Coverage Summary

Age Related Macular Degeneration (AMD) Therapy
(Macugen®, Lucentis®, Avastin®, EYLEA®)

Approved by: UnitedHealthcare Medicare Benefit Interpretation Committee  Last Review Date: 06/18/2019

Related Medicare Advantage Policy Guidelines:
- Avastin® (Bevacizumab)
- Coverage of Drugs and Biologicals for Label and Off-Label Uses
- Eylea® (Aflibercept)
- Lucentis® (Ranibizumab)

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The benefit information in this Coverage Summary is based on existing national coverage policy, however Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence (Medicare IOM Pub. No. 100-16, Ch. 4, §90.5).

INDEX TO COVERAGE SUMMARY

I. COVERAGE
   1. Avastin® (Bevacizumab)
   2. Lucentis® (Ranibizumab)
   3. Macugen® (Pegaptanib)
   4. EYLEA® (Aflibercept)

II. DEFINITIONS

III. REFERENCES

IV. REVISION HISTORY

V. ATTACHMENTS

I. COVERAGE

Coverage Statement: Age Related Macular Degeneration (AMD) Therapy: (Avastin®, Lucentis®, Macugen® and EYLEA®) are covered when the Medicare criteria are met.

Guidelines/Notes:
1. Avastin® (bevacizumab) (HCPCS codes C9257 and J9035)
   - Medicare does not have a National Coverage Determination (NCD) for Avastin®
UHC MA Coverage Summary: Age Related Macular Degeneration (AMD) Therapy

1. Macugen® (Pegaptanib) (HCPCS code J2503)
   - Medicare does not have a National Coverage Determination (NCD) for Macugen® (pegaptanib sodium).
   - Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For state-specific LCDs/LCAs, see the LCD Availability Grid (Attachment C).
   - For states with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Benefit Drug Policy for Ophthalmologic Policy: Vascular Endothelial Growth Factor (VEGF) Inhibitors for coverage guideline.
     (IMPORTANT NOTE: After checking the LCD Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
   - Committee approval date: June 18, 2019
   - Accessed December 4, 2019

2. Lucentis® (Ranibizumab) (HCPCS code J2778)
   - Medicare does not have a National Coverage Determination (NCD) for Lucentis® (ranibizumab).
   - Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For state-specific LCDs/LCAs, see the LCD Availability Grid (Attachment B).
   - For states with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Benefit Drug Policy for Ophthalmologic Policy: Vascular Endothelial Growth Factor (VEGF) Inhibitors for coverage guideline.
     (IMPORTANT NOTE: After checking the LCD Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
   - Committee approval date: June 18, 2019
   - Accessed December 4, 2019

3. EYLEA® (Aflibercept) (HCPCS code J0178)
   - Medicare does not have a National Coverage Determination (NCD) for EYLEA® (bevacizumab).
   - Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For state-specific LCDs/LCAs, see the LCD Availability Grid (Attachment A).
   - For states with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Benefit Drug Policy for Ophthalmologic Policy: Vascular Endothelial Growth Factor (VEGF) Inhibitors for coverage guideline with individual consideration for the following diagnoses:
     - cystoid macular degeneration
     - other vascular disorders of iris and ciliary body
     (IMPORTANT NOTE: After checking the LCD Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
   - Committee approval date: June 18, 2019
   - Accessed December 4, 2019
(aflibercept).

- Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For state-specific LCDs/LCAs, see the LCD Availability Grid (Attachment D).
- For states with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Benefit Drug Policy for Ophthalmologic Policy: Vascular Endothelial Growth Factor (VEGF) Inhibitors for coverage guideline.
  (IMPORTANT NOTE: After checking the LCD Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
- Committee approval date: June 18, 2019
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II. DEFINITIONS

Age Related Macular Degeneration (AMD): Macular degeneration, often called age-related macular degeneration (AMD), is an eye disorder associated with aging and results in damaging sharp and central vision. Central vision is needed for seeing objects clearly and for common daily tasks such as reading and driving. AMD affects the macula, the central part the retina that allows the eye to see fine details. There are two forms of AMD, wet and dry.


III. REFERENCES

IV. REVISION HISTORY

06/18/2019 Guideline 1 [Avastin® (Bevacizumab)]
- Revised language pertaining to states with no Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs); updated list of diagnoses requiring individual consideration when referring to the UnitedHealthcare Commercial Medical Benefit Drug Policy titled Ophthalmologic Policy Vascular Endothelial Growth Factor (VEGF) Inhibitors for applicable coverage guidelines
  - Added:
    - Other vascular disorders of iris and ciliary body
  - Removed:
    - Venous tributary (branch) occlusion
    - Nonproliferative diabetic retinopathy

Definitions
- Revised definition of “Age Related Macular Degeneration (AMD)”

Attachments
- Updated LCD Availability Grids to reflect the most current reference links
V. ATTACHMENTS

Attachment A - LCD Availability Grid
Avastin® (Bevacizumab)
(CPT/HCPCS C9257 and J9035)
CMS website accessed December 4, 2019

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>L33394</td>
<td>Drugs and Biologicals, Coverage of, for Label and Off-Label Uses</td>
<td>A and B MAC</td>
<td>National Government Services, Inc.</td>
<td>CT, IL, MA, ME, MN, NH, NY, RI, VT, WI</td>
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<tr>
<td>A53121</td>
<td>Billing and Coding: Information Regarding Uses, Including Off-Label Uses</td>
<td>A and B MAC</td>
<td>Novitas Solutions, Inc.</td>
<td>AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX</td>
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<tr>
<td>L36962</td>
<td>Vascular Endothelial Growth Factor Inhibitors for the Treatment of Ophthalmological Diseases</td>
<td>A and B MAC</td>
<td>First Coast Service Options, Inc.</td>
<td>FL, PR, VI</td>
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Attachment B - LCD Availability Grid
Lucentis® (Ranibizumab)
(HCPCS code J2778)
CMS website accessed December 4, 2019

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<th>States</th>
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<td>Billing and Coding: Information Regarding Uses, Including Off-Label Uses</td>
<td>A and B MAC</td>
<td>Novitas Solutions, Inc.</td>
<td>AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX</td>
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<td>L36962</td>
<td>Vascular Endothelial Growth Factor Inhibitors for the Treatment of Ophthalmological Diseases</td>
<td>A and B MAC</td>
<td>First Coast Service Options, Inc.</td>
<td>FL, PR, VI</td>
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</table>
**Attachment C - LCD Availability Grid**

**Macugen® (Pegaptanib)**

(HCPCS code J2503)

CMS website accessed December 4, 2019

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<tr>
<th>LCD ID</th>
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<th>States</th>
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</thead>
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<td>L36962</td>
<td>Vascular Endothelial Growth Factor Inhibitors for the Treatment of Ophthalmological Diseases</td>
<td>A and B MAC</td>
<td>First Coast Service Options, Inc.</td>
<td>FL, PR, VI</td>
</tr>
</tbody>
</table>

**End of Attachment C**

**Attachment D - LCD Availability Grid**

**EYLEA® (Aflibercept)**

(CPT code J0178)

CMS website accessed December 4, 2019

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<thead>
<tr>
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<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
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<tbody>
<tr>
<td>L33394</td>
<td>Drugs and Biologicals, Coverage of, for Label and Off-Label Uses</td>
<td>A and B MAC</td>
<td>National Government Services, Inc.</td>
<td>CT, IL, MA, ME, MN, NH, NY, RI, VT, WI</td>
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<tr>
<td>A5387</td>
<td>Aflibercept (EYLEA®) Coding and Billing Guidelines</td>
<td>A and B MAC</td>
<td>Palmetto GBA</td>
<td>AL, GA, TN, SC, VA, WV, NC</td>
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<td>A53121</td>
<td>Billing and Coding: Information Regarding Uses, Including Off-Label Uses, of Anti-Vascular Endothelial Growth Factor (anti-VEGF), for The Treatment of Ophthalmological Diseases</td>
<td>A and B MAC</td>
<td>Novitas Solutions, Inc.</td>
<td>AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX</td>
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**End of Attachment D**