PRIOR AUTHORIZATION POLICY

POLICY: Ophthalmology – Vascular Endothelial Growth Factor Inhibitors – Eylea Prior Authorization Policy
- Eylea® (aflibercept intravitreal injection – Regeneron)

REVIEW DATE: 11/16/2022

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**.

Other Uses with Supportive Evidence

Overproduction of VEGF may lead to other eye conditions, including neovascular glaucoma, retinopathy of prematurity, and other retinal and choroidal neovascular conditions affecting the eye.[2,3] The VEGF inhibitors also have the potential to be used off-label and reduce vision loss associated with other eye conditions related to increased VEGF production. 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] Anti-VEGF therapy has the potential to be used off-label in other neovascular conditions affecting the eye and may prevent or slow visual impairment.[2,4,5]

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.

Other Uses with Supportive Evidence

5. **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, retinopathy of prematurity, sickle cell neovascularization, 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

1. Eylea® intravitreal injection [prescribing information]. Tarrytown, NY: Regeneron; August 2022.
2. Barakat MR, Kaiser PK. VEGF inhibitors for the treatment of neovascular age-related macular degeneration. *Expert Opin Investig Drugs.* 2009;18(5):637-646.
3. Tolentino M. Systemic and ocular safety of intravitreal anti-VEGF therapies for ocular neovascular disease. *Surv Ophthalmol*. 2011;56(2):95-113.
4. Kinnunen K, Ylä-Herttuala S. Vascular endothelial growth factors in retinal and choroidal neovascular diseases. *Ann Med*. 2012;44(1):1-17.
5. Horsley MB, Kahook MY. Anti-VEGF therapy for glaucoma. *Curr Opin Ophthalmol*. 2010;21(2):112-117.