Aflibercept (Eylea®, Eylea HD®)	Place of Service
	
	Office Administration
	Outpatient Facility Infusion Administration
	Infusion Center Administration
	
	HCPCS:
	• Eylea: J0178 per 1 mg
	• Eylea HD:
	  ○ Through 3/31/2024: C9161 per 1 mg
	  ○ Effective 4/1/2024 and after: J0177 per 1 mg
	NDC: 61755-050-01 Vial kit with injection components
	NDC: 61755-051-01 Vial only

Condition(s) listed in policy (*see criteria for details*)

- Diabetic macular edema (DME)
- Diabetic retinopathy
- Macular edema (ME) following central or branch retinal vein occlusion (RVO)
- Neovascular (WET) age-related macular degeneration (AMD)
- Retinopathy of prematurity (ROP)

AHFS therapeutic class: EENT Drugs, Miscellaneous

Mechanism of action: Aflibercept is a recombinant fusion protein that acts as a soluble decoy receptor that binds VEGF-A and PGF, thereby inhibiting the binding and activation of these cognate VEGF receptors

(1) Special Instructions and Pertinent Information

Covered under the Medical Benefit, please submit clinical information for prior authorization review.

(2) Prior Authorization/Medical Review is required for the following condition(s)

All requests for Eylea® (aflibercept) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

Diabetic macular edema (DME)

Covered Doses

Eylea: 2 mg (0.05 ml) given by intravitreal injection every 25 days
Eylea HD: 8 mg given by intravitreal injection every 4 weeks (approximately every 28 days +/- 7 days) for the first three doses, followed by 8 mg once every 8 to 16 weeks, +/- 1 week

Coverage Period

Yearly

ICD-10:
E08.3XXX, E09.3XXX, E10.3XXX, E11.3XXX, E13.3XXX

Diabetic retinopathy

Covered Doses
Eylea: 2 mg (0.05 ml) given by intravitreal injection every 25 days
Eylea HD: 8 mg given by intravitreal injection every 4 weeks (approximately every 28 days +/- 7 days) for the first three doses, followed by 8 mg once every 8 to 12 weeks

Coverage Period
Yearly

ICD-10:
E08.3XXX, E09.3XXX, E10.3XXX, E11.3XXX, E13.3XXX

Macular edema (ME) following central or branch retinal vein occlusion (RVO)

- Request is for Eylea (not Eylea HD)

Covered Doses
Eylea: 2 mg (0.05 ml) given by intravitreal injection every 25 days
Eylea HD: 8 mg given by intravitreal injection every 4 weeks (approximately every 28 days +/- 7 days) for the first three doses, followed by 8 mg once every 8 to 16 weeks, +/- 1 week

Coverage Period
Yearly

ICD-10:
H34.8110-8112, H34.8120-8122 H34.8130- 8132, H34.8190-8192,
H34.8310-8312, H34.8320-8322, H34.8330-8332, H34.8390-8392

Neovascular (WET) age-related macular degeneration (AMD)

Covered Doses
Eylea: 2 mg (0.05 ml) given by intravitreal injection every 25 days
Eylea HD: 8 mg given by intravitreal injection every 4 weeks (approximately every 28 days +/- 7 days) for the first three doses, followed by 8 mg once every 8 to 16 weeks, +/- 1 week

Coverage Period
Yearly

ICD-10:
H35.3210-3213, H35.3220-3223, H35.3230-3233, H35.3290-3293

Retinopathy of prematurity (ROP)

- Request is for Eylea (not Eylea HD)

Covered Doses
Eylea: 0.4 mg (0.01 ml) given by intravitreal injection every 10 days

Coverage Period
Yearly

ICD-10:
H35.109

(3) The following condition(s) DO NOT require Prior Authorization/Preservice

All requests for Eylea® (aflibercept) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

(4) This Medication is NOT medically necessary for the following condition(s)

Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.

Please refer to the Provider Manual and User Guide for more information.

(5) Additional Information

How supplied:
Eylea:

- 2 mg/0.05 mL solution in a single-dose pre-filled syringe
- 2 mg/0.05 mL solution in a single-dose vial

  Vial Kit contains the following Components:
  - one Eylea 2 mg/0.05 mL single-dose glass vial
  - one 19-gauge × 1½-inch, 5-micron, filter needle for withdrawal of the vial contents
  - one 30-gauge × ½-inch injection needle for intravitreal injection
  - one 1-mL syringe for administration

Eylea HD:

- 8 mg (0.07 mL of 114.3 mg/mL solution) in a single-dose vial

  61755-050-01: Vial Kit with Injection Components
  - 8 mg single-dose glass vial
  - one 18-gauge × 1½-inch, 5-micron, filter needle for withdrawal of the vial contents
  - one 30-gauge × ½-inch injection needle for intravitreal injection
  - one 1-mL syringe for administration

  61755-051-01: Vial Only
  - 8 mg single-dose glass vial

(6) References

- AHFS®. Available by subscription at http://www.lexi.com
- DrugDex®. Available by subscription at http://www.micromedexsolutions.com/home/dispatch
- Eylea® (aflibercept) [Prescribing information]. Tarrytown, NY: Regeneron Pharmaceuticals, Inc.; 3/2023.
- Eylea HD® (aflibercept) [Prescribing information]. Tarrytown, NY: Regeneron Pharmaceuticals, Inc.; 8/2023.

(7) Policy Update

Dates of last revision: 2Q2024
Date of next review: 2Q2024 (May)
Changes from previous policy version:

- Effective 4/1/2024 and after: J0177 per 1 mg

BSC Drug Coverage Criteria to Determine Medical Necessity
Reviewed by P&T Committee