

Effective April 1st, 2025 PAVBLU™ Permanent Q-code:
**Q5147 Injection, aflibercept-ayyh
(pavblu), biosimilar, 1 mg.**



Resource Guide

PAVBLU™ is a biosimilar to EYLEA® (aflibercept)
backed by Amgen's expertise

INDICATIONS

PAVBLU™ (aflibercept-ayyh) is indicated for the treatment of Neovascular (Wet) Age-Related Macular Degeneration (AMD), Macular Edema following Retinal Vein Occlusion (RVO), Diabetic Macular Edema (DME), and Diabetic Retinopathy (DR).

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

- PAVBLU is contraindicated in patients with ocular or periocular infections, active intraocular inflammation, or known hypersensitivity to aflibercept or to any of the excipients in PAVBLU.

PAVBLU™ is not indicated for Retinopathy of Prematurity, for which Regeneron has marketing exclusivity.

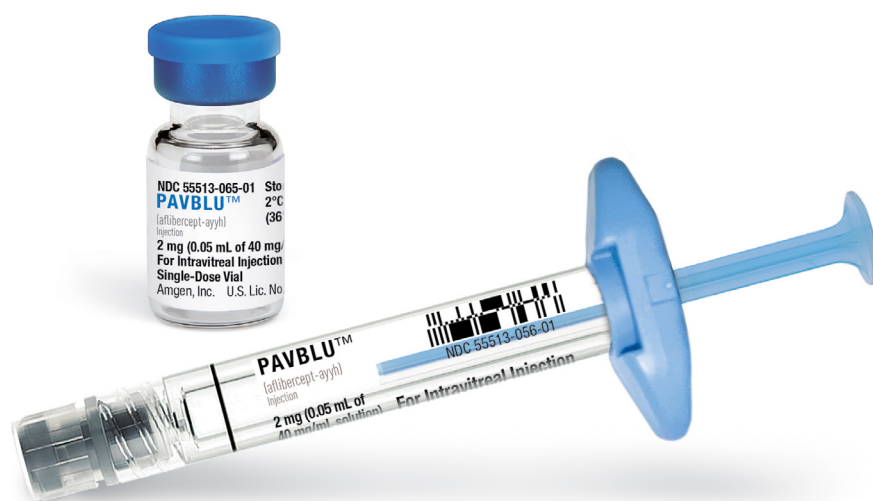
Please see [full Important Safety Information](#) and click here for [full Prescribing Information](#).

AMGEN

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Amgen provides access support and helpful resources for PAVBLU™



IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS

- Intravitreal injections, including those with aflibercept products, have been associated with endophthalmitis and retinal detachments and, more rarely, retinal vasculitis with or without occlusion. Proper aseptic injection technique must always be used when administering PAVBLU. Patients and/or caregivers should be instructed to report any signs and/or symptoms suggestive of endophthalmitis, retinal detachment, or retinal vasculitis without delay and should be managed appropriately.

HOW SUPPLIED & STORAGE AND HANDLING

HOW SUPPLIED

PAVBLU™ is a sterile, clear to opalescent and colorless to slightly yellow solution supplied in the following presentations:

- **One blister pack** containing one 2 mg (0.05 mL of a 40-mg/mL solution) sterile, single-dose prefilled plastic syringe (NDC 55513-056-01)
- **One 2 mg** (0.05 mL of a 40-mg/mL solution) single-dose glass vial (NDC 55513-065-01)

STORAGE AND HANDLING

- Refrigerate at 2° to 8°C (36° to 46°F) in the original carton until time of use. PAVBLU™ may be kept at room temperature (up to 30°C (86°F)) for a single-period of 3 days
- Do not freeze
- Do not use beyond the date stamped on the carton and container label
- Store in the original carton until time of use to protect from light
- Do not open sealed blister tray until time of use

DOSAGE AND ADMINISTRATION

IMPORTANT INJECTION INSTRUCTIONS

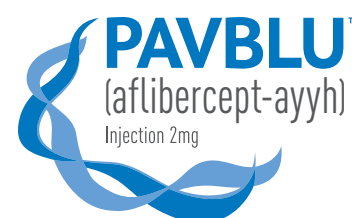
Administer only as an ophthalmic intravitreal injection. PAVBLU™ must only be administered by a qualified physician.

- Prefilled syringe: A 30-gauge x 1/2-inch sterile injection needle is needed but not provided
- Vial: A 5-micron sterile filter needle (18-gauge x 1 1/2-inch), a 1-mL Luer lock syringe, and a 30-gauge x 1/2-inch sterile injection needle are needed but not provided

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

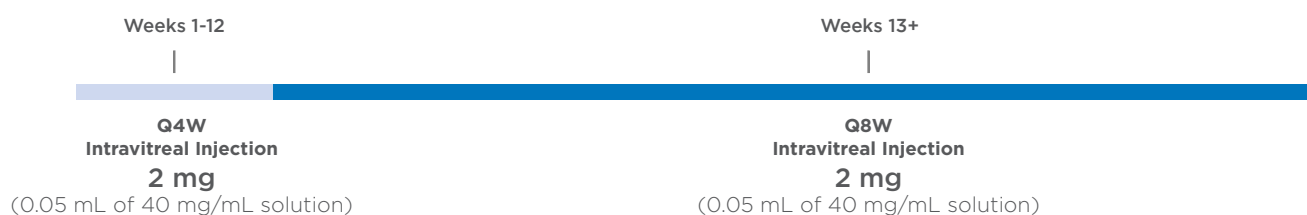
- Acute increases in intraocular pressure have been seen within 60 minutes of intravitreal injection, including with aflibercept products. Sustained increases in intraocular pressure have also been reported after repeated intravitreal dosing with VEGF inhibitors. Intraocular pressure and the perfusion of the optic nerve head should be monitored and managed appropriately.



Please see [full Important Safety Information](#) and [click here](#) for [full Prescribing Information](#).

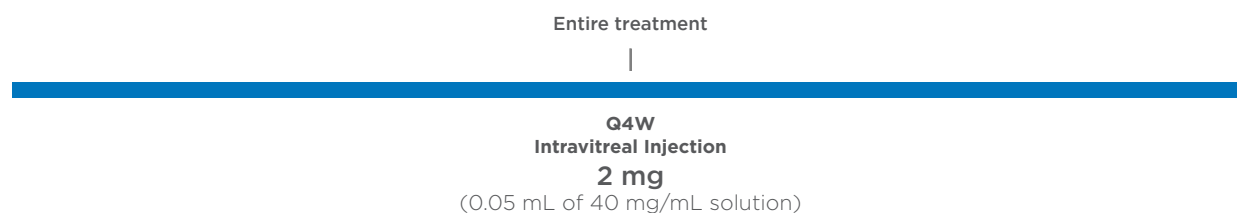
RECOMMENDED DOSES AND SCHEDULES

NEOVASCULAR (WET) AGE-RELATED MACULAR DEGENERATION (AMD)

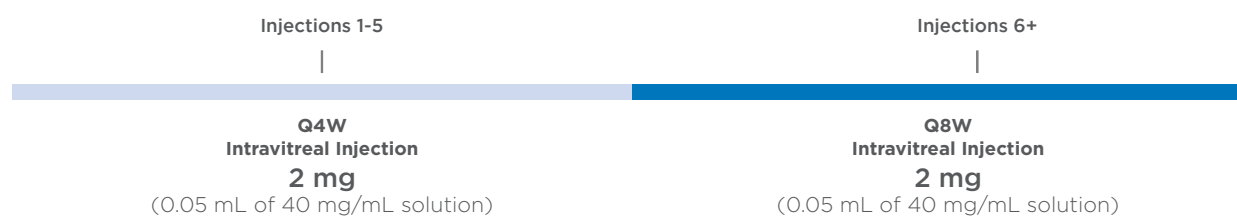


- Although PAVBLU™ may be dosed as frequently as 2 mg every 4 weeks, additional efficacy was not demonstrated in most patients when aflibercept was dosed every 4 weeks compared to every 8 weeks
- Some patients may need every 4-week (monthly) dosing after the first 12 weeks (3 months)
- Although not as effective as the recommended every 8 week dosing regimen, patients may also be treated with one dose every 12 weeks after one year of effective therapy
- Patients should be assessed regularly

MACULAR EDEMA FOLLOWING RETINAL VEIN OCCLUSION (RVO)



DIABETIC MACULAR EDEMA (DME)



- Although PAVBLU™ may be dosed as frequently as 2 mg every 4 weeks, additional efficacy was not demonstrated in most patients when aflibercept was dosed every 4 weeks compared to every 8 weeks
- Some patients may need every 4-week (monthly) dosing after the first 20 weeks (5 months)

DIABETIC RETINOPATHY (DR)



- Although PAVBLU™ may be dosed as frequently as 2 mg every 4 weeks, additional efficacy was not demonstrated in most patients when aflibercept was dosed every 4 weeks compared to every 8 weeks
- Some patients may need every 4-week (monthly) dosing after the first 20 weeks (5 months)

Q4W = every 4 weeks; Q8W = every 8 weeks; Q12W = every 12 weeks.

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

- There is a potential risk of arterial thromboembolic events (ATEs) following intravitreal use of VEGF inhibitors, including aflibercept products. ATEs are defined as nonfatal stroke, nonfatal myocardial infarction, or vascular death (including deaths of unknown cause).

BILLING AND CODING

CODING INFORMATION

NDC	Prefilled syringe: 55513-056-01 Single-dose vial: 55513-065-01
11-DIGIT NDC*	Prefilled syringe: 55513-0056-01 Single-dose vial: 55513-0065-01
HCPCS code	Q5147: Injection, aflibercept-ayyh (pavblu), biosimilar, 1 mg
CPT	67028: Intravitreal injection of a pharmacologic agent (separate procedure) Modifier LT: left eye injection RT: right eye injection 50: bilateral injection
REVENUE CODES†	Medicare: 0636 (Drugs requiring detailed coding) Other payers: 0250 (General pharmacy) or 0636, if required by a given payer
MODIFIERS	JW modifier: Drug amount discarded/not administered to any patient JZ modifier: Zero drug amount discarded/not administered to any patient

*The NDC has been "zero-filled" to create an 11-digit code that meets HIPAA format standards.

†Revenue codes are only required on the CMS 1450 claim form.

NEOVASCULAR WET AGE-RELATED MACULAR DEGENERATION (AMD)

	Exudative age-related macular degeneration	Right Eye	Left Eye	Bilateral	Unspecified Eye
ICD-10-CM	With active choroidal neovascularization	H35.3211	H35.3221	H35.3231	H35.3291
	With inactive choroidal neovascularization	H35.3212	H35.3222	H35.3232	H35.3292
	With inactive scar	H35.3213	H35.3223	H35.3233	H35.3293
	Stage unspecified	H35.3210	H35.3220	H35.3230	H35.3290

The information provided in this document is of a general nature and for informational purposes only; it is not intended to be comprehensive or instructive. Coding and coverage policies change periodically and often without warning. The healthcare provider is solely responsible for determining coverage and reimbursement parameters and appropriate coding for his/her own patients and procedures. In no way should the information provided in this document be considered a guarantee of coverage or reimbursement for any product or service.

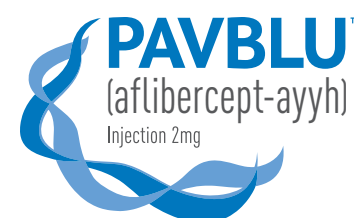
NDC = national drug code; HCPCS = Healthcare Common Procedure Coding System; CPT = Current Procedural Terminology; ICD-10-CM = International Classification of Diseases, Tenth Revision, Clinical Modification; FAR/DFARS = Federal Acquisition Regulation/Defense Federal Acquisition Regulation Supplement.

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IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

- The incidence of reported thromboembolic events in wet AMD studies during the first year was 1.8% (32 out of 1824) in the combined group of patients treated with aflibercept compared with 1.5% (9 out of 595) in patients treated with ranibizumab; through 96 weeks, the incidence was 3.3% (60 out of 1824) in the aflibercept group compared with 3.2% (19 out of 595) in the ranibizumab group. The incidence in the DME studies from baseline to week 52 was 3.3% (19 out of 578) in the combined group of patients treated with aflibercept compared with 2.8% (8 out of 287) in the control group; from baseline to week 100, the incidence was 6.4% (37 out of 578) in the combined group of patients treated with aflibercept compared with 4.2% (12 out of 287) in the control group. There were no reported thromboembolic events in the patients treated with aflibercept in the first six months of the RVO studies.



Please see [full Important Safety Information](#) and click here for [full Prescribing Information](#).

BILLING AND CODING (cont'd)

MACULAR EDEMA FOLLOWING RETINAL VEIN OCCLUSION (RVO)

ICD-10-CM	Central retinal vein occlusion	Right Eye	Left Eye	Bilateral	Unspecified Eye
	With macular edema	H34.8110	H34.8120	H34.8130	H34.8190
	Tributary (branch) retinal vein occlusion	Right Eye	Left Eye	Bilateral	Unspecified Eye
	With macular edema	H34.8310	H34.8320	H34.8330	H34.8390

DIABETIC MACULAR EDEMA (DME)

ICD-10-CM	Diabetes mellitus due to underlying condition with	Right Eye	Left Eye	Bilateral	Unspecified Eye
	Mild nonproliferative diabetic retinopathy with macular edema	E08.3211	E08.3212	E08.3213	E08.3219
	Moderate nonproliferative diabetic retinopathy with macular edema	E08.3311	E08.3312	E08.3313	E08.3319
	Severe nonproliferative diabetic retinopathy with macular edema	E08.3411	E08.3412	E08.3413	E08.3419
	Proliferative diabetic retinopathy with macular edema	E08.3511	E08.3512	E08.3513	E08.3519
	Unspecified diabetic retinopathy with macular edema	E08.311			
	Drug or chemical induced diabetes mellitus with	Right Eye	Left Eye	Bilateral	Unspecified Eye
	Mild nonproliferative diabetic retinopathy with macular edema	E09.3211	E09.3212	E09.3213	E09.3219
	Moderate nonproliferative diabetic retinopathy with macular edema	E09.3311	E09.3312	E09.3313	E09.3319
	Severe nonproliferative diabetic retinopathy with macular edema	E09.3411	E09.3412	E09.3413	E09.3419
	Proliferative diabetic retinopathy with macular edema	E09.3511	E09.3512	E09.3513	E09.3519
	Unspecified diabetic retinopathy with macular edema	E09.311			

IMPORTANT SAFETY INFORMATION (cont'd)

ADVERSE REACTIONS

- Serious adverse reactions related to the injection procedure have occurred in <0.1% of intravitreal injections with aflibercept including endophthalmitis and retinal detachment.

BILLING AND CODING (cont'd)

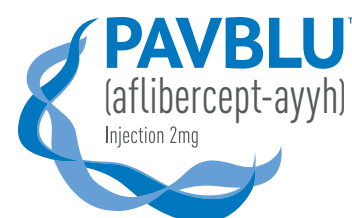
DIABETIC MACULAR EDEMA (DME) (cont'd)

ICD-10-CM	Type 1 diabetes mellitus with	Right Eye	Left Eye	Bilateral	Unspecified Eye
	Mild nonproliferative diabetic retinopathy with macular edema	E10.3211	E10.3212	E10.3213	E10.3219
	Moderate nonproliferative diabetic retinopathy with macular edema	E10.3311	E10.3312	E10.3313	E10.3319
	Severe nonproliferative diabetic retinopathy with macular edema	E10.3411	E10.3412	E10.3413	E10.3419
	Proliferative diabetic retinopathy with macular edema	E10.3511	E10.3512	E10.3513	E10.3519
	Unspecified diabetic retinopathy with macular edema	E10.311			
	Type 2 diabetes mellitus with	Right Eye	Left Eye	Bilateral	Unspecified Eye
	Mild nonproliferative diabetic retinopathy with macular edema	E11.3211	E11.3212	E11.3213	E11.3219
	Moderate nonproliferative diabetic retinopathy with macular edema	E11.3311	E11.3312	E11.3313	E11.3319
	Severe nonproliferative diabetic retinopathy with macular edema	E11.3411	E11.3412	E11.3413	E11.3419
	Proliferative diabetic retinopathy with macular edema	E11.3511	E11.3512	E11.3513	E11.3519
	Unspecified diabetic retinopathy with macular edema	E11.311			
	Other specified diabetes mellitus with	Right Eye	Left Eye	Bilateral	Unspecified Eye
	Mild nonproliferative diabetic retinopathy with macular edema	E13.3211	E13.3212	E13.3213	E13.3219
	Moderate nonproliferative diabetic retinopathy with macular edema	E13.3311	E13.3312	E13.3313	E13.3319
	Severe nonproliferative diabetic retinopathy with macular edema	E13.3411	E13.3412	E13.3413	E13.3419
	Proliferative diabetic retinopathy with macular edema	E13.3511	E13.3512	E13.3513	E13.3519
Unspecified diabetic retinopathy with macular edema	E13.311				

IMPORTANT SAFETY INFORMATION (cont'd)

ADVERSE REACTIONS (cont'd)

- The most common adverse reactions (≥5%) reported in patients receiving aflibercept were conjunctival hemorrhage, eye pain, cataract, vitreous detachment, vitreous floaters, and intraocular pressure increased.



Please see [full Important Safety Information](#) and [click here](#) for [full Prescribing Information](#).

BILLING AND CODING (cont'd)

DIABETIC RETINOPATHY (DR)

ICD-10-CM	Diabetes mellitus due to underlying condition with	Right Eye	Left Eye	Bilateral	Unspecified Eye
	Mild nonproliferative diabetic retinopathy without macular edema	E08.3291	E08.3292	E08.3293	E08.3299
	Moderate nonproliferative diabetic retinopathy without macular edema	E08.3391	E08.3392	E08.3393	E08.3399
	Severe nonproliferative diabetic retinopathy without macular edema	E08.3491	E08.3492	E08.3493	E08.3499
	Proliferative diabetic retinopathy with traction retinal detachment involving the macula	E08.3521	E08.3522	E08.3523	E08.3529
	Proliferative diabetic retinopathy with traction retinal detachment not involving the macula	E08.3531	E08.3532	E08.3533	E08.3539
	Proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment	E08.3541	E08.3542	E08.3543	E08.3549
	Stable proliferative diabetic retinopathy	E08.3551	E08.3552	E08.3553	E08.3559
	Proliferative diabetic retinopathy without macular edema	E08.3591	E08.3592	E08.3593	E08.3599
	Unspecified diabetic retinopathy without macular edema	E08.319			
ICD-10-CM	Drug or chemical induced diabetes mellitus with	Right Eye	Left Eye	Bilateral	Unspecified Eye
	Mild nonproliferative diabetic retinopathy without macular edema	E09.3291	E09.3292	E09.3293	E09.3299
	Moderate nonproliferative diabetic retinopathy without macular edema	E09.3391	E09.3392	E09.3393	E09.3399
	Severe nonproliferative diabetic retinopathy without macular edema	E09.3491	E09.3492	E09.3493	E09.3499
	Proliferative diabetic retinopathy with traction retinal detachment involving the macula	E09.3521	E09.3522	E09.3523	E09.3529
	Proliferative diabetic retinopathy with traction retinal detachment not involving the macula	E09.3531	E09.3532	E09.3533	E09.3539
	Proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment	E09.3541	E09.3542	E09.3543	E09.3549
	Stable proliferative diabetic retinopathy	E09.3551	E09.3552	E09.3553	E09.3559
	Proliferative diabetic retinopathy without macular edema	E09.3591	E09.3592	E09.3593	E09.3599
	Unspecified diabetic retinopathy without macular edema	E09.319			

IMPORTANT SAFETY INFORMATION (cont'd)

ADVERSE REACTIONS (cont'd)

- Patients may experience temporary visual disturbances after an intravitreal injection with PAVBLU and the associated eye examinations. Advise patients not to drive or use machinery until visual function has recovered sufficiently.

BILLING AND CODING (cont'd)

DIABETIC RETINOPATHY (DR)

ICD-10-CM	Type 1 diabetes mellitus with	Right Eye	Left Eye	Bilateral	Unspecified Eye
	Mild nonproliferative diabetic retinopathy without macular edema	E10.3291	E10.3292	E10.3293	E10.3299
	Moderate nonproliferative diabetic retinopathy without macular edema	E10.3391	E10.3392	E10.3393	E10.3399
	Severe nonproliferative diabetic retinopathy without macular edema	E10.3491	E10.3492	E10.3493	E10.3499
	Proliferative diabetic retinopathy with traction retinal detachment involving the macula	E10.3521	E10.3522	E10.3523	E10.3529
	Proliferative diabetic retinopathy with traction retinal detachment not involving the macula	E10.3531	E10.3532	E10.3533	E10.3539
	Proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment	E10.3541	E10.3542	E10.3543	E10.3549
	Stable proliferative diabetic retinopathy	E10.3551	E10.3552	E10.3553	E10.3559
	Proliferative diabetic retinopathy without macular edema	E10.3591	E10.3592	E10.3593	E10.3599
	Unspecified diabetic retinopathy without macular edema	E10.319			
	Type 2 diabetes mellitus with	Right Eye	Left Eye	Bilateral	Unspecified Eye
Mild nonproliferative diabetic retinopathy without macular edema	E11.3291	E11.3292	E11.3293	E11.3299	
Moderate nonproliferative diabetic retinopathy without macular edema	E11.3391	E11.3392	E11.3393	E11.3399	
Severe nonproliferative diabetic retinopathy without macular edema	E11.3491	E11.3492	E11.3493	E11.3499	
Proliferative diabetic retinopathy with traction retinal detachment involving the macula	E11.3521	E11.3522	E11.3523	E11.3529	
Proliferative diabetic retinopathy with traction retinal detachment not involving the macula	E11.3531	E11.3532	E11.3533	E11.3539	
Proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment	E11.3541	E11.3542	E11.3543	E11.3549	
Stable proliferative diabetic retinopathy	E11.3551	E11.3552	E11.3553	E11.3559	
Proliferative diabetic retinopathy without macular edema	E11.3591	E11.3592	E11.3593	E11.3599	
Unspecified diabetic retinopathy without macular edema	E11.319				

IMPORTANT SAFETY INFORMATION (cont'd)

CONTRAINDICATIONS

- PAVBLU is contraindicated in patients with ocular or periocular infections, active intraocular inflammation, or known hypersensitivity to aflibercept or to any of the excipients in PAVBLU.



Please see [full Important Safety Information](#) and [click here](#) for [full Prescribing Information](#).

BILLING AND CODING (cont'd)

DIABETIC RETINOPATHY (DR)

ICD-10-CM	Other specified diabetes mellitus with	Right Eye	Left Eye	Bilateral	Unspecified Eye
	Mild nonproliferative diabetic retinopathy without macular edema	E13.3291	E13.3292	E13.3293	E13.3299
	Moderate nonproliferative diabetic retinopathy without macular edema	E13.3391	E13.3392	E13.3393	E13.3399
	Severe nonproliferative diabetic retinopathy without macular edema	E13.3491	E13.3492	E13.3493	E13.3499
	Proliferative diabetic retinopathy with traction retinal detachment involving the macula	E13.3521	E13.3522	E13.3523	E13.3529
	Proliferative diabetic retinopathy with traction retinal detachment not involving the macula	E13.3531	E13.3532	E13.3533	E13.3539
	Proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment	E13.3541	E13.3542	E13.3543	E13.3549
	Stable proliferative diabetic retinopathy	E13.3551	E13.3552	E13.3553	E13.3559
	Proliferative diabetic retinopathy without macular edema	E13.3591	E13.3592	E13.3593	E13.3599
	Unspecified diabetic retinopathy without macular edema	E13.319			

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS

- Intravitreal injections, including those with aflibercept products, have been associated with endophthalmitis and retinal detachments and, more rarely, retinal vasculitis with or without occlusion. Proper aseptic injection technique must always be used when administering PAVBLU. Patients and/or caregivers should be instructed to report any signs and/or symptoms suggestive of endophthalmitis, retinal detachment, or retinal vasculitis without delay and should be managed appropriately.

HOSPITAL CODING FORM

The CMS 1450 for Hospital Outpatient

Sample UB-04 (CMS 1450) Form — Hospital Outpatient Administration

1 ANYTOWN HOSPITAL 100 MAIN STREET ANYTOWN, ANYSTATE 01010		3 PAT. CMTL #		4 TYPE OF BILL	
5 FED. TAX NO.		6 MED. REC. #		7 STATEMENT COVERS PERIOD FROM THROUGH	
8 PATIENT NAME SMITH, JANE		9 PATIENT ADDRESS 123 MAIN STREET, ANYTOWN, ANYSTATE 12345			
10 BIRTHDATE					
11 OCCUR CODE					
12 REV. CD.					
13 DESCRIPTION					
14 HCPCS / RATE / HPPS CODE					
15 SERV. DATE					
16 SERV. UNITS					
17 TOTAL CHARGES					
18 NON-COVERED CHARGES					
19 PRODUCT AND PROCEDURE CODES (Box 44)					
20 DIAGNOSIS CODES (Box 67)					
21 REVENUE CODES (Box 42)					
22 TREATMENT AUTHORIZATION CODES					
23 DOCUMENT CONTROL NUMBER					
24 EMPLOYER NAME					
25 ADMIT DX					
26 PATIENT REASON DX					
27 PPS CODE					
28 ECI					
29 PRINCIPAL PROCEDURE DATE					
30 OTHER PROCEDURE DATE					
31 OTHER PROCEDURE DATE					
32 OTHER PROCEDURE DATE					
33 OTHER PROCEDURE DATE					
34 OTHER PROCEDURE DATE					
35 REMARKS					
36 ATTENDING NP1					
37 OPERATING NP1					
38 OTHER NP1					
39 OTHER NP1					

DESCRIPTION (BOX 43)
Enter description for each revenue code.
Note: If NDC reporting is required in this field (for example, for Medicaid and some commercial payors), enter NDC information for PAVBLU™. Check with the payer to determine the proper format for NDC reporting.

SERVICE UNITS (BOX 46)
Report units of service per PAVBLU™ label and per local payer policy as appropriate.

REVENUE CODES (Box 42)
Product
Enter the appropriate revenue code for PAVBLU™.
Medicare: 0636 (Drugs requiring detailed coding)
Other Payers:
0250 (General pharmacy) or 0636, if required by a given payer.
Related Administration Procedure
Enter the appropriate revenue code for the administration service based on the cost center in which the procedure is performed.

PRODUCT AND PROCEDURE CODES (Box 44)
Product
Use Q5147, Injection, aflibercept-ayyh (pavblu), biosimilar, 1 mg
JW/JZ Modifier:
Under Medicare's discarded drug policy, claims for drugs from single-dose containers require use of the JZ modifier (Zero drug amount discarded/not administered to any patient) or JW modifier (Drug amount discarded/not administered to any patient).
Discarded drug reporting policies for payers other than Medicare may vary.
Related Administration Procedure
Enter the appropriate CPT code for the PAVBLU™ administration service based on the actual service performed. An intravitreal injection would be reported with CPT code 67028. Include an appropriate modifier: LT for left eye injection, RT for right eye injection, or 50 for bilateral.

DIAGNOSIS CODES (BOX 67)
Enter appropriate ICD-10-CM diagnosis code(s) corresponding to patient's diagnosis.

This sample form is intended as a reference for coding and billing for product and associated services. It is not intended to be directive; the use of the recommended codes does not guarantee reimbursement. Healthcare providers may deem other codes or policies more appropriate and should select the coding options that most accurately reflect their internal system guidelines, payer requirements, practice patterns, and the services rendered. Healthcare providers are responsible for ensuring the accuracy and validity of all billing and claims for appropriate reimbursement.

CMS = Centers for Medicare & Medicaid Services.

IMPORTANT SAFETY INFORMATION (cont'd) WARNINGS AND PRECAUTIONS (cont'd)

- Acute increases in intraocular pressure have been seen within 60 minutes of intravitreal injection, including with aflibercept products. Sustained increases in intraocular pressure have also been reported after repeated intravitreal dosing with VEGF inhibitors. Intraocular pressure and the perfusion of the optic nerve head should be monitored and managed appropriately.



Please see [full Important Safety Information](#) and click here for [full Prescribing Information](#).

PHYSICIAN CODING FORM

The CMS 1500 for Physician Office

Sample CMS 1500 Form — Physician Office Administration

Box 21, Diagnosis Code

Enter the appropriate ICD-10-CM code for the patient's diagnosis/condition.

Box 24A, Dates of Service

If NDC reporting is required in this field (for example, for Medicaid and some commercial payers), enter NDC information for PAVBLU™ in the shaded portion. Check with the payer to determine the proper format for NDC reporting.*

Box 24D, Procedures, Services, or Supplies Product

Use Q5147, Injection, aflibercept-ayyh (pavblu), biosimilar, 1 mg

JW/JZ Modifier

Medicare: Under Medicare's discarded drug policy, claims for drugs from single-dose containers require use of the JW modifier (Drug amount discarded/not administered to any patient) or JZ modifier (Zero drug amount discarded/not administered to any patient).

Other Payers: Discarded drug reporting policies for payers other than Medicare may vary; providers should check with their specific plans about policies related to billing for discarded drug and use of the JW and JZ modifiers.

Related Administration Procedure

Enter the appropriate CPT code for the PAVBLU™ administration service based on the actual service performed. An intravitreal injection would be reported with CPT code 67028. Include an appropriate modifier: LT for left eye injection, RT for right eye injection, or 50 for bilateral injection.

Box 24G, Days or Units

Report units of service for each HCPCS or CPT code in accordance with the code descriptor.

The image shows a sample CMS 1500 Health Insurance Claim Form. Key handwritten entries include:

- Box 21:** Q5147 XX
- Box 24A:** 04551306501 ML0.05 (NDC information) and 67028 XX (CPT code)
- Box 24D:** 2 (units) and X (modifier)

The form also includes a QR code, a barcode, and various fields for patient and provider information. The bottom of the form contains the text: "NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)"

This sample form is intended as a reference for coding and billing for product and associated services. It is not intended to be directive; the use of the recommended codes does not guarantee reimbursement. Healthcare providers may deem other codes or policies more appropriate and should select the coding options that most accurately reflect their internal system guidelines, payer requirements, practice patterns, and the services rendered. Healthcare providers are responsible for ensuring the accuracy and validity of all billing and claims for appropriate reimbursement.

*Some payers require the 10-digit NDC for PAVBLU™ (55513-056-01 for the prefilled syringe and 55513-065-01 for the single-dose vial).

IMPORTANT SAFETY INFORMATION (cont'd) WARNINGS AND PRECAUTIONS (cont'd)

- There is a potential risk of arterial thromboembolic events (ATEs) following intravitreal use of VEGF inhibitors, including aflibercept products. ATEs are defined as nonfatal stroke, nonfatal myocardial infarction, or vascular death (including deaths of unknown cause).

PAVBLU™ PRODUCT FACT SHEET

INDICATIONS

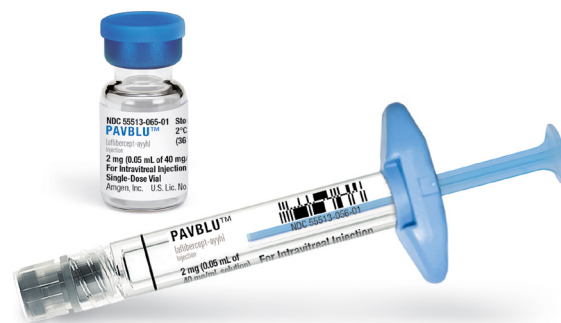
PAVBLU™ is a vascular endothelial growth factor (VEGF) inhibitor indicated for the treatment of patients with:

Neovascular (Wet) Age-Related Macular Degeneration (AMD)

Macular Edema Following Retinal Vein Occlusion (RVO)

Diabetic Macular Edema (DME)

Diabetic Retinopathy (DR)



PRODUCT INFORMATION

NDC

Description

Quantity

55513-056-01

Blister pack containing 2 mg (0.05 mL of a 40-mg/mL solution) sterile, single-dose prefilled plastic syringe

One per carton

55513-065-01

Singe-dose glass vial containing 2 mg (0.05 mL of a 40-mg/mL solution)

One per carton

STORAGE AND HANDLING REQUIREMENTS

Refrigerate PAVBLU™ at 2°C to 8°C (36°F to 46°F). PAVBLU™ may be kept at room temperature (up to 30°C (86°F)) for a single-period of 3 days. Do not freeze. Do not use beyond the date stamped on the carton and container label. Store in the original carton until time of use to protect from light. Do not open sealed blister tray until time of use.

PRODUCT EXPIRATION

The expiration date is printed on each dispensing pack and vial label.

SUPPLIED AND MARKETING BY

Amgen USA Inc.

amgen.com

PAVBLU.com

PRODUCT RETURNS

For information and instructions regarding product returns, please contact your wholesaler or Amgen Trade Operations at 1-800-28-AMGEN (1-800-282-6436). Credit for returns is subject to Amgen's current Product Return Policy.

PRODUCT INFORMATION

Medical Information: 800-77-AMGEN (800-772-6436)

REIMBURSEMENT INFORMATION

Amgen® SupportPlus: 866-264-2778 or www.AmgenSupportPlus.com

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

- The incidence of reported thromboembolic events in wet AMD studies during the first year was 1.8% (32 out of 1824) in the combined group of patients treated with aflibercept compared with 1.5% (9 out of 595) in patients treated with ranibizumab; through 96 weeks, the incidence was 3.3% (60 out of 1824) in the aflibercept group compared with 3.2% (19 out of 595) in the ranibizumab group. The incidence in the DME studies from baseline to week 52 was 3.3% (19 out of 578) in the combined group of patients treated with aflibercept compared with 2.8% (8 out of 287) in the control group; from baseline to week 100, the incidence was 6.4% (37 out of 578) in the combined group of patients treated with aflibercept compared with 4.2% (12 out of 287) in the control group. There were no reported thromboembolic events in the patients treated with aflibercept in the first six months of the RVO studies.



Please see [full Important Safety Information](#) and [click here](#) for [full Prescribing Information](#).

SUPPORT SERVICES

AMGEN® Support⁺

We're right here, right when you need us



Integrated PAVBLU™ access support with these platforms

Our goal is to make the experience with PAVBLU™ efficient and straightforward. To do that, we have developed a program that integrates with commonly used platforms for benefits verification, enrollment, and prior authorizations with real-time status updates.



HCP Support Center

Our Amgen® SupportPlus representatives can assist with issues around patient coverage, prior authorizations, Amgen® SupportPlus Co-Pay Program, and more.

Benefits verification

- Verify patient's insurance plan coverage details

Prior authorization requirements

- Provide payer-specific prior authorization forms

Amgen® SupportPlus customer portal

- A tool for managing patient benefits verification and more
- Submit, store, and retrieve benefit verifications electronically
- Integration with commonly used platforms for real-time status regardless of platform



Field Reimbursement Specialists

A Field Reimbursement Specialist can provide coverage and access resources to support your patients.

Contact your Field Reimbursement Specialist for live or virtual support that includes:

- Help with navigating prior authorization, appeals, and fulfillment processes
- Educate on payer requirements and necessary documentation for individual patient support
- Provide guidance on general reimbursement questions, including product coding and billing information
- Answer general questions about Amgen® SupportPlus programs and other available resources

AMGEN® Support⁺

1234 5678 9100 0123

RxBIN: XXXXXX MEMBER ID: XXXXXXXXXXXX 9999 00/00
PCN: XX GROUP: XXXXXXXXXXXX

Questions? Call (866) 264-2778

Amgen® SupportPlus Co-Pay Program

The Amgen® SupportPlus Co-Pay Program may help eligible patients with private or commercial insurance lower their out-of-pocket costs.

- Eligible patients may pay **as little as \$0** out-of-pocket for each dose and receive **up to \$1,000** per calendar year for in-office administration out-of-pocket costs*
- No income eligibility requirement

*Eligibility criteria and program maximums apply. See AmgenSupportPlus.com/copay for full Terms and Conditions. Massachusetts and Rhode Island residents not eligible for in-office administration support.

Encourage your patients with private or commercial insurance to check eligibility and enroll at AmgenSupportPlus.com/copay

CALL 866-264-2778 Monday to Friday, 9:00 am to 8:00 pm ET, or visit AmgenSupportPlus.com.

IMPORTANT SAFETY INFORMATION

INDICATIONS

PAVBLU™ (aflibercept-ayyh) is indicated for the treatment of Neovascular (Wet) Age-Related Macular Degeneration (AMD), Macular Edema following Retinal Vein Occlusion (RVO), Diabetic Macular Edema (DME), and Diabetic Retinopathy (DR).

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

- PAVBLU is contraindicated in patients with ocular or periocular infections, active intraocular inflammation, or known hypersensitivity to aflibercept or to any of the excipients in PAVBLU.

WARNINGS AND PRECAUTIONS

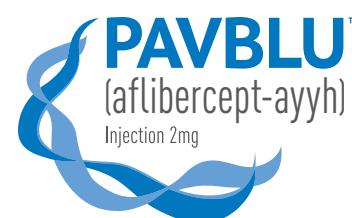
- Intravitreal injections, including those with aflibercept products, have been associated with endophthalmitis and retinal detachments and, more rarely, retinal vasculitis with or without occlusion. Proper aseptic injection technique must always be used when administering PAVBLU. Patients and/or caregivers should be instructed to report any signs and/or symptoms suggestive of endophthalmitis, retinal detachment, or retinal vasculitis without delay and should be managed appropriately.
- Acute increases in intraocular pressure have been seen within 60 minutes of intravitreal injection, including with aflibercept products. Sustained increases in intraocular pressure have also been reported after repeated intravitreal dosing with VEGF inhibitors. Intraocular pressure and the perfusion of the optic nerve head should be monitored and managed appropriately.
- There is a potential risk of arterial thromboembolic events (ATEs) following intravitreal use of VEGF inhibitors, including aflibercept products. ATEs are defined as nonfatal stroke, nonfatal myocardial infarction, or vascular death (including deaths of unknown cause).
- The incidence of reported thromboembolic events in wet AMD studies during the first year was 1.8% (32 out of 1824) in the combined group of patients treated with aflibercept compared with 1.5% (9 out of 595) in patients treated with ranibizumab; through 96 weeks, the incidence was 3.3% (60 out of 1824) in the aflibercept group compared with 3.2% (19 out of 595) in the ranibizumab group. The incidence in the DME studies from baseline to week 52 was 3.3% (19 out of 578) in the combined group of patients treated with aflibercept compared with 2.8% (8 out of 287) in the control group; from baseline to week 100, the incidence was 6.4% (37 out of 578) in the combined group of patients treated with aflibercept compared with 4.2% (12 out of 287) in the control group. There were no reported thromboembolic events in the patients treated with aflibercept in the first six months of the RVO studies.

ADVERSE REACTIONS

- Serious adverse reactions related to the injection procedure have occurred in <0.1% of intravitreal injections with aflibercept including endophthalmitis and retinal detachment.
- The most common adverse reactions (≥5%) reported in patients receiving aflibercept were conjunctival hemorrhage, eye pain, cataract, vitreous detachment, vitreous floaters, and intraocular pressure increased.
- Patients may experience temporary visual disturbances after an intravitreal injection with PAVBLU and the associated eye examinations. Advise patients not to drive or use machinery until visual function has recovered sufficiently.

Click here for [full Prescribing Information](#) for PAVBLU.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.





Reference: PAVBLU™ (afibercept) Prescribing Information. Amgen.

Reimbursement Disclaimer

This resource is intended as a reference for coding and billing for product and associated services. It is not intended to be directive; the use of the recommended codes does not guarantee reimbursement. Healthcare providers may deem other codes or policies more appropriate and should select the coding options that most accurately reflect their internal system guidelines, payer requirements, practice patterns, and the services rendered. Healthcare providers are responsible for ensuring the accuracy and validity of all billing and claims for appropriate reimbursement.

Please see [full Important Safety Information](#) and click here for full [Prescribing Information](#).

Please visit [PAVBLU.com](https://www.pavblu.com) for additional information and resources.

Call **800-77-AMGEN (800-772-6436)** if you have questions about the preparation and administration of PAVBLU™.

AMGEN

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