

Department of Origin: Pharmacy	Effective Date: 12/06/2023
Approved by: Pharmacy and Therapeutics Quality Management Subcommittee	Date approved: 12/06/2023
Pharmacy Clinical Policy Document: Vascular Endothelial Growth Factor Antagonists for Intravitreal Use	Replaces Effective Policy Dated: 2/15/2023
Reference #: PC/V001	Page: 1 of 8

PURPOSE:

The intent of the Vascular Endothelial Growth Factor Antagonists for Intravitreal Use Pharmacy Clinical Policy is to ensure services are medically necessary.

Please refer to the member's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the member's benefit plan or certificate of coverage, the terms of the member's benefit plan document will govern.

POLICY:

Benefits must be available for health care services. Health care services must be ordered by a provider. Health care services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

Table 1: Preferred Biologics

Biologic	Molecule	Is this a Biosimilar?	Reference Product	HCPCS
Avastin	bevacizumab	N	N/A	J9035
Mvasi	bevacizumab-awwb	Y	Avastin	Q5107
Zirabev	bevacizumab-bvzr	Y	Avastin	Q5118
Alymsys	bevacizumab-maly	Y	Avastin	Q5126
Vegzelma	bevacizumab-adcd	Y	Avastin	Q5129

GUIDELINES:

Medical Necessity Criteria - Must satisfy any of the following: I - VII

I. Requests for *bevacizumab* – must satisfy all of the following: A and B

A. Must be ordered by an ophthalmologist; and

B. Member has one of the following indications: 1 - 7

1. Choroidal neovascularization, rare causes (such as but not limited to, degenerative myopia, idiopathic, angioid streaks, trauma, choroiditis, retinal dystrophies, ocular histoplasmosis); or
2. *Diabetic macular edema*; or
3. *Diabetic retinopathy*; or
4. Neovascular glaucoma and its aftereffects (rubeosis iridis); or
5. *Neovascular (wet) age-related macular degeneration (AMD)*; or
6. *Pseudoxanthoma elasticum (PXE)*; or

Department of Origin: Pharmacy	Effective Date: 12/06/2023
Approved by: Pharmacy and Therapeutics Quality Management Subcommittee	Date approved: 12/06/2023
Pharmacy Clinical Policy Document: Vascular Endothelial Growth Factor Antagonists for Intravitreal Use	Replaces Effective Policy Dated: 2/15/2023
Reference #: PC/V001	Page: 2 of 8

7. Retinal vein occlusion (RVO) (such as, but not limited to, branch, central, tributary) and its aftereffects (retinal edema/cystoid macular edema).

Table 2: Non-Preferred Biologics

Biologics	Molecule	Is this a Biosimilar?	Reference Product	HCPCS
Beovu	brolocizumab-dbl	N	N/A	J0179
Byooviz	ranibizumab-nuna	Y	Lucentis	Q5124
Cimerli	ranibizumab-eqrn	Y	Lucentis	Q5128
Eylea	aflibercept	N	N/A	J0178
Lucentis	ranibizumab	N	N/A	J2778
Vabysmo	faricimab-svoa	N	N/A	J2777

II. Requests for Beovu – must satisfy all of the following: A - C

- A. Must be ordered by an ophthalmologist; and
- B. Member has one of the following indications: 1 or 2
 - 1. *Neovascular (wet) age-related macular degeneration (AMD)*; or
 - 2. *Diabetic Macular edema*; and
- C. Member has not responded to, is intolerant to, or is a poor candidate for *bevacizumab* (Table 1).

III. Requests for Byooviz – must satisfy all of the following: A – C

- A. Must be ordered by an ophthalmologist; and
- B. Member has one of the following indications: 1 - 3
 - 1. *Neovascular (wet) age-related macular degeneration (AMD)*; or
 - 2. Macular edema (fluid build-up) following retinal vein occlusion; or
 - 3. *Choroidal neovascularization, myopic*; and
- C. Member has not responded to, is intolerant to, or is a poor candidate for *bevacizumab* (Table 1).

II. Requests for Eylea – must satisfy one of the following: A – C, or D

- A. Must be ordered by an ophthalmologist; and

Department of Origin: Pharmacy	Effective Date: 12/06/2023
Approved by: Pharmacy and Therapeutics Quality Management Subcommittee	Date approved: 12/06/2023
Pharmacy Clinical Policy Document: Vascular Endothelial Growth Factor Antagonists for Intravitreal Use	Replaces Effective Policy Dated: 2/15/2023
Reference #: PC/V001	Page: 3 of 8

- B. Member has one of the following indications: 1 - 4
 - 1. *Neovascular (wet) age-related macular degeneration (AMD)*; or
 - 2. Macular edema following retinal vein occlusion; or
 - 3. *Diabetic macular edema*; or
 - 4. *Diabetic retinopathy*; and
- C. Member has not responded to, is intolerant to, or is a poor candidate for *bevacizumab* (Table 1).
- D. Member has a diagnosis of retinopathy of prematurity

III. Requests for Cimerli or Lucentis – must satisfy all of the following: A - C

- A. Must be ordered by an ophthalmologist; and
- B. Member has one of the following indications: 1 - 5
 - 1. *Neovascular (wet) age-related macular degeneration (AMD)*; or
 - 2. Macular edema following retinal vein occlusion; or
 - 3. *Diabetic macular edema*; or
 - 4. *Diabetic retinopathy*; or
 - 5. *Choroidal neovascularization, myopic*; and
- C. Member has not responded to, is intolerant to, or is a poor candidate for *bevacizumab* (Table 1).

VI. Requests for Vabysmo – must satisfy all of the following: A - C

- A. Must be ordered by an ophthalmologist; and
- B. Member has one of the following indications: 1-3
 - 1. *Neovascular (wet) age-related macular degeneration (AMD)*; or
 - 2. *Diabetic macular edema*; or
 - 3. Macular edema following retinal vein occlusion; and
- C. Member has not responded to, is intolerant to, or is a poor candidate for *bevacizumab* (Table 1).

VII. Continuation request – Allow up to an additional 12 months

EXCLUSIONS:

The following are considered investigative (see Pharmacy Investigative List): I - II

- I. *Bevacizumab* for all ocular indications not covered in the *bevacizumab* section above.
- II. Lucentis for all ocular indications not covered in the Lucentis section above.

DEFINITIONS:

Age-related macular degeneration (AMD):

Department of Origin: Pharmacy	Effective Date: 12/06/2023
Approved by: Pharmacy and Therapeutics Quality Management Subcommittee	Date approved: 12/06/2023
Pharmacy Clinical Policy Document: Vascular Endothelial Growth Factor Antagonists for Intravitreal Use	Replaces Effective Policy Dated: 2/15/2023
Reference #: PC/V001	Page: 4 of 8

A disease that causes blurring of your central vision. The blurring happens because of damage to the macula, a small area at the back of the eye. The macula helps you see the fine detail in things that your eyes are focusing on. Macular degeneration makes it harder to do things that require sharp central vision, like reading, driving, and recognizing faces. It does not affect side vision, so it does not lead to complete blindness.

There are two types of macular degeneration—wet and dry. The dry form is by far the most common type. The wet form is much less common, but it happens more quickly and is more severe.

Angiogenesis:

Development of new blood vessels

Biologic/biological:

Biological products include a wide range of products such as vaccines, blood and blood components, allergenics, somatic cells, gene therapy, tissues, and recombinant therapeutic proteins.

Bevacizumab:

Reference product or biosimilar

Choroidal neovascularization (CNV):

The creation of new blood vessels in the choroid layer of the eye. Choroidal neovascularization is a common cause of neovascular degenerative maculopathy, ie, 'wet' macular degeneration, commonly exacerbated by extreme myopia, malignant myopic degeneration, or age-related developments.

Diabetic Macular Edema (DME):

Swelling of the retina in diabetes mellitus due to leaking of fluid from blood vessels within the macula.

Diabetic Retinopathy:

Damage to the blood vessels of the light-sensitive tissue at the back of the eye (retina). Caused by too much sugar in the blood, leading to blockage of the tiny blood vessels that nourish the retina, cutting off its blood supply.

Intravitreal:

Introduced in the clear jelly-like substance enclosed by a hyaloid membrane that fills the eyeball posterior to the lens

Myopia:

Nearsightedness

Neovascular AMD (wet):

A form of AMD where abnormal blood vessels found behind the retina proliferate.

Ocular Neovascularization:

Formation of blood vessels in the eye in an abnormal or excessive rate.

Pseudoxanthoma Elasticum (PXE):

Autosomal recessive disease manifested by several lesions in the eye

Vascular Endothelial Growth Factor (VEGF):

Department of Origin: Pharmacy	Effective Date: 12/06/2023
Approved by: Pharmacy and Therapeutics Quality Management Subcommittee	Date approved: 12/06/2023
Pharmacy Clinical Policy Document: Vascular Endothelial Growth Factor Antagonists for Intravitreal Use	Replaces Effective Policy Dated: 2/15/2023
Reference #: PC/V001	Page: 5 of 8

A protein that stimulates the growth of vascular endothelial cells and plays an important role in *angiogenesis*.

BACKGROUND:

This clinical policy is based on U.S. Food and Drug Administration (FDA) approved indications, expert consensus opinion and/or available reliable evidence.

Vascular Endothelial Growth Factor (VEGF) stimulates the growth of vascular endothelial cells, which may lead to *Ocular Neovascularization*. Avastin (bevacizumab), Beovu (brolucizumab-dbl), Byooviz (ranibizumab-nuna), Eylea (aflibercept), Lucentis (ranibizumab), Macugen (pegaptanib), Mvasi (bevacizumab-awwb), Vabysmo (faricimab-svoa) and Zirabev (bevacizumab-bvzr) are VEGF antagonists that work by blocking the abnormal/excessive growth and leakage of blood vessels in the eye that may cause visual loss. Avastin was originally indicated for the treatment of colon/rectal cancer and was manufactured by the same company (Genentech) as Lucentis, although, Avastin has been used off-label in the recent years as a VEGF antagonist for *Ocular Neovascularization*. Data from the Comparisons of Age-Related Macular Degeneration Treatment Trials (CATT) show that Avastin and Lucentis are equivalent in their ability to improve visual acuity.

Bevacizumab is supplied in sterile vials containing a solution of 25 mg/mL. Doses utilized in ophthalmic conditions generally range from 6.2 mcg to 2.5 mg. Therefore, bevacizumab in vials is often divided into single-dose, prefilled syringes for intravitreal use by compounding pharmacies. Compounding pharmacies must comply with United States Pharmacopeia (USP) Chapter 797, which sets standards for the compounding, transportation, and storage of compounded sterile products (CSP). The Pharmacy Compounding Accreditation Board can verify that the pharmacy is adhering to these standards.

Prior Authorization: Yes, per network provider agreement - initial authorize for up to 12 months; continued use, authorize for up to 24 months. This is subject to the member's contract benefits.

CODING: HCPCS - 2023

C9142 Injection, bevacizumab-maly, biosimilar, 10 mg (Alymsys)
 J0178 Injection, aflibercept 1 mg (Eylea)
 J0179 Injection, brolucizumab-dbl, 1mg (Beovu)
 J2777 Injection, faricimab-svoa, 0.1 mg (Vabysmo)
 J2778 Injection, ranibizumab, 0.1mg (Lucentis)
 Q5128 Injection, ranibizumab-eqrn, biosimilar, 0.1 mg (Cimerli)
 J9035 Injection, bevacizumab, 10mg (Avastin)
 Q5107 Injection, bevacizumab-awwb, biosimilar 10 mg (Mvasi)
 Q5118 Injection, bevacizumab-bvzr, biosimilar 10 mg (Zirabev)
 Q5124 Injection, ranibizumab-nuna, biosimilar, 0.1 mg (Byooviz)
 Q5129 Injection, bevacizumab-adcd, biosimilar, 10 mg (Vegzelma)

ICD-10 Codes covered if indications are met for Avastin, Alymsys, Mvasi and Zirabev
 E08.311, E08.3211, E08.3212, E08.3213, E08.3311, E08.3312, E08.3313, E08.3411, E08.3412,
 E08.3413, E08.3511, E08.3512, E08.3513, E08.3521, E08.3522, E08.3523, E08.3531, E08.3532,

Department of Origin: Pharmacy	Effective Date: 12/06/2023
Approved by: Pharmacy and Therapeutics Quality Management Subcommittee	Date approved: 12/06/2023
Pharmacy Clinical Policy Document: Vascular Endothelial Growth Factor Antagonists for Intravitreal Use	Replaces Effective Policy Dated: 2/15/2023
Reference #: PC/V001	Page: 6 of 8

E08.3533, E08.3541, E08.3542, E08.3543, E08.3551, E08.3552, E08.3553, E08.3591, E08.3592, E08.3593, E09.311, E09.3211, E09.3212, E09.3213, E09.3311, E09.3312, E09.3313, E09.3411, E09.3412, E09.3413, E09.3511, E09.3512, E09.3513, E09.3521, E09.3522, E09.3523, E09.3531, E09.3532, E09.3533, E09.3541, E09.3542, E09.3543, E09.3551, E09.3552, E09.3553, E09.3591, E09.3592, E09.3593, E10.311, E10.3211, E10.3212, E10.3213, E10.3311, E10.3312, E10.3313, E10.3411, E10.3412, E10.3413, E10.3511, E10.3512, E10.3513, E10.3521, E10.3522, E10.3523, E10.3531, E10.3532, E10.3533, E10.3541, E10.3542, E10.3543, E10.3551, E10.3552, E10.3553, E10.3591, E10.3592, E10.3593, E11.311, E11.3211, E11.3212, E11.3213, E11.3311, E11.3312, E11.3313, E11.3411, E11.3412, E11.3413, E11.3511, E11.3512, E11.3513, E11.3521, E11.3522, E11.3523, E11.3531, E11.3532, E11.3533, E11.3541, E11.3542, E11.3543, E11.3551, E11.3552, E11.3553, E11.3591, E11.3592, E11.3593, E13.311, E13.3211, E13.3212, E13.3213, E13.3311, E13.3312, E13.3313, E13.3411, E13.3412, E13.3413, E13.3511, E13.3512, E13.3513, E13.3521, E13.3522, E13.3523, E13.3531, E13.3532, E13.3533, E13.3541, E13.3542, E13.3543, E13.3551, E13.3552, E13.3553, E13.3591, E13.3592, E13.3593, H21.1X1, H21.1X2, H21.1X3, H21.1X9, H34.8110, H34.8111, H34.8112, H34.8120, H34.8121, H34.8122, H34.8130, H34.8131, H34.8132, H34.8310, H34.8311, H34.8312, H34.8320, H34.8321, H34.8322, H34.8330, H34.8331, H34.8332, H35.051, H35.052, H35.053, H35.059, H35.3210, H35.3211, H35.3212, H35.3213, H35.3220, H35.3221, H35.3222, H35.3223, H35.3230, H35.3231, H35.3232, H35.3233, H35.351, H35.352, H35.353, H35.359, H35.81, H40.89, H44.2A1, H44.2A2, H44.2A3

ICD-10 Codes covered if indications are met for Beovu

H35.3210, H35.3211, H35.3212, H35.3213, H35.3220, H35.3221, H35.3222, H35.3223, H35.3230, H35.3231, H35.3232, H35.3233

ICD-10 Codes covered if indications are met for Eylea

E08.311, E08.319, E08.3211, E08.3212, E08.3213, E08.3291, E08.3292, E08.3293, E08.3311, E08.3312, E08.3313, E08.3391, E08.3392, E08.3393, E08.3411, E08.3412, E08.3413, E08.3491, E08.3492, E08.3493, E08.3511, E08.3512, E08.3513, E08.3521, E08.3522, E08.3523, E08.3531, E08.3532, E08.3533, E08.3541, E08.3542, E08.3543, E08.3551, E08.3552, E08.3553, E08.3591, E08.3592, E08.3593, E09.311, E09.319, E09.3211, E09.3212, E09.3213, E09.3291, E09.3292, E09.3293, E09.3311, E09.3312, E09.3313, E09.3391, E09.3392, E09.3393, E09.3411, E09.3412, E09.3413, E09.3491, E09.3492, E09.3493, E09.3511, E09.3512, E09.3513, E09.3521, E09.3522, E09.3523, E09.3531, E09.3532, E09.3533, E09.3541, E09.3542, E09.3543, E09.3551, E09.3552, E09.3553, E09.3591, E09.3592, E09.3593, E10.311, E10.319, E10.3211, E10.3212, E10.3213, E10.3291, E10.3292, E10.3293, E10.3311, E10.3312, E10.3313, E10.3391, E10.3392, E10.3393, E10.3411, E10.3412, E10.3413, E10.3491, E10.3492, E10.3493, E10.3511, E10.3512, E10.3513, E10.3521, E10.3522, E10.3523, E10.3531, E10.3532, E10.3533, E10.3541, E10.3542, E10.3543, E10.3551, E10.3552, E10.3553, E10.3591, E10.3592, E10.3593, E11.311, E11.319, E11.3211, E11.3212, E11.3213, E11.3291, E11.3292, E11.3293, E11.3311, E11.3312, E11.3313, E11.3391, E11.3392, E11.3393, E11.3411, E11.3412, E11.3413, E11.3491, E11.3492, E11.3493, E11.3511, E11.3512, E11.3513, E11.3521, E11.3522, E11.3523, E11.3531, E11.3532, E11.3533, E11.3541, E11.3542, E11.3543, E11.3551, E11.3552, E11.3553, E11.3591, E11.3592, E11.3593, E13.311, E13.319, E13.3211, E13.3212, E13.3213, E13.3291, E13.3292, E13.3293, E13.3311, E13.3312, E13.3313, E13.3391, E13.3392, E13.3393, E13.3411, E13.3412, E13.3413, E13.3491, E13.3492, E13.3493, E13.3511, E13.3512, E13.3513, E13.3521, E13.3522, E13.3523, E13.3531, E13.3532, E13.3533, E13.3541, E13.3542, E13.3543, E13.3551, E13.3552, E13.3553, E13.3591, E13.3592, E13.3593, H34.8110, H34.8111, H34.8112, H34.8120, H34.8121, H34.8122, H34.8130, H34.8131, H34.8132, H34.8310, H34.8311, H34.8312, H34.8320, H34.8321, H34.8322, H34.8330, H34.8331, H34.8332, H35.3210, H35.3211, H35.3212, H35.3213, H35.3220, H35.3221, H35.3222, H35.3223, H35.3230, H35.3231, H35.3232, H35.3233, H35.351, H35.352, H35.353, H35.81

Department of Origin: Pharmacy	Effective Date: 12/06/2023
Approved by: Pharmacy and Therapeutics Quality Management Subcommittee	Date approved: 12/06/2023
Pharmacy Clinical Policy Document: Vascular Endothelial Growth Factor Antagonists for Intravitreal Use	Replaces Effective Policy Dated: 2/15/2023
Reference #: PC/V001	Page: 7 of 8

ICD-10 Codes covered if indications are met for Lucentis and Byooviz

E08.311, E08.319, E08.3211, E08.3212, E08.3213, E08.3291, E08.3292, E08.3293, E08.3311, E08.3312, E08.3313, E08.3391, E08.3392, E08.3393, E08.3411, E08.3412, E08.3413, E08.3491, E08.3492, E08.3493, E08.3511, E08.3512, E08.3513, E08.3521, E08.3522, E08.3523, E08.3531, E08.3532, E08.3233, E08.3541, E08.3542, E08.3543, E08.3551, E08.3552, E08.3553, E08.3591, E08.3592, E08.3593, E09.311, E09.319, E09.3211, E09.3212, E09.3213, E09.3291, E09.3292, E09.3293, E09.3311, E09.3312, E09.3313, E09.3391, E09.3392, E09.3393, E09.3411, E09.3412, E09.3413, E09.3491, E09.3492, E09.3493, E09.3511, E09.3512, E09.3513, E09.3521, E09.3522, E09.3523, E09.3531, E09.3532, E09.3533, E09.3541, E09.3542, E09.3543, E09.3551, E09.3552, E09.3553, E09.3591, E09.3592, E09.3593, E10.311, E10.319, E10.3211, E10.3212, E10.3213, E10.3291, E10.3292, E10.3293, E10.3311, E10.3312, E10.3313, E10.3391, E10.3392, E10.3393, E10.3411, E10.3412, E10.3413, E10.3491, E10.3492, E10.3493, E10.3511, E10.3512, E10.3513, E10.3521, E10.3522, E10.3523, E10.3531, E10.3532, E10.3533, E10.3541, E10.3542, E10.3543, E10.3551, E10.3552, E10.3553, E10.3591, E10.3592, E10.3593, E11.311, E11.319, E11.3211, E11.3212, E11.3213, E11.3291, E11.3292, E11.3293, E11.3311, E11.3312, E11.3313, E11.3391, E11.3392, E11.3393, E11.3411, E11.3412, E11.3413, E11.3491, E11.3492, E11.3493, E11.3511, E11.3512, E11.3513, E11.3521, E11.3522, E11.3523, E11.3531, E11.3532, E11.3533, E11.3541, E11.3542, E11.3543, E11.3551, E11.3552, E11.3553, E11.3591, E11.3592, E11.3593, E13.311, E13.319, E13.3211, E13.3212, E13.3213, E13.3291, E13.3292, E13.3293, E13.3311, E13.3312, E13.3313, E13.3391, E13.3392, E13.3393, E13.3411, E13.3412, E13.3413, E13.3491, E13.3492, E13.3493, E13.3511, E13.3512, E13.3513, E13.3521, E13.3522, E13.3523, E13.3531, E13.3532, E13.3533, E13.3541, E13.3542, E13.3543, E13.3551, E13.3552, E13.3553, E13.3591, E13.3592, E13.3593, H34.8110, H34.8111, H34.8112, H34.8120, H34.8121, H34.8122, H34.8130, H34.8131, H34.8132, H34.8310, H34.8311, H34.8312, H34.8320, H34.8321, H34.8322, H34.8330, H34.8331, H34.8332, H35.051, H35.052, H35.053, H35.3210, H35.3211, H35.3212, H35.3213, H35.3220, H35.3221, H35.3222, H35.3223, H35.3230, H35.3231, H35.3232, H35.3233, H35.351, H35.352, H35.353, H35.81, H44.2A1, H44.2A2, H44.2A3

ICD-10 Codes covered if indications are met for Vabysmo

E08.311, E08.3211, E08.3212, E08.3213, E08.3311, E08.3312, E08.3313, E08.3411, E08.3412, E08.3413, E08.3511, E08.3512, E08.3513, E09.311, E09.3211, E09.3212, E09.3213, E09.3311, E09.3312, E09.3313, E09.3411, E09.3412, E09.3413, E09.3511, E09.3512, E09.3513, E10.311, E10.3211, E10.3212, E10.3213, E10.3311, E10.3312, E10.3313, E10.3411, E10.3412, E10.3413, E10.3511, E10.3512, E10.3513, E11.311, E11.3211, E11.3212, E11.3213, E11.3311, E11.3312, E11.3313, E11.3411, E11.3412, E11.3413, E11.3511, E11.3512, E11.3513, E13.311, E13.319, E13.3211, E13.3212, E13.3213, E13.3311, E13.3312, E13.3313, E13.3411, E13.3412, E13.3413, E13.3511, E13.3512, E13.3513, H35.3210, H35.3211, H35.3212, H35.3213, H35.3220, H35.3221, H35.3222, H35.3223, H35.3230, H35.3231, H35.3232, H35.3233

REFERENCES

1. Aylmsys [package insert] Bridgewater, NJ; Amneal Pharmaceuticals LLC; 2022.
2. Avastin [package insert] San Francisco, CA; Genentech, Inc.; 2022.
3. Beovu [package insert] East Hanover, NJ; Novartis Pharmaceuticals Corporation.; 2023.
4. Byooviz [package insert] Cambridge MA; Biogen, Inc.; 2023
5. Eylea [package insert] Tarrytown, NY; Regeneron Pharmaceuticals, Inc.; 2023.
6. Lucentis [package insert] San Francisco, CA; Genentech, Inc.; 2023.
7. Mvasi [package insert] Thousand Oaks, CA; Amgen Inc.; 2023.
8. Vabysmo [package insert] San Francisco, CA; Genentech, Inc.; 2023.

Department of Origin: Pharmacy	Effective Date: 12/06/2023
Approved by: Pharmacy and Therapeutics Quality Management Subcommittee	Date approved: 12/06/2023
Pharmacy Clinical Policy Document: Vascular Endothelial Growth Factor Antagonists for Intravitreal Use	Replaces Effective Policy Dated: 2/15/2023
Reference #: PC/V001	Page: 8 of 8

9. Zirabev [package insert] New York, NY; Pfizer Inc;. 2023.
10. Vegzelma [package insert] Incheon, Republic of Korea; Celltrion, Inc.; 2022.
11. Centers for Medicaid and Medicare Services (CMS). Local Coverage Article for Bevacizumab and biosimilars (A52370). Revisions Effective 04-01-22. Retrieved from <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=52370&ver=90&keyword=bevacizumab&keywordType=starts&areaid=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1> Accessed 10-30-23.
12. Centers for Medicaid and Medicare Services (CMS). Local Coverage Article for Ranibizumab, Aflibercept and Brolucizumab-dbl and Faricimab-svoa (A52451). Revision Effective Date 04/21/2022. Retrieved from <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=52451&ver=39&Date=01%2f01%2f2020&DocID=A52451&bc=AAAAABAAAAAA&bc=h> Accessed 10-30-23.
13. Diabetic Retinopathy Clinical Research Network, Wells JA, Glassman AR, Ayala AR, et al. Aflibercept, bevacizumab, or ranibizumab for diabetic macular edema. N Engl J Med. 2015 Mar 26;372(13):1193-203. doi: 10.1056/NEJMoa1414264
14. United States Pharmacopeia: 2008-2009 USP Pharmacists' Pharmacopeia. 2nd ed. 5th supplement. General Chapter <797> Pharmaceutical Compounding-Sterile Preparations. Rockville, MD: United States Pharmacopeia Convention. April 21-24, 2010. Washington, DC. Retrieved from <http://www.usp.org/compounding/general-chapter-797>. Accessed 10-30-23.
15. Medical Management Process Manual UR015 Use of Medical Policy and Criteria
16. Clinical Policy: MP/C009 Coverage Determination Guidelines
17. Pharmacy Clinical Policy: PP/T002 Therapeutic Equivalence

DOCUMENT HISTORY:

Created Date: 05/24/11
Reviewed Date: 03/27/12, 03/26/13, 03/26/14, 03/25/15, 03/25/16, 05/17/16, 04/24/17, 02/02/18, 02/01/19, 01/03/20, 12/01/20, 11/29/2021, 11/29/2022, 10/20/2023
Revised Date: 09/04/12, 05/09/13, 05/05/15, 04/28/17, 03/12/18, 08/13/18, 01/03/20, 05/03/22, 10/13/2022, 10/30/2023

PreferredOne Community Health Plan Nondiscrimination Notice

PreferredOne Community Health Plan (“PCHP”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PCHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PCHP:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact a Grievance Specialist.

If you believe that PCHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Specialist
PreferredOne Community Health Plan
PO Box 59052
Minneapolis, MN 55459-0052
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
customerservice@preferredone.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1.800.940.5049 (TTY: 763.847.4013).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.940.5049 (TTY: 763.847.4013).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.800.940.5049 (TTY: 763.847.4013).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, taiaajiila qarqaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.800.940.5049 (TTY: 763.847.4013).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.800.940.5049 (TTY: 763.847.4013).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.800.940.5049 (TTY: 763.847.4013)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.800.940.5049 (телетайп: 763.847.4013).

ໂບດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1.800.940.5049 (TTY: 763.847.4013).

ማስታወሻ፡ የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፡ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1.800.940.5049 (መስማት ለተሳናቸው፡ 763.847.4013) .

ဟ်သ့ဟ်သး- နမာ်ကတိ၊ ကညီ ကိုက်အယိ၊ နမာ် ကိုက်အတၢ်မၤစၢၤလၢ တလၢ်ဘျၣ်လၢ်စၢၤ နီတမံၤဘၣ်သန့လီၤ. ကိ: 1.800.940.5049 (TTY: 763.847.4013).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.940.5049 (TTY: 763.847.4013).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្បួល គឺអាចមានសំរាប់បំរើអ្នក។ ចរ ទូរស័ព្ទ 1.800.940.5049 (TTY: 763.847.4013)។

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.800.940.5049 (رقم هاتف الصم والبكم: 763.847.4013).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.800.940.5049 (TTY: 763.847.4013).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.800.940.5049 (TTY: 763.847.4013), 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.800.940.5049 (TTY: 763.847.4013).

PreferredOne Insurance Company Nondiscrimination Notice

PreferredOne Insurance Company ("PIC") complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PIC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PIC:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact a Grievance Specialist.

If you believe that PIC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Specialist
PreferredOne Insurance Company
PO Box 59212
Minneapolis, MN 55459-0212
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
customerservice@preferredone.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1.800.940.5049 (TTY: 763.847.4013).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.940.5049 (TTY: 763.847.4013).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.800.940.5049 (TTY: 763.847.4013).

XIYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.800.940.5049 (TTY: 763.847.4013).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.800.940.5049 (TTY: 763.847.4013).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.800.940.5049 (TTY: 763.847.4013)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.800.940.5049 (телетайп: 763.847.4013).

បំពេញ: ប្រសិនបើ អ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ហៅ 1.800.940.5049 (TTY: 763.847.4013).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፡ በነጻ ሊያገኙት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1.800.940.5049 (ማስማት ለተሳናቸው: 763.847.4013) .

ဟံသာဝတီ: နမူနာတို့ ကညီ ကျိအသိ, နမူနာ ကျိအတိအကျတို့ တလက်ကွက်လက်စွာ နိတမံဘဉ်သုန့်လိ။ ကိ: 1.800.940.5049 (TTY: 763.847.4013).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.940.5049 (TTY: 763.847.4013).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ហៅ 1.800.940.5049 (TTY: 763.847.4013).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.800.940.5049 (رقم هاتف الصم والبكم: 763.847.4013).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.800.940.5049 (TTY: 763.847.4013).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.800.940.5049 (TTY: 763.847.4013). 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.800.940.5049 (TTY: 763.847.4013).