



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, Address, Phone, Fax, Specialty, 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 Patient has failed U.S. Food and Drug Administration approved therapies
Yes/No Patient is likely to have a therapeutic response to intravitreal bevacizumab

Colorectal Adenocarcinoma

- Yes/No Avastin is being used in combination with intravenous (IV) 5-fluorouracil-based chemotherapy for first- or second-line treatment, but not both, of patients with metastatic colorectal adenocarcinoma

Non-Squamous, Non Small Cell Lung Cancer

- Yes/No Avastin is being used in combination with cisplatin or carboplatin and paclitaxel or docetaxel for the first-line treatment of patients with unresectable, locally advanced, recurrent or metastatic non-squamous, non small cell lung cancer (NSCLC).
Yes/No Avastin to be used as first line therapy
Yes/No Will be used until disease progression

Metastatic Breast Carcinoma

- Yes/No Patient'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)

Renal Clear Cell Carcinoma

- Yes/No Avastin is being used as first line therapy in combination with interferon for the diagnosis of metastatic clear cell renal carcinoma



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**Glioblastoma Multiforme**

- Yes  No Patient has failed radiation therapy
- Yes  No Avastin is being used in only one line of therapy for a diagnosis of glioblastoma multiforme

**Glioma/Anaplastic Astrocytoma**

- Yes  No Avastin being used in only one line of therapy for diagnosis of recurrent high grade glioma or anaplastic astrocytoma

**Ovarian Cancer**

- Yes  No Avastin being used for patients with a diagnosis of recurrent, metastatic ovarian cancer or recurrent primary peritoneal cancer as a single agent, as 3<sup>rd</sup> line of therapy or later (e.g., failure to respond or disease progression documented after, for example, two prior lines of chemotherapy)

**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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