

Rule Category:
Pharmaceutical

Ref: No:
2018-PH-005

Version Control:
Version No.1.0

Effective Date:
28-04-2018

Revision Date:
April 2019

Anti-Vascular Endothelial Growth Factor (VEGF) Therapy for Diabetic and Senile Macular Degeneration

Adjudication Guideline

Table of content

Abstract Page 1 | **Scope** Page 2 | **Adjudication Policy** Page2 | **Denial codes** Page 3 | **Appendices** Page 5

Approved by:
Daman

Responsible:
Medical Standards & Research

Related Adjudication Guidelines:
NA

Abstract

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 jelly-like 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.

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.

Disclaimer

By accessing these Daman Adjudication Guidelines, you acknowledge that you have read and understood the terms of use set out in the disclaimer below:
The information contained in this Adjudication Guideline is intended to outline the procedures of adjudication of medical claims as applied by the National Health Insurance Company – Daman PJSC (hereinafter "Daman"). The Adjudication Guideline is not intended to be comprehensive, should not be used as treatment guidelines and should only be used for the purpose of reference or guidance for adjudication procedures and shall not be construed as conclusive. Daman in no way interferes with the treatment of patient and will not bear any responsibility for treatment decisions interpreted through Daman Adjudication Guideline. Treatment of patient is and remains at all times the sole responsibility of the treating Healthcare Provider. This Adjudication Guideline does not grant any rights or impose obligations on Daman. The Adjudication Guideline and all of the information it contains are provided "as is" without warranties of any kind, whether express or implied which are hereby expressly disclaimed.
Under no circumstances will Daman be liable to any person or business entity for any direct, indirect, special, incidental, consequential, or other damages arising out of any use of, access to, or inability to use or access to, or reliance on this Adjudication Guideline including but without limitation to, any loss of profits, business interruption, or loss of programs or information, even if Daman has been specifically advised of the possibility of such damages. Daman also disclaims all liability for any material contained in other websites linked to Daman website.
This Adjudication Guideline is subject to the laws, decrees, circulars and regulations of Abu Dhabi and UAE. Any information provided herein is general and is not intended to replace or supersede any laws or regulations related to the Adjudication Guideline as enforced in the UAE issued by any governmental entity or regulatory authority, or any other written document governing the relationship between Daman and its contracting parties.
This Adjudication Guideline is developed by Daman and is the property of Daman and may not be copied, reproduced, distributed or displayed by any third party without Daman's express written consent. This Adjudication Guideline incorporates the Current Procedural Terminology (CPT®), which is a registered trademark of the American Medical Association ("AMA") and the CPT codes and descriptions belong to the AMA. Daman reserves the right to modify, alter, amend or obsolete the Adjudication Guideline at any time by providing one month prior notice.

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.

Adjudication Policy

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)

Requirements for Coverage

ICD and drug codes must be coded to the highest level of specificity.

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.

Payment and Coding Rules

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

Denial codes

Code description
Service is not clinically indicated based on good clinical practice.
Service is not clinically indicated based on good clinical practice, without additional supporting diagnosis/activities.
Prior approval is required and was not obtained
Claim information is inconsistent with pre-certified/ authorized services
Service(s) is (are) not covered.
Payment already made for same / similar service within the set time frame.
Activity/Diagnosis inconsistent with the patient's age/gender.

Note: **Click here to download the below form**

PRE-REQUISITE FOR INTRAVITREAL INJECTION

This is a pre-requisite form provided upon request for intravitreal injection of Ranibizumab or Aflibercept, Anti-Vascular 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-10): _____
  _____
  _____
- 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:-

_____
_____
_____
_____
_____
_____
_____
_____
_____

Appendices

A. References

- 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.
- 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.
- National Institute for Health and care Excellence. (2008 August). Ranibizumab and Pegaptanib for the treatment of age-related macular degeneration. Available: http://www.nice.org.uk/guidance/TA155/chapter/1-Guidance. Last accessed 07/10/2014.
- 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: http://www.nice.org.uk/guidance/TA305. Last accessed 07/10/2014.
- 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.
- 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/press-and-media/nice-gives-green-light-to-treatment-for-macular-oedema-in-final-draft-guidance. Last accessed 07/10/2014.
- FDA. (2006). prescribing information for Lucentis injection. Available: http://www.accessdata.fda.gov/drugsatfda_docs/label/2006/125156lbl.pdf. Last accessed 07/10/2014.
- National Eye Institute. (1). Diabetic Retinopathy. Available: http://www.nei.nih.gov/health/diabetic/retinopathy.asp#1b. Last accessed 07/10/2014.
- Medscape. (2014). Ranibizumab-Lucentis. Available: http://reference.medscape.com/drug/formulary/lucentis-ranibizumab-343645. Last accessed 07/10/2014.

B. Revision History

Date	Change(s)
28/03/2018	Release of V1.0