

This guideline may contain custom content that has been modified from the MCG care guidelines and has not been reviewed or approved by MCG Health.

** Please note: Alignment's policy is to make decisions on coverage based on the Centers for Medicare and Medicaid Services (CMS) regulations and guidance, benefit plan documents and contracts, and the member's medical history and condition. If CMS does not have a position addressing a service, Alignment makes coverage decisions based on Alignment's or the delegator's policy. Benefits may vary based on contract, and individual member benefits must be verified. Alignment determines medical necessity if the benefit exists and no contract exclusions are applicable. Although Alignment's policy is consistent with CMS's regulations and guidance, their payment methodology may differ from Medicare. Alignment reserves the right to reimburse the most cost effective durable medical equipment item that is appropriate to the member's medical needs and condition. The decision is based on the member's current medical condition.*

AHC Aflibercept

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MCG Health
Ambulatory Care
28th Edition

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Clinical Indications

- Aflibercept may be indicated when **ALL** of the following are present:
 - Age 18 years or older
 - Clinical diagnosis of **1 or more** of the following:
 - Diabetic macular edema
 - Diabetic retinopathy
 - Macular edema following central or branch retinal vein occlusion
 - Metastatic colorectal cancer with progression of disease on initial therapy
 - Neovascular (wet, or exudative) age-related macular degeneration
 - No active intraocular inflammation
 - No concurrent ocular or periocular infection
 - Member has had failed prior therapy with, contradiction to, or intolerance of bevacizumab. [A]

Evidence Summary

Background

Eylea, a vascular endothelial growth factor (VEGF) inhibitor, is indicated for the following uses:(1)

- Diabetic macular edema.
- Diabetic retinopathy.
- Macular edema following retinal vein occlusion.
- Neovascular (wet) age-related macular degeneration.
- Retinopathy of Prematurity.

Other Uses with Supportive Evidence

Overproduction of VEGF may lead to other eye conditions, including neovascular glaucoma and other retinal and choroidal neovascular conditions affecting the eye.(2)(3) The VEGF inhibitors also have the potential to be used off-label in other eye conditions to prevent or reduce vision loss.(4)(5) The use of anti-VEGF agents have been shown to stop the angiogenic process and maintain visual acuity and

improve vision in patients with certain neovascular ophthalmic conditions; therefore, research is rapidly evolving on the use of VEGF inhibitors in other neovascular ophthalmic conditions which threaten vision and will be considered on a case by case basis.

Application

- This policy applies to the following states: Arizona, California, Nevada, North Carolina, and Texas.
 - Please refer to the CMS website for the most current applicable National Coverage Determination (NCD)/ Local Coverage Determination (LCD)/Local Coverage Article (LCA)/CMS Online Manual System/Transmittals.
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Policy Revision History

- 5/28/2022: Creation date
 - 10/06/2023, 12/05/2023: Revision
 - 11/05/2024: Annual review, Applicable state updated, Florida removed
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Committee Approval

- 01/09/2024, 02/20/2025
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References

1. Eylea® intravitreal injection [prescribing information]. Tarrytown, NY: Regeneron; August 2022. [Context Link 1]
 2. Barakat MR, Kaiser PK. VEGF inhibitors for the treatment of neovascular age-related macular degeneration. Expert Opin Investig Drugs. 2009;18(5):637-646. [Context Link 1]
 3. Tolentino M. Systemic and ocular safety of intravitreal anti-VEGF therapies for ocular neovascular disease. Surv Ophthalmol. 2011;56(2):95-113. [Context Link 1]
 4. Kinnunen K, Ylä-Herttuala S. Vascular endothelial growth factors in retinal and choroidal neovascular diseases. Ann Med. 2012;44(1):1-17 [Context Link 1]
 5. Horsley MB, Kahook MY. Anti-VEGF therapy for glaucoma. Curr Opin Ophthalmol. 2010;21(2):112-117. [Context Link 1]
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Footnotes

[A] Step therapy requirement does not apply for members with 20/50 or worse vision or if the request is a continuation of prior therapy within the past 365 days. [A in Context Link 1]

Codes

HCPCS: J0178, J9400
