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

Policy Number: 092
BCBSA Reference Number: N/A
NCD/LCD: N/A

Related Policies
None

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

Prior Authorization Information

☐ Prior Authorization
☒ Step Therapy
☐ Quality Care Dosing

Pharmacy (Rx) or Medical (MED) benefit coverage

☒ Rx
☒ MED

Policy applies to
Commercial Members:
• Managed Care (HMO and POS), PPO and Indemnity
• MEDEX with Rx plan
• Managed Major Medical with Custom BCBSMA Formulary
• Comprehensive Managed Major Medical with Custom BCBSMA Formulary
• Managed Blue for Seniors with Custom BCBSMA Formulary

Pharmacy Operations:
Tel: 1-800-366-7778
Fax: 1-800-583-6289
Policy last updated 8/1/2023

To request for coverage: Physicians may call, fax, or mail the attached form (Formulary Exception/Prior Authorization form) to the address below.

Blue Cross Blue Shield of Massachusetts
Pharmacy Operations Department
25 Technology Place
Hingham, MA 02043

Individual Consideration: Policy for requests that do not meet clinical criteria of this policy, see section labeled Individual Consideration.
### VEGF Inhibitors

#### Formulary Information

<table>
<thead>
<tr>
<th>VEGF Inhibitors</th>
<th>Formulary Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STEP 1</strong></td>
<td></td>
</tr>
<tr>
<td>Alymsys®*# (bevacizumab-maly)</td>
<td>Covered</td>
</tr>
<tr>
<td>MVASI™*# (bevacizumab-awwb)</td>
<td></td>
</tr>
<tr>
<td>Vegzelma®# (bevacizumab-adcd)</td>
<td></td>
</tr>
<tr>
<td>Zirabev™*# (bevacizumab-bvzr)</td>
<td></td>
</tr>
<tr>
<td>Avastin®# (bevacizumab)</td>
<td></td>
</tr>
<tr>
<td><strong>STEP 2</strong></td>
<td></td>
</tr>
<tr>
<td>Byoviz™ (ranibizumab nuna)</td>
<td></td>
</tr>
<tr>
<td>Cimerli™ (ranibizumab eqrn)</td>
<td></td>
</tr>
<tr>
<td>Lucentis®* (ranibizumab)</td>
<td></td>
</tr>
<tr>
<td>Susvimo (ranibizumab)*</td>
<td></td>
</tr>
<tr>
<td>Vabysmo™ (faricimab)*</td>
<td></td>
</tr>
<tr>
<td><strong>STEP 3</strong></td>
<td></td>
</tr>
<tr>
<td>Beovu®* (brolucizumab)</td>
<td>Prior use of Step 1 &amp; Step 2 Required</td>
</tr>
<tr>
<td>Eylea®* (aflibercept)</td>
<td></td>
</tr>
</tbody>
</table>

* 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**.

<table>
<thead>
<tr>
<th>Commercial Managed Care (HMO and POS)</th>
<th>Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prior authorization is required.</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Commercial PPO and Indemnity</th>
<th>Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prior authorization is required.</strong></td>
<td></td>
</tr>
</tbody>
</table>

**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**

<table>
<thead>
<tr>
<th>HCPCS codes:</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q5107</td>
<td>Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg</td>
</tr>
<tr>
<td>Q5118</td>
<td>Injection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg</td>
</tr>
<tr>
<td>J9035</td>
<td>Injection, bevacizumab, 10 mg (Avastin)</td>
</tr>
<tr>
<td>C9142</td>
<td>Injection, bevacizumab-maly, biosimilar, (Alymsys), 10 mg</td>
</tr>
<tr>
<td>C9257</td>
<td>Injection, bevacizumab, 0.25 mg (Avastin)</td>
</tr>
<tr>
<td>J0179</td>
<td>Injection, brolucizumab-dbll, 1 mg (Beovu)</td>
</tr>
<tr>
<td>J0178</td>
<td>Injection, aflibercept, 1 mg (Eylea)</td>
</tr>
<tr>
<td>J2778</td>
<td>Injection, ranibizumab, 0.1 mg (Lucentis)</td>
</tr>
<tr>
<td>J2503</td>
<td>Injection, pegaptanib sodium, 0.3 mg (Macugen)</td>
</tr>
</tbody>
</table>

**Individual Consideration**
Our medical policies are written for most people with a given condition. Each policy is based on peer reviewed clinical evidence. We also take into consideration the needs of atypical patient populations and diagnoses.

If the coverage criteria outlined is unlikely to be clinically effective for the prescribed purpose, the health care provider may request an exception to cover the requested medication based on an individual’s unique clinical circumstances. This is also referred to as “individual consideration” or an “exception request.”

Some reasons why you may need us to make an exception include: therapeutic contraindications; history of adverse effects; expected to be ineffective or likely to cause harm (physical, mental, or adverse reaction).

To facilitate a thorough and prompt review of an exception request, we encourage the provider to include additional supporting clinical documentation with their request. This may include:

- Clinical notes or supporting clinical statements.
- The name and strength of formulary alternatives tried and failed (if alternatives were tried) and specifics regarding the treatment failure, if applicable.
- Clinical literature from reputable peer reviewed journals.
- References from nationally recognized and approved drug compendia such as American Hospital Formulary Service® Drug Information (AHFS-DI), Lexi-Drug, Clinical Pharmacology, Micromedex or Drugdex®; and
- References from consensus documents and/or nationally sanctioned guidelines.

Providers may call, fax or mail relevant clinical information, including clinical references for individual patient consideration, to:

Blue Cross Blue Shield of Massachusetts
Pharmacy Operations Department
25 Technology Place
Hingham, MA 02043
Phone: 1-800-366-7778
Fax: 1-800-583-6289

We may also use prescription claims records to establish prior use of formulary alternatives or to show if step therapy criteria has been met. We will require the provider to share additional information when prescription claims data is either not available or the medication fill history fails to establish use of preferred formulary medications or that step therapy criteria has been met.

Policy History

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/2023</td>
<td>Update to move Eylea ® and Beovu ® to step 3 and updated IC to align with 118E MGL § 51A.</td>
</tr>
<tr>
<td>7/2023</td>
<td>Reformatted Policy.</td>
</tr>
<tr>
<td>5/2023</td>
<td>Updated to a two-step policy prior to the August change announced in policy 999.</td>
</tr>
<tr>
<td>4/2023</td>
<td>Updated to add Vegzelma ® to step 1 of policy.</td>
</tr>
<tr>
<td>11/2022</td>
<td>Updated to add Alymsys to step 1 and Cimerli to step 2.</td>
</tr>
<tr>
<td>8/2022</td>
<td>Updated to add Byooviz and to move Lucentis ® to step 3.</td>
</tr>
<tr>
<td>3/2022</td>
<td>Updated new Medications Vabysmo ™ &amp; Susvimo ™</td>
</tr>
<tr>
<td>11/2020</td>
<td>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.</td>
</tr>
</tbody>
</table>
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


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