Anti-Vascular Endothelial Growth Factor (VEGF) Therapy

Adjudication Guideline

Rule Category:	Ref: No:	Version Control:	Effective Date:	Revision Date:
Pharmaceutical	2018-PH-005	Version No.5	26/04/2018	20/10/2025

Approved by:	Responsible:	Related Adjudication Guidelines:
Daman	Pharmacy Standards & Governance	

Table of Contents

1. Abstract

1.1 For Members

Anti-Vascular endothelial growth factor drugs are given to treat a variety of retinal conditions like age-related macular degeneration (AMD), diabetic retinopathy and retinal vein via, intravitreal injection.

An intravitreal injection is a procedure to place a medication directly into the space in the back of the eye called the vitreous cavity, which is filled with a jellylike fluid called the vitreous humor gel. The procedure is usually performed by a trained retina specialist in the office setting.

Daman covers anti-VEGF if medically justified as per the best international medical practice and as per the policy terms and conditions of each Health Insurance Plan administered by Daman.

1.2 For Medical Professionals

Anti-Vascular endothelial growth factor drugs are given to treat a variety of retinal conditions like age-related macular degeneration (AMD), diabetic retinopathy and retinal vein via, intravitreal injection.

Repeat injections are usually safely tolerated over several years. The need for a repeat injection is determined during the clinical examination, often with the use of diagnostic testing.

Daman covers anti-VEGF as medically necessary for the diagnosis given further in this guideline as per the best international medical practice and as per the policy terms and conditions of each Health Insurance Plan administered by Daman.

There is a requirement to fill in a pre-requisite form for intravitreal injection the requested information given below. This is a mandatory step in order to proceed further. Failure to provide information relevant for approval will delay the processing of the applicant request. The provider will be contacted in case further clarifications are required.

2. Scope

This guideline emphasizes on the medical indications, frequency of administration, correct methodology for prior- authorization (case management) and claim adjudication, payment requirements and coverage of Anti-Vascular Endothelial Growth Factor (Anti- VEGF) therapy by Daman as per policy terms and conditions.

The drugs mentioned in the guideline are given below:

1. **Ranibizumab** which is a recombinant humanized IgG1 kappa isotope monoclonal antibody fragment for intraocular use. It slows the growth of abnormal new blood vessels in the eye and decreases leakage from these blood vessels.

2. **Aflibercept** has indications similar to the aforementioned drug.

3. **Faricimab** which is Angiopoietin-2 Inhibitor that targets both VEGF-A and Ang-2. By inhibiting VEGF-A, Faricimab suppresses endothelial cell proliferation, reduces neovascularization, and decreases vascular permeability.

4. **Brolucizumab** which is a recombinant humanized monoclonal antibody vascular endothelial growth factor (VEGF) inhibitor that binds to the 3 major isoforms of VEGF-A, thereby inhibiting endothelial cell proliferation, neovascularization, and capillary permeability to slow vision loss.

3. Adjudication Policy

3.1 Eligibility / Coverage Criteria

Anti-vascular endothelial growth factor intravitreal injection will be covered for all the health insurance plans administered by Daman, except for the Visitor's plan.

Indications:

1. Neovascular (wet) age-related macular degeneration (AMD).
2. Diabetic macular edema (DME).
3. Macular edema secondary to retinal vein occlusion (RVO).
4. Diabetic Retinopathy (DR) in patients with DME.
5. Myopic Choroidal neo vascularization (mCNV) secondary to pathologic myopia (Ranibizumab only).
6. Diabetic Retinopathy (Proliferative and Non- Proliferative)
7. Retinopathy of Prematurity

3.2 Requirements for Coverage

ICD and drug codes must be coded to the highest level of specificity.
Submit preapproval questionnaire , refer to below .

3.3 Non-Coverage

Anti-VEGF therapy is not covered in the below cases:

1. Intravitreal Bevacizumab injections are considered experimental and investigational for the treatment of indications aforementioned because their effectiveness has not been established.
2. The policy is visitor's plan.
3. If "Pre-requisite for Intravitreal Injection" form is not submitted along with the authorization request.

3.4 Payment and Coding Rules

Please apply regulator payment rules and regulations and relevant coding manuals for ICD, CPT, etc.

4. Denial Codes

Code	Code Description
MNEC-004	Service is not clinically indicated based on good clinical practice, without additional supporting diagnosis/activities.
AUTH-001	Prior approval is required and was not obtained
PDL01	Service(s) is (are) not covered.
MNEC-005	Service/supply may be appropriate, but too frequent
CODE-014	Activity/Diagnosis inconsistent with the patient's age/gender.

5. Appendices

5.1 References

1. https://www.accessdata.fda.gov/drugsatfda_docs/label/2024/125156s128lbl.pdf
2. https://www.accessdata.fda.gov/drugsatfda_docs/label/2024/125387s087lbl.pdf
3. Lucentis 10 mg/ml solution for injection - Summary of Product Characteristics (SmPC) - (emc)
4. Novartis Pharmaceutical UK. (23-Sep-2014). Lucentis 10mg/ml solution for injection. Available: http://www.medicines.org.uk/emc/medicine/19409/SPC/Lucentis+10+mg+ml+solution+for+injection/. Last accessed 07th Oct 2014.
5. Bayer plc. (04-Sep-2014). Eylea 40mg/ml solution for injection in a vial. Available: http://www.medicines.org.uk/emc/medicine/27224. Last accessed 07th Oct 2014.
6. National Institute for Health and care Excellence. (2008 August). Ranibizumab and Pegaptanib for the treatment of age-related macular degeneration. Available:
7. http://www.nice.org.uk/guidance/TA155/chapter/1-Guidance. Last accessed 07/10/2014.
8. National Institute for Health and care Excellence. (2014 February). Aflibercept for treating visual impairment caused by macular oedema secondary to central retinal vein occlusion. Available:
9. http://www.nice.org.uk/guidance/TA305. Last accessed 07/10/2014.
10. National Institute for Health and care Excellence. (2013 July). Aflibercept solution for injection for treating wet age-related macular degeneration. Available: http://www.nice.org.uk/guidance/TA294. Last accessed 07/10/2014.
11. National Institute for Health and care Excellence. (31 December 2013). NICE gives green light to treatment for macular oedema in final draft guidance. Available: http://www.nice.org.uk/news/pressand-media/nice-gives-green-light-to-treatment-for-macular-oedema-in-final-draft-guidance. Last accessed 07/10/2014.
12. FDA. (2006). prescribing information for Lucentis injection. Available:
13. http://www.accessdata.fda.gov/drugsatfda_docs/label/2006/125156lbl.pdf. Last accessed 07/10/2014.
14. National Eye Institute. (1). Diabetic Retinopathy. Available:
15. http://www.nei.nih.gov/health/diabetic/retinopathy.asp#1b. Last accessed 07/10/2014.
16. Medscape. (2014). Ranibizumab-Lucentis. Available:
17. http://reference.medscape.com/drug/formulary/lucentis-ranibizumab-343645. Last accessed 07/10/2014
18. https://www.medicines.org.uk/emc/product/307/smpc#gref
19. https://www.accessdata.fda.gov/drugsatfda_docs/label/2024/761235s005lbl.pdf
20. https://www.accessdata.fda.gov/drugsatfda_docs/label/2024/761125s021lbl.pdf
21. https://www.accessdata.fda.gov/drugsatfda_docs/label/2024/125156s128lbl.pdf
22. https://www.accessdata.fda.gov/drugsatfda_docs/label/2024/125387s087lbl.pdf
23. https://www.medicines.org.uk/emc/product/2879/smpc#gref

5.2 Revision History

Date	Version No.	Change(s)
27/03/2018	V1/0	Release of V1.0
10/01/2023	V2.0	Questionnaire link update
23/05/2023	V3.0	Updated: Questionnaire link
26/11/2024	V4.0	Added diagnosis- Retinopathy of Prematurity
20/10/2025	V5.0	Adding of Faricimab and Brolucizumab

Drug Pre-requisite Form- INTRAVITREAL INJECTION

https://www.damanhealth.ae/main/pdf/support/Questionnaire/PDFFormatQuestionnaire.pdf

This is a pre-requisite form provided upon request for intravitreal injection of Ranibizumab or Aflibercept, AntiVascular endothelial growth factor for diabetics and senile macular degeneration. Kindly fill in all the requested information given below. This is a mandatory step in order to proceed further. Failure to provide information relevant for approval will delay the processing of the applicant request. The provider will be contacted in case further clarifications are required.

GENERAL INFORMATION
Patient's Name: _____ ☐ New ☐ Established Patient's Card #: _____
Age: ☐ Under 18 ☐ Above 18 years.
Providers Name:
Prescribing Physician Speciality:
Diagnosis (ICD-I0):
Requested Drug:
Date of last intravitreal injection:

Kindly attach the (following) (if applicable):

☐ Optical Coherence Tomography ☐ (current) report ☐ Previous OCT

☐ Fundus Angiography/ Fluorescein Angiography ☐ (current) ☐ Previous

☐ Report of previous administration of anti-VEGF in the past month.

INITIAL REQUEST (new patient)
Visual Acuity: _____
IOP: _____
Anterior Segment Examination: _____ _____ _____
Dilated eye exam findings: (posterior segment examination) _____ _____ _____
Optical Coherence Tomography (OCT) findings: _____ _____ _____

Fundus Photo, Fluorescein angiography findings (if applicable):

REFILL REQUEST

☐ Right Eye ☐ Left Eye ☐ Both

- Approximate number of injections:

ADDITIONAL COMMENTS: