Clover Health

OCULAR DISORDERS

PREFERRED PRODUCTS: AVASTIN

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 ocular disorder products 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. Ocular Disorder Products

	Product(s)
Preferred	• **Avastin** (bevacizumab)
Targeted	• **Beovu** (brolucizumab-dbll) • **Eylea** (aflibercept) • **Lucentis** (ranibizumab)

II. EXCEPTION CRITERIA

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

A. Member has received treatment with the targeted product in the past 365 days.
B. Member has a documented inadequate response or intolerable adverse event with the preferred product.

.

REFERENCES

1. Avastin [package insert]. South San Francisco, CA: Genentech, Inc.; January 2021.
2. Beovu [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; June 2020.
3. Eylea [package insert]. Tarrytown, NY: Regeneron Pharmaceuticals, Inc.; June 2021.
4. Lucentis [package insert]. San Francisco, CA: Genetech, Inc.; March 2018.