LifeWise
Health Plan of Washington

MEDICAL POLICY – 5.01.620

Vascular Endothelial Growth Factor (VEGF) Receptor Inhibitors for Ocular Disorders

BCBSA Ref. Policy: 9.03.31

Effective Date:	**Jan. 1, 2027***	RELATED MEDICAL POLICIES:
Last Revised:	Sep. 8, 2026	None
Replaces:	N/A	
*View the current policy here.		

Select a hyperlink below to be directed to that section.

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Introduction

Age-related macular degeneration is due to a small area of the retina called the macula being impaired as people age. This results in loss of vision overtime. There are two types of age-related macular degeneration called the dry form and the wet form. The dry form is caused by deposits in the macula and the wet form is caused by the creation of new blood vessels underneath the macula. There are drugs called vascular endothelial growth factor (VEGF) receptor inhibitors that interfere with the growth of blood vessels in the wet form of age-related macular degeneration. These drugs can also help other conditions of the eye that are related to the blood vessels. This policy describes when VEGF receptor inhibitors for ocular disorders may be considered medically necessary.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Policy Coverage Criteria

Drug	Medical Necessity
Beovu (brolucizumab-dbll)	**Beovu (brolucizumab-dbll) may be considered medically necessary when all of the following criteria are met:** • The individual is diagnosed with 1 of the following: ○ Diabetic Macular Edema (DME) ○ Neovascular (Wet) Age-Related Macular Degeneration (AMD) **AND** • Has tried and had an inadequate response or intolerance to bevacizumab **AND** • Has tried and had an inadequate response or intolerance to 2 of the following drugs:[1] ○ Byooviz (ranibizumab-nuna) ○ Cimerli (ranibizumab-eqrn) ○ Lucentis (ranibizumab) ○ Nufymco (ranibizumab-leyk) ○ Pavblu (aflibercept-ayyh) ○ Ranluspec (ranibizumab-hkdz) ○ Vabysmo (faricimab-svoa) [1]**Note:** Only applies to individuals not previously treated with the requested therapy. **Note:** For bevacizumab no review is needed for eye-related injections. Reference to bevacizumab includes the biosimilars (e.g., bevacizumab-adcd, bevacizumab-awwb, bevacizumab-bvzr, and bevacizumab-maly)
• **Ahzantive (aflibercept-mrbb)** • **Enzeevu (aflibercept-abzv)** • **Eydenzelt (aflibercept-boav)** • **Eylea (aflibercept)** • **Opuviz (aflibercept-yszy)** • **Yesafili (aflibercept-jbvf)**	**Ahzantive (aflibercept-mrbb), Enzeevu (aflibercept-abzv), Eydenzelt (aflibercept-boav), Eylea (aflibercept), Opuviz (aflibercept-yszy), and Yesafili (aflibercept-jbvf) may be considered medically necessary when all of the following criteria are met:** • The individual is diagnosed with 1 of the following: ○ Diabetic Macular Edema (DME) ○ Diabetic Retinopathy (DR) ○ Macular Edema Following Retinal Vein Occlusion (RVO)

Drug	Medical Necessity
	○ Neovascular (Wet) Age-Related Macular Degeneration (AMD) **AND** • Has tried and had an inadequate response or intolerance to bevacizumab **AND** • Has tried and had an inadequate response or intolerance to 2 of the following drugs:[1] ○ Byooviz (ranibizumab-nuna) ○ Cimerli (ranibizumab-eqrn) ○ Lucentis (ranibizumab) ○ Nufymco (ranibizumab-leyk) ○ Pavblu (aflibercept-ayyh) ○ Ranluspec (ranibizumab-hkdz) ○ Vabysmo (faricimab-svoa) **Ahzantive (aflibercept-mrbb), Enzeevu (aflibercept-abzv), Eydenzelt (aflibercept-boav), Eylea (aflibercept), Opuviz (aflibercept-yszy), and Yesafili (aflibercept-jbvf) may be considered medically necessary for the treatment of retinopathy of prematurity (ROP) when:** • The individual has tried and had an inadequate response or intolerance to Pavblu (aflibercept-ayyh)[1] [1]**Note:** Only applies to individuals not previously treated with the requested therapy. **Note:** For bevacizumab no review is needed for eye-related injections. Reference to bevacizumab includes the biosimilars (e.g., bevacizumab-adcd, bevacizumab-awwb, bevacizumab-bvzr, and bevacizumab-maly)
Eylea HD (aflibercept)	**Eylea HD (aflibercept) may be considered medically necessary when all of the following criteria are met:** • The individual is diagnosed with 1 of the following: ○ Diabetic Macular Edema (DME) ○ Diabetic Retinopathy (DR) ○ Macular Edema Following Retinal Vein Occlusion (RVO)

Drug	Medical Necessity
	○ Neovascular (Wet) Age-Related Macular Degeneration (AMD) **AND** • Has tried and had an inadequate response or intolerance to bevacizumab **AND** • Has tried and had an inadequate response or intolerance to 2 of the following drugs:[1] ○ Byooviz (ranibizumab-nuna) ○ Cimerli (ranibizumab-eqrn) ○ Lucentis (ranibizumab) ○ Nufymco (ranibizumab-leyk) ○ Pavblu (aflibercept-ayyh) ○ Ranluspec (ranibizumab-hkdz) ○ Vabysmo (faricimab-svoa) [1]**Note:** Only applies to individuals not previously treated with the requested therapy. **Note:** For bevacizumab no review is needed for eye-related injections. Reference to bevacizumab includes the biosimilars (e.g., bevacizumab-adcd, bevacizumab-awwb, bevacizumab-bvzr, and bevacizumab-maly)
• **Byooviz (ranibizumab-nuna)** • **Cimerli (ranibizumab-eqrn)** • **Lucentis (ranibizumab)** • **Nufymco (ranibizumab-leyk)** • **Ranluspec (ranibizumab-hkdz)**	**Byooviz (ranibizumab-nuna), Cimerli (ranibizumab-eqrn), Lucentis (ranibizumab), Nufymco (ranibizumab-leyk), and Ranluspec (ranibizumab-hkdz) may be considered medically necessary when all of the following criteria are met:** • The individual is diagnosed with 1 of the following: ○ Diabetic Macular Edema (DME) ○ Diabetic Retinopathy (DR) ○ Macular Edema Following Retinal Vein Occlusion (RVO) ○ Myopic Choroidal Neovascularization (mCNV) ○ Neovascular (Wet) Age-Related Macular Degeneration (AMD) **AND** • Has tried and had an inadequate response or intolerance to bevacizumab

Drug	Medical Necessity
	Note: For bevacizumab no review is needed for eye-related injections. Reference to bevacizumab includes the biosimilars (e.g., bevacizumab-adcd, bevacizumab-awwb, bevacizumab-bvzr, and bevacizumab-maly)
Pavblu (aflibercept-ayyh)	**Pavblu (aflibercept-ayyh) may be considered medically necessary when all of the following criteria are met:** • The individual is diagnosed with 1 of the following: ○ Diabetic Macular Edema (DME) ○ Diabetic Retinopathy (DR) ○ Macular Edema Following Retinal Vein Occlusion (RVO) ○ Neovascular (Wet) Age-Related Macular Degeneration (AMD) **AND** • Has tried and had an inadequate response or intolerance to bevacizumab **Pavblu (aflibercept-ayyh) may be considered medically necessary for the treatment of retinopathy of prematurity (ROP).** **Note:** For bevacizumab no review is needed for eye-related injections. Reference to bevacizumab includes the biosimilars (e.g., bevacizumab-adcd, bevacizumab-awwb, bevacizumab-bvzr, and bevacizumab-maly)
Susvimo (ranibizumab)	**Susvimo (ranibizumab) may be considered medically necessary when all of the following criteria are met:** • The individual is diagnosed with 1 of the following: ○ Diabetic Macular Edema (DME) ○ Diabetic Retinopathy (DR) ○ Neovascular (Wet) Age-Related Macular Degeneration (AMD) **AND** • Has tried and had an inadequate response or intolerance to bevacizumab **AND**

Drug	Medical Necessity
	• Has tried and had an inadequate response or intolerance to 2 of the following drugs:[1] ○ Byooviz (ranibizumab-nuna) ○ Cimerli (ranibizumab-eqrn) ○ Lucentis (ranibizumab) ○ Nufymco (ranibizumab-leyk) ○ Pavblu (aflibercept-ayyh) ○ Ranluspec (ranibizumab-hkdz) ○ Vabysmo (faricimab-svoa) [1]**Note:** Only applies to individuals not previously treated with the requested therapy **Note:** For bevacizumab no review is needed for eye-related injections. Reference to bevacizumab includes the biosimilars (e.g., bevacizumab-adcd, bevacizumab-awwb, bevacizumab-bvzr, and bevacizumab-maly)
Vabysmo (faricimab-svoa)	**Vabysmo (faricimab-svoa) may be considered medically necessary when all of the following criteria are met:** • The individual is diagnosed with 1 of the following: ○ Diabetic Macular Edema (DME) ○ Macular Edema Following Retinal Vein Occlusion (RVO) ○ Neovascular (Wet) Age-Related Macular Degeneration (AMD) **AND** • Has tried bevacizumab and had an inadequate response or intolerance to bevacizumab **Note:** For bevacizumab no review is needed for eye-related injections. Reference to bevacizumab includes the biosimilars (e.g., bevacizumab-adcd, bevacizumab-awwb, bevacizumab-bvzr, and bevacizumab-maly)

Drug	Investigational
As listed	**The medications listed in this policy are subject to the product's US Food and Drug Administration (FDA) dosage and administration prescribing information.**

Drug	Investigational
	All other uses of the drugs listed for conditions not outlined in this policy or when used in combination with each other per eye treated are considered investigational.

Length of Approval	
Approval	**Criteria**
Initial authorization	**All drugs listed in policy may be approved up to 12 months.**
Re-authorization criteria	**All drugs listed in policy may be approved up to 12 months as long as the drug-specific coverage criteria are met and chart notes demonstrate that the individual continues to show a positive clinical response to therapy.**

Documentation Requirements

The individual's medical records submitted for review for all conditions should document that medical necessity criteria are met. The record should include the following:

- Office visit notes that contain the diagnosis, relevant history, medication history, and physical evaluation

Coding

Code	Description
HCPCS	
J0177	Injection, aflibercept hd (Eylea HD) 1 mg
J0178	Injection, aflibercept (Eylea), 1 mg
J0179	Injection, brolucizumab-dbll (Beovu,) 1 mg
J2777	Injection, faricimab-svoa (Vabysmo), 0.1 mg
J2778	Injection, ranibizumab (Lucentis), 0.1 mg
J2779	Injection, ranibizumab, via intravitreal implant (Susvimo) 0.1 mg
J3590	Unclassified biologics (used to report Ranluspec)

Code	Description
Q5124	Injection, ranibizumab-nuna, biosimilar (Byooviz) 0.1 mg
Q5128	Injection, ranibizumab-eqrn, biosimilar (Cimerli) 0.1 mg
Q5147	Injection, aflibercept-ayyh (Pavblu), biosimilar, 1 mg
Q5149	Injection, aflibercept-abzv, biosimilar (Enzeevu) 1 mg
Q5150	Injection, aflibercept-mrbb, biosimilar (Ahzantive) 1 mg
Q5153	Injection, aflibercept-yszy, biosimilar (Opuviz) 1 mg
Q5155	Injection, aflibercept-jbvf, biosimilar (Yesafili) 1 mg
Q5168	Injection, ranibizumab-leyk, biosimilar (Nufymco), 0.1 mg (new code effective 07/01/26)
Q5170	Injection, aflibercept-boav, biosimilar (Eydenzelt) 1 mg (new code effective 07/01/26)

Note: CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). HCPCS codes, descriptions and materials are copyrighted by Centers for Medicare Services (CMS).

Related Information

Benefit Application

All medications listed in this policy are managed through the medical benefit.

Evidence Review

Background

Age-Related Macular Degeneration

Age-related macular degeneration is a disorder of the macula that is characterized by the presence of at least intermediate-size drusen (greater than 63µm in diameter), retinal pigment epithelium (RPE) abnormalities (i.e. hypopigmentation or hyperpigmentation), and/or the presence of geographic atrophy of the RPE, choroidal neovascularization ([CNV] exudative, wet), polypoidal choroidal vasculopathy (PCV), reticular pseudodrusen, or retinal angiomatous

proliferation. Choroidal neovascularization or wet AMD (nAMD), is characterized by growth of abnormal vessels into the subretinal space, typically from the choroidal circulation, but sometimes from the retinal circulation. It is estimated that 0.46% of the global population has nAMD based on results from a pooled meta-analysis. However, nAMD accounts for more than 80% of AMD cases that result in severe visual loss or legal blindness. The greatest risk factor for AMD is aging, but other risk factors include Caucasian race, smoking, alcohol use, diets deficient in fruits, vegetables, and fish, family history, cardiovascular disease, AIDS, chronic myeloproliferative diseases, and cataract surgery. Thus, the prevalence of AMD in the United States is expected to increase to 22 million individuals by 2050.

Diabetic Retinopathy

Diabetic retinopathy is a leading cause of visual impairment in working-age adults worldwide. The prevalence rate for retinopathy for all adults with diabetes aged 40 and older in the United States is 28.5% (4.2 million people); worldwide, the prevalence rate has been estimated at 34.6% (93 million people). An estimate of the prevalence rate for vision-threatening diabetic retinopathy in the United States is 4.4% (0.7 million people). Worldwide, this prevalence rate has been estimated at 10.2% (28 million people). There are two main stages. The nonproliferative stages of diabetic retinopathy are characterized by retinal vascular related abnormalities such as microaneurysms, intraretinal hemorrhages, venous dilation, and cotton wool spots. Increased retinal vascular permeability that occurs at these or later stages of retinopathy may result in retinal thickening (edema) and lipid deposits (hard exudates). The more advanced stage, proliferative diabetic retinopathy, is characterized by the onset of neovascularization at the inner surface of the retina and into the vitreous induced by more global retinal ischemia. New vessels on or near the optic disc (NVD) and new vessels elsewhere in the retina are prone to bleed, resulting in vitreous hemorrhage. These new vessels may undergo fibrosis and contraction; this and other fibrous proliferation may result in epiretinal membrane formation, vitreoretinal traction, retinal tears, and retinal detachments. Duration of diabetes is a major risk factor associated with the development of diabetic retinopathy. Blood sugar and blood pressure control are the key modifiable risk factors associated with the development of diabetic retinopathy.

Retinal Vein Occlusion

Retinal vein occlusion (RVO) is the second most common retinal vascular disorder following diabetic retinopathy and is often associated with vision loss. In 2015, the global prevalence of

RVOs was estimated to affect 28 million adults (ages 30-89 years) worldwide. RVOs most commonly occur in the 6th to 7th decade of life. Retinal vein occlusion occurs when there is a partial or complete obstruction of a retinal vein, and it is classified by the location of the occlusion. An obstruction of the retinal vein at or posterior to the optic nerve head is referred to as a central retinal vein occlusion (CRVO), and a complete or partial obstruction at a branch or tributary of the central retinal vein is referred to as a branch retinal vein occlusion (BRVO). An RVO involves either a complete or partial decrease in venous outflow within the retinal circulation with varying degrees of retinal vascular leakage, leading to both macular edema and an increase of intravenous pressure that results in intraretinal hemorrhages. The main risk factor for both CRVO and BRVO is older age. Additional major risk factors for RVO include systemic arterial hypertension, arteriosclerosis, and diabetes.

Summary of Evidence

Meaningful Differences in Efficacy in Clinical Trials

Treatment with a VEGF inhibitor has demonstrated favorable visual acuity outcomes compared to no treatment for nAMD. Efficacy outcomes are relatively similar, in terms of visual acuity, measured by stable vision (less than 15 letter loss) and mean gain in best corrected visual acuity (BCVA) in early treatment diabetic retinopathy study (ETDRS) letters from baseline with aflibercept, bevacizumab, brolucizumab, and ranibizumab. Pegaptanib did not demonstrate improvements in visual acuity, as evidenced by only 55% of individuals experiencing vision loss of less than 15 letters. On the other hand, aflibercept has demonstrated statistically significant improvements in anatomical outcomes, as assessed by mean reductions in CRT.

Meaningful Differences in Safety Profiles

Serious adverse event rates were relatively similar between aflibercept, bevacizumab, faricimab, and ranibizumab in clinical trials. While adverse event rates between brolucizumab and aflibercept were similar in clinical trials, the ASRS released a statement in February 2020 regarding the safety of brolucizumab due to 14 cases of vasculitis (11 of which were designated occlusive retinal vasculitis) being reported since its FDA approval in October 2019. Higher rates of serious adverse events were observed in the pegaptanib clinical trials than the other VEGF inhibitor therapies.

Real World Comparative Effectiveness

A Cochrane, systematic review, was published comparing the efficacy and safety of VEGF inhibitors (pegaptanib, ranibizumab, and bevacizumab) to the control of no treatment for the indication of neovascular age-related macular degeneration.

Vascular Endothelial Growth Factor Inhibitor Treatment Versus Control for Neovascular Age-Related Macular Degeneration

- Mean change in visual acuity was measured by average mean gain in early treatment diabetic retinopathy study (ETDRS) letters of 6.72, 17.80, 12.60 letters with pegaptanib, ranibizumab, and bevacizumab, respectively. In comparison, the control group was observed to have mean losses between 10-16 ETDRS letters.
- Mean differences of combined (pegaptanib, ranibizumab, and bevacizumab) National Eye Institute-Visual Function Questionnaire (NEI-VFQ) scores compared to the control were 6.69 points higher.
- A risk ratio range of 0.17 to 2.08 for the occurrence of serious systemic adverse events was calculated for individuals receiving VEGF inhibitor therapy, relative to the control.
- A risk ratio range of 0.52 to 2.71 for the occurrence of serious ocular adverse events at 1 year was calculated for individuals receiving VEGF inhibitor therapy, relative to the control.
- Thus, VEGF inhibitor treatment appears to significantly improve visual acuity and may reduce adverse events compared to the control of no treatment for nAMD with moderate to high grades of evidence.

Bevacizumab Versus Ranibizumab for Neovascular Age Related Macular Degeneration

- The risk ratio for a gain of >15 letters visual acuity at 1 year was 0.95 for bevacizumab compared to ranibizumab.
- The risk ratio for a loss of <15 letters visual acuity at 1 year was 1.00 for bevacizumab compared to ranibizumab.
- Mean difference in visual acuity, as measured by number of ETDRS letters at 1 year, was calculated to be -0.6 letters with bevacizumab compared to ranibizumab.

- Mean difference in reduction of central retinal thickness (CRT) at year 1 was calculated to be -11.6μm with bevacizumab compared to ranibizumab
- A risk ratio range of 0.96 to 1.02 was calculated for having no problems in quality of life domains at 1 year with bevacizumab compared to ranibizumab.
- The risk ratio for serious systemic adverse events at 1 year was calculated to be 1.15 with bevacizumab compared to ranibizumab.
- A risk ratio range of 0.51 to 7.05 for serious ocular adverse events at 1 year was calculated when comparing bevacizumab and ranibizumab. Individually, their risks were observed to be less than 5 events per 1000 individuals.
- The efficacy and safety outcomes between bevacizumab and ranibizumab appear to be comparable with moderate to high quality grades of evidence.

Combination VEGF and Ang-2 Inhibitors

Faricimab neutralizes angiopoietin-2 (Ang-2) and vascular endothelial growth factor A (VEGF-A) via both simultaneous and independent binding. This is the first in class drug that targets two distinct pathway. The primary evidence for efficacy for neovascular (wet) age-related macular degeneration (nAMD) of faricimab stems from two randomized, active comparator phase III clinical trials: TENAYA and LUCERNE, and two randomized active comparator phase II clinical trial STAIRWAY and AVENUE. The STAIRWAY trial demonstrated the efficacy and safety of faricimab in the treatment of adults with nAMD. One-year results of the primary outcomes of TENAYA and LUCERNE was announced during the press conference. The results showed noninferiority comparing to aflibercept even at longer intervals. From STAIRWAY trial, faricimab dosing every 16 weeks and every 12 weeks resulted in maintenance of initial vision and anatomic improvements comparable with monthly ranibizumab at week 56. AVENUE trial did not show superiority of faricimab over ranibizumab in BCVA at week 36 but still support pursuing phase III trials for a potential alternative to monthly anti-VEGF therapy. Faricimab showed no new or unexpected safety signals.

The primary evidence for efficacy for diabetic macular edema of faricimab was from two randomized, active comparator phase III clinical trials: YOSEMITE and RHINE, and randomized active comparator phase II clinical trial: BOULEVARD. Both studies met their primary endpoint with faricimab consistently shown to offer non-inferior visual acuity gains to aflibercept. In YOSEMITE, the average vision gains from baseline were +11.6 and +10.7 eye chart letters in the faricimab personalized treatment interval (PTI) and two-month arms, respectively, and +10.9

letters in the aflibercept arm. In RHINE, the average vision gains from baseline were +10.8 and +11.8 letters in the faricimab PTI and two-month arms, respectively, and +10.3 letters in the aflibercept arm. The BOULEVARD trial met its primary end point; faricimab demonstrated statistically superior visual acuity gains versus ranibizumab at week 24 in treatment-naïve individuals. Central subfield thickness reduction, diabetic retinopathy severity scale (DRSS) score improvement, and extended durability outcomes support the primary outcome. These findings suggest the benefit of simultaneous inhibition of Ang-2 and VEGF-A with faricimab for individuals with DME.

Quality of Evidence Supporting Interchangeability of These Agents

The American Academy of Ophthalmology (AAO) Preferred Practice Pattern Guidelines for AMD, updated in October 2019, considers aflibercept, bevacizumab, and ranibizumab as first-line VEGF inhibitors for the treatment of nAMD and that the selection of agent should be individually tailored based on discussions between the individual and physician.

In a combined meta-analysis and systematic review, the authors reviewed the anatomical and functional outcomes of switching from bevacizumab and ranibizumab to aflibercept for the treatment of nAMD. The authors included 28 studies and results showed small improvements in best corrected visual acuity (BCVA) of 1.11 letters (95% CI -0.25 to 2.46, P=0.17) at 6 months and 0.63 letters (95% CI -0.26 to 1.52, P=0.17) at 12 months. However, significant improvements were found in mean CRT after switching, with reductions of -61.90µm (95% CI -77.10 to -46.80, P<0.001) at 6 months and -50.00µm (95% CI -63.20 to -36.80, P<0.001) at 12 months. Thus, switching to aflibercept in the setting of treatment-resistant nAMD with bevacizumab and/or ranibizumab can be a reasonable option to consider.

Practice Guidelines and Position Statements

The AAO updated their Age-Related Macular Degeneration Preferred Practice Pattern in October 2019. For the treatment of nAMD, VEGF inhibitors are considered to be first-line therapy due to improvements in visual outcomes observed in clinical trials. The AAO does not offer a recommendation on the choice of agent, stating that the choice should be individually tailored based on individual and physician discussions. Pegaptanib does not improve visual activity and is rarely used in current clinical practice. Other treatment options include photodynamic therapy, thermal laser photocoagulation, surgery, and radiation therapy.

2021 Update

Reviewed prescribing information for all drugs listed in policy and researched product availability. Identified a biosimilar ranibizumab product (biosimilar to Lucentis) called Byooviz (ranibizumab-nuna) and a new ranibizumab product called Susvimo (ranibizumab) which is an ocular implant that is FDA-approved for the treatment of individuals with neovascular (wet) AMD who have previously responded to at least two intravitreal injections of a VEGF inhibitor. Added Byooviz (ranibizumab-nuna) to the policy for the treatment of AMD, RVO and mCNV and added Susvimo to the policy for the treatment of AMD.

2022 Update

Reviewed prescribing information for all drugs listed in policy. Added coverage criteria for Vabysmo (faricimab-svoa) for the treatment of AMD and DME. Vabysmo is the first bispecific antibody designed for the eye and it targets two distinct pathways, via angiopoietin-2 (Ang-2) and vascular endothelial growth factor-A (VEGF-A), that drive many retinal conditions. Updated criteria for Beovu, Byooviz, Eylea, Lucentis, Macugen, and Susvimo to include use is not in combination with Vabysmo and to clarify combination use is per each eye treated.

2023 Update

Reviewed prescribing information for all drugs listed in policy. Added coverage criteria for Eylea (aflibercept) for the treatment of retinopathy of prematurity.

2024 Update

Reviewed prescribing information for all drugs listed in policy. Added coverage criteria for Vabysmo (faricimab-svoa) for the treatment of macular edema following retinal vein occlusion.

2025 Update

Reviewed prescribing information for all drugs listed in policy. Added coverage criteria for Pavblu (aflibercept-ayyh). Updated criteria for Beovu, Byooviz, Cimerli, Eylea, Eylea HD, Lucentis, Macugen, Susvimo, and Vabysmo to include use is not in combination with Pavblu. Updated

Susvimo (ranibizumab) coverage criteria to require that the individual has previously responded to at least two intravitreal injections of a VEGF inhibitor. Updated Susvimo (ranibizumab) to include coverage criteria for the treatment of certain individuals with diabetic macular edema. Clarified that non-formulary exception review authorizations for all drugs listed in this policy may be approved up to 12 months. Clarified that the medications listed in this policy are subject to the product's FDA dosage and administration prescribing information. Updated Beovu (brolucizumab-dbll), Eylea (aflibercept), Eylea HD (aflibercept), and Susvimo (ranibizumab) to require that the individual has had an inadequate response or intolerance to two preferred products for new starts.

2026 Update

Reviewed prescribing information for all drugs listed in policy. Updated coverage criteria for Eylea HD (aflibercept) to include the treatment of Macular Edema Following Retinal Vein Occlusion (RVO).

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35. Byooviz (ranibizumab-nuna) injection. Prescribing Information. Biogen Inc.; Cambridge, MA. Revised March 2026.
36. Cimerli (ranibizumab-eqrn) injection. Prescribing Information. Coherus BioSciences, Inc.; Redwood City, CA. Revised May 2024.
37. Enzeevu (aflibercept-abzv). Prescribing Information. Sandoz Inc.; Princeton, NJ. Revised February 2026.
38. Eydenzelt (aflibercept-boav). Prescribing Information. Celltrion USA, Inc.; Jersey City, NJ. Revised October 2025.
39. Eylea (aflibercept) injection. Prescribing Information. Regeneron Pharmaceuticals, Inc.; Tarrytown, NY. Revised October 2024.
40. Eylea HD (aflibercept) injection. Prescribing Information. Regeneron Pharmaceuticals, Inc.; Tarrytown, NY. Revised November 2025.
41. Lucentis (ranibizumab injection). Prescribing Information. Genentech Inc.; South San Francisco, CA. Revised February 2024.
42. Nufymco (ranibizumab-leyk). Prescribing Information. Zydus Pharmaceuticals Inc.; Pennington, NJ. Revised June 2026.
43. Opuviz (aflibercept-yszy). Prescribing Information. Harrow Eye, LLC; Nashville, TN. Revised March 2026.
44. Pavblu (aflibecept-ayyh). Prescribing Information. Amgen Inc.; Thousand Oaks, CA. Revised August 2024.
45. Ranluspec (ranibizumab-hkdz). Prescribing Information. Lupin Pharmaceuticals, Inc.; Naples, FL. Revsied June 2026.
46. Susvimo (ranibizumab injection). Prescribing Information. Genentech Inc.; South San Francisco, CA. Revised September 2025.
47. Vabysmo (faricimab-svoa). Prescribing Information. Genentech Inc.; South San Francisco, CA. Revised July 2024.
48. Yesafili (aflibercept-jbvf). Prescribing Information. Biocon Biologics Inc.; Cambridge, MA. Revised January 2026.

History

Date	Comments
12/01/20	New policy, approved November 10, 2020, effective for dates of service on or after March 3, 2021, following 90-day provider notification. Includes Beovu (brolucizumab-dbll) for AMD; Eylea (aflibercept) for AMD, RVO, DME, and DR; Lucentis (ranibizumab)

Date	Comments
	for AMD, RVO, DME, DR, and mCNV; and Macugen (pegaptanib) for AMD. HCPCS codes J0178, J0179, J2503 and J2778 are listed.
01/01/22	Annual Review, approved December 2, 2021. Added the biosimilar Byooviz (ranibizumab-nuna) to policy for the treatment of AMD, RVO and mCNV. Added Susvimo (ranibizumab) to policy for the treatment of AMD. Updated criteria for Beovu, Eylea, and Macugen to include use is not in combination with Byooviz or Susvimo. Updated criteria for Lucentis to include use is not in combination with Susvimo.
04/01/22	Coding update. Added HCPC codes C9093 and Q5124.
05/01/22	Annual Review, approved April 25, 2022. Added coverage criteria for Vabysmo (faricimab-svoa) for the treatment of AMD and DME. Updated criteria for Beovu, Byooviz, Eylea, Lucentis, Macugen, and Susvimo to include use is not in combination with Vabysmo and to clarify combination use is per each eye treated. Added Vabysmo to HCPC J3590.
07/01/22	Coding update. Added HCPCS codes C9097 and J2779.
08/01/22	Interim Review, approved July 25, 2022. Added coverage to Beovu (brolucizumab-dbll) for the treatment of diabetic macular edema (DME).
10/01/22	Coding update. Added HCPCS code J2777 and removed HCPCS code J3590.
12/01/22	Interim Review, approved November 8, 2022. Added coverage criteria for the interchangeable biosimilar Cimerli (ranibizumab-eqrn) for the treatment of AMD, RVO, DME, DR, and mCNV. Updated criteria for Beovu, Eylea, Macugen, Susvimo, and Vabysmo to include use is not in combination with Cimerli. Updated the note and added the biosimilars bevacizumab-adcd and bevacizumab-maly. Changed the wording from "patient" to "individual" throughout the policy for standardization. Added HCPC code J3590 to report Cimerli.
04/01/23	Coding update. Added new HCPCS code Q5128 and removed HCPCS code J3590.
06/01/23	Annual Review, approved May 9, 2023. Added coverage criteria for Eylea (aflibercept) for the treatment of retinopathy of prematurity.
11/01/23	Interim Review, approved October 10, 2023. Added coverage criteria for Eylea HD (aflibercept), a higher dose and longer acting formulation of Eylea, for the treatment of AMD, DME, and DR. Updated criteria for Beovu, Byooviz, Cimerli, Lucentis, Macugen, Susvimo, and Vabysmo to include use is not in combination with Eylea HD. Removed termed HCPCS codes C9093 and C9097, and added HCPCS code J3590 for Eylea HD.
01/01/24	Coding update. Added new HCPCS code C9161.
04/01/24	Annual Review, approved March 12, 2024. Added coverage criteria for Vabysmo (faricimab-svoa) for the treatment of macular edema following retinal vein occlusion. Added new HCPCS code J0177 and termed C9161.
04/01/25	Annual Review, approved March 11, 2025. Added coverage criteria for Pavblu (aflibercept-ayyh). Updated criteria for Beovu, Byooviz, Cimerli, Eylea, Eylea HD, Lucentis, Macugen, Susvimo, and Vabysmo to include use is not in combination with

Date	Comments
	Pavblu. Updated Susvimo (ranibizumab) coverage criteria to require that the individual has previously responded to at least two intravitreal injections of a VEGF inhibitor. Updated Susvimo (ranibizumab) to include coverage criteria for the treatment of certain individuals with diabetic macular edema. Clarified that non-formulary exception review authorizations for all drugs listed in this policy may be approved up to 12 months. Clarified that the medications listed in this policy are subject to the product's FDA dosage and administration prescribing information. Added new HCPCS code Q5147.
09/01/25	Interim Review, approved August 12, 2025. Updated Susvimo (ranibizumab) to include coverage criteria for the treatment of diabetic retinopathy.
10/01/25	Interim Review, approved September 9, 2025. Removed termed HCPCS code J2503. The following policy change is effective January 2, 2026, following 90-day provider notification. Updated Beovu (brolucizumab-dbll), Eylea (aflibercept), Eylea HD (aflibercept), and Susvimo (ranibizumab) to require that the individual has had an inadequate response or intolerance to two preferred products for new starts.
11/01/25	Interim Review, approved October 27, 2025. Removed Macugen (pegaptanib) from the policy as the product has been discontinued and is no longer available.
02/01/26	Annual Review, approved January 26, 2026. Updated coverage criteria for Eylea HD (aflibercept) to include the treatment of Macular Edema Following Retinal Vein Occlusion (RVO).
07/01/26	Coding updated. Added new HCPCS codes Q5168 and Q5170, effective July 1, 2026.
10/01/26	Interim Review, approved September 8, 2026. Added Nufymco (ranibizumab-leyk) and Ranluspec (ranibizumab-hkdz) to the policy with the same criteria as Lucentis (ranibizumab). Updated Byooviz (ranibizumab-nuna) adding criteria for the treatment of DME and DR. Updated criteria for Beovu (brolucizumab-dbll), Eylea (aflibercept), Eylea HD (aflibercept) and Susvimo (ranibizumab) adding Cimerli (ranibizumab-eqrn), Nufymco (ranibizumab-leyk), and Ranluspec (ranibizumab-hkdz) to list of preferred alternatives. Added Ahzantive (aflibercept-mrbb), Enzeevu (aflibercept-abzv), Eydenzelt (aflibercept-boav), Opuviz (aflibercept-yszy), and Yesafili (aflibercept-jbvf) to the policy with the same criteria as Eylea (aflibercept). Updated Pavblu (aflibercept-ayyh) adding criteria the for the treatment of ROP. Updated criteria for all drugs in the policy removing individual lists of drugs that should not be used concurrently while updating the investigational table clarifying all drugs listed in the policy when used in combination with each other per eye treated are considered investigational. Removed reference to non-formulary exception reviews. Added HCPCS codes Q5149, Q5150, Q5153 and Q5155. Removed termed HCPCS code J2503. The following policy changes are effective January 1, 2027, following 90-day provider notification. Updated criteria for Eylea (aflibercept) for the treatment of ROP to require trial of Pavblu (alfibercept-ayyh).

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2026 Premera All Rights Reserved.

Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.