



15 Earhart Drive, Suite 101, Amherst, NY 14221

EYLEA/BEOVU/LUCENTIS
AUTHORIZATION AND REAUTHORIZATION
REQUEST

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

Member Name: Today's Date:
Date of birth: Sex: Weight: Prescriber: Specialty:
Home Phone Number: Phone Number: Fax Number:
( ) ( )
Home Address: City: State: Zip: Address City: State: Zip:
Member's Insurance ID: Notes:
Allergies:

DRUG SELECTION

[ ] EYLEA [ ] BEOVU [ ] LUCENTIS [ ] OTHER

Dose: \_\_\_\_\_

Frequency: \_\_\_\_\_

Expected duration of therapy: \_\_\_\_\_

STATEMENT OF MEDICAL NECESSITY

Primary Diagnosis: \_\_\_\_\_

ICD 10 Code: \_\_\_\_\_

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: \_\_\_\_\_

For Beovu Only:

Has patient tried and failed treatment with Avastin [ ] Yes [ ] No
Does patient have a contraindication to Avastin? [ ] Yes [ ] No
-If yes, please provide documentation:

For Lucentis Only:

Has patient tried and failed Eylea or Beovu prior? [ ] Yes [ ] No
Does a contraindication to Eylea or Beovu exist? [ ] Yes [ ] No
-If yes, please provide documentation: