



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

Pharmacy Medical Policy Vascular Endothelial Growth Factor (VEGF) Inhibitors Step Therapy

Policy Number: 092

BCBSA Reference Number:

NCD/LCD: N/A

Related Policies

None

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

VEGF Inhibitors	Formulary Information	
	Standard	
	Formulary Status	
STEP 1		
MVASI TM ** (bevacizumab-awwb)	Covered	
Zirabev TM ** (bevacizumab-bvzr)		
Avastin [®] # (bevacizumab)		
STEP 2		
Beovu [®] * (brolucizumab)	Prior use of Step 1 Required	
Byooviz TM (ranibizumab nuna)		
Eylea [®] * (aflibercept)		
Vabysmo TM (faricimab)*		
STEP 3		
Lucentis [®] * (ranibizumab)	Prior use of Step 1 & Step 2 Required	
Susvimo (ranibizumab)*		

* Not available for retail Pharmacy billing

- Diagnoses for oncologic will not have to meet the step criteria of this policy.

This step policy will apply to Medical billing.

We may cover the following VEGF medications listed in the chart above for new starts* in the following stepped approach:

*New start is defined as no previous paid claim for the requested medication within the past 130 days.

Step 1: Formulary step 1 medications will be covered without prior authorization

Step 2: Formulary step 2 medications may be covered when one of the following criteria is met:

- There must be evidence of a BCBSMA paid claim of a Step 1 drug within the previous 130 days or previous treatment.

OR

- There must be evidence of a BCBSMA paid claim by the patient of a Step 2 drug within the previous 130 days or previous treatment.

Step 3: Non- Step 3 medications may be covered when the following criteria is met:

- There must be evidence of BCBSMA paid claims by the patient of a step 1 and one step 2 within the previous 130 days or previous treatment.

OR

- There must be evidence of a BCBSMA paid claim by the patient of a Step 3 drug within the previous 130 days or previous treatment. If the Medication is Not Covered/Non-formulary the drug needs to meet requirements for a Formulary Exception for continued coverage.

NOTE: If a Provider submits a request and BCBSMA issues an approval for a step medication, the authorization will be granted for up to two (2) years. If the Member has claims history verifying a fill of a formulary step 1 or formulary step 2 medication within the past 130 days, and no break in coverage, then formulary step 2 medications will continue to pay at point of sale. If the Member has claims history verifying a fill of a formulary step 2 or formulary step 3 medication within the past 130 days, and no break in coverage, then formulary step 3 medications will continue to pay at point of sale. Non-formulary (not covered) medications within a step policy will not have any automation and a paper, electronic or phone call is required.

**Requests based exclusively on the use of samples will not meet coverage criteria for exception. Additional clinical information demonstrating medical necessity of the desired medication must be submitted by the requesting prescriber for review.

Prior Authorization Information

Outpatient

- For services described in this policy, see below for products where prior authorization **IS REQUIRED** if the procedure is performed **outpatient**.

	Outpatient
Commercial Managed Care (HMO and POS)	Prior authorization is required .
Commercial PPO and Indemnity	Prior authorization is required .

CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

HCPCS Codes

HCPCS codes:	Code Description
Q5107	Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg
Q5118	Injection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg
J9035	Injection, bevacizumab, 10 mg (Avastin)
C9257	Injection, bevacizumab, 0.25 mg (Avastin)
J0179	Injection, brolocizumab-dblI, 1 mg (Beovu)
J0178	Injection, aflibercept, 1 mg (Eylea)
J2778	Injection, ranibizumab, 0.1 mg (Lucentis)
J2503	Injection, pegaptanib sodium, 0.3 mg (Macugen)

Policy History

Date	Action
8/2022	Updated to add Byooviz and to move Lucentis to step 3.
3/2022	Updated new Medications Vabysmo™ & Susvimo™
11/2020	VEGF Inhibitors Step Therapy issued. Effective 11/2020. Policy #343 Intravitreal Angiogenesis Inhibitors for Choroidal Vascular Conditions and policy #401 Intravitreal Angiogenesis Inhibitors for Retinal Vascular Conditions were retired effective 11/2020. For coverage information, see policy #092 VEGF Inhibitors Step Therapy.

Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

[Medical Policy Terms of Use](#)

[Managed Care Guidelines](#)

[Indemnity/PPO Guidelines](#)

[Clinical Exception Process](#)

[Medical Technology Assessment Guidelines](#)

References

1. Avastin® [package insert South San Francisco, CA: Genentech, Inc.: 6/2019.
2. Beovu® [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation: 1/2020.
3. Eylea® [package insert]. Tarrytown, NY: Regeneron Pharmaceuticals, Inc.: 8/2019.
4. Lucentis® [package insert]. South San Francisco, CA: Genentech, Inc.: 11/2019.
5. Macugen® [package insert]. Bridgewater, NJ: Valeant Pharmaceuticals N. America LLC: 7/2016.
6. Susvimo™ [package insert]. South San Francisco, CA: Genentech, Inc.: 3/2021.
7. Vabysmo™ [package insert]. South San Francisco, CA: Genentech, Inc.: 3/2021.
8. Byooviz™ [package insert]. Cambridge, MA: Biogen, Inc.: 4/2022.

To request prior authorization using the Massachusetts Standard Form for Medication Prior Authorization Requests (eForm), click the link below:

<http://www.bluecrossma.org/medical-policies/sites/g/files/csphws2091/files/acquiadam-assets/023%20E%20Form%20medication%20prior%20auth%20instruction%20prn.pdf>