

Clinical Policy: Aflibercept (Eylea)

Reference Number: ERX.SPA.203

Effective Date: 01.11.17

Last Review Date: 02.21

Line of Business: Commercial, Medicaid

[Revision Log](#)

See **Important Reminder** at the end of this policy for important regulatory and legal information.

Description

Aflibercept (Eylea®) is a vascular endothelial growth factor (VEGF) inhibitor.

FDA Approved Indication(s)

Eylea is indicated for the treatment of patients with:

- Neovascular (wet) age-related macular degeneration (AMD)
- Macular edema following retinal vein occlusion (RVO)
- Diabetic macular edema (DME)
- Diabetic retinopathy (DR)

Policy/Criteria

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

Health plan approved formularies should be reviewed for all coverage determinations. Requirements to use preferred alternative agents apply only when such requirements align with the health plan approved formulary.

It is the policy of health plans affiliated with Envolve Pharmacy Solutions™ that Eylea is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Ophthalmic Disease (must meet all):

1. Diagnosis of one of the following (a, b, c, or d):
 - a. Neovascular (wet) AMD;
 - b. Macular edema following RVO;
 - c. DME;
 - d. DR;
2. Prescribed by or in consultation with an ophthalmologist;
3. Age ≥ 18 years;
4. For all indications, except for DME in members with baseline best corrected visual acuity (BCVA) worse than 20/50: Member must use bevacizumab intravitreal solution, unless contraindicated or clinically significant adverse effects are experienced;
**Prior authorization may be required for bevacizumab intravitreal solution. Requests for IV formulations of Avastin, Mvasi, and Zirabev will not be approved*
5. Dose does not exceed:
 - a. AMD: 2 mg (1 vial) every 4 weeks for the first 3 months, then every 8 weeks thereafter;
 - b. DME and DR: 2 mg (1 vial) every 4 weeks for the first 5 injections, then every 8 weeks thereafter;
 - c. RVO: 2 mg (1 vial) every 4 weeks.

Approval duration: 6 months

B. Other diagnoses/indications

1. Refer to ERX.PA.01 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

II. Continued Therapy

A. Ophthalmic Disease (must meet all):

1. Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions or member has previously met initial approval criteria;
2. Member is responding positively to therapy as evidenced by one of the following (a, b, c, or d):
 - a. Detained neovascularization;
 - b. Improvement/stabilization in visual acuity;
 - c. Maintenance of corrected visual acuity from prior treatment;
 - d. Supportive findings from optical coherence tomography or fluorescein angiography;
3. If request is for a dose increase, new dose does not exceed:
 - a. DME and DR: 2 mg (1 vial) every 8 weeks;
 - b. RVO: 2 mg (1 vial) every 4 weeks;
 - c. AMD: One of the following (i or ii):
 - i. Dose does not exceed 2 mg (1 vial) every 8 weeks;
 - ii. Member meets both of the following (a and b):
 - a) Documentation supports evidence of continued disease activity;
 - b) New dose does not exceed 2 mg (1 vial) every 4 weeks.

Approval duration: 6 months

B. Other diagnoses/indications (must meet 1 or 2):

1. Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions and documentation supports positive response to therapy.
Approval duration: Duration of request or 6 months (whichever is less); or
2. Refer to ERX.PA.01 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

III. Diagnoses/Indications for which coverage is NOT authorized:

- ### A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off-label use policy – ERX.PA.01 or evidence of coverage documents.

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

AMD: age-related macular degeneration
BCVA: best corrected visual acuity
DME: diabetic macular edema
DR: diabetic retinopathy

FDA: Food and Drug Administration
RVO: retinal vein occlusion
VEGF: vascular endothelial growth factor

Appendix B: Therapeutic Alternatives

This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent and may require prior authorization.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
Bevacizumab (Avastin®)	Neovascular (wet) AMD: 1.25 to 2.5 mg administered by intravitreal injection every 4 weeks	2.5 mg/month
	Macular edema secondary to RVO: 1 mg to 2.5 mg administered by intravitreal injection every 4 weeks	2.5 mg/month
	DR: 1.25 mg administered by intravitreal injection every 6 weeks	1.25 mg/6 weeks
	DME: 1.25 mg administered by intravitreal injection every 6 weeks	1.25 mg/6 weeks

Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic.

Appendix C: Contraindications/Boxed Warnings

- Contraindication(s):
 - Ocular or periocular infection
 - Active intraocular inflammation
 - Hypersensitivity
- Boxed warning(s): none reported

Appendix D: General Information

- In the VEGF Trap-Eye: Investigation of Efficacy and Safety in Wet Age-Related Macular Degeneration (VIEW)-1 trial, the difference in the number of patients who lost fewer than 15 letters at 52 weeks between Eylea every 8 weeks compared to Lucentis was 0.6% (95.1% CI - 0.32, 4.4). In terms of the number of patients who gained at least 15 letters, the mean difference between Eylea every 8 weeks was 6.6% (95.1% CI -1.0, 14.1). There were no adverse events that were found to be significant from the Lucentis arm.
- In a trial comparing Eylea, Avastin and Lucentis, the Diabetic Retinopathy Clinical Research Network found in patients with diabetic macular edema that when the initial visual-acuity letter score was 78 to 69 (equivalent to approximately 20/32 to 20/40) (51% of participants), the mean improvement was 8.0 with Eylea, 7.5 with Avastin, and 8.3 with Lucentis (p > 0.50 for each pair wise comparison). When the initial letter score was less than 69 (approximately 20/50 or worse), the mean improvement was 18.9 with Eylea, 11.8 with Avastin, and 14.2 with Lucentis (p < 0.001 for Eylea vs. Avastin, p = 0.003 for Eylea vs. Lucentis, and p = 0.21 for Lucentis vs. Avastin).
- In clinical trials for the treatment of AMD, DME, and DR, additional efficacy was not demonstrated in most patients when Eylea was dosed every 4 weeks as a maintenance dose, compared to every 8 weeks. Maintenance dosing at every 8 weeks should be attempted before increasing the intravitreal injection frequency to every 4 weeks.

V. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
AMD	2 mg (1 vial) administered by intravitreal injection once a month for 3 months then 2 mg every 2 months <i>Although Eylea may be dosed as frequently as 2 mg every 4 weeks (monthly), additional efficacy was not demonstrated in most patients when Eylea was dosed every 4 weeks compared to every 8 weeks. Some patients may need every 4 week (monthly) dosing after the first 12 weeks (3 months).</i>	2 mg/month
Macular edema following RVO	2 mg (1 vial) administered by intravitreal injection once every 4 weeks (monthly)	2 mg/month
DME, DR	2 mg (1 vial) administered by intravitreal injection once a month for the first 5 injections followed by 2 mg via intravitreal injection once every 2 months <i>Although Eylea may be dosed as frequently as 2 mg every 4 weeks (monthly), additional efficacy was not demonstrated in most patients when Eylea was dosed every 4 weeks compared to every 8 weeks. Some patients may need every 4 week (monthly) dosing after the first 20 weeks (5 months).</i>	2 mg/month

VI. Product Availability

Single-dose vial and pre-filled syringe: 2 mg/0.05 mL solution

VII. References

1. Eylea Prescribing Information. Tarrytown, NY: Regeneron Pharmaceuticals, Inc.; June 2021. Available at: www.eylea.com. Accessed June 22, 2021.
2. American Academy of Ophthalmology Retina/Vitreous Panel. Preferred Practice Pattern® Guidelines. Age-Related Macular Degeneration. San Francisco, CA: American Academy of Ophthalmology; October 2019. Available at www.aao.org/ppp. Accessed June 22, 2021.
3. American Academy of Ophthalmology Retina/Vitreous Panel. Preferred Practice Pattern® Guidelines. Retinal Vein Occlusions. San Francisco, CA: American Academy of Ophthalmology; October 2019. Available at www.aao.org/ppp. Accessed June 22, 2021.
4. American Academy of Ophthalmology Retina/Vitreous Panel. Preferred Practice Pattern® Guidelines. Diabetic Retinopathy. San Francisco, CA: American Academy of Ophthalmology; October 2019. Available at www.aao.org/ppp. Accessed June 22, 2021.
5. Wells JA, Glassman AR, Ayala AR, et al. Aflibercept, bevacizumab, or ranibizumab for diabetic macular edema. N Engl J Med. 2015 Mar 26;372(13):1193-203. Doi: 10.1056/NEJMoa1414264

Reviews, Revisions, and Approvals	Date	P&T Approval Date
1Q18 annual review: Converted to new template. Added bevacizumab redirection except for members with baseline visual acuity worse than 20/50 due to clinical superiority of Eylea Added specialist requirement Removed criteria checking for contraindications (ocular infections) due to its ophthalmic nature and addition of specialist requirement Added age limit	11.23.17	02.18
1Q 2019 annual review: removed requirement against concurrent use with VEGF medications; references reviewed and updated.	11.20.18	02.19
Criteria added for new FDA indication: use in patients with diabetic retinopathy without diabetic macular edema; references reviewed and updated.	06.25.19	11.19
RT4: added new pre-filled syringe formulation	09.11.19	
1Q 2020 annual review: no significant changes; added requirement of less frequent dosing; references reviewed and updated.	10.23.19	02.20
Ad Hoc update: clarified redirection from bevacizumab to Avastin as compounding pharmacies often break standard Avastin vials into smaller dosages specifically for ophthalmic use and there is a temporary CPT code not currently available to biosimilars.	10.01.20	
1Q 2021 annual review: no significant changes; references reviewed and updated.	12.01.20	02.21
Ad Hoc update: updated redirection to “bevacizumab intravitreal solution” given availability of generic bevacizumab intravitreal solution and considering goal was to minimize use of IV bevacizumab products, most notably biosimilars; converted redirection language to “must use”	03.04.21	
Ad Hoc update: clarified “best corrected” for visual acuity for redirection to bevacizumab.	06.22.21	

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information.

This Clinical Policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members.

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