PRIOR AUTHORIZATION POLICY

- Eylea® (aflibercept intravitreal injection – Regeneron)

REVIEW DATE: 11/16/2022; selected revision 02/22/2023

OVERVIEW
Eylea, a vascular endothelial growth factor (VEGF) inhibitor, is indicated for the following uses:1
- Diabetic macular edema.
- Diabetic retinopathy.
- Macular edema following retinal vein occlusion.
- Neovascular (wet) age-related macular degeneration.
- Retinopathy of Prematurity.

Other Uses with Supportive Evidence
Overproduction of VEGF may lead to other eye conditions, including neovascular glaucoma and other retinal and choroidal neovascular conditions affecting the eye.2,3 The VEGF inhibitors also have the potential to be used off-label in other eye conditions to prevent or reduce vision loss.2,4,5 The use of anti-VEGF agents have been shown to stop the angiogenic process and maintain visual acuity and improve vision in patients with certain neovascular ophthalmic conditions; therefore, research is rapidly evolving on the use of VEGF inhibitors in other neovascular ophthalmic conditions which threaten vision.4,5

POLICY STATEMENT
Prior Authorization is recommended for prescription benefit coverage of Eylea. All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with Eylea as well as the monitoring required for adverse events and long-term efficacy, approval requires Eylea to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA
Coverage of Eylea is recommended in those who meet one of the following criteria:

FDA-Approved Indications

1. **Diabetic Macular Edema.** Approve for 1 year if administered by or under the supervision of an ophthalmologist.

2. **Diabetic Retinopathy.** Approve for 1 year if administered by or under the supervision of an ophthalmologist.

3. **Macular Edema Following Retinal Vein Occlusion.** Approve for 1 year if administered by or under the supervision of an ophthalmologist.
4. **Neovascular (Wet) Age-Related Macular Degeneration.** Approve for 1 year if administered by or under the supervision of an ophthalmologist.

5. **Retinopathy of Prematurity.** Approve for 1 year if administered by or under the supervision of an ophthalmologist.

**Other Uses with Supportive Evidence**

6. **Other Neovascular Diseases of the Eye.** Approve for 1 year if administered by or under the supervision of an ophthalmologist.

   **Note:** Examples of other neovascular diseases of the eye include neovascular glaucoma, sickle cell neovascularization, and choroidal neovascular conditions.

**CONDITIONS NOT RECOMMENDED FOR APPROVAL**

Coverage of Eylea is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

**REFERENCES**


**HISTORY**

<table>
<thead>
<tr>
<th>Type of Revision</th>
<th>Summary of Changes</th>
<th>Review Date</th>
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</thead>
<tbody>
<tr>
<td>Annual Revision</td>
<td><strong>Other Neovascular Diseases of the Eye:</strong> Examples of other neovascular diseases of the eye were moved to a Note.</td>
<td>11/10/2021</td>
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<tr>
<td>Annual Revision</td>
<td>No criteria changes.</td>
<td>11/16/2022</td>
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<tr>
<td>Selected Revision</td>
<td><strong>Retinopathy of Prematurity:</strong> This condition was moved to the FDA-Approved Indications; previously, it was included in the Note of examples of Other Neovascular Diseases of the Eye, under “Other Uses with Supportive Evidence”.</td>
<td>02/22/2023</td>
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