Ocular Angiogenesis Inhibitors
Step Therapy – Medicare Part B

PART B STEP THERAPY CRITERIA FOR APPROVAL

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

1. The requested agent 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 request agent 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 preferred agent(s)
      OR
   C. The patient has a documented intolerance, hypersensitivity, or FDA labeled contraindication to the active ingredient(s) of ALL preferred agent(s)
      OR
   D. The prescriber has submitted documentation indicating ALL preferred agent(s) are likely to be ineffective or are likely to cause an adverse reaction or other harm to the enrollee

Length of Approval: up to 12 months

Targeted Part B Agent	Preferred Agent*
Beovu (brolucizumab-dbll) intravitreal	**Part B** - Avastin (bevacizumab)
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.