Aflibercept (Eylea®)	**Place of Service** **Office Administration** **Outpatient Facility Infusion Administration** **Infusion Center Administration** **HCPC:** J0178 per 1mg **NDC:** 61755-005-02

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

- Diabetic Macular Edema (DME), including diabetic retinopathy in patients with DME
- Neovascular (WET) age-related macular degeneration (AMD)
- Macular edema (ME) following central or branch retinal vein occlusion

AHFS therapeutic class: Selective vascular endothelial growth factor antagonist

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 via fax.

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

All requests for Eylea® (aflibercept) for conditions NOT listed in section 3 must be sent for clinical review and receive authorization prior to drug administration or claim payment.

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

All requests for Eylea® (aflibercept) for conditions NOT listed in section 3 must be sent for clinical review and receive authorization prior to drug administration or claim payment.

Diabetic macular edema (DME), including diabetic retinopathy in patients with DME

Covered Doses

2mg (0.05ml) intravitreal injection every month

Coverage Period

Yearly

ICD-9:

362.0X

ICD-10:

E**08**.311, 321X, 331X, 341X, 351X,
E**09**.311, 321X, 331X, 341X, 351X,
E**10**.311, 321X, 331X, 341X, 351X,
E**11**.311, 321X, 331X, 341X, 351X
E**13**.311, 321X, 331X, 341X, 351X

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

Covered Doses
2mg (0.05ml) intravitreal injection every month

Coverage Period
Yearly

ICD-9:
362.35, 362.36

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
2mg (0.05ml) intravitreal injection every month

Coverage Period
Yearly

ICD-9:
362.52 Exudative senile macular degeneration

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

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

The following conditions and other indications not listed in this policy do not meet the coverage criteria established by the Blue Shield of CA P&T Committee and are NOT-COVERED. Please refer to the user guide for more information.

(5) Additional Information

How supplied:
Each carton contains:

- One single use 3mL glass vial designed to deliver 0.05ml of 40mg/ml of Eylea
- One 19-gauge x 1 ½ -inch, 5 micron, filter needle for withdrawal of the vial contents
- One 30-gauge x ½ -inch needle for intravitreal injection
- One 1-mL syringe for administration

(6) References

- Eylea® Package Insert, Regeneron Pharmaceuticals, Inc. 2017
- AHFS®. Available by subscription at http://www.lexi.com
- DrugDex®. Available by subscription at http://www.micromedexsolutions.com/home/dispatch

(7) Policy Update

Dates of last review: 3Q2017
Date of next review: 3Q2018
Changes from previous policy version:

- No change to policy following routine review.