

## **RX.PA.026.MPC Ocular Disorders**

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

Avastin® (bevacizumab), Aylmsys (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)
- Diabetic Retinopathy (DR)

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), Aylmsys (bevacizumab-maly), Mvasi (bevacizumab-awwb), and Zirabev (bevacizumab-bvzr), Visudyne® (verteporfin) and Vabysmo® (faricimab-svoa) are subject to the prior authorization process.

## 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 forward to 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
  - Diabetic Retinopathy (DR)
- Must not have an active ocular or periocular infection
- 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
  - Diabetic Retinopathy (DR)
- 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, Byovoiz 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 the following:
  - 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 the following:
  - 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-year intervals 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:**

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

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

#### **REFERENCES**

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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 Francisco, CA: American Academy of Ophthalmology; 2008. Accessed November 23, 2011. Available at: [www.aao.org/ppp](http://www.aao.org/ppp).
9. Alimysys (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
<i>Annual review</i>	<i>02/2023</i>
<i>Removal of biosimilar step requirements and inclusion of diabetic retinopathy for Avastin coverage</i>	<i>02/2023</i>
<i>Selected Revision Addition of MPC vs Non-MPC Renewal, Vabysmo criteria and Lucentis interchangeable biosimilars, Avastin biosimilars</i>	<i>10/2022</i>
<i>Annual review</i>	<i>02/2022</i>
<i>Addition of dosing requirements and off-label restrictions</i>	<i>12/2021</i>
<i>Removal of step therapy requirements</i>	<i>08/2021</i>
<i>P&amp;T Review</i>	<i>11/2020</i>