



CONTAINS CONFIDENTIAL PATIENT INFORMATION

Avastin® (bevacizumab)

Prior Authorization of Benefits (PAB) Form

Complete form in its entirety and fax to:

Prior Authorization of Benefits Center at (800) 601- 4829

1. PATIENT INFORMATION

2. PHYSICIAN INFORMATION

Form with fields for Patient Name, ID, DOB, Date of Rx, Phone, Email, Prescribing Physician, Specialty, Phone, Fax, Address, DEA, NPI, and Email Address.

3. MEDICATION

4. STRENGTH

5. DIRECTIONS

6. QUANTITY PER 30 DAYS

Form with fields for Avastin (bevacizumab), strength (25 mg/mL injection sol'n), directions, and quantity per 30 days.

7. DIAGNOSIS:

8. APPROVAL CRITERIA: CHECK ALL BOXES THAT APPLY

NOTE: Any areas not filled out are considered not applicable to your patient & MAY AFFECT THE OUTCOME of this request.

Neovascular (Wet) Age-Related Macular Degeneration

Yes No Individual has established neovascular "wet" AMD

Metastatic Colon, Rectal, Colorectal, Small Bowel Adenocarcinoma

Yes No Individual has a diagnosis of metastatic colon, rectal, colorectal, or small bowel adenocarcinoma
Yes No Avastin will be used as first-line treatment in combination with 5-fluorouracil (5FU)-based chemotherapy
Yes No Avastin will be used as second-line treatment in combination with 5FU-based chemotherapy or irinotecan
Yes No Individual has received prior bevacizumab
Yes No If yes, did disease progression occur while on or within 3 months of cessation of bevacizumab?

Non-Squamous, Non Small Cell Lung Cancer

Yes No Individual has a diagnosis of unresectable, locally advanced, recurrent or metastatic non-squamous, non-small cell lung cancer (NSCLC)
Yes No Avastin will be used as first-line therapy in combination with both platinum-based therapy and with a taxane
Yes No Avastin will be used as maintenance therapy
Yes No Bevacizumab was previously administered as an agent in first line combination regimen
Yes No Avastin will be used as a single agent
Yes No Avastin will be used after disease progression

Metastatic Breast Carcinoma

Yes No Individual has a diagnosis of metastatic breast carcinoma
Yes No Individual's breast cancer is classified as HER2-negative breast cancer
Yes No Avastin is being used in first line chemotherapy (Note: Hormonal therapy alone is NOT considered chemotherapy)
Yes No Avastin is being used in combination with single-agent taxane (e.g. docetaxel, paclitaxel, paclitaxel protein-bound) or capecitabine



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Central Nervous System Tumors

- Individual has a diagnosis of anaplastic astrocytoma
Individual has a diagnosis of progressive or recurrent ependymoma
Individual has failed radiation therapy
Individual has a diagnosis of anaplastic glioma
Individual has a diagnosis of recurrent high-grade glioma
Individual has a diagnosis of progressive glioblastoma multiform
Individual has failed radiation therapy
Avastin will be used in only one line of therapy

Recurrent, Metastatic Epithelial Ovarian Cancer, Fallopian Tube Cancer, or Primary Peritoneal Cancer

- Individual has a diagnosis of recurrent, metastatic epithelial ovarian cancer
Individual has a diagnosis of fallopian tube cancer
Individual has a diagnosis of recurrent primary peritoneal cancer
Avastin will be used as a single agent
Avastin will be used as 3rd line therapy or later (e.g. failure to respond or disease progression documented after, for example, two prior lines of chemotherapy)

Metastatic Clear Cell Renal Carcinoma (RCC)

- Individual has a diagnosis of metastatic clear cell renal carcinoma (RCC)
Avastin will be used as first line therapy in combination with interferon

Other Diagnoses:

- Individual has a diagnosis of pseudoxanthoma elasticum
Individual has one of the following causes of choroidal neovascularization:
angioid streaks
choroiditis (including, but not limited to histoplasmosis induced choroiditis)
degenerative myopia, idiopathic
retinal dystrophies
trauma
Individual has a diagnosis of neovascular glaucoma
Individual has a diagnosis of branch retinal vein occlusion
Individual has a diagnosis of central retinal vein occlusion
Individual has a diagnosis of diabetic macular edema
Individual has a diagnosis of angiosarcoma
Avastin will be used as a single agent
Avastin will be used for the treatment of solitary fibrous tumor and Hemangiopericytoma
Avastin will be used in combination with temozolomide
Other: \_\_\_\_\_

9. PHYSICIAN SIGNATURE

Prescriber or Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Prior Authorization of Benefits is not the practice of medicine or the substitute for the independent medical judgment of a treating physician. Only a treating physician can determine what medications are appropriate for a patient. Please refer to the applicable plan for the detailed information regarding benefits, conditions, limitations, and exclusions. The submitting provider certifies that the information provided is true, accurate, and complete and the requested services are medically indicated and necessary to the health of the patient. Note: Payment is subject to member eligibility. Authorization does not guarantee payment.

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