

Medical prior authorization form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to: Commercial (Traditional) Commercial (Individual/Optimized)

Medicaid

This request is: Urgent (life threatening) Non-Urgent (standard review)

Urgent means the standard review time may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

Bavencio[®] (avelumab)

Member

Last Name: _____ First Name: _____

ID #: _____ DOB: _____ Gender: _____

Primary Care Physician: _____

Requesting Physician: _____ Phone: _____ Fax: _____

Physician Address: _____

Physician NPI: _____ Contact Name: _____

Provider Signature: _____ Date: _____

Product and Billing Information

New request Continuation request

Drug product: Bavencio 20mg/mL

Dose: _____ Frequency: _____

Start Date: _____

Date of last dose: _____

Date of next dose: _____

Administration: Physician's Office

Outpatient Infusion

Facility: _____ NPI: _____ Fax #: _____

Home infusion

Agency: _____ NPI: _____ Fax #: _____

Billing: Physician Buy and Bill

Facility Buy and Bill

Specialty Pharmacy

Pharmacy: _____ NPI: _____ Fax #: _____

ICD-10 Code(s): _____

The wholesale acquisition cost for each 800 mg dose of Bavencio is \$6,291. The cost of treatment with this drug will vary depending on the patient's circumstances. Each one-year treatment is likely to be more than \$150,000.

Precertification Requirements

Before this drug is covered, the patient must have a diagnosis of *metastatic Merkel cell carcinoma, Stage IV* and meet all of the following requirements:

1. Must be 12 years of age or older.
2. At least one unidimensional measurable lesion (as defined by RECIST version 1.1).
3. Disease progression on or after one prior chemotherapy regimen.
4. Eastern Cooperative Oncology Group (ECOG) performance status of 0 or 1.
5. Creatinine clearance (CrCl) > 50 mL/min (per Cockcroft-Gault formula).

OR:

The patient must have a diagnosis of *locally advanced or metastatic urothelial carcinoma* and meet all of the following requirements:

1. Disease progression during or following platinum-containing chemotherapy or within 12 months of neoadjuvant or adjuvant platinum-containing chemotherapy.
2. No active or history of central nervous system metastases or other malignancies within the last 5 years.

Note: Authorization for indications, dosing, or a route of administration not approved by the Food and Drug Administration (FDA) or recognized in CMS-accepted compendia (e.g. DrugDex, AHFS, U.S. Pharmacopeia, and also Clinical Pharmacology for oncology indications only) require supporting evidence for coverage. Please provide two published peer-reviewed literature articles supporting the appropriateness of the drug, the dosing of the drug, or the route of administration to be used for the identified indication.

Priority Health Precertification Documentation

A. What condition is this drug being requested for?

- Metastatic Merkel cell carcinoma, Stage IV
- Locally advanced or metastatic urothelial carcinoma
- Other – rationale for use: _____

B. Tumor lesion:

- i. Diameter: _____
- ii. Measured by: _____

C. Prior treatment:

- | | |
|---|--------------|
| <input type="checkbox"/> Carboplatin +/- Etoposide | Dates: _____ |
| <input type="checkbox"/> Cisplatin +/- Etoposide | Dates: _____ |
| <input type="checkbox"/> Topotecan | Dates: _____ |
| <input type="checkbox"/> CAV (Cyclophosphamide, Doxorubicin, and Vincristine) | Dates: _____ |
| <input type="checkbox"/> Other _____ | Dates: _____ |
| <input type="checkbox"/> Other _____ | Dates: _____ |

D. Patient's Eastern Cooperative Oncology Group (ECOG) performance status? _____

E. What is the patient's creatinine clearance? _____ (mL/min)

F. Does the patient have active or a history of central nervous system metastases or malignancy within the past 5 years? Yes No

Additional information

The covered dose of Bavencio is 10mg/kg once every 2 weeks until disease progression or unacceptable toxicity. Each authorization is approved for 12 months.