

Ocular Disorders

Avastin
Byooviz
Cimerli
Eylea
Eylea HD
Lucentis
Macugen
Susvimo
Vabysmo
Visudyne

Effective 11/01/2023

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit		
Specialty Limitations	N/A		
Contact Information	Medical and Specialty Medications		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029
Exceptions	N/A		

Overview

Avastin is a vascular endothelial growth factor (VEGF) inhibitor recommended by the American Academy of Ophthalmology Preferred Practice guidelines as first-line therapy for treatment of neovascular age-related macular degeneration (AMD).

Eylea (afibercept) Byooviz, Cimerli and Lucentis are VEGFs indicated for age-related macular degeneration, diabetic macular edema, diabetic retinopathy and macular edema following retinal vein occlusion. Lucentis, Byooviz, and Cimerli are also indicated for myopic choroidal neovascularization

Eylea HD is indicated for the treatment of neovascular (wet) age-related macular degeneration, diabetic macular edema and diabetic retinopathy.

Macugen (pegaptanib) and Byooviz are VEGF indicated for the treatment of neovascular (wet) age-related AMD
 Visudyne (pegaptanib) is a photosensitizer drug activated through direct laser excitation indicated for the treatment of neovascular (wet) age-related AMD

Susvimo (ranibizumab) is a VEGF indicated for treatment of neovascular (wet) AMD in patients who have previously responded to at least 2 intravitreal injections of a vascular endothelial growth factor (VEGF) inhibitor medication.

Vabysmo (faricimab) is a VEGF indicated for the treatment of (wet) age related macular degeneration and macular edema

NOTE: Avastin prescribed as an oncology therapy is under a separate document

Coverage Guidelines

Authorization may be granted for members new to the plan who are currently receiving treatment with the requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted for members with any of following ocular disorders when all the following criteria are met, and documentation is provided:

1. The member is diagnosed with ONE of the following:
 - a. For Eylea HD:
 - Neovascular age-related macular degeneration (AMD)
 - Diabetic macular edema
 - Diabetic retinopathy
 - b. For Lucentis and Cimerli:
 - Neovascular age-related macular degeneration (AMD)
 - Diabetic macular edema
 - Diabetic retinopathy
 - Macular edema
 - Myopic choroidal neovascularization
 - c. For Eylea, Susvimo, Macugen, Visudyne, Vabysmo, :
 - Neovascular age-related macular degeneration (AMD)
 - Diabetic macular edema
 - Diabetic retinopathy
 - Macular edema
2. The member is ≥ 18 years of age
3. The prescriber is an ophthalmologist specializing in retinal disorders
4. **For Eylea, Eylea HD, Cimerli, Lucentis, Visudyne, Vabysmo and Susvimo for diagnosis of AMD, macular edema and myopic choroidal neovascularization:** the member has an inadequate response or adverse reaction to Avastin and Byooviz
5. **For Eylea, Eylea HD, Lucentis, and Vabysmo for a diagnosis of diabetic macular edema or diabetic retinopathy:** the member has an inadequate response or adverse reaction to Avastin

Continuation of Therapy

Reauthorization requires physician documentation of improvement of member's condition.

Limitations

1. Approvals will be for 24 months.

References

1. Avastin (bevacizumab) [prescribing information]. South San Francisco, CA: Genentech; May 2020
2. Sato T, Emi K, Ikeda T, et al. Severe intraocular inflammation after intravitreal injection of bevacizumab. *Ophthalmology*. 2010; 117:512-516, 516.e1-2
3. Eylea (afibercept) [prescribing information]. Tarrytown, NY: Regeneron Pharmaceuticals Inc; August 2019
4. Lucentis (ranibizumab) [prescribing information]. South San Francisco, CA: Genentech Inc; March 2018
5. Macugen (pegaptanib) [prescribing information]. Bridgewater, NJ: Bausch & Lomb. July 2016



6. Visudyne (verteporfin) [prescribing information]. Bridgewater, NJ: Valeant Pharmaceuticals North America LLC; June 2016
7. Vabysmo (faricimab) [prescribing information]. South San Francisco, CA: Genentech Inc; January 2022.
8. Eylea HD (aflibercept) [prescribing information]. Tarrytown, NY: Regeneron Pharmaceuticals Inc; August 2023.

Review History

11/18/2020- Reviewed by P+T and Updated: combined Avastin, Eylea, Lucentis, Macugen & Visudyne criteria to one document; changed Avastin to preferred product, moved all products to medical benefit only.

01/19/2022 – Reviewed and updated for Jan P&T; added new product Susvimo as non-preferred product (requires previous use of Avastin). Effective 04/01/2022

07/20/2022 – Reviewed and Updated for July P&T; added new product Vabysmo as a non-preferred product. References updated. Effective 9/01/2022.

01/11/2023 – Reviewed and Updated for Jan P&T; added new products Byooviz and Cimerli to criteria. Preferred agents are Avastin and Byooviz. Effective 04/01/2023.

09/13/2023 – Reviewed and Updated for Sept P&T; Added new product Eylea HD to criteria. Preferred agents continue to be Avastin and Byooviz. Effective 11/1/2023

