



## POLICY AND PROCEDURE MANUAL

Policy Number: PA.226.CC  
Last Review Date: 11/17/2022  
Effective Date: 12/01/2022

### 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.

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

Policy Number: PA.226.CC  
Last Review Date: 11/17/2022  
Effective Date: 12/01/2022

### 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.

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

Policy Number: PA.226.CC  
Last Review Date: 11/17/2022  
Effective Date: 12/01/2022

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

1. Heier JS, Bressler NM, Avery RL, et al. Comparison of Aflibercept, Bevacizumab, and Ranibizumab for Treatment of Diabetic Macular Edema: Extrapolation of Data to Clinical Practice. *JAMA Ophthalmol.* 2016;134(1):95–99. doi:10.1001/jamaophthalmol.2015.4110. <https://pubmed.ncbi.nlm.nih.gov/26512939/>
2. David, Turbert. American Academy of Ophthalmology. Anti-VEGF Treatments. 03/02/2019. <https://www.aao.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. <https://pubmed.ncbi.nlm.nih.gov/28527040/>
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/2006/125156s0000\\_Lucentis\\_TOC.cfm](https://www.accessdata.fda.gov/drugsatfda_docs/nda/2006/125156s0000_Lucentis_TOC.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/2011/125387s0000toc.cfm](https://www.accessdata.fda.gov/drugsatfda_docs/nda/2011/125387s0000toc.cfm)
7. U.S. Department of Health & Human Services. National Institutes of Health. Avastin

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

Policy Number: PA.226.CC  
Last Review Date: 11/17/2022  
Effective Date: 12/01/2022

and Lucentis are equivalent in treating age-related macular degeneration.

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. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4322736/>

### **Disclaimer:**

CountyCare medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of CountyCare and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

CountyCare reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

These policies are the proprietary information of Evolent Health. Any sale, copying, or dissemination of said policies is prohibited.