

aflibercept

Medical Benefit Drug Policy

aflibercept (Eylea)

aflibercept (Eylea HD)

aflibercept-ayyh (Pavblu)

Place of Service

Office Administration

Outpatient Facility Infusion

Administration

Infusion Center Administration

Drug Details

USP Category: OPHTHALMIC AGENTS

Mechanism of Action: Vascular endothelial growth factor (VEGF) inhibitor

HCPCS:

J0177:Injection, aflibercept hd, 1 mg

J0178:Injection, aflibercept, 1 mg

Q5147:Injection, aflibercept-ayyh (pavblu), biosimilar, 1 mg

How Supplied:

Eylea:

- 2 mg (0.05 mL of 40 mg/mL) solution in a single-dose pre-filled syringe
- 2 mg (0.05 mL of 40 mg/mL) solution in a single-dose vial

Eylea HD:

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

Pavblu:

- 2 mg (0.05 mL of 40 mg/mL) solution in a single-dose prefilled syringe
- 2 mg (0.05 mL of 40 mg/mL) solution in a single-dose vial

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

- Diabetic Macular Edema (DME)
- Diabetic Retinopathy (DR)
- Macular Edema (ME) following Central or Branch Retinal Vein Occlusion (RVO)
- Neovascular (WET) Age-Related Macular Degeneration (AMD)
- Retinopathy of Prematurity (ROP)

Any condition not listed in this policy requires a review to confirm it is medically necessary. For conditions that have not been approved for intended use by the Food and Drug Administration (i.e., off-label use), the criteria outlined in the California Code of Regulations (CCR), Title 22, Section 51303 and 51313 must be met.

Special Instructions and Pertinent Information

Provider must submit documentation (such as office chart notes, lab results or other clinical information) to ensure the member has met all medical necessity requirements.

The member's specific benefit may impact drug coverage. Other utilization management processes, and/or legal restrictions may take precedence over the application of this clinical criteria.

Coverage Criteria

The following condition(s) require Prior Authorization/Preservice.

Diabetic Macular Edema (DME)

Meets medical necessity if all the following are met:

Covered Doses:

Eylea or Pavblu: 2 mg (0.05 ml) given by intravitreal injection every 25 days

Eylea HD: 8 mg given by intravitreal injection every 3-5 weeks for the first three doses, followed by 8 mg once every 7 to 17 weeks

Coverage Period:

Yearly

ICD-10:

E08.3XXX, E09.3XXX, E10.3XXX, E11.3XXX, E13.3XXX

Diabetic Retinopathy (DR)

Meets medical necessity if all the following are met:

Covered Doses:

Eylea or Pavblu: 2 mg (0.05 ml) given by intravitreal injection every 25 days

Eylea HD: 8 mg given by intravitreal injection every 3-5 weeks for the first three doses, followed by 8 mg once every 7 to 13 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)

Meets medical necessity if all the following are met:

1. Request is for Eylea or Pavblu (Not FDA approved for Eylea HD)

Covered Doses:

Eylea or Pavblu: 2 mg (0.05 ml) given by intravitreal injection every 25 days

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)

Meets medical necessity if all the following are met:

Covered Doses:

Eylea or Pavblu: 2 mg (0.05 ml) given by intravitreal injection every 25 days

Eylea HD: 8 mg given by intravitreal injection every 3 - 5 weeks for the first three doses, followed by 8 mg once every 7 to 17 weeks

Coverage Period:

Yearly

ICD-10:

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

Retinopathy of Prematurity (ROP)

Meets medical necessity if all the following are met:

1. Request is for Eylea (Not FDA approved for Eylea HD or Pavblu)

Covered Doses:

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

Coverage Period:

Yearly

ICD-10:

H35.109

References

1. AHFS. Available by subscription at <http://www.lexi.com>
2. DrugDex. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>
3. Eylea (aflibercept) Prescribing Information. Regeneron Pharmaceuticals, Inc., Tarrytown, NY: 10/2024.
4. Eylea HD (aflibercept) Prescribing Information. Regeneron Pharmaceuticals, Inc., Tarrytown, NY: 10/2024.

5. Pavblu (afibercept-ayyh) Prescribing information. Amgen, Inc., Thousand Oaks, CA. 8/2024.

Review History

Date of Last Annual Review: 1Q2025

Changes from previous policy version:

- HCPCS: Added Q5147, effective 4/1/25

*Blue Shield of California Medication Policy to Determine Medical Necessity
Reviewed by P&T Committee*