







5 "Easy" Steps

- Pick your Treatment
 Is the Diagnosis Covered?
 Is there Step Therapy?
 Is a Prior Authorization Needed?
 Who is paying for it?

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■ Prescribing the Right Treatment

Considerations for Treatment Options

- Physician Choice The decision of treatment should be a discussion between a physician and their patient
- Factors to also consider efficacy & safety, prior response to other treatments, what med will give the patient the best clinical outcome

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■ Always Ask...
Is it Covered?

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- Your administrator always wants you to bill the drug!
 Is the drug covered under a BILLABLE diagnosis?
- - Apply with patient's insurance for medical necessity for off label treatment
 Sample Drugs provided by manufacturer
 May qualify for off-label charitable programs through manufacturer, speak to your reps!
 Does your practice have any enrolling research studies?



For Anti-VEGF patients: Avastin step is going to be likely!

Must document a sub-optimal response to move on to another drug

Some plans have preferred meds after Avastin step, usually Eylea

Exceptions are Traditional Medicare, Veteran's Administration and some commercial plans or some DME indications

There are some plans with steps for GA drugs, usually Syfovre!

Must document failure...

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Can I get out of Step Therapy?

Submit/Appeal for medical exception based on necessity or safety

Continuation of Therapy

Avastin shortage

Not Stocking Biosimilars in your Practice

Above may require more documentation or a "peer to peer" review

Things that don't usually work...

Extension of treatment or patient convenience

Citing a sample as continuation of therapy



Assume you will need it before treating a patient!

Prior Authorization does not retro and can take several days to come

Same day injections are difficult!

Sample but keep in mind you may have to go back to a step!

Avastin may need PA too!

PA can be attached to a specific eye or a specific doctor

Surgery & Laser, in-office and out, may need PA



Commercial vs.	Medicare
Commercial Usually under 65 years old	Medicare Usually over 65 years old
Usually under 55 years old Deductibles and Co-insurance vary plan to plan	 Usually over 65 years old Traditional only covers 80% Some patients will have
 Qualify for copay cards for drugs to help cover out of pocket costs 	Medicare Advantage plans or Medicare Supplements

Commercial Insurance

Run a **BENEFITS IVESTIGATION** for branded drugs

Make sure **PRIOR AUTH** is obtained and **STEP THERAPY** is followed

Enroll patient in **COPAY CARD** to offset patient portion

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Traditional Medicare Only

RED WHITE AND BLUE with No Supplement

Run a BENEFITS IVESTIGATION for branded drugs
PRIOR AUTH and STEP THERAPY are not needed!

If patient is only Medicare, the patient will have a copay of 80% of ALL charges, including drugs, after a \$257 deductible.

J0177 EYLEA HD	\$526.49	
J0178 EYLEA	\$320.43	
J2777 VABYSMO	\$422.95	
J2778 LUCENTIS .3	\$74.38	
J2778 LUCENTIS .5	\$123.97	
J2781 SYFOVRE	\$439.11	
J2782 IZERVAY	\$434.82	
J7312 OZURDEX	\$287.78	
J3396 VISUDYNE	\$345.09	
COMPUNDED AVASTIN	\$14.68	

Medicare and a Supplement

RED WHITE AND BLUE & Supplement

Run a BENEFITS IVESTIGATION for branded drugs

PRIOR AUTH and STEP THERAPY are not needed!

Supplement helps pay for Medicare co-insurance (the left over 20%)

May have a copay or a deductible and may not cover Medicare deductible. The benefits investigation should tell you all this information so the patient is aware of any out of pocket costs.

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Medicare Advantage Plans

Run a BENEFITS IVESTIGATION for branded drugs

PRIOR AUTH and STEP THERAPY are LIKELY needed!

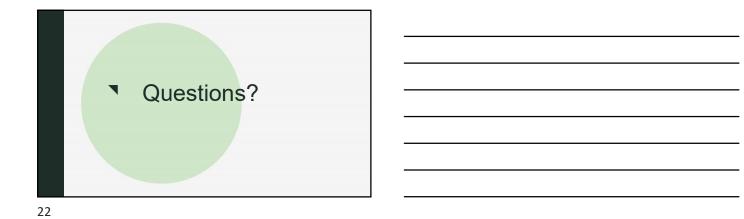
There are usually office visit copays, can have hidden costs and typically only cover buy and bill drug costs at 80% but they will have an out of pocket max

Without foundation assistance, which is currently closed, patient is responsible for 20% balance of drug

Foundations do not cover Avastin

Selection of drug may be dependent on what patient can afford to pay.

Financial Counseling is a good idea to talk over all these factors



▼ Thank you!