ND

Medical Policies

Print

Policy Number:	ME-I-94		
Policy Name:	Intravitreal Injections (Medicaid Expansion)		
Policy Type:	Medical	**Policy Subtype:**	Injections
Effective Date:	10-01-2025	**Review Date:**	09-01-2026
Last Review Date:	09-04-2025		

Description

Vascular endothelial growth factor (VEGF) has been implicated in the pathogenesis of a variety of ocular vascular conditions. The macula, with the fovea at its center, has the highest photoreceptor concentration and is where visual detail is discerned. The anti-VEGF agent's brolucizumab-dbll (Beovu®), ranibizumab (Lucentis ™), ranibizumab-eqrn (Cimerli ™), ranibizumab-nuna (Byooviz ™), ranibizumab injection ocular implant (Susvimo ™), bevacizumab (Avastin®), and aflibercept (Eylea ™ and Eylea HD®), aflibercept-ayyh (Pavblu™), aflibercept-jbvf (Yesafili), and faricimab-svoa (Vabysmo ™) are used to treat certain ocular disorders and are given by intravitreal injection.

Geographic atrophy (GA) is a late stage of dry age-related macular degeneration (AMD). Pegcetacoplan (Syfovre ™) and (avacincaptad pegol (Izervay ™) are intravitreal injections for the treatment of GA that works by slowing progression of GA lesions that can permanently damage the macula.

Policy Application

All claims submitted for this policy will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

Criteria

Coverage is subject to the specific terms of the member's benefit plan.

Aflibercept may be considered medically necessary for the treatment of individuals with **ANY ONE** of the following conditions:

- Diabetic macular edema (DME); **or**
- Diabetic retinopathy in patients with or without DME; **or**
- Macular edema following retinal vein occlusion (RVO); **or**
- Retinopathy of prematurity; **or**
- Neovascular (wet) age-related macular degeneration (AMD).

Reauthorization Criteria

- Continuation of aflibercept may be considered medically necessary when there is positive clinical response (e.g., improvement in visual acuity).

The use of aflibercept for all other indications not listed on this policy is considered experimental/investigational and therefore non-covered because the safety and/or effectiveness cannot be established by the available published peer-reviewed literature.

Procedure Code

J0178	Q5149	Q5150	Q5153	Q5155

Aflibercept (Eylea HD) may be considered medically necessary for the treatment of individuals with **ANY ONE** of the following conditions:

- Diabetic Macular Edema (DME); **or**
- Diabetic Retinopathy (DR); **or**
- Neovascular (wet) AMD.

Reauthorization Criteria

- Continuation of aflibercept (Eylea) may be considered medically necessary when there is positive clinical response (e.g. improvement in visual acuity) **,**

The use of aflibercept (Eylea HD) for all other indications not listed on this policy is considered experimental/investigational and therefore non-covered because the safety and/or effectiveness cannot be established by the available published peer-reviewed literature.

Procedure Code

J0177

Aflibercept-ayyh (Pavblu) may be considered medically necessary for the treatment of individuals with **ANY ONE** of the following conditions:

- Macular Edema Following Retinal Vein Occlusion (RVO); **or**
- Diabetic Macular Edema (DME); **or**
- Diabetic Retinopathy (DR); **or**
- Neovascular (wet) AMD

Reauthorization Criteria

- Continuation of aflibercept-ayyh (Pavblu) may be considered medically necessary when there is positive clinical response (e.g. improvement in visual acuity).

The use of aflibercept-ayyh (Pavblu) for all other indications not listed on this policy is considered experimental/investigational and therefore non-covered because the safety and/or effectiveness cannot be established by the available published peer-reviewed literature.

Procedure Code

Q5147

Brolucizumab-dbll (Beovu) may be considered medically necessary for the treatment of individuals with:

- Neovascular (wet) AMD; **or**
- Diabetic Macular Edema (DME)

Reauthorization Criteria

- Continuation of brolucizumab-dbll (Beovu) may be considered medically necessary when there is positive clinical response (e.g., improvement in visual acuity).

The use of brolucizumab-dbll (Beovu) for all other indications not listed on this policy is considered experimental/investigational and therefore non-covered because the safety and/or effectiveness cannot be established by the available published peer-reviewed literature.

Procedure Code

J0179

Ranibizumab (Lucentis) or ranibizumab-eqrn (Cimerli) may be considered medically necessary for the treatment of individuals with **ANY ONE** of the following conditions:

- Diabetic macular edema (DME); **or**
- Diabetic retinopathy in individuals with or without DME; **or**
- Macular edema following RVO; **or**
- Myopic Choroidal Neovascularization (mCNV); **or**
- Neovascular (wet) AMD.

Reauthorization Criteria

- Continuation of ranibizumab (Lucentis) or ranibizumab-eqrn (Cimerli) may be considered medically necessary when there is positive clinical response (e.g., improvement in visual acuity) .

The use of ranibizumab (Lucentis) or ranibizumab-eqrn (Cimerli) for all other indications not listed on this policy is considered experimental/investigational and therefore non-covered because the safety and/or effectiveness cannot be established by the available published peer-reviewed literature.

Procedure Codes

J2778	Q5128

Ranibizumab-nuna (Byooviz) may be considered medically necessary for the treatment of individuals with **ANY ONE** of the following conditions:

- Macular Edema Following Retinal Vein Occlusion (RVO) **; or**
- Myopic Choroidal Neovascularization **; or**
- Neovascular (Wet) Age-Related Macular Degeneration.

Reauthorization Criteria

- Continuation of ranibizumab-nuna (Byooviz) may be considered medically necessary when there is positive clinical response (e.g., improvement in visual acuity) **.**

The use of ranibizumab-nuna (Byooviz) for all other indications not listed on this policy is considered experimental/investigational and therefore non-covered because the safety and/or effectiveness cannot be established by the available published peer-reviewed literature.

Procedure Code

Q5124

Ranibizumab (Susvimo) intravitreal injection via ocular implant may be considered medically necessary for the treatment of individuals with:

- Neovascular (wet) Age-related Macular Degeneration (AMD); **or**
- Diabetic Macular Edema (DME) who have previously responded to at least two (2) intravitreal injections of a VEGF inhibitor medication within the past six (6) months.

Reauthorization Criteria

- Continuation of ranibizumab (Susvimo) may be considered medically necessary when there is positive clinical response (e.g., improvement in visual acuity); **or**

The use of ranibizumab (Susvimo) for all other indications not listed on this policy is considered experimental/investigational and therefore non-covered because the safety and/or effectiveness cannot be established by the available published peer-reviewed literature.

Procedure Code

J2779

Faricimab-svoa (Vabysmo) may be considered medically necessary for the treatment of individuals with **ANY ONE** of the following conditions:

- Neovascular (Wet) (AMD); **or**
- Diabetic Macular Edema (DME); **or**
- Macular edema following RVO.

Reauthorization Criteria

- Continuation of faricimab-svoa (Vabysmo) may be considered medically necessary when there is positive clinical response (e.g., improvement in visual acuity) .

The use of faricimab-svoa (Vabysmo) for all other indications not listed on this policy is considered experimental/investigational and therefore non-covered because the safety and/or effectiveness cannot be established by the available published peer-reviewed literature.

Procedure Code

J2777

Pegcetacoplan injection (Syfovre) may be considered medically necessary for the treatment of individuals with the following condition:

- Geographic atrophy (GA) secondary to age-related macular degeneration (AMD).

Reauthorization Criteria

- Continuation of pegcetacoplan injection (Syfovre) may be considered medically necessary when there is positive clinical response (e.g., reduction in rate of GA lesion growth documented by difference in mm ^{2}).

The use of pegcetacoplan injection (Syfovre) for all other indications not listed on this policy is considered experimental/investigational and therefore non-covered because the safety and/or effectiveness cannot be established by the available published peer-reviewed literature.

Procedure Code

J2781

Avacincaptad pegol intravitreal solution (Izervay) may be considered medically necessary for the treatment of individuals with the following condition:

- Geographic atrophy (GA) secondary to nonexudative (dry) AMD; and

Reauthorization Criteria

- Additional injections of avacincaptad pegol (Izervay) after the initial 12 months are considered experimental/investigational, and therefore, non-covered. Scientific evidence does not support use beyond 12 months.

The use of avacincaptad pegol (Izervay) for all other indications not listed on this policy is considered experimental/investigational and therefore non-covered because the safety and/or effectiveness cannot be established by the available published peer-reviewed literature.

Procedure Code

J2782

NOTE: In addition to the above criteria, product specific dosage and/or frequency limits may apply in accordance with the United States Food and Drug Administration (U.S. FDA)-approved product prescribing information, national compendia, Centers for Medicare and Medicaid Services (CMS) and other peer reviewed resources or evidence-based guidelines.

Professional Statements and Societal Positions Guidelines

Not Applicable

Diagnosis Codes

Covered Diagnosis Codes for Procedure Codes J0179

E08.311	E08.3211	E08.3212	E08.3213	E08.3219	E08.3311	E08.3312
E08.3313	E08.3319	E08.3411	E08.3412	E08.3413	E08.3419	E08.3511
E08.3512	E08.3513	E08.3519	E09.311	E09.3211	E09.3212	E09.3213
E09.3219	E09.3311	E09.3312	E09.3313	E09.3319	E09.3411	E09.3412
E09.3413	E09.3419	E09.3511	E09.3512	E09.3513	E09.3519	E10.311
E10.319	E10.3211	E10.3212	E10.3213	E10.3219	E10.3291	E10.3292
E10.3293	E10.3299	E10.3311	E10.3312	E10.3313	E10.3319	E10.3411
E10.3412	E10.3413	E10.3419	E10.3511	E10.3512	E10.3513	E10.3519
E11.311	E11.319	E11.3211	E11.3212	E11.3213	E11.3219	E11.3311
E11.3312	E11.3313	E11.3319	E11.3411	E11.3412	E11.3413	E11.3419
E11.3511	E11.3512	E11.3513	E11.3519	E13.311	E13.3211	E13.3212
E13.3213	E13.3219	E13.3311	E13.3312	E13.3313	E13.3319	E13.3411
E13.3412	E13.3413	E13.3419	E13.3511	E13.3512	E13.3513	E13.3519
H35.3210	H35.3211	H35.3212	H35.3213	H35.3220	H35.3221	H35.3222
H35.3223	H35.3230	H35.3231	H35.3232	H35.3233	H35.3290	H35.3291

H35.3292	H35.3293					

Covered Diagnosis Codes for Procedure Codes J2779

E13.311	E13.3211	E13.3212	E13.3213	E13.3219	E13.3311	E13.3312
E13.3313	E13.3319	E13.3411	E13.3412	E13.3413	E13.3419	E13.3511
E13.3512	E13.3513	E13.3519	E13.37X1	E13.37X2	E13.37X3	E13.37X9
H35.3210	H35.3211	H35.3212	H35.3213	H35.3220	H35.3221	H35.3222
H35.3223	H35.3230	H35.3231	H35.3232	H35.3233	H35.3290	H35.3291
H35.3292	H35.3293					

Covered Diagnosis Codes for Procedure Code J0178, Q5149, Q5150, Q5153, Q5155

E08.311	E08.319	E08.3211	E08.3212	E08.3213	E08.3219	E08.3291
E08.3292	E08.3293	E08.3299	E08.3311	E08.3312	E08.3313	E08.3319
E08.3391	E08.3392	E08.3393	E08.3399	E08.3411	E08.3412	E08.3413
E08.3419	E08.3491	E08.3492	E08.3493	E08.3499	E08.3511	E08.3512
E08.3513	E08.3519	E08.3521	E08.3522	E08.3523	E08.3529	E08.3531
E08.3532	E08.3533	E08.3539	E08.3541	E08.3542	E08.3543	E08.3549
E08.3551	E08.3552	E08.3553	E08.3559	E08.3591	E08.3592	E08.3593
E08.3599	E09.311	E09.319	E09.3211	E09.3212	E09.3213	E09.3219
E09.3291	E09.3292	E09.3293	E09.3299	E09.3311	E09.3312	E09.3313
E09.3319	E09.3391	E09.3392	E09.3393	E09.3399	E09.3411	E09.3412
E09.3413	E09.3419	E09.3491	E09.3492	E09.3493	E09.3499	E09.3511
E09.3512	E09.3513	E09.3519	E09.3521	E09.3522	E09.3523	E09.3529
E09.3531	E09.3532	E09.3533	E09.3539	E09.3541	E09.3542	E09.3543
E09.3549	E09.3551	E09.3552	E09.3553	E09.3559	E09.3591	E09.3592
E09.3593	E09.3599	E10.311	E10.319	E10.3211	E10.3212	E10.3213

E10.3219	E10.3291	E10.3292	E10.3293	E10.3299	E10.3311	E10.3312
E10.3313	E10.3319	E10.3391	E10.3392	E10.3393	E10.3399	E10.3411
E10.3412	E10.3413	E10.3419	E10.3491	E10.3492	E10.3493	E10.3499
E10.3511	E10.3512	E10.3513	E10.3519	E10.3521	E10.3522	E10.3523
E10.3529	E10.3531	E10.3532	E10.3533	E10.3539	E10.3541	E10.3542
E10.3543	E10.3549	E10.3551	E10.3552	E10.3553	E10.3559	E10.3591
E10.3592	E10.3593	E10.3599	E11.311	E11.319	E11.3211	E11.3212
E11.3213	E11.3219	E11.3291	E11.3292	E11.3293	E11.3299	E11.3311
E11.3312	E11.3313	E11.3319	E11.3391	E11.3392	E11.3393	E11.3399
E11.3411	E11.3412	E11.3413	E11.3419	E11.3491	E11.3492	E11.3493
E11.3499	E11.3511	E11.3512	E11.3513	E11.3519	E11.3521	E11.3522
E11.3523	E11.3529	E11.3531	E11.3532	E11.3533	E11.3539	E11.3541
E11.3542	E11.3543	E11.3549	E11.3551	E11.3552	E11.3553	E11.3559
E11.3591	E11.3592	E11.3593	E11.3599	E13.311	E13.319	E13.3211
E13.3212	E13.3213	E13.3219	E13.3291	E13.3292	E13.3293	E13.3299
E13.3311	E13.3312	E13.3313	E13.3319	E13.3391	E13.3392	E13.3393
E13.3399	E13.3411	E13.3412	E13.3413	E13.3419	E13.3491	E13.3492
E13.3493	E13.3499	E13.3511	E13.3512	E13.3513	E13.3519	E13.3521
E13.3522	E13.3523	E13.3529	E13.3531	E13.3532	E13.3533	E13.3539
E13.3541	E13.3542	E13.3543	E13.3549	E13.3551	E13.3552	E13.3553
E13.3559	E13.3591	E13.3592	E13.3593	E13.3599	H34.8110	H34.8120
H34.8130	H34.8190	H34.8310	H34.8320	H34.8330	H34.8390	H35.101
H35.102	H35.103	H35.109	H35.141	H35.142	H35.143	H35.149
H35.151	H35.152	H35.153	H35.159	H35.161	H35.162	H35.163

H35.169	H35.3210	H35.3211	H35.3212	H35.3213	H35.3220	H35.3221
H35.3222	H35.3223	H35.3230	H35.3231	H35.3232	H35.3233	H35.3290
H35.3291	H35.3292	H35.3293				

Covered Diagnosis Codes for Procedure Codes J2778 and Q5128

E08.311	E08.319	E08.3191	E08.3211	E08.3212	E08.3213	E08.3219
E08.3291	E08.3292	E08.3293	E08.3299	E08.3311	E08.3312	E08.3313
E08.3319	E08.3391	E08.3392	E08.3393	E08.3399	E08.3411	E08.3412
E08.3413	E08.3419	E08.3491	E08.3492	E08.3493	E08.3499	E08.3511
E08.3512	E08.3513	E08.3519	E08.3521	E08.3522	E08.3523	E08.3529
E08.3531	E08.3532	E08.3533	E08.3539	E08.3541	E08.3542	E08.3543
E08.3549	E08.3551	E08.3552	E08.3553	E08.3559	E08.3591	E08.3592
E08.3593	E08.3599	E09.311	E09.319	E09.3211	E09.3212	E09.3213
E09.3219	E09.3291	E09.3292	E09.3293	E09.3299	E09.3311	E09.3312
E09.3313	E09.3319	E09.3391	E09.3392	E09.3393	E09.3399	E09.3411
E09.3412	E09.3413	E09.3419	E09.3491	E09.3492	E09.3493	E09.3499
E09.3511	E09.3512	E09.3513	E09.3519	E10.311	E10.3211	E10.3212
E10.3213	E10.3219	E10.3311	E10.3312	E10.3313	E09.3521	E09.3522
E09.3523	E09.3529	E09.3531	E09.3532	E09.3533	E09.3539	E09.3541
E09.3542	E09.3543	E09.3549	E09.3551	E09.3552	E09.3553	E09.3559
E09.3591	E09.3592	E09.3593	E09.3599	E10.319	E10.3291	E10.3292
E10.3293	E10.3299	E10.3319	E10.3391	E10.3392	E10.3393	E10.3399
E10.3411	E10.3412	E10.3413	E10.3419	E10.3491	E10.3492	E10.3493
E10.3499	E10.3511	E10.3512	E10.3513	E10.3519	E10.3521	E10.3522
E10.3523	E10.3529	E10.3531	E10.3532	E10.3533	E10.3539	E10.3541

E10.3542	E10.3543	E10.3549	E10.3551	E10.3552	E10.3553	E10.3559
E10.3591	E10.3592	E10.3593	E10.3599	E11.311	E11.319	E11.3211
E11.3212	E11.3213	E11.3219	E11.3291	E11.3292	E11.3293	E11.3299
E11.3311	E11.3312	E11.3313	E11.3319	E11.3391	E11.3392	E11.3393
E11.3399	E11.3411	E11.3412	E11.3413	E11.3419	E11.3491	E11.3492
E11.3493	E11.3499	E11.3511	E11.3512	E11.3513	E11.3519	E11.3521
E11.3522	E11.3523	E11.3529	E11.3531	E11.3532	E11.3533	E11.3539
E11.3541	E11.3542	E11.3543	E11.3549	E11.3551	E11.3552	E11.3553
E11.3559	E11.3591	E11.3592	E11.3593	E11.3599	E13.311	E13.319
E13.3211	E13.3212	E13.3213	E13.3219	E13.3291	E13.3292	E13.3293
E13.3299	E13.3311	E13.3312	E13.3313	E13.3319	E13.3391	E13.3392
E13.3393	E13.3399	E13.3411	E13.3412	E13.3413	E13.3419	E13.3491
E13.3492	E13.3493	E13.3499	E13.3511	E13.3512	E13.3513	E13.3519
E13.3521	E13.3522	E13.3523	E13.3529	E13.3531	E13.3532	E13.3533
E13.3539	E13.3541	E13.3542	E13.3543	E13.3549	E13.3551	E13.3552
E13.3553	E13.3559	E13.3591	E13.3592	E13.3593	E13.3599	H34.8110
H34.8120	H34.8130	H34.8190	H34.8310	H34.8320	H34.8330	H34.8390
H35.051	H35.052	H35.053	H35.059	H35.3210	H35.3211	H35.3212
H35.3213	H35.3220	H35.3221	H35.3222	H35.3223	H35.3230	H35.3231
H35.3232	H35.3233	H35.3290	H35.3291	H35.3292	H35.3293	H35.81
H44.2A1	H44.2A2	H44.2A3	H44.2A9			

Covered Diagnosis Codes for Procedure Code Q5124

H34.8110	H34.8111	H34.8112	H34.8120	H34.8121	H34.8122	H34.8130
H34.8131	H34.8132	H34.8190	H34.8191	H34.8192	H34.8310	H34.8311

H34.8312	H34.8320	H34.8321	H34.8322	H34.8330	H34.8331	H34.8332
H34.8390	H34.8391	H35.051	H35.052	H35.053	H35.059	H35.3210
H35.3211	H35.3212	H35.3213	H35.3220	H35.3221	H35.3222	H35.3223
H35.3230	H35.3231	H35.3232	H35.3233	H35.3290	H35.3291	H35.3292
H35.3293	H44.2A1	H44.2A2	H44.2A3	H44.2A9		

Covered Diagnosis Codes for Procedure Code J2777

E08.311	E08.319	E08.3211	E08.3212	E08.3213	E08.3219	E08.3291
E08.3292	E08.3293	E08.3299	E08.3311	E08.3312	E08.3313	E08.3319
E08.3391	E08.3392	E08.3393	E08.3399	E08.3411	E08.3412	E08.3413
E08.3419	E08.3491	E08.3492	E08.3493	E08.3499	E08.3511	E08.3512
E08.3513	E08.3519	E08.3591	E08.3592	E08.3593	E08.3599	E08.37X1
E08.37X2	E08.37X3	E08.37X9	E09.311	E09.319	E09.3211	E09.3212
E09.3213	E09.3219	E09.3291	E09.3292	E09.3293	E09.3299	E09.3311
E09.3312	E09.3313	E09.3319	E09.3391	E09.3392	E09.3393	E09.3399
E09.3411	E09.3412	E09.3413	E09.3419	E09.3491	E09.3492	E09.3493
E09.3499	E09.3511	E09.3512	E09.3513	E09.3519	E09.3591	E09.3592
E09.3593	E09.3599	E09.37X1	E09.37X2	E09.37X3	E09.37X9	E10.311
E10.319	E10.3211	E10.3212	E10.3213	E10.3219	E10.3291	E10.3292
E10.3293	E10.3299	E10.3311	E10.3312	E10.3313	E10.3319	E10.3391
E10.3392	E10.3393	E10.3399	E10.3411	E10.3412	E10.3413	E10.3419
E10.3491	E10.3492	E10.3493	E10.3499	E10.3511	E10.3512	E10.3513
E10.3519	E10.3591	E10.3592	E10.3593	E10.3599	E10.37X1	E10.37X2
E10.37X3	E10.37X9	E11.311	E11.319	E11.3211	E11.3212	E11.3213
E11.3219	E11.3291	E11.3292	E11.3293	E11.3299	E11.3311	E11.3312

E11.3313	E11.3319	E11.3391	E11.3392	E11.3393	E11.3399	E11.3411
E11.3412	E11.3413	E11.3419	E11.3491	E11.3492	E11.3493	E11.3499
E11.3511	E11.3512	E11.3513	E11.3519	E11.3551	E11.3552	E11.3553
E11.3559	E11.3591	E11.3592	E11.3593	E11.3599	E11.37X1	E11.37X2
E11.37X3	E11.37X9	E13.311	E13.319	E13.3211	E13.3212	E13.3213
E13.3219	E13.3291	E13.3292	E13.3293	E13.3299	E13.3311	E13.3312
E13.3313	E13.3319	E13.3391	E13.3392	E13.3393	E13.3399	E13.3411
E13.3412	E13.3413	E13.3419	E13.3491	E13.3492	E13.3493	E13.3499
E13.3511	E13.3512	E13.3513	E13.3519	E13.3591	E13.3592	E13.3593
E13.3599	E13.37X1	E13.37X2	E13.37X3	E13.37X9	H34.8110	H34.8120
H34.8130	H34.8190	H34.8310	H34.8320	H34.8330	H34.8390	H35.3210
H35.3211	H35.3212	H35.3213	H35.3220	H35.3221	H35.3222	H35.3223
H35.3230	H35.3231	H35.3232	H35.3233	H35.3290	H35.3291	H35.3292
H35.3293						

Covered Diagnosis Codes for Procedure Code J2781 and J2782

H35.3110	H35.3111	H35.3112	H35.3113	H35.3114	H35.3120	H35.3121
H35.3122	H35.3123	H35.3124	H35.3130	H35.3131	H35.3132	H35.3133
H35.3134	H35.3190	H35.3191	H35.3192	H35.3193	H35.3194	

Covered Diagnosis Codes for Procedure Code J0177

E08.311	E08.319	E08.3211	E08.3212	E08.3213	E08.3219	E08.3291
E08.3292	E08.3293	E08.3299	E08.3311	E08.3312	E08.3313	E08.3319
E08.3391	E08.3392	E08.3393	E08.3399	E08.3411	E08.3412	E08.3413
E08.3419	E08.3491	E08.3492	E08.3493	E08.3499	E08.3511	E08.3512
E08.3513	E08.3519	E08.3591	E08.3592	E08.3593	E08.3599	E08.37X1

E08.37X2	E08.37X3	E08.37X9	E09.311	E09.319	E09.3211	E09.3212
E09.3213	E09.3219	E09.3291	E09.3292	E09.3293	E09.3299	E09.3311
E09.3312	E09.3313	E09.3319	E09.3391	E09.3392	E09.3393	E09.3399
E09.3411	E09.3412	E09.3413	E09.3419	E09.3491	E09.3492	E09.3493
E09.3499	E09.3511	E09.3512	E09.3513	E09.3519	E09.3591	E09.3592
E09.3593	E09.3599	E09.37X1	E09.37X2	E09.37X3	E09.37X9	E10.311
E10.319	E10.3211	E10.3212	E10.3213	E10.3219	E10.3291	E10.3292
E10.3293	E10.3299	E10.3311	E10.3312	E10.3313	E10.3319	E10.3391
E10.3392	E10.3393	E10.3399	E10.3411	E10.3412	E10.3413	E10.3419
E10.3491	E10.3492	E10.3493	E10.3499	E10.3511	E10.3512	E10.3513
E10.3519	E10.3591	E10.3592	E10.3593	E10.3599	E10.37X1	E10.37X2
E10.37X3	E10.37X9	E11.311	E11.319	E11.3211	E11.3212	E11.3213
E11.3219	E11.3291	E11.3292	E11.3293	E11.3299	E11.3311	E11.3312
E11.3313	E11.3319	E11.3391	E11.3392	E11.3393	E11.3399	E11.3411
E11.3412	E11.3413	E11.3419	E11.3491	E11.3492	E11.3493	E11.3499
E11.3511	E11.3512	E11.3513	E11.3519	E11.3551	E11.3552	E11.3553
E11.3559	E11.3591	E11.3592	E11.3593	E11.3599	E11.37X1	E11.37X2
E11.37X3	E11.37X9	E13.311	E13.319	E13.3211	E13.3212	E13.3213
E13.3219	E13.3291	E13.3292	E13.3293	E13.3299	E13.3311	E13.3312
E13.3313	E13.3319	E13.3391	E13.3392	E13.3393	E13.3399	E13.3411
E13.3412	E13.3413	E13.3419	E13.3491	E13.3492	E13.3493	E13.3499
E13.3511	E13.3512	E13.3513	E13.3519	E13.3591	E13.3592	E13.3593
E13.3599	E13.37X1	E13.37X2	E13.37X3	E13.37X9	H35.3210	H35.3211
H35.3212	H35.3213	H35.3220	H35.3221	H35.3222	H35.3223	H35.3230

H35.3231	H35.3232	H35.3233	H35.3290	H35.3291	H35.3292	H35.3293

Covered Diagnosis Codes for Aflibercept-ayyh (Pavblu) Q5147

E08.37X1	E08.37X2	E08.37X3	E08.37X9	E08.311	E08.319	E08.3211
E08.3212	E08.3213	E08.3219	E08.3291	E08.3292	E08.3293	E08.3299
E08.3311	E08.3312	E08.3313	E08.3319	E08.3391	E08.3392	E08.3393
E08.3399	E08.3411	E08.3412	E08.3413	E08.3419	E08.3491	E08.3492
E08.3493	E08.3499	E08.3511	E08.3512	E08.3513	E08.3519	E08.3591
E08.3592	E08.3593	E08.3599	E09.37X1	E09.37X2	E09.37X3	E09.37X9
E09.311	E09.319	E09.3211	E09.3212	E09.3213	E09.3219	E09.3291
E09.3292	E09.3293	E09.3299	E09.3311	E09.3312	E09.3313	E09.3319
E09.3391	E09.3392	E09.3393	E09.3399	E09.3411	E09.3412	E09.3413
E09.3419	E09.3491	E09.3492	E09.3493	E09.3499	E09.3511	E09.3512
E09.3513	E09.3519	E09.3591	E09.3592	E09.3593	E09.3599	E10.37X1
E10.37X2	E10.37X3	E10.37X9	E10.311	E10.319	E10.3211	E10.3212
E10.3213	E10.3219	E10.3291	E10.3292	E10.3293	E10.3299	E10.3311
E10.3312	E10.3313	E10.3319	E10.3391	E10.3392	E10.3393	E10.3399
E10.3411	E10.3412	E10.3413	E10.3419	E10.3491	E10.3492	E10.3493
E10.3499	E10.3511	E10.3512	E10.3513	E10.3519	E10.3591	E10.3592
E10.3593	E10.3599	E11.37X1	E11.37X2	E11.37X3	E11.37X9	E11.311
E11.319	E11.3211	E11.3212	E11.3213	E11.3219	E11.3291	E11.3292
E11.3293	E11.3299	E11.3311	E11.3312	E11.3313	E11.3319	E11.3391
E11.3392	E11.3393	E11.3399	E11.3411	E11.3412	E11.3413	E11.3419
E11.3491	E11.3492	E11.3493	E11.3499	E11.3511	E11.3512	E11.3513
E11.3519	E11.3551	E11.3552	E11.3553	E11.3559	E11.3591	E11.3592

E11.3593	E11.3599	E13.37X1	E13.37X2	E13.37X3	E13.37X9	E13.311
E13.319	E13.3211	E13.3212	E13.3213	E13.3219	E13.3291	E13.3292
E13.3293	E13.3299	E13.3311	E13.3312	E13.3313	E13.3319	E13.3391
E13.3392	E13.3393	E13.3399	E13.3411	E13.3412	E13.3413	E13.3419
E13.3491	E13.3492	E13.3493	E13.3499	E13.3511	E13.3512	E13.3513
E13.3519	E13.3591	E13.3592	E13.3593	E13.3599	H34.8110	H34.8120
H34.8130	H34.8190	H34.8310	H34.8320	H34.8330	H34.8390	H35.3210
H35.3211	H35.3212	H35.3213	H35.3220	H35.3221	H35.3222	H35.3223
H35.3230	H35.3231	H35.3232	H35.3233	H35.3290	H35.3291	H35.3292
H35.3293						

CURRENT CODING

HCPCS:

J0177	Inj, aflibercept hd, 1 mg	Medicaid Expansion
J0178	Aflibercept injection	Medicaid Expansion
J0179	Inj, brolucizumab-dbll, 1 mg	Medicaid Expansion
J2777	Inj, faricimab-svoa, 0.1mg	Medicaid Expansion
J2778	Ranibizumab injection	Medicaid Expansion
J2779	Inj, susvimo 0.1 mg	Medicaid Expansion
J2781	Inj, pegcetacoplan, 1mg	Medicaid Expansion
J2782	Inj avacincaptad pegol 0.1mg	Medicaid Expansion
Q5124	Inj. byooviz, 0.1 mg	Medicaid Expansion
Q5128	Inj, cimerli, 0.1 mg	Medicaid Expansion
Q5147	Inj, aflibercept-ayyh, 1 mg	Medicaid Expansion
Q5149	Inj, aflibercept-abzv, 1 mg	Medicaid Expansion

Q5150	Inj, aflibercept-mrbb, 1 mg	Medicaid Expansion
Q5153	Inj, aflibercept-yszy, 1 mg	Medicaid Expansion

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9. Clinical PharmacologyTM Compendium. 2024. Tampa FL: Gold Standard, Inc. ocriplasmin.
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ND Committee Review

Internal Medical Policy Committee 11-19-2024 *Effective December 09, 2024*

- *Adopted* Medicaid Expansion specific policy

Internal Medical Policy Committee 01-14-2025 *EffectiveMarch 03, 2025*

- *Added* initial and reauthorization criteria for aflibercept-ayyh (Pavblu)
- *Updated* diagnosis codes

Internal Medical Policy Committee 03-11-2025 *Effective April 01, 2025*

- *Added* new codes Q5147, Q5149, and Q5150 to the policy
- *Removed* code J3590 from the policy

Internal Medical Policy Committee 05-13-2025 *Effective July 01, 2025*

- *Added* new code, Q5153, to the policy
- *Updated* criteria for J2799 by adding indication for diabetic macular edema
- *Updated* diagnosis codes

Internal Medical Policy Committee 09-04-2025 *Effective October 01, 2025*

- *Added* new code, Q5155, to the policy

Disclaimer

Current medical policy is to be used in determining a Member's contract benefits on the date that services are rendered. Contract language, including definitions and specific inclusions/exclusions, as well as state and federal law, must be considered in determining eligibility for coverage. Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information. Likewise, medical policy, which addresses the issue(s) in any specific case, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and the Company reserves the right to review and update medical policy periodically.