



**BlueCross
BlueShield**

BAVENCIO

Federal Employee Program. PRIOR APPROVAL REQUEST

Additional information is required to process your claim for prescription drugs. Please complete the patient portion, and have the prescribing physician complete the physician portion and submit this completed form.

Send completed form to:
Service Benefit Plan
Prior Approval
P.O. Box 52080 MC 139
Phoenix, AZ 85072-2080
Attn: Clinical Services
Fax: 1-877-378-4727

Patient Information (required)				Provider Information (required)		
Date:				Provider Name:		
Patient Name:				Specialty:		NPI:
Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female			Office Phone:		Office Fax:
Street Address:				Office Street Address:		
City:	State:	Zip:		City:	State:	Zip:
Patient ID:	R <input type="text"/>			Physician Signature:		
PHYSICIAN COMPLETES						

Bavencio (avelumab)

****Check www.fepblue.org/formulary to confirm which medication is part of the patient's benefit**

NOTE: Form must be completed in its entirety for processing

Is this request for brand or generic? ☐ Brand ☐ Generic

1. Has the patient been on Bavencio continuously for the last **6 months, excluding samples**? *Please select answer below:*

☐ **NO** – this is **INITIATION** of therapy, please answer the following question(s):

a. What is the patient's diagnosis?

☐ Advanced Renal Cell Carcinoma (RCC)

i. Will Bavencio be used in combination with Inlyta (acitinib)? ☐ Yes ☐ No

ii. Will liver enzymes be monitored? ☐ Yes ☐ No

iii. Will the patient be monitored for cardiovascular events? ☐ Yes ☐ No

iv. Will Bavencio be used as first-line treatment? ☐ Yes ☐ No

☐ Locally advanced or metastatic urothelial carcinoma

i. Has the patient had disease progression with first-line platinum-containing chemotherapy? ☐ Yes ☐ No*

***If NO**, will Bavencio be used as maintenance treatment? ☐ Yes ☐ No

ii. Has the patient had disease progression during or following platinum-containing chemotherapy? ☐ Yes ☐ No*

***If NO**, has the patient had disease progression within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy? ☐ Yes ☐ No

☐ Metastatic Merkel Cell Carcinoma (MCC)

☐ Other diagnosis (*please specify*): _____

☐ **YES** - this is a PA renewal for **CONTINUATION** of therapy, please answer the following questions:

a. What is the patient's diagnosis?

☐ Advanced Renal Cell Carcinoma (RCC)

i. Will Bavencio be used in combination with Inlyta (acitinib)? ☐ Yes ☐ No

ii. Will liver enzymes be monitored? ☐ Yes ☐ No

iii. Will the patient be monitored for cardiovascular events? ☐ Yes ☐ No

☐ Locally advanced or metastatic urothelial carcinoma

☐ Metastatic Merkel Cell Carcinoma (MCC)

☐ Other diagnosis (*please specify*): _____

b. Has the patient experienced disease progression or unacceptable toxicity while on Bavencio therapy? ☐ Yes ☐ No

2. Will the patient be monitored for all immune-mediated adverse reactions and will therapy discontinued if necessary? ☐ Yes ☐ No

3. **FEMALE Patient:** Is the patient of child bearing potential? ☐ Yes* ☐ No

***If YES**, will the patient be advised to use effective contraception during treatment with Bavencio and for at least one month after the last dose? ☐ Yes ☐ No



**BlueCross
BlueShield**

Federal Employee Program. **BAVENCIO**
PRIOR APPROVAL REQUEST

Send completed form to:
Service Benefit Plan
Prior Approval
P.O. Box 52080 MC 139
Phoenix, AZ 85072-2080
Attn. Clinical Services
Fax: **1-877-378-4727**

Message:

Attached is a Prior Authorization request form.

For your convenience, there are 3 ways to complete a Prior Authorization request:

<p>Electronically Online (ePA) Results in 2-3 minutes FASTEST AND EASIEST</p>	<p>Now you can get responses to drug Prior Authorization requests securely online. Online submissions may receive instant responses and do not require faxing or phone calls. Requests can be made 24 hours a day, 7 days a week. For more information on electronic prior authorization (ePA) and to register, go to Caremark.com/ePA.</p>
<p>Phone (4-5 minutes for response)</p>	<p>The FEP Clinical Call Center can be reached at (877)-727-3784 between the hours of 7AM-9PM Eastern Time. A live representative will assist with the Prior Authorization, asking for the same information contained on the attached form. Please review the form and have your answers ready for faster service. The process over the phone takes on average between 4 and 5 minutes.</p>
<p>Fax (3-5 days for response)</p>	<p>Fax the attached form to (877)-378-4727. Requests sent via fax will be processed and responded to within 5 business days. The form must be filled out completely, if there is any missing information the Prior Authorization request cannot be processed. <u>Please only fax the completed form once as duplicate submissions may delay processing times.</u></p>

**faster...
easier...
better...**

Introducing ePA! Online Prior Authorizations in minutes through **Caremark.com/ePA**. Sign up today!

CVS/caremark 