Avastin, Alymsys, Mvasi, Vegzelma, Zirabev

Prior Authorization Request

Your patient's benefit plan requires prior authorization for certain medications. In order to make appropriate medical necessity determinations, your patient's diagnosis and other clinical information is required. **Please complete the information requested on the form below and fax this form along with supporting clinical documentation to Priority Partners, toll-free at 1-866-212-4756 to initiate the review process.** If you have questions regarding the prior authorization please contact Priority Partners at 888-819-1043 Option 4**.**

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*

Drug Information:

Strength/Measure _____*Units* ❑ ml ❑ Gm ❑ mg ❑ ea ❑ Un
Directions(sig) _____*Route of administration* _____
Dosing frequency _____

Send completed form to: Priority Partners Fax: 1-866-212-4756

 Avastin, Alymsys, Mvasi, Vegzelma, Zirabev MR Medicaid SGM 1891-A – 08/2023.

Exception Criteria Questions:

A. What is the ICD-10 code? _____

B. What drug is being prescribed?
- ❑ Mvasi, *Skip to Clinical Criteria Questions*
- ❑ Alymsys, *Skip to Clinical Criteria Questions*
- ❑ Zirabev, *Skip to Clinical Criteria Questions*
- ❑ Vegzelma, *Skip to Clinical Criteria Questions*
- ❑ Avastin

C. Is the product being requested for the treatment of an oncology indication?
❑ Yes ❑ No *If No, skip to Clinical Criteria Questions*

D. *The preferred products for your patient's health plan are Mvasi, and Zirabev*.
Can the patient's treatment be switched to any of the preferred products?
- ❑ Yes – Mvasi, *Skip to Clinical Criteria Questions*
- ❑ Yes – Zirabev, *Skip to Clinical Criteria Questions*
- ❑ No

E. Does the patient have a documented intolerable adverse event to all of the preferred products (Mvasi, and Zirabev) that was NOT an expected adverse event attributed to the active ingredient as described in the prescribing information (i.e., known adverse reaction for both the reference product and biosimilar products)?
ACTION REQUIRED: If 'Yes', Attach supporting chart note(s). ❑ Yes ❑ No

Criteria Questions:

1. What is the diagnosis?

❒ Diabetic macular edema, *Continue to #200*

❒ Neovascular (wet) Age-Related Macular Degeneration, *Continue to #200*

❒ Macular edema due to retinal vein occlusion (RVO), *Continue to #200*

❒ Proliferative diabetic retinopathy, *Continue to #200*

❒ 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), *Continue to #200*

❒ Neovascular glaucoma, *Continue to #200*

❒ Retinopathy of prematurity, *Continue to #200*

❒ Polypoidal choroidal vasculopathy, *Continue to #200*

❒ Colorectal cancer, including appendiceal adenocarcinoma and anal adenocarcinoma, *Continue to #10*

❒ Non-squamous non-small cell lung cancer (NSCLC), *Continue to #10*

❒ Glioma (WHO Grade 1), *Continue to #10*

❒ Diffuse high grade gliomas, *Continue to #10*

❒ Glioblastoma, *Continue to #10*

❒ IDH mutant astrocytoma (WHO Grade 2, 3 or 4), *Continue to #10*

❒ Oligodendroglioma (WHO Grade 2 or 3), *Continue to #10*

❒ Intracranial and spinal ependymoma (excludes subependymoma), *Continue to #10*

❒ Medulloblastoma, *Continue to #10*
❒ Primary central nervous system lymphoma, *Continue to #10*
❒ Meningiomas, *Continue to #10*
❒ Limited and extensive brain metastases, *Continue to #10*
❒ Metastatic spine tumors, *Continue to #10*
❒ Epithelial ovarian cancer, *Continue to #10*
❒ Fallopian tube cancer, *Continue to #10*
❒ Primary peritoneal cancer, *Continue to #10*
❒ Malignant sex cord stromal tumors, *Continue to #10*
❒ Uterine neoplasms, *Continue to #10*
❒ Endometrial carcinoma, *Continue to #10*
❒ Cervical cancer, *Continue to #10*
❒ Vaginal cancer, *Continue to #10*
❒ Breast cancer, *Continue to #10*
❒ Renal cell carcinoma, *Continue to #10*
❒ Angiosarcoma, *Continue to #10*
❒ Solitary fibrous tumor or hemangiopericytoma, *Continue to #10*
❒ Mesothelioma (malignant pleural, malignant peritoneal, pericardial, or tunica vaginalis testis), *Continue to #10*
❒ Vulvar carcinoma, including squamous cell carcinoma and adenocarcinoma, *Continue to #10*
❒ Hepatocellular carcinoma, *Continue to #10*
❒ Small bowel adenocarcinoma, *Continue to #10*
❒ Ampullary Adenocarcinoma, *Continue to #10*
❒ Other, *No Further Questions*

Oncology indications

10. Is this request for continuation of therapy with the requested medication?
❒ Yes, *Continue to #11*
❒ No, *Continue to #15*

Continuation

11. Has the patient experienced an unacceptable toxicity or disease progression while on the current regimen?
❒ Yes, *No Further Questions*
❒ No, *No Further Questions*

Initial

15. What is the diagnosis?
❒ Colorectal cancer, including appendiceal adenocarcinoma and anal adenocarcinoma, *No Further Questions*
❒ Non-squamous non-small cell lung cancer (NSCLC), *Continue to #20*
❒ Glioma (WHO Grade 1), *No Further Questions*

❒ Diffuse high grade gliomas, *No Further Questions*
❒ Glioblastoma, *No Further Questions*
❒ IDH mutant astrocytoma (WHO Grade 2, 3 or 4), *No Further Questions*
❒ Oligodendroglioma (WHO Grade 2 or 3), *No Further Questions*
❒ Intracranial and spinal ependymoma (excludes subependymoma), *No Further Questions*
❒ Medulloblastoma, *No Further Questions*
❒ Primary central nervous system lymphoma, *No Further Questions*
❒ Meningiomas, *No Further Questions*
❒ Limited and extensive brain metastases, *No Further Questions*
❒ Metastatic spine tumors, *No Further Questions*
❒ Epithelial ovarian cancer, *No Further Questions*
❒ Fallopian tube cancer, *No Further Questions*
❒ Primary peritoneal cancer, *No Further Questions*
❒ Malignant sex cord stromal tumors, *No Further Questions*
❒ Uterine neoplasms, *Continue to #30*
❒ Endometrial carcinoma, *Continue to #30*
❒ Cervical cancer, *Continue to #40*
❒ Vaginal cancer, *Continue to #40*
❒ Breast cancer, *Continue to #45*
❒ Renal cell carcinoma, *Continue to #50*
❒ Angiosarcoma, *Continue to #60*
❒ Solitary fibrous tumor or hemangiopericytoma, *Continue to #70*
❒ Mesothelioma (malignant pleural, malignant peritoneal, pericardial, or tunica vaginalis testis), *Continue to #80*
❒ Vulvar carcinoma, including squamous cell carcinoma and adenocarcinoma, *Continue to #90*
❒ Hepatocellular carcinoma, *Continue to #100*
❒ Small bowel adenocarcinoma, *No Further Questions*
❒ Ampullary Adenocarcinoma, *Continue to #110*

Non-squamous non-small cell lung cancer (NSCLC)

20. Does the patient have recurrent, advanced, metastatic, or unresectable disease?
❒ Recurrent disease, *No Further Questions*
❒ Advanced disease, *No Further Questions*
❒ Metastatic disease, *No Further Questions*
❒ Unresectable disease, *No Further Questions*
❒ None of the above, *No Further Questions*

Uterine neoplasms

Endometrial carcinoma

30. Does the patient have progressive, advanced, recurrent, or metastatic disease?

❒ Progressive disease, *No Further Questions*

❒ Advanced disease, *No Further Questions*

❒ Recurrent disease, *No Further Questions*

❒ Metastatic disease, *No Further Questions*

❒ None of the above, *No Further Questions*

Cervical cancer

Vaginal cancer

40. Does the patient have persistent, recurrent, or metastatic disease?

❒ Persistent disease, *No Further Questions*

❒ Recurrent disease, *No Further Questions*

❒ Metastatic disease, *No Further Questions*

❒ None of the above, *No Further Questions*

Breast cancer

45. Does the patient have recurrent or metastatic disease?

❒ Recurrent disease, *No Further Questions*

❒ Metastatic disease, *No Further Questions*

❒ None of the above, *No Further Questions*

Renal cell carcinoma

50. Does the patient have relapsed or stage IV disease?

❒ Relapsed disease, *No Further Questions*

❒ Stage IV disease, *No Further Questions*

❒ None of the above, *No Further Questions*

Angiosarcoma

60. Will the requested medication be given as a single agent therapy?

❒ Yes, *No Further Questions*

❒ No, *No Further Questions*

Solitary fibrous tumor or hemangiopericytoma

70. Will the requested medication be given in combination with temozolomide?

❒ Yes, *No Further Questions*

❒ No, *No Further Questions*

Malignant pleural mesothelioma, malignant peritoneal mesothelioma, pericardial mesothelioma, or tunica vaginalis testis mesothelioma

80. What is the place in therapy in which the requested drug will be used?

❒ First-line treatment, *Continue to #81*

❒ Subsequent treatment, *Continue to #83*

81. Will the requested medication be given in combination with pemetrexed (Alimta) and either cisplatin (Platinol) or carboplatin (Paraplatin), followed by single-agent maintenance bevacizumab?

❒ Yes, *Continue to #82*

❒ No, *Continue to #82*

82. Does the patient have unresectable disease?

❒ Yes, *Continue to #85*

❒ No, *Continue to #85*

83. Will the requested drug be used in any of the following regimens?

❒ In combination with pemetrexed (Alimta) and either cisplatin (Platinol) or carboplatin (Paraplatin), *Continue to #84*

❒ In combination with atezolizumab (Tecentriq), *Continue to #86*

❒ No, *No Further Questions*

84. Has the patient received immunotherapy as first-line treatment?

❒ Yes, *Continue to #85*

❒ No, *Continue to #85*

85. Please indicate the type of mesothelioma which applies to the patient's disease

❒ Malignant pleural mesothelioma, *No Further Questions*

❒ Malignant peritoneal mesothelioma, *No Further Questions*

❒ Pericardial mesothelioma, *No Further Questions*

❒ Tunica vaginalis testis mesothelioma, *No Further Questions*

❒ Other, *No Further Questions*

86. Please indicate the type of mesothelioma which applies to the patient's disease

❒ Malignant pleural mesothelioma, *No Further Questions*

❒ Malignant peritoneal mesothelioma, *No Further Questions*

❒ Pericardial mesothelioma, *No Further Questions*

❒ Tunica vaginalis testis mesothelioma, *No Further Questions*

❒ Other, *No Further Questions*

Vulvar carcinoma, including squamous cell carcinoma and adenocarcinoma

90. Does the patient have unresectable locally advanced, recurrent, or metastatic disease?

❒ Unresectable locally advanced disease, *No Further Questions*
❒ Recurrent disease, *No Further Questions*
❒ Metastatic disease, *No Further Questions*
❒ None of the above, *No Further Questions*

Hepatocellular carcinoma

100. Does the patient have unresectable or metastatic disease?
❒ Unresectable disease, *Continue to #101*
❒ Metastatic disease, *Continue to #101*
❒ None of the above, *Continue to #101*

101. Will the requested drug be used as initial treatment?
❒ Yes, *Continue to #102*
❒ No, *Continue to #102*

102. Will the requested medication be given in combination with atezolizumab (Tecentriq)?
❒ Yes, *No Further Questions*
❒ No, *No Further Questions*

Ampullary Adenocarcinoma

110. Please indicate the type of ampullary adenocarcinoma which applies to the patient's disease
❒ Intestinal-type, *Continue to #111*
❒ Other, *Continue to #111*

111. Does the patient have progressive, unresectable, or metastatic disease?
❒ Progressive disease, *No Further Questions*
❒ Unresectable disease, *No Further Questions*
❒ Metastatic disease, *No Further Questions*
❒ None of the above, *No Further Questions*

Ophthalmic disorders

200. Is this a request for continuation of therapy with the requested medication?
❒ Yes, *Continue to #201*
❒ No, *No Further Questions*

201. 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 Further Questions*
❒ No, *No Further Questions*

I attest that this information is accurate and true, and that documentation supporting this information is available for review if requested by Priority Partners.

X_____

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

Send completed form to: Priority Partners Fax: 1-866-212-4756

 Avastin, Alymsys, Mvasi, Vegzelma, Zirabev MR Medicaid SGM 1891-A – 08/2023.