



Updated Policy for Coverage of Vascular Endothelial Growth Factor Inhibitors (VEGF) for Ocular Indications

Effective Jan. 7, 2022, prior authorization is required for J0179 injection, brolocizumab-dbl, (Beovu), 1 mg for:

- Neovascular age related macular degeneration
- Diabetic macular edema
- Macular edema due to retinal vein occlusion, among others

Avastin must be tried first.

Members currently using the above product can continue current therapy until they complete treatment.

Susvimo Ranibizumab continuous delivery system through refillable implant in the eye requires step therapy with Lucentis, ranibizumab.

This policy affects all HAP Medicare and HAP Empowered MI Health Link members.

Obtaining prior authorization

To request prior authorization for Lucentis, Eylea or Beovu, you can use our online prior authorization application, CareAffiliate. Here are the steps:

- Log in at **hap.org**
- Select *Authorizations*
- Select the appropriate request type (see tip below)
 - DRUG-EYLEA-J0178-OFFICE admin
 - DRUG-LUCENTIS-J2778-OFFICE admin
 - DRUG-BEOVU-J0179-OFFICE admin

Tip! To search for a drug request type:

- Select the magnifying glass next to the *Request Type* field
- Enter ***drug*** in the request type description field and click search

This updated policy applies to all HAP Empowered MI Health Link and HAP Medicare members. You can review the full policy online. Log in at **hap.org**; select *Benefit Administration Manual* under *Quick links* and search for *Vascular Endothelial Growth Factor Inhibitors (VEGF) for Ocular Indications*.

Important reminder

CMS periodically updates codes. We continuously review and monitor procedures to determine any potential changes in coverage. Therefore, it's important to always check if a drug requires prior authorization. Here are the steps:

- Log in at **hap.org**
- Select *Procedure Reference Lists* under *Quick links*
- Select *Services that Require Prior Authorization List*