curative

Vascular Endothelial Growth Factor (VEGF) Inhibitors for Ocular Indications Medical Policy

Drug(s) Applied:	**Avastin (bevacizumab)** **Cimerili (ranibizumab-eqrn)** **Byooviz (ranibizumab-nuna)** **Lucentis (ranibizumab)** **Eylea (aflibercept)** **Eylea HD (aflibercept hd)**

Criteria:

Curative considers Avastin, Cimerli, Byooviz, Lucentis, Eylea, and Eylea HD to be preferred VEGF inhibitors. Cimerli, Byooviz, Lucentis, Eylea, and Eylea HD will only be considered for coverage after a trial and failure of Avastin. All other VEGF inhibitors are considered non-preferred including Ahzantive, Alymsys, Beovu, Enzeevu, Mvasi, Opuviz, Pavblu, Susvimo, Vabysmo, Vegzelma, Yesafili, Zirabev, and bevacizumab biosimilars. Non-preferred products are considered not medically necessary unless all preferred VEGF inhibitors have been failed.

I. **Initial Therapy Criteria** - Drug(s) Applied are considered medically necessary when the requested medication meets the criteria below as indicated by chart notes within the past 180 days:

   A. Diagnosis with at least ONE of the following:
      1. Diabetic macular edema (DME)
      2. Neovascular wet age-related macular degeneration
      3. Macular edema following retinal vein occlusion (RVO)
      4. Proliferative diabetic retinopathy
      5. Choroidal neovascularization (CNV) (including myopic choroidal neovascularization (mCNV), angioid streaks, choroiditis [including choroiditis secondary to ocular histoplasmosis], idiopathic degenerative myopia, retinal dystrophies, rubeosis iridis, pseudoxanthoma elasticum, and trauma)
      6. Neovascular glaucoma (NVG)
      7. Retinopathy of prematurity (RoP)
      8. Polypoidal choroidal vasculopathy (PCV) **and**

   B. If request is for Cimerli, Byooviz, Lucentis, Eylea, or Eylea HD, patient has tried and had an inadequate response or intolerance to at least 2 treatments in the requested eye(s) of Avastin

   Approval Duration: 12 months

II. **Continued Therapy Criteria** - Drug(s) Applied are considered medically necessary when the requested medication meets the criteria below as indicated by chart notes within the past 180 days:

A. Diagnosis with at least ONE of the following:
   1. Diabetic macular edema (DME)
   2. Neovascular age-related macular degeneration (AMD)
   3. Macular edema following retinal vein occlusion (RVO)
   4. Proliferative diabetic retinopathy
   5. Choroidal neovascularization (CNV) (including myopic choroidal neovascularization (mCNV), angioid streaks, choroiditis [including choroiditis secondary to ocular histoplasmosis], idiopathic degenerative myopia, retinal dystrophies, rubeosis iridis, pseudoxanthoma elasticum, and trauma)
   6. Neovascular glaucoma (NVG)
   7. Retinopathy of prematurity (RoP)
   8. Polypoidal choroidal vasculopathy (PCV) **and**

B. If request is for Cimerli, Byooviz, Lucentis, Eylea, or Eylea HD, patient has tried and had an inadequate response or intolerance to at least 2 treatments in the requested eye(s) of Avastin **and**

C. Documented positive clinical response to requested drug (e.g. improvement or maintenance in best corrected visual acuity [BCVA] or visual field, or a reduction in the rate of vision decline or the risk of more severe vision loss)

Approval Duration: 12 months

Curative considers all other ophthalmic indications as experimental and investigational.

Concurrent use of more than one VEGF inhibitor in the same eye is considered experimental and investigational because the safety and effectiveness of combinational use of VEGF inhibitors for ocular indications has not been established.

Monthly Eylea HD beyond the initial 3 months is not considered medically necessary unless there is documented success with the initial 3 monthly doses and patient failed to maintain a prolonged response with every 8 week injections for at least 2 doses.

If submitting for medical billing:
J9035, bevacizumab (Avastin), 1 unit = 10 mg
Q5128, ranibizumab-eqrn (Cimerli), 1 unit = 0.1 mg
Q5124, ranibizumab-nuna (Byooviz), 1 unit = 0.1 mg

J2778, ranibizumab (Lucentis), 1 unit = 0.1 mg
J0178, aflibercept (Eylea), 1 unit = 1 mg
J0177, aflibercept HD (Eylea HD), 1 unit = 1 mg