Medical Drug Clinical Criteria

Subject:	Vascular Endothelial Growth Factor (VEGF) Inhibitors		
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Overview

This document addresses the use of intravitreal vascular endothelial growth factor (VEGF) antagonists. Overexpression of VEGF is thought to contribute to diabetic retinopathy, and other retinal disorders associated with neovascularization. Avastin (bevacizumab) is humanized anti-VEGF antibody which blocks all VEGF isoforms. Lucentis (ranibizumab) and its biosimilars Byooviz (ranibizumab-nuna) and Cimerli (ranibizumab-cqrn) are truncated forms of bevacizumab. Cimerli is designated by the FDA as an interchangeable product to Lucentis. Beovu (brolucizumab) is a humanized single-chain antibody fragment that blocks all VEGF-A isoforms. Eylea (aflibercept) and Eylea HD (aflibercept) are recombinant fusion proteins that binds to VEGF-A as well as Placental Growth Factor (PlGF). Vabysmo (faricimab-svoa) is a humanized bispecific antibody that targets both VEGF-A and angiopoietin-2 (Ang-2).

Avastin is most often used intravenously as an anti-cancer agent. While it is not FDA approved to be used intravitreously or for any ocular conditions; it is widely used in ophthalmology. Compounding pharmacies often repackage Avastin into single-use units for use by ophthalmologists. FDA and the American Academy of Ophthalmology (AAO) have issued warnings regarding the importance of obtaining repackaged Avastin from compounding pharmacies accredited by National Boards of Pharmacy to avoid the potential for contaminated products.

Age-related macular degeneration (AMD): AMD is an eye disease characterized by progressive degeneration of the macula and is the leading cause of vision loss in older adults. When AMD results in the development of abnormal blood vessels behind the retina, the condition is commonly referred to as “wet” or neovascular AMD. These new blood vessels tend to be fragile and loss of central vision can occur quickly over the course of weeks to months. Although most patients with advanced AMD do not become completely blind, significant visual loss can lead to disability. The AAO Preferred Practice Pattern (PPP) on AMD states, “Intravitreal injection therapy using anti-VEGF agents (e.g. aflibercept, bevacizumab, and ranibizumab) is the most effective way to manage neovascular AMD and represents the first line of treatment.” Beovu is also approved for the treatment of neovascular age-related macular degeneration and is recommended in the AAO PPP. However, post marketing safety reports and new warnings about retinal vasculitis and/or retinal vascular occlusion have prompted concerns around its relative safety profile.

Retinal vein occlusion: A blockage of the blood supply from the retina causes retinal vein occlusion. This condition most often affects older individuals and can be caused by a blood clot, diabetes, glaucoma, atherosclerosis or hypertension. Retinal vein occlusion is the second most common type of retinal vascular disease and is estimated to involve 180,000 eyes per year. The AAO PPP for retinal vein occlusion states, “Macular edema may complicate both central retinal vein occlusions (CRVOs) and branch retinal vein occlusions (BRVOs). The first line of treatment for the associated macular edema is anti-VEGFs.”

Diabetic retinopathy (DR) and diabetic macular edema (DME): Diabetic retinopathy is one of the leading causes of blindness in working-age Americans. Approximately 28% of adults with diabetes over the age of 40 develop DR. DR and DME are caused by chronically high blood sugar which disrupts blood flow and causes damage to the tiny blood vessels in the retina. In its most advanced stage, DR can cause new abnormal blood vessels to grow on the surface of the retina, which can lead to scarring and visual disturbance. This severe form is called proliferative diabetic retinopathy (PDR). Sometimes, fluid can leak into the center of the macula, causing the macula to swell, resulting in blurred vision. This is known as diabetic macular edema. Macular edema can occur at any stage of diabetic retinopathy. Intravitreal VEGF injections have shown efficacy in treating DME and in preventing progression of diabetic retinopathy.

Rare ocular conditions: Conditions such as neovascular glaucoma, non-myopic causes of choroidal neovascularization, radiation retinopathy, and retinopathy of prematurity have historically been treated with bevacizumab. In 2023, Eylea became the first VEGF inhibitor to be FDA approved for retinopathy of prematurity.

Intraocular injections pose a risk for infection, retinal detachment, and traumatic lens injury. These injections require the treating physician to adhere to appropriate aseptic technique, educate individuals regarding worrisome symptoms and monitor individuals after each injection as increases in intraocular pressure have been seen.

Biosimilar Agents: Biosimilar products must be highly similar to the reference product and there must be no clinically meaningful differences between the biological product and the reference product in terms of the safety, purity, and potency of the product. Biosimilars must utilize the same mechanism of action (MOA), route of administration, dosage form and strength as the reference product; and the indications proposed must have been previously approved for the reference product. The potential exists for a biosimilar product to be approved for one or more indications for which the reference product is licensed based on extrapolation of data intended to demonstrate biosimilarity in one indication. Sufficient scientific justification for extrapolating data is necessary for FDA approval. Factors and issues that should be considered for extrapolation include the MOA for each indication, the pharmacokinetics, bio-distribution, and immunogenicity of the product in different patient populations, and differences in expected toxicities in each indication and patient population. Alymsys (bevacizumab-maly), Mvasi (bevacizumab-awwb), Zirabev (bevacizumab-bvzr) and Vegzelma (bevacizumab-adcd) are FDA approved biosimilar agents to Avastin. They share the same FDA approved uses as Avastin, with the exception of hepatocellular carcinoma. Alymsys, Mvasi, Zirabev and Vegzelma have not been studied in ophthalmic indications. However, since they have demonstrated biosimilarity to Avastin for FDA indications, biosimilarity may be extrapolated to other FDA indications and off-label indications, as well. Enzeevu (aflibercept-abzv), Pavblu (aflibercept-ayyh), Ahzantive (aflibercept-mrbb), Yesafili (aflibercept-jbvf), Opuviz (aflibercecpt-yszy) are FDA approved biosimilars for Eylea (aflibercept). Byooviz (ranibizumab-nuna) is an FDA approved biosimilar to Lucentis and carries indications for AMD, retinal vein occlusion, and myopic choroidal neovascularization. The FDA approval of Byooviz was based on the totality of evidence demonstrating biosimilarity, including a randomized, double-masked, parallel group, multicenter phase 3 study in 705 patients with wet AMD. Results showed that after 24 weeks of monthly treatment with either Lucentis or Byooviz, the least square mean change in best corrected visual acuity (BCVA) from baseline to week 8 were 6.2 and 7.2 letters, respectively. The adjusted treatment difference between groups was -0.8 letters (90% CI, -1.8 to 0.2 letter), which was within the predefined equivalence limits of -3 to 3 letters. While Byooviz is not FDA approved for diabetic macular edema or diabetic retinopathy, efficacy may be extrapolated based on biosimilarity. Cimerli is designated as an interchangeable product (IP) to the reference product (RP) Lucentis. An Interchangeable product is approved based on data demonstrating that it is highly similar to an FDA-approved RP, that there are no clinically meaningful differences between the products. Per the FDA, interchangeable products can be expected to produce the same clinical result as the reference product (RP) in any given patient; and if administered more than once to a patient, the risk in terms of safety or diminished efficacy from alternating or switching between use of the RP and IP is not greater than that from the RP without such alternation or switch.

Clinical Criteria

When a drug is being reviewed for coverage under a member's medical benefit plan or is otherwise subject to clinical review (including prior authorization), the following criteria will be used to determine whether the drug meets any applicable medical necessity requirements for the intended/prescribed purpose.

Vabysmo (faricimab-svoa)

Requests for Vabysmo (faricimab-svoa) may be approved if the following criteria are met:

I. Individual has a diagnosis of one of the following:
   A. Established neovascular "wet" age-related macular degeneration; **OR**
   B. Diabetic macular edema (DME) (including DME with diabetic retinopathy of any severity); **OR**
   C. Macular edema following retinal vein occlusion (RVO).

Requests for Vabysmo (faricimab-svoa) may not be approved when the above criteria are not met and for all other indications.

Avastin (bevacizumab); Alymsys (bevacizumab-maly); Mvasi (bevacizumab-awwb); Vegzelma (bevacizumab-adcd); Zirabev (bevacizumab-bvzr)
Precertification may not be required. For more information, click here^

Requests for Avastin (bevacizumab), Alymsys (bevacizumab-maly), Mvasi (bevacizumab-awwb), Vegzelma (bevacizumab-adcd), or Zirabev (bevacizumab-bvzr) may be approved if the following criteria are met:

I. Individual has a diagnosis of one of the following:
   A. Diabetic macular edema (including DME with diabetic retinopathy of any severity) (AAO 2019); **OR**
   B. Proliferative or moderate to severe non-proliferative diabetic retinopathy with or without diabetic macular edema (AAO2019, DP B IIa); **OR**
   C. Established neovascular "wet" age-related macular degeneration (AHFS); **OR**
   D. Macular edema from branch retinal vein occlusion (AAO 2019); **OR**
   E. Macular edema from central retinal vein occlusion (AAO 2019); **OR**
   F. Neovascular glaucoma (Costagliola 2008, DP B IIb); **OR**
   G. Choroidal neovascularization associated with myopic degeneration (AAO Consensus 2017, DP B IIb); **OR**
   H. Other rare causes of choroidal neovascularization for **one or more** of the following conditions (Weber 2016):
      1. angioid streaks; **OR**
      2. choroiditis (including, but not limited to histoplasmosis induced choroiditis); **OR**

3. retinal dystrophies; **OR**
4. trauma; **OR**
5. pseudoxanthoma elasticum;

OR

I. Radiation retinopathy (Finger 2016); **OR**
J. Retinopathy of prematurity (Sankar 2018, DP B IIb).

Requests for intravitreal injections of Avastin (bevacizumab), Alymsys (bevacizumab-maly), Mvasi (bevacizumab-awwb), Vegzelma (bevacizumab-adcd), or Zirabev (bevacizumab-bvzr) may not be approved when the above criteria are not met and for all other indications.

Lucentis (ranibizumab); Byooviz (ranibizumab-nuna); Cimerli (ranibizumab-cqrn)

Requests for Lucentis (ranibizumab), Byooviz (ranibizumab-nuna), or Cimerli (ranibizumab-cqrn) may be approved if the following criteria are met:

I. Individual has a diagnosis of one of the following:
   A. Diabetic macular edema (including DME with diabetic retinopathy of any severity); **OR**
   B. Proliferative or moderate to severe non-proliferative diabetic retinopathy with or without diabetic macular edema ; **OR**
   C. Established neovascular "wet" age-related macular degeneration; **OR**
   D. Macular edema from branch retinal vein occlusion; **OR**
   E. Macular edema from central retinal vein occlusion; **OR**
   F. Choroidal neovascularization associated with myopic degeneration; **OR**
   G. Radiation retinopathy (Finger 2016).

Requests for intravitreal injections Lucentis (ranibizumab), Byooviz (ranibizumab-nuna), or Cimerli (ranibizumab-cqrn) may not be approved when the above criteria are not met and for all other indications.

Eylea (aflibercept), Enzeevu (aflibercept-abzv), Pavblu (aflibercept-ayyh), Ahzantive (aflibercept-mrbb), Yesafili (aflibercept-jbvf), Opuviz (aflibercecpt-yszy)

Requests for Eylea (aflibercept), Enzeevu (aflibercept-abzv), Pavblu (aflibercept-ayyh), Ahzantive (aflibercept-mrbb), Yesafili (aflibercept-jbvf), Opuviz (aflibercecpt-yszy)
may be approved if the following criteria are met:

I. Individual has a diagnosis of one of the following:
   A. Diabetic macular edema (including DME with diabetic retinopathy of any severity); **OR**
   B. Proliferative or moderate to severe non-proliferative diabetic retinopathy with or without diabetic macular edema ; **OR**
   C. Established neovascular "wet" age-related macular degeneration; **OR**
   D. Macular edema from branch retinal vein occlusion; **OR**
   E. Macular edema from central retinal vein occlusion;
   F. Retinopathy of prematurity.

Requests for intravitreal injections of Eylea (aflibercept), Enzeevu (aflibercept-abzv), Pavblu (aflibercept-ayyh), Ahzantive (aflibercept-mrbb), Yesafili (aflibercept-jbvf), Opuviz (aflibercecpt-yszy) may not be approved when the above criteria are not met and for all other indications.

Eylea HD (aflibercept)

Requests for Eylea HD (aflibercept) may be approved if the following criteria are met:

I. Individual has a diagnosis of one of the following:
   A. Neovascular (wet) age-related macular degeneration (nAMD); **OR**
   B. Diabetic retinopathy (DR); **OR,**
   C. Diabetic macular edema (DME).

Requests for intravitreal injections of Eylea HD (aflibercept) may not be approved when the above criteria are not met and for all other indications.

Beovu (brolucizumab-dbll)

Requests for Beovu (brolucizumab-dbll) may be approved if the following criteria are met:

I. Individual has a diagnosis of one of the following:
   A. Established neovascular "wet" age-related macular degeneration; **OR**
   B. Diabetic macular edema (including DME with diabetic retinopathy of any severity).

Requests for intravitreal injections of Beovu (brolucizumab-dbll) may not be approved when the above criteria are not met and for all other indications.

Step Therapy

Note: When an intravitreal VEGF antagonist is deemed approvable based on the clinical criteria above, the benefit plan may have additional criteria requiring the use of a preferred[1] agent or agents.

A list of the preferred intravitreal VEGF antagonist(s) are available here.

Non-preferred Intravitreal VEGF Antagonists Step Therapy

Requests for a non-preferred intravitreal VEGF antagonist may be approved when the following criteria are met:

I. Individual has been on the requested agent;

OR

II. Individual has had a trial and inadequate response or intolerance to one preferred agent:

OR

III. The preferred agents are not FDA-approved and do not have an accepted off-label use per the off-label use policy for the prescribed indication and the requested non-preferred agent does;

OR

IV. A non-preferred agent may be approved for a diagnosis other than age-related macular degeneration if Avastin is the sole preferred agent approvable for that diagnosis;

OR

V. Lucentis or Byooviz may be approved if individual currently has a Susvimo ocular implant and is requesting supplemental injections;

OR

VI. Eylea, Enzeevu, Ahzantive, Yesafili, or Opuviz may be approved if the individual has a diagnosis of retinopathy of prematurity.

[1]Preferred, as used herein, refers to agents that were deemed to be clinically comparable to other agents in the same class or disease category but are preferred based upon clinical evidence and cost effectiveness.

Quantity Limits

Vascular Endothelial Growth Factor (VEGF) Antagonists Quantity Limit

Drug	Limit
Eylea (aflibercept) 2 mg vial Enzeevu (aflibercept-abzv) 2 mg vial & syringe; Pavblu (aflibercept-ayyh) 2 mg vial & syringe; Yesafili (aflibercept-jbvf) 2 mg vial; Ahzantive (aflibercept-mrbb) 2 mg vial; Opuviz (aflibercecpt-yszy) 2 mg vial	**Diabetic macular edema, diabetic retinopathy, neovascular "wet" age-related macular degeneration, retinal vein occlusion:** 2 mg per eye; each eye may be treated as frequently as every 4 weeks **Retinopathy of prematurity:** 0.4 mg per eye; each eye may be treated as frequently as every 10 days
Eylea HD (aflibercept) 8 mg vial	**Neovascular (wet) age-related macular degeneration, Diabetic Macular Edema (DME)** 8 mg per eye every 4 weeks (approximately every 28 days +/- 7 days) for the first three doses; followed by 8 mg per eye; each eye may be treated as frequently as every 8 to 16 weeks, +/- 1 week. **Diabetic Retinopathy (DR):** 8 mg per eye every 4 weeks (approximately every 28 days +/- 7 days) for the first three doses; followed by 8mg per eye; each eye may be treated as frequently as every 8 to 12 weeks, +/- 1 week.
Lucentis (ranibizumab) 0.3 mg, 0.5 mg prefilled syringe	**Diabetic macular edema and diabetic retinopathy**: 0.3 mg per eye; each eye may be treated as frequently as every 4 weeks

	Age related macular degeneration, branch or central retinal vein occlusion, myopic choroidal neovascularization, and radiation retinopathy: 0.5 mg per eye; each eye may be treated as frequently as every 4 weeks
Byooviz (ranibizumab-nuna) 0.5 mg vial	0.5 mg per eye; each eye may be treated as frequently as every 4 weeks
Cimerli (ranibizumab-cqrn) 0.3 mg, 0.5 mg vial	**Diabetic macular edema and diabetic retinopathy**: 0.3 mg per eye; each eye may be treated as frequently as every 4 weeks **Age related macular degeneration, branch or central retinal vein occlusion, myopic choroidal neovascularization, and radiation retinopathy**: 0.5 mg per eye; each eye may be treated as frequently as every 4 weeks
Avastin (bevacizumab) 100 mg, 400 mg vial; Alymsys (bevacizumab-maly) 100 mg, 400 mg vial; Mvasi (bevacizumab-awwb) 100 mg, 400 mg vial; Vegzelma (bevacizumab-adcd) 100 mg, 400 mg vial; Zirabev (bevacizumab-bvzr) 100 mg, 400 mg vial (when used for ophthalmologic indications)	1.25 mg per eye; each eye may be treated as frequently as every 4 weeks
Beovu (brolucizumab-dbll) 6 mg vial & prefilled syringe	6 mg per eye; each eye may be treated as frequently as every 8 weeks**
Vabysmo (faricimab-svoa) 6 mg vial & prefilled syringe	6 mg per eye; each eye may be treated as frequently as every 4 weeks
Override Criteria	
For Beovu, may approve the following for initiation of therapy: I. Age-related macular degeneration: One 6 mg dose per eye monthly for the first three (3) doses; **OR II. Diabetic macular edema (DME): One 6 mg dose per eye every six weeks for the first five (5) doses.	

Coding

The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Intravitreal injections of bevacizumab [Avastin] [Mvasi] [Zirabev] [Alymsys] [Vegzelma]

HCPCS

C9257	Injection, bevacizumab, 0.25 mg [Avastin]
J9035	Injection, bevacizumab, 10 mg [when specified as Avastin intravitreal]
Q5126	Injection, bevacizumab-maly, biosimilar, (Alymsys), 10 mg
Q5129	Injection, bevacizumab-adcd (Vegzelma), biosimilar, 10 mg
Q5107	Injection, bevacizumab-awwb, biosimilar, (Mvasi), 10 mg
Q5118	Injection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg

ICD-10 Diagnosis

B39.0-B39.9	Histoplasmosis
E08.311-E08.3519	Diabetes mellitus due to underlying condition with diabetic retinopathy with macular edema [includes only codes E08.311 and ranges E08.3211-E08.3219, E08.3311-E08.3319, E08.3411-E08.3419, E08.3511-E08.3519, and E08.319 when specified as proliferative diabetic retinopathy]
E08.3521-E08.3599	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy [without macular edema]
E09.311-E09.3519	Drug or chemical induced diabetes mellitus with diabetic retinopathy with macular edema [includes only codes E09.311 and ranges E09.3211-E09.3219, E09.3311-E09.3319, E09.3411-E09.3419, E09.3511-E09.3519, and E09.319 when specified as proliferative diabetic retinopathy]
E09.3521-E09.3599	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy [without macular edema]
E10.311-E10.3519	Type 1 diabetes mellitus with diabetic retinopathy with macular edema [includes only codes E10.311 and ranges E10.3211-E10.3219, E10.3311-E10.3319, E10.3411-E10.3419, E10.3511-E10.3519, and E10.319 when specified as proliferative diabetic retinopathy]
E10.3521-E10.3599	Type 1 diabetes mellitus with proliferative diabetic retinopathy [without macular edema]

E11.311-E11.3519	Type 2 diabetes mellitus with diabetic retinopathy with macular edema [includes only codes E11.311 and ranges E11.3211-E11.3219, E11.3311-E11.3319, E11.3411-E11.3419, E11.3511-E11.3519, and E11.319 when specified as proliferative diabetic retinopathy]
E11.3521-E11.3599	Type 2 diabetes mellitus with proliferative diabetic retinopathy [without macular edema]
E13.311-E13.3519	Other specified diabetes mellitus with diabetic retinopathy with macular edema [includes only codes E13.311 and ranges E13.3211-E13.3219, E13.3311-E13.3319, E13.3411-E13.3419, E13.3511-E13.3519, and E13.319 when specified as proliferative diabetic retinopathy]
E13.3521-E13.3599	Other specified diabetes mellitus with proliferative diabetic retinopathy [without macular edema]
H21.1X1-H21.1X9	Other vascular disorders of iris and ciliary body (neovascularization)
H30.001-H30.049	Focal chorioretinal inflammation
H30.101-H30.149	Disseminated chorioretinal inflammation
H30.891-H30.899	Other chorioretinal inflammations
H30.90-H30.93	Unspecified chorioretinal inflammation
H32	Chorioretinal disorders in diseases classified elsewhere
H34.8110	Central retinal vein occlusion, right eye, with macular edema
H34.8120	Central retinal vein occlusion, left eye, with macular edema
H34.8130	Central retinal vein occlusion, bilateral, with macular edema
H34.8190	Central retinal vein occlusion, unspecified eye, with macular edema
H34.8310	Tributary (branch) retinal vein occlusion, right eye, with macular edema
H34.8320	Tributary (branch) retinal vein occlusion, left eye, with macular edema
H34.8330	Tributary (branch) retinal vein occlusion, bilateral, with macular edema
H34.8390	Tributary (branch) retinal vein occlusion, unspecified eye, with macular edema
H35.00-H35.09	Background retinopathy and retinal vascular changes
H35.101-H35.179	Retinopathy of prematurity
H35.3210-H35.3293	Exudative age-related macular degeneration
H35.33	Angioid streaks of macula
H35.50-H35.54	Hereditary retinal dystrophy
H35.9	Unspecified retinal disorder [specified as radiation retinopathy]
H40.50X0-H40.53X4	Glaucoma secondary to other eye disorders [neovascular glaucoma]
H40.89	Other specified glaucoma [neovascular glaucoma]
H44.20-H44.23	Degenerative myopia
H44.2A1-H44.2A9	Degenerative myopia with choroidal neovascularization
Q82.8	Other specified congenital malformations of skin [pseudoxanthoma elasticum]
T66.XXXA-T66.XXXS	Radiation sickness, unspecified [specified as radiation retinopathy]

Intravitreal injections of ranibizumab [Lucentis] [Byooviz] [Cimerli]

CPT

67028	Intravitreal injection of a pharmacologic agent [when billed in conjunction with intravitreal injection of ranibizumab HCPCS code listed below] *Inclusion of this code in the clinical policy is informational only and does not denote a requirement for pre or post service medical necessity review.

HCPCS

J2778	Injection, ranibizumab; 0.1 mg [Lucentis]
Q5124	Injection, ranibizumab-nuna, biosimilar, (Byooviz), 0.1 mg
Q5128	Injection, ranibizumab-eqrn (Cimerli), biosimilar, 0.1 mg

ICD-10 Diagnosis

E08.311-E08.3519	Diabetes mellitus due to underlying condition with diabetic retinopathy with macular edema [includes only codes E08.311 and ranges E08.3211-E08.3219, E08.3311-E08.3319, E08.3411-E08.3419, E08.3511-E08.3519, and E08.319 when specified as proliferative diabetic retinopathy]
E08.3521-E08.3599	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy [without macular edema]
E09.311-E09.3519	Drug or chemical induced diabetes mellitus with diabetic retinopathy with macular edema [includes only codes E09.311 and ranges E09.3211-E09.3219, E09.3311-E09.3319, E09.3411-E09.3419, E09.3511-E09.3519, and E09.319 when specified as proliferative diabetic retinopathy]
E09.3521-E09.3599	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy [without macular edema]
E10.311-E10.3519	Type 1 diabetes mellitus with diabetic retinopathy with macular edema [includes only codes E10.311 and ranges E10.3211-E10.3219, E10.3311-E10.3319, E10.3411-E10.3419, E10.3511-E10.3519, and E10.319 when specified as proliferative diabetic retinopathy]
E10.3521-E10.3599	Type 1 diabetes mellitus with proliferative diabetic retinopathy [without macular edema]
E11.311-E11.3519	Type 2 diabetes mellitus with diabetic retinopathy with macular edema [includes only codes E11.311 and ranges E11.3211-E11.3219, E11.3311-E11.3319, E11.3411-E11.3419, E11.3511-E11.3519, and E11.319 when specified as proliferative diabetic retinopathy]
E11.3521-E11.3599	Type 2 diabetes mellitus with proliferative diabetic retinopathy [without macular edema]
E13.311-E13.3519	Other specified diabetes mellitus with diabetic retinopathy with macular edema [includes only codes E13.311 and ranges E13.3211-E13.3219, E13.3311-E13.3319, E13.3411-E13.3419, E13.3511-E13.3519, and E13.319 when specified as proliferative diabetic retinopathy]
E13.3521-E13.3599	Other specified diabetes mellitus with proliferative diabetic retinopathy [without macular edema]
H21.1X1-H21.1X9	Other vascular disorders of iris and ciliary body (neovascularization)
H34.8110	Central retinal vein occlusion, right eye, with macular edema
H34.8120	Central retinal vein occlusion, left eye, with macular edema
H34.8130	Central retinal vein occlusion, bilateral, with macular edema
H34.8190	Central retinal vein occlusion, unspecified eye, with macular edema
H34.8310	Tributary (branch) retinal vein occlusion, right eye, with macular edema
H34.8320	Tributary (branch) retinal vein occlusion, left eye, with macular edema
H34.8330	Tributary (branch) retinal vein occlusion, bilateral, with macular edema
H34.8390	Tributary (branch) retinal vein occlusion, unspecified eye, with macular edema
H35.3210-H35.3293	Exudative age-related macular degeneration
H35.9	Unspecified retinal disorder [specified as radiation retinopathy]
H44.20-H44.23	Degenerative myopia
H44.2A1-H44.2A9	Degenerative myopia with choroidal neovascularization
T66.XXXA-T66.XXXS	Radiation sickness, unspecified [specified as radiation retinopathy]

Intravitreal injections of aflibercept [Eylea], aflibercept [Eylea HD]
CPT

67028	Intravitreal injection of a pharmacologic agent [when billing in conjunction with intravitreal injection of aflibercept HCPCS code listed below] *Inclusion of this code in the clinical policy is informational only and does not denote a requirement for pre or post service medical necessity review.

HCPCS

J0177	Injection, aflibercept HD, 1 mg [Eylea HD]
J0178	Injection, aflibercept, 1 mg [Eylea]
Q5147	Injection, aflibercept-ayyh (Pavblu), biosimilar, 1 mg
Q5149	Injection, aflibercept-abzv (Enzeevu), biosimilar, 1 mg
Q5150	Injection, aflibercept-mrbb (Ahzantive), biosimilar, 1 mg
J3590	Unclassified biologics [when specified as Yesafili (aflibercept-jbvf) or Opuviz (aflibercept-yszy)]
C9399	Unclassified drugs or biologics [when specified as Yesafili (aflibercept-jbvf) or Opuviz (aflibercept-yszy)]

ICD-10 Diagnosis

E08.311-E08.3519	Diabetes mellitus due to underlying condition with diabetic retinopathy with macular edema [includes only codes E08.311 and ranges E08.3211-E08.3219, E08.3311-E08.3319, E08.3411-E08.3419, E08.3511-E08.3519, and E08.319 when specified as proliferative diabetic retinopathy] (Eylea HD, Eylea, Enzeevu, Pavblu, Ahzantive, Yesafili, and Opuviz)
E08.3521-E08.3599	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy [without macular edema] (Eylea HD, Eylea, Enzeevu, Pavblu, Ahzantive, Yesafili, and Opuviz)
E10.311-E10.3519	Type 1 diabetes mellitus with diabetic retinopathy with macular edema [includes only codes E10.311 and ranges E10.3211-E10.3219, E10.3311-E10.3319, E10.3411-E10.3419, E10.3511-E10.3519, and E10.319 when specified as proliferative diabetic retinopathy] (Eylea HD, Eylea, Enzeevu, Pavblu, Ahzantive, Yesafili, and Opuviz)
E10.3521-E10.3599	Type 1 diabetes mellitus with proliferative diabetic retinopathy [without macular edema] (Eylea HD, Eylea, Enzeevu, Pavblu, Ahzantive, Yesafili, and Opuviz)
E11.311-E11.3519	Type 2 diabetes mellitus with diabetic retinopathy with macular edema [includes only codes E11.311 and ranges E11.3211-E11.3219, E11.3311-E11.3319, E11.3411-E11.3419, E11.3511-E11.3519, and E11.319 when specified as proliferative diabetic retinopathy] (Eylea HD, Eylea, Enzeevu, Pavblu, Ahzantive, Yesafili, and Opuviz)
E11.3521-E11.3599	Type 2 diabetes mellitus with proliferative diabetic retinopathy [without macular edema] (Eylea HD, Eylea, Enzeevu, Pavblu, Ahzantive, Yesafili, and Opuviz)
E13.311-E13.3519	Other specified diabetes mellitus with diabetic retinopathy with macular edema [includes only codes E13.311 and ranges E13.3211-E13.3219, E13.3311-E13.3319, E13.3411-E13.3419, E13.3511-E13.3519, and E13.319 when specified as proliferative diabetic retinopathy] (Eylea HD, Eylea, Enzeevu, Pavblu, Ahzantive, Yesafili, and Opuviz)
E13.3521-E13.3599	Other specified diabetes mellitus with proliferative diabetic retinopathy [without macular edema] (Eylea HD, Eylea, Enzeevu, Pavblu, Ahzantive, Yesafili, and Opuviz)
H34.8110	Central retinal vein occlusion, right eye, with macular edema (Eylea HD, Eylea, Enzeevu, Pavblu, Ahzantive, Yesafili, and Opuviz)
H34.8120	Central retinal vein occlusion, left eye, with macular edema (Eylea HD, Eylea, Enzeevu, Pavblu, Ahzantive, Yesafili, and Opuviz)
H34.8130	Central retinal vein occlusion, bilateral, with macular edema (Eylea HD, Eylea, Enzeevu, Pavblu, Ahzantive, Yesafili, and Opuviz)
H34.8190	Central retinal vein occlusion, unspecified eye, with macular edema (Eylea HD, Eylea, Enzeevu, Pavblu, Ahzantive, Yesafili, and Opuviz)
H34.8310	Tributary (branch) retinal vein occlusion, right eye, with macular edema (Eylea HD, Eylea, Enzeevu, Pavblu, Ahzantive, Yesafili, and Opuviz)
H34.8320	Tributary (branch) retinal vein occlusion, left eye, with macular edema (Eylea HD, Eylea, Enzeevu, Pavblu, Ahzantive, Yesafili, and Opuviz)
H34.8330	Tributary (branch) retinal vein occlusion, bilateral, with macular edema (Eylea HD, Eylea, Enzeevu, Pavblu, Ahzantive, Yesafili, and Opuviz)
H34.8390	Tributary (branch) retinal vein occlusion, unspecified eye, with macular edema (Eylea HD, Eylea, Enzeevu, Pavblu, Ahzantive, Yesafili, and Opuviz)
H35.101-H35.169	Retinopathy of prematurity (Eylea HD, Eylea, Enzeevu, Pavblu, Ahzantive, Yesafili, and Opuviz)
H35.3210-H35.3293	Exudative age-related macular degeneration (Eylea HD, Eylea, Enzeevu, Pavblu, Ahzantive, Yesafili, and Opuviz)
H35.9	Unspecified retinal disorder [specified as radiation retinopathy] (Eylea HD, Eylea, Enzeevu, Pavblu, Ahzantive, Yesafili, and Opuviz)

Intravitreal injections of (brolucizumab-dbll) [Beovu]
CPT

67028	Intravitreal injection of a pharmacologic agent [when billed in conjunction with intravitreal injection of brolucizumab-dbll HCPCS code listed below.] *Inclusion of this code in the clinical policy is informational only and does not denote a requirement for pre or post service medical necessity review.

HCPCS

J0179	Injection, brolucizumab-dbll, 1 mg [Beovu]

ICD-10 Diagnosis

H35.3210-H35.3293	Exudative age-related macular degeneration
E08.311-E08.3519	Diabetes mellitus due to underlying condition with diabetic retinopathy with macular edema [includes only codes E08.311 and ranges E08.3211-E08.3219, E08.3311-E08.3319, E08.3411-E08.3419, E08.3511-E08.3519, when specified as proliferative diabetic retinopathy]
E09.311	Drug- or chemical-induced diabetes mellitus with unspecified diabetic retinopathy with macular edema
E09.3211-E09.3219	Drug or chemical-induced diabetes mellitus with mild nonproliferative diabetic retiopathy with macular edema.

E09.3311-E09.3319	Drug or chemical-induced diabetes mellitis with moderate nonproliferative diabetic retinopathy with macular edema
E09.3411-E09.3419	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
E09.3511-E09.3519	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema
E10.311-E10.3519	Type 1 diabetes mellitus with diabetic retinopathy with macular edema [includes only codes E10.311 and ranges E10.3211-E10.3219, E10.3311-E10.3319, E10.3411-E10.3419, E10.3511-E10.3519, when specified as proliferative diabetic retinopathy]
E11.311-E11.3519	Type 2 diabetes mellitus with diabetic retinopathy with macular edema [includes only codes E11.311 and ranges E11.3211-E11.3219, E11.3311-E11.3319, E11.3411-E11.3419, E11.3511-E11.3519, when specified as proliferative diabetic retinopathy]
E13.311-E13.3519	Other specified diabetes mellitus with diabetic retinopathy with macular edema [includes only codes E13.311 and ranges E13.3211-E13.3219, E13.3311-E13.3319, E13.3411-E13.3419, E13.3511-E13.3519, when specified as proliferative diabetic retinopathy]

Intravitreal injections of Vabysmo (faricimab-svoa)

CPT

67028	Intravitreal injection of a pharmacologic agent [when billed in conjunction with intravitreal injection of brolucizumab-dbll HCPCS code listed below.] *Inclusion of this code in the clinical policy is informational only and does not denote a requirement for pre or post service medical necessity review.

HCPCS

J2777	Injection, faricimab-svoa, 0.1 mg [Vabysmo]

ICD-10 Diagnosis

H35.3210-H35.3293	Exudative age-related macular degeneration
H34.8110	Central retinal vein occlusion, right eye, with macular edema
H34.8120	Central retinal vein occlusion, left eye, with macular edema
H34.8130	Central retinal vein occlusion, bilateral, with macular edema
H34.8190	Central retinal vein occlusion, unspecified eye, with macular edema
H34.8310	Tributary (branch) retinal vein occlusion, right eye, with macular edema
H34.8320	Tributary (branch) retinal vein occlusion, left eye, with macular edema
H34.8330	Tributary (branch) retinal vein occlusion, bilateral, with macular edema
H34.8390	Tributary (branch) retinal vein occlusion, unspecified eye, with macular edema
E08.311-E08.3519	Diabetes mellitus due to underlying condition with diabetic retinopathy with macular edema [includes only codes E08.311 and ranges E08.3211-E08.3219, E08.3311-E08.3319, E08.3411-E08.3419, E08.3511-E08.3519, when specified as proliferative diabetic retinopathy]
E09.311	Drug- or chemical-induced diabetes mellitus with unspecified diabetic retinopathy with macular edema
E09.3211-E09.3219	Drug or chemical-induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema.
E09.3311-E09.3319	Drug or chemical-induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
E09.3411-E09.3419	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
E09.3511-E09.3519	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema
E10.311-E10.3519	Type 1 diabetes mellitus with diabetic retinopathy with macular edema [includes only codes E10.311 and ranges E10.3211-E10.3219, E10.3311-E10.3319, E10.3411-E10.3419, E10.3511-E10.3519, when specified as proliferative diabetic retinopathy]
E11.311-E11.3519	Type 2 diabetes mellitus with diabetic retinopathy with macular edema [includes only codes E11.311 and ranges E11.3211-E11.3219, E11.3311-E11.3319, E11.3411-E11.3419, E11.3511-E11.3519, when specified as proliferative diabetic retinopathy]
E13.311-E13.3519	Other specified diabetes mellitus with diabetic retinopathy with macular edema [includes only codes E13.311 and ranges E13.3211-E13.3219, E13.3311-E13.3319, E13.3411-E13.3419, E13.3511-E13.3519, when specified as proliferative diabetic retinopathy]

Document History

Revised: 12/09/2024
Document History:

- 06/12/2025 – Step therapy table updates.
- 04/01/2025 – Step therapy table updates.
- 03/04/2025 – Coding Update: Removed Pavblu, Enzeevu, and Ahzantive from HCPCS NOC C9399 and J3950. Added HCPCS Q5147 for Pavblu, Q5149 for Enzeevu, and Q5150 for Ahzantive effective 4/1/25.
- 12/09/2024 – Select Review: Clarified Eylea HD quantity limits to align with FDA label. Step therapy and step therapy table updates. Coding Reviewed: No changes.
- 11/15/2024 – Annual Review: Updated available dosage forms; wording and formatting changes. Coding Reviewed: No changes.
- 09/09/2024 – Select Review: Add Eylea biosimilars Enzeevu (aflibercept-abzv), Pavblu (aflibercept-ayyh), Ahzantive (aflibercept-mrbb), Yesafili (aflibercept-jbvf), Opuviz (aflibercecpt-yszy) to PA criteria and quantity limits. Coding Reviewed: Add HCPCS C9399 and J3590 for Eylea biosimilars Enzeevu, Pavblu, Ahzantive, Yesafili, and Opuviz and qualified the diagnosis description to specify drugs pertaining to ICD-10s.
- 05/17/2024 – Select Review: No change. Coding Reviewed: Minor updates to HCPCS coding descriptions.
- 11/17/2023 – Annual Review: Updated Vabysmo criteria to include the FDA label expansion to include Macular Edema following retinal vein occlusion. Added quantity limits to Vabysmo for this indication. Removed obsolete agent, Macugen. Coding Reviewed: Deleted CPT 67028, HCPCS J2503, and ICD-10-CM H35.3210-H35.3293 for Macugen. Added ICD—10-CM H34.8110, H34.8120, H34.8130, H34.8190, H34.8310, H34.8320, H34.8330, H34.8390 for Vabysmo. Effective 1/1/2024 Added HCPCS C9161 for Eylea HD. Effective 4/1/2024 Added HCPCS J0177 for Eylea HD. Removed HCPCS J3490, J3590, C9161.
- 11/01/2023 – Step therapy table updates.
- 08/23/2023 – Select Review: Add clinical criteria, step therapy, and quantity limits for Eylea HD (aflibercept) 8 mg. Coding Reviewed: Added HCPCS J3490, J3590 for Eyelea HD.
- 05/01/2023 – Add OH to Precertification Not Required for Avastin Ocular in the following markets listing.
- 03/27/2023 – Step therapy table updates.
- 03/13/2023 – Select Review: New indication for Eylea (ROP), added override for step therapy for Eylea for ROP, added quantity limits for Eylea for indication of ROP. Coding Reviewed: Added ICD-10-CM H35.101-H35.169.
- 1/25/2023 – Step therapy table updates. Coding Reviewed: Removed HCPCS J9999 for Vegzelma. Effective 4/1/2023 Added HCPCS Q5129 for Vegzelma. Added HCPCS Q5128 for Cimerli. Removed HCPCS J3590 for Vegzelma and Cimerli.
- 12/12/2022 – Select Review: Add interchangeable product Vegzelma to clinical criteria and quantity limits. Coding Reviewed: Added HCPCS Q5126 for Alymsys. Added J3590, J9999 for Vegzelma. Removed HCPCS J3490, J3590, C9142 for Alymsys. Added ICD-10-CM H35.3210-H35.3293, E08.311-E08.3519, E09.311, E09.3211-E09.3219, E09.3311, E09.3211-E09.3219, E09.3311-E09.3319, E09.3411-E09.3419, E09.3511-E09.3519, E10.311-E10.3519, E11.311-E11.3519, E13.311-E13.3519 for Vabysmo.
- 11/18/2022 – Annual Review: Add interchangeable product Cimerli to potential preferred agents within step therapy. Added interchangeable product Cimerli and Byooviz to step therapy criteria where Lucentis can be used for supplemental injections for Susvimo. Coding Reviewed: No changes.
- 09/12/2022 – Select Review: Add interchangeable product Cimerli to clinical criteria and quantity limits. Coding Reviewed: Added HCPCS J3590 for Cimerli. Effective 10/1/2022 Added HCPCS C9142 for Alymsys. Added J2777 for Vabysmo. Removed HCPCS C9399 for Alymsys. Removed J3490, J3590, C9097 for Vabysmo.
- 06/13/2022 – Select Review: Update Beovu clinical criteria to include new indication for diabetic macular edema; update DME indication for other agents for clarity; add new bevacizumab biosimilar Alymsys to clinical criteria and quantity limits; update Beovu quantity limit override for new indication; wording and formatting updates. Step Therapy table updates. Coding Reviewed: Added HCPCS J9999 for Alymsys. Added IC-10-CM E08.311-E08.3519, E09.311, E09.3211-E09.3219, E09.3311, E09.3211-E09.3219, E09.3311-E09.3319, E09.3411-E09.3419, E09.3511-E09.3519, E10.311-E10.3519, E11.311-E11.3519, E13.311-E13.3519 for Beovu. 7-22-2022 Added HCPCS J3490, J3590, C9399 for Alymsys. Removed J9999 for Alymsys.
- 04/25/2022 – Step therapy table updates.
- 02/25/2022 – Select Review: Update naming convention to VEGF Inhibitors; Add clinical criteria and quantity limit for new agent Vabysmo; update diabetic macular edema indication for clarification in other criteria; add Vabysmo as potential preferred in step therapy; remove biosimilars Mvasi and Zirabev from Non-preferred VEGF inhibitors step therapy; retire bevacizumab reference and biosimilar agents for ophthalmologic indications step therapy; wording and formatting changes. Coding Reviewed: Added HCPCS Q5124 for Byooviz. Removed J3490 for Byooviz. Added HCPCS J3490, J3590 for Vabysmo. All diagnoses pend. Effective 7/1/2022 Added HCPCS C9097.
- 02/18/2022 – Step therapy table updates.
- 01/28/2022 – Step therapy table updates.
- 11/19/2021- Annual Review: Add clinical criteria and quantity limit for new biosimilar Byooviz; update diabetic retinopathy criteria to include moderate to severe non-proliferative disease; update Lucentis quantity limit to break out by diagnosis for

clarity and to include all diagnoses; wording and formatting updates. Step therapy table update. Coding Reviewed: Added HCPCS J3490 for Byooviz.

- 11/20/2020- Annual Review: Clarify diabetic macular edema applies to individuals with all types of diabetic retinopathy; update step therapy to move Beovu to non-preferred and to allow continuation of use; update references; wording and formatting changes. Coding Reviewed: Removed CPT code 67028 from Avastin.
- 02/21/2020- Select Review: Add bevacizumab products as potential preferred in VEGF step therapy with override; update references. Coding Reviewed: No changes. 7/13/2020 Removed T66.XXXA-T66.XXXS radiation sickness for Eylea per clinical guideline. 8/21/2020-Removed HCPCS J3590, J3490.
- 11/15/2019- Annual Review: Add prior authorization and quantity limit to new agent Beovu; add Beovu as potential preferred to step therapy; update quantity limit override criteria for Lucentis. Added HCPCS 67028, and J0179, and ICD-10-CM H35.3210-H35.3293 for Beovu
- 09/09/2019- Select Review: Wording and formatting updates; add new Eylea dosage form to quantity limits.
- 08/16/2019- Select Review: Add biosimilar Zirabev to bevacizumab criteria; add non-preferred bevacizumab reference and biosimilar step therapy for ophthalmologic indications; add quantity limits to Mvasi and Zirabev. Coding Reviewed: Added HCPCS code Q5118 for Zirabev
- 11/16/2018– Annual Review: Add references for off-label uses; add biosimilar Mvasi to bevacizumab criteria, clarify off-label uses of bevacizumab; remove bevacizumab from step therapy. HCPCS Coding Review: no change. HCPCS Coding Review: Deleted J3490 and J3590 for Mvasi and added Q5107 effective 1/1/2019. Deleted ICD-10 E09.311-E09.3519, E09.3521-E09.3599 from Eylea criteria due to removal of indication for radiation retinopathy. Added HCPCS codes J3490 and J3590 back in for Avastin and Mvasi because NOC codes are used for some intravitreal formulations.

References

1. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm.
2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
3. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2024; Updated periodically.
4. American Academy of Ophthalmology. Preferred Practice Pattern Guidelines: Retinal Vein Occlusions. October 2019. Available at: https://www.aao.org/preferred-practice-pattern/retinal-vein-occlusions-ppp.
5. American Academy of Ophthalmology. Preferred Practice Pattern Guidelines: Age-Related Macular Degeneration. October 2019. Available at: https://www.aao.org/preferred-practice-pattern/age-related-macular-degeneration-ppp.
6. American Academy of Ophthalmology. Preferred Practice Pattern Guidelines: Diabetic Retinopathy. October 2019. Available at: https://www.aao.org/preferred-practice-pattern/diabetic-retinopathy-ppp.
7. Costagliola C, Cipollone U, Rinaldi M, et al. Intravitreal bevacizumab (Avastin) injection for neovascular glaucoma: a survey on 23 cases throughout 12-month follow-up. Br J Clin Pharmacol. 2008; 66(5):667-673.
8. Finger PT, Chin KJ, Semenova EA. Intravitreal anti-VEGF therapy for macular radiation retinopathy: a 10-year study. Eur J Ophthalmol. 2016; 26(1):60-66.
9. Sankar MJ, Sankar J, Chandra P. Anti-vascular endothelial growth factor (VEGF) drugs for treatment of retinopathy of prematurity. Cochrane Database Syst Rev 2018; 1:CD009734.
10. Pulido JS, Flaxel CJ, Adelman RA, Hyman L, Folk JC, Olsen TW. American Academy of Ophthalmology: Retinal Vein Occlusions Preferred Practice Pattern® guidelines. *Ophthalmology*. 2016; 123: 182–208.
11. Cheung, C.M.G.; Arnold, J.J.; Holz, F.G.; Park, K.H.; Lai, T.Y.Y.; Larsen, M.; Mitchell, P.; Ohno-Matsui, K.; Chen, S.J.; Wolf, S.; et al. Myopic Choroidal Neovascularization: Review, Guidance, and Consensus Statement on Management. *Ophthalmology* **2017**, *124*, 1690–1711.
12. Weber, M. L. & Heier, J. S. Choroidal Neovascularization Secondary to Myopia, Infection and Inflammation. *Dev Ophthalmol***55**: 167–75, 10.1159/000431194, Epub 2015 Oct 26 (2016).
13. Stahl A, Sukgen EA, Wu WC, et al. Effect of Intravitreal Aflibercept vs Laser Photocoagulation on Treatment Success of Retinopathy of Prematurity: The FIREFLEYE Randomized Clinical Trial. *JAMA*. 2022 Jul 26;328(4):348-359. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9327573/

Federal and state laws or requirements, contract language, and Plan utilization management programs or polices may take precedence over the application of this clinical criteria.

CC-0072 VEGF Inhibitors Step Therapy

Commercial Medical Benefit

Effective Date	Preferred Agents	Non-Preferred Agents
10/30/2023	Avastin Byooviz Cimerli Eylea Eylea HD Lucentis Vabysmo	Beovu Macugen
07/01/2025	Avastin Byooviz Cimerli Eylea Eylea HD Lucentis Pavblu Vabysmo	Ahzantive Beovu Enzeevu Macugen Opuviz Yesafili

Medicaid Medical Benefit

Effective Date	Preferred Agents	Non-Preferred Agents
03/01/2022: AR, CA, GA, IA, IN, LA, MD, NJ, NV, NY, SC, TN, VA, WI, WNY	Avastin	Eylea Beovu Lucentis Macugen
02/01/2023: OH 04/01/2023: DC	Avastin	Eylea Beovu Lucentis Macugen

Medicare Medical Benefit

Effective Date	Preferred Agents	Non-Preferred Agents
10/30/2023	Avastin Byooviz Cimerli Eylea Eylea HD Lucentis Vabysmo	Beovu Macugen
07/1/2025	Avastin Byooviz Cimerli Eylea Eylea HD Lucentis Pavblu Vabysmo	Ahzantive Beovu Enzeevu Macugen Opuviz Yesafili

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^Precertification status for Medicaid:

Precertification Not Required for Avastin Ocular in the following markets:

AR, CA, DC, GA, IN, IA, KY, LA, MD, MN, NE, NJ, NV, NY, NYW, OH, SC, TN, TX, VA, WA, WV, WI

Precertification Required for Avastin Ocular in the following markets:

FL