Aflibercept: Ahzantive™; Enzeevu™; Eydenzelt®; Eylea®; Eylea® HD; Opuviz™; Pavblu™; Yesafili™ (Intravitreal)

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I. Length of Authorization [1-8]

- Initial: Prior authorization validity will be provided initially for 12 months (365 days), unless otherwise specified.
  - Retinopathy of Prematurity (ROP): Prior authorization validity will be provided initially for a total of 2 doses (1 dose per eye)
- Renewal: Prior authorization validity may be renewed every 12 months (365 days) thereafter, unless otherwise specified.
  - Retinopathy of Prematurity (ROP): Prior authorization validity may be renewed as re-treatment for up to an additional 4 doses (2 doses per eye) *(Refer to Section IV for re-treatment criteria)*

II. Dosing Limits

Max Units (per dose and over time) [HCPCS Unit]:

Diagnosis	Eylea, Ahzantive, Enzeevu, Eydenzelt, Opuviz, Pavblu, & Yesafili		Eylea HD	
	Initial Dosing	Maintenance Dosing	Initial Dosing	Maintenance Dosing
Neovascular age-related macular degeneration (AMD)	4 units (4 mg) every 28 days x 3 doses	4 units (4 mg) every 28 days	16 units (16 mg) every 25 days x 3 doses	16 units (16 mg) every 25 days
Macular edema following retinal vein occlusion (RVO)	4 units (4 mg) every 28 days	4 units (4 mg) every 28 days	16 units (16 mg) every 25 days x 5 doses	16 units (16 mg) every 25 days

Diabetic Macular Edema (DME)/ Diabetic Retinopathy (DR)	4 units (4 mg) every 28 days x 5 doses	4 units (4 mg) every 28 days	16 units (16 mg) every 25 days x 3 doses	16 units (16 mg) every 25 days
Retinopathy of Prematurity (ROP)	4 unit (4 mg) x 1 dose	4 units (4 mg) every 10 days x 2 doses	N/A	N/A

(Max units are based on administration to both eyes)

III. Initial Approval Criteria [1-8]

Prior authorization validity is provided in the following conditions:

- Requests for Eylea HD: Patients must have an inadequate response to an adequate trial of, or contraindication or intolerance to aflibercept prior to initiating therapy with Eylea HD; **AND**
- Patients must have an inadequate response to an adequate trial of, or contraindication or intolerance to bevacizumab prior to initiating therapy with aflibercept; **AND**
- Member is at least 18 years of age, unless otherwise specified; **AND**

Universal Criteria [1-27]

- Member is free of ocular and/or peri-ocular infections; **AND**
- Member does not have active intraocular inflammation; **AND**
- Therapy will not be used concomitantly with other ophthalmic vascular endothelial growth factor (VEGF) inhibitors**; **AND**
- Member's best corrected visual acuity (BCVA) is measured at baseline and periodically during treatment *(**Note:** NOT applicable to members with Retinopathy of Prematurity)*; **AND**
- Member has a definitive diagnosis of one of the following:

Neovascular (Wet) Age-Related Macular Degeneration (nAMD) † § ¥

Macular Edema following Retinal Vein Occlusion (RVO) † ¥

Diabetic Macular Edema (DME) † § ¥

Diabetic Retinopathy (DR) † § ¥

Retinopathy of Prematurity (ROP) † Φ *(**Note:** NOT applicable to Eylea HD)*

- Member is a premature infant with a maximum gestational age at birth of 32 weeks OR a birth weight of ≥ 800 to 1500 g

§Eylea, Ahzantive, Enzeevu, Eydenzelt, Opuviz, Pavblu, and Yesafili Only: *Members with an insufficient response during initial therapy administered every 4 weeks may continue with dosing every 4 weeks.*

Members with an inadequate response to maintenance therapy administered every 8 weeks may increase the dosing frequency up to every 4 weeks. (Refer to Section V)

***¥Eylea HD Only:** Some members did not maintain a response with extended dosing intervals after successful response to the initial monthly doses. These members may benefit from resuming every 4-week dosing. (Refer to Section V)*

*****Note:** Use as part of an alternating treatment regimen with other ophthalmic vascular endothelial growth factor (VEGF) inhibitors is generally not permitted and will be reviewed on a case-by-case basis.*

† FDA Approved Indication(s); ‡ Compendia Recommended Indication(s); Φ Orphan Drug

IV. Renewal Criteria [1-25]

Prior authorization validity can be renewed based upon the following criteria:

- Member continues to meet the universal and indication-specific relevant criteria as identified in section III; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: endophthalmitis, retinal detachments, retinal vasculitis with or without occlusion, increase in intraocular pressure, arterial thromboembolic events; **AND**

Retinopathy of Prematurity (ROP) *(**Note:** NOT applicable to Eylea HD)*

- Member still has the presence of active ROP requiring treatment; **AND**
- At least 10 days have elapsed since receiving initial treatment; **AND**
- Member has not exceeded a maximum of 3 total doses per each affected eye

All Other Indications

- Member has had a beneficial response to therapy [e.g., improvement in best corrected visual acuity (BCVA) from baseline, etc.] and continued administration is necessary for the maintenance treatment of the condition

V. Dosage/Administration [1-8]

Indication	Dose
Neovascular (Wet) AMD	**Eylea, Ahzantive, Enzeevu, Eydenzelt, Opuviz, Pavblu, and Yesafili Only** Initiation: Administer 2 mg intravitreally per affected eye once every 4 weeks (approximately every 28 days, monthly) for the first 12 weeks (3 months) Maintenance:

	Administer 2 mg intravitreally per affected eye once every 8 weeks (2 months); however, aflibercept may be dosed as frequently as 2 mg every 4 weeks (approximately every 25 days, monthly) • Additional efficacy was not demonstrated in most members when aflibercept was dosed every 4 weeks compared to every 8 weeks. Some members may need every 4 week (monthly) dosing after the first 12 weeks (3 months). • Members may also be treated with one dose every 12 weeks after one year of effective therapy.
	Eylea HD Only Initiation: Administer 8 mg intravitreally per affected eye once every 4 weeks (approximately every 28 days +/- 7 days) for the first three doses Maintenance: Administer 8 mg intravitreally per affected eye once every 8 to 16 weeks, +/- 1 week • In members who do not maintain a response with extended dosing intervals after a successful response to the three initial monthly doses, the every 4-week dosing interval (approximately every 28 days +/- 7 days) may be resumed. • In members who have one year of successful response based on visual and anatomic outcomes, extended dosing intervals (8 mg once every 20 weeks, +/- 1 week) may be considered.
Macular Edema following RVO	**Eylea, Ahzantive, Enzeevu, Eydenzelt, Opuviz, Pavblu, and Yesafili Only** Administer 2 mg intravitreally per affected eye once every 4 weeks (approximately every 25 days, monthly)
	Eylea HD Only Initiation: Administer 8 mg intravitreally per affected eye once every 4 weeks (approximately every 28 days +/- 7 days) for the first three to five doses Maintenance: Administer 8 mg intravitreally per affected eye once every 8 weeks, +/- 1 week • In members who do not maintain a response with extended dosing intervals after a successful response to the first three to five initial monthly doses, the every 4-week dosing interval (approximately every 28 days +/- 7 days) may be resumed.
Diabetic Macular Edema (DME)	**Eylea, Ahzantive, Enzeevu, Eydenzelt, Opuviz, Pavblu, and Yesafili Only** Initiation: Administer 2 mg intravitreally per affected eye once every 4 weeks (approximately every 28 days, monthly) for the first 5 injections Maintenance:

	Administer 2 mg intravitreally per affected eye once every 8 weeks (2 months); however, aflibercept may be dosed as frequently as 2 mg every 4 weeks (approximately every 25 days, monthly) • Additional efficacy was not demonstrated in most members when aflibercept was dosed every 4 weeks compared to every 8 weeks. Some members may need every 4 week (monthly) dosing after the first 20 weeks (5 months).
	Eylea HD Only Initiation: Administer 8 mg intravitreally per affected eye once every 4 weeks (approximately every 28 days +/- 7 days) for the first three doses Maintenance: Administer 8 mg intravitreally per affected eye once every 8 to 16 weeks, +/- 1 week • In members who do not maintain a response with extended dosing intervals after a successful response to the three initial monthly doses, the every 4-week dosing interval (approximately every 28 days +/- 7 days) may be resumed. • In members who have one year of successful response based on visual and anatomic outcomes, extended dosing intervals (8 mg once every 20 weeks, +/- 1 week) may be considered.
Diabetic Retinopathy (DR)	**Eylea, Ahzantive, Enzeevu, Eydenzelt, Opuviz, Pavblu, and Yesafili Only** Initiation: Administer 2 mg intravitreally per affected eye once every 4 weeks (approximately every 28 days, monthly) for the first 5 injections Maintenance: Administer 2 mg intravitreally per affected eye once every 8 weeks (2 months); however, aflibercept may be dosed as frequently as 2 mg every 4 weeks (approximately every 25 days, monthly) • Additional efficacy was not demonstrated in most members when aflibercept was dosed every 4 weeks compared to every 8 weeks. Some members may need every 4 week (monthly) dosing after the first 20 weeks (5 months).
	Eylea HD Only Initiation: Administer 8 mg intravitreally per affected eye once every 4 weeks (approximately every 28 days +/- 7 days) for the first three doses Maintenance: Administer 8 mg intravitreally per affected eye once every 8 to 12 weeks, +/- 1 week • In members who do not maintain a response with extended dosing intervals after a successful response to the three initial monthly doses, the every 4-week dosing interval (approximately every 28 days +/- 7 days) may be resumed.

Retinopathy of Prematurity (ROP)	**Eylea, Ahzantive, Enzeevu, Eydenzelt, Opuviz, Pavblu, and Yesafili Only** Administer 0.4 mg intravitreally per affected eye. • Injections may be given bilaterally on the same day. • Injections may be repeated in each eye and the treatment interval between doses injected into the same eye should be at least 10 days for a maximum of 3 total doses per each affected eye. • ***NOTE:*** Treatment for this indication is ONLY applicable to the single-dose vial. Do NOT use the pre-filled syringe for the treatment of ROP.

For adults only: upon renewal, consider interval extension to the following:

Eylea HD:

- Neovascular (Wet) AMD and Diabetic Macular Edema (DME): Maintenance:
  - Goal maintenance dose: Administer 8 mg intravitreally per affected eye once every 20 weeks, +/- 1 week
- Diabetic Retinopathy (DR): Maintenance:
  - Goal maintenance dose: Administer 8 mg intravitreally per affected eye once every 12 weeks, +/- 1 week

Eylea, Ahzantive, Enzeevu, Eydenzelt, Opuviz, Pavblu, and Yesafili:

- Neovascular (Wet) AMD: Maintenance:
  - Goal maintenance dose: Administer 2 mg intravitreally per affected eye once every 12 weeks
- Diabetic Macular Edema (DME) and Diabetic Retinopathy (DR): Maintenance:
  - Goal maintenance dose: Administer 2 mg intravitreally per affected eye once every 8 weeks

Note: This information is not meant to replace clinical decision making when initiating or modifying medication therapy and should only be used as a guide. Member-specific variables should be taken into account.

VI. Billing Code/Availability Information

HCPCS Code(s):

- J0178 – Injection, aflibercept, 1 mg; 1 billable unit = 1 mg *(Eylea Only)*
- J0177 – Injection, aflibercept hd, 1 mg; 1 billable unit = 1 mg *(Eylea HD Only)*
- J3590 – Unclassified biologics *(Eydenzelt Only) (Discontinue use on 07/01/2026)*
- Q5147 – Injection, aflibercept-ayyh (pavblu), biosimilar, 1 mg; 1 billable unit = 1 mg *(Pavblu Only)*
- Q5149 – Injection, aflibercept-abzv (enzeevu), biosimilar, 1 mg; 1 billable unit = 1 mg *(Enzeevu Only)*
- Q5150 – Injection, aflibercept-mrbb (ahzantive), biosimilar, 1 mg; 1 billable unit = 1 mg *(Ahzantive Only)*
- Q5153 – Injection, aflibercept-yszy (opuviz), biosimilar, 1 mg; 1 billable unit = 1 mg *(Opuviz Only)*

- Q5155 – Injection, aflibercept-jbvf (yesafili), biosimilar, 1 mg; 1 billable unit = 1 mg *(Yesafili Only)*
- Q5170 – Injection, aflibercept-boav (eydenzelt), biosimilar, 1 mg; 1 billable unit = 1 mg *(Effective 07/01/2026)*

NDC(s):

- Eylea 2 mg/0.05 mL Solution for Injection, single-dose vial kit or single-dose pre-filled syringe: 61755-0005-xx
- Eylea HD 8 mg/0.07 mL Solution for Injection, single-dose vial kit: 61755-0050-xx
- Eylea HD 8 mg/0.07 mL Solution for Injection, single-dose vial: 61755-0051-xx
- Ahzantive 2 mg/0.05 mL Solution for Injection, single-dose pre-filled syringe: 85006-8092-xx
- Ahzantive 2 mg/0.05 mL Solution for Injection, single-dose vial: 85006-2908-xx
- Enzeevu 2 mg/0.05 mL Solution for Injection, single-dose vial kit or single-dose pre-filled syringe: 61314-0504-xx
- Eydenzelt 2 mg/0.05 mL Solution for Injection, single-dose vial kit or single-dose pre-filled syringe: 72606-0026-xx
- Opuviz 2 mg/0.05 mL Solution for Injection, single-dose vial kit or single-dose vial: 64406-0028-xx
- Pavblu 2 mg/0.05 mL Solution for Injection, single-dose pre-filled syringe: 55513-0056-xx
- Pavblu 2 mg/0.05 mL Solution for Injection, single-dose vial: 55513-0065-xx
- Yesafili 2 mg/0.05 mL Solution for Injection, single-dose pre-filled syringe: 83257-0035-xx
- Yesafili 2 mg/0.05 mL Solution for Injection, single-dose vial kit: 83257-0013-xx

VII. References

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Appendix A – Non-Quantitative Treatment Limitations (NQTL) Factor Checklist

Non-quantitative treatment limitations (NQTLs) refer to the methods, guidelines, standards of evidence, or other conditions that can restrict how long or to what extent benefits are provided under a health plan. These may include things like utilization review or prior authorization. The utilization management NQTL applies comparably, and not more stringently, to mental health/substance use disorder (MH/SUD) Medical Benefit Prescription Drugs and medical/surgical (M/S) Medical Benefit Prescription Drugs. The table below lists the factors that were considered in designing and applying prior authorization to this drug/drug group, and a summary of the conclusions that Prime's assessment led to for each.

Factor	Conclusion
Indication	Yes: Consider for PA
Safety and efficacy	No: PA not a priority
Potential for misuse/abuse	No: PA not a priority
Cost of drug	Yes: Consider for PA

Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
E08.311	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema
E08.319	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy without macular edema
E08.3211	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, right eye
E08.3212	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, left eye
E08.3213	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E08.3219	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
E08.3291	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, right eye
E08.3292	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, left eye
E08.3293	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, bilateral
E08.3299	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye

ICD-10	ICD-10 Description
E08.3311	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E08.3312	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E08.3313	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E08.3319	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
E08.3391	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, right eye
E08.3392	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, left eye
E08.3393	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
E08.3399	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye
E08.3411	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, right eye
E08.3412	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, left eye
E08.3413	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E08.3419	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
E08.3491	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, right eye
E08.3492	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, left eye
E08.3493	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, bilateral
E08.3499	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye
E08.3511	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, right eye
E08.3512	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, left eye
E08.3513	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, bilateral
E08.3519	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, unspecified eye
E08.3591	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, right eye
E08.3592	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, left eye
E08.3593	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, bilateral
E08.3599	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, unspecified eye

ICD-10	ICD-10 Description
E08.37X1	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, right eye
E08.37X2	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, left eye
E08.37X3	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, bilateral
E08.37X9	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, unspecified eye
E09.311	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy with macular edema
E09.319	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy without macular edema
E09.3211	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
E09.3212	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E09.3213	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E09.3219	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
E09.3291	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye
E09.3292	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye
E09.3293	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral
E09.3299	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye
E09.3311	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E09.3312	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E09.3313	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E09.3319	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
E09.3391	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye
E09.3392	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye
E09.3393	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
E09.3399	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye
E09.3411	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E09.3412	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E09.3413	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral

ICD-10	ICD-10 Description
E09.3419	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
E09.3491	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye
E09.3492	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye
E09.3493	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral
E09.3499	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye
E09.3511	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E09.3512	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E09.3513	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E09.3519	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
E09.3591	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E09.3592	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E09.3593	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
E09.3599	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
E09.37X1	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, right eye
E09.37X2	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, left eye
E09.37X3	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral
E09.37X9	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye
E10.311	Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema
E10.319	Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema
E10.3211	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
E10.3212	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E10.3213	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E10.3219	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
E10.3291	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye
E10.3292	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye

ICD-10	ICD-10 Description
E10.3293	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral
E10.3299	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye
E10.3311	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E10.3312	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E10.3313	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E10.3319	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
E10.3391	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye
E10.3392	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye
E10.3393	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
E10.3399	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye
E10.3411	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E10.3412	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E10.3413	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E10.3419	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
E10.3491	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye
E10.3492	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye
E10.3493	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral
E10.3499	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye
E10.3511	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E10.3512	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E10.3513	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E10.3519	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
E10.3591	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E10.3592	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E10.3593	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
E10.3599	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
E10.37X1	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye

ICD-10	ICD-10 Description
E10.37X2	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye
E10.37X3	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral
E10.37X9	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye
E11.311	Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema
E11.319	Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema
E11.3211	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
E11.3212	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E11.3213	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E11.3219	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
E11.3291	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye
E11.3292	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye
E11.3293	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral
E11.3299	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye
E11.3311	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E11.3312	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E11.3313	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E11.3319	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
E11.3391	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye
E11.3392	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye
E11.3393	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
E11.3399	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye
E11.3411	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E11.3412	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E11.3413	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E11.3419	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
E11.3491	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye

ICD-10	ICD-10 Description
E11.3492	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye
E11.3493	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral
E11.3499	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye
E11.3511	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E11.3512	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E11.3513	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E11.3519	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
E11.3591	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E11.3592	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E11.3593	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
E11.3599	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
E11.37X1	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye
E11.37X2	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye
E11.37X3	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral
E11.37X9	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye
E13.311	Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema
E13.319	Other specified diabetes mellitus with unspecified diabetic retinopathy without macular edema
E13.3211	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
E13.3212	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E13.3213	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E13.3219	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
E13.3291	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye
E13.3292	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye
E13.3293	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral
E13.3299	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye
E13.3311	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E13.3312	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E13.3313	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral

ICD-10	ICD-10 Description
E13.3319	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
E13.3391	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye
E13.3392	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye
E13.3393	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
E13.3399	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye
E13.3411	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E13.3412	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E13.3413	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E13.3419	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
E13.3491	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye
E13.3492	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye
E13.3493	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral
E13.3499	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye
E13.3511	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E13.3512	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E13.3513	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E13.3519	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
E13.3591	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E13.3592	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E13.3593	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
E13.3599	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
E13.37X1	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, right eye
E13.37X2	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, left eye
E13.37X3	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral

ICD-10	ICD-10 Description
E13.37X9	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye
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
H35.1	Retinopathy of prematurity
H35.10	Retinopathy of prematurity, unspecified
H35.101	Retinopathy of prematurity, unspecified, right eye
H35.102	Retinopathy of prematurity, unspecified, left eye
H35.103	Retinopathy of prematurity, unspecified, bilateral
H35.109	Retinopathy of prematurity, unspecified, unspecified eye
H35.111	Retinopathy of prematurity, stage 0, right eye
H35.112	Retinopathy of prematurity, stage 0, left eye
H35.113	Retinopathy of prematurity, stage 0, bilateral
H35.119	Retinopathy of prematurity, stage 0, unspecified eye
H35.121	Retinopathy of prematurity, stage 1, right eye
H35.122	Retinopathy of prematurity, stage 1, left eye
H35.123	Retinopathy of prematurity, stage 1, bilateral
H35.129	Retinopathy of prematurity, stage 1, unspecified eye
H35.131	Retinopathy of prematurity, stage 2, right eye
H35.132	Retinopathy of prematurity, stage 2, left eye
H35.133	Retinopathy of prematurity, stage 2, bilateral
H35.139	Retinopathy of prematurity, stage 2, unspecified eye
H35.141	Retinopathy of prematurity, stage 3, right eye
H35.142	Retinopathy of prematurity, stage 3, left eye
H35.143	Retinopathy of prematurity, stage 3, bilateral
H35.149	Retinopathy of prematurity, stage 3, unspecified eye
H35.151	Retinopathy of prematurity, stage 4, right eye
H35.152	Retinopathy of prematurity, stage 4, left eye
H35.153	Retinopathy of prematurity, stage 4, bilateral
H35.159	Retinopathy of prematurity, stage 4, unspecified eye

ICD-10	ICD-10 Description
H35.161	Retinopathy of prematurity, stage 5, right eye
H35.162	Retinopathy of prematurity, stage 5, left eye
H35.163	Retinopathy of prematurity, stage 5, bilateral
H35.169	Retinopathy of prematurity, stage 5, unspecified eye
H35.3210	Exudative age-related macular degeneration, right eye, stage unspecified
H35.3211	Exudative age-related macular degeneration, right eye, with active choroidal neovascularization
H35.3212	Exudative age-related macular degeneration, right eye, with inactive choroidal neovascularization
H35.3213	Exudative age-related macular degeneration, right eye, with inactive scar
H35.3220	Exudative age-related macular degeneration, left eye, stage unspecified
H35.3221	Exudative age-related macular degeneration, left eye, with active choroidal neovascularization
H35.3222	Exudative age-related macular degeneration, left eye, with inactive choroidal neovascularization
H35.3223	Exudative age-related macular degeneration, left eye, with inactive scar
H35.3230	Exudative age-related macular degeneration, bilateral, stage unspecified
H35.3231	Exudative age-related macular degeneration, bilateral, with active choroidal neovascularization
H35.3232	Exudative age-related macular degeneration, bilateral, with inactive choroidal neovascularization
H35.3233	Exudative age-related macular degeneration, bilateral, with inactive scar
H35.3290	Exudative age-related macular degeneration, unspecified eye, stage unspecified
H35.3291	Exudative age-related macular degeneration, unspecified eye, with active choroidal neovascularization
H35.3292	Exudative age-related macular degeneration, unspecified eye, with inactive choroidal neovascularization
H35.3293	Exudative age-related macular degeneration, unspecified eye, with inactive scar

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

The preceding information is intended for non-Medicare coverage determinations. Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determinations (NCDs) and/or Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. Local Coverage Articles (LCAs) may also exist for claims payment purposes or to clarify benefit eligibility under Part B for drugs which may be self-administered. The following link may be used to search for NCD, LCD, or LCA documents: https://www.cms.gov/medicare-coverage-database/search.aspx. Additional indications, including any preceding information, may be applied at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes		
Jurisdiction	**NCD/LCA/LCD Document (s)**	**Contractor**
6, K	A52451	National Government Services, Inc.
J, M	A53387	Palmetto GBA

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	**Applicable State/US Territory**	**Contractor**
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC