

Examining Trends in Coverage and Access for Anti-VEGF Therapies in the Treatment of Retinal Diseases Among Various Payers from the Tufts University SPEC Database



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BACKGROUND

Retinal diseases require prompt treatment with anti-vascular endothelial growth factor (anti-VEGF) agents to improve visual outcomes and prevent blindness. Coverage and access to anti-VEGF therapies for the management of retinal diseases is unique in that off-label repackaged/compounded bevacizumab is often given preferred formulary positioning due to its well-established clinical experience and relative affordability. Ophthalmologists are responsible for navigating different distribution channels and coverage policies from numerous insurers.

OBJECTIVE

To assess the recent status of coverage for anti-VEGF agents in the treatment of retinal diseases among US commercial payers.

METHODS

Commercial payer coverage policies for anti-VEGF agents from the Tufts University Specialty Drug Evidence and Coverage (SPEC) database were analyzed in March 2024. Included were coverage policies specific to the treatment of retinal diseases (i.e., neovascular age-related macular degeneration [AMD], diabetic retinopathy [DR], diabetic macular edema [DME], retinopathy of prematurity [ROP], and retinal vein occlusion [RVO]). A total of 305 commercial payer coverage policies were included in the analysis.

SPEC Database

- ✓ 18 large US commercial health plans
- ✓ 187 million covered lives
- ✓ 425 specialty drugs
- ✓ 150+ diseases
- ✓ 100+ biopharma companies
- ✓ 100,000+ coverage decisions
- ✓ 360,000+ citations

Sample

- (N=305 Coverage Policies)
1. AMD
 2. DR
 3. DME
 4. ROP
 5. Macular Edema Following RVO

Anti-VEGF Agents Included

Ranibizumab	Aflibercept
Brolucizumab-dbl	Faricimab
Ranibizumab-eqrn	Ranibizumab-nuna

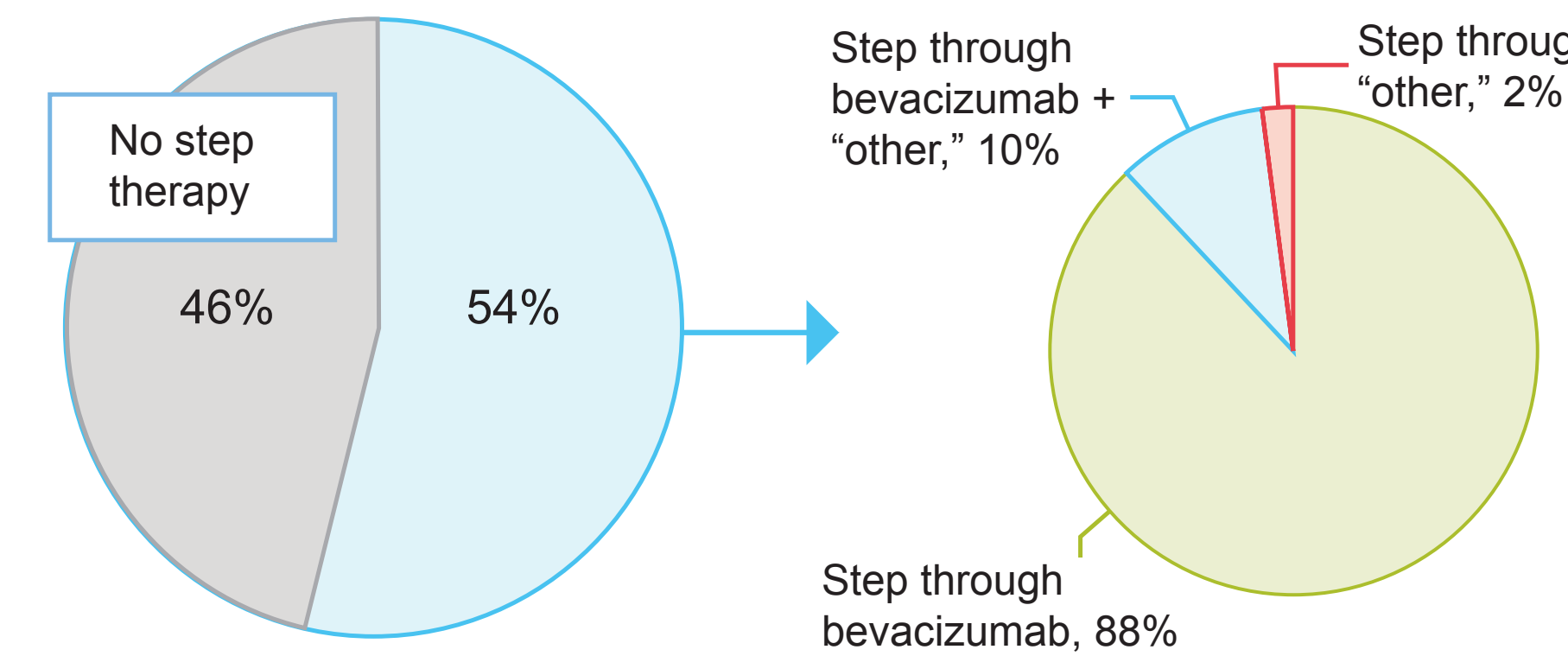
RESULTS

Overall, 44% of commercial plans had coverage for anti-VEGF therapies consistent with the FDA label, 56% of plans had coverage with restrictions beyond the FDA label, and 1% had no coverage. In addition, 54% of plans featured step therapy protocols while 46% had no step therapy. Among those plans with step therapy protocols, 88% featured a step through off-label bevacizumab, 10% featured a step through bevacizumab and another agent, and 2% featured a step through another agent other than bevacizumab. Across all therapies, FDA-approved brand reference anti-VEGFs were more likely to have coverage with restrictions beyond the label, and biosimilars of reference products were more likely to have coverage consistent with the FDA label. Across specific retinal diseases, RVO, AMD, and DR were more likely to have coverage with restrictions beyond the FDA label, while ROP and DME were more likely to have coverage consistent with the FDA label.

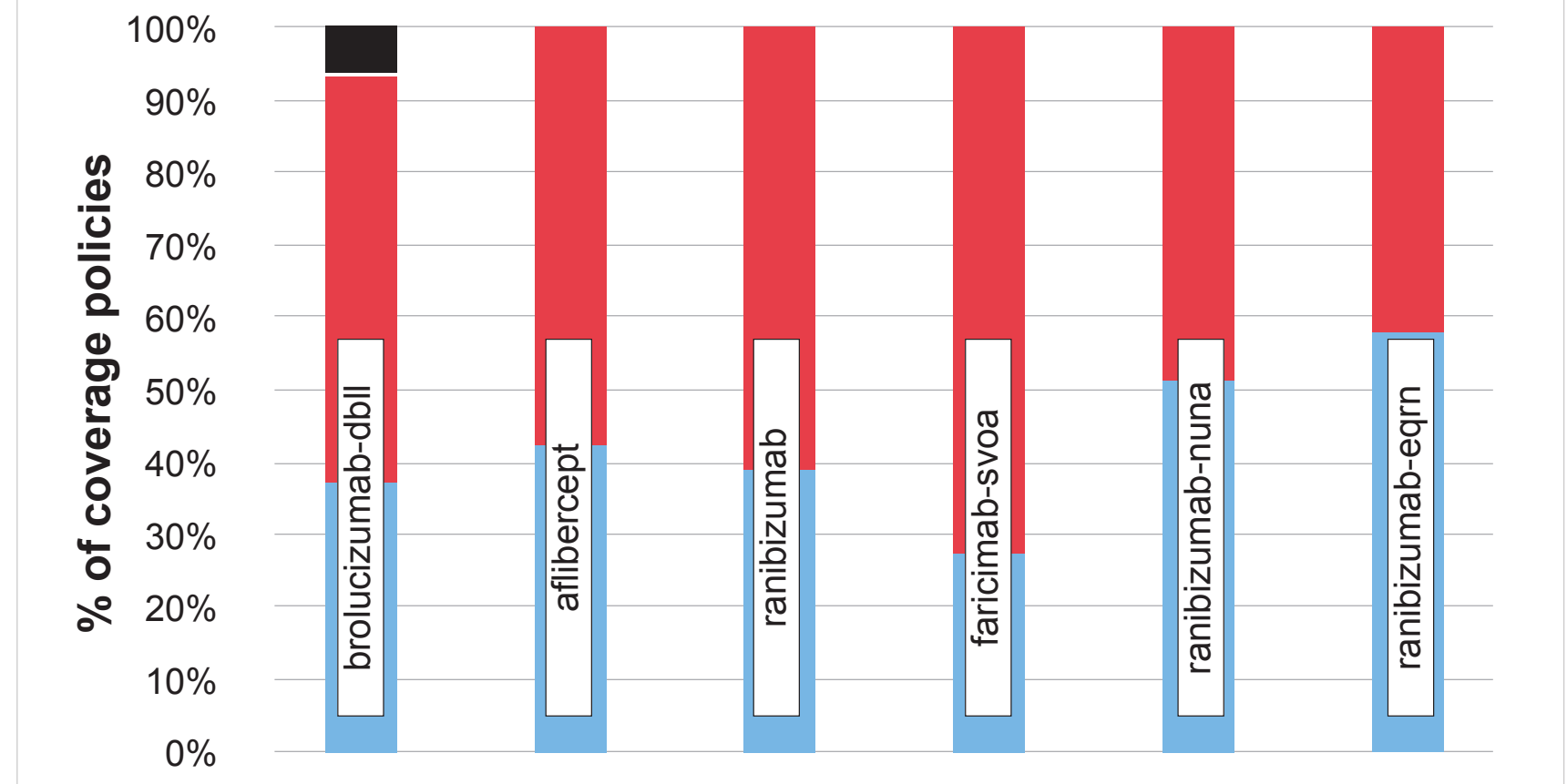
Coverage Compared to FDA Label



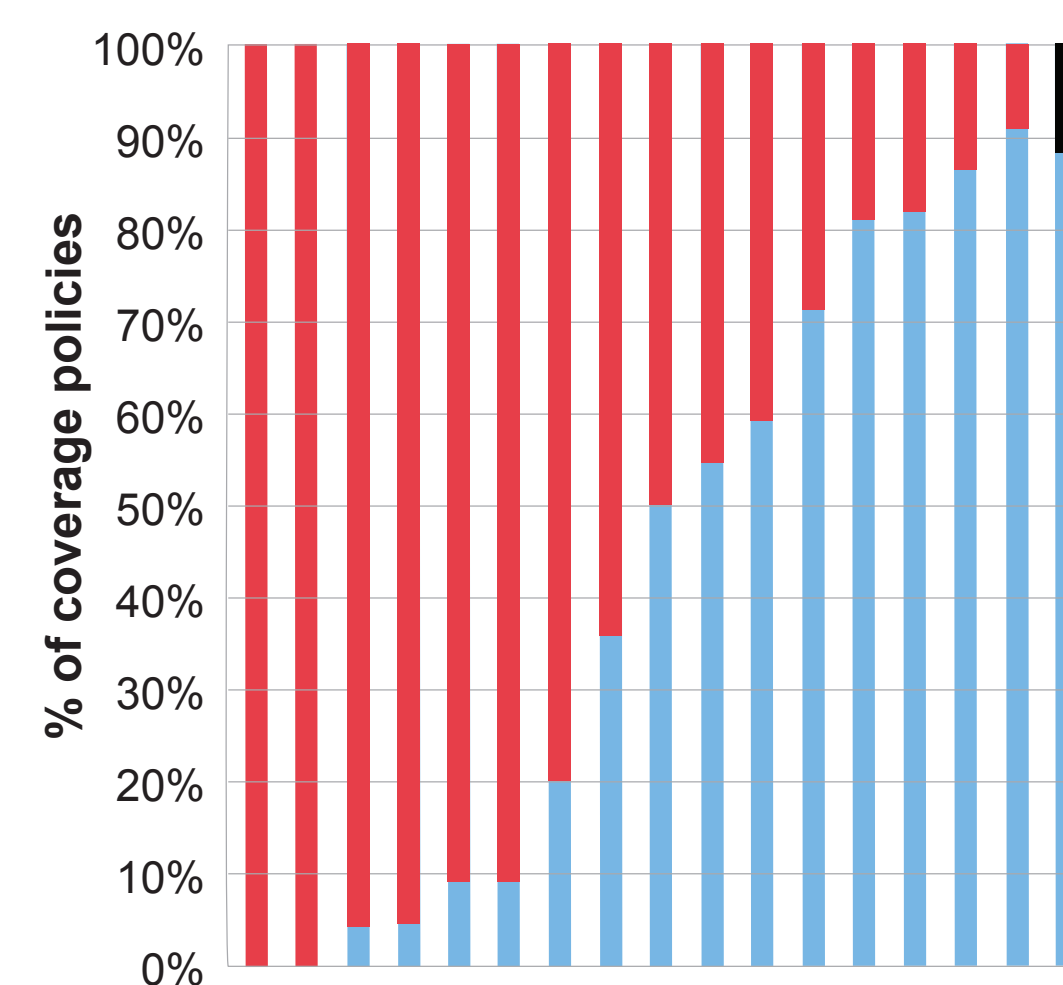
Step Therapy



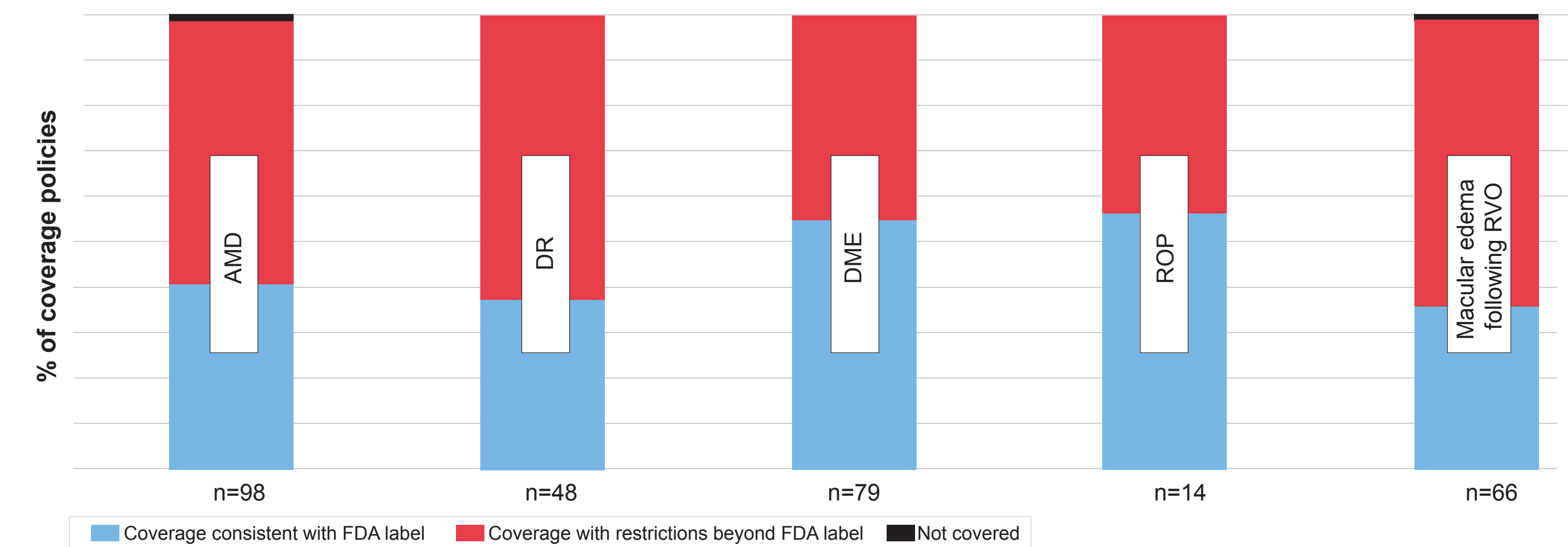
Coverage Variation Across Products



Coverage Variation by Health Plan




Coverage Variation Across Retinal Diseases



CONCLUSIONS

Substantial variation exists in commercial coverage of anti-VEGF therapies for the treatment of retinal diseases across the United States. Off-label bevacizumab and biosimilars of FDA-approved anti-VEGFs are generally covered with fewer restrictions than the reference products. Retinal disease states with marked morbidity and more severe consequences of non-treatment have coverage that is more consistent with the FDA label.

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