

**SOUTH DAKOTA MEDICAID
PRIOR AUTHORIZATION CRITERIA**

Physician Administered Drugs, Vaccines, and Immunizations

Aflibercept ophthalmic (Eylea, Eylea HD) – PA Criteria

HCPC: J0178 (Eylea), J0177 (Eylea HD)

Aflibercept (Eylea, Eylea HD) 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 best corrected visual acuity (BVCA) score of 20/40 or worse
 - Individual has failed therapy with intravitreal bevacizumab
 - Individual is ≥18 years of age
 - Approval duration: 6 months
- **Continuation of Therapy (must meet all):**
 - Individual continues to meet all initial criteria
 - Documentation is submitted indicating positive response to therapy
 - Approval duration: 1 year