



# **Ophthalmologic Policy:** Vascular Endothelial Growth Factor (VEGF) Inhibitors

Policy Number: 2022D0042V Effective Date: January 1, 2022

Instructions for Use

Table of Contents	Page
Coverage Rationale	1
Definitions	
Applicable Codes	3
Background	24
Benefit Considerations	24
Clinical Evidence	25
U.S. Food and Drug Administration	35
References	
Policy History/Revision Information	39
Instructions for Use	

#### **Related Commercial Policies**

- Macular Degeneration Treatment Procedures
- Maximum Dosage Policy
- Oncology Medication Clinical Coverage

### Community Plan Policy

Ophthalmologic Policy: Vascular Endothelial Growth Factor (VEGF) Inhibitors

### Related Medicare Advantage Policy

Medicare Part B Step Therapy Programs

# **Coverage Rationale**

See Benefit Considerations

This policy provides information about the use of certain specialty pharmacy medications administered by the intravitreal route for ophthalmologic conditions.

This policy refers to the following drug products, all of which are vascular endothelial growth factor (VEGF) inhibitors:

- Avastin® (bevacizumab)
- Beovu® (brolucizumab-dbll)
- Eylea® (aflibercept)
- Lucentis® (ranibizumab)
- Macugen® (pegaptanib)

The following information pertains to medical necessity review:

### General Requirements (applicable to all medical necessity requests)

- For initial therapy, both of the following:
  - Diagnosis; and
  - o Intravitreal VEGF inhibitor administration is no more than 12 doses per year per eye, regardless of diagnosis.
- For continuation of therapy, both of the following:
  - o Documentation of positive clinical response to anti-VEGF therapy; and
  - Intravitreal VEGF inhibitor administration is no more than 12 doses per year per eye, regardless of diagnosis.

Ophthalmologic Policy: Vascular Endothelial Growth Factor (VEGF) Inhibitors UnitedHealthcare Commercial Medical Benefit Drug Policy

Effective 01/01/2022



## **Diagnosis-Specific Requirements**

The information below indicates the list of proven and medically necessary indications.

Beovu (brolucizumab) is proven and medically necessary for the treatment of:

Neovascular age-related macular degeneration (AMD)

Avastin (bevacizumab) is proven and medically necessary for the treatment of:

- Choroidal neovascularization secondary to pathologic myopia, angioid streaks/pseudoxanthoma elasticum, or ocular histoplasmosis syndrome (OHS)
- Diabetic macular edema (DME)
- Macular edema secondary to branch retinal vein occlusion (BRVO) or central retinal vein occlusion (CRVO)
- Neovascular age-related macular degeneration (AMD)
- Neovascular glaucoma
- Neovascularization of the iris (NVI) (rubeosis iridis)
- Proliferative diabetic retinopathy
- Type I retinopathy of prematurity

Eylea (aflibercept) is proven and medically necessary for the treatment of:

- Diabetic macular edema (DME)
- Diabetic retinopathy
- Macular edema secondary to branch retinal vein occlusion (BRVO) or central retinal vein occlusion (CRVO)
- Neovascular age-related macular degeneration (AMD)

Lucentis (ranibizumab) is proven and medically necessary for the treatment of:

- Choroidal neovascularization secondary to pathologic myopia, angioid streaks/pseudoxanthoma elasticum, or ocular histoplasmosis syndrome (OHS)
- Diabetic macular edema (DME)
- Diabetic retinopathy
- Macular edema secondary to branch retinal vein occlusion (BRVO) or central retinal vein occlusion (CRVO)
- Neovascular age-related macular degeneration (AMD)

Macugen (pegaptanib) is proven and medically necessary for the treatment of:

- Diabetic macular edema
- Neovascular age-related macular degeneration (AMD)

### **Additional Information**

Avastin (bevacizumab) is supplied in sterile vials containing a solution of 25 mg/mL. Doses utilized in ophthalmic conditions generally range from 6.2 mcg to 2.5 mg. Therefore, bevacizumab in vials is often divided into single-dose, prefilled syringes for intravitreal use by compounding pharmacies. Compounding pharmacies must comply with United States Pharmacopeia (USP) Chapter 797, which sets standards for the compounding, transportation, and storage of compounded sterile products (CSP). The Pharmacy Compounding Accreditation Board can verify that the pharmacy is adhering to these standards.<sup>2</sup>

The American Society of Retinal Specialists (ASRS) is committed to ensuring that retina specialists have access to compounded drugs (such as Avastin) that are prepared with high-quality material following good quality controls and sound engineering design by appropriately trained personnel. Refer to their information page at <a href="https://www.asrs.org/advocacy-practice/access-to-safe-compounded-agents">https://www.asrs.org/advocacy-practice/access-to-safe-compounded-agents</a> for resources pertaining to access of safe compounded agents. <sup>14</sup>

Refer to the US Food and Drug Administration (FDA) Section of this policy for information related to contamination of compounded bevacizumab. In an effort to guard against contamination during the compounding process, the United States Veterans Health Administration (USVHA) requires that only USVHA pharmacies may dispense bevacizumab for intravitreal administration to Veterans Administration beneficiaries. The medication must be dispensed directly to the VA ophthalmologist, who will then be responsible for preparing and administering the bevacizumab dose for each patient. In addition to strict labeling and storage requirements, the ophthalmologist is required to prepare only one dose of medication from each vial; if both eyes are to be treated, a separate vial and syringe must be utilized.<sup>3</sup>

Ophthalmologic Policy: Vascular Endothelial Growth Factor (VEGF) Inhibitors UnitedHealthcare Commercial Medical Benefit Drug Policy

Page 2 of 40 Effective 01/01/2022



## **Definitions**

Type I Retinopathy of Prematurity (ROP), also known as "high-risk pre-threshold ROP", is defined as any of the following:

- Any stage ROP with plus disease in zone I
- Stage 3 ROP without plus disease in zone I
- Stage 2 or 3 ROP with plus disease in zone II

# **Applicable Codes**

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPCS Code	Description	Brand Name
J0178	Injection, aflibercept, 1 mg	Eylea
J0179	Injection, brolucizumab-dbll, 1 mg	Beovu
J2503	Injection, pegaptanib sodium, 0.3 mg	Macugen
J2778	Injection, ranibizumab, 0.1 mg	Lucentis
J9035	Injection, bevacizumab, 10 mg	Avastin

Diagnosis Code Description	Description		Applies to HCPCS Code				
	Description	J0178	J0179	J2503	J2778	J9035	
B39.4	Histoplasmosis capsulati, unspecified				Х	Х	
B39.5	Histoplasmosis duboisii				Х	Х	
B39.9	Histoplasmosis, unspecified				Х	Х	
E08.311	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema	Х		Х	Х	Х	
E08.319	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy without macular edema	Х			х		
E08.3211	Diabetes mellitus due to underlying condition with mild non-proliferative diabetic retinopathy with macular edema, right eye	Х		Х	Х	Х	
E08.3212	Diabetes mellitus due to underlying condition with mild non-proliferative diabetic retinopathy with macular edema, left eye	Х		Х	х	Х	
E08.3213	Diabetes mellitus due to underlying condition with mild non-proliferative diabetic retinopathy with macular edema, bilateral	Х		Х	х	Х	
E08.3219	Diabetes mellitus due to underlying condition with mild non-proliferative diabetic retinopathy with macular edema, unspecified eye	х		Х	х	х	
E08.3291	Diabetes mellitus due to underlying condition with mild non-proliferative diabetic retinopathy without macular edema, right eye	Х		Х	Х	Х	
E08.3292	Diabetes mellitus due to underlying condition with mild non-proliferative diabetic retinopathy without	Х		Х	Х	Х	

Ophthalmologic Policy: Vascular Endothelial Growth Factor (VEGF) Inhibitors UnitedHealthcare Commercial Medical Benefit Drug Policy

Page 3 of 40 Effective 01/01/2022



Diagnosia Codo	Description	Applies to HCPCS Code				
Diagnosis Code	Description	J0178	J0179	J2503	J2778	J9035
	macular edema, left eye					
E08.3293	Diabetes mellitus due to underlying condition with mild non-proliferative diabetic retinopathy without macular edema, bilateral	Х		Х	Х	Х
E08.3299	Diabetes mellitus due to underlying condition with mild non-proliferative diabetic retinopathy without macular edema, unspecified eye	Х		Х	Х	Х
E08.3311	Diabetes mellitus due to underlying condition with moderate non-proliferative diabetic retinopathy with macular edema, right eye	х		х	х	Х
E08.3312	Diabetes mellitus due to underlying condition with moderate non-proliferative diabetic retinopathy with macular edema, left eye	Х		Х	Х	Х
E08.3313	Diabetes mellitus due to underlying condition with moderate non-proliferative diabetic retinopathy with macular edema, bilateral	Х		х	Х	Х
E08.3319	Diabetes mellitus due to underlying condition with moderate non-proliferative diabetic retinopathy with macular edema, unspecified eye	Х		х	Х	х
E08.3391	Diabetes mellitus due to underlying condition with moderate non-proliferative diabetic retinopathy without macular edema, right eye	Х		Х	Х	Х
E08.3392	Diabetes mellitus due to underlying condition with moderate non-proliferative diabetic retinopathy without macular edema, left eye	Х		Х	Х	Х
E08.3393	Diabetes mellitus due to underlying condition with moderate non-proliferative diabetic retinopathy without macular edema, bilateral	Х		Х	Х	Х
E08.3399	Diabetes mellitus due to underlying condition with moderate non-proliferative diabetic retinopathy without macular edema, unspecified eye	Х		х	Х	Х
E08.3411	Diabetes mellitus due to underlying condition with severe non-proliferative diabetic retinopathy with macular edema, right eye	Х		Х	Х	Х
E08.3412	Diabetes mellitus due to underlying condition with severe non-proliferative diabetic retinopathy with macular edema, left eye	Х		Х	Х	Х
E08.3413	Diabetes mellitus due to underlying condition with severe non-proliferative diabetic retinopathy with macular edema, bilateral	Х		х	Х	Х
E08.3419	Diabetes mellitus due to underlying condition with severe non-proliferative diabetic retinopathy with macular edema, unspecified eye	Х		х	Х	Х
E08.3491	Diabetes mellitus due to underlying condition with severe non-proliferative diabetic retinopathy without macular edema, right eye	Х		х	Х	х
E08.3492	Diabetes mellitus due to underlying condition with severe non-proliferative diabetic retinopathy without	Х		Х	Х	х

Ophthalmologic Policy: Vascular Endothelial Growth Factor (VEGF) Inhibitors UnitedHealthcare Commercial Medical Benefit Drug Policy

Page 4 of 40 Effective 01/01/2022



Diagnosis Code	Description	Applies to HCPCS Code					
Diagnosis Code		J0178	J0179	J2503	J2778	J9035	
	macular edema, left eye						
E08.3493	Diabetes mellitus due to underlying condition with severe non-proliferative diabetic retinopathy without macular edema, bilateral	Х		Х	Х	Х	
E08.3499	Diabetes mellitus due to underlying condition with severe non-proliferative diabetic retinopathy without macular edema, unspecified eye	Х		х	Х	Х	
E08.3511	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, right eye	Х		х	Х	Х	
E08.3512	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, left eye	Х		Х	Х	Х	
E08.3513	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, bilateral	х		Х	Х	Х	
E08.3519	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, unspecified eye	Х		х	Х	Х	
E08.3521	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	х		х	Х	х	
E08.3522	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	х		х	х	Х	
E08.3523	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	Х		Х	Х	Х	
E08.3529	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	Х		Х	Х	Х	
E08.3531	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	Х		Х	Х	Х	
E08.3532	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	Х		Х	Х	Х	
E08.3533	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	х		Х	Х	Х	
E08.3539	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	Х		х	Х	х	
E08.3541	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	Х		х	Х	Х	

Ophthalmologic Policy: Vascular Endothelial Growth Factor (VEGF) Inhibitors UnitedHealthcare Commercial Medical Benefit Drug Policy

Page 5 of 40 Effective 01/01/2022

 $Proprietary\ Information\ of\ United Health Care\ Services,\ Inc.$ 



# DOCKET

# Explore Litigation Insights



Docket Alarm provides insights to develop a more informed litigation strategy and the peace of mind of knowing you're on top of things.

# **Real-Time Litigation Alerts**



Keep your litigation team up-to-date with **real-time** alerts and advanced team management tools built for the enterprise, all while greatly reducing PACER spend.

Our comprehensive service means we can handle Federal, State, and Administrative courts across the country.

# **Advanced Docket Research**



With over 230 million records, Docket Alarm's cloud-native docket research platform finds what other services can't. Coverage includes Federal, State, plus PTAB, TTAB, ITC and NLRB decisions, all in one place.

Identify arguments that have been successful in the past with full text, pinpoint searching. Link to case law cited within any court document via Fastcase.

# **Analytics At Your Fingertips**



Learn what happened the last time a particular judge, opposing counsel or company faced cases similar to yours.

Advanced out-of-the-box PTAB and TTAB analytics are always at your fingertips.

## API

Docket Alarm offers a powerful API (application programming interface) to developers that want to integrate case filings into their apps.

### **LAW FIRMS**

Build custom dashboards for your attorneys and clients with live data direct from the court.

Automate many repetitive legal tasks like conflict checks, document management, and marketing.

### **FINANCIAL INSTITUTIONS**

Litigation and bankruptcy checks for companies and debtors.

# **E-DISCOVERY AND LEGAL VENDORS**

Sync your system to PACER to automate legal marketing.

