

Kaiser Foundation Health Plan of Washington
Kaiser Foundation Health Plan of Washington Options, Inc.
Provider Communications, RCR-A3W-04
PO Box 34262, Seattle WA 98124-1262

August 29, 2025

AFLIBERCEPT (EYLEA) INTRAVITREAL SOLUTION UPDATED PRIOR AUTHORIZATION CRITERIA

Dear Provider,

Aflibercept intravitreal solution (Eylea) is on the **non-Medicare** list of office-administered drugs requiring prior authorization. **Effective December 1, 2025**, the criteria for aflibercept intravitreal solution (Eylea) will be updated to require an inadequate response or intolerance to an aflibercept biosimilar (e.g., aflibercept-ayyh [Pavblu]). This change does not affect current authorizations for Eylea; however, any new authorizations are subject to the criteria below. **This letter is a notification of the change in prior authorization criteria required before administering this medication in a physician's office.**

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (Kaiser Permanente) require prior authorization for a select group of injectable drugs that may be administered under the medical benefit in a physician's office or by home infusion. These reviews are intended to ensure consistent benefit adjudication as well as appropriate utilization in accordance with the Kaiser Permanente Pharmacy & Therapeutics Committee's evidence-based criteria for coverage.

Prior Authorization Criteria for Aflibercept intravitreal solution (Eylea) (changes are in bold):

DRUG NAME	COVERAGE CRITERIA
Aflibercept intravitreal solution	<p>Covered for patients who have an inadequate response or intolerance to an aflibercept biosimilar (e.g., aflibercept-ayyh [Pavblu]), for the following diagnoses:</p> <ul style="list-style-type: none"> • Covered for wet age-related macular degeneration if the patient has failed or is intolerant to bevacizumab. • Central retinal vein occlusion (CRVO) and branch retinal vein occlusion (BRVO) if the patient has failed or is intolerant to bevacizumab. • Diabetic eye disease if the patient has failed or is intolerant to bevacizumab, or if the patient has lower visual acuity (defined by visual-acuity letter score <69 or equivalent to 20/50 or worse). <p>Established patients on Eylea must have a documented inadequate response or intolerance to an aflibercept biosimilar (e.g., aflibercept ayyh [Pavblu])</p>

Additional Information

A complete list of office-administered injectable drugs requiring prior authorization can be found on the Kaiser Permanente provider website at <https://wa-provider.kaiserpermanente.org/provider-manual/clinical-review/officeinject>.

To request prior authorization review, please use the Referral Request online form (login required) located on the Kaiser Permanente provider website. You can also fax your request to the Review Services department toll-free at 1-888-282-2685.

Thank you for the care you provide to our members, your patients. If you have any questions about this process, please call Review Services at 1-800-289-1363, Monday through Friday, from 8:00 a.m. to 5:00 p.m.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Ubriani". The signature is fluid and cursive, with a large initial "R" and a stylized "U".

Ravi Ubriani, MD, Chair
Pharmacy & Therapeutics Committee