

**PART B STEP THERAPY CRITERIA FOR APPROVAL**

**Beovu, Byooviz, Eylea, Lucentis, Susvimo, and Vabysmo** will be approved when ALL of the following are met:

1. The requested medication is being used for ONE of the following:
  - A. An FDA approved indication  
**OR**
  - B. An indication in CMS approved compendia
- AND**
2. ONE of the following:
  - A. Information has been provided that indicates the patient has been treated with the requested medication in the past 365 days  
**OR**
  - B. There is documentation that the patient has had an ineffective treatment response to the active ingredient(s) of ALL prerequisite medication(s) supported for the diagnosis  
**OR**
  - C. The patient has a documented intolerance, hypersensitivity, or FDA labeled contraindication to the active ingredient(s) of ALL prerequisite medication(s) supported for the diagnosis  
**OR**
  - D. The prescriber has submitted documentation indicating ALL prerequisite medication(s) supported for the diagnosis are likely to be ineffective or are likely to cause an adverse reaction or other harm to the patient

**Length of Approval:** up to 12 months

Targeted Part B Medication	Prerequisite Medication*
Beovu (brolucizumab-dblI) intravitreal	<b>Part B</b> - Avastin (bevacizumab)
Byooviz (ranibizumab) intravitreal	<b>Part B</b> - Avastin (bevacizumab)
Eylea (afibercept) intravitreal	<b>Part B</b> - Avastin (bevacizumab)
Lucentis (ranibizumab) intravitreal	<b>Part B</b> - Avastin (bevacizumab)
Susvimo (ranibizumab) intraocular implant	<b>Part B</b> - Avastin (bevacizumab)
Vabysmo (faricimab-svoa) intravitreal	<b>Part B</b> - Avastin (bevacizumab)

\*Prerequisite medications may vary based on indication

**NOTES:**

- Prerequisite medications may require prior review under Medicare Part D or Medicare Part B. Medicare Part D prerequisites will not be required for Medical Only members.
- Length of approval may be shorter due to provider network participation status.
- Coverage of one Medicare Part B Step Therapy medication could equate to multiple medication authorizations when they share the same Medicare Part B Step Therapy criteria.
- LCD/NCD criteria review completed, if applicable, in addition to the Plan's Medicare Part B Step Therapy criteria.