Medica Coverage Policy

Policy Name: Intravitreal Vascular Endothelial Growth Factor (VEGF) Inhibitor Antibody Treatment for Neovascular Ocular Indications (Eylea®, Lucentis®, and Macugen®).

Effective Date: 2/1/17

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica plans. Please refer to the member’s plan document for specific coverage information. If there is a difference between this general information and the member’s plan document, the member’s plan document will be used to determine coverage. With respect to Medicare, Medicaid and MinnesotaCare members, this policy will apply unless these programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Medica coverage policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care and treatment.

Coverage Policy

Vascular endothelial growth factor inhibitor antibody treatment is COVERED for:

1. Neovascular age-related macular degeneration
2. Neovascular retinopathies
3. Diabetic Macular Edema (DME)

Vascular endothelial growth factor inhibitor antibody treatment is investigative and therefore NOT COVERED for all otherocular indications.

Note: See also related Medica coverage policy, Laser Treatments for Neovascularization Associated with Macular Degeneration.

Description

Several neovascular ocular diseases contribute to loss of vision. In the adult, the most common diseases are proliferative diabetic retinopathy and neovascular age-related macular degeneration. These diseases can occur in all stages of life and account for most instances of legal blindness. Other less common ocular diseases can lead to vision loss secondary to neovascularization. These include, but are not limited to, sickle cell retinopathy, retinal vein occlusion, and certain inflammatory diseases of the eye. These conditions account for a much smaller proportion of vision loss due to ocular neovascularization.

Diabetic retinopathy is the leading cause of blindness in working-age adults. Retinal capillary occlusions may develop in persons with diabetes mellitus, resulting in constriction or obstruction of blood vessels within the retina. This serves as a stimulus for neovascular proliferations and may result in severe visual loss following vitreous hemorrhage and fractional retinal detachment. Age-related macular degeneration (ARMD) is the overall leading cause of severe visual loss and/or blindness in individuals 50 years and older. In ARMD, up to 90% of vision loss is secondary to choroidal neovascularization (CNV) in exudative (wet) ARMD. In contrast to proliferative diabetic retinopathy, where neovascularization originates from the retinal vasculature and extends into the vitreous cavity, ARMD originates from neovascularization within the choroidal vasculature and extends into the subretinal space. Vision loss in ARMD patients occurs in the macula, which is the area of the retina responsible for central vision.
Diabetic macular edema (DME) is a complication of diabetes mellitus, which is the leading cause of new cases of blindness in adults (ages 20-74 years) in the United States. Retinopathies like DME are the most frequent microvascular complications of diabetes mellitus, and approximately 10% of people with diabetes will develop DME during their lifetime.

Vascular endothelial growth factor (VEGF) is a naturally occurring secreted protein responsible for the growth of new blood vessels (i.e., neovascularization, angiogenesis). It selectively binds and activates its receptors located primarily on the surface of vascular endothelial cells. By inducing neovascularization, VEGF increases vascular permeability and inflammation. When this occurs, it is thought to contribute to the progression of ocular neovascular diseases.

Intravitreal VEGF inhibitor antibody treatment is aimed at halting ocular neovascularization while preserving current visual acuity. Antiangiogenic agents being employed to date for choroidal neovascularization include Macugen™ (pegaptanib sodium), Lucentis™ (ranibizumab), Eylea™ and Avastin® (bevacizumab). These antibody compounds are injected directly into the vitreous portion of the eye to target and inhibit VEGF from promoting blood vessel growth beneath the retina. The resulting inhibition of VEGF is intended to suppress pathological neovascularization and thus delay or halt further loss of visual acuity.

FDA Approval
Macugen™ (pegaptanib sodium) and Lucentis™ (ranibizumab) are FDA approved for treatment of neovascular, exudative ARMD. Lucentis™ is also indicated for the treatment of macular edema following retinal vein occlusion and for the treatment of DME. Eylea™ (aflibercept) is indicated for the treatment of DME, neovascular (wet) ARMD and macular edema following central retinal vein occlusion (CRVO). Other ocular applications would be considered off-label indications.

Prior Authorization
Prior authorization is not applicable. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement. (denial)

Prior authorization is not required. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met. (split)

Coding Considerations
Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Codes
Eylea
J0178, aflibercept, 1mg

Macugen
J2503, pegaptanib sodium, 0.3mg

Lucentis
J2778, ranibizumab, 0.1mg

Original Effective Date: 09/22/2009
Re-Review Date(s): 10/21/2009, 4/21/11, 1/19/12, 9/10/12, 10/19/12, 1/30/14, 12/10/15, 9/27/16