

REVIEW REQUEST-Oncology Drugs
Avastin® (bevacizumab) For Oncologic Indications-
Medical Policy-Drug.00038

Complete form in its entirety and fax to:
 Empire: 888-309-9672



Request Date: / /

Initial Authorization Request Subsequent Request

Medication(s) is to be dispensed, delivered, and managed by PrecisionRx Specialty Solutions fax: (800-824-2642)FAX

Ship Medication to: MD Office Patient's Home Other: (please specify)

1. PATIENT INFORMATION- All INFORMATION IS REQUIRED

Member Last Name	Member First Name	Anthem Member ID Number	Member DOB / /
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Contact Phone Number () -	Primary Diagnosis	ICD-9 Code(s)	Member's Weight _____ (lbs)
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2. PHYSICIAN INFORMATION - All INFORMATION IS REQUIRED

Physician Last Name	Physician First Name
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Address	City	State	Zip Code
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Office Phone Number () -	Office Fax Number () -	Office Contact Name and ext.	Physician Specialty
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3. MEDICATION INFORMATION - All INFORMATION IS REQUIRED

HCPCS Code/Drug Name <input type="checkbox"/> J9035/Avastin <input type="checkbox"/> Q2024/Avastin	Dose to be administered (mg)	Frequency (weeks)
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Duration (weeks)	When did the member first start this drug?	Start Date For This Request
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4. APPROVAL CRITERIA: CHECK ALL BOXES THAT APPLY

NOTE: To avoid delays, please complete this form in its entirety.

- (1) Metastatic Colorectal Adenocarcinoma**
- Yes No Will the patient receive Avastin in combination with 5-FU-based chemotherapy as **first-line** treatment?
- Yes No Will the patient receive Avastin in combination with 5-FU-based chemotherapy as **second-line** treatment?
- Yes No Was Avastin used as first line treatment?
- Yes No Will patient receive other targeted biologic agents at the same time?
- (2) Non-Squamous Non-Small Cell Lung Cancer (NSCLC)**
- Yes No Has the patient been diagnosed with non-squamous non-small cell lung cancer? **If yes**, please check the one(s) that apply:
- Unresectable
- Locally advanced
- Recurrent
- Metastatic
- Yes No Is Avastin being used as first line therapy?
- Yes No Will the patient receive Avastin in combination with cisplatin or carboplatin?
- Yes No Will this be used in combination with Paclitaxel or Docetaxel?
- Yes No Will patient receive other targeted biologic agents at the same time?

**Reauthorization only
for NSCLC**

Yes No Has there been disease progression since this treatment regime started?

(3) Metastatic Breast Carcinoma

Yes No Is this for first line therapy
 Yes No Is patient diagnosed with HER2-negative disease?
 Yes No Will the patient receive Avastin in combination with single agent Taxane?
 Yes No Will patient receive other targeted biologic agents at the same time?

(4) Glioblastoma Multiforme

Yes No Is patient diagnosed with glioblastoma multiforme?
 Yes No Did patient undergo and fail radiation therapy?
 Yes No Has Avastin been previously used?
 Yes No Will patient receive other targeted biologic agents at the same time?

(5) High Grade Glioma

Yes No Is the patient diagnosed with recurrent high grade glioma?
 Yes No Was Avastin used in a previous line of therapy?
 Yes No Will patient receive other targeted biologic agents at the same time?

(6) Anaplastic Astrocytoma

Yes No Is the patient diagnosed with anaplastic astrocytoma?
 Yes No Was Avastin used in a previous line of therapy?
 Yes No Will patient receive other targeted biologic agents at the same time?

(7) Metastatic Ovarian Cancer

Yes No Is the patient diagnosed with recurrent metastatic ovarian cancer?
 Yes No Is Avastin to be used as a single agent?
 Yes No Is this to be used as a 3rd line of therapy or later?
 Yes No Will patient receive other targeted biologic agents at the same time?

(8) Primary Peritoneal Cancer

Yes No Is the patient diagnosed with recurrent primary peritoneal cancer?
 Yes No Is Avastin to be used as a single agent?
 Yes No Is this to be used as a 3rd line of therapy or later?
 Yes No Will patient receive other targeted biologic agents at the same time?

(9) Metastatic Clear Cell Renal Cell Carcinoma

Yes No Is patient diagnosed with metastatic clear cell renal carcinoma?
 Yes No Will the patient receive Avastin in combination with interferon as first line treatment?
 Yes No Will patient receive other targeted biologic agents at the same time?

(7) Other Use(s) (Please submit all supporting documents including labs, progress notes, imaging, etc., for review.)

5. AUTHORIZED SIGNATURE

Prescriber's or Authorized Representative's Signature:

Date: ___/___/___