

## **SPECIALTY GUIDELINE MANAGEMENTq**

### **Eylea (aflibercept)**

#### **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.

###### **A. FDA-Approved Indications**

1. Neovascular (Wet) age-related macular degeneration
2. Macular edema following retinal vein occlusion
3. Diabetic macular edema
4. Diabetic retinopathy in patients with diabetic macular edema

All other indications are considered experimental/investigational and are not a covered benefit.

##### **II. CRITERIA FOR INITIAL APPROVAL**

###### **A. Neovascular (Wet) Age-Related Macular Degeneration**

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

###### **B. Macular Edema Following Retinal Vein Occlusion**

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

###### **C. Diabetic Macular Edema**

Authorization of 12 months may be granted for members prescribed Eylea for the treatment of diabetic macular edema.

###### **D. Diabetic Retinopathy in Patients with Macular Edema**

Authorization of 12 months may be granted for members prescribed Eylea for the treatment of diabetic retinopathy in patients with diabetic macular edema

##### **III. CONTINUATION OF THERAPY**

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

##### **IV. DOSAGE AND ADMINISTRATION**

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines. The following dosing limits apply:

- A. For neovascular (Wet) age-related macular degeneration: 2 mg every 4 weeks
- B. For macular edema following retinal vein occlusion: 2 mg every 4 weeks
- C. For diabetic macular edema: 2 mg every 4 weeks
- D. For diabetic retinopathy in patients with diabetic macular edema: 2 mg every 4 weeks

**V. REFERENCES**

1. Eylea [package insert]. Tarrytown, NY: Regeneron Pharmaceuticals; July 2015.
2. American Academy of Ophthalmology Retinal/Vitreous Panel. Preferred Practice Pattern Guidelines. Age-Related Macular Degeneration. San Francisco, CA: American Academy of Ophthalmology; 2015. Available at: [www.aao.org/ppp](http://www.aao.org/ppp).
3. American Academy of Ophthalmology Retinal/Vitreous Panel. Preferred Practice Pattern Guidelines. Diabetic Retinopathy. San Francisco, CA: American Academy of Ophthalmology; 2015. Available at: [www.aao.org/ppp](http://www.aao.org/ppp)