



Avastin

**Express Scripts
Prior Authorization
Phone 1-844-424-8886
Fax 1-877-251-5896**

To start your Part D Coverage Determination request, you (or your representative or your doctor or other prescriber) should contact Express Scripts, Inc (ESI):

- You may Call ESI at 1-844-424-8886, 24 hours a day, 7 days a week, TTY users: 1-800-716-3231
- You may Fax your request to: 1-877-251-5896 (Attention: Medicare Reviews)
- You may also send your request via email to: medicarepartdparequests@express-scripts.com

Member's Last Name:	Member's First Name:
SCAN ID number:	Date of Birth:
Prescriber's Name:	Contact Person:
Office phone:	Office Fax:

Medication:	Diagnosis:
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This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

SECTION A	Please answer the following questions
1. <input type="radio"/> Yes <input type="radio"/> No	Is the diagnosis or indication for the treatment of patients with Metastatic Colorectal Cancer? <i>(If No, skip to question 5.)</i>
2. <input type="radio"/> Yes <input type="radio"/> No	Has the patient's metastatic colorectal cancer progressed after receiving a first-line Avastin-containing regimen? <i>(If Yes, skip to question 4)</i>
3. <input type="radio"/> Yes <input type="radio"/> No	Will Avastin be used in combination with intravenous 5-fluorouracil - based chemotherapy? -- <i>NOTE: Also answer YES if the member has used a drug with the same active ingredient as the generic intravenous 5-fluorouracil (e.g., Adrucil).</i>
4. <input type="radio"/> Yes <input type="radio"/> No	Will Avastin be used in combination with fluoropyrimidine-irinotecan- or fluoropyrimidine-oxaliplatin-based chemotherapy? <i>(Skip to question 18.)</i>
5. <input type="radio"/> Yes <input type="radio"/> No	Is the diagnosis or indication for the adjuvant treatment of colon cancer?
6. <input type="radio"/> Yes <input type="radio"/> No	Is the diagnosis or indication for the treatment of patients with Non-Squamous Non-Small Cell Lung Cancer? <i>(If No, skip to question 9.)</i>
7. <input type="radio"/> Yes <input type="radio"/> No	Will Avastin be used in patients whose disease is unresectable, locally advanced, recurrent or metastatic?

8. Yes No Will Avastin be used in combination with carboplatin and paclitaxel? (*Skip to question 18.*)
9. Yes No Is the diagnosis or indication for the treatment of patients with Metastatic Renal Cell Carcinoma? (*If No, skip to question 11.*)
10. Yes No Will Avastin be used in combination with interferon alfa? (*Skip to question 18.*)
11. Yes No Is the diagnosis or indication for the treatment of patients with recurrent Glioblastoma? (*If Yes, skip to question 18.*)
12. Yes No Is the diagnosis or indication for the treatment of patients with Metastatic Breast Cancer? (*If Yes, skip to question 18.*)
13. Yes No Will Avastin be used in patients with persistent, recurrent, or metastatic cervical cancer? (*If No, skip to question 15.*)
14. Yes No Will Avastin be used in combination with paclitaxel and cisplatin or paclitaxel and topotecan? (*Skip to question 18.*)
15. Yes No Will Avastin be used in patients with platinum-resistant or platinum-sensitive recurrent epithelial ovarian, fallopian tube or primary peritoneal cancer?
 Platinum-resistant (*Skip to question 16*)
 Platinum-sensitive (*Skip to question 17*)
16. Yes No Will Avastin be used in combination with paclitaxel, pegylated liposomal doxorubicin or topotecan?
If NO, please document the diagnosis: _____
17. Yes No Will Avastin be used in combination with carboplatin and paclitaxel, or in combination with carboplatin and gemcitabine, followed by Avastin as a single agent?
18. Yes No Is the prescription written or recommended by an Oncologist?
19. Yes No Will Avastin be administered in patients with any of the following: gastrointestinal perforation; wound dehiscence requiring medical intervention; OR serious hemorrhage or recent history of hemoptysis of one and a half or greater teaspoon of red blood?
20. Yes No Will Avastin be administered in patients who experienced a severe arterial thromboembolic event including cerebral infarction, transient ischemic attacks, or myocardial infarction?
21. Yes No Does member have any of the following: tracheoesophageal (TE) fistula, fistula formation involving an internal organ, or any Grade 4 fistula?
22. Yes No Is the member currently taking the requested medication?
23. Yes No Is the medication supplied by Retail, Home Infusion, Long Term Care (LTC) or other pharmacies?
24. Yes No Is the medication supplied and administered by a Physician's office?
If NO, please document how the medication is supplied: _____

Please document the symptoms and/or any other information important to this review:

SECTION B

Physician Signature

PHYSICIAN SIGNATURE

DATE

FAX COMPLETED FORM TO: 1-877-251-5896

Our response time for prescription drug coverage standard requests is 72 hours. If you or your prescriber believe that waiting 72 hours for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can ask for an expedited (fast) decision. If your prescriber indicates that waiting 72 hours could seriously harm your health, we will automatically give you a decision within 24 hours. If you do not obtain your prescriber's support for an expedited request, we will decide if your case requires a fast decision. You cannot request an expedited coverage determination if you are asking us to pay you back for a drug you already received. View our formulary and Prior Authorization criteria online at <http://www.villagehealthca.com>