Aflibercept Products (Eylea®; Eylea®HD, Ahzantive™ [aflibercept-mrbb], Enzeevu™ [Aflibercept-abzv], 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.

POLICY

I. 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:
A. Diabetic macular edema
B. Diabetic retinopathy
C. Neovascular (wet) age-related macular degeneration
D. Macular edema following retinal vein occlusion
E. Retinopathy of Prematurity

Eylea HD is indicated for the treatment of:
A. Diabetic macular edema
B. Diabetic retinopathy
C. Neovascular (wet) age-related macular degeneration

Ahzantive, Opuviz, Pavblu and Yesafili are indicated for the treatment of:
A. Diabetic macular edema
B. Diabetic retinopathy
C. Neovascular (wet) age-related macular degeneration
D. Macular edema following retinal vein occlusion

Enzeevu is indicated for the treatment of:
A. Neovascular (wet) age-related macular degeneration

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

II. CRITERIA FOR INITIAL APPROVAL

A. Diabetic Macular Edema
Authorization of 6 months may be granted for treatment of diabetic macular edema.

B. Diabetic Retinopathy
Authorization of 6 months may be granted for treatment of diabetic retinopathy.

C. Neovascular (Wet) Age-Related Macular Degeneration
Authorization of 6 months may be granted for treatment of neovascular (wet) age-related macular degeneration.

D. Macular Edema Following Retinal Vein Occlusion (Eylea and Biosimilars Only)
Authorization of 6 months may be granted for treatment of macular edema following retinal vein occlusion.

E. Retinopathy of Prematurity (Eylea and Biosimilars Only)
Authorization of 6 months may be granted for treatment of retinopathy of prematurity.

III. CONTINUATION OF THERAPY

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for of an indication listed in Section II 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	Maximum Dosing Regimen
Eylea (Aflibercept) Opuviz (Aflibercept-yszy) Yesafili (Aflibercept-jbyf) Ahzantive (Aflibercept-mrbb) 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)
Eylea (Aflibercept) Opuviz (Aflibercept-yszy) Yesafili (Aflibercept-jbyf) Ahzantive (Aflibercept-mrbb) 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)
Eylea (Aflibercept) Opuviz (Aflibercept-yszy) Yesafili (Aflibercept-jbyf) Ahzantive (Aflibercept-mrbb) 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)

Eylea (Aflibercept) Opuviz (Aflibercept-yszy) Yesafili (Aflibercept-jbyf) Ahzantive (Aflibercept-mrbb) Enzeevu (Aflibercept-abzv) 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)
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, then Maintenance: 8mg per affected eye every 8 to 16 weeks (+/- 1 week)
Eylea HD (Aflibercept)	Diabetic Retinopathy	Route of Administration: Intravitreal Initial: 8mg per affected eye every 4 weeks (+/- 7 days) for the first 3 doses, then Maintenance: 8mg per affected eye every 8 to 12 weeks (+/- 1 week)
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, then Maintenance: 8mg per affected eye every 8 to 16 weeks (+/- 1 week)

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

1. Eylea [package insert]. Tarrytown, NY: Regeneron Pharmaceutical, Inc.; December 2023.
2. Eylea HD [package insert]. Tarrytown, NY: Regeneron Pharmaceuticals, Inc.; December 2023.

3. American Academy of Ophthalmology Retinal/Vitreous Panel. Preferred Practice Pattern® Guidelines. Age-Related Macular Degeneration. San Francisco, CA: American Academy of Ophthalmology; 2019. Available at: https://www.aao.org/preferred-practice-pattern/age-related-macular-degeneration-ppp.
4. American Academy of Ophthalmology Retinal/Vitreous Panel. Preferred Practice Pattern® Guidelines. Diabetic Retinopathy. San Francisco, CA: American Academy of Ophthalmology; 2019. Available at: https://www.aao.org/preferred-practice-pattern/diabetic-retinopathy-ppp.
5. American Academy of Ophthalmology Retinal/Vitreous Panel. Preferred Practice Pattern® Guidelines. Retinal Vein Occlusions. San Francisco, CA: American Academy of Ophthalmology; 2019. Available at: https://www.aao.org/preferred-practice-pattern/retinal-vein-occlusions-ppp.
6. Opuviz [package insert]. Cambridge, MA: Biogen MA Inc.; May 2024.
7. Yesafili [package insert]. Cambrdige, MA: Biocon Biologics Inc.; May 2024.
8. Ahzantive [package insert]. Martinsried/Planegg, Germany: Formycon AG; June 2024.
9. Enzeevu [package insert]. Princeton, NJ: Sandoz Inc.; August 2024.
10. Pavblu [package insert]. Thousand Oaks, CA: Amgen, Inc.; August 2024.

EFFECTIVE DATE 10/31/2025

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