



**Outpatient Medical Injectable
Intravitreal Injection Request Form
Fax to 833-581-1861
(Medical Benefit Only)**

Member Name: _____

Member Date of Birth: _____

Member ID (UMI): _____ Medicare Commercial

Ordering/Attending Provider Name: _____ NPI: _____

Ordering/Attending Provider Address: _____

Office Contact: _____ Phone Number: _____ Fax Number: _____

Servicing Facility/Vendor: _____ Facility NPI: _____

Servicing Facility/Vendor Address: _____ Requested Date of Service: _____

Buy & Bill Drug Supplied by Specialty Pharmacy (Pharmacy Name: _____ NPI: _____)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> EYLEA (J0178) | <input type="checkbox"/> BEOVU (J0179) | <input type="checkbox"/> BYOOVIZ (Q5124) | <input type="checkbox"/> SYFOVRE (J2781) |
| <input type="checkbox"/> LUCENTIS (J2778) | <input type="checkbox"/> VABYSMO (J2777) | <input type="checkbox"/> MACUGEN (J2503) | <input type="checkbox"/> IZERVAY (J_____) |
| <input type="checkbox"/> CIMERLI (Q5128) | <input type="checkbox"/> SUSVIMO (J2779) | <input type="checkbox"/> OTHER _____ (J_____) | |

ICD10: _____

Please check appropriate diagnosis and answer corresponding questions

- Neovascular (Wet) age-related macular degeneration (AMD)
 - Has the member tried and failed Avastin? **YES / NO**
**If YES, duration of treatment _____ months
 - **Susvimo only:** Has the member responded to at least 2 intravitreal injections of a VEGF inhibitor within the past 6 months? **YES / NO**
- Macular edema following retinal vein occlusion (RVO)
- Myopic Choroidal Neovascularization (mCNV) **LUCENTIS ONLY**
- Diabetic retinopathy with or without diabetic macular edema
- Diabetic macular edema (DME)
- Geographic atrophy (GA) secondary to nonexudative (dry) AMD
- Other _____

OD OS OU

New Start Continuation*

* Date of last injection ___/___/___

* Has the member experienced a positive clinical response to therapy? YES NO

AVASTIN (J9035, J3590) does NOT require authorization when prescribed by an ophthalmologist for intraocular use.

Please attach all pertinent clinical information

Attached: YES NO

****Please verify member's eligibility and benefits through the health plan****

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