



Eylea HD:

AMD or DME: 8 mg every 4 weeks for 3 months, then 8 mg every 8 to 16 weeks.

DR: 8 mg every 4 weeks for 3 months, then 8 mg every 8 to 12 weeks.

***If all the above requirements are met, the medication will be approved for 6 months.***

For reauthorization:

1. Chart notes must include documentation of improved or stabilized visual acuity.

***If all the above requirements are met, the medication will be approved for an additional 12 months.***

## Retinopathy of Prematurity (ROP) – Eylea Only

For initial authorization:

1. Member's gestational age at birth was 32 weeks or fewer, or birth weight 1500 g or less; AND
2. Medication must be prescribed by or in consultation with an ophthalmologist; AND
3. Member has a confirmed diagnosis of Type 1 ROP (specify one or both eye(s)) defined by any of the following:
  - a) Zone I ROP: any stage with plus disease
  - b) Zone I or posterior zone II ROP: stage 3 without plus disease
  - c) Zone II ROP: stage 2 or 3 with plus disease; AND
4. Member does NOT have any of the following:
  - a) Advanced stages of ROP with partial or complete retinal detachment (stage 4 or 5)
  - b) ROP inv714(t)-7(a)56(ch)-14o15 526.28 202.6 reW\*nBT/F2 11118.82 Tm0 G 0.173 Tc[(b)] T325 4

## References:

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