



## MEDICAL SURGICAL VISION CLINICAL PROTOCOL

|                                |                                                              |                           |               |
|--------------------------------|--------------------------------------------------------------|---------------------------|---------------|
| <b>POLICY TITLE</b>            | <b>Intravitreal anti-VEGF/Biologic Injections</b>            |                           |               |
| <b>CATEGORY</b>                | Medical Surgical                                             | <b>POLICY ID NUMBER</b>   | 300_NYS_HF_V8 |
| <b>ORIGINAL EFFECTIVE DATE</b> | 01/01/2025                                                   | <b>LAST REVIEW DATE</b>   | 09/15/2026    |
| <b>LAST APPROVAL DATE</b>      | 09/15/2026                                                   | <b>LAST REVISION DATE</b> | 06/05/2026    |
| <b>EXCLUSIONS</b>              | <b>Applicable to New York State, Healthfirst Plans only.</b> |                           |               |

### DISCLAIMER

CPT® Codes, Descriptors, and other data are copyright 2026 American Medical Association (or such other date of publication of CPT®). All Rights Reserved to AMA. Additional resources include CMS Medicare Provider Guidelines @CMS.gov. This information may not be sold, licensed, or unlawfully used and is intellectual property of EyeMed and the aforementioned entities.

### Applicable Codes:

**J0177** EYLEA HD (Aflibercept HD) injection – intravitreal injection

*Aflibercept HD is a vascular endothelial growth factor (VEGF) inhibitor used for intravitreal injection*

**J0178** EYLEA (aflibercept) injection- intravitreal injection

*Aflibercept is a vascular endothelial growth factor (VEGF) inhibitor for intravitreal injection.*

**J0179** BEOVU (brolucizumab-dblI) ) injection-intravitreal injection

*Brolucizumab-dblI is a human vascular endothelial growth factor (VEGF) inhibitor used for intravitreal injection.*

**J2777** VABYSMO (faricimab-svoa) injection-intravitreal injection

*Faricimab-SVOA is a is a vascular endothelial growth factor (VEGF) inhibitor and angiopoietin-2 (Ang-2) inhibitor used for intravitreal injection.*

**J2778** LUCENTIS (ranibizumab) injection-intravitreal injection

*Ranibizumab, a recombinant humanized immunoglobulin G, kappa monoclonal antibody fragment, is a vascular endothelial growth factor A (VEGF-A) antagonist used as an intravitreal injection.*

**J2779** SUSVIMO (ranibizumab injection) injection-intravitreal implant

*Ranibizumab, a vascular endothelial growth factor (VEGF) inhibitor, is used as an injection via ocular implant.*

**Q5124** BYOOVIZ (ranibizumab-nuna, Biosimilar) injection-intravitreal injection

*Ranibizumab-nuna is a biosimilar to the biologic known as Lucentis.*

**Q5128** CIMERLI (ranibizumab-EQRN, Biosimilar) injection-intravitreal injection

*Ranibizumab-eqrn is a vascular endothelial growth factor (VEGF) inhibitor interchangeable to Lucentis (ranibizumab).*

**Q5147** PAVBLU (aflibercept-ayyh, Biosimilar) injection, intravitreal injection, 1 mg

Aflibercept-ayyh is a vascular endothelial growth factor (VEGF) inhibitor and a biosimilar to the biologic Eylea.

# 1 Indication and Limitations<sup>1</sup>

## 1.1 Medical Necessity

- 1.1.1 Ocular Coherence Tomography (OCT) and/or fluorescein angiography (FA) test results must be interpreted and firmly establish/support diagnosis
- 1.1.2 Appropriate diagnosis and clinical findings must be well-documented to support medical necessity
  - 1.1.2.1 Secondary Choroidal Neovascularization or unlisted diagnosis may be submitted for prior authorization and is subject to all necessary criteria, including Step Therapy requirements under section 1.2.2.
- 1.1.3 Claims will be reviewed on a case-by-case basis after the above criteria are satisfied.
- 1.1.4 Dilated examination must be performed in less than six months from prior authorization date.
  - 1.1.4.1 Records submitted for prior authorization must include the most recent dilated examination and satisfy criteria 1.1.3.

## 1.2 Additional Requirements (applicable for all codes unless noted)

- 1.2.1 Procedure note must include (for post-service review):
  - 1.2.1.1 Actual administered drug, dosage, injection site, & route of administration
  - 1.2.1.2 Injection lot# & expiration date
  - 1.2.1.3 Post-injection vision check  $\geq$  CF
  - 1.2.1.4 Specific notation patient has been queried/screened for contraindicating/ co-morbidities.
- 1.2.2 Avastin trial failure must clearly be indicated in chart
  - 1.2.2.1 Does not apply to Syfovre or Izervay.
  - 1.2.2.2 Does not apply to new members who are currently on successful intravitreal injection treatment
  - 1.2.2.3 Minimum treatment trial consisting of 3 Avastin (bevacizumab) injections
  - 1.2.2.4 Inadequate clinical response
    - 1.2.2.4.1 Fewer than 3 lines of improvement on visual acuity testing, OR
    - 1.2.2.4.2 persistence of intra-retinal or sub-retinal fluid, OR
    - 1.2.2.4.3 failure to extend injection interval beyond 4 weeks.
  - 1.2.2.5 Medical necessity reason for changing therapy from Avastin to one of the above-listed drugs.
- 1.2.3 Pt must have a positive response to treatment of at least two prior injections of ranibizumab to qualify for Susvimo
- 1.2.4 Informed consent stating all pertinent risks must include:
  - 1.2.4.1 Date, consent to perform/waive, patient or representative signature, surgeon/physician signature, and witness signature
- 1.2.5 Authorization Time frame
  - 1.2.5.1 given for the time period of 12 months
  - 1.2.5.2 covers up to the listed maximum of injections during the time period.
  - 1.2.5.3 Additional requested injections are subject to review

- 1.2.5.3.1 determinations are made on a case-by-case basis and subject to medical necessity.
- 1.2.6 Services should be performed as indicated by current medical literature and/ or standards of practice.
- 1.2.7 When services are performed in excess of established parameters, they may be subject to review for medical necessity.
- 1.2.8 Dosing information not included in this protocol for all drugs listed above. Providers should consult prescribing information from the manufacturer for all medications, despite any dosing schedules included in the protocol.
- 1.2.9 Step therapy (Avastin trial failure) for Part B drugs (**§ 422.136**)
  - 1.2.9.1 Apply step therapy only to new administration of Part B drugs using at least a 365-day lookback period

## 2 Eylea HD

### 2.1 Treatment indications with approved dosage schedule:

- 2.1.1 Neovascular (Wet) age-related macular degeneration (nAMD)
  - 2.1.1.1 Recommended dose
    - 2.1.1.1.1 8 mg (0.07 mL of 114.3 mg/mL solution)
    - 2.1.1.1.2 administered by intravitreal injection every 4 weeks (approximately every 28 days +/- 7 days) for the first three doses,
    - 2.1.1.1.3 followed by 8 mg (0.07 mL of 114.3 mg/mL solution) via intravitreal injection once every 8 to 16 weeks, +/- 1 week.
    - 2.1.1.1.4 Some patients did not maintain a response with 8 mg once every 8 to 16 weeks, +/- 1 week, after successful response to the three initial monthly doses.
      - 2.1.1.1.4.1 These patients may benefit from resuming every 4-week dosing (approximately every 28 days +/- 7 days).
    - 2.1.1.1.5 Extended dosing intervals (8 mg once every 20 weeks, +/- 1 week) may be considered after one year of successful response based on visual and anatomic outcomes.
- 2.1.2 Diabetic macular edema (DME)
  - 2.1.2.1 Recommended dose
    - 2.1.2.1.1 8 mg (0.07 mL of 114.3 mg/mL solution)
    - 2.1.2.1.2 administered by intravitreal injection every 4 weeks (approximately every 28 days +/- 7 days) for the first three doses,
    - 2.1.2.1.3 followed by 8 mg (0.07 mL of 114.3 mg/mL solution) via intravitreal injection once every 8 to 16 weeks, +/- 1 week

---

<sup>1</sup> Physician attests at time of request submission that physician signed documentation across the full timeframe of treatment rendered (chart, procedures, order, testing interpretation) supports all indications and limitations for service based on this policy and industry billing guidance.

**2.1.2.1.4** Some patients did not maintain a response with 8 mg once every 8 to 16 weeks, +/- 1 week, after successful response to the three initial monthly doses.

**2.1.2.1.4.1** These patients may benefit from resuming every 4-week dosing (approximately every 28 days +/- 7 days).

**2.1.2.1.5** Extended dosing intervals (8 mg once every 20 weeks, +/- 1 week) may be considered after one year of successful response based on visual and anatomic outcomes.

### **2.1.3 Diabetic retinopathy (DR)**

#### **2.1.3.1 Recommended dose**

**2.1.3.1.1** 8 mg (0.07 mL of 114.3 mg/mL solution)

**2.1.3.1.2** administered by intravitreal injection every 4 weeks (approximately every 28 days +/- 7 days) for the first three doses

**2.1.3.1.3** followed by 8 mg (0.07 mL of 114.3 mg/mL solution) via intravitreal injection once every 8 to 12 weeks, +/- 1 week.

**2.1.3.1.4** Some patients did not maintain a response with 8 mg once every 8 to 12 weeks, +/- 1 week, after successful response to the three initial monthly doses.

**2.1.3.1.4.1** These patients may benefit from resuming every 4-week dosing (approximately every 28 days +/- 7 days)

### **2.1.4 Macular edema secondary to retinal vein occlusion**

#### **2.1.4.1 Recommended dose**

**2.1.4.1.1** 8 mg (0.07 mL of 114.3 mg/mL solution)

**2.1.4.1.2** administered by intravitreal injection every 4 weeks (approximately every 28 days +/- 7 days) for the first three to five doses followed by 8 mg (0.07 mL of 114.3 mg/mL solution) via intravitreal injection once every 8 weeks, +/- 1 week.

**2.1.4.1.3** Some patients did not maintain a response with extended dosing intervals after successful response to the first three to five initial monthly doses.

**2.1.4.1.3.1** These patients may benefit from resuming every 4-week dosing (approximately every 28 days +/- 7 days)

## **3 Eylea & Pavblu (excluding Pavblu for ROP)**

### **3.1 Treatment indications with approved dosage schedule:**

#### **3.1.1 Neovascular (Wet) age-related macular degeneration (AMD)**

##### **3.1.1.1 Recommended dose**

**3.1.1.1.1** (2) milligrams (0.05mL if 40mg/mL solution)

**3.1.1.1.2** administered by intravitreal injection once every 4 weeks (monthly) for the first 12 weeks (3 months),

**3.1.1.1.3** THEN 2 milligrams (0.05mL if 40mg/mL solution) administered by intravitreal injection once every 8 weeks [2 months]

- 3.1.1.1.4** Although EYLEA (aflibercept) may be dosed as frequently as 2 milligrams every 4 weeks (approximately every 25 days, monthly), additional efficacy was not demonstrated when EYLEA (aflibercept) was dosed every 4 weeks as compared to every 8 weeks.
- 3.1.1.1.5** Some patients may need every 4 week (monthly) injections after the first 12 weeks (3 months)
- 3.1.1.1.6** 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  
Max injections per calendar year = 16

### **3.1.2 Diabetic macular edema (DME) & Diabetic Retinopathy (DR)**

#### **3.1.2.1 Recommended dose**

- 3.1.2.1.1** (2) milligrams (0.05 mL of 40 mg/mL solution)
- 3.1.2.1.2** administered by intravitreal injection once every 4 weeks (monthly)(approximately 28 days, monthly) for the first 5 injections
- 3.1.2.1.3** THEN 2 milligrams (0.05 mL of 40 mg/mL solution) administered by intravitreal injection once every 8 weeks [2 months]
- 3.1.2.1.4** Although EYLEA may be dosed as frequently as 2 mg every 4 weeks (approximately every 25 days, monthly), additional efficacy was not demonstrated in most patients when EYLEA was dosed every 4 weeks compared to every 8 weeks.
- 3.1.2.1.5** Some patients may need every 4 week (monthly) dosing after the first 20 weeks (5 months).

### **3.1.3 Macular Edema Following Retinal Vein Occlusion (RVO)**

#### **3.1.3.1 Recommended dose**

- 3.1.3.1.1** (2) milligrams (0.05 mL of 40 mg/mL solution)
- 3.1.3.1.2** administered by intravitreal injection once every 4 weeks (approximately every 25 days, monthly)

### **3.1.4 Retinopathy of Prematurity (ROP) NOT PAVBLU, EYLEA ONLY**

#### **3.1.4.1 Recommended dose**

- 3.1.4.1.1** 0.4 milligrams (0.01 mL or 10 microliters of 40 mg/mL solution)
- 3.1.4.1.2** administered by intravitreal injection once every 4 weeks (monthly)(administered by intravitreal injection
- 3.1.4.1.3** may be given bilaterally on the same day
- 3.1.4.1.4** Injections may be repeated in each eye
- 3.1.4.1.5** Treatment interval between doses injected into the same eye should be at least 10 days

## 4 Beovu

### 4.1 Treatment indications with approved dosage schedule:

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

##### 4.1.1.1 Recommended dose

4.1.1.1.1 6 milligrams (0.05 mL of 120 mg/mL solution)

4.1.1.1.2 Administered by intravitreal injection monthly (approximately every 25-31 days) for the first three doses,

4.1.1.1.3 followed by one dose of 6 milligrams (0.05 mL) every 8-12 weeks

##### 4.1.1.2 Utilization Guidelines

4.1.1.2.1 Max injections per calendar year = 16

#### 4.1.2 Diabetic Macular Edema (DME)

##### 4.1.2.1 Recommended dose

4.1.2.1.1 (6) milligrams (0.05 mL of 120 mg/mL solution)

4.1.2.1.2 Administered by intravitreal injection every six weeks (approximately every 39-45 days) for the first five doses,

4.1.2.1.3 followed by one dose of 6 milligrams (0.05 mL of 120 mg/mL solution) every 8-12 weeks

##### 4.1.2.2 Utilization Guidelines

4.1.2.2.1 Max injections per calendar year = 16

## 5 Vabysmo

### 5.1 Treatment indications with approved dosage schedule:

#### 5.1.1 Neovascular (Wet) Age-Related Macular Degeneration (nAMD)

##### 5.1.1.1 Recommended dosage

5.1.1.1.1 6 mg (0.05 mL of 120 mg/mL solution)

5.1.1.1.2 administered by intravitreal injection every 4 weeks (approximately every  $28 \pm 7$  days, monthly) for the first 4 doses, then

5.1.1.1.3 followed by optical coherence tomography and visual acuity evaluations 8 and 12 weeks later to inform whether to give a 6 mg dose via intravitreal injection on one of the following three regimens: 1) Weeks 28 and 44; 2) Weeks 24, 36 and 48; or 3) Weeks 20, 28, 36 and 44.

5.1.1.1.4 Although additional efficacy was not demonstrated in most patients when VABYSMO was dosed every 4 weeks compared to every 8 weeks,

5.1.1.1.5 some patients may need every 4-week (monthly) dosing after the first 4 doses. Patients should be assessed regularly.

#### 5.1.2 Diabetic Macular Edema (DME)

##### 5.1.2.1 Recommended dosage

5.1.2.1.1 6 mg (0.05 mL of 120 mg/mL solution)

- 5.1.2.1.2** administered by intravitreal injection every 4 weeks (approximately every 28 days  $\pm$  7 days, monthly) for at least 4 doses.
- 5.1.2.1.3** If after at least 4 doses, resolution of edema based on the central subfield thickness (CST) of the macula as measured by optical coherence tomography is achieved, then the interval of dosing may be modified by extensions of up to 4 week interval increments or reductions of up to 8 week interval increments based on CST and visual acuity evaluations; OR
- 5.1.2.1.4** injection can occur every 4 weeks for the first 6 doses, followed by 6 mg dose via intravitreal injection at intervals of every 8 weeks (2 months).
- 5.1.2.1.5** Although additional efficacy was not demonstrated in most patients when VABYSMO was dosed every 4 weeks compared to every 8 weeks, some patients may need every 4 week (monthly) dosing after the first 4 doses.
- 5.1.2.1.6** Patients should be assessed regularly.
- 5.1.3 Macular Edema Following Retinal Vein Occlusion (RVO)**
  - 5.1.3.1 Recommended dosage**
    - 5.1.3.1.1** 6 mg (0.05 mL of 120 mg/mL)
    - 5.1.3.1.2** administered by intravitreal injection every 4 weeks (approximately every 28  $\pm$  7 days, monthly) for 6 months.
  - 5.1.3.2 Utilization Guidelines**
    - 5.1.3.2.1** Maximum injections per calendar year = 16
    - 5.1.3.2.2** Dosing more frequent than maximum is approved at plan discretion

## **6 Lucentis & Cimerli**

### **6.1 Treatment indication with approved dosage schedule:**

- 6.1.1 Neovascular (Wet) Age-Related Macular Degeneration (AMD)**
  - 6.1.1.1 Recommended dosage**
    - 6.1.1.1.1** 0.5 milligrams (0.05 mL of 10 mg/mL solution)
    - 6.1.1.1.2** Administered by intravitreal injection once a month (approximately 28 days)
    - 6.1.1.1.3** Although not as effective, patients may be treated with 3 monthly doses followed by less frequent dosing with regular assessment.
    - 6.1.1.1.4** Although not as effective, patients may also be treated with one dose every 3 months after 4 monthly doses.
    - 6.1.1.1.5** Patients should be assessed regularly.
  - 6.1.1.2 Utilization Guidelines**
    - 6.1.1.2.1** Maximum injections per calendar year = 26
- 6.1.2 Macular Edema Following Retinal Vein Occlusion (RVO)**
  - 6.1.2.1 Recommended dosage**
    - 6.1.2.1.1** 0.5 milligrams (0.05 mL of 10 mg/mL solution)
    - 6.1.2.1.2** administered by intravitreal injection once a month (approximately 28 days)

#### **6.1.2.2 Utilization Guidelines**

**6.1.2.2.1** Maximum injections per calendar year = 26

### **6.1.3 Diabetic Macular Edema (DME) and Diabetic Retinopathy (DR)**

#### **6.1.3.1 Recommended dosage**

**6.1.3.1.1** 0.3 milligrams (0.05 mL of 6 mg/mL solution)

**6.1.3.1.2** administered by intravitreal injection once a month (approximately 28 days)

#### **6.1.3.2 Utilization Guidelines**

**6.1.3.2.1** Maximum injections per calendar year = 26

### **6.1.4 Myopic Choroidal Neovascularization (mCNV)**

#### **6.1.4.1 Recommended dosage**

**6.1.4.1.1** 0.5 mg (0.05 mL of 10 mg/mL solution) administered by intravitreal injection once a month (approximately 28 days) for up to three months.

**6.1.4.1.2** Patients may be retreated if needed

#### **6.1.4.2 Utilization Guidelines**

**6.1.4.2.1** Max injections per calendar year = 8

## **7 Susvimo (J2779)**

### **7.1 Treatment indication with approved dosage**

**7.1.1** schedule for Neovascular (wet) macular degeneration

#### **7.1.1.1 Recommended dosage**

**7.1.1.1.1** 2 mg (0.02 mL of 100 mg/mL solution)

**7.1.1.1.2** continuously delivered via the SUSVIMO implant with

**7.1.1.1.3** refills every 24 weeks (approximately 6 months).

**7.1.2** Supplemental treatment with 0.5 mg intravitreal ranibizumab injection may be administered in the affected eye if clinically necessary.

**7.1.3** Perform the initial implantation, refill-exchange, and implant removal (if necessary) procedures under strict aseptic conditions

### **7.2 Limitation**

Patient must have responded to at least 2 prior injections of ranibizumab

## **8 Byooviz (Q5124)**

### **8.1 Treatment indication with approved dosage schedule (supporting ICD-10, Biosimilar, Lucentis):**

**8.1.1** The recommended dose in adults is 0.5 mg given as a single intravitreal injection. This corresponds to an injection volume of 0.05 mL.

**8.1.2** The interval between two doses should not be shorter than 1 month.

**8.1.3** Treatment of wet age-related macular degeneration (AMD)

#### **8.1.3.1 Recommended dosage**

**8.1.3.1.1** 0.5 milligrams (0.05 mL)

**8.1.3.1.2** administered by intravitreal injection once a month (approximately 28 days).

- 8.1.3.1.3 Although not as effective, patients may be treated with 3 monthly doses followed by less frequent dosing with regular assessment.
    - 8.1.3.1.4 Although not as effective, patients may also be treated with one dose every 3 months after 4 monthly doses.
    - 8.1.3.1.5 Patients should be assessed regularly
- 8.1.4 Macular Edema Following Retinal Vein Occlusion (RVO)
  - 8.1.4.1 Recommended dosage
    - 8.1.4.1.1 0.5 milligrams (0.05 mL)
    - 8.1.4.1.2 Administered by intravitreal injection once a month (approximately 28 days)
    - 8.1.4.1.3 Patients should be assessed regularly
- 8.1.5 Myopic Choroidal Neovascularization (mCNV)
  - 8.1.5.1 Recommended dosage
    - 8.1.5.1.1 0.5 mg (0.05 mL)
    - 8.1.5.1.2 Administered by intravitreal injection once a month (approximately 28 days) for up to three months
    - 8.1.5.1.3 Patients may be retreated if needed
  - 8.1.5.2 If monitoring reveals signs of disease activity, e.g. reduced visual acuity and/or signs of lesion activity, further treatment is recommended.
- 8.1.6 Monitoring for disease activity may include clinical examination, optical coherence tomography (OCT) or fluorescein angiography (FA).
- 8.1.7 Monitoring is recommended monthly for the first two months and at least every three months thereafter during the first year.
- 8.1.8 After the first year, the frequency of monitoring should be determined by the treating physician.

## 9 Supporting Diagnoses

9.1 For ICD-10 list please see Intravitreal Biologic Injections Appendix A

## References

Beovu (brolucizumab). [prescribing information]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; 07/2024.

Byooviz (ranizumab nuna). [prescribing information]. Canada: Biogen Canada, Inc. 08/2025.

CGS Administrators, LLC. Local Coverage Article. “(A52451) Billing and Coding: Ranibizumab and biosimilars, Aflibercept, Aflibercept HD, Brolucizumab-dblI and Faricimab-svoa”. For reference only, as there is not a coordinating LCD.

Cimerli (ranibizumab eqrn). [prescribing information]. Redwood City, CA: Coherus BioSciences Inc. May 2024.

Eylea (aflibercept). [prescribing information]. Tarrytown, NY: Regeneron Pharmaceuticals Incorporated; 10/2024.

Eylea HD (aflibercept HD). [prescribing information]. Tarrytown, NY: Regeneron Pharmaceuticals Incorporated; 04/26

Lucentis (ranizumab). [prescribing information]. South San Francisco, CA: Genentech Incorporated. 02/2024.

Susvimo (ranibizumab injection implant. [prescribing information]. San Francisco, CA. Genentech Incorporated; 09/2025.

Vabysmo (faricimab-svoa). [package insert]. South San Francisco, CA: Genentech Incorporated. 04/2026.

## Review and Approval Change Log

|           |                                                                                                                                                                   |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| July 2022 | Medical Surgical policy drafted                                                                                                                                   |
| June 2023 | Scope limited to NYS medical surgical prior authorization requirement.                                                                                            |
| Jan 2024  | Reviewed, added aflibercept HD, updated per A52451, R17 on 01/01/24.                                                                                              |
| May 2024  | Reviewed, ICD-10 added to Group 4 (highlighted for approval) per R18 (A52451) On 01/11/2024                                                                       |
|           | CPG updated with note C9161 has deleted and replaced with J0177 per R19 (A52451). Code C9161 remains on the CPG for reference but will be deleted on future copy. |
| Oct 2024  | Reviewed and updated per A52451, R20 updated 09/21//24, added J2779 & 67027, ICD 10 updated per LCD Article listings                                              |
| Mar 2025  | Added Step therapy guidelines                                                                                                                                     |
| Apr 2025  | Health First committee approved Step therapy guideline addition, v3 approved.                                                                                     |
| June 2025 | Added, Syfovre, Izervay, Mvasi, Zirabev, Byooviz, Alymsys, Cimerli, Pavblu, Enzeeva, Ahzantive. Amended step therapy guidelines.                                  |
| July 2025 | Amended step therapy                                                                                                                                              |
| Aug 2025  | Removed any drugs not on prior authorization, amended step therapy, and edited clinical information.                                                              |
| Sep 2025  | Amended step therapy to Avastin failure requirement, removed additional failure requirements (DraftV6), added <b>1.1.3 &amp; 1.1.3.1</b>                          |
| Jan 2026  | Added treatment for Eylea HD with dosage, updated drug package insert dates in reference section.                                                                 |
| Jun 2026  | Reviewed all drug dosages, updated as indicated per package inserts                                                                                               |
| Sep 2026  | V8 approved by NYS HF committee                                                                                                                                   |