

Eylea (afibercept)
Effective 01/01/2021

Plan	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations	This medication has been designated specialty and must be filled at a contracted specialty pharmacy.		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Aflibercept is a recombinant fusion protein that acts as a decoy receptor for vascular endothelial growth factor-A (VEGF-A) and placental growth factor (PLGF). Aflibercept binds to VEGF-A and PLGF and inhibits binding and activating of endothelial cell receptors, thereby suppressing neovascularization and slowing vision loss.

Coverage Guidelines

Ophthalmic disorders

Authorization of 24 months may be granted for treatment of the following retinal disorders:

1. Diabetic macular edema
2. Neovascular (wet) age-related macular degeneration
3. Macular edema following retinal vein occlusion
4. Diabetic retinopathy

Continuation of Therapy

All members requesting authorization for continuation of therapy must meet all initial authorization criteria.

Limitations

Approvals for all diagnoses will be granted for 24 months

References

1. Eylea [package insert]. Tarrytown, NY: Regeneron Pharmaceuticals; May 2019.
2. American Academy of Ophthalmology Retinal/Vitreous Panel. Preferred Practice Pattern® Guidelines. Age-Related Macular Degeneration. San Francisco, CA: American Academy of Ophthalmology; 2019. 399 Revolution Drive, Suite 810, Somerville, MA 02145 | allwayshealthpartners.org



Ophthalmology; 2015. Available at: <https://www.aao.org/preferred-practice-pattern/age-related-macular-degeneration-ppp-2015>

3. American Academy of Ophthalmology Retinal/Vitreous Panel. Preferred Practice Pattern® Guidelines. Diabetic Retinopathy. San Francisco, CA: American Academy of Ophthalmology; 2017. Available at: <https://www.aao.org/preferred-practice-pattern/diabetic-retinopathy-ppp-updated-2017>
4. American Academy of Ophthalmology Retinal/Vitreous Panel. Preferred Practice Pattern® Guidelines. Retinal Vein Occlusions. San Francisco, CA: American Academy of Ophthalmology; 2015. Available at: <https://www.aao.org/preferred-practice-pattern/retinal-vein-occlusions-ppp-2015>

Review History

11/18/2020 – Transitioned from SGM to Custom Criteria; separated out MH vs. Comm/Exch criteria.

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