

Market Applicability/Effective Date															
Market	FL & FHK	FL MMA	FL LTC	DC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	N/A	N/A	X	X	N/A	X	X	X	X	X	X	N/A	N/A	X

*FHK- Florida Healthy Kids

Bavencio (avelumab)

DRUG.00107

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Bavencio (avelumab)

APPROVAL CRITERIA

Requests for Bavencio (avelumab) may be approved when the following criteria are met:

For Merkel cell Carcinoma:

- I. Individual is using Bavencio (avelumab) for the treatment of metastatic Merkel cell carcinoma; **AND**
- II. Individual is 12 years of age or older; **AND**
- III. Individual has a current Eastern Cooperative Oncology Group (ECOG) performance status of 0-2; **AND**
- IV. Individual has not received treatment with another PD-1 agent (for example, nivolumab or pembrolizumab); **AND**
- V. Individual is not receiving therapy for an autoimmune disease or chronic condition requiring treatment with a systemic immunosuppressant.

For Urothelial Carcinoma:

- I. Individual is using Bavencio (avelumab) for the treatment of locally advanced or metastatic urothelial carcinoma; **AND**
- II. Bavencio is being used as a single agent; **AND**
- III. Individual meets **one** of the following criteria:
 - A. Has demonstrated disease progression on or after platinum-containing chemotherapy; **OR**
 - B. Has demonstrated disease progression within 12 months of receiving neoadjuvant or adjuvant treatment with platinum-containing chemotherapy;**AND**
- IV. Individual has a current ECOG performance status of 0-2; **AND**
- V. Individual has not received treatment with another PD-1 agent (for example, nivolumab or pembrolizumab); **AND**
- VI. Individual is not receiving therapy for an autoimmune disease or chronic condition requiring treatment with a systemic immunosuppressant.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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Applicable	X	N/A	N/A	X	X	N/A	X	X	X	X	X	X	N/A	N/A	X

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Requests for Bavencio (avelumab) **may not be** approved when the above criteria are not met and for all other uses.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

American Cancer Society. Cancer facts & figures 2017. Atlanta: American Cancer Society; 2017.

Avelumab [Product Information]. New York, NY. Pfizer; May 9, 2017. Available at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/761078s000lbl.pdf. Accessed on May 30, 2017.

NCCN Clinical Practice Guidelines in Oncology®. © 2017 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on May 25, 2017.

- Bladder Cancer (V.5.2017). Revised May 25, 2017.
- Merkel Cell Carcinoma (V.1.2017). Revised October 3, 2016.

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