HEALTHY U MEDICAID

MEDICAL PHARMACY PRIOR AUTHORIZATION REQUEST FORM **OPHTHALMIC INJECTIONS**

Avastin®,Beovu®, Byooviz™, Cimerli™, Eylea®, Lucentis®, Macugen®, Susvimo™, Syforve™, Vabysmo™

For authorization, please answer each question and fax this form PLUS chart notes back to the Healthy U Prior Authorization Department at 801-213-1547.

Office Phone: Office Contact: Helght/Weight: Member must try formulary preferred drugs before a request for a non-preferred drug may be considered. If treatment preferred products has not been successful, you must submit which preferred products have been tried, dates of treatm reason for failure. Reasons for failure must meet the Health Plan medical necessity criteria. Preferred: □ Avastin® (bevacizumab) prior authorization not required, □ Bycoviz™ (ranibizumab-nuna), □ Cimerli™ (ranibizumab-eqrn), □ Eylea® (afilbercept) Non-preferred: □ Beova® (brolucizumab-dbll), □ Lucentis® (ranibizumab), □ Macugen® (pegaptanib), □ Susvimo™ (ranibizumab implant), □ Syforve™ (pegcetacoplan), □ Vabysmo™ (faricimab-svoa) *preferred first line, ***preferred second line, ****preferred third line Dosing/Frequency: If the request is for reauthorization, proceed to reauthorization section Questions Yes No Comments/Notes Is the member 18 years of age or older? Is the requesting provider an ophthalmologist or in consultation □ □ □ Please provide document (DME), diabetic retinopathy (DR) in patients with DME, age-related macular edema (AMD), myopic choroidal neovascularization (mCNV), or macular edema following a retinal vein occlusion (RVO)? Does the member have a baseline visual acuity score? □ □ Please provide document Avastin® and Eylea®? For Beovu®, does documentation show a diagnosis of AMD, Ryoor mCNV and a trial and failure of Avastin® and Eylea®? For Cimerli™, does documentation show a diagnosis of DME or □ □ Please provide document RVO or mCNV and a trial and failure of Avastin® and Eylea®? For Cimerli™, does documentation show a trial and failure of □ □ Please provide document RVO and trial and failure of Avastin® and Eylea®? For Eylea®, does documentation show a trial and failure of □ □ Please provide document RVO and trial and failure of Avastin® and Eylea®?	Fai	ilure to submit clinical documentation to support this reques	st will r	esult i	n a dismissal of the request.		
Date: Member Name: ID#: DOB: Gender: Physician: Office Phone: Office Fax: Office Contact: Height/Weight: HCPCS Code: Height/Weight: HCPCS Code: Height/Weight: HCPCS Code: Member must try formulary preferred drugs before a request for a non-preferred drug may be considered. If treatment preferred products has not been successful, you must submit which preferred products have been tried, dates of treatment reason for failure. Reasons for failure must meet the Health Plan medical necessity criteria. Preferred: Avastin* (bevacizumab) prior authorization not required, Byooviz** (ranibizumab-nuna), Cimerli** (ranibizumab-eqrn), Eylea* (aflibercept) Non-preferred: Beovu* (brolucizumab-dbll), Lucentis* (ranibizumab), Macugen* (pegaptanib), Susvimo** (ranibizumab implant), Syforce** (pegcetacoplan), Vabysmo** (faricimab-svoa) *preferred first line, **preferred second line, ***preferred third line Dosing/Frequency: If the request is for reauthorization, proceed to reauthorization section Questions Ves No Comments/Notes 1. Is the member 18 years of age or older? 2. Is the requesting provider an ophthalmologist or in consultation with one? 3. Does the member have a diagnosis of diabetic macular edema (DME), diabetic retinopathy (DR) in patients with DME, age-related macular edema (AMD), myopic choroidal neovascularization (mCNV), or macular edema following a retinal vein occlusion (RVO)? 4. Does the member have a baseline visual acuity score? Please provide documer Avastin* and Eylea*? 5. For Beovu*, does documentation show a diagnosis of AMD, RVO or mCNV and a trial and failure of Avastin* and Eylea*? 6. For Spooviz**, does documentation show a diagnosis of DME or Please provide documer							
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9.	For Lucentis®, does documentation show a trial and failure of Avastin®, Byooviz™ or Cimerli™, and Eylea®?			Please provide documentation		
10.	For Macugen®, does documentation show a trial and failure of Avastin®, Byooviz™ or Cimerli™, and Eylea®?			Please provide documentation		
11.	For Susvimo [™] , does documentation show a trial and failure of Avastin [®] , Byooviz [™] or Cimerli [™] , and Eylea [®] ?			Please provide documentation		
	For Syforve [™] , does the member have a best corrected visual acuity score and a diagnosis of geographic atrophy of the macula secondary to age-related macular degeneration?			Please provide documentation		
13.	For Vabysmo [™] , does documentation show a trial and failure of Avastin [®] , Byooviz [™] or Cimerli [™] , and Eylea [®] ?			Please provide documentation		
REAUTHORIZATION						
1.	Is the request for reauthorization of therapy?					
2.	Do updated clinical notes show a positive response to therapy and a continued medical necessity?			Please provide documentation		
	ne of treatment, reason for failure, treatment dates, etc.					
Add	ditional information:					
Phy						

Failure to submit clinical documentation to support this request will result in a dismissal of the request.

Policy: PHARM-HU-M005 Origination Date: 01/01/2022 Reviewed/Revised Date: 03/15/2023 Next Review Date: 03/15/2024 Current Effective Date: 04/01/2023

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