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Section:	Prescription Drugs	**Effective Date:**	July 1, 2022
Subsection:	Topical Products	**Original Policy Date:**	February 17, 2017
Subject:	Ophthalmic VEGF Inhibitors	**Page:**	1 of 7

Last Review Date: June 16, 2022

Ophthalmic VEGF Inhibitors

Description

Beovu (brolucizumab-dbll), Eylea (aflibercept), Vabysmo* (faricimab-svoa)

*This medication is included in this policy but not available on the market as of yet

Background

Beovu (brolucizumab-dbll), Eylea (aflibercept), and Vabysmo (faricimab-svoa) are vascular endothelial growth factor (VEGF) inhibitors used to treat patients with a variety of ocular conditions. The VEGF inhibitors block the effects of VEGF-A and prevents the interaction of VEGF-A with its receptors (VEGFR1 and VEGFR2) on the surface of endothelial cells, reducing endothelial cell growth, vascular leakage, and new blood vessel formation (1-3).

Regulatory Status

FDA-approved indications: (1-3)

1. **Eylea** is a vascular endothelial growth favor (VEGF) inhibitor indicated for the treatment of patients with:
    - Neovascular (Wet) Age-Related Macular Degeneration (AMD)
    - Macular Edema Following Retinal Vein Occlusion (RVO)
    - Diabetic Macular Edema (DME)
    - Diabetic Retinopathy (DR)
2. **Beovu** is a vascular endothelial growth factor (VEGF) inhibitor indicated for the treatment of patients with Neovascular (Wet) Age-Related Macular Degeneration (AMD).
3. **Vabysmo** is a vascular endothelial growth factor receptor (VEGF) and angiopoietin-2 (Ang-2) inhibitor indicated for the treatment of patients with:
    - Neovascular (Wet) Age-Related Macular Degeneration (AMD)

- Diabetic Macular Edema (DME)

VEGF inhibitors are contraindicated in ocular or periocular infections and in patients with active intraocular inflammation (1-3).

VEGF inhibitors must only be administered by a qualified physician. Adequate anesthesia and a topical broad–spectrum microbicide should be given prior to the injection. Increases in intraocular pressure have been seen within 30-60 minutes of an intravitreal injection (1-3).

Safety and effectiveness in pediatric patients have not been established (1-3).

Related policies

Bevacizumab, Lucentis, Susvimo

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Beovu may be considered **medically necessary** in patients who are 18 years of age or older with neovascular (wet) age-related macular degeneration (AMD) and if the conditions indicated below are met.

Eylea may be considered **medically necessary** in patients who are 18 years of age and older with neovascular (wet) age-related macular degeneration (AMD), macular edema following retinal vein occlusion (RVO), diabetic macular edema (DME), or diabetic retinopathy (DR); and if the conditions indicated below are met.

Vabysmo may be considered **medically necessary** in patients who are 18 years of age and older with neovascular (wet) age-related macular degeneration (AMD) or diabetic macular edema (DME) and if the conditions indicated below are met.

Beovu, **Eylea, and Vabysmo** may be considered **investigational** in patients less than 18 years of age and for all other indications.

Prior-Approval Requirements

Age 18 years of age or older

Diagnoses

Beovu

Patient must have the following:

1. Neovascular (wet) age-related macular degeneration (AMD)

Eylea

Patient must have **ONE** of the following:

1. Neovascular (wet) age-related macular degeneration (AMD)
2. Macular edema following retinal vein occlusion (RVO)
3. Diabetic macular edema (DME)
4. Diabetic retinopathy (DR)

Vabysmo

Patient must have **ONE** of the following:

1. Neovascular (wet) age-related macular degeneration (AMD)
2. Diabetic macular edema (DME)

AND ALL of the following for **ALL** medications:

a. Documented baseline visual acuity test
b. **NO** active intraocular inflammation
c. **NO** ocular or periocular infection
d. **NO** combination therapy with other vascular endothelial growth factor (VEGF) inhibitors (see Appendix 1)

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnoses

Beovu

Patient must have the following:

1. Neovascular (wet) age-related macular degeneration (AMD)

Eylea

Patient must have **ONE** of the following:

1. Neovascular (wet) age-related macular degeneration (AMD)
2. Macular edema following retinal vein occlusion (RVO)
3. Diabetic macular edema (DME)

4. Diabetic retinopathy (DR)

Vabysmo

Patient must have **ONE** of the following:

1. Neovascular (wet) age-related macular degeneration (AMD)
2. Diabetic macular edema (DME)

AND ALL of the following for **ALL** medications:

a. Patient 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)
b. **NO** active intraocular inflammation
c. **NO** ocular or periocular infection
d. **NO** combination therapy with other vascular endothelial growth factor (VEGF) inhibitors (see Appendix 1)

Policy Guidelines

Pre - PA Allowance

None

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Limits

Same as above

Rationale

Summary

VEGF inhibitors prevent the binding and activation of VEGF receptors leading to a decrease in the neovascularization and vascular permeability associated with neovascular AMD and macular edema following RVO, DR and DME. Patients taking VEGF inhibitors must be monitored and managed for intravitreal injection procedure associated effects, elevated intraocular pressure, and appropriate perfusion of the optic nerve head. VEGF inhibitors must

only be administered by a retina trained ophthalmologist. Safety and effectiveness in pediatric patients have not been established (1-3).

Prior approval is required to ensure the safe, clinically appropriate and cost-effective use of VEGF Inhibitors while maintaining optimal therapeutic outcomes.

References

1. Eylea [package insert]. Tarrytown, NY: Regeneron Pharmaceuticals, Inc.; June 2021.
2. Beovu [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; March 2022.
3. Vabysmo [package insert]. South San Francisco, CA: Genentech, Inc.; January 2022.

Policy History

Date	Action
February 2017	Addition to PA
June 2017	Removal of Lucentis and the addition of Macugen Addition of the requirement: not be used in combination therapy with other vascular endothelial growth factor (VEGF) inhibitors
September 2017	Annual review
September 2018	Annual review and reference update
May 2019	Change to Eylea indication: patients with diabetic retinopathy (DR) no longer required to have concurrent DME
June 2019	Annual review
October 2019	Addition of Beovu
December 2019	Annual review
March 2020	Annual review and reference update
March 2021	Revised renewal requirement from “no loss of greater than 15 letters in visual acuity” to “patient 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)”. Also removed the letter count requirement for initiation per FEP
June 2021	Annual review and reference update. Removed Macugen from policy and Appendix 1 due to being discontinued
March 2022	Annual review and reference update. Addition of Vabysmo to policy and added Susvimo and Vabysmo to Appendix 1
June 2022	Annual review and reference update

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on June 16, 2022 and is effective on July 1, 2022.

Appendix 1 - List of VEGF Inhibitors for Ocular Indications

Generic Name	Brand Name
aflibercept	Eylea
bevacizumab	Avastin
brolucizumab-dbll	Beovu
faricimab-svoa	Vabysmo
ranibizumab	Lucentis
ranibizumab	Susvimo