



MEDICAL POLICY STATEMENT

Original Effective Date	Next Annual Review Date	Last Review / Revision Date
02/18/2013	02/18/2017	06/16/2016
Policy Name		Policy Number
Biologic and other Ophthalmologic Agents		SRx-0009
Policy Type		
<input checked="" type="checkbox"/> Medical	<input type="checkbox"/> Administrative	<input type="checkbox"/> Payment

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A. SUBJECT

Biologic Ophthalmologic Agents

- Pegaptanib (Macugen®)
- Bevacizumab (Avastin®)
- Ranibizumab (Lucentis®)
- Aflibercept (Eylea™)
- Verteporfin (Visudyne)
- Iluvien (Fluocinolone acetonide intravitreal implant)
- Ozurdex (Dexamethasone intravitreal implant)
- Retisert (fluocinolone acetonide intravitreal implant)

B. BACKGROUND

Vascular endothelial growth factors (VEGF) are a family of proteins produced by many cells in the body including endothelial cells and platelets. VEGF acts to stimulate cell division (mitogen) and increase vascular permeability. As such, it plays a pivotal role in processes of blood vessel development, including neovascularization. Several anti-VEGF molecules have been developed that appear to mitigate the destructive effects of neovascular membranes in patients with age-related macular degeneration (AMD) including proliferative and nonproliferative diabetic retinopathy in patients with diabetic macular edema (DME).

Visudyne (verteporfin for injection) is a light-activated drug used in photodynamic therapy. Visudyne offers an anatomical treatment that occludes mature vessels that may be expressing less or no VEGF. It works to effect vaso-occlusion of the arteriolarized neovessels that may be the cause of persistent activity.



Corticosteroids are thought to act by the induction of phospholipase A2 inhibitory proteins, collectively called lipocortins. It is postulated that these proteins control the biosynthesis of potent mediators of inflammation such as prostaglandins and leukotrienes by inhibiting the release of their common precursor arachidonic acid. Arachidonic acid is released from membrane phospholipids by phospholipase A2.

The intent of the vascular endothelial growth factor (VEGF) class pre-authorization (PA) program is to encourage the appropriate selection of preferred therapeutic agents for patients with AMD as supported by product labeling, clinical studies and clinical guidelines.

C. DEFINITIONS

N/A

D. POLICY

- I. CareSource will approved the use of a vascular endothelial growth factor (VEGF) agent and consider its use as medically necessary when the following criteria have been met:
 - A. Bevacizumab (Avastin) is not FDA-approved for use in ophthalmic indications; however, a large body of medical literature supports its use in several ophthalmic indications. Bevacizumab is injected intravitreal every 4-6 weeks.
 1. Intravitreal bevacizumab administration needed as indicated for **ALL** of the following:
 - 1.1 Age 18 years or older
 - 1.2 Prescribed by or under the guidance of an ophthalmologist
 - 1.3 No concurrent ocular or periocular infection
 - 1.4 Eye condition appropriate as indicated by **1 or more** of the following:
 - a. Diabetic macular edema
 - b. Macular edema following retinal vein occlusion
 - c. Neovascular age-related macular degeneration
 - B. Verteporfin (Visudyne) Photodynamic therapy with verteporfin may be indicated when **ALL** of the following are present:
 1. Subfoveal choroidal neovascularization
 2. Fluorescein angiography shows choroidal neovascularization is predominantly well delineated
 3. Treatment with antagonist to vascular endothelial growth factor (VEGF) is contraindicated or patient is unresponsive to treatment
 - C. Aflibercept (Eylea, also known as VEGF-Trap Eye) Vascular endothelial growth factor inhibitor for neovascular (wet) age-related macular degeneration and proliferative and nonproliferative diabetic retinopathy in patients with macular edema following central retinal vein occlusion. Aflibercept acts as a soluble decoy receptor that binds VEGF and thereby can inhibit the binding and activation of VEGF receptors. Eylea is injected every 4-8 weeks depending on indication.
 1. Aflibercept may be indicated when **ALL** of the following are present:
 - 1.1 Age 18 years or older
 - 1.2 No active intraocular inflammation
 - 1.3 No concurrent ocular or periocular infection
 - 1.4 No hypersensitivity
 - 1.5 Clinical diagnosis of **1 or more** of the following:
 - a. Macular edema following central retinal vein occlusion
 - b. Neovascular (wet or exudative) age-related macular degeneration
 - c. Diabetic macular edema (DME)
 - d. Diabetic retinopathy (DR) in patients with DME
 - 1.6 Failed trial of or intolerant to Avastin unless visual acuity for diagnosis of DME is worse than 20/50



- a. Failed trial is considered to be 1-2 injections with minimal to no improvement
- D. Ranibizumab (Lucentis) is a recombinant human monoclonal antibody which antagonizes vascular endothelial growth factor to inhibit angiogenesis and vascular permeability.
 - 1. Ranibizumab may be indicated when **ALL** of the following are present:
 - 1.1 Age 18 years or older
 - 1.2 No concurrent ocular or periocular infection
 - 1.3 Eye condition appropriate for ranibizumab treatment, as indicated by **1 or more** of the following:
 - a. Diabetic macular edema (DME)
 - b. Diabetic retinopathy in individuals with DME
 - c. Macular edema following retinal vein occlusion
 - d. Neovascular (wet or exudative) age-related macular degeneration
 - 1.4 Failed trial of or intolerant to Avastin unless visual acuity for diagnosis of DME is worse than 20/50
 - a. Failed trial is considered to be 1-2 injections with minimal to no improvement
- E. Pegaptanib (Macugen) VEGF inhibitor for AMD. By antagonizing VEGF, it suppresses neovascularization, vascular permeability, and inflammation therefore slowing vision loss.
 - 1. Pegaptanib may be indicated if **ALL** of the following are present:
 - 1.1 Age 18 years or older
 - 1.2 Administration planned for single eye only
 - 1.3 Neovascular (wet or exudative) age-related macular degeneration
 - 1.4 No concurrent ocular or periocular infection
 - 1.5 Failed trial of or intolerant to Avastin
 - a. Failed trial is considered to be 1-2 injections with minimal to no improvement
- F. Iluvien (Fluocinolone acetonide intravitreal implant) as indicated by the following:
 - 1. Diabetic macular edema in patients who have been previously treated with a course of corticosteroids and did not have a clinically significant rise in intraocular pressure
- G. Ozurdex (Dexamethasone intravitreal implant) as indicated by **ONE** of the following:
 - 1. Non-infectious ocular inflammation, or uveitis, affecting the intermediate or posterior segment of the eye
 - 2. Macular edema following branch or central retinal vein occlusion
 - 3. The treatment of diabetic macular edema.
- H. Retisert (fluocinolone acetonide intravitreal implant) as indicated by the following:
 - 1. Chronic noninfectious intermediate, posterior, or panuveitis

All other uses of Aflibercept, Bevacizumab, Ranibizumab, Verteporfin fluocinolone acetonide or dexamethasone intravitreal implant, and Pegaptanib may be considered experimental/investigational and therefore, will follow CareSource's Off-Label policy.

NOTE: Documented diagnosis must be confirmed by portions of the individual's medical record which will confirm the presence of disease and will need to be supplied with prior authorization request. These medical records may include, but not limited to test reports, chart notes from provider's office or hospital admission notes.

Refer to the product package insert for dosing, administration and safety guidelines.



CONDITIONS OF COVERAGE

CPT/HCPCS Codes	
Code	Description
J2503	Pegaptanib sodium, 0.3mg
C9257 or J3490	Bevacizumab, 0.25mg
J2778	Ranibizumab, 0.1mg
J0178	Aflibercept, 1mg
J3396	Verteporfin, 0.1mg
C9450	Injection, fluocinolone acetonide intravitreal implant, 0.01 mg
J7313	Fluocinolone acetonide, intravitreal implant [when specified as Iluvien]
J7311	Fluocinolone acetonide, intravitreal implant [when specified as Retisert]
J7312	Injection, dexamethasone intravitreal implant, 0.1 mg [Ozurdex]
67028	Intravitreal injection of a pharmacologic agent [when specified as fluocinolone acetonide implant Iluvien]
67027	Implantation of intravitreal drug delivery system (eg, ganciclovir implant), includes concomitant removal of vitreous [when specified as fluocinolone acetonide implant Retisert]
67028	Intravitreal injection of a pharmacologic agent [when specified as intravitreal injection of dexamethasone implant Ozurdex]

Step Therapy

Under some plans, including plans that use an open or closed formulary, some of the medications in this policy may be subject to step-therapy. Refer to the CareSource formulary tool or PDL for further guidance.

PLACE OF SERVICE

Office, Outpatient

Note: CareSource supports administering injectable medications in various setting, as long as those services are furnished in the most appropriate and cost effective setting that are supportive of the patient's medical condition and unique needs and condition. The decision on the most appropriate setting for administration is based on the member's current medical condition and any required monitoring or additional services that may coincide with the delivery of the specific medication.

AUTHORIZATION PERIOD

Approved initial authorizations are valid for 3 months. Continued treatment may be considered when the member has shown biological response to treatment. A reauthorization after successful initiation period will be placed for 1 year. **ALL** authorizations are subject to continued eligibility.

E. RELATED POLICIES/RULES

F. REVIEW/REVISION HISTORY

Date Issued: 02/18/2013
 Date Reviewed: 02/18/2013, 02/18/2014, 04/21/2015, and 06/02/2015
 Date Revised: 02/18/2015 – Revisions to drug criteria and add configuration code.



04/21/2015 – Add diagnosis of DME to Eylea, add Lluvien, and external review of visual acuity criteria by AllMed.

06/02/2015 – AllMed review reviewing step removal for DME visual acuity worse than 20/50

08/11/2015 – Add criteria of Diabetic retinopathy in individuals with DME to Lucentis

06/16/2016 – Updated HCPC codes, changed language for Ozurdex treatment of diabetic macular edema

G. REFERENCES

1. MCG 20th edition, 2016.
2. American Academy of Ophthalmology. Preferred Practice Patterns. Age-Related Macular Degeneration. Oct 2014.
3. Degeneration. Oct 2014.
4. Age Related Macular Degeneration. Best Treatment Guidelines. British Medical Journal. Sept 2013.
5. Guidelines for the management of neovascular age-related macular degeneration by the
6. European Society of Retina Specialists. British Journal of Ophthalmology. 2014.
7. Macugen [package insert]. San Dimas, CA. Gilead Sciences, Inc.: Revised July 2011.
8. Avastin [package insert]. South San Francisco, CA. Genetech, Inc.: Revised November 2014.
9. Lucentis [package insert]. South San Francisco, CA. Genetech, Inc.: Revised February 2015.
10. Eylea [package insert]. Tarrytown, NY. Regeneron Pharmaceuticals, Inc.: Revised March 2015.
11. Visudyne [package insert]. Bridgewater, NJ. Valeant Pharmaceuticals: Revision September 2013.
12. Iluvien [package insert]. Alpharetta, GA. Alimera Sciences, Inc.: Revision September 2014.
13. Ozurdex [package insert]. Irvine, CA. Allergan, Inc.: Revision September 2014.
14. Retisert [package insert]. Rochester, NY. Bausch & Lomb, Inc.: Revised May 2012.

This guideline contains custom content that has been modified from the standard care guidelines and has not been reviewed or approved by MCG Health, LLC.

The Medical Policy Statement detailed above has received due consideration as defined in the Medical Policy Statement Policy and is approved.

Independent medical review – 02/2014, 06/2015
