

Pharmacy Prior Authorization Form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to: ☒ Commercial ☒ Commercial Individual (PPACA) ☒ Medicaid

This request is: ☐ Urgent (life threatening) ☐ Non-Urgent (standard review)

Urgent means the standard review time may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

Eylea[®] (aflibercept)

Member

Last Name: _____ First Name: _____
 ID #: _____ DOB: _____ Gender: _____
 Primary Care Physician: _____
 Requesting Physician: _____ Phys. Phone: _____ Phys. Fax: _____
 Physician Address: _____ Contact Name: _____
 Physician NPI: _____
 Provider Signature: _____ Date: _____

Product and Billing Information

☐ New Request ☐ Continuation Request

Drug product: ☐ Eylea 2 mg (0.05 mL) Dose: _____ Dose Frequency: _____
 Start date: _____
 Date of last dose: _____
 Date of next dose: _____
☐ Right eye ☐ Left eye ☐ Both eyes

Place of administration: ☐ Physician's office
☐ Outpatient infusion
 Facility: _____ NPI: _____ Fax: _____
☐ Home infusion
 Facility: _____ NPI: _____ Fax: _____

Billing: ☐ Physician to buy and bill
☐ Facility to buy and bill
☐ Specialty Pharmacy
 Pharmacy: _____ NPI: _____ Fax: _____

ICD-10 Diagnosis code(s): _____

Precertification Requirements

Before this drug is covered, the patient must meet all of the following requirements:

1. Must have one of the following diagnoses and meet any required criteria:
 - Neovascular (wet) age-related macular degeneration (AMD):
 - i. Must first try Avastin (bevacizumab) for at least 3 consecutive months with failure to effectively improve baseline visual acuity and/or reduce fluid
 - ii. Avastin is not required if patient has serous pigment epithelial detachment (PED), hemorrhagic PED, subretinal hemorrhage, or posterior uveal bleeding syndrome.
 - Macular edema following retinal vein occlusion (RVO)

- i. Must first try Avastin (bevacizumab) for at least 3 consecutive months with failure to effectively improve baseline visual acuity and/or reduce fluid
 - Diabetic macular edema (DME) with baseline visual acuity 20/50 or worse:
 - i. Baseline best-corrected visual acuity (BCVA) score must be included in request
 - Diabetic macular edema (DME) with baseline visual acuity better than 20/50:
 - i. Must first try Avastin (bevacizumab) for at least 3 consecutive months with failure to effectively improve baseline visual acuity and/or reduce fluid
 - Diabetic retinopathy in patients with DME
 - i. Must first try Avastin (bevacizumab) for at least 3 consecutive months with failure to effectively improve baseline visual acuity and/or reduce fluid
2. Patients currently receiving treatment with Eylea and who have demonstrated an adequate response are not required to try Avastin.

For continuation, patient must have met the following requirements after 12 months of treatment:

1. Disease response as indicated by stabilization of visual acuity or improvement in BCVA score when compared to baseline.

Note: Authorization for indications not approved by the Food and Drug Administration (FDA) or recognized in CMS-accepted compendia (e.g. DrugDex, AHFS, U.S. Pharmacopeia, and also Clinical Pharmacology for oncology indications only) require supporting evidence for coverage. Please provide two published peer-reviewed literature articles supporting the drug's use for the identified indication.

New Request - Priority Health Precertification Documentation

A. What condition is this drug being requested for?

- ☐ Neovascular (wet) age-related macular degeneration (AMD)

Has the patient had at least a 3 month trial with Avastin?

- ☐ Yes – What was the outcome: _____
- ☐ No – Rationale for use: _____

- ☐ Macular edema following retinal vein occlusion (RVO)

Has the patient had at least a 3 month trial with Avastin?

- ☐ Yes – What was the outcome: _____
- ☐ No – Rationale for use: _____

- ☐ Diabetic macular edema (DME) with baseline visual acuity 20/50 or worse

What is the BCVA score? _____

- ☐ Diabetic macular edema (DME) with baseline visual acuity better than 20/50

Has the patient had at least a 3 month trial with Avastin?

- ☐ Yes – What was the outcome: _____
- ☐ No – Rationale for use: _____

- ☐ Diabetic retinopathy in patients with DME

Has the patient had at least a 3 month trial with Avastin?

- ☐ Yes – What was the outcome: _____
- ☐ No – Rationale for use: _____

- ☐ Other – rationale for use: _____
-

Continuation—Priority Health Precertification Documentation

A. Provide rationale for continuation:

- ☐ Patient's visual acuity has stabilized
- ☐ Patient's BCVA score compared to baseline improved