Ophthalmic disorders – VEGF inhibitors

Eylea (Aflibercep) J0178, Vabysmo (faricimab-svoa) J2777, Lucentis (Ranibizumab) J2778, Susvimo (ranibizumab) J2779, Macugen (Pegaptanib) J2503, Beovu (Brolucizumab-dbll) J0179, Byooviz (ranibizumab-nuna) Q5124 are non-preferred. The preferred products are Avastin (Intraocular Bevacizumab) J9035, Mvasi (Bevacizumab-awwb) Q5107 and Zirabev (bevacizumab-bvzr) Q5118, Vegzelma Q5129 (bevacizumab-adcd), Alymsys Q5129 (bevacizumab-maly)

No PA required for Preferred drugs.

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.*

☐	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 ☐ Self-administered	Dose (Wt: _____ kg Ht:_____)	Frequency	End Date if known

☐Chart notes attached. **Other important information:**_____

Diagnosis: ICD10: _____ **Description**: _____

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

CLINICAL INFORMATION

☐ New Start or Initial Request: (Clinical documentation required for all requests)

☐ **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)

☐ **Provider has reviewed the attached "Criteria for Continuation" and attests the member meets ALL required PA Continuation criteria.**

☐ 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):

AVASTIN
BYOOVIZ
LUCENTIS
MVASI
VABYSMO
VEGZELMA
BEOVU
EYLEA
MACUGEN
SUSVIMO
ZYRABEV
ALYMSYS

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, Vegzelma, Alymsys** 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, Eylea, Lucentis

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

Macugen, Susvima

- Exudative age-related macular degeneration

Beovu

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

Off-Label Uses:

- Macular edema due to diabetes mellitus (Macugen only)
- Retinopathy of prematurity, Type 1 (Lucentis only)

Step Therapy Drug(s) and FDA Indications:

Avastin, Mvasi, Zirabev, Vegzelma, Alymsys

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