

Medical Policy

Vascular endothelial growth factor (VEGF) Inhibitors

Last review date: **1/1/2026**

Prior review date: **10/1/2025**

Applicable Products

Beovu (brolucizumab-dblI)	Lucentis (ranibizumab)
Byooviz (ranibizumab-nuna)	Pavblu (aflibercept-ayyh)
Cimerli (ranibizumab-eqrn)	Susvimo (ranibizumab)
Eylea (aflibercept)	Vabysmo (faricimab-svoa)
Eylea HD (aflibercept)	

Initial Approval Criteria

Coverage may be approved if all of the following are met:

- Drug-specific criteria; **AND**
- Patient is at least 18 years of age (exception: Eylea and ROP indication); **AND**
- Prescribed by or in consultation with an ophthalmologist; **AND**
- Patient is free of ocular and/or peri-ocular infections; **AND**
- Patient does not have active intraocular inflammation; **AND**
- Therapy will not be used with other ophthalmic vascular endothelial growth factor (VEGF) inhibitors (e.g., aflibercept, brolucizumab-dblI, bevacizumab, ranibizumab, etc.); **AND**
- Patient's best corrected visual acuity (BCVA) is measured at baseline and periodically during treatment; **AND**
- If applicable: Trial and failure, intolerance, or a contraindication to the preferred products as listed in the medical drug list

Beovu

Patient has a diagnosis of one of the following:

- Neovascular (Wet) Age-related Macular Degeneration (AMD); **OR**
- Diabetic Macular Edema (DME)

Byooviz

Patient has a diagnosis of one of the following:

- Neovascular age-related macular degeneration (nAMD); **OR**

- Macular Edema Following Retinal Vein Occlusion (RVO); **OR**
- Myopic Choroidal Neovascularization (mCNV)

Cimerli

Patient has a diagnosis of one of the following:

- Neovascular age-related macular degeneration (nAMD); **OR**
- Macular edema following Retinal Vein Occlusion (RVO); **OR**
- Diabetic macular edema (DME); **OR**
- Diabetic retinopathy (DR); **OR**
- Myopic choroidal neovascularization (mCNV)

Eylea; Pavblu

Patient has a diagnosis of one of the following:

- Neovascular (Wet) Age-Related Macular Degeneration (AMD); **OR**
- Macular Edema Following Retinal Vein Occlusion (RVO); **OR**
- Diabetic Macular Edema (DME); **OR**
- Diabetic Retinopathy (DR); **OR**
- Retinopathy of Prematurity (ROP)

Eylea HD

Patient has a diagnosis of one of the following:

- Neovascular (Wet) Age-Related Macular Degeneration (nAMD); **OR**
- Diabetic Macular Edema (DME); **OR**
- Diabetic Retinopathy (DR)

Lucentis

Patient has a diagnosis of one of the following:

- Neovascular age-related macular degeneration (nAMD); **OR**
- Macular edema following Retinal Vein Occlusion (RVO); **OR**
- Diabetic macular edema (DME); **OR**
- Diabetic retinopathy (DR); **OR**
- Myopic choroidal neovascularization (mCNV); **OR**

Vabysmo

Patient has a diagnosis of one of the following:

- Neovascular age-related macular degeneration (nAMD); **OR**
- Diabetic macular edema (DME); **OR**
- Macular edema following retinal vein occlusion (RVO)

Susvimo

Patient has a diagnosis of neovascular (wet) age-related macular degeneration (nAMD); **AND**

- Trial and positive response to at least 2 intravitreal injections of a VEGF inhibitor; **AND**
- Patient has not required removal of a Susvimo implant in the past; **AND**
- Patient does not have a hypersensitivity to other ranibizumab products

Renewal Criteria

Coverage may be renewed if all of the following are met:

- Patient continues to meet Initial Approval Criteria; **AND**
- Absence of unacceptable toxicity; **AND**
- Patient has had improvement or stabilization of visual function as compared to before treatment; **AND**
- Patient does not have ocular or periocular infections, and, for Susvimo and Vabysmo only, member is without active intraocular inflammation

Length of Authorization

1 Year (except retinopathy of prematurity and pre-operative use for diabetic retinopathy requiring treatment with retinal laser photocoagulation or vitrectomy – single dose approval)

This policy is designed to address medical guidelines that are appropriate for the majority of individuals with a particular disease, illness, or condition. Each person's unique clinical or other circumstances may warrant individual consideration, based on review of applicable medical records, as well as other regulatory, contractual and/or legal requirements.

Medical policies do not constitute medical advice, nor are they intended to govern the practice of medicine. They are intended to reflect reimbursement and coverage guidelines. Coverage for services may vary for individual members, based on the terms of the benefit contract.