

Medicare Advantage Medical Benefit Drug Policy



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Effective Date: 12/09/2021

Intravitreal Injections for Retinal Conditions

Beovu® (brolucizumab-dbl)l

Byooviz (ranibizumab-nuna)

Eylea™ (aflibercept)

Lucentis® (ranibizumab)

Susvimo™ (ranibizumab)

HCPCS: Beovu J0179; Byooviz J3590; Lucentis J2778; Eylea J0178; Susvimo J3590

Policy:

Requests must be supported by submission of chart notes and patient specific documentation.

- A. Coverage of the requested drug is provided when all the following are met:
 - a. FDA approved indication
 - b. FDA approved age
 - c. Treatment with bevacizumab or a bevacizumab biosimilar has been ineffective, not tolerated or contraindicated
 - i. For Eylea only: Trial and failure of bevacizumab is NOT required for those with a diagnosis of diabetic macular edema when visual acuity in the affected eye(s) is less than or equal to 20/50
 - d. For Susvimo only
 - i. Must have experienced disease stability or improvement following at least 2 injections in the same eye of either Beovu, Eylea, or Lucentis prior to Susvimo therapy
 - ii. Supplemental treatment is allowed only with Lucentis if ONE of the following are met:
 - a) A decrease in visual acuity by half from the baseline visual acuity
 - b) Increase of 150 µm or more in retinal thickness
 - e. Trial and failure, contraindication, OR intolerance to the preferred drugs as listed in the BCBSNE Part B drugs prior authorization list

- B. Quantity Limitations, Authorization Period and Renewal Criteria
 - a. Quantity Limits: Align with FDA recommended dosing
 - i. For Susvimo only: Up to 2 supplemental Lucentis injections per affected eye allowed per 6 month refill
 - b. Authorization Period: Up to one year at a time
 - c. Renewal Criteria: Clinical documentation must be provided to confirm that current criteria are met and that the medication is providing clinical benefit

***Note: Coverage may differ for Medicare Part B members based on any applicable criteria outlined in Local Coverage Determinations (LCD) or National Coverage Determinations (NCD) as determined by Center for Medicare and Medicaid Services (CMS). See the CMS website at <http://www.cms.hhs.gov/>. Determination of coverage of Part B drugs is based on medically accepted indications which have supported citations included or approved for inclusion determined by CMS approved compendia.

Background Information:

- Intravitreal injections of anti-vascular endothelial growth factor (VEGF) have been widely used by ophthalmologists to treat a variety of ocular diseases. They are injected directly into the eye to prevent the formation of new blood vessels and reduce blood vessel leakage and inflammation. The following anti-VEGF therapies are currently available to treat the following indications:
 - Beovu: neovascular (wet) age-related macular degeneration (AMD)
 - Byooviz: macular edema due to retinal vein occlusion (RVO), myopic choroidal neovascularization (mCNV), and wet AMD
 - Eylea: diabetic macular edema (DME), diabetic retinopathy (DR), macular edema due to RVO, and wet AMD
 - Lucentis: DME, DR, macular edema due to RVO, mCNV, and wet AMD
 - Susvimo: neovascular AMD in those who have previously responded to at least two intravitreal injections of a VEGF inhibitor
- Age-related macular degeneration is a degenerative disease of the macula that results primarily in loss of central vision. Wet AMD is characterized by growth of abnormal vessels into the subretinal space. These abnormal blood vessels leak leading to collections of subretinal fluid and/or blood beneath the retina. The 2019 American Academy of Ophthalmologists (AAO) Age-Related Macular Degeneration Preferred Practice Pattern Guidelines recommend observation and early detection, antioxidant vitamin and mineral supplements, and intravitreal injections of anti-VEGF agents for the management of wet AMD. Guidelines recommend Eylea, Avastin®, or Lucentis for treatment. The guidelines have not been updated with Beovu, Byooviz, or Susvimo.
- Diabetic retinopathy and DME are common complications and the ocular manifestations of end-organ damage in diabetes mellitus. The 2019 AAO Diabetic Retinopathy Preferred Practice Pattern Guidelines state the goals of therapy for DR and DME include improvement or stabilization of visual function, improvement in vision-related quality of life, and optimal control of blood glucose, blood pressure, and other metabolic risk factors. Patients should always be treated with anti-VEGF therapy if they have severe non-proliferative DR or proliferative DR with center-involved macular edema. In cases of mild to moderate non-proliferative DR with center-involved macular edema, patients should also receive intravitreal injections. The guidelines support the use of Lucentis, Eylea, and Avastin. AAO recommendations were based on trials comparing Eylea, Avastin, and Lucentis to focal laser treatment. All trials showed that treatment with VEGF inhibitors resulted in statistically and clinically significant improvements in visual acuity in patients with DME after one to two years compared to laser treatment.
- Retinal vein occlusion occurs when there is partial or complete obstruction of a retinal vein. Vision loss can occur with RVO and is associated with macular ischemia or edema, retinal hemorrhages, vitreous hemorrhage, or epiretinal membrane formation. The 2019 AAO Retinal Vein Occlusions Preferred Practice Pattern Guidelines recommend anti-VEGF therapy as first-line treatment for macular edema caused by RVO. The guidelines support the use of Lucentis, Eylea, and Avastin. The guidelines state VEGF inhibitors, Eylea, Avastin, and Lucentis, are more effective

than sham injection or laser therapy in maintaining or improving visual acuity in patients with macular edema secondary to RVO.

- Myopic choroidal neovascularisation is a common vision-threatening complication of myopia and pathological myopia. Naïve myopic patients who present with blurred vision, vision loss, or metamorphopsia should be referred to a retinal specialist who can diagnose mCNV. Once mCNV is diagnosed, anti-VEGF therapy should be started immediately. Lucentis has demonstrated improvements in visual acuity in patients with mCNV. A randomized controlled trial compared the effects of Lucentis to photodynamic therapy with verteporfin in patients with mCNV. At month three, treatment with Lucentis demonstrated significant improvements in visual acuity compared to photodynamic therapy with verteporfin. A Cochrane systematic review concluded that there is low to moderate-certainty evidence for the efficacy of VEGF inhibitors to treat mCNV at one year and two years. It also concluded that Lucentis and Avastin are equivalent in terms of efficacy in the treatment of patients with mCNV.
- There are very few randomized control trials that assess the efficacy of one anti-VEGF therapy over another. Of the two that are available, Avastin, Eylea, and Lucentis were all shown to be non-inferior to each other, and because of this, choice of therapy should be based on patient characteristics, side effect profiles, cost, and availability. However, a 2015 study conducted by Wells et al did show Eylea was superior to Avastin therapy when patients had a visual acuity of less than or equal to 20/50. Therefore, in these scenarios Avastin should not be used prior to Eylea.
- Efficacy of anti-VEGF therapy can be measured in multiple ways. Typically, therapy is considered efficacious if patients have not experienced a worsening of visual acuity, an increase in macular edema, or an increase in retinal thickness. Patients should also experience a stabilization in their Snellen or Early Treatment Diabetic Retinopathy Study (ETDRS) letters tests.
- In the ARCHWAY clinical trial, Susvimo was only implanted following at least 3 prior anti-VEGF intravitreal injections of either Avastin, Eylea, or Lucentis within 6 months of screening. Patients in the study had to demonstrate anatomic and visual response to anti-VEGF treatment for nAMD, therefore, Susvimo should not be administered to patients who have not had proven success with prior anti-VEGF therapy.
- Susvimo was not studied with supplemental doses of other anti-VEGF therapies and therefore, should not be administered with any other intravitreal injections other than Lucentis. Supplemental doses were given when the study participants experienced one of the following: decrease of 15 Early Treatment Diabetic Retinopathy Study (ETDRS) letters or more from the best-recorded BCVA in the study; an increase of 150 µm or more in retinal thickness measured by central subfield thickness (CST) on spectral domain OCT (SD-OCT) from the lowest CST measurement in the study; or an increase of 100 µm or more in CST on SD-OCT from the lowest CST measurement in the study associated with a decrease of 10 ETDRS letters or more from the best-recorded BCVA during the study. In these scenarios only should patients be considered for additional Lucentis injections. Fifteen ETDRS letters are equivalent to a decrease in visual acuity by half.
- Of the 1.6% of patients who required supplemental injections with Lucentis during the study, a maximum of 2 injections were given per affected eye within the 24 weeks between implantation of the device of the first refill. As there is no data available to support more than 2 supplemental injections per 6 months

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3. Lucentis [prescribing information]. South San Francisco, CA: Genentech, Inc.; March 2018.
4. Byooviz [prescribing information]. Cambridge, MA: Samsung Bioepis Co., Ltd; September 2021.
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6. Avastin [prescribing information]. South San Francisco, CA: Genentech, Inc.; January 2021.
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Policy History		
#	Date	Change Description
1.2	Effective Date: 12/09/2021	Updated to include Byooviz and Susvimo, remove Macugen which has been discontinued, and removed prescriber requirement
1.1	Effective Date: 12/03/2020	Updated Macugen approval duration to 1 year
1.0	Effective Date: 12/05/2019	Medical policy established

** The prescribing information for a drug is subject to change. To ensure you are reading the most current information it is advised that you reference the most updated prescribing information by visiting the drug or manufacturer website or <http://dailymed.nlm.nih.gov/dailymed/index.cfm>.*