

Aflibercept (Eylea, Eylea HD)

- Drug names
1.

Aflibercept
2.

Eylea
3.

Eylea HD
4.

Intravitreal vascular endothelial growth factor (VEGF)
5.

VEGF (vascular endothelial growth factor) inhibitor antibody treatment

Description

Aflibercept is an intravitreal VEGF inhibitor antibody treatment used to stop unwanted vascular formations within the eye. Treatment is aimed at preserving a person’s current level of vision by delaying or stopping further vision loss. This therapy treats macular degeneration. It is used as a first-line treatment as well as second-line treatment of lesions that remain active after Visudyne treatment.

It is administered by injection directly into the vitreous portion of the eye.

- Table of Contents
- The following topics are included in this document:

 - [Commercial](#)
 - [Government Programs](#)
 - [Individual and Family Business \(IFB\)](#)

- See also
- Similar, related, or easily confused documents.

 - [Avastin \(bevacizumab\) for Ocular Indications](#) - Another VEGF inhibitor.
 - [Laser Treatments for Neovascularization Associated with Macular Degeneration](#) - Macular degeneration (MD) treatment.
 - [Lucentis \(ranibizumab\)](#) - Another type of VEGF inhibitor.
 - [Macugen \(pegaptanib sodium\)](#) - Another type of VEGF inhibitor.
 - [Photodynamic Therapy with Visudyne \(Verteporfin\) for Ocular Indications](#) - Intravenous (IV) infusion activated by light.

Document history

The document history for the past 12 months is outlined below.

Date	Description
2.20.24	Updated document title to match updated Policy title.
2.20.24	Updated to new template.

Commercial

Introduction	<p>This section applies to all Commercial members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP) and Prevea360), Mayo Medical Plan (MMP), or Medica (including MHPS).</p>				
Dean (DHP, Prevea360)	<p>See the appropriate Medical Injectable Policy for the specific drug.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• PA doesn’t apply. Member may need to try another drug first, see <i>Initial Approval Criteria</i>.<ul style="list-style-type: none">– Administration limit applies. See <i>Dosing Limits</i>.– Important: Check policy for limits or exclusions.• If approved, quote office visit or outpatient hospital benefits.				
Mayo Medical Plan (MMP)	<p>Quote office visit or outpatient hospital benefits.</p>				
Medica (including MHPS)	<p>Magellan’s Pharmacy Clinical Guideline, <i>Aflibercept (Eylea, Eylea HD)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Requires prior authorization through Magellan. See <i>Initial Approval Criteria</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.– ER or inpatient hospital POS: PA is not required.– Providers: Certain providers are excluded. See Injectable Drug Prior Authorization (Magellan Rx).• If approved, quote office visit or outpatient hospital benefits.				
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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.				
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p>Medicaid only groups:</p> <ul style="list-style-type: none">• See Medicaid below. <p>Medicare eligible groups:</p> <ul style="list-style-type: none">• Quote office visit or outpatient hospital benefits.• Follows Medicare guidelines.• Medicare is the primary payer.• If no Medicare eligibility, Medicaid applies. See Medicaid below.				
AccessAbility Enhanced (I-SNBC), DUAL (MSHO)	<p>Magellan’s Pharmacy Clinical Guideline, <i>Aflibercept (Eylea, Eylea HD)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Requires prior authorization through Magellan. See <i>Initial Approval Criteria</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.– ER or inpatient POS: PA is not required.– Providers: Certain providers are excluded. See Injectable Drug Prior Authorization (Magellan Rx).• If approved, quote office visit or outpatient hospital benefits.• Medica is the only payer.				
Cost (Prime)	<p>Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits.</p> <ul style="list-style-type: none">• Drug administration: Quote office visit benefits.• Injection (J-code): Quote <i>Part B Prescription Drugs</i> in the EOC.• Follows Medicare guidelines.				
Med Advantage	<p>Magellan’s Pharmacy Clinical Guideline, <i>Aflibercept (Eylea, Eylea HD)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Requires prior authorization through Magellan. See <i>Initial Approval Criteria</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.– ER or inpatient POS: PA is not required.– Providers: Certain providers are excluded. See Injectable Drug Prior Authorization (Magellan Rx).• Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits.<ul style="list-style-type: none">– Drug administration: Quote office visit benefits.– Injection (J-code): Quote <i>Part B Prescription Drugs</i> in the EOC.• Follows Medicare guidelines.• Medica is the only payer.				
Med Supp (Select, Signature)	<p>Quote office visit or outpatient hospital benefits.</p> <ul style="list-style-type: none">• Follows Medicare guidelines.• Medicare supplement.• Medicare is the primary payer.				
Medicaid	<p>Magellan’s Pharmacy Clinical Guideline, <i>Aflibercept (Eylea, Eylea HD)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Requires prior authorization through Magellan. See <i>Initial Approval Criteria</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.– ER or inpatient hospital POS: PA is not required.– Providers: Certain providers are excluded. See Injectable Drug Prior Authorization (Magellan Rx).• If approved, quote office visit or outpatient hospital benefits.				
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Individual and Family Business (IFB)

Introduction	<p>This section applies to all Individual and Family Business (IFB) members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP), Medica (formerly WellFirst), and Prevea360) or Medica.</p>				
Dean (DHP, Medica formerly WellFirst, Prevea360)	<p>See the appropriate Medical Injectable Policy for the specific drug.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• PA doesn’t apply. Member may need to try another drug first, see <i>Initial Approval Criteria</i>.<ul style="list-style-type: none">– Administration limit applies. See <i>Dosing Limits</i>.– Important: Check policy for limits or exclusions.• If approved, quote office visit or outpatient hospital benefits.				
Medica	<p>Magellan’s Pharmacy Clinical Guideline, <i>Aflibercept (Eylea, Eylea HD)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Requires prior authorization through Magellan. See <i>Initial Approval Criteria</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.– ER or inpatient hospital POS: PA is not required.– Providers: Certain providers are excluded. See Injectable Drug Prior Authorization (Magellan Rx).• If approved, quote office visit or outpatient hospital benefits.				
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