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)
- Lucentis® (Ranibizumab)
- Eylea® (Aflibercept)
- Eylea® (Aflibercept)

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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).

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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®
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/LCA 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/LCA 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 April 16, 2020

4. EYLEA® (Aflibercept) (HCPCS code J0178)

- Medicare does not have a National Coverage Determination (NCD) for EYLEA® (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/LCA 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/LCA 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 April 16, 2020
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

None

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/LCA Availability Grid

**Avastin® (Bevacizumab)**  
(CPT/HCPCS C9257 and J9035)  
CMS website accessed April 16, 2020

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<th>ID #</th>
<th>Title</th>
<th>Contractor Type</th>
<th>Contractor</th>
<th>States</th>
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<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, of Anti-Vascular Endothelial Growth Factor (anti-VEGF), for The Treatment of Ophthalmological Diseases</td>
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<td>Novitas Solutions, Inc.</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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<td>A56604</td>
<td>Billing and Coding Bevacizumab: Avastin</td>
<td>A and B MAC</td>
<td>CGS Administrators, LLC</td>
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<td>A53008</td>
<td>Intraocular Bevacizumab Coding/Billing Guidelines</td>
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<td>Noridian Healthcare Solutions, LLC</td>
<td>AK, AZ, ID, MT, ND, OR, SD, WA, UT, WY</td>
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End of Attachment A

#### Attachment B–LCD/LCA Availability Grid

**Lucentis® (Ranibizumab)**  
(HCPCS code J2778)  
CMS website accessed April 16, 2020

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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>
</tr>
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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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End of Attachment B
### Attachment C–LCD/LCA Availability Grid

**Macugen® (Pegaptanib)**
(HCPCS code J2503)

CMS website accessed April 16, 2020

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End of Attachment C

### Attachment D–LCD/LCA Availability Grid

**EYLEA® (Afibercept)**
(CPT code J0178)

CMS website accessed April 16, 2020

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<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, 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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<td>Afibercept (EYLEA®) Coding and Billing Guidelines</td>
<td>A and B MAC</td>
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<td>FL, PR, VI</td>
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End of Attachment D