Aflibercept ophthalmic (Eylea, Eylea HD, Pavblu, Enzeevu, Ahzantive, Opuviz, Yesafili, Eydenzelt)–

PA Criteria

HCPC: J0178 aflibercept (Eylea), J0177 aflibercept (Eylea HD), Q5147 aflibercept-ayyh (Pavblu), Q5149 aflibercept-abzv (Enzeevu), Q5150 aflibercept-mrbb (Ahzantive), Q5153 aflibercept-yszy (Opuviz), Q5155 aflibercept-jbvf (Yesafili), Q5170 aflibercept-boav (Eydenzelt)

Ophthalmic aflibercept (Eylea, Elyea HD, Pavblu, Enzeevu, Ahzantive, Opuviz, Yesafili, Eydenzelt) is a vascular endothelial growth factor (VEGF) inhibitor that is administered via intravitreal injection for the treatment of various ophthalmic conditions. It is covered by South Dakota Medicaid following prior authorization when the patient meets the following criteria:

- **Initial Therapy (must meet all):**
  - Therapy is prescribed by or in consultation with an ophthalmologist
  - Individual has a diagnosis of **one** of the following:
    - Diabetic macular edema
    - Diabetic retinopathy
    - Macular edema following retinal vein occlusion
    - Age-related macular degeneration
  - Individual has a documented best corrected visual acuity (BCVA) score of 20/40 or worse within the last 12 months
  - Individual has failed therapy (≥90 days) with intravitreal bevacizumab
  - Individual is ≥18 years of age
  - Approval duration: 6 months
- **Continuation of Therapy (must meet all):**
  - Documentation is submitted indicating positive response to therapy as demonstrated by a maintained or improved BCVA score
  - Approval duration: 1 year