Custom Criteria for
BlueCross Blue Shield of Rhode Island Commercial

EYLEA (aflibercept)

GPI CODING:

86655010002020

DESCRIPTION:

Age-related macular degeneration (AMD) occurs when there is a deterioration of the central portion of the retina. The most common symptoms of AMD are blurring of central vision, distorted vision, and reduced vision. The exact etiology of AMD is unknown; however, several risk factors have been recognized such as advancing age and hypertension.
"Wet" AMD occurs when neovascularization develops in the choroid and/or retina, leading to serous or hemorrhagic leakage and subsequent elevation of the retinal pigment epithelium or neurosensory retina. There can be a profound and rapid decrease in central visual function. Serous or hemorrhagic leakage from the new choroidal vessels causes visual defects, scotoma (blind spots), and blurred vision.
Vascular endothelial growth factor (VEGF) plays a significant role in the development and maintenance of choroidal neovascularization (CNV). Eylea, Lucentis, and Macugen are anti-VEGF agents used to treat CNV lesions that occur with wet AMD.

APPROVAL DURATION:

Neovascular (wet) AMD
Initial approval: 3 months
Renewals: Up to 24 months total

Macular edema due to retinal vein occlusion
Initial and renewals: 3 years

Diabetic macular edema (DME)
Initial approval: 3 months
Renewals: Up to 24 months total

Quantity limits for AMD or DME:
First 3 months of treatment: maximum of one vial per 28 days
Beyond first 3 months of treatment: maximum of one vial per 56 days (every 8 weeks)
When approval criteria for dosing every 4 weeks are met, a maximum of one vial per 28 days will apply

CRITERIA FOR EYLEA

I. Patient does not have active intraocular inflammation or ocular/periocular infection AND
II. Patient has a diagnosis of macular edema due to central retinal vein occlusion
    A. Patient will not receive more than one dose of Eylea every 4 weeks

OR

III. Patient has a diagnosis of neovascular (wet) AMD OR diabetic macular edema
    A. For re-authorization, continued disease activity based on visual acuity, fluorescein angiogram and/or optical coherence tomography is required

B. For reauthorization, patient will not receive more than one dose of Eylea every 8 weeks or patient has tried but had an inadequate response to administration every 8 weeks AND patient will not receive more than one dose every 4 weeks

CRITERIA QUESTIONS

1. Does the patient have active intraocular inflammation or ocular/periocular infection?
If Yes = DENY. The plan does not cover the prescribed drug when there is a contraindication (which means there is a safety concern preventing the use of the drug). Based on the information provided, the member has the following contraindication to therapy: active intraocular inflammation or ocular/periocular infection. If No = Go to Q#2
2. What is the patient's diagnosis?
If If macular edema due to retinal vein occlusion = Go to Q#16 If neovascular (wet) age related macular degeneration = Go to Q#3 If diabetic macular edema = Go to Q#3 If No = DENY. The plan requires an FDA approved indication in order to provide coverage for the prescribed drug. Based on the information provided, the medication is not being prescribed for an FDA approved indication such as neovascular (wet) or diabetic macular edema.
3. Is this an initial or renewal request?
If initial = Go to Q#4 If Renewal = Go to Q#6
4. Will the patient receive Eylea once every 4 weeks for the first 3 months of treatment?
Yes = Go to Q#5 No = Deny. The plan will provide coverage of the prescribed drug when the medication will be administered once every four week for the first 3 months of treatment. Based on the information provided, this requirement was not met.
5. Will one or both eyes be treated in this patient?
If one eye = Approve x 3 months (1 vial per 28 days) If both eyes = Approve x 3 months (2 vials per 28 days)
6. Has the patient been tested for continued disease activity based on visual acuity, fluorescein angiogram and/or optical coherence tomography?
If Yes = Go to Q#7 If No = DENY. The plan will provide coverage of the prescribed drug when the patient has been tested to confirm continued disease activity based on visual acuity, fluorescein angiogram and/or optical coherence tomography. Based on the information provided, this requirement was not met.
7. Will one or both eyes be treated in this patient?
If one eye = Go to Q#8 If both eyes = Go to Q#12
8. Will the patient receive more than one dose of Eylea every 8 weeks?
Yes = Go to Q#9 No = Go to Q#11
9. Has the patient tried one dose of Eylea every 8 weeks and has had an inadequate response to therapy?
Yes = Go to Q#10 No = Deny. The plan provides coverage of the prescribed drug at an increased frequency when the patient has tried one dose of Eylea every 8 weeks and has had an inadequate response to therapy.

Based on the information provided, this requirement was not met.
10. What will be the frequency of the patient's dosing schedule?
1 dose every 28 days or more = Approve x 24 months (1 vial every 28 days) More than 1 dose every 28 days = Deny. The plan provides coverage of the prescribed drug at a maximum dosing interval of once every four weeks. Based on the information provided, this requirement was not met.
11. What will be the frequency of the patient's dosing schedule?
1 dose every 56 days or more = Approve x 24 months (1 vial every 56 days) More than 1 dose every 56 days = Deny. The plan provides coverage of the prescribed drug at a dosing interval of once every eight weeks until this has been tried and found not to be effective. Based on the information provided, this requirement was not met.
12. Will the patient receive more than one dose of Eylea every 8 weeks?
Yes = Go to Q#13 No = Go to Q#15
13. Has the patient tried one dose of Eylea every 8 weeks and has had an inadequate response to therapy?
Yes = Go to Q#14 No = Deny. The plan provides coverage of the prescribed drug at an increased frequency when the patient has tried one dose of Eylea every 8 weeks and has had an inadequate response to therapy. Based on the information provided, this requirement was not met.
14. What will be the frequency of the patient's dosing schedule?
1 dose per eye every 28 days or more = Approve x 24 months (2 vials every 28 days) More than 1 dose per eye every 28 days = Deny. The plan provides coverage of the prescribed drug at a maximum dosing interval of once every four weeks. Based on the information provided, this requirement was not met.
15. What will be the frequency of the patient's dosing schedule?
1 dose per eye every 56 days or more = Approve x 24 months (2 vials every 56 days) More than 1 dose per eye every 56 days = Deny. The plan provides coverage of the prescribed drug at a dosing interval of once every eight weeks until this has been tried and found not to be effective. Based on the information provided, this requirement was not met.
16. Will one or both eyes be treated in this patient?
If one eye = Go to Q#17 If both eyes = Go to Q#18
17. What will be the frequency of the patient's dosing schedule?
1 dose every 28 days or more = Approve x 3 years (1 vial per 28 days) More frequently than 1 dose every 28 days = Deny. The plan provides coverage of the prescribed drug at a maximum dosing interval of once every four weeks. Based on the information provided, this requirement was not met.
18. What will be the frequency of the patient's dosing schedule?
1 dose per eye every 28 days or more = Approve x 3 years (2 vials per 28 days) More frequently than 1 dose per eye every 28 days = Deny. The plan provides coverage of the prescribed drug at a maximum dosing interval of once every four weeks. Based on the information provided, this requirement was not met.