

Physician/Provider Bulletin

Subject: Avastin	
Plan: Coordinated Care Option 1	Bulletin Date: 7/23/2015
Bulletin Number: 15-006	Effective Date: Immediately

The purpose of this bulletin is to inform ophthalmology providers of updates regarding coverage for Coordinated Care Option 1 members.

Effective immediately, Avastin will no longer routinely be covered for Coordinated Care Option 1 members.

Please note current exclusions for Coordinated Care Option 1 include pharmaceuticals available through a Patient Assistance Program.

There is a Patient Assistance Program (PAP) available that may allow patients to continue their treatment. This program provides access to AVASTIN for those patients that qualify.

Please note that there is also a Patient Assistance Program for Lucentis.

When applying for the Patient Assistance Program for Option 1 members, please remember that Coordinated Care is **not** insurance and is available to individuals and/or families who are not eligible for any other public assistance health coverage programs and who meet income and residency requirements.

Please indicate no insurance on the application form for the PAP.

For direction regarding authorization for urgent situations, please contact the Utilization Management Department at 866-930-7722.

If you have questions regarding this provider bulletin, please contact your Provider Representative at (561) 659-1002.

Please insert this bulletin into your Provider Handbook. The policies and procedures in this bulletin supersede any related policies and procedures within the handbook.