package insert]. San Francisco, CA: Genentech, Inc.; February 2024.
6. Vabysmo [package insert]. San Francisco, CA: Genentech, Inc.; July 2024.

