Draft Revision Policy: Do Not Implement

Aflibercept Products (Eylea®; Eylea®HD, Ahzantive™ [aflibercept-mrbb], Enzeevu™ [Aflibercept-abzv], Eydenzelt® [Aflibercept-boav], Opuviz™ [Aflibercept-yszy], Pavblu™ [Aflibercept-ayyh], and Yesafili™ [Aflibercept-jbvf])

Some agents on this policy may require step therapy See "Step Therapy Requirements for Provider Administered Specialty Medications" Document at:
https://www.bcbst.com/docs/providers/Comm_BC_PAD_Step_Therapy_Guide.pdf

IMPORTANT REMINDER

We develop Medical Policies to provide guidance to Members and Providers. This Medical Policy relates only to the services or supplies described in it. The existence of a Medical Policy is not an authorization, certification, explanation of benefits or a contract for the service (or supply) that is referenced in the Medical Policy. For a determination of the benefits that a Member is entitled to receive under his or her health plan, the Member's health plan must be reviewed. If there is a conflict between the medical policy and a health plan or government program (e.g., TennCare), the express terms of the health plan or government program will govern.

The proposal is to add text/statements in red and to delete text/statements with strikethrough:

POLICY

INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications
Eylea is indicated for the treatment of:

- Diabetic macular edema
- Diabetic retinopathy
- Neovascular (wet) age-related macular degeneration
- Macular edema following retinal vein occlusion
- Retinopathy of Prematurity

Ahzantive, Enzeevu, Eydenzelt, Eylea HD, Opuviz, Pavblu and Yesafili are indicated for the treatment of:

- Diabetic macular edema
- Diabetic retinopathy
- Neovascular (wet) age-related macular degeneration
- Macular edema following retinal vein occlusion

All other indications are considered experimental/investigational and not medically necessary.

PRESCRIBER SPECIALTIES

This medication must be prescribed by or in consultation with an ophthalmologist.

COVERAGE CRITERIA

Diabetic Macular Edema

Authorization of 12 months may be granted for treatment of diabetic macular edema.

Diabetic Retinopathy

Authorization of 12 months may be granted for treatment of diabetic retinopathy.

Neovascular (Wet) Age-Related Macular Degeneration

Authorization of 12 months may be granted for treatment of neovascular (wet) age-related macular degeneration.

Macular Edema Following Retinal Vein Occlusion

Authorization of 12 months may be granted for treatment of macular edema following retinal vein occlusion.

Retinopathy of Prematurity (Eylea and Biosimilars Only)

Authorization of 12 months may be granted for treatment of retinopathy of prematurity.

CONTINUATION OF THERAPY

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in the coverage criteria section when the member has demonstrated a positive clinical response to therapy (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).

MEDICATION QUANTITY LIMITS

Drug Name	Diagnosis/Diagnoses	Maximum Dosing Regimen
Ahzantive (Aflibercept-mrbb)	Diabetic Macular Edema	Route of Administration: Intravitreal Initial: 2mg per affected eye every 4 weeks for 5 doses Maintenance: 2mg per affected eye every 4 weeks (approximately every 25 days, monthly)
Ahzantive (Aflibercept-mrbb)	Diabetic Retinopathy	Route of Administration: Intravitreal Initial: 2mg per affected eye every 4 weeks for 5 doses Maintenance: 2mg per affected eye every 4 weeks (approximately every 25 days, monthly)
Ahzantive (Aflibercept-mrbb)	Macular Edema following Retinal Vein Occlusion	Route of Administration: Intravitreal 2mg per affected eye every 4 weeks (approximately every 25 days, monthly)
Ahzantive (Aflibercept-mrbb)	Neovascular (Wet) Age-Related Macular Degeneration	Route of Administration: Intravitreal Initial: 2mg per affected eye every 4 weeks for the first 3 months Maintenance: 2mg per affected eye every 4 weeks (approximately every 25 days, monthly)

Enzeevu (Aflibercept-abzv)	Diabetic Macular Edema	Route of Administration: Intravitreal Initial: 2mg per affected eye every 4 weeks for 5 doses Maintenance: 2mg per affected eye every 4 weeks (approximately every 25 days, monthly)
Enzeevu (Aflibercept-abzv)	Diabetic Retinopathy	Route of Administration: Intravitreal Initial: 2mg per affected eye every 4 weeks for 5 doses Maintenance: 2mg per affected eye every 4 weeks (approximately every 25 days, monthly)
Enzeevu (Aflibercept-abzv)	Macular Edema following Retinal Vein Occlusion	Route of Administration: Intravitreal 2mg per affected eye every 4 weeks (approximately every 25 days, monthly)
Enzeevu (Aflibercept-abzv)	Neovascular (Wet) Age-Related Macular Degeneration	Route of Administration: Intravitreal Initial: 2mg per affected eye every 4 weeks for the first 3 months Maintenance: 2mg per affected eye every 4 weeks (approximately every 25 days, monthly)
Eydenzelt (Aflibercept-boav)	Diabetic Macular Edema	Route of Administration: Intravitreal Initial: 2mg per affected eye every 4 weeks for 5 doses Maintenance: 2mg per affected eye every 4 weeks (approximately every 25 days, monthly)
Eydenzelt (Aflibercept-boav)	Diabetic Retinopathy	Route of Administration: Intravitreal Initial: 2mg per affected eye every 4 weeks for 5 doses Maintenance: 2mg per affected eye every 4 weeks (approximately every 25 days, monthly)
Eydenzelt (Aflibercept-boav)	Macular Edema following Retinal Vein Occlusion	Route of Administration: Intravitreal 2mg per affected eye every 4 weeks (approximately every 25 days, monthly)
Eydenzelt (Aflibercept-boav)	Neovascular (Wet) Age-Related Macular Degeneration	Route of Administration: Intravitreal Initial: 2mg per affected eye every 4 weeks for the first 3 months Maintenance: 2mg per affected eye every 4 weeks (approximately every 25 days, monthly)
Eylea (Aflibercept)	Diabetic Macular Edema	Route of Administration: Intravitreal Initial: 2mg per affected eye every 4 weeks for 5 doses Maintenance: 2mg per affected eye every 4 weeks (approximately every 25 days, monthly)
Eylea (Aflibercept)	Diabetic Retinopathy	Route of Administration: Intravitreal Initial: 2mg per affected eye every 4 weeks for 5 doses Maintenance: 2mg per affected eye every 4 weeks (approximately every 25 days, monthly)
Eylea (Aflibercept)	Macular Edema following Retinal Vein Occlusion	Route of Administration: Intravitreal 2mg per affected eye every 4 weeks (approximately every 25 days, monthly)

Eylea (Aflibercept)	Neovascular (Wet) Age-Related Macular Degeneration	Route of Administration: Intravitreal Initial: 2mg per affected eye every 4 weeks for the first 3 months Maintenance: 2mg per affected eye every 4 weeks (approximately every 25 days, monthly)
Eylea (Aflibercept)	Retinopathy of Prematurity	Route of Administration: Intravitreal 0.4mg per affected eye; may repeat up to a total of 3 doses, at least 10 days apart
Eylea HD (Aflibercept)	Diabetic Macular Edema	Route of Administration: Intravitreal Initial: 8mg per affected eye every 4 weeks (+/- 7 days) for the first 3 doses Maintenance: 8mg per affected eye every 8 to 16 weeks (+/- 7 days); may be dosed as frequently as every 4 weeks (+/- 7 days) to maintain response
Eylea HD (Aflibercept)	Diabetic Retinopathy	Route of Administration: Intravitreal Initial: 8mg per affected eye every 4 weeks (+/- 7 days) for the first 3 doses Maintenance: 8mg per affected eye every 8 to 12 weeks (+/- 7 days); may be dosed as frequently as every 4 weeks (+/- 7 days) to maintain response
Eylea HD (Aflibercept)	Macular Edema following Retinal Vein Occlusion	Route of Administration: Intravitreal Initial: 8mg per affected eye every 4 weeks (+/- 7 days) for the first 3-5 doses Maintenance: 8mg per affected eye every 8 weeks (+/- 7 days); may be dosed as frequently as every 4 weeks (+/- 7 days) to maintain response
Eylea HD (Aflibercept)	Neovascular (Wet) Age-Related Macular Degeneration	Route of Administration: Intravitreal Initial: 8mg per affected eye every 4 weeks (+/- 7 days) for the first 3 doses Maintenance: 8mg per affected eye every 8 to 16 weeks (+/- 7 days); may be dosed as frequently as every 4 weeks (+/- 7 days) to maintain response
Opuviz (Aflibercept-yszy)	Diabetic Macular Edema	Route of Administration: Intravitreal Initial: 2mg per affected eye every 4 weeks for 5 doses Maintenance: 2mg per affected eye every 4 weeks (approximately every 25 days, monthly)
Opuviz (Aflibercept-yszy)	Diabetic Retinopathy	Route of Administration: Intravitreal Initial: 2mg per affected eye every 4 weeks for 5 doses Maintenance: 2mg per affected eye every 4 weeks (approximately every 25 days, monthly)
Opuviz (Aflibercept-yszy)	Macular Edema following Retinal Vein Occlusion	Route of Administration: Intravitreal 2mg per affected eye every 4 weeks (approximately every 25 days, monthly)

Opuviz (Aflibercept-yszy)	Neovascular (Wet) Age-Related Macular Degeneration	Route of Administration: Intravitreal Initial: 2mg per affected eye every 4 weeks for the first 3 months Maintenance: 2mg per affected eye every 4 weeks (approximately every 25 days, monthly)
Pavblu (Aflibercept-ayyh)	Diabetic Macular Edema	Route of Administration: Intravitreal Initial: 2mg per affected eye every 4 weeks for 5 doses Maintenance: 2mg per affected eye every 4 weeks (approximately every 25 days, monthly)
Pavblu (Aflibercept-ayyh)	Diabetic Retinopathy	Route of Administration: Intravitreal Initial: 2mg per affected eye every 4 weeks for 5 doses Maintenance: 2mg per affected eye every 4 weeks (approximately every 25 days, monthly)
Pavblu (Aflibercept-ayyh)	Macular Edema following Retinal Vein Occlusion	Route of Administration: Intravitreal 2mg per affected eye every 4 weeks (approximately every 25 days, monthly)
Pavblu (Aflibercept-ayyh)	Neovascular (Wet) Age-Related Macular Degeneration	Route of Administration: Intravitreal Initial: 2mg per affected eye every 4 weeks for the first 3 months Maintenance: 2mg per affected eye every 4 weeks (approximately every 25 days, monthly)
Yesafili (Aflibercept-jbyf)	Diabetic Macular Edema	Route of Administration: Intravitreal Initial: 2mg per affected eye every 4 weeks for 5 doses Maintenance: 2mg per affected eye every 4 weeks (approximately every 25 days, monthly)
Yesafili (Aflibercept-jbyf)	Diabetic Retinopathy	Route of Administration: Intravitreal Initial: 2mg per affected eye every 4 weeks for 5 doses Maintenance: 2mg per affected eye every 4 weeks (approximately every 25 days, monthly)
Yesafili (Aflibercept-jbyf)	Macular Edema following Retinal Vein Occlusion	Route of Administration: Intravitreal 2mg per affected eye every 4 weeks (approximately every 25 days, monthly)
Yesafili (Aflibercept-jbyf)	Neovascular (Wet) Age-Related Macular Degeneration	Route of Administration: Intravitreal Initial: 2mg per affected eye every 4 weeks for the first 3 months Maintenance: 2mg per affected eye every 4 weeks (approximately every 25 days, monthly)

APPLICABLE TENNESSEE STATE MANDATE REQUIREMENTS

BlueCross BlueShield of Tennessee's Medical Policy complies with Tennessee Code Annotated Section 56-7-2352 regarding coverage of off-label indications of Food and Drug Administration (FDA) approved drugs when the off-label use is recognized in one of the statutorily recognized standard reference compendia or in the published peer-reviewed medical literature.

ADDITIONAL INFORMATION

For appropriate chemotherapy regimens, dosage information, contraindications, precautions, warnings, and monitoring information, please refer to one of the standard reference compendia (e.g., the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) published by the National Comprehensive Cancer Network®, Drugdex Evaluations of Micromedex Solutions at Truven Health, or The American Hospital Formulary Service Drug Information).

REFERENCES

EFFECTIVE DATE

ID_CHS_20242026_1026