



# SPECIALTY GUIDELINE MANAGEMENT

# **BAVENCIO** (avelumab)

# POLICY

## I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

#### FDA-Approved Indications

- A. Treatment of adults and pediatric patients 12 years and older with metastatic Merkel cell carcinoma
- B. Treatment of patients with locally advanced or metastatic urothelial carcinoma who have disease progression during or following platinum-containing chemotherapy or have disease progression within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy

All other indications are considered experimental/investigational and are not a covered benefit.

## II. CRITERIA FOR INITIAL APPROVAL

#### A. Merkel Cell Carcinoma

Authorization of 12 months may be granted for the treatment of metastatic Merkel cell carcinoma.

#### B. Urothelial Carcinoma

Authorization of 12 months may be granted for treatment of locally advanced or metastatic urothelial carcinoma when either of the following criteria are met:

- 1. Member experienced disease progression during or following platinum-containing chemotherapy.
- 2. Member experienced disease progression within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy.

#### **III. CONTINUATION OF THERAPY**

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

#### **IV. REFERENCES**

1. Bavencio [package insert]. New York, NY: Pfizer Inc.; May 2017.

Bavencio SGM P2017b

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