BlueCross BlueShield of North Carolina

Eylea (aflibercept) and Lucentis (ranibizumab)
Step Therapy – Medicare Part B

PART B STEP THERAPY CRITERIA FOR APPROVAL

Eylea (aflibercept) and Lucentis (ranibizumab) will be approved when BOTH of the following are met:

1. ONE of the following:
   - A. The patient has an FDA labeled indication for the requested agent
     OR
   - B. The patient has an indication that is supported in CMS approved compendia for the requested agent

   AND
2. ONE of the following:
   - A. There is evidence of a claim that the patient is currently being treated with the requested agent within the past 365 days
     OR
   - B. The prescriber states the patient is currently being treated with the requested agent
     OR
   - C. The patient's medication and/or medical history includes use of the cost-effective preferred agent(s) within the past 90 days
     OR
   - D. The patient has a documented intolerance, ineffective treatment response, FDA labeled contraindication, or hypersensitivity to the cost-effective preferred agent(s)
     OR
   - E. The prescriber has submitted documentation to support the use of the non-preferred agent for the patient's diagnosis over the cost-effective preferred agent(s)

Length of Approval: up to 12 months

Targeted Part B Agent	Preferred Agent *
Eylea (aflibercept) intravitreal	**Part B** - Avastin (bevacizumab)
Lucentis (ranibizumab) intravitreal	**Part B** - Avastin (bevacizumab)

* Preferred agent may vary based upon indication

NOTES:

- Prerequisite drugs 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 drug could equate to multiple drug 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.