

Avastin® PreDetermination of Medical Benefits
[(bevacizumab)]

Complete form in its entirety and fax to UM Call Center at (404) 848-2448

Click on grey boxes to type	Request Date: / /
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<input type="checkbox"/> Initial Authorization Request	<input type="checkbox"/> Subsequent Request; List Previous Auth Ref #:
<input type="checkbox"/> Medication(s) is to be dispensed, delivered, and managed by PrecisionRx Specialty Solutions fax: (800-824-2642)	

1. PATIENT INFORMATION

Patient Last Name	Patient First Name	Anthem Member ID Number	Patient DOB / /
Contact Phone Number () -	Primary Diagnosis	ICD-9 Code(s)	Patient's Weight (lbs) Date: _____

2. PHYSICIAN INFORMATION

Physician Last Name	Physician First Name	Physician DEA or NPI Number	Physician Tax ID
Address		City	State Zip Code
Office Phone Number () -	Office Fax Number () -	Office Contact Name and ext.	Physician Specialty

3. MEDICATION INFORMATION

Drug Name Avastin	HCPCS or CPT Code(s) J9035	Strength / Dose	
Direction for Use (SIG)			
Date patient is scheduled to be treated (need by date) / /	Service From Date / /	Service Thru Date / /	Number of Refills
Ship Medication to: <input type="checkbox"/> MD Office <input type="checkbox"/> Patient's Home <input type="checkbox"/> Other: (please specify)			

4. ADDITIONAL CLINICAL INFORMATION NEEDED

Date of Initial Diagnosis / /	List initial therapy (ies) / drug(s) and date(s)
Date of diagnosis of metastatic disease / /	List prior therapy (ies) / drug(s) used for metastatic disease and dates
Describe current treatment plan	

5. APPROVAL CRITERIA: CHECK ALL BOXES THAT APPLY

NOTE: To avoid delays, please complete this form in its entirety. Incomplete forms that are missing pertinent information will be pended.
If indicated, please provide ALL supporting lab results, progress notes, etc.

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(1) Metastatic Colorectal Cancer

- Yes No Is patient diagnosed with metastatic colorectal cancer?
- 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?

(2) Non-Small Cell Lung Cancer (NSCLC)

- Yes No Is patient diagnosed with unresectable, locally advanced, recurrent or metastatic non-squamous NSCLC?
- Yes No Will the patient receive Avastin in combination with carboplatin and paclitaxel as first-line treatment?

(3) Metastatic Breast Carcinoma

- Yes No Is patient diagnosed with metastatic breast carcinoma, HER2-negative disease?
- Yes No Will the patient receive Avastin in combination with paclitaxel as first line treatment?

(4) Glioblastoma Multiforme

- Yes No Is patient diagnosed with glioblastoma multiforme?
- Yes No Did patient undergo and fail radiation therapy?
- Yes No Will the patient receive Avastin in combination with irinotecan?

(5) 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?

(6) Age Related Macular Degeneration (AMD)

- Yes No Is patient diagnosed with neovascular "wet" AMD?
- Yes No Did patient fail other FDA approved therapies?
- Yes No Will a therapeutic response be achieved with intravitreal administration of Avastin?
- Yes No Does the patient currently present with any ocular or periocular infections?

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

6. AUTHORIZED SIGNATURE

Prescriber's or Authorized Representative's Signature:

Date: ____/____/____

Prior Authorization 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.

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Medical Policy Reference can be found at: www.bcbsga.com

Anthem UM Services, Inc. an independent company and is the licensed utilization review agent that performs utilization management services on behalf of your health benefit plan or the administrator of your health benefit plan.