EXCEPTIONS CRITERIA

VEGF INHIBITORS FOR OCULAR INDICATIONS

PRIMARY PREFERRED PRODUCT: AVASTIN

SECONDARY PREFERRED PRODUCT: BYOOVIZ

POLICY

This policy informs prescribers of preferred products and provides an exception process for targeted products through prior authorization.

I. PLAN DESIGN SUMMARY

This program applies to the VEGF inhibitors for ocular indications specified in this policy. Coverage for targeted products is provided based on clinical circumstances that would exclude the use of the preferred product and may be based on previous use of a product. The coverage review process will ascertain situations where a clinical exception can be made. This program applies to members who are new to treatment with a targeted product for the first time.

Each referral is reviewed based on all utilization management (UM) programs implemented for the client.

Table. VEGF inhibitors for ocular indications

	Product(s)
Primary Preferred*	• **Avastin** (bevacizumab)
Secondary Preferred*	• **Byooviz** (ranibizumab-nuna)
Targeted	• **Beovu** (brolucizumab-dbll) • **Cimerli** (ranibizumab-eqrn) • **Eylea** (aflibercept) • **Lucentis** (ranibizumab) • **Susvimo** (ranibizumab injection) • **Vabysmo** (faricimab-svoa)

*Medications considered formulary or preferred on your plan may still require a clinical prior authorization review.

II. EXCEPTION CRITERIA

Coverage for the targeted product is provided when either of the following criteria is met:

A. Member has received treatment with the requested targeted product in the past 365 days.
B. The requested product is Byooviz and member has had a documented inadequate response or intolerable adverse event with the primary preferred product, Avastin.

C. The requested product is Beovu or Vabysmo and member has had a documented inadequate response or intolerable adverse event with both of the preferred products (Avastin, Byooviz).
D. The requested product is Eylea and member meets either of the following criteria:
   1. Member has a diagnosis of retinopathy or prematurity.
   2. Member has had a documented inadequate response or intolerable adverse event with both of the preferred products (Avastin, Byooviz).
E. The requested product is Cimerli, Lucentis, or Susvimo and member meets both of the following criteria:
   1. Member has had a documented inadequate response or intolerable adverse event with the primary preferred product, Avastin.
   2. Member has had a documented intolerable adverse event to the secondary preferred product, Byooviz, and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information (i.e., known adverse reaction for both the reference product and biosimilar products).

REFERENCES

1. Avastin [package insert]. South San Francisco, CA: Genentech, Inc.; January 2021.
2. Beovu [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; March 2022.
3. Byooviz [package insert]. Cambridge, MA: Biogen, Inc.; June 2022.
4. Cimerli [package insert]. Redwood City, CA: Coherus BioSciences, Inc.; November 2022.
5. Eylea [package insert]. Tarrytown, NY: Regeneron Pharmaceuticals, Inc.; March 2021.
6. Lucentis [package insert]. South San Francisco, CA: Genentech, Inc.; March 2018.
7. Susvimo [package insert]. San Francisco, CA: Genentech, Inc.; April 2022.
8. Vabysmo [package insert]. San Francisco, CA: Genentech, Inc.' January 2023.