BlueCross BlueShield Federal Employee Program

Mvasi and Zirabev (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.

Patient Information (required)			**Provider Information (required)**		
Date:			Provider Name:		
Patient Name:			Specialty:	NPI:	
Date of Birth:	Sex: ❑Male ❑Female		Office Phone:	Office Fax:	
Street Address:			Office Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Patient ID: **R**			Physician Signature:		
PHYSICIAN COMPLETES					

NOTE: Form must be completed in its **entirety** for processing

Please select medication: ❑**Mvasi (bevacizumab-awwb)** ❑**Zirabev (bevacizumab-bvzr)**

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

Is this request for brand or generic? ❑Brand ❑Generic

1. **Standard/Basic Option Patient, for claims adjudicated through the pharmacy benefit:** Has the patient been on this medication continuously for the last **6 months**, excluding samples? ❑Yes ❑No*
   If NO, is this medication being requested as a change from Avastin so the member can access their copay benefit? ❑Yes ❑No
2. 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 this medication be used as a single-agent therapy? ❑Yes ❑No
- b. Has the patient been on this medication 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 this medication continuously for the last **6 months**, excluding samples? ❑Yes ❑No*
  If NO, has the patient received prior systemic therapy? ❑Yes ❑No
- c. Will this medication be given in combination with atezolizumab (Tecentriq)? ❑Yes ❑No

❑Metastatic colorectal cancer
- a. Is this medication 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 this medication continuously for the last **6 months**, excluding samples? ❑Yes ❑No*
  If NO, please answer the following questions:
  - i. Is this medication 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

PLEASE PROCEED TO PAGE 2 FOR ADDITIONAL DIAGNOSES

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PAGE 2 - PHYSICIAN COMPLETES

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

❑Epithelial ovarian cancer **OR** ❑Fallopian tube cancer **OR** ❑Primary peritoneal cancer

a. Has the patient been on this medication 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)*** ❑No

1) Is the cancer a stage III or stage IV disease? ❑Yes ❑No

2) Will this medication be given in combination with carboplatin (Paraplatin) and paclitaxel (Taxol) for up to 6 cycles followed by this medication as a single agent? ❑Yes ❑No

ii. 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 this medication 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 this medication be given in combination with carboplatin (Paraplatin) and paclitaxel (Taxol) followed by this medication as a single agent? ❑Yes ❑No*****

****If NO***, will this medication be given in combination with carboplatin (Paraplatin) and gemcitabine (Gemzar) followed by this medication as a single agent? ❑Yes ❑No

iii. Is the patient's cancer considered to be advanced? ❑Yes***** ***(*If YES, answer the following questions)*** ❑No

1) Will this medication be given in combination with olaparib (Lynparza)? ❑Yes ❑No

2) 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 chemotherapy

iv. 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 this medication be used as single agent therapy after post initial surgical resection? ❑Yes ❑No

ii. 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 this medication 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 this medication be used as single agent therapy? ❑Yes ❑No

iii. Is the patient's cancer considered to be advanced? ❑Yes***** ❑No

****If YES***, will this medication be given in combination with olaparib (Lynparza)? ❑Yes ❑No

❑Other diagnosis ***(please specify)*****:** _____