
Prior Authorization DRUG Guidelines

EYLEATM (aflibercept intravitreal injection)

Effective Date: 7/24/12

Date Developed: 7/17/12 by Albert Reeves MD

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Eylea is a recombinant fusion protein consisting of portions of human vascular endothelial growth factor (VEGF) receptors fused to the Fc portion of human immunoglobulin G1 (IgG1). It is indicated for the treatment of patients with neovascular (wet) age-related macular degeneration (AMD). Eylea is an Ophthalmic Agent and a Vascular Endothelial Growth Factor (VEGF) inhibitor.

Pre-Authorization Criteria: treatment of neovascular (wet) age-related macular degeneration (AMD).

VCHCP requires that Eylea be prescribed by an Ophthalmologist.

Dosing: The recommended dose for Eylea is 2 mg (0.05 mL) administered by intravitreal injection (IVT) every 4 weeks (Q4W) for the first 3 months followed by 2 mg IVT once every 8 weeks (Q8W). Eylea must be administered by a qualified physician with adequate anesthesia under aseptic conditions. A topical broad-spectrum microbicide should be given prior to the injection. Following the injection, patients must be monitored for elevation of intraocular pressure (IOP).

Adverse Events (AEs): Conjunctival hemorrhage was the most common AE in the pivotal studies and was reported in 25% and 28% of patients treated with Eylea and ranibizumab, respectively. Other AEs reported in $\geq 5\%$ of patients treated with Eylea in the pivotal studies were eye pain, cataract, vitreous detachment, vitreous floaters, and increased IOP. Arterial thromboembolic events (ATEs) occurred in 1.8% of patients treated with Eylea.

Contraindications:

Eylea is contraindicated in patients with ocular or periocular infections, active intraocular inflammation, and in those with a known hypersensitivity to any ingredient in Eylea.¹

Warnings/Precautions: Endophthalmitis and retinal detachments: Intravitreal

injections have been associated with endophthalmitis and retinal detachments. Patients should immediately report symptoms, including eye pain, redness of the eye, photophobia, and blurring of vision. **Increase in IOP:** Monitor for acute and sustained increases in IOP. **Thromboembolic events:** Following intravitreal use of VEGF inhibitors, there is a potential risk of arterial thromboembolic events (ATEs; e.g., nonfatal stroke or myocardial infarction, vascular death). During Year 1 of the pivotal studies, the incidence of ATEs was 1.8% (32 out of 1,824) in patients treated with Eylea.

References:

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