# Aflibercept Products (Eylea®, Eylea® HD, Pavblu™)

Humana

## Pharmacy Coverage Policy

**Effective Date:** January 01, 2023
**Revision Date:** November 27, 2024
**Review Date:** November 20, 2024
**Line of Business:** Medicaid - Louisiana
**Policy Type:** Prior Authorization





| Products Affected |
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| Eylea intravitreal solution for injection |
| Eylea intravitreal syringe |
| Eylea HD intravitreal solution |
| Pavblu intravitreal solution |
| Pavblu intravitreal syringe |

| Listed Indications |
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| Neovascular (Wet) Age-Related Exudative Macular Degeneration (AMD) |
| Diabetic Macular Edema (DME) |
| Diabetic Retinopathy (DR) |
| Macular Edema following Retinal Vein Occlusion (RVO) |
| Retinopathy of Prematurity (ROP) |

| Neovascular (Wet) Age-Related Exudative Macular Degeneration (AMD) | |
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| **Does the member meet all of the following criteria?** | |
| Criteria #1 | For Eylea, Eylea HD and Pavblu requests: Has a diagnosis of neovascular (wet) age-related macular degeneration |
| Criteria #2 | Has a contraindication, or intolerance to bevacizumab. OR Has had prior therapy with bevacizumab and provider attests that the member has NOT demonstrated a positive clinical response to bevacizumab (e.g., improvement or maintenance in best corrected visual acuity [BCVA] or visual field, or a reduction in the rate of vision decline or the risk of more severe vision loss). |
| **Approval Duration** | |
| Initial | Aflibercept Products (Eylea, Eylea HD, Pavblu) will be approved in plan year duration or as determined through clinical review. |
| Renewal | Aflibercept Products (Eylea, Eylea HD, Pavblu) will be approved in plan year duration or as determined through clinical review. |

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| Diabetic Macular Edema (DME) | |
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| **Does the member meet all of the following criteria?** | |
| Criteria #1 | For Eylea, Eylea HD and Pavblu requests: Has a diagnosis of Diabetic Macular Edema |
| Criteria #2 | Has a contraindication, or intolerance to bevacizumab.* OR Has had prior therapy with bevacizumab* and provider attests that the member has NOT demonstrated a positive clinical response to bevacizumab (e.g., improvement or maintenance in best corrected visual acuity [BCVA] or visual field, or a reduction in the rate of vision decline or the risk of more severe vision loss).<br>*For Eylea and Pavblu requests: Step therapy requirement does not apply for members with 20/50 or worse vision |
| **Approval Duration** | |
| Initial | Aflibercept Products (Eylea, Eylea HD, Pabvlu) will be approved in plan year duration or as determined through clinical review. |

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| Renewal | Aflibercept Products (Eylea, Eylea HD, Pabvlu) will be approved in plan year duration or as determined through clinical review. |

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| **Diabetic Retinopathy (DR)** | |
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| **Does the member meet all of the following criteria?** | |
| Criteria #1 | For Eylea, Eylea HD and Pavblu requests: Has a diagnosis of Diabetic Retinopathy |
| Criteria #2 | Has a contraindication, or intolerance to bevacizumab.* OR Has had prior therapy with bevacizumab* and provider attests that the member has NOT demonstrated a positive clinical response to bevacizumab (e.g., improvement or maintenance in best corrected visual acuity [BCVA] or visual field, or a reduction in the rate of vision decline or the risk of more severe vision loss).<br>*For Eylea and Pavblu requests: Step therapy requirement does not apply for members with 20/50 or worse vision |
| **Approval Duration** | |
| Initial | Aflibercept Products (Eylea, Eylea HD, Pavblu) will be approved in plan year duration or as determined through clinical review. |
| Renewal | Aflibercept Products (Eylea, Eylea HD, Pavblu) will be approved in plan year duration or as determined through clinical review. |

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| **Macular Edema following Retinal Vein Occlusion (RVO)** | |
|---|---|
| **Does the member meet all of the following criteria?** | |
| Criteria #1 | For Eylea and Pavblu requests: Has a diagnosis of Macular Edema following Retinal Vein Occlusion (RVO) |
| Criteria #2 | Has a contraindication, or intolerance to bevacizumab. OR Has had prior therapy with bevacizumab and provider attests that the member has NOT demonstrated a positive clinical response to bevacizumab (e.g., improvement or maintenance in best corrected visual acuity [BCVA] or visual field, or a reduction in the rate of vision decline or the risk of more severe vision loss). |
| **Approval Duration** | |
| Initial | Aflibercept Products (Eylea, Pavblu) will be approved in plan year duration or as determined through clinical review. |
| Renewal | Aflibercept Products (Eylea, Pavblu) will be approved in plan year duration or as determined through clinical review. |

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| **Retinopathy of Prematurity (ROP)** | |
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| **Does the member meet all of the following criteria?** | |
| Criteria #1 | For Eylea requests: Has a diagnosis of Retinopathy of Prematurity |
| **Approval Duration** | |
| Initial | Aflibercept Products (Eylea) will be approved in plan year duration or as determined through clinical review. |
| Renewal | Aflibercept Products (Eylea) will be approved in plan year duration or as determined through clinical review. |

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## Background

- This is a prior authorization policy about Aflibercept Products (Eylea, Eylea HD, Pavblu).
- Eylea (aflibercept), Eylea HD (aflibercept) and Pavblu (aflibercept-ayyh) are vascular endothelial growth factor (VEGF) inhibitors administered as an intravitreal injection.
- Eylea (aflibercept), Eylea HD (aflibercept) and Pavblu (aflibercept-ayyh) are contraindicated in patients with active intraocular inflammation, and in patients with ocular or periocular infections.
- Eylea (aflibercept), Eylea HD (aflibercept) and Pavblu (aflibercept-ayyh) should not be used concurrently with other VEGF inhibitors for intraocular use in the absence of documentation indicating that individual products are to be used in different eyes.
- Aflibercept is a fully human recombinant fusion protein that binds all isoforms of VEGF-A, and prevents their binding to VEGFR-1 and VEGFR-2. Aflibercept also binds to Placental Growth Factor (PlGF) inhibiting it's binding to VEGFR-1. Inhibiting the binding to these receptors decreases inflammation and vascular permeability.
- 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), and Retinopathy of Prematurity (ROP). Eylea HD (aflibercept) is indicated for the treatment of neovascular (wet) age-related macular degeneration (AMD), Diabetic Macular Edema (DME), and Diabetic Retinopathy (DR). Pavblu (aflibercept-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) and Diabetic Retinopathy (DR).
- Aflibercept is available as Eylea as a 40 mg/mL solution for intravitreal injection; Aflibercept-ayyh is available as Pavblu as a 40 mg/mL solution for intravitreal injection; and as Eylea HD as a 114.3 mg/mL solution for intravitreal injection.

## Provider Claim Codes

For medically billed requests, please visit www.humana.com/PAL. Select applicable Preauthorization and Notification List(s) for medical and procedural coding information.

## Medical Terms

Eylea; Eylea HD; Pavblu; Aflibercept; Age Related Macular Degeneration; AMD; Intravitreal; Macular Edema; Diabetic Retinopathy; Retinal Vein Occlusion; RVO; Retinopathy of Prematurity; ROP; pharmacy

## References

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3. Flaxel, C. J., Adelman, R. A., Bailey, S. T., Fawzi, A., Lim, J. I., Vemulakonda, G. A., & Ying, G. (2020). Retinal Vein Occlusions Preferred Practice Pattern®. Ophthalmology, 127(2), 288-320. https://doi.org/10.1016/j.ophtha.2019.09.029
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| **Disclaimer** | State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, take precedence |

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| | over clinical policy and must be considered first in determining eligibility for coverage. Coverage may also differ for our Medicare and/or Medicaid members based on any applicable Centers for Medicare & Medicaid Services (CMS) coverage statements including National Coverage Determinations (NCD), Local Medical Review Policies (LMRP) and/or Local Coverage Determinations. See the CMS website at http://www.cms.hhs.gov/. The member's health plan benefits in effect on the date services are rendered must be used. Clinical policy is not intended to pre-empt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically.  |