Frequently Asked Questions: Funding of Aflibercept under the Ontario Drug Benefit Program

1. **What is the difference between Aflivu™ (aflibercept), Yesafili™ (aflibercept) and Eylea® (aflibercept)?**

   Aflivu™ (aflibercept), Yesafili™ (aflibercept) and Eylea® (aflibercept) are all aflibercept products. Aflibercept is a vascular endothelial growth factor (VEGF) inhibitor used to treat various types of eye conditions. Aflivu™ and Yesafili™ have been approved by Health Canada as biosimilar versions of Eylea®. Aflivu™, Yesafili™ and Eylea® are manufactured and marketed by different companies.

   Biosimilars, also referred to as subsequent entry biologics or follow-on biologics, are biologics that are highly similar to an originator biologic. Biosimilars may enter the market after the patents and data protection for the originator biologic have expired. Health Canada conducts rigorous testing to ensure that biosimilars have a highly similar structure, are equally as safe, and have the same therapeutic effect as an originator biologic. Ontario is confident in the safety and efficacy of biosimilars based on our experience over the past 7 years, as well as the experiences of many places around the world. The use of biosimilars medicines has been well-established in Europe over the past 20 years with more than 50 approved biosimilar medicines. Please refer to Health Canada's fact sheet on biosimilars for more information:

   Biosimilar biologic drugs in Canada: Fact Sheet – Canada.ca

2. **What is the funding status of Aflivu™ (aflibercept) and Yesafili™ (aflibercept)?**

   As of the effective date of the August 2025 update to the Ontario Drug Benefit Formulary/Comparative Drug Index (Formulary), Aflivu™ and Yesafili™ will be listed as Limited Use (LU) benefits for the treatment of the following indications:

   - Neovascular (wet) Age-Related Macular Degeneration (AMD)
   - Retinal Vein Occlusion - Branch Retinal Vein Occlusion (BRVO) or Central Retinal Vein Occlusion (CRVO)
   - Diabetic macular edema (DME)

3. **What is the rationale for funding biosimilar aflibercept products?**

Aflivu™ and Yesafili™ were approved by Health Canada as biosimilar versions of the originator biologic Eylea®. Biosimilars are not identical to originator biologics. However, Health Canada conducts rigorous testing to ensure that biosimilars have a highly similar structure, are equally as safe, and have the same therapeutic effect as an originator biologic. Biosimilars also present an opportunity to achieve better value for money for biologic drugs that will help to support the long-term sustainability of the Ontario Public Drug Programs.

4. What are the Limited Use criteria for Aflivu™ (aflibercept) and Yesafili™ (aflibercept)?

As of the effective date of the August 2025 update to the Formulary, the LU Codes and the corresponding Clinical Criteria will be as set out below.

Please refer to the e-Formulary for the most up-to-date information at:

Formulary / Comparative Drug Index (CDI) Edition 43 | Ontario Drug Benefit (ODB) Formulary / Comparative Drug Index (CDI) and Monthly Formulary Updates | ontario.ca

Applicable LU Codes by Product:

You may also refer to the Formulary for details regarding the LU criteria.

Aflivu™ - 729, 730, 731

Yesafili™ - 729, 730, 731

A. <u>Neovascular (wet) Age-Related Macular Degeneration (AMD) (LU Code 729)</u>

For the treatment of patients with neovascular (wet) age-related macular degeneration (AMD) in a treatment-naive eye.

Initial diagnosis should be confirmed by an appropriate diagnostic procedure and administration should be done by a qualified ophthalmologist experienced in intravitreal injections.

Patients receiving concurrent administration of other anti-VEGF intravitreal injections are not eligible for reimbursement.

Treatment should be initiated with a monthly intravitreal injection for the first 3 consecutive doses, followed by one injection every 2 months.

The interval between two doses should not be shorter than one month.

Treatment with anti-VEGF agents should only be continued in patients who maintain adequate response to therapy.

Coverage will be provided for patients responding to therapy with another anti-VEGF agent who switch to this product. Coverage will NOT be provided for patients who have failed to respond to other anti-VEGF agents.

LU Authorization Period: 1 Year

B. <u>Retinal Vein Occlusion - Branch Retinal Vein Occlusion (BRVO) or Central Retinal Vein Occlusion (CRVO) (LU Code 730)</u>

For the treatment of patients with clinically significant macular edema secondary to branch retinal vein occlusion (BRVO) or central retinal vein occlusion (CRVO).

Patients receiving concurrent administration of other anti-VEGF intravitreal injections are not eligible for reimbursement.

Treatment should be initiated with an intravitreal injection once every month. The interval between two doses should not be shorter than one month. The treatment interval may be extended up to 3 months based on visual and anatomic outcomes.

Prescribers are advised to periodically assess the need for continued therapy.

Treatment with anti-VEGF agents should only be continued in patients who maintain adequate response to therapy.
Coverage will be provided for patients responding to therapy with another anti-VEGF agent who switch to this product. Coverage will NOT be provided for patients who have failed to respond to other anti-VEGF agents.

LU authorization period: 1 year

C. <u>Diabetic Macular Edema (DME) (LU Code 731)</u>

For the treatment of patients with clinically significant diabetic macular edema (DME) for whom laser photocoagulation is also indicated; and a hemoglobin A1c of less than 12 percent.

Patients receiving concurrent administration of other anti-VEGF intravitreal injections are not eligible for reimbursement.

Treatment should be initiated with a monthly intravitreal injection for the first 5 consecutive doses, followed by one injection every 2 months.

The interval between two doses should not be shorter than one month.

Treatment with anti-VEGF agents should only be continued in patients who maintain adequate response to therapy.

Coverage will be provided for patients responding to therapy with another anti-VEGF agent who switch to this product. Coverage will NOT be provided for patients who have failed to respond to other anti-VEGF agents.

LU Authorization period: 1 year

5. Are Eylea® HD (aflibercept) 8mg/0.07mL prefilled syringe for injection and Eylea® HD (aflibercept) 8 mg/0.07mL vials for injection included in the ministry's new start policy?

No. The new start policy does not apply to Eylea® HD prefilled syringes or vials. Eylea® HD products are higher strength and more concentrated than Eylea® 40mg/mL (2mg/0.05mL) injections and its biosimilar versions Aflivu™ and Yesafili™. Eylea® HD is associated with different LU codes and criteria for funding on the ODB formulary.

6. Will patients whose treatment with Eylea® (aflibercept) is already funded by the ministry be required to switch to a biosimilar aflibercept product?

Eylea® is currently funded as a LU Benefit on the Formulary for neovascular (wet) age-related macular degeneration (AMD), retinal vein occlusion (branch retinal vein occlusion (BRVO) or central retinal vein occlusion (CRVO)) and diabetic macular edema (DME).

At this time, patients whose aflibercept treatment with Eylea® is already funded by the ministry can continue to receive funding for Eylea®.

Aflibercept is subject to the ministry's biosimilar policy and the transition period for Eylea® will be announced at a later time.

During the transition period, recipients who are on Eylea® will be required to transition to the ODB funded biosimilar version of aflibercept in order to maintain publicly funded coverage for aflibercept.

7. Will the ministry consider new requests for Eylea® (aflibercept) reimbursement under the Exceptional Access Program (EAP)?

The ministry will not accept new EAP requests for Eylea® for patients who are treatment naïve to Eylea®, effective August 29, 2025, with the exception of a medically necessary exemption.

The Exceptional Access Program (EAP) will consider funding originator brand Eylea® if the patient has a medically necessary exemption that requires them to use Eylea® instead of a biosimilar version.

8. Will the ministry consider EAP requests for Eylea® (aflibercept) for patients who do not respond to Aflivu™ or Yesafili™ (aflibercept)?

The EAP will ONLY consider funding of Eylea® for patients who meet a medically necessary exemption. The medical exemption generally requires the patient to have tried at least two biosimilar versions and experienced adverse effects, intolerances, and/or lack of efficacy to each biosimilar version that is documented by their prescriber on the Health Canada side effect form. The request for a medical exemption with the completed Health Canada side effect forms may be submitted to the EAP for case-by-case review.

9. How should pharmacies submit claims for Aflivu™ or Yesafili™?

Pharmacies should submit claims using the appropriate drug identification number (DIN) of the respective aflibercept product and the appropriate LU/Reason for Use (RFU) code.

Aflivu™ and Yesafili™ are aflibercept products approved by Health Canada as biosimilar versions of Eylea®. However, these products are not "interchangeable" – i.e., pharmacists will require a prescription from the prescriber specific to the brand

of aflibercept that they are dispensing with the relevant LU/RFU code provided by the prescriber.

Additional information:

For pharmacies: Please call ODB Pharmacy Help Desk at: 1-800-668-6641

For all other health care providers and the public:

Please call ServiceOntario, Infoline at 1-866-532-3161 TTY 1-800-387-5559. In Toronto, TTY 416-327-4282.