

# Eylea (afibercept 2 mg) — HCPCS J0178

CARECOST ESTIMATE · BILLING CHEAT SHEET

Regeneron Pharmaceuticals 2 mg / 0.05 mL single-dose vial or PFS Intravitreal injection **Reviewed:** May 2, 2026 **ASP:** Q2 2026

<b>HCPCS</b> <b>J0178</b> 1 mg = 1 unit	<b>DOSE</b> <b>2 units</b> 2 mg / 0.05 mL · 1 vial/PFS	<b>MODIFIER</b> <b>JZ</b> Required, every claim	<b>ADMIN CPT</b> <b>67028 + RT/LT</b> Per eye, separate lines	<b>MEDICARE ASP+6%</b> <b>\$731.885</b> /mg · \$1,463.77/dose
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## CODES & NDC

<b>HCPCS</b>	J0178 — "Inj, aflibercept, 1 mg" (permanent code; 1 mg = 1 unit)
<b>NDC (VIAL)</b>	61755-005-02 (10) / 61755-0005-02 (11) — 2 mg / 0.05 mL SDV
<b>NDC (PFS)</b>	61755-005-01 (10) / 61755-0005-01 (11) — 2 mg / 0.05 mL prefilled syringe
<b>VIAL</b>	2 mg / 0.05 mL of 40 mg/mL solution (single-dose)
<b>ROUTE</b>	Intravitreal injection
<b>BENEFIT</b>	Medical (provider buy-and-bill); not specialty pharmacy

## AFLIBERCEPT BIOSIMILARS (DO NOT BILL UNDER J0178)

Q-CODE	BRAND (MFR)	INTERCHG.
Q5147	Pavblu (Amgen)	No
Q5149	Enzeevu (Sandoz)	No
Q5150	Ahzantive (Formycon)	No
Q5153	Opuviz (Samsung Bioepis)	Yes
Q5155	Yesafili (Biocon)	Yes

**Substitution risk:** If pharmacy dispenses biosimilar, the Q-code must drive the claim — not J0178. Lot NDC must reconcile with billed code.

## DOSING PER INDICATION

INDICATION	SCHEDULE
wAMD	2 mg q4wk × 3 loading, then q8wk (some extend q12wk)
DME	2 mg q4wk × 5, then q8wk
DR	2 mg q4wk × 5, then q8wk (or q4wk × 3, then q8–q16wk per extension)
RVO (CRVO/BRVO)	2 mg q4wk
ROP (pediatric)	0.4 mg per protocol — <b>Eylea 2 mg only, NOT Eylea HD</b>

## ICD-10 (MOST COMMON)

CODE	FOR
H35.32xx	Wet AMD (5th/6th char = laterality + stage)
E11.341x / E10.341x	DME in T2DM / T1DM (severe NPDR + ME)
E11.351x	PDR + DME in T2DM
E11.331x / E11.321x	Mod / Mild NPDR with DME
E11.319 / E10.319	DM with unspec DR without ME
H34.81xx / H34.83xx	CRVO / BRVO with macular edema
H44.2x + H35.05	Degenerative myopia + secondary CNV (mCNV)
H35.10 – H35.17	ROP (Eylea 2 mg only)
H35.81	Retinal edema (adjunct only)

**Match laterality.** ICD-10 5th-char laterality must match RT/LT modifier on procedure lines.

## PAYER REQUIREMENTS (MAY 2026)

PAYER	PA	STEP / PREFERENCE
UnitedHealthcare	Yes	<b>Yes</b> — bevacizumab first; biosimilar (Pavblu/Yesafili/Opuviz) preferred over reference Eylea
Aetna commercial	Yes	Bevacizumab trial requested; biosimilar pathway preferred
Aetna Medicare Part B	Yes	<b>Non-preferred</b> (favors bevacizumab + 2 mg biosimilars)
BCBS (most plans)	Yes	Bevacizumab trial; many now prefer Pavblu Q5147

**Two simultaneous UM levers in 2026:** bevacizumab step AND biosimilar preference. Document both.

## MEDICARE REIMBURSEMENT (Q2 2026)

FIELD	VALUE
ASP + 6%	<b>\$731.885 / mg</b> (effective 4/1 – 6/30/2026)
2 mg dose	<b>\$1,463.77</b> (2 units × \$731.885)
After ~2% sequestration	~\$1,434 (actual paid, ~ASP+4.3%)
Pavblu Q5147 ASP+6%	~\$821.40/mg (~\$1,642.79 / 2 mg dose)

## BILATERAL BILLING (RT/LT, NOT -50)

Most payers require **two separate lines** for bilateral same-day:

- Line 1: 67028-RT + J0178-RT 2 units
- Line 2: 67028-LT + J0178-LT 2 units

Some commercial payers accept 67028-50 (1 unit, fee × 2). Verify per payer.

## MODIFIERS

MOD	WHEN
RT / LT	Required on both J0178 and 67028 lines
E1 – E4	Some payers require eyelid quadrant in addition to RT/LT
JZ	Required when no drug discarded (typical for SDV/PFS)
JW	Only if discarded amount ≥ threshold (rare for 2 mg SDV/PFS)
25	On E/M when separately identifiable
XU / 59	To unbundle OCT/fundus photo from 67028

## SITE OF CARE

SETTING	POS	FORM
Physician / retina office	11	CMS-1500 / 837P
Ophthalmology ASC	24	CMS-1500 / 837P
Hospital outpatient	19/22	UB-04 / 8371 (UHC, Aetna disfavor)

**Home admin not applicable.** Intravitreal must be in-office or ASC.

## PATIENT ASSISTANCE — EYLEA4U

- **EYLEA4U:** 1-855-EYLEA4U / 1-855-395-3248, Option 4 (M–F 9–8 ET) — shared for Eylea + Eylea HD
- **Commercial copay:** as low as **\$0/treatment** (excludes Medicare/Medicaid/federal)
- **PAP:** free drug for uninsured/underinsured
- **EYLEA Direct:** Regeneron's direct-purchase program (alternative to specialty distributor)
- **Medicare patients:** verify open foundation funds (PAN, HealthWell)
- Provider portal: [eyleahcp.com](http://eyleahcp.com)

## WARNINGS & PRECAUTIONS

- **Endophthalmitis & retinal detachments** from intravitreal injection — aseptic technique, monitor post-injection
- **Increased IOP** within 60 min of injection — check IOP & perfusion of optic nerve head
- **Arterial thromboembolic events** (NASCET-defined: stroke, MI, vascular death)

**Different drug, different code:** Eylea HD = J0177, NDC 61755-050, 8 mg / 8 units. Common denial: 8 units of J0178 for an HD dose. Verify formulation in chart before billing.