

## **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<sup>®</sup> (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<sup>®</sup> (ranibizumab), Byooviz<sup>®</sup> (ranibizumab-nuna), Cimerli<sup>®</sup> (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<sup>®</sup> (afibercept) and Pavblu<sup>™</sup> (afibercept-ayyh) 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<sup>®</sup> (verteporfin)

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

Vabysmo<sup>®</sup> (faricimab-svoa)

- Neovascular (Wet) Age-Related Macular Degeneration (nAMD)
- Diabetic Macular Edema (DME)
- Macular Edema Following Retinal Vein Occlusion (RVO)

Syfovre<sup>®</sup> (pegcetacoplan)

- Geographic atrophy (GA) secondary to age-related macular degeneration (AMD)

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Izervay<sup>®</sup> (avacincaptad pegol)

- Geographic atrophy (GA) secondary to age-related macular degeneration (AMD)

The drugs, Lucentis<sup>®</sup> (ranibizumab), Byooviz<sup>®</sup> (ranibizumab-nuna), Cimerli<sup>®</sup> (ranibizumab-eqrn), Eylea<sup>®</sup> (aflibercept), Pavblu<sup>™</sup> (aflibercept-ayyh), Avastin<sup>®</sup> (bevacizumab), Alymsys (bevacizumab-maly), Mvasi (bevacizumab-awwb), and Zirabev (bevacizumab-bvzr), Visudyne<sup>®</sup> (verteporfin), Vabysmo<sup>®</sup> (faricimab-svoa), Syfovre<sup>®</sup> (pegcetacoplan) and Izervay<sup>®</sup> (avacincaptad pegol) 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 an ophthalmologist
- 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 an ophthalmologist
- 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<sup>®</sup> (ranibizumab-nuna), Cimerli<sup>®</sup> (ranibizumab-eqrn)**

- Must be prescribed by an ophthalmologist
- 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), Eylea HD (aflibercept) and Pavblu<sup>™</sup> (aflibercept-ayyh)**

- Must be prescribed by an ophthalmologist
- 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
- Must not be prescribed with any other VEGF inhibitors
- For members who are switching from Eylea to Eylea HD formulation: prescribers must have clinical documentation to support rationale and clinical necessity of change

**5. Visudyne (verteporfin)**

- Must be prescribed by an ophthalmologist
- 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 an ophthalmologist
- Must be age 18 years or older
- Must have a diagnosis of 1 of the following:
  - Subfoveal choroidal neovascularization due to neovascular (wet) age-related macular degeneration
  - Diabetic macular edema

- Macular Edema Following Retinal Vein Occlusion (RVO)
- Must not have an active ocular or periocular infection
- Must not have active intraocular inflammation
- Vabysmo is not prescribed with any other VEGF inhibitors

**7. Syfovre (pegcetacoplan)**

- Must be prescribed by an ophthalmologist
- Must be age 18 years or older
- Must have a diagnosis of geographic atrophy secondary to age-related macular degeneration
- Must provide documentation of baseline assessment for fundus autofluorescence (FAF) imaging
- Provider attests that conditions other than AMD have been ruled out
- Must not have an active ocular or periocular infection
- Must not have active intraocular inflammation
- Provider attests that female patients of childbearing potential utilize contraceptive methods to prevent pregnancy during treatment
- Syfovre is not prescribed in combination with other complement inhibitor therapies

**8. Izervay (avacincaptad pegol)**

- Must be prescribed by an ophthalmologist
- Must be age 18 years or older
- Must have a diagnosis of geographic atrophy secondary to age-related macular degeneration
- Must provide documentation of baseline assessment for fundus autofluorescence (FAF) imaging
- Provider attests that conditions other than AMD have been ruled out
- Must not have an active ocular or periocular infection
- Must not have active intraocular inflammation
- Izervay is not prescribed in combination with other complement inhibitor therapies

**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.
- For members who are switching from Eylea to Eylea HD formulation: prescribers must have
- clinical documentation to support rationale and clinical necessity of change must be prescribed by an ophthalmologist

Renewal from Previous Insurer:

- Members who have received prior approval (from insurer other than MPC), or have been receiving medication samples, should be considered under criterion A (Initial Authorization Criteria)
- 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

APPLICABLE CODES:	
CODE	DESCRIPTION
Q5147	Injection, aflibercept-ayyh (pavblu), biosimilar, 1 mg
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, (alymysys), 10 mg
Q5107	Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg
Q5118	Injection, bevacizumab-bvzr, biosimilar, (zirabev), 10 mg
J2777	Injection, faricimab-svoa, 0.1mg
C9151	Injection, pegcetacoplan, 1 mg

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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. Syfovre [package insert]. Waltham, MA: Apellis Pharmaceuticals, Inc.; February 2023.
9. Izervay [package insert]. Parsippany, NJ: Iveric bio, Inc.; August 2023.
10. American Academy of Ophthalmology Retina Panel. Preferred Pattern® Guidelines age-related

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  12. Mvasi (bevacizumab-awwb) [prescribing information]. Thousand Oaks, CA: Amgen Inc; November 2021.
  13. Zirabev (bevacizumab-bvzr) [prescribing information]. New York, NY: Pfizer Inc; May 2021.
  14. Pavblu (aflibercept-ayyh) [prescribing information]. Thousand Oaks, CA: Amgen Inc; Aug 2024.

**REVIEW HISTORY**

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
<a href="#">Annual Review</a>	<a href="#">02/2026</a>
<i>Addition of Pavblu™ (aflibercept-ayyh) to the policy</i>	06/2025
<i>Addition of Macular Edema Following Retinal Vein Occlusion (RVO) as an indication for Vabysmo (faricimab-svoa)</i>	03/2025
<i>Annual Review</i>	02/2025
<i>Annual review Change in Non-MPC renewal to renewal from previous insurer</i>	02/2024
<i>Addition of rationale and clinical necessity for members switching from Eylea to Eylea HD formulation</i>	01/2024
<i>Addition of Izervay® (avacincaptad pegol intravitreal) and updates to Eylea to include HD formulation. Update to Vabysmo criteria to remove DME from neovascularization requirement</i>	10/2023
<i>Addition of clinical criteria for Syfovre® (pegcetacoplan) and clarified specialist for prescribing (ophthalmologist)</i>	07/2023
<i>Annual review</i>	02/2023
<i>Removal of biosimilar step requirements and inclusion of diabetic retinopathy for Avastin coverage</i>	02/2023

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<i>Selected Revision</i> <i>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>