

Jurisdiction Specific Medicare Part B Eylea and Biosimilars

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Eylea	Aflibercept
Ahzantive	aflibercept-mrbb
Enzeevu	aflibercept-abzv
Pavblu	aflibercept-ayyh
Opuviz	aflibercept-yszy

Covered Uses

The indications below are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-labeled indications and recognized compendial (off-label) uses:

Eylea is indicated for the treatment of:

- Neovascular (wet) age-related macular degeneration
- Diabetic macular edema
- Diabetic retinopathy
- Macular edema following retinal vein occlusion
- Retinopathy of Prematurity

Ahzantive, Pavblu, and Opuviz are indicated for the treatment of:

- Diabetic macular edema

Reference number(s)
5206-A

- Diabetic retinopathy
- Neovascular (wet) age-related macular degeneration
- Macular edema following retinal vein occlusion

Enzeevu is indicated for the treatment of:

- Neovascular (wet) age-related macular degeneration

Compendial uses-ICD-10 codes supported by the Medicare Administrative Contractor

The list of covered ICD-10 codes is prohibitively long to include in within this policy. A complete list can be found at: <https://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx>.

All other indications will be assessed on an individual basis. Submissions for indications other than those enumerated in this policy should be accompanied by supporting evidence from Medicare approved compendia.

Coverage Criteria

Neovascular (Wet) Age-Related Macular Degeneration¹⁻⁶

Authorization of 12 months may be granted for treatment of neovascular (wet) age-related macular degeneration.

Macular Edema Following Retinal Vein Occlusion^{1,2,3,5,6}

Authorization of 12 months may be granted for treatment of macular edema following retinal vein occlusion.

Diabetic Macular Edema^{1,2,3,5,6}

Authorization of 12 months may be granted for treatment of diabetic macular edema.

Diabetic Retinopathy^{1,2,3,5,6}

Authorization of 12 months may be granted for treatment of diabetic retinopathy.

Retinopathy of Prematurity^{1,2}

Authorization of 12 months may be granted for treatment of retinopathy of prematurity.

All Other Indications¹

Authorization of 12 months may be granted for treatment of all other approvable indications listed in LCA A53387.

Dosage and Administration

Approvals may be subject to administration and dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

References

1. Billing and Coding: Aflibercept (EYLEA®) (A53387) Version R17. Available at: <https://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx>. Accessed February 13, 2025.
2. Eylea [package insert]. Tarrytown, NY: Regeneron Pharmaceuticals, Inc.; October 2024.
3. Ahzantive [package insert]. Martinsried/Planegg, Germany: Formycon AG; June 2024.
4. Enzeevu [package insert]. Princeton, NJ: Sandoz Inc.; August 2024.
5. Pavblu [package insert]. Thousand Oaks, CA: Amgen, Inc.; August 2024.
6. Opuviz [package insert]. Cambridge, MA: Biogen MA Inc.; May 2024.