



Federal Employee Program.

AVASTIN (bevacizumab)
PRIOR APPROVAL REQUEST

Send completed form to:
FAX: 855-895-3504
FOR URGENT FAX: 844-244-0226

Additional information is required to process your claim for prescription drugs. Please complete the patient portion, and have the prescribing physician complete the physician portion and submit this completed form.

Form with Patient Information and Provider Information sections. Includes fields for Date, Patient Name, Date of Birth, Sex, Street Address, City, State, Zip, Patient ID, Provider Name, Specialty, NPI, Office Phone, Office Fax, Office Street Address, City, State, Zip, and Physician Signature.

PHYSICIAN COMPLETES

FOR CLAIMS ADJUDICATED THROUGH THE PHARMACY BENEFIT:

For Standard and Basic Option patients Mvasi and Zirabev are preferred products. Please consider prescribing a preferred product. Standard or Basic Option patients who switch to Mvasi or Zirabev will be eligible for 2 copays at no cost in the benefit year.

Avastin (bevacizumab)

**Check www.fepblue.org/formulary to confirm which medication is part of the patient's benefit

NOTE: Form must be completed in its entirety for processing

Is this request for brand or generic? Brand Generic

Standard/Basic Option Patient, for claims adjudicated through the pharmacy benefit: Would you like to switch the patient to a preferred product? Yes, switch to Mvasi Yes, switch to Zirabev No, do not switch*

If NO, does the patient have an intolerance or contraindication to or have they had an inadequate treatment response to BOTH Mvasi and Zirabev? Mvasi ONLY Zirabev ONLY BOTH, Mvasi and Zirabev No

One or Both Drugs: specify drug(s) and result(s):

No: Is there a clinical reason for not trying Mvasi and/or Zirabev? Yes* No

If YES (please specify):

1. What is the patient's diagnosis?

Cervical cancer

a. Is the cervical cancer metastatic, persistent, or recurrent? Yes No

b. Will the patient be treated with paclitaxel (Taxol)? Yes No

c. Will the patient receive treatment with cisplatin? Yes No*

If NO, will the patient be treated with topotecan (Hycamtin)? Yes No

Glioblastoma Multiforme (GBM)

a. Will Avastin be used as a single-agent therapy? Yes No

b. Has the patient been on Avastin continuously for the last 6 months, excluding samples? Yes No*

If NO, has there been progression of the disease following prior therapy? Yes No

Hepatocellular Carcinoma (HCC)

a. Does the patient have unresectable or metastatic hepatocellular carcinoma? Metastatic Unresectable No

b. Has the patient been on Avastin continuously for the last 6 months, excluding samples? Yes No*

If NO, has the patient received prior systemic therapy? Yes No

c. Will Avastin be given in combination with atezolizumab (Tecentriq)? Yes No

PLEASE PROCEED TO PAGE 2 FOR ADDITIONAL DIAGNOSES



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PAGE 2 - PHYSICIAN COMPLETES

Patient Name: _____ DOB: _____ Patient ID: R _____

Metastatic colorectal cancer

a. Is Avastin being used as first-line treatment or second-line treatment? Yes* (If YES, select answer below) No

First-line treatment: Is the patient receiving concurrent IV chemotherapy with 5-Fluorouracil (5-FU)? Yes No

Second-line treatment: Will the patient be receiving concurrent therapy with fluoropyrimidine-irinotecan chemotherapy, fluoropyrimidine-oxaliplatin chemotherapy, or 5-fluorouracil-based chemotherapy? Yes* No

If YES, select answer: 5-Fluorouracil-based chemotherapy Fluoropyrimidine-irinotecan chemotherapy Fluoropyrimidine-oxaliplatin chemotherapy

Metastatic renal cell carcinoma

a. Will the patient be receiving concurrent therapy with interferon-alfa? Yes No

Non-squamous non-small cell lung cancer

a. Has the patient been on Avastin continuously for the last 6 months, excluding samples? Yes No*

If NO, please answer the following questions:

i. Is Avastin being used as first-line therapy? Yes No

ii. Is the cancer unresectable, locally advanced, recurrent, or metastatic? Yes No

b. Will the patient be receiving concurrent therapy with carboplatin and paclitaxel? Yes No

Ocular disease resulting from intravitreal neovascularization including:

a. Please select one of the following below:

- Angioid streaks Ocular histoplasmosis Macular edema secondary to retinal vascular occlusion
Diabetic macular edema Progressive high myopia Neovascular (Wet) Age-related Macular Degeneration (AMD)
Neovascular glaucoma Retinopathy of prematurity Proliferative diabetic retinopathy

b. Will Avastin be used in combination therapy with other Vascular Endothelial Growth Factor (VEGF) inhibitors for ocular indications? Yes* No

If YES, specify the medication: _____

VEGF Inhibitors: Beovu (brolicizumab-dbl), Eylea (aflibercept), Lucentis (ranibizumab), Susvimo (ranibizumab), Vabysmo (faricimab-svoa)

PLEASE PROCEED TO PAGE 3 FOR ADDITIONAL DIAGNOSES

Additional information is required to process your claim for prescription drugs. Please complete the patient portion, and have the prescribing physician complete the physician portion and submit this completed form.

PAGE 3 - PHYSICIAN COMPLETES**Patient Name:** _____ **DOB:** _____ **Patient ID: R** _____ Epithelial ovarian cancer **OR** Fallopian tube cancer **OR** Primary peritoneal cancera. Has the patient been on Avastin continuously for the last **6 months**, excluding samples? *Please select answer below:* **NO** – this is **INITIATION** of therapy, please answer the following questions:i. Is the patient undergoing the initial surgical resection? Yes* (**If YES, answer the following questions*) No1) Is the cancer a stage III or stage IV disease? Yes No2) Will Avastin be given in combination with carboplatin (Paraplatin) and paclitaxel (Taxol) for up to 6 cycles followed by Avastin as a single agent? Yes Noii. Is the cancer recurrent platinum-resistant or recurrent platinum-sensitive? Yes* Cancer is not recurrent**If YES, please select one of the following:* **Recurrent Platinum Resistant:** Will Avastin be given concurrently with paclitaxel (Taxol/Onxal), pegylated liposomal doxorubicin (Doxil/Caelyx), or topotecan (Hycamtin)? Yes* No**If YES, please select one of the following below:* paclitaxel (Taxol/Onxal) pegylated liposomal doxorubicin (Doxil/Caelyx) topotecan (Hycamtin) **Recurrent Platinum Sensitive:** Will Avastin be given in combination with carboplatin (Paraplatin) and paclitaxel (Taxol) followed by Avastin as a single agent? Yes No***If NO, will Avastin be given in combination with carboplatin (Paraplatin) and gemcitabine (Gemzar) followed by Avastin as a single agent? Yes No*iii. Is the patient's cancer considered to be advanced? Yes* (**If YES, answer the following questions*) No1) Will Avastin be given in combination with olaparib (Lynparza)? Yes No2) Has the patient had a complete or partial response to platinum-based chemotherapy? Yes* No**If YES, please select one of the following below:* Complete response to platinum-based chemotherapy Partial response to platinum-based chemotherapyiv. Is the cancer associated with homologous recombination deficiency (HRD) positive status? Yes* No**If YES, is the homologous recombination deficiency positive status defined by deleterious or suspected deleterious BRCA mutation or defined by genomic instability? Yes* (**If YES, select one of the following below*) No* Deleterious or suspected deleterious BRCA mutation **OR** Genomic instability **YES** – this is a PA renewal for **CONTINUATION** of therapy, please answer the following questions:i. Will Avastin be used as single agent therapy after post initial surgical resection? Yes Noii. Is the cancer recurrent platinum resistant or recurrent platinum sensitive? Yes* Cancer is not recurrent**If YES, please select one of the following:* **Recurrent Platinum Resistant:** Will Avastin be given concurrently with paclitaxel (Taxol/Onxal), pegylated liposomal doxorubicin (Doxil/Caelyx), or topotecan (Hycamtin)? Yes* No**If YES, please select one of the following below:* paclitaxel (Taxol/Onxal) pegylated liposomal doxorubicin (Doxil/Caelyx) topotecan (Hycamtin) **Recurrent Platinum Sensitive:** Will Avastin be used as single agent therapy? Yes Noiii. Is the patient's cancer considered to be advanced? Yes* No**If YES, will Avastin be given in combination with olaparib (Lynparza)? Yes No* Other diagnosis (*please specify*): _____