

## Ocular Vascular Endothelial Growth Factors

**Goal(s):**

- Promote use of preferred drugs and ensure that non-preferred drugs are used appropriately for OHP-funded conditions

**Length of Authorization:**

- Up to 12 months

**Requires PA:**

- Non-preferred drugs

**Covered Alternatives:**

- Current PMPDP preferred drug list per OAR 410-121-0030 at [www.orpdl.org](http://www.orpdl.org)
- Searchable site for Oregon FFS Drug Class listed at [www.orpdl.org/drugs/](http://www.orpdl.org/drugs/)

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 code	
2. Is this an OHP-funded diagnosis?	<b>Yes:</b> Go to #3	<b>No:</b> Go to #4
3. Will the prescriber consider a change to a preferred product?  Message: Preferred products do not require a PA. Preferred products are evidence-based and reviewed for comparative effectiveness and safety by the P&T Committee.	<b>Yes:</b> Inform prescriber of covered alternatives in class.	<b>No:</b> Approve for 12 months, or for length of the prescription, whichever is less
4. RPh only: All other indications need to be evaluated as to whether they are funded or contribute to a funded diagnosis on the OHP prioritized list.  <ul style="list-style-type: none"> <li>• If funded and clinic provides supporting literature: Approve for 12 months, or for length of the prescription, whichever is less.</li> <li>• If not funded: Deny; not funded by the OHP.</li> </ul>		

P&T / DUR Review: 8/20 (SS); 3/17  
 Implementation: TBD