

Eylea HD (aflibercept 8 mg) — HCPCS J0177

CARECOST ESTIMATE · BILLING CHEAT SHEET

Regeneron Pharmaceuticals 8 mg / 0.07 mL single-dose vial Intravitreal injection Reviewed: May 2, 2026 ASP: Q2 2026

HCPCS J0177 1 mg = 1 unit	DOSE 8 units 8 mg / 0.07 mL · 1 vial	MODIFIER JZ Required, every claim	ADMIN CPT 67028 + RT/LT Per eye, separate lines	MEDICARE ASP+6% \$301.177 /mg · \$2,409.42/dose
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CODES & NDC

HCPCS	J0177 — "Inj, aflibercept hd, 1 mg" (permanent, eff. 4/1/2024; replaced temp C9161)
NDC	61755-050-01 (10) / 61755-0050-01 (11) — N4 qualifier + ML + 0.07
VIAL	8 mg / 0.07 mL of 114.3 mg/mL solution
ROUTE	Intravitreal injection
BENEFIT	Medical (provider buy-and-bill); not specialty pharmacy

YEAR-1 UNIT MATH (WAMD EXAMPLE)

MONTH	VISITS	UNITS
Loading (months 0–2)	3 monthly @ 8 mg	3 × 8 = 24
Maintenance (months 3–12)	~5 visits @ Q8–16W	~5 × 8 = 40
Total year 1 per eye	~8 doses	~64 units J0177

DR/RVO: similar Q4W loading then less frequent. Per-eye math; double for bilateral.

DOSING PER INDICATION

INDICATION	SCHEDULE
wAMD	Q4W × 3, then Q8–16W (up to 20W after yr 1)
DME	Q4W × 3, then Q8–16W (up to 20W after yr 1)
DR	Q4W × 3, then Q8–12W (added Nov 2025)
RVO	Q4W × 3–5, then Q8W (added Nov 2025)

Pediatric: safety not established. No payer covers pediatric.

BILATERAL BILLING (RT/LT, NOT -50)

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

- Line 1: 67028-RT + J0177-RT 8 units
- Line 2: 67028-LT + J0177-LT 8 units

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

ICD-10 (MOST COMMON)

CODE	FOR
H35.32xx	Wet AMD (5th/6th char = laterality + stage)
E11.341x / E10.341x	DME in T2DM / T1DM
E11.351x	PDR + DME in T2DM
E11.331x / E11.321x	Mod / Mild NPDR with DME
H34.81xx / H34.83xx	CRVO / Branch RVO

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

PAYER REQUIREMENTS (MAY 2026)

PAYER	PA	STEP THERAPY
UnitedHealthcare	Yes	Yes — ≥3 doses bevacizumab
Aetna commercial	Yes	Yes — bevacizumab trial requested
Aetna Medicare Part B	Yes	Non-preferred (favors bevacizumab + 2 mg biosimilars)
BCBS (most plans)	Yes	Yes (verify per plan)

Step therapy is the dominant Eylea HD UM lever. Document 3+ bevacizumab doses, OCT response data, OR contraindication before requesting auth.

MEDICARE REIMBURSEMENT (Q2 2026)

FIELD	VALUE
ASP + 6%	\$301.177 / mg (effective 4/1 – 6/30/2026)
8 mg dose	\$2,409.42 (8 units × \$301.177)
After ~2% sequestration	~\$2,361 (actual paid)
NCD/LCD	None drug-specific; MAC article A52451

MODIFIERS

MOD	WHEN
RT / LT	Required on both J0177 and 67028 lines
JZ	Required when no drug discarded (typical)
JW	Only if ≥ 1 mg wasted (rare)
25	On E/M when separately identifiable
XU / 59	To unbundle OCT/fundus photo from 67028

NCCI BUNDLING ALERT

67028 bundles with these same-day services unless modifier + documentation:

CODE	SERVICE
92133 / 92134	OCT — bundled
92250	Fundus photo — bundled
99211 – 99215	E/M — bundled (use mod 25)
92012 / 92014	Eye visit — not bundled

Common denial: OCT same-day as 67028 without XU/59 + documentation.

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. No S-codes, no G-codes — intravitreal must be in-office or ASC.

PATIENT ASSISTANCE — EYLEA4U

- **Phone:** 1-855-EYLEA4U / 1-855-395-3248, Option 4 (M–F 9–8 ET)
- **Commercial copay:** as low as \$0/treatment (excludes Medicare/Medicaid)
- **PAP:** free drug for uninsured/underinsured
- **Medicare patients:** verify open foundation funds (PAN, HealthWell)
- **Provider portal:** eyleahdhcp.com

Different drug, different code: Regular Eylea = J0178, NDC 61755-005, 2 mg / 2 units. Common denial: 8 units of J0178 for an HD dose. Verify formulation in chart before billing.