## SPECIALTY GUIDELINE MANAGEMENT

# EYLEA (aflibercept) EYLEA HD (aflibercept)

#### **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

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

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

#### E. Retinopathy of Prematurity

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

## **III. CONTINUATION OF THERAPY**

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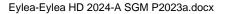


2024-A

Authorization of 12 months may be granted for continued treatment of an indication listed in Section II for members who have 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; February 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.



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