MVP Health Care Medical Policy

Medicare Part B:
Vascular Endothelial Growth Factor (VEGF) Inhibitors

Type of Policy: **Drug/Medical Therapy**
Prior Approval Date: **11/01/2023**
Approval Date: **02/01/2024**
Effective Date: **01/01/2024**
Related Policies: **Medicare Part B Step Therapy**

Refer to the MVP Medicare website for the Medicare Part D formulary and Part D policies.

Drugs subject to retrospective review under the medical benefit

J9035 bevacizumab (Avastin)

Q5107 bevacizumab-awwb (Mvasi)

Q5118 bevacizumab-bvzr (Zirabev)

Drugs requiring prior authorization under the medical benefit for new starts only

J0178 aflibercept (Eylea)

J3590 aflibercept (Eylea HD)

J0179 brolucizumab-dbll (Beovu)

J2777 faricimab-svoa (Vabysmo)

J2778 ranibizumab (Lucentis)

Q5124 ranibizumab-nuna (Byooviz)

Q5128 ranibizumab-eqrn (Cimerli)

Overview/Summary of Evidence

VEGF inhibitors slow the abnormal growth of blood vessels associated with certain cancers and degenerative eye conditions. VEGF binds to and activates both VEGFR-1 and VEGFR-2, promoting angiogenesis, vascular permeability, cell migration, and gene expression. VEGF inhibitors are indicated for neovascular age-related macular degeneration, diabetic macular edema, diabetic retinopathy, macular edema following retinal vein occlusion, or myopic choroidal neovascularization.
VEGF inhibitors are administered via intravitreal injection.

Brand	Generic	Indication
Avastin	bevacizumab	Supported in compendia: Neovascular (Wet) age-related macular degeneration (AMD), Diabetic Macular Edema (DME), Diabetic Retinopathy (DR) Macular Edema following Retinal Vein Occlusion (RVO), Myopic Choroidal Neovascularization (mCNV)
Mvasi	Bevacizumab-AWWB	Supported in compendia: Neovascular (Wet) age-related macular degeneration (AMD), Diabetic Macular Edema (DME), Diabetic Retinopathy (DR) Macular Edema following Retinal Vein Occlusion (RVO), Myopic Choroidal Neovascularization (mCNV)
Zirabev	Bevacizumab-BVZR	Supported in compendia: Neovascular (Wet) age-related macular degeneration (AMD), Diabetic Macular Edema (DME), Diabetic Retinopathy (DR) Macular Edema following Retinal Vein Occlusion (RVO), Myopic Choroidal Neovascularization (mCNV)
Eylea	Aflibercept	Neovascular (Wet) age-related macular degeneration (AMD), Diabetic Macular Edema (DME), Diabetic Retinopathy (DR) Macular Edema following Retinal Vein Occlusion (RVO), Myopic Choroidal Neovascularization (mCNV), Retinopathy of prematurity(ROP)
Beovu	Brolucizumab-DBLL	Neovascular (Wet) age-related macular degeneration (AMD), Diabetic Macular Edema (DME)
Vabysmo	Faricimab-SVOA	Neovascular (Wet) age-related macular degeneration (AMD), Diabetic Macular Edema (DME)
Lucentis	Ranibizumab	Neovascular (Wet) age-related macular degeneration (AMD), Diabetic Macular Edema (DME), Diabetic Retinopathy (DR) Macular Edema following Retinal Vein Occlusion (RVO), Myopic Choroidal Neovascularization (mCNV)
Byooviz	Ranibizumab-NUNA	Neovascular (Wet) age-related macular degeneration (AMD), Macular Edema following Retinal Vein Occlusion (RVO), Myopic Choroidal Neovascularization (mCNV)

Cimerli	Ranibizumab-EQRN	Neovascular (Wet) age-related macular degeneration (AMD), Diabetic Macular Edema (DME), Diabetic Retinopathy (DR) Macular Edema following Retinal Vein Occlusion (RVO), Myopic Choroidal Neovascularization (mCNV)

Indications/Criteria

A. For the following indications, the criteria below must be met for new starts only:
Neovascular (Wet) age-related macular degeneration (AMD), OR Diabetic Macular Edema (DME), OR Diabetic Retinopathy (DR) OR Macular Edema following Retinal Vein Occlusion (RVO), OR Myopic Choroidal Neovascularization (mCNV):

Bevacizumab will be covered when:

- Member has one of the listed diagnoses above
- AND Member is at least 18 years of age;
- AND Member is free of ocular and/or peri-ocular infection;
- AND Therapy will not be used concomitantly with other ophthalmic VEGF inhibitors (i.e., aflibercept, ranibizumab, pegaptanib, brolucizumab, faricimab-svoa, etc.);
- AND Member's best corrected visual acuity (BCVA) is measured at baseline and periodically during treatment;
    - For members with diabetic macular edema with a baseline visual acuity worse than 20/40, Eylea is the preferred product and a trial of bevacizumab is not required.
- AND Member has a diagnosis of Neovascular (Wet) age-related macular degeneration (AMD), OR Diabetic Macular Edema (DME), OR Diabetic Retinopathy (DR) OR Macular Edema following Retinal Vein Occlusion (RVO), OR Myopic Choroidal Neovascularization (mCNV).

All other products in this policy may be considered for coverage for the indications listed when the following criteria is met:

- member meets the **criteria above** prior to initiating therapy.
- AND chart notes documenting a contraindication, intolerance, or failure of bevacizumab
- For members **currently** receiving therapy with any of the products in this policy, the products do not require prior authorization for on label use. This policy only applies to new starts only.

Initial approval will be for 12 months.

Extension requests will be considered when:

- Member continues to meet coverage criteria above;
- AND there is no toxicity from the drug. Examples of unacceptable toxicity include: severe injection site reactions, bleeding, or serious eye infections and vision loss due to endophthalmitis, etc.;
- AND Member has had a beneficial response to therapy (e.g., improvement in the baseline best corrected visual acuity (BCVA), etc.) and continued administration is necessary for the maintenance treatment of the condition;
- OR for treatment of Myopic choroidal neovascularization ONLY: Continued administration is necessary due to disease activity (i.e., drop in vision, visual symptoms (e.g., metamorphopsia), or the presence of intra-/sub- retinal fluid or active leakage).

B. Retinopathy of Prematurity (ROP):

Eylea (aflibercept) will be covered when:

- Member has a diagnosis of retinopathy of prematurity.
- AND Member is a premature infant with a maximum gestational age at birth of 32 weeks OR a birth weight of >800 to 1500 g
- AND Member is free of ocular and/or peri-ocular infection;

- AND Therapy will not be used concomitantly with other ophthalmic VEGF inhibitors.

Initial approval will be for 12 months.

Extension requests will be considered when:

- Member continues to meet coverage criteria above;
- AND there is no toxicity from the drug. Examples of unacceptable toxicity include: severe injection site reactions, bleeding, or serious eye infections and vision loss due to endophthalmitis, etc.;
- AND documentation indicating that retreatment is required.

Exclusions

- Age, dose, duration of therapy and frequency should be in accordance with the FDA label or recognized compendia (for off-label uses). Services performed in excess of established parameters will be considered experimental/investigational and excluded from coverage.

References

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