

**Prior-Authorization Form for anti-VEGF ocular injectables,  
excluding Avastin.**

**The use of Avastin does not require Prior-Authorization.**

**PLEASE FAX YOUR REQUEST TO: (877) 865-1077 or SECURE-MAIL: VisionAuthorizations@Centene.com**

**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 gain 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, or  Not In Network (NON-PAR). **If NON-PAR:** License#: \_\_\_\_\_ **and attach W9.**

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

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

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

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

ICD 10-Code: \_\_\_\_\_ Drug Code: \_\_\_\_\_ CPT Code: \_\_\_\_\_

**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 requested medication. It is the policy of Centene & Envolve Vision that anti-VEGF ocular injectables are medically necessary when prescribed by or in consultation with an ophthalmologist and the following criteria are met:**

**PATIENT IS CURRENTLY UNDERGOING TX WITH THIS MEDICATION:** \_\_\_\_\_  
(Stop here.)

**Neovascular (Wet) Age-Related Macular Degeneration (must meet all):** Eylea, Eylea HD, Byooviz, Lucentis, Cimerli, Beovu or Vabysmo

- Diagnosis of neovascular (wet) age-related macular degeneration (AMD), AND
- Failure or clinically significant adverse effects with Avastin

**Macular Edema Following Retinal Vein Occlusion (must meet all):** Eylea, Byooviz, Lucentis, Cimerli, or Vabysmo

- Diagnosis of macular edema following retinal vein occlusion, AND
- Failure or clinically significant adverse effects with Avastin

**Diabetic Macular Edema (DME) (must meet all):** Eylea, Eylea HD, Byooviz, Lucentis, Cimerli, Vabysmo or Beovu

- Diagnosis of diabetic macular edema, AND
- Failure or clinically significant adverse effects with Avastin

**Myopic Choroidal Neovascularization (must meet all):** Byooviz, Lucentis or Cimerli

- Diagnosis of myopic choroidal neovascularization, AND
- Failure or clinically significant adverse effects with Avastin

**Other diagnoses and indications:**

- Provider must submit documentation and clinical rationale for Medical Director peer review.*

**PRIOR 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, Centene Vision), which should not be reproduced in any manner or shared with any third party without the prior written consent.

Clinical Policies are available on the website: <https://www.centenevision.com/policies>.