OKLAHOMA
Health Care Authority

State of Oklahoma
SoonerCare
Mvasi® (Bevacizumab-awwb) Prior Authorization Form

***Member Name:*_____ *Date of Birth:*_____ *Member ID#:*_____**

Drug Information

❑**Physician billing (HCPCS code:_____)** ❑**Pharmacy billing (NDC:_____)**

***Dose:*_____ *Regimen:*_____ *Start Date (or date of next dose):*_____**

Billing Provider Information

***Provider NPI:*_____ *Provider Name:*_____**

***Provider Phone:*_____ *Provider Fax:*_____**

Prescriber Information

***Prescriber NPI:*_____ *Prescriber Name:*_____**

***Prescriber Phone:*_____ *Prescriber Fax:*_____ *Specialty*:_____**

Criteria

For Initial Authorization:

1. Please provide all of the following:
   A. Diagnosis:_____
   B. A patient-specific, clinically significant reason why the member cannot use Avastin® (bevacizumab) or Zirabev® (bevacizumab-bvzr):

_____

_____

_____

Additional Information:_____

_____

For Continued Authorization:

1. Date of last dose:_____
2. Does patient have any evidence of progressive disease while on Mvasi® therapy? Yes____ No____
3. Has the member experienced any adverse drug reactions related to Mvasi® therapy? Yes____ No___

*If yes, please specify adverse reactions:*_____

Additional Information:_____

_____

Prescriber Signature:_____ Date:_____

I certify that the indicated treatment is medically necessary and all information is true and correct to the best of my knowledge. *Failure to complete this form in full will result in processing delays.*

PLEASE PROVIDE THE INFORMATION REQUESTED AND RETURN TO:	CONFIDENTIALITY NOTICE
University of Oklahoma College of Pharmacy Pharmacy Management Consultants Product Based Prior Authorization Unit Fax: 1-800-224-4014 Phone: 1-800-522-0114 Option 4	*This document, including any attachments, contains information which is confidential or privileged. If you are not the intended recipient, be aware that any disclosure, copying, distribution, or use of the contents of this information is prohibited. If you have received this document in error, please notify the sender immediately by telephone to arrange for the return of the transmitted documents or to verify their destruction.*