



American Academy of Ophthalmic Executives®
Table of Common Retina Drugs

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Note: This table is subject to change. Visit aao.org/retinapm for updates.

DESCRIPTION	UNITS	INDICATION(S)	HCPCS
Avastin®	1 unit, office 5 units, facility (C9257)	Off-label use for ophthalmology.** Covered diagnosis codes per payer policy. Report medication name and dosage in item 19 of the CMS 1500 form.	J9035, J7999, or J3490, J3590
Beovu	6 units	Wet age-related macular degeneration Diabetic macular edema (DME) Note: FDA label frequency varies from other anti-VEGF injections	J0179
Byooviz (Biosimilar)	5 units	Neovascular age-related macular degeneration, macular edema following RVO, myopic choroidal neovascularization	Q5124
Ceftazidime	1 unit	Endophthalmitis	J0713
Dexamethasone	Per dosage injected 1 mg is 1 unit	Macular edema	J1100
Cimerli (Biosimilar)	1 unit	Neovascular age-related macular degeneration, macular edema following RVO, myopic choroidal neovascularization (0.5 mg/0.05 mL) Diabetic retinopathy, diabetic macular edema (0.3 mg/0.05 mL)	J3490, J3590 or C9399
EYLEA™	2 units	Diabetic retinopathy, diabetic macular edema, wet age-related macular degeneration, macular edema following retina vein occlusion	J0178
Iluvien®	19 units	Diabetic retinopathy with diabetic macular edema	J7313
JETREA®	3 units	Symptomatic vitreomacular adhesion	J7316
Lucentis®	3 units	Diabetic retinopathy. diabetic macular edema	J2778
Lucentis®	5 units	Wet age-related macular degeneration, macular edema following retina vein occlusion, myopic choroidal neovascularization	J2778

Methotrexate (MTX)	Total 10 units Report 1 unit injected Second line with -JW modifier, 9 units	Off-label use for ophthalmology** Used for specific ocular inflammatory conditions, including uveitis secondary to systemic disease	J9250
Ozurdex™	7 units	Macular edema following retina vein occlusion, diabetic macular edema. Non-infectious uveitis affecting the posterior segment	J7312
Retisert	59 units	Chronic noninfectious uveitis affecting the posterior segment	J7311
Susvimo	Initial implant for single-use vials report 20 units and 80 units with -JW modifier. Refill exchange for single-use vials report 100 units. Initial implant procedure note should include: 2 mg/0.02 mL used and 8 mg/0.08 mL wasted. Refill exchange should state withdrew the entire contents of the Susvimo vial into a syringe to the 0.1 mL dose mark. The entire contents of the syringe (0.1 mL) were used to flush the medication and provide the appropriate 2 mg continuous dosage into the implant. No wastage remained after the refill procedure was completed.	Neovascular age-related macular degeneration Note: Genetech initiated a voluntary recall for Susvimo implant, October 2022. Recall does not include refill-exchange for patients not experiencing specific risks. For more information, visit susvimo-hcp.com/safety/adverse-events.html .	J2779
Triamcinalone (Kenalog)	For multidose vials, report 1 unit up to 10 mg. For single-use vials of 40 mg, report 1 unit and 3 units with -JW modifier.*	Off-label use for ophthalmology	J3301
Triesence	Single-use vial of 40 units Report 1 unit injected per 1 mg Second line with -JW modifier, units wasted	Sympathetic ophthalmia, uveitis, temporal arteritis, ocular inflammatory conditions unresponsive to topical corticosteroids	J3300
Vabysmo	60 units	Neovascular age-related macular degeneration, diabetic macular edema	J2777
Vancomycin	1 unit	Endophthalmitis	J3370
Verteporfin (Visudyne)	Total 150 units Report units injected per 0.1 mg Second line with -JW modifier units wasted	Classic subfoveal choroidal neovascularization due to age-related macular degeneration, pathologic myopia, presumed ocular histoplasmosis***	J3396

Xipere	For single use vials of 36mg/0.9 mL medication report 4 units and 32 units with -JW modifier. [†] Procedure note should include dosage and wastage: 4 mg/0.1 mL was injected, and 32 mg/0.8 mL was wasted from the single-dose vial labeled as 0.9 mL (40mg/ml) of medication from one tray included in the Xipere carton.	Macular edema associated with uveitis	J3299
Yutiq	18 units	Chronic noninfectious uveitis affecting the posterior segment	J7314
COMPOUNDED DRUGS (eg, compounded syringe of Vancomycin, Ceftazidime, Methotrexate, Foscavir, etc.)	1 unit	Report medication name(s), dosage and invoice amount in item 19 of CMS-1500 or electronic equivalent	J7999 or J3490

*Unique payer polices may have an expanded covered diagnosis list per medication.

**Obtain appropriate consent for off-label use. Visit omic.com for consent examples.

***Per Medicare NCD only indication for PDT therapy

[†]Coding instructions are the best estimate based on CMS' instructions for proper billing of wastage for Xipere and may be subject to change in future rulemaking. Visit aao.org/retinapm for updates.