



**Outpatient Chemotherapy  
Avastin (Bevacizumab) Request Form  
Fax to 833-619-5745  
(Medical Benefit Only)**

Member Name: \_\_\_\_\_

Member Date of Birth: \_\_\_\_\_

Member UMI: \_\_\_\_\_  Medicare  Commercial

Requesting Physician's Name: \_\_\_\_\_ NPI Number: \_\_\_\_\_

Requesting Physician's Address: \_\_\_\_\_

Office Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Facility: \_\_\_\_\_ Facility NPI Number: \_\_\_\_\_

Facility's Address: \_\_\_\_\_

Date of Service: \_\_\_\_\_

J Code (s): \_\_\_\_\_

Diagnosis Code(s): \_\_\_\_\_

**Please answer the following clinical questions:**

<b>DRUG INFORMATION (please select one)</b>	
<b><u>PREFERRED for ALL indications</u></b>	<b><u>NON-PREFERRED**</u></b>
<input type="checkbox"/> Mvasi (Q5107) <input type="checkbox"/> Zirabev (Q5118)	<input type="checkbox"/> Avastin (J9035) <input type="checkbox"/> Alymsys (_____) <input type="checkbox"/> Vegzelma (_____)
	<p><b>**A non-preferred product will be considered when the member has documented therapy failure after an adequate therapeutic trial of a preferred product, or the preferred product has not been tolerated or is contraindicated</b></p> <p><b>**Medicare members currently established on a non-preferred therapy are not required to try a preferred option</b></p>

If a non-preferred product was selected above, please provide the rationale for its selection over a preferred product: \_\_\_\_\_

**\*\*Please verify member's eligibility and benefits through the health plan\*\***

Fax this completed form to Highmark at 1-833-619-5745

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What type of cancer does the member have (include histology) and what stage disease?

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What is the member's complete chemotherapy regimen? \_\_\_\_\_

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What line of therapy is this considered (First, Second, Subsequent)? \_\_\_\_\_

What previous therapies has the member received? (Please include if the member progressed or relapsed) \_\_\_\_\_

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What is the member's ECOG score? \_\_\_\_\_

Is the member's disease resectable or unresectable? \_\_\_\_\_

**Please attach all pertinent clinical information (such as progress notes, genetic testing etc.)**

Attached:  YES  NO

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