Field Name	Field Description
Prior Authorization Group Description	**Vascular Endothelial Growth Factor (VEGF) Inhibitors for Ophthalmic Conditions**
Drugs	Preferred Vascular Endothelial Growth Factor (VEGF) Inhibitor(s): • **Avastin** (bevacizumab) • **Byooviz** (ranibizumab-eqrn) • **Cimerli** (ranibizumab-nuna) Non-Preferred Vascular Endothelial Growth Factor (VEGF) Inhibitor(s): • **Beovu** (brolucizumab) • **Eylea** (aflibercept) • **Lucentis** (ranibizumab) • **Susvimo** (ranibizumab) • **Vabysmo** (faricimab) • **Any newly marketed agent in this class**
Covered Uses	Medically accepted indications are defined using the following sources: the Food and Drug Administration (FDA), Micromedex, American Hospital Formulary Service (AHFS), United States Pharmacopeia Drug Information for the Healthcare Professional (USP DI), the Drug Package Insert (PPI), or disease state specific standard of care guidelines.
Exclusion Criteria	N/A
Required Medical Information	See "other criteria"
Age Restrictions	**Eylea: approvable in pediatric patients for diagnosis of retinopathy of prematurity** **All other agents and indications:** Approvable for adults 18 years of age and older only
Prescriber Restrictions	Ophthalmologist
Coverage Duration	If the above conditions are met, the request will be approved with a 3 month duration for initial and 12 months for renewal~~; if the criteria are not met, the request will be referred to a clinical reviewer for medical necessity review.~~ **Retinopathy of Prematurity: approvable for a 6 month duration for initial and renewal requests.**
Other Criteria	****Drug is being requested through the member's medical benefit**** **Avastin:** • Request is for compendia supported dosing for an ophthalmic indication **Byooviz or Cimerli:** • Request is for an FDA-approved dosing regimen

Revision/Review Date ~~10/2022~~ **7/2023**	**Non-Preferred VEGF Inhibitor:** • Request is for an FDA-approved dosing regimen; **AND** • Documented trial and failure with a preferred VEGF inhibitor for all FDA-approved indications OR: a medical justification for not using a preferred VEGF inhibitor (e.g. experienced a severe ADR such as hypersensitivity, arterial thromboembolism, cerebrovascular accident, raised intraocular pressure, retinal detachment). • **Requests for Eylea (aflibercept) may be approved for a diagnosis of retinopathy of prematurity without a trial and failure of a preferred VEGF inhibitor. Patients must have a diagnosis of retinopathy of prematurity in at least one eye with one of the following retinal findings:** o **ROP Zone 1 Stage 1+, 2+, 3 or 3+, or** o **ROP Zone II Stage 2+ or 3+, or** o **AP-ROP (aggressive posterior ROP)** **Medical Director/clinical reviewer must override criteria when, in his/her professional judgement, the requested item is medically necessary.**