



POLICY AND PROCEDURE MANUAL

Policy Number: PA.226.CC
Last Review Date: 03/03/2020
Effective Date: 03/01/2020

PA.226.CC- Step Therapy for Anti-VEGF Agents

CountyCare considers **Avastin (bevacizumab)** medically necessary for the following indications:

1. The member must be age 18 years or older
2. The treatment must be prescribed by an ophthalmologist.
3. The member has a documented and confirmed diagnosis of one or more of the following:
 - a. Neovascular (wet) age-related macular degeneration
 - b. Macular edema following retinal vein occlusion
 - c. Diabetic Macular Edema
 - d. Diabetic Retinopathy in a patient with DME

CountyCare considers **Lucentis (ranibizumab)** medically necessary for the following indications:

1. The member must be age 18 years or older
2. The treatment must be prescribed by an ophthalmologist.
3. The member has a documented and confirmed diagnosis of one or more of the following:
 - a. Neovascular (wet) age-related macular degeneration
 - b. Macular edema following retinal vein occlusion
 - c. Diabetic Macular Edema
 - d. Diabetic Retinopathy in a patient with DME
 - e. Myopic Choroidal Neovascularization

AND

4. The member has failed, is intolerant to, or has a contraindication such that they are unable to use Avastin (bevacizumab) as a preferred step therapy agent, unless the member has a documented and confirmed diagnosis of Myopic Choroidal Neovascularization.

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AND

5. The prescribing provider has submitted documentation supporting the use of the requested agent for the member's diagnosis instead of Avastin (bevacizumab).

CountyCare considers **Eylea (aflibercept)** medically necessary for the following indications:

1. The member must be age 18 years or older
2. The treatment must be prescribed by an ophthalmologist.
3. The member has a documented and confirmed diagnosis of one or more of the following:
 - a. Neovascular (wet) age-related macular degeneration
 - b. Macular edema following retinal vein occlusion
 - c. Diabetic Macular Edema
 - d. Diabetic Retinopathy in a patient with DME

AND

4. The member has failed, is intolerant to, or has a contraindication such that they are unable to use Avastin (bevacizumab) as a preferred step therapy agent.

AND

5. The prescribing provider has submitted documentation supporting the use of the requested agent for the member's diagnosis instead of Avastin (bevacizumab).

Background

Anti-vascular endothelial growth factor agents (anti-VEGF) agents are commonly used to improve or stabilize vision decline caused by wet age-related macular degeneration (AMD), macular edema, diabetic retinopathy, or retinal vein occlusion. Vascular endothelial growth factors are proteins that support the development of new blood vessels. When there is an over-production of VEGF, the blood vessels in the retina grow abnormally and increase in permeability, resulting in leakiness and decreased vision. Excessive VEGF may also result in new, abnormal retinal blood vessels and capillaries on the surface of the vitreous. These new capillaries are subject to tearing and may result in a vitreous hemorrhage.

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The three most common Anti-VEGF agents, Lucentis (ranibizumab), Avastin (bevacizumab), and Eylea (aflibercept) are administered through intraocular injections. Lucentis and Avastin are monoclonal antibodies that bind to VEGF. Eylea contains VEGF receptors that block the VEGF from binding with the native receptor molecules on the cell membrane. Side effects of anti-VEGF include inflammation inside the eye, increase in eye pressure, blood clots and bleeding in the eye, corneal abrasion, cataracts, and detached retina.

Codes:

Code	Description
J0178	Injection, aflibercept, 1 mg
J2778	Injection, ranibizumab, 0.1 mg
J9035	Injection, bevacizumab, 10 mg

References

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2. David, Turbert. American Academy of Ophthalmology. Anti-VEGF Treatments. 03/02/2019. <https://www.aaopt.org/eye-health/drugs/anti-vegf-treatments>
3. Lanzetta P, Loewenstein A; Vision Academy Steering Committee. Fundamental principles of an anti-VEGF treatment regimen: optimal application of intravitreal anti-vascular endothelial growth factor therapy of macular diseases. *Graefes Arch Clin Exp Ophthalmol.* 2017;255(7):1259–1273. doi:10.1007/s00417-017-3647-4
4. Regeneron Pharmaceuticals, Inc. Fact Sheet About Eylea (aflibercept) Injection. 03/2015. <https://newsroom.regeneron.com/static-files/68dd14da-553b-4bd7-906b-7a3d6af5f1b7>
5. U.S. Food and Drug Administration (FDA). Drug Approval Package: Lucentis (ranibizumab) – 125156. 06/30/2006. https://www.accessdata.fda.gov/drugsatfda_docs/nda/2006/125156s000_LucentisTOC.cfm
6. U.S. Food and Drug Administration (FDA). Drug Approval Package: Eylea (Aflibercept) Injection– 125387s0000. 11/18/2011. https://www.accessdata.fda.gov/drugsatfda_docs/nda/2011/125387s000TOC.cfm
7. U.S. Department of Health & Human Services. National Institutes of Health. Avastin and Lucentis are equivalent in treating age-related macular degeneration.

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04/30/2012. <https://www.nih.gov/news-events/news-releases/avastin-lucentis-are-equivalent-treating-age-related-macular-degeneration>

8. Yorston D. Anti-VEGF drugs in the prevention of blindness. *Community Eye Health*. 2014;27(87):44–46

Disclaimer:

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