

# SENTARA HEALTH MANAGEMENT

## PHARMACY PRIOR AUTHORIZATION REQUEST FORM\*

**Directions:** *The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff and faxed to 757-552-7429 or 1-877-800-2839. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct.*

**Drug Name: Avastin® (bevacizumab) Code-J9035**

- Avastin® is a recombinant humanized monoclonal IgG1 antibody that binds to and inhibits the biologic activity of human vascular endothelial growth factor (VEGF). Avastin®, in combination with intravenous 5-fluorouracil-based chemotherapy, is indicated for first- or second-line treatment of patients with metastatic carcinoma of the colon or rectum.
- No studies have been conducted to examine the pharmacokinetics of Avastin® in patients with renal or hepatic impairment.

**Please Complete below:**

(Please check the appropriate box)

Patient has a one of the following diagnoses:

- Metastatic colorectal cancer
- Metastatic renal-cell cancer
- First line treatment for patients with unresectable, locally advanced, recurrent or metastatic non-squamous, non-small-lung cancer in combination with chemotherapy
- Metastatic breast cancer
- Pancreatic cancer
- Glioblastoma, brain cancer
- Neovascular age-related macular degeneration
  - Drug is prescribed by a retinal specialist
  - Patient is over 50 years old

**Patient:** \_\_\_\_\_

**Member Number:** \_\_\_\_\_

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Physician Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Fax Number** \_\_\_\_\_

**Pharmacy Name** \_\_\_\_\_ **Pharmacy Tel #** \_\_\_\_\_

**(IF AVAILABLE)**

\*Updated 6/18/2009