



EYLEA/BEOVU/LUCENTIS/CIMERLI
AUTHORIZATION AND REAUTHORIZATION
REQUEST

15 Earhart Drive, Suite 101, Amherst, NY 14221

TEL: (716) 929-1000 | 1-800-809-4763 FAX: (716) 532-7360

Member Name: Today's Date: Date Needed:
Date of birth: Sex: Weight: Prescriber: Hospital/Clinic:
Home Phone Number: Phone Number: Fax Number:
Home Address: City: State: Zip: Address: City: State: Zip:
Payor: Group Number: Commercial Medicare
Independent Health Medicaid Self-funded
Anne Arundel Health System
Pharmacy Benefit Dimensions Insurance ID:
Prescriber specialty:
Allergies:

DRUG SELECTION

STATEMENT OF MEDICAL NECESSITY

EYLEA BEOVU CIMERLI LUCENTIS OTHER

Dose:

Frequency:

Expected duration of therapy:

Select all that apply:

- Patient has macular edema following retinal vein occlusion (RVO)
Patient has diabetic macular edema (DME)
Patient has diabetic retinopathy (DR)
Patient has wet age-related macular degeneration (AMD)
Patient has myopic choroidal neovascularization (mCNV)
Other:

Is patient free of ocular and/or peri-ocular infection? Yes No

Does patient have active intraocular inflammation? Yes No

Has patient tried and failed treatment with Avastin Yes No

Does patient have a contraindication to Avastin? Yes No

-If yes to any of the above, please provide documentation:

Primary Diagnosis:

ICD 10 Code:

FOR CIMERLI:

Has patient tried and failed Eylea, Beovu, or Vabysmo? Yes No

Does a contraindication to Eylea, Beovu, or Vabysmo exist? Yes No

-If yes to any of the above, please provide documentation:

FOR LUCENTIS OR BYOOVIZ ONLY:

Has patient tried and failed treatment with Cimerli Yes No

Does patient have a contraindication to Cimerli? Yes No

Has patient tried and failed Eylea, Beovu, or Vabysmo? Yes No

Does a contraindication to Eylea, Beovu, or Vabysmo exist? Yes No

-If yes, please provide documentation:

FOR REAUTHORIZATION OF ALL MEDICATIONS:

Is patient responding to treatment? Yes No

Has patient experienced any adverse effects? Yes No

-Please provide documentation of response to treatment