



Bavencio

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 copy 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 Inpatient Hospital 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. Bavencio SGM – 09/2020.

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 diagnosis?
 - Merkel cell carcinoma
 - Urothelial carcinoma-Bladder cancer
 - Urothelial carcinoma-Primary carcinoma of the urethra
 - Urothelial carcinoma-Upper Genitourinary Tract Tumors
 - Urothelial carcinoma of the Prostate
 - Kidney cancer
 - Other _____
2. What is the ICD-10 code? _____
3. Has the patient experienced disease progression while receiving another PD-1 or PD-L1 inhibitor (e.g., Opdivo, Imfinzi)? Yes No
4. Is the patient currently receiving treatment with the requested medication? Yes No *If No, skip to #6*
5. Has the patient experienced disease progression or an unacceptable toxicity while receiving the requested drug/regimen? Yes No *No further questions*
6. Will the requested drug be used as a single agent? Yes No
7. What is the clinical setting in which the requested drug will be used?
 - Advanced disease
 - Metastatic disease
 - Recurrent disease
 - Locally advanced disease
 - Relapsed disease
 - Stage IV disease
 - Other _____
8. What is the place in therapy in which the requested drug will be used?
 - First-line treatment
 - Subsequent treatment
9. Has the patient previously received platinum-containing chemotherapy? Yes No
10. Will the requested medication be used as maintenance therapy? Yes No
11. Did the patient experience disease progression on first-line platinum-containing chemotherapy? Yes No

Complete the following section based on the patient's diagnosis, if applicable.

Section A: Urothelial Carcinoma-Bladder Cancer

12. Will the drug be used for either of the following: A) metastatic or local recurrence post-cystectomy or B) muscle invasive local recurrence or persistent disease in a preserved bladder? Yes No

Section B: Kidney Cancer

13. Will the drug be used in combination with axitinib? Yes No

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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