Policy Number: RX.PA.026.MPC
Revision Date: 10/2022

RX.PA.026.MPC Ocular Disorders

The purpose of this policy is to define the prior authorization process for drugs used forthe treatment of ocular disorders.

Avastin® (bevacizumab), Alymsys (bevacizumab-maly), Mvasi (bevacizumab-awwb), and Zirabev (bevacizumab-bvzr) are indicated for the treatment of:

- Age related macular degeneration – Choroidal retinal neovascularization
- Branch retinal vein occlusion with macular edema
- Central retinal vein occlusion with macular edema
- Choroidal retinal neovascularization, Secondary to pathologic myopia
- Diabetic Macular Edema (DME)

Lucentis® (ranibizumab), Byooviz® (ranibizumab-nuna), Cimerli® (ranibizumab-eqrn) are indicated for the treatment of:

- Neovascular (Wet) Age-Related Macular Degeneration (AMD)
- Macular Edema following Retinal Vein Occlusion (RVO)
- Diabetic Macular Edema (DME)
- Diabetic Retinopathy (DR)
- Myopic choroidal neovascularization (mCNV)

Eylea® (aflibercept) is indicated for the treatment of:

- Neovascular (Wet) Age-Related Macular Degeneration (AMD)
- Macular Edema following Retinal Vein Occlusion (RVO)
- Diabetic Macular Edema (DME)
- Diabetic retinopathy (DR) associated with diabetic macular edema

Visudyne® (verteporfin)

- Age related macular degeneration – Choroidal retinal neovascularization
- Histoplasmosis associated with classic subfoveal choroidal neovascularization
- Myopia associated with classic subfoveal choroidal neovascularization

Vabysmo® (faricimab-svoa)

- Neovascular (Wet) Age-Related Macular Degeneration (nAMD)
- Diabetic Macular Edema (DME)

The drugs, Lucentis® (ranibizumab), Byooviz® (ranibizumab-nuna), Cimerli® (ranibizumab-eqrn), Eylea® (aflibercept), Avastin® (bevacizumab), Alymsys (bevacizumab-maly), Mvasi (bevacizumab-awwb), and Zirabev (bevacizumab-bvzr), Visudyne® (verteporfin) and Vabysmo® (faricimab-svoa) are subject to the prior authorization process.

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PROCEDURE

A. Initial Authorization Criteria

I. CLINICAL CRITERIA (*Use for ALL Drug Requests*)

Must meet all of the criteria listed under the respective product:

***If **intravenous** Avastin is requested for oncology related treatment please forwardto Eviti for prior authorization.

1. **Avastin (bevacizumab)**
   - Must be prescribed by a retinal specialist (ophthalmologist acceptable)
   - Must be age 18 years or older
   - Must have a diagnosis of 1 of the following:
     - Neovascular (wet) age-related macular degeneration
     - Branch retinal vein occlusion with macular edema
     - Central retinal vein occlusion with macular edema
     - Diabetic macular edema
     - Myopic choroidal neovascularization
   - Must not have an active ocular or periocular infection
   - Must have documented intolerance, contraindication to, or failed treatment for at least 3 months with both preferred Bevacizumab products, Mvasi and Zirabev
   - Avastin is not prescribed with any other VEGF inhibitors

2. **Alymsys (bevacizumab-maly), Mvasi (bevacizumab-awwb), and Zirabev (bevacizumab-bvzr)**
   - Must be prescribed by a retinal specialist (ophthalmologist acceptable)
   - Must be age 18 years or older
   - Must have a diagnosis of 1 of the following:
     - Neovascular (wet) age-related macular degeneration
     - Branch retinal vein occlusion with macular edema
     - Central retinal vein occlusion with macular edema
     - Diabetic macular edema
     - Myopic choroidal neovascularization
   - Must not have an active ocular or periocular infection
   - Alymsys, Mvasi, or Zirabev are not prescribed with any other VEGF inhibitors

3. **Lucentis (ranibizumab), Byooviz® (ranibizumab-nuna), Cimerli® (ranibizumab-eqrn)**
   - Must be prescribed by a retinal specialist (ophthalmologist acceptable)
   - Must be age 18 years or older
   - Must have a diagnosis of 1 of the following:
     - Neovascular (wet) age-related macular degeneration
     - Macular edema following retinal vein occlusion
     - Diabetic macular edema

  - Diabetic retinopathy
  - Myopic choroidal neovascularization
- Must not have an active ocular or periocular infection
- Lucentis, Byooviz or Cimerli is not prescribed with any other VEGF inhibitors

4. **Eylea (aflibercept)**
   - Must be prescribed by a retinal specialist (ophthalmologist acceptable)
   - Must be age 18 years or older
   - Must have a diagnosis of 1 of the following:
     - Neovascular (wet) age-related macular degeneration
     - Macular edema following retinal vein occlusion
     - Diabetic macular edema
     - Diabetic retinopathy associated with diabetic macular edema
   - Must not have an active ocular or periocular infection
   - Must not have active intraocular inflammation
   - Eylea is not prescribed with any other VEGF inhibitors

5. **Visudyne (verteporfin)**
   - Must be prescribed by a retinal specialist (ophthalmologist acceptable)
   - Must be age 18 years or older
   - Must have a diagnosis of subfoveal choroidal neovascularization due to 1 of thefollowing:
     - Age-related macular degeneration
     - Pathologic myopia
     - Presumed ocular histoplasmosis
   - Must not have porphyria
   - Treatment spot size is less than or equal to 6.4 mm in diameter

6. **Vabysmo (faricimab-svoa)**
   - Must be prescribed by a retinal specialist (ophthalmologist acceptable)
   - Must be age 18 years or older
   - Must have a diagnosis of subfoveal choroidal neovascularization due to 1 of thefollowing:
     - Neovascular (wet) age-related macular degeneration
     - Diabetic macular edema
   - Must not have an active ocular or periocular infection
   - Must not have active intraocular inflammation
   - Vabysmo is not prescribed with any other VEGF inhibitors

B. Must be prescribed at a dose within the manufacturer's dosing guidelines (based on diagnosis, weight, etc) listed in the FDA approved labeling.

C. Ocular disorder treatments will be considered investigational or experimental for any other use and will not be covered.

D. Reauthorization Criteria:

All prior authorization renewals are reviewed on an annual basis to determine the Medical Necessity for continuation of therapy. Authorization may be extended at 1-yearintervals based upon:

MPC Renewal:

- Chart documentation from the prescriber that the member's condition has improved based upon the prescriber's assessment while on therapy.

Non-MPC Renewal:

- Members who have previously been taking the requested drug and are requesting a non-MPC renewal should be considered under criterion A (Initial Authorization Criteria)
- Member has not been receiving samples of the requested drug; AND
- Provider has a documented clinical response of the member's condition which has stabilized or improved based upon the prescriber's assessment

Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	Up to 1 year
Reauthorization	Same as initial

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APPLICABLE CODES:	
CODE	**DESCRIPTION**
J0178	Injection, aflibercept, 1 mg
Q5124	Injection, ranibizumab-nuna, 0.1mg
J2778	Injection, ranibizumab, 0.1 mg
J3396	Injection, verteporfin, 0.1 mg
J9035	Injection, bevacizumab, 10 mg
C9142	Injection, bevacizumab-maly, biosimilar, (alymsys), 10 mg
Q5107	Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg
Q5118	Injection, bevacizumab-bvzr, biosimilar, (zirabev), 10 mg
J2777	Injection, faricimab-svoa, 0.1mg

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2. Eylea [package insert]. Tarrytown, NY: Regeneron Pharmaceuticals, Inc.; March 2015.
3. Visudyne [package insert]. Bridgewater, NJ: Valeant Pharmaceuticals North America LLC; June 2016.
4. Avastin [package insert]. San Francisco, CA: Genentech, Inc.; January 2021.
5. Cimerli [package insert]. Redwood City, CA: Coherus BioSciences, Inc.; August 2022.
6. Byooviz [package insert]. Cambridge, MA: Biogen, Inc.; June 2022.
7. Vabysmo [package insert]. South San Francisco, CA: Genentech, Inc.; January 2022.
8. American Academy of Ophthalmology Retina Panel. Preferred Pattern® Guidelines age-related

macular degeneration. San Fransico, CA: American Academy of Ophthalmology; 2008. Accessed November 23, 2011. Available at: www.aao.org/ppp.
9. Alymsys (bevacizumab) [prescribing information]. Bridgewater, NJ: Amneal Pharmaceuticals LLC; April 2022.
10. Mvasi (bevacizumab-awwb) [prescribing information]. Thousand Oaks, CA: Amgen Inc; November 2021.
11. Zirabev (bevacizumab-bvzr) [prescribing information]. New York, NY: Pfizer Inc; May 2021.

REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
Selected Revision *Addition of MPC vs Non-MPC Renewal, Vabysmo criteria and Lucentis interchangeable biosimilars, Avastin biosimilars*	*10/2022*
Annual review	*02/2022*
Addition of dosing requirements and off-label restrictions	*12/2021*
Removal of step therapy requirements	*08/2021*
P&T Review	*11/2020*