|  |  |
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|  | **Ophthalmic disorders – VEGF inhibitors****Non-preferred: Eylea (Aflibercept 2mg) J0178, Eylea HD (Aflibercept 8mg) J0177,**  **Vabysmo (faricimab-svoa) J2777, Lucentis (Ranibizumab) J2778, Susvimo (ranibizumab) J2779, Macugen (Pegaptanib) J2503, Beovu (Brolucizumab-dbll) J0179,**  **Byooviz (ranibizumab-nuna) Q5124, Cimerli (ranibizumab-eqrn) Q5128, Pavblu (aflibercept-ayyh) Q5147** **Preferred: Avastin (Intraocular Bevacizumab) J9035, Mvasi (Bevacizumab-awwb) Q5107 Zirabev (bevacizumab-bvzr) Q5118, Alymsys (bevacizumab-maly) Q5126** **Vegzelma (bevacizumab-adcd) Q5129****Prior Authorization Step Therapy****Medicare Part B Request Form** |
| *Instructions: \* Indicates required information – Form may be returned if required information is not provided. Please fax this request to the appropriate fax number listed at the bottom of the page.* |
|[ ]  **Standard Request**– **(72 Hours)** |[ ]  **Urgent Request** (standard time frame could place the member's life, health or ability in serious jeopardy) |
|  | Date Requested \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  | Requestor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Clinic name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone / Fax |
| **MEMBER INFORMATION** |
| \*Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \*ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \*DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **PRESCRIBER INFORMATION** |
| \*Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ] MD [ ] FNP [ ] DO [ ] NP [ ] PA | \*Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \*Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \*Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **DISPENSING PROVIDER / ADMINISTRATION INFORMATION** |
| \*Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \*Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **PROCEDURE / PRODUCT INFORMATION**  |
| **HCPC Code** | **Name of Drug**  | **Dose (Wt: \_\_\_\_\_ kg Ht:\_\_\_\_\_\_ )** | **Frequency**  | **End Date if known** |
|  |  |  |  |  |
| [ ]  **Self-administered** [ ]  **Provider-administered** [ ]  **Home Infusion** |
| [ ] Chart notes attached. **Other important information:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Diagnosis: ICD10**: \_\_\_\_\_\_\_ **Description**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

[ ]  Provider attests the diagnosis provided is an FDA-Approved indication for this drug

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| **CLINICAL INFORMATION** |
| **Step Therapy**[ ]  **Neovascular (wet) Age-Related Macular Degeneration (AMD)** [ ]  Preferred:  Group A: Avastin or Bevacizumab biosimilar (No PA Required) [ ]  Non-Preferred:  [ ]  Group B: [ ]  Beovu [ ]  Eylea HD [ ]  Pavblu [ ]  Vabysmo [ ]  Patient has tried and failed at least 3 months of Avastin or biosimilar [ ]  Group C: [ ]  Byooviz [ ]  Cimerli [ ]  Eylea [ ]  Lucentis [ ]  Susvimo  [ ]  Member has tried/failed AT LEAST 3 months of a Non-preferred Group B alternative[ ]  **Macular edema – Retinal Vein Occlusion (RVO)** [ ]  Preferred:  Group A: Avastin or Bevacizumab biosimilar (No PA Required) [ ]  Non-Preferred:  [ ]  Group B: [ ]  Pavblu [ ]  Vabysmo [ ]  Patient has tried and failed at least 3 months of Avastin or biosimilar [ ]  Group C: [ ]  Byooviz [ ]  Cimerli [ ]  Eylea [ ]  Lucentis [ ]  Susvimo  [ ]  Member has tried and failed AT LEAST 3 months of a Non-preferred Group B alternative[ ]  **Myopic Choroidal Neovascularizaion (mCNV)** [ ]  Preferred:  Group A: Avastin or Bevacizumab biosimilar (No PA Required) [ ]  Non-Preferred:  [ ]  Group B: [ ]  Byooviz [ ]  Patient has tried and failed at least 3 months of Avastin or biosimilar [ ]  Group C: [ ]  Cimerli [ ]  Lucentis [ ]  Member has tried and failed AT LEAST 3 months of a Preferred Group B alternative[ ]  **Diabetic Macular Edema (DME)**[ ]  **Diabetic Retinopathy (DR)** [ ]  Preferred:  Group A: Avastin or Bevacizumab biosimilar (No PA Required) [ ]  Non-Preferred:  [ ]  Group B: [ ]  Beovu [ ]  Eylea HD [ ]  Pavblu [ ]  Vabysmo [ ]  Patient has tried and failed at least 3 months of Avastin or biosimilar [ ]  Group C: [ ]  Cimerli [ ]  Eylea [ ]  Lucentis [ ]  Susvimo  [ ]  Member has tried and failed AT LEAST 3 months of a Preferred Group B alternative**New Start or Initial Request: (Clinical documentation required for all requests)** [ ]  No concurrent ocular or periocular infection [ ]  Provider has reviewed the attached “Criteria for Approval” and attests the member meets ALL required PA criteria**.** If not, please provide **clinical rationale** for formulary exception: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ``\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  **Continuation Requests: (Clinical documentation required for all requests)** [ ]  Patient has received the requested product in the past 365 days**.** [ ]  Patient had an adequate response or significant improvement while on this medication. If not, please provide clinical rationale for continuing this medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **ACKNOWLEDGEMENT** |
| **Request By (Signature Required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_ /\_\_\_\_ /\_\_\_\_**Any person who knowingly files a request for authorization of coverage of a medical procedure or service with the intent to injure, defraud or deceive any insurance company by providing materially false information or conceals material information for the purpose of misleading, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. |

 **THIS AUTHORIZATION IS NOT A GUARANTEE OF PAYMENT.** PAYMENT IS BASED ON BENEFITS IN EFFECT AT THE TIME OF SERVICE, MEMBER ELIGIBILITY AND MEDICAL NECESSITY.

**Prior Authorization Group – Ophthalmic VEGF Inhibitors PA**

**Drug Name(s):**

**ALYMSYS AVASTIN BEOVU**

**BYOOVIZ CIMERLI EYLEA / EYLEA (HD)**

**LUCENTIS MACUGEN (discontinued) MVASI**

**PAVBLU SUSVIMO VABYSMO**

**VEGZELMA ZYRABEV**

**Criteria for approval of Non-Formulary/Preferred Drug:**

1. Prescribed for an approved FDA diagnosis (as listed below):
2. Member has tried and failed at least ONE of the formulary alternatives: **Bevacizumab biosimilars** OR
* There is clinical documentation stating formulary alternatives are contraindicated.
1. Drug is being used appropriately per MCG GUIDELINES, CMS recognized compendia, authoritative medical literature, evidence-based guidelines and/or accepted standards of medical practice.
2. Member does not have any clinically relevant contraindications, or CMS/Plan exclusions, to the requested drug.
* If the member meets all these criteria, they may be approved by the Plan for the requested drug.
* Quantity limits and Tiering will be determined by the Plan.

**Exclusion Criteria:**

**N/A**

**Prescriber Restrictions:**

**N/A**

**Coverage Duration:**

**Approval will be for 6 months**

**FDA Indications:**

**Byooviz, Cimerli, Eylea/Eylea HD, Lucentis, Pavblu**

* Exudative age-related macular degeneration
* Macular edema due to diabetes mellitus (Eylea, Lucentis only)
* Macular retinal edema - Thrombosis of retinal vein (Eylea only)
* Myopic choroidal neovascularization (Byooviz, Cimerli, Lucentis only)
* Retinopathy due to diabetes mellitus (Eylea, Lucentis only)

**Susvima**

* Exudative age-related macular degeneration

**Beovu**

* Exudative age-related macular degeneration
* Retinopathy due to diabetes mellitus
*

**Macugen (discontinued)**

**Off-Label Uses:**

* Retinopathy of prematurity, Type 1 (Lucentis only)

**Step Therapy Drug(s) and FDA Indications:**

**Avastin, Alymsys, Mvasi, Vegzelma, Zirabev**

FDA Indications:

* Cervical cancer, Recurrent, persistent, or metastatic, in combination with paclitaxel and cisplatin or paclitaxel and topotecan
* Glioblastoma multiforme of brain, Recurrent
* Liver carcinoma, Unresectable or metastatic, in combination with atezolizumab, in patients who have not received prior systemic therapy
* Metastatic colorectal cancer, First- or second-line therapy, in combination with IV 5-fluorouracil-based chemotherapy
* Metastatic colorectal cancer, Second-line therapy, in combination with fluoropyrimidine/irinotecan- or fluoropyrimidine/oxaliplatin-based chemotherapy, in patients who have progressed on a first-line bevacizumab-containing regimen
* Metastatic renal cell carcinoma, In combination with interferon alfa
* Nonsquamous non-small cell lung cancer, Recurrent or metastatic, unresectable, locally advanced, first-line treatment in combination with paclitaxel and carboplatin
* Ovarian cancer, Fallopian tube or primary peritoneal cancer, recurrent, platinum-resistant disease, in combination with paclitaxel, pegylated liposomal doxorubicin, or topotecan, with no more than 2 prior chemotherapy regimens
* Ovarian cancer, Fallopian tube or primary peritoneal cancer, recurrent, platinum-sensitive disease, in combination with carboplatin and paclitaxel or with carboplatin and gemcitabine, followed by single agent bevacizumab
* Ovarian cancer, Stage III or IV epithelial ovarian, fallopian tube or primary peritoneal cancer, first-line therapy in combination with carboplatin and paclitaxel following initial surgical resection, followed by single-agent bevacizumab

Off Label Uses:

* Age related macular degeneration - Choroidal retinal neovascularization
* Bleeding from nose - Osler hemorrhagic telangiectasia syndrome
* Branch retinal vein occlusion with macular edema
* Central retinal vein occlusion with macular edema
* Choroidal retinal neovascularization, Secondary to pathologic myopia
* Macular edema due to diabetes mellitus
* Malignant mesothelioma of pleura, Unresectable disease, first-line therapy, in combination with pemetrexed and cisplatin
* Metastatic breast cancer, HER2-negative, as first-line therapy, in combination with paclitaxel
* Metastatic breast cancer, HER2-negative, as second-line therapy in combination with other chemotherapy
* Metastatic breast cancer, In combination with capecitabine in patients previously treated with an anthracycline and a taxane
* Metastatic colorectal cancer, First-line therapy, in combination with oxaliplatin and capecitabine
* Metastatic colorectal cancer, In previously untreated elderly patients, ineligible for oxaliplatin- or irinotecan-based chemotherapy
* Necrosis of central nervous system due to exposure to ionizing radiation
* Neovascular glaucoma; Adjunct
* Nonsquamous non-small cell lung cancer, Stage IIIB/IV, continuation maintenance therapy as a single-agent following platinum-based, first-line therapy
* Nonsquamous non-small cell lung cancer, Stage IIIB/IV, first-line therapy in combination with pemetrexed and CARBOplatin
* Retinopathy due to diabetes mellitus
* Retinopathy of prematurity

**Age Restrictions:**

**N/A**

**Other Clinical Consideration:**

All options are contraindicated in patients with ocular or periocular infections.

**Resources:**

<https://careweb.careguidelines.com/ed24/ac/ac04_118.htm>

<https://careweb.careguidelines.com/ed24/ac/ac04_067.htm>

<https://careweb.careguidelines.com/ed24/ac/ac04_071.htm>

<https://careweb.careguidelines.com/ed24/ac/ac04_088.htm>

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