Mass General Brigham
Health Plan

Anti-VEGF Ophthalmics
Beovu (brolucizumab-dbbl)
Byooviz (ranibizumab-nuna)
Cimerli (ranibizumab-eqrn)
Eylea (aflibercept)
Eylea HD (aflibercept)
Lucentis (ranibizumab)
Pavblu (aflibercept-ayyh)
Susvimo (ranibizumab injection)
Vabysmo (faricimab-svoa)
Effective 01/04/2027

Plan	☒ MassHealth UPPL ☐Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☐ Pharmacy Benefit ☒ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical Benefit** **Pharmacy Benefit**	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	N/A		

Overview
Anti-VEGF agents, including bevacizumab for off-label use, are recommended as first-line treatment for Age-related macular degeneration (AMD), Diabetic macular edema (DME)/Diabetic retinopathy (DR), and Retinal vein occlusion (RVO). AAO treatment patterns for myopic choroidal neovascularization (mCNV) support the use of anti-VEGF agents (i.e., bevacizumab, ranibizumab, aflibercept) for mCNV. Neovascular glaucoma (NVG) is commonly treated off-label with anti-VEGF agents for a short-term period, before treatment with panretinal photocoagulation (PRP). The American Academy of Ophthalmology (AAO) updated treatment management recommendations for ROP, an eye disease that commonly affects premature babies, babies with low birth weight or fluctuation in oxygen levels, to have Eylea (aflibercept) as the first anti-VEGF product FDA-approved to treat this condition; however other anti-VEGF agents like Lucentis (ranibizumab) and Avastin (bevacizumab), which are used off-label, may be utilized and preferred over Eylea (aflibercept).

Coverage Guidelines
If member is new to the plan (as evidenced by coverage effective date of less than or equal to 90 days), submission of medical records documenting that the member is currently receiving treatment with the requested drug, excluding when the product is obtained as samples or via manufacturer's patient assistance programs
OR
Authorization may be granted when all of the following criteria are met:

Beovu (brolucizumab-dbbl)
Byooviz (ranibizumab-nuna)
Cimerli (ranibizumab-eqrn)

Eylea (aflibercept 2 mg)
Eylea HD (aflibercept 8 mg)
Lucentis (ranibizumab)
Pavblu (aflibercept-ayyh 2 mg)
Susvimo (ranibizumab injection)
Vabysmo (faricimab-svoa)

Neovascular Age-related Macular Degeneration (nAMD)

1. Diagnosis of neovascular (wet) age-related macular degeneration (AMD)
2. Prescriber is an ophthalmologist or consult notes from an ophthalmologist are provided
3. For Beovu (brolucizumab-dbbl), Byooviz (ranibizumab-nuna), Susvimo (ranibizumab injection), and Vabysmo (faricimab-svoa), **ONE** of the following:
    a. Inadequate response or adverse reaction to **ONE** or contraindication to **ALL** of the following:
        i. Eylea (aflibercept 2 mg)
        ii. Eylea HD (aflibercept 8 mg)
        iii. Pavblu (aflibercept-ayyh 2 mg)
    b. Documentation of stability that the member previously received treatment with the requested agent in the fellow (other) eye
4. Appropriate dosing with specific eye(s) to be treated

Diabetic Macular Edema (DME)

1. Diagnosis of diabetic macular edema (DME)
2. Prescriber is an ophthalmologist or consult notes from an ophthalmologist are provided
3. **ONE** of the following:
    a. Inadequate response (defined as three monthly injections within a 90-day period), adverse reaction, or contraindication to Avastin (bevacizumab)
    b. Documentation of stability that the member previously received treatment with the requested agent in the fellow (other) eye
    c. Member has pre-treatment visual acuity of 20/50 or worse
    d. Member has one functioning eye (monocular) only
    e. Prescriber attests that the member is at immediate risk of vision loss and delaying treatment with the requested agent is likely to result in immediate harm
4. For Beovu (brolucizumab-dbbl), Byooviz (ranibizumab-nuna), Cimerli (ranibizumab-eqrn), Lucentis (ranibizumab), Susvimo (ranibizumab injection), and Vabysmo (faricimab-svoa), **ONE** of the following:
    a. Inadequate response or adverse reaction to **ONE** or contraindication to **ALL** of the following:
        i. Eylea (aflibercept 2 mg)
        ii. Eylea HD (aflibercept 8 mg)
        iii. Pavblu (aflibercept-ayyh 2 mg)
    b. Documentation of stability that the member previously received treatment with the requested agent in the fellow (other) eye
5. Appropriate dosing with specific eye(s) to be treated

Byooviz (ranibizumab-nuna)
Cimerli (ranibizumab-eqrn)
Eylea (aflibercept 2 mg)
Eylea HD (aflibercept 8 mg)
Lucentis (ranibizumab)
Pavblu (aflibercept-ayyh 2 mg)
Susvimo (ranibizumab injection)

Diabetic Retinopathy (DR)

1. Diagnosis of diabetic retinopathy (DR) without DME
2. Prescriber is an ophthalmologist or consult notes from an ophthalmologist are provided
3. **ONE** of the following:
    a. Inadequate response (defined as three monthly injections within a 90-day period), adverse reaction, or contraindication to Avastin (bevacizumab)
    b. Documentation of stability that the member previously received treatment with the requested agent in the fellow (other) eye
    c. Member has one functioning eye (monocular) only
    d. Prescriber attests that the member is at immediate risk of vision loss and delaying treatment with the requested agent is likely to result in immediate harm
4. For Byooviz (ranibizumab-nuna), Cimerli (ranibizumab-eqrn), Lucentis (ranibizumab), and Susvimo (ranibizumab injection), **ONE** of the following:
    a. Inadequate response or adverse reaction to **ONE** or contraindication to **ALL** of the following:
        i. Eylea (aflibercept 2 mg)
        ii. Eylea HD (aflibercept 8 mg)
        iii. Pavblu (aflibercept-ayyh 2 mg)
    b. Documentation of stability that the member previously received treatment with the requested agent in the fellow (other) eye
5. Appropriate dosing with specific eye(s) to be treated

Byooviz (ranibizumab-nuna)
Cimerli (ranibizumab-eqrn)
Eylea (aflibercept 2 mg)
Eylea HD (aflibercept 8 mg)
Lucentis (ranibizumab)
Pavblu (aflibercept-ayyh 2 mg)
Vabysmo (faricimab-svoa)
Retinal Vein Occlusion (RVO)

1. Diagnosis of retinal vein occlusion (RVO)
2. Prescriber is an ophthalmologist or consult notes from an ophthalmologist are provided
3. **ONE** of the following:
    a. Inadequate response (defined as three monthly injections within a 90-day period), adverse reaction, or contraindication to Avastin (bevacizumab)
    b. Documentation of stability that the member previously received treatment with the requested agent in the fellow (other) eye
    c. Member has one functioning eye (monocular) only
    d. Prescriber attests that the member is at immediate risk of vision loss and delaying treatment with the requested agent is likely to result in immediate harm
4. For Byooviz (ranibizumab-nuna), Cimerli (ranibizumab-eqrn), Lucentis (ranibizumab), and Vabysmo (faricimab-svoa), ONE of the following:
    a. Inadequate response or adverse reaction to **ONE**, or contraindication to **ALL** of the following:
        i. Eylea (aflibercept 2 mg)
        ii. Eylea HD (aflibercept 8 mg)
        iii. Pavblu (aflibercept-ayyh 2 mg)
    b. Documentation of stability that the member previously received treatment with the requested agent in the fellow (other) eye
5. Appropriate dosing with specific eye(s) to be treated

Byooviz (ranibizumab-nuna)
Cimerli (ranibizumab-eqrn)
Lucentis (ranibizumab)
Myopic Choroidal Neovascularization (mCNV)

1. Diagnosis of myopic choroidal neovascularization (mCNV)
2. Prescriber is an ophthalmologist or consult notes from an ophthalmologist are provided
3. **ONE** of the following:
    a. Inadequate response (defined as three monthly injections within a 90-day period), adverse reaction, or contraindication to Avastin (bevacizumab)
    b. Documentation of stability that the member previously received treatment with the requested agent in the fellow (other) eye
    c. Member has one functioning eye (monocular) only
    d. Prescriber attests that the member is at immediate risk of vision loss and delaying treatment with the requested agent is likely to result in immediate harm
4. For Byooviz (ranibizumab-nuna), **ONE** of the following:
    a. **BOTH** of the following:
        i. Inadequate response, adverse reaction or contraindication to **BOTH** of the following:
            1. Cimerli (ranibizumab-eqrn)
            2. Lucentis (ranibizumab)
        ii. Clinical rationale why Byooviz (ranibizumab-nuna) is expected to provide a different clinical outcome than the preferred agents.
    b. Documentation of stability that the member previously received treatment with the requested agent in the fellow (other) eye
5. Appropriate dosing with specific eye(s) to be treated

Eylea (aflibercept 2 mg)
Lucentis (ranibizumab)
Retinopathy of Prematurity (ROP)

1. Diagnosis of retinopathy of prematurity (ROP)
2. Prescriber is an ophthalmologist or consult notes from an ophthalmologist are provided
3. **ONE** of the following:
    a. Gestational age at birth is ≤ 32 weeks
    b. Birth weight is between 800 g to 1500 g
4. Appropriate dosing with specific eye(s) to be treated for a duration of at least 10 days (into the same eye)

Byooviz (ranibizumab-nuna)
Cimerli (ranibizumab-eqrn)
Eylea (aflibercept 2 mg)
Lucentis (ranibizumab)
Neovascular Glaucoma (NVG) (Off-Label Indication)
Neovascularization of the Iris (NVI) (Off-Label Indication)

1. Diagnosis of ONE of the following:
    a. Neovascular glaucoma (NVG)
    b. Neovascularization of the iris (NV)
2. Prescriber is an ophthalmologist or consult notes from an ophthalmologist are provided
3. **ONE** of the following:

    a. Inadequate response (defined as three monthly injections within a 90-day period), adverse reaction, or contraindication to Avastin (bevacizumab)
    b. Documentation of stability that the member previously received treatment with the requested agent in the fellow (other) eye
    c. Member has one functioning eye (monocular) only
    d. Prescriber attests that the member is at immediate risk of vision loss and delaying treatment with the requested agent is likely to result in immediate harm
4. For Byooviz (ranibizumab-nuna), **ONE** of the following:
    a. **BOTH** of the following:
        i. Inadequate response, adverse reaction, or contraindication to **ALL** of the following:
            1. Cimerli (ranibizumab-eqrn)
            2. Eylea (aflibercept 2 mg)
            3. Lucentis (ranibizumab)
        ii. Clinical rationale why the requested non-preferred agent is expected to provide a different clinical outcome than the preferred ranibizumab formulations
    b. Documentation of stability that the member previously received treatment with the requested agent in the fellow (other) eye
5. Appropriate dosing with specific eye(s) to be treated

Continuation of Therapy

Requests for reauthorization will be approved when the following criteria are met:

For DME, DR, nAMD, and RVO, **BOTH** of the following:
1. Positive response to therapy
2. Appropriate dosing with specific eye(s) to be treated

For mCNV, NVG, ROP, **BOTH** of the following:
1. Clinical rationale requiring treatment duration to be extended
2. Appropriate dosing with specific eye(s) to be treated

Limitations
1. Initial approvals will be granted for the following indications:
    a. DME, DR, nAMD, RVO: 12 months
    b. mCNV, NVG, ROP: 3 months
2. Reauthorizations will be granted for the following indications:
    a. DME, DR, nAMD, RVO: 12 months
    b. mCNV, NVG, ROP: 3 months

References

1. American Academy of Ophthalmologist. Diabetic Retinopathy Preferred Practice Pattern. February 2025, [cited 2026 Sep 10]. Available from: https://www.aao.org/education/preferred-practice-pattern/diabetic-retinopathy-ppp
2. American Academy of Ophthalmologist. Age Related Macular Degeneration Preferred Practice Pattern. February 2025, [cited 2026 Sep 10]. Available from: https://www.aao.org/education/preferred-practice-pattern/age-related-macular-degeneration-ppp
3. American Academy of Ophthalmologist. Retinal Vein Occlusion Preferred Practice Pattern. February 2025, [cited 2026 Sep 10]. Available from: https://www.aao.org/education/preferred-practice-pattern/retinal-vein-occlusions-ppp

4. American Academy of Ophthalmologist. Treatment patterns for myopic choroidal neovascularization in the United States. July 2017, [cited 2026 Sep 20]. Available from: https://www.aaojournal.org/article/S0161-6420(16)32051-6/fulltext
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20. Beovu [package insert on the internet]. East Hanover (NJ): Novartis Pharmaceuticals. 2024 Aug.
21. Byooviz [package insert on the internet]. Nashville (TN): Harrow Eye. 2025 Nov.
22. Cimerli [package insert on the internet]. Princeton (NJ): Sandoz, Inc. 2024 Jun.
23. Eylea [package insert on the internet]. Tarrytown (NY): Regeneron Pharmaceuticals. 2024 Oct.
24. Eylea HD [package insert on the internet]. Tarrytown (NY): Regeneron Pharmaceuticals. 2026 Apr.
25. Lucentis [package insert on the internet]. South San Francisco (CA): Genentech, Inc. 2024 Feb.
26. Pavblu [package insert on the internet]. Thousand Oaks (CA): Amgen Inc. 2026 Feb.
27. Susvimo [package insert on the internet]. South San Francisco (CA): Genentech, Inc. 2025 Sep.
28. Vabysmo [package insert on the internet]. South San Francisco (CA): Genentech, Inc. 2026 Apr.

Review History

11/4/2026 – Created for Nov P&T. Aligned with MH guidelines. The following medications will require a prior authorization on the medical benefit: Beovu, Byooviz, Cimerli, Eylea, Eylea HD, Lucentis, Payblu, Susyimo, Vabysmo. Effective 1/4/27