ATRIO HEALTH PLANS

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

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

CLINICAL INFORMATION

Step Therapy

☐ Neovascular (wet) Age-Related Macular Degeneration (AMD)

☐ Preferred:

Group A: Avastin or Bevacizumab biosimilar (No PA Required)

☐ Group B: ☐ Beovu ☐ Eylea HD ☐ Vabysmo

☐ Patient has tried and failed at least 3 months of Avastin or biosimilar

☐ Non-Preferred:

☐ Byooviz ☐ Cimerli ☐ Eylea ☐ Lucentis ☐ Susvimo

☐ Member has tried and failed AT LEAST 3 months of a Preferred Group B alternative

☐ Macular edema – Retinal Vein Occlusion (RVO)

☐ Preferred:

Group A: Avastin or Bevacizumab biosimilar (No PA Required)

☐ Group B: ☐ Vabysmo

☐ Patient has tried and failed at least 3 months of Avastin or biosimilar

☐ Non-Preferred:

☐ Byooviz ☐ Cimerli ☐ Eylea ☐ Lucentis ☐ Susvimo

☐ Member has tried and failed AT LEAST 3 months of a Preferred Group B alternative

☐ Myopic Choroidal Neovascularizaion (mCNV)

☐ Preferred:

Group A: Avastin or Bevacizumab biosimilar (No PA Required)

☐ Group B: ☐ Byooviz

☐ Patient has tried and failed at least 3 months of Avastin or biosimilar

☐ Non-Preferred:

☐ 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)

☐ Group B: ☐ Beovu ☐ Eylea HD ☐ Vabysmo

☐ Patient has tried and failed at least 3 months of Avastin or biosimilar

☐ Non-Preferred:

☐ 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**
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: **Avastin, Mvasi, Zirabev** OR
   - There is clinical documentation stating formulary alternatives are contraindicated.
3. Drug is being used appropriately per MCG GUIDELINES, CMS recognized compendia, authoritative medical literature, evidence-based guidelines and/or accepted standards of medical practice.
4. 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

- 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

https://www.micromedexsolutions.com/micromedex2/librarian/CS/B6DCD7/ND_PR/evidencexpert/ND_P/evidencexpert/DUPLICATIONSHIELDSYNC/F64DFC/ND_PG/evidencexpert/ND_B/evidencexpert/ND_AppProduct/evidencexpert/ND_T/evidencexpert/PFActionId/evidencexpert.DoIntegratedSearch?SearchTerm=CIMERLI&UserSearchTerm=CIMERLI&SearchFilter=filterNone&navitem=searchGlobal#