Reference number(s)
3830-A

JURISDICTION SPECIFIC MEDICARE PART B

EYLEA (aflibercept)
EYLEA HD (aflibercept)

POLICY

I. 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.

A. The FDA-labeled indications and recognized compendia (off-label) uses are below:
1. Neovascular (wet) age-related macular degeneration
2. Diabetic macular edema
3. Diabetic retinopathy

Eylea is also indicated for:
1. Macular edema following retinal vein occlusion
2. Retinopathy of Prematurity

B. 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.

II. CRITERIA FOR APPROVAL

A. Neovascular (Wet) Age-Related Macular Degeneration
Authorization of 12 months may be granted for treatment of neovascular (wet) age-related macular degeneration.

B. Macular Edema Following Retinal Vein Occlusion (Eylea Only)
Authorization of 12 months may be granted for treatment of macular edema following retinal vein occlusion.

C. Diabetic Macular Edema
Authorization of 12 months may be granted for treatment of diabetic macular edema.

D. Diabetic Retinopathy

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

E. Retinopathy of Prematurity (Eylea Only)
Authorization of 12 months may be granted for treatment of retinopathy of prematurity.

C. All Other Indications
Authorization of 12 months may be granted for treatment of all other approvable indications listed in LCA A52451.

III. 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.

IV. REFERENCES

1. Drugs and Biologicals LCD (L33394) Version R15. Available at: https://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx. Accessed January 4, 2024.
2. Billing and Coding: Ranibizumab, Aflibercept and Brolucizumab-dbll (A52451) Version R17. Available at: https://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx. Accessed January 4, 2024.
3. Billing and Coding: Drugs and Biologicals (A52855) Version R8. Available at: https://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx. Accessed January 4, 2024.
4. Eylea [package insert]. Tarrytown, NY: Regeneron Pharmaceuticals Inc.; December 2023.
5. Eylea HD [package insert]. Tarrytown, NY: Regeneron Pharmaceuticals Inc.; December 2023.

