Effective April 1, 2025

PAVBLU™ (aflibercept-ayyh) PERMANENT Q-CODE

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

For dates of service on or after April 1, 2025:

- PAVBLU™ must be reported with product-specific Q-code Q5147
- Discontinue use of temporary and miscellaneous codes
- Automatic benefits re-verification available through Amgen SupportPlus Integrated Portal for your patients prescribed PAVBLU™

*The HCPCS billing unit for Q5147 is 1 mg. It is the responsibility of the provider to report the number of billing units administered.

PRODUCT INFORMATION		
HCPCS code	**Q5147**, injection, aflibercept-ayyh (pavblu), biosimilar, 1 mg	
Billing units	1 mg = 1 billing unit (*Example: 2 mg = 2 billing units*)	
NDC numbers[1]	**10-digit**	**11-digit†**
Prefilled syringe	55513-056-01	55513-0056-01
Single-dose vial	55513-065-01	55513-0065-01

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

Click here to download the PAVBLU™ Access Resource Guide for more access and reimbursement information.

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. This information is not a guarantee of coverage or reimbursement.

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™ (aflibercept-ayyh) Injection 2mg

Please see full Important Safety Information on the following page.

SUPPORT PROGRAMS

AMGEN® Support+

We're right here, right when you need us

HCP Support Center

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

Field Reimbursement Specialists

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

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

IMPORTANT SAFETY INFORMATION

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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.

Please see 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.

REFERENCES

1. PAVBLU™ (aflibercept-ayyh) Prescribing Information. Amgen.

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