

This policy applies to the following:

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

Reference #
6152-D

EXCEPTIONS CRITERIA RETINAL DISORDERS

PRIMARY PREFERRED PRODUCT: AVASTIN

SECONDARY PREFERRED PRODUCT: EYLEA

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 all members requesting treatment with a targeted product or secondary preferred product (Eylea).

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

Table. Retinal Disorder products

	Product(s)
Primary Preferred*	<ul style="list-style-type: none"> Avastin (bevacizumab)
Secondary Preferred*	<ul style="list-style-type: none"> Eylea (afibercept)
Targeted	<ul style="list-style-type: none"> Beovu (brolucizumab-dblI) Byooviz (ranibizumab-nuna) Cimerli (ranibizumab-eqrn) Lucentis (ranibizumab) Vabysmo (faricimab-svoa)

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

II. EXCEPTION CRITERIA

A. Eylea

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

- Member is currently receiving treatment with the targeted product, Eylea, excluding when the requested product is obtained via samples or via manufacturer’s patient assistance programs.

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	Preferred Drug Plan Design (PDPD)	Aetna Health Exchange (AHE)	VF Chart (VFC)	Medical Benefit: Managed Medicaid	Medicare Part B: Advanced Biosimilars First	
	Advanced Control Specialty (ACSF)	IVL	New to Market (NTM)	Medical Benefit: Add-on		
	Advanced Control Specialty – Choice (ACSCF)	Value (VF)				

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.

B. Beovu, Vabysmo

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, Beovu or Vabysmo, excluding when the requested targeted product is obtained via samples or via manufacturer’s patient assistance programs.
2. Member has a documented inadequate response or intolerable adverse event with both the primary preferred product (Avastin) and the secondary preferred product (Eylea).

C. Byooviz, Cimerli, Lucentis

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, Cimerli, or Lucentis, excluding when the requested targeted product is obtained via samples or via manufacturer’s patient assistance programs.
2. Member has a diagnosis of myopic choroidal neovascularization and has a documented inadequate response or intolerable adverse event with the primary preferred product, Avastin.
3. Member has a documented inadequate response or intolerable adverse event with both the primary preferred product (Avastin) and the secondary preferred product (Eylea).

REFERENCES

1. Avastin [package insert]. South San Francisco, CA: Genentech, Inc.; December 2020.
2. Beovu [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; March 2022.
3. Byooviz (ranibizumab) [package insert]. Cambridge, MA: Biogen Inc; June 2022
4. Cimerli [package insert]. Redwood City, CA: Coherus BioSciences, Inc.; November 2022.
5. Eylea [package insert]. Tarrytown, NY: Regeneron Pharmaceuticals, Inc.; August 2022.
6. Lucentis [package insert]. San Francisco, CA: Genentech, Inc.; March 2018.
7. Vabysmo [package insert]. San Francisco, CA: Genentech, Inc.; January 2023.