



Prior-Authorization for aflibercept (Eylea®), ranibizumab (Lucentis®), pegaptanib (Macugen®), verteporfin (Visudyne®)

PLEASE FAX YOUR REQUEST TO: (877) 865-1077 OR MAIL TO:

ENVOLVE VISION, INC. ATTN: UTILIZATION MANAGEMENT, PO BOX 7548, ROCKY MOUNT, NC 27804

Request is:  Routine  Urgent: A physician with knowledge of the patient's medical condition must determine if a case involves urgent care and that use of non-urgent timeframes could seriously jeopardize the life or health of the patient or the ability of the patient to regain maximum function; or, based on the physician's opinion, the member would be subjected to severe pain. NOTE: Urgent requests MUST be accompanied by a signed physician's order. Signature: \_\_\_\_\_

Date \_\_\_\_\_ Office Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Treating/Requesting Physician: \_\_\_\_\_

TIN#: \_\_\_\_\_ NPI#: \_\_\_\_\_ Medicaid#: \_\_\_\_\_ Medicare#: \_\_\_\_\_

Provider is:  PAR/In Network  Not In Network (NON-PAR). If NON-PAR: License#: \_\_\_\_\_ and attach W9.

Provider's office address: \_\_\_\_\_

Patient Name: (Last, First Middle): \_\_\_\_\_ DOB \_\_\_\_\_

Patient ID#: \_\_\_\_\_ HMO (Plan): \_\_\_\_\_ Group#: \_\_\_\_\_

Date of Service: \_\_\_\_\_ Other Insurer (if any): \_\_\_\_\_

ICD 10-Code(s): \_\_\_\_\_ Drug Code(s): \_\_\_\_\_ Modifier (Circle One) RT LT 50

Provider must submit documentation (including office chart notes and lab results) supporting that the member has met all approval criteria, or is currently undergoing treatment with Eylea, Lucentis, Macugen or Visudyne. It is the policy of Envolve Vision that Eylea, Lucentis, Macugen, and Visudyne are medically necessary when prescribed by or in consultation with an ophthalmologist and the following criteria are met:

PATIENT IS CURRENTLY UNDERGOING TREATMENT WITH THIS MEDICATION (Stop here.)

**Neovascular (Wet) Age-Related Macular Degeneration (must meet all):**

- Diagnosis of neovascular (wet) age-related macular degeneration (AMD)
  - For Lucentis or Eylea only: failure or clinically significant adverse effects to Avastin unless contraindicated or clinically significant adverse effects are experienced
  - For Macugen or Visudyne only: failure or clinically significant adverse effects to two of the following drugs: Avastin, Lucentis, or Eylea

**Diabetic Retinopathy in Patients with or without Diabetic Macular Edema or Macular Edema Following Retinal Vein Occlusion (must meet all):**

- Diagnosis of macular edema following retinal vein occlusion
  - For Lucentis or Eylea: failure or clinically significant adverse effects to Avastin unless contraindicated or clinically significant adverse effects are experienced

**Diabetic Macular Edema (must meet all):**

- Diagnosis of diabetic macular edema
  - For Eylea and Lucentis only: failure or clinically significant adverse effects to Avastin unless contraindicated or clinically significant adverse effects are experienced
    - For Eylea only: patient's baseline visual acuity is 20/50 or worse
  - For Macugen only: failure or clinically significant adverse effects to Avastin, Lucentis, and Eylea unless contraindicated or clinically significant adverse effects are experienced

**Predominantly Classic Subfoveal Choroidal Neovascularization due to Presumed Ocular Histoplasmosis:**

- Diagnosis of predominantly classic Subfoveal Choroidal Neovascularization due to presumed ocular histoplasmosis and request is for Visudyne

**Myopic Choroidal Neovascularization:**

- Diagnosis of myopic choroidal neovascularization and request is for Lucentis or Visudyne

**Other diagnoses and indications:** Provider must submit documentation and clinical rationale for Envolve Vision Medical Director peer review.

**PRE CERTIFICATION/AUTHORIZATION IS NOT A GUARANTEE OF PAYMENT.** COVERED SERVICES ARE BASED ON MEMBER ELIGIBILITY AND BENEFIT LIMITATIONS AT THE TIME SERVICE(S) ARE RENDERED. If denied, please refer to your Provider Manual or call (800) 465-6972 to be informed of your appeal rights. These are Confidential and Proprietary materials of Envolve Vision Benefits, Inc. (Envolve Vision), which should not be reproduced in any manner or shared with any third party without the prior written consent of Envolve Vision. Envolve Vision Clinical Policies are available on the Envolve Vision website: <http://visionbenefits.envolvehealth.com>.