



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 Needed:
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: Office Phone : Office Fax Number:
Allergies: Office Contact:

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: