

Intravitreal Vascular Endothelial Growth Factor Antagonist (VEGF-A)

HCPCS: J0179 Injection, brolucizumab-dbl, 1 mg (Beovu), J0178 Injection, aflibercept, 1 mg (Eylea), J0177 Injection, aflibercept HD, 1 mg (Eylea HD), J2778 Injection, ranibizumab, 0.1 mg (Lucentis), J2777 Injection, faricimab-svoa, 0.1 mg (Vabysmo), Q5124 Injection, ranibizumab-nuna, biosimilar, 0.1 mg (Byooviz), Q5128 Injection, ranibizumab-eqrn, biosimilar, 0.1 mg (Cimerli), J2779 Injection, ranibizumab, via intravitreal implant (Susvimo), 0.1 mg, Q5150 Injection, aflibercept-mrbb, biosimilar, 1 mg (Ahzantive), Q5147 Injection, aflibercept-ayyh, biosimilar, 1 mg (Pavblu), Q5149 Injection, aflibercept-abzv, biosimilar, 1 mg (Enzeevu), Q5153 Injection, aflibercept-yszy, biosimilar, 1 mg (Opuviz), Q5155 Injection, aflibercept-jbvf (yesafili), biosimilar, 1 mg (Yesafili), Q5170 Injection, aflibercept-boav (eydenzelt), biosimilar, 1 mg (Eydenzelt)

LOB:	MCAL
Duration of Approval:	New: Six months; COC: One year
Quantity Limit:	FDA-Approved/Compendia-Supported Dosing
MCG Available:	Yes (Beovu, Cimerli, Eylea, Lucentis, Susvimo, Vabysmo)
DHCS Drug Policy:	No

Requires Prior Authorization (PA)

- Ahzantive (aflibercept-mrbb) intraocular injection
- Beovu (brolucizumab-dbl) intraocular injection
- Byooviz (ranibizumab-nuna) intraocular injection
- Cimerli (ranibizumab-eqrn) intraocular injection
- Enzeevu (aflibercept-abzv) intraocular injection
- Eydenzelt (aflibercept-boav) intraocular injection
- Eylea (aflibercept) intraocular injection
- Eylea HD (aflibercept) intraocular injection
- Lucentis (ranibizumab) intraocular injection
- Opuviz (aflibercept-yszy) intraocular injection
- Pavblu (aflibercept-ayyh) intraocular injection
- Susvimo (ranibizumab) intravitreal implant
- Vabysmo (faricimab-svoa) intraocular injection
- Yesafili (aflibercept-jbvf) intraocular injection

PA CRITERIA FOR APPROVAL:**New Therapy**

1. The member has a diagnosis for a Food and Drug Administration (FDA)-approved indication (refer to package insert under References), a compendia-supported (Drugdex or American Hospital Formulary Service [AHFS]) indication **OR** cystoid macular edema (CME) (for Eylea/Eylea HD only; off-label use based on peer-reviewed literature) (**Note:** Susvimo is FDA-indicated in those who have previously responded to at least two intravitreal injections of a vascular endothelial growth factor [VEGF] inhibitor) **AND**
2. The medication was prescribed by an ophthalmologist and/or retina specialist **AND**
3. Documentation of best corrected visual acuity (BCVA) or visual acuity (VA) at baseline and periodically during treatment is provided **AND**
4. **For Eylea HD, Beovu, Vabysmo, Pavblu:** The member has a history of failure, contraindication or reasons for intolerance to **ONE** of the following: Ahzantive, Byooviz, Cimerli, Enzeevu, Eylea, Eydenzelt, Lucentis, Opuviz, Yesafili (**Note:** If the member has already tried another non-preferred VEGF inhibitor (Eylea HD, Beovu, Vabysmo, or Pavblu), ok to accept as a tried/failed alternative and not require them to try Ahzantive, Byooviz, Cimerli, Enzeevu, Eylea, Eydenzelt, Lucentis, Opuviz, or Yesafili)
AND

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5. **For Susvimo implant:** The member has previously responded to at least two intravitreal injections of a VEGF inhibitor (such as Ahzantive, Byooviz, Cimerli, Enzeevu, Eydenzelt, Eylea, Lucentis, Opuviz, Yesafili) (**Note:** the two injections can be the same VEGF inhibitor agent)
(**Note:** If the member has previous response to a non-preferred VEGF inhibitor (Eylea HD, Beovu, Vabysmo, or Pavblu), ok to accept and not require them to try Ahzantive, Byooviz, Cimerli, Enzeevu, Eylea, Eydenzelt, Lucentis, Opuviz, or Yesafili)

Continuation of Therapy

1. The member has a diagnosis for an FDA-approved indication (refer to package insert under References), a compendia-supported (Drugdex or AHFS) indication OR CME (for Eylea/Eylea HD only; off-label use based on peer-reviewed literature) **AND**
2. Chart notes provided showing response to therapy (such as improvement or stability in member's visual acuity compared to baseline) **OR** medical justification is provided why continuation of therapy is needed

DOSING & ADMINISTRATION:

Drug Name	Dosing/Administration
Eylea/Eylea HD (aflibercept)	CME off-label based on peer review literature: 2 mg (0.05 ml) intravitreally every four weeks

OTHER INFORMATION:

HCPCS	Description	Brand name
J0178	Injection, aflibercept, 1 mg	Eylea
J0177	Injection, aflibercept HD, 1 mg	Eylea HD
J2778	Injection ranibizumab, 0.1 mg	Lucentis
J0179	Injection brolocizumab-dbl, 1 mg	Beovu
J2777	Injection, faricimab-svoa, 0.1 mg	Vabysmo
Q5124	Injection, ranibizumab-nuna, biosimilar, 0.1 mg	Byooviz
Q5128	Injection, ranibizumab-eqrn, biosimilar, 0.1 mg	Cimerli
J2779	Injection, ranibizumab, via intravitreal implant (Susvimo), 0.1 mg	Susvimo
Q5150	Injection, aflibercept-mrbb (Ahzantive), biosimilar, 1 mg	Ahzantive
Q5147	Injection, aflibercept-ayyh (Pavblu), biosimilar, 1 mg	Pavblu
Q5149	Injection, aflibercept-abzv (Enzeevu), biosimilar, 1 mg	Enzeevu
Q5153	Injection, aflibercept-yszy (Opuviz), biosimilar, 1 mg	Opuviz
Q5155	Injection, aflibercept-jbvf (yesafili), biosimilar, 1 mg	Yesafili
Q5170	Injection, aflibercept-boav (eydenzelt), biosimilar, 1 mg	Eydenzelt

REFERENCES:

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4. Beovu Prescribing Information. www.novartis.com/us-en/sites/novartis_us/files/beovu.pdf. 07/2024.
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P&T APPROVAL HISTORY:

May 2012 P&T Drug Review

UMC REVIEW:

04/2026