



Avastin, Mvasi, Zirabev

Prior Authorization Request

CVS Caremark administers the prescription benefit plan for the patient identified. This patient's benefit plan requires prior authorization for certain medications in order for the drug to be covered. To make an appropriate determination, providing the most accurate diagnosis for the use of the prescribed medication is necessary. **Please respond below and fax this form to CVS Caremark toll-free at 1-855-330-1720.** If you have questions regarding the prior authorization, please contact CVS Caremark at **1-888-877-0518**. For inquiries or questions related to the patient's eligibility, drug copay or medication delivery; please contact the Specialty Customer Care Team: CaremarkConnect® 1-800-237-2767.

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Patient's Name: _____ **Date:** _____
Patient's ID: _____ **Patient's Date of Birth:** _____
Physician's Name: _____
Specialty: _____ **NPI#:** _____
Physician Office Telephone: _____ **Physician Office Fax:** _____

Referring Provider Info: Same as Requesting Provider
Name: _____ **NPI#:** _____
Fax: _____ **Phone:** _____

Rendering Provider Info: Same as Referring Provider Same as Requesting Provider
Name: _____ **NPI#:** _____
Fax: _____ **Phone:** _____

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

Required Demographic Information:

Patient Weight: _____ *kg*

Patient Height: _____ *cm*

Please indicate the place of service for the requested drug:

- Ambulatory Surgical Home Off Campus Outpatient Hospital
 On Campus Outpatient Hospital Office Pharmacy

Send completed form to: Case Review Unit CVS Caremark Specialty Programs Fax: 1-855-330-1720

Note: This fax may contain medical information that is privileged and confidential and is solely for the use of individuals named above. If you are not the intended recipient you hereby are advised that any dissemination, distribution, or copying of this communication is prohibited. If you have received the fax in error, please immediately notify the sender by telephone and destroy the original fax message. Avastin, Mvasi, Zirabev SGM - 06/2021.

**CVS Caremark Specialty Pharmacy • 2211 Sanders Road NBT-6 • Northbrook, IL 60062
Phone: 1-888-877-0518 • Fax: 1-855-330-1720 • www.caremark.com**

Criteria Questions:

1. What is the prescribed drug? Avastin Mvasi Zirabev

2. What is the diagnosis? *List continues on following page.*
 - Diabetic macular edema
 - Neovascular (wet) Age-Related Macular Degeneration
 - Macular edema due to retinal vein occlusion (RVO)
 - Proliferative diabetic retinopathy
 - Choroidal neovascularization (CNV) (including myopic choroidal neovascularization, angioid streaks, choroiditis [including choroiditis secondary to ocular histoplasmosis], idiopathic degenerative myopia, retinal dystrophies, rubeosis iridis, pseudoxanthoma elasticum, and trauma)
 - Neovascular glaucoma
 - Retinopathy of prematurity
 - Polypoidal choroidal vasculopathy
 - Colorectal cancer (including, appendiceal carcinoma, and anal adenocarcinoma)
 - Non-squamous non-small cell lung cancer (NSCLC)
 - Glioblastoma
 - Intracranial and spinal ependymoma (excludes subependymoma)
 - Anaplastic glioma
 - Low-grade (WHO Grade II) infiltrative supratentorial astrocytoma/oligodendroglioma
 - Medulloblastoma
 - Primary central nervous system lymphoma
 - Meningiomas
 - Limited and extensive brain metastases
 - Metastatic spine tumors
 - Epithelial ovarian cancer (including carcinosarcoma [malignant mixed Müllerian tumors], clear cell carcinoma, mucinous carcinoma, grade 1 endometrioid carcinoma, low-grade serous carcinoma, borderline epithelial tumors [low malignant potential] with invasive implants, and malignant sex cord-stromal tumors)
 - Fallopian tube cancer
 - Primary peritoneal cancer
 - Uterine neoplasms
 - Endometrial carcinoma
 - Cervical cancer
 - Vaginal cancer
 - Breast cancer
 - Renal cell carcinoma
 - Angiosarcoma
 - Solitary fibrous tumor or hemangiopericytoma
 - Malignant pleural mesothelioma
 - Vulvar squamous cell carcinoma
 - Peritoneal mesothelioma
 - Pericardial mesothelioma
 - Tunica vaginalis testis mesothelioma
 - Hepatocellular carcinoma
 - Small bowel adenocarcinoma
 - Other _____

3. What is the ICD-10 code? _____

4. Is this request for continuation of therapy with the requested medication? Yes No *If No, skip to #7*

5. *For ophthalmic disorders*, has the patient demonstrated a positive clinical response to therapy (e.g., improvement or maintenance in best corrected visual acuity [BCVA] or visual field, or a reduction in the rate of vision decline or the risk of more severe vision loss)? Yes No

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6. *For all other indications*, has the patient experienced a clinical benefit or not experienced an unacceptable toxicity with the requested medication?
- Has experienced a clinical benefit
 - Has not experienced an unacceptable toxicity
 - None of the above
7. What is the patient's disease type?
- Advanced disease Metastatic disease Persistent disease Progressive disease
 - Recurrent disease Relapsed disease Unresectable locally advanced disease
 - Stage IV disease
 - Other _____
8. How will the requested medication be given?
- Single agent therapy
 - In combination with temozolomide
 - In combination with atezolizumab
 - In combination with pemetrexed and either cisplatin or carboplatin followed by single agent maintenance therapy

I attest that this information is accurate and true, and that documentation supporting this information is available for review if requested by CVS Caremark or the benefit plan sponsor.

X _____
Prescriber or Authorized Signature **Date (mm/dd/yy)**

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