

# Pharmacy Prior Authorization Form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to:  Commercial (Traditional)  Commercial (Individual/Optimized)

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<sup>®</sup> (aflibercept)

### Member

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

ID #: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Requesting Physician: \_\_\_\_\_ Phys. Phone: \_\_\_\_\_ Phys. Fax: \_\_\_\_\_

Physician Address: \_\_\_\_\_

Physician NPI: \_\_\_\_\_ Contact Name: \_\_\_\_\_

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, dosing, or a route of administration 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 appropriateness of the drug, the dosing of the drug, or the route of administration to be used 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