Bavencio (Avelumab)

Drug names	1. Avelumab 2. Bavencio

Description	Bavencio (avelumab) interferes with the growth and spread of cancer cells. It is used to treat a type of skin cancer called Merkel cell carcinoma that has spread to other parts of the body. This medicine is for use in adults and children who are at least 12 years old. Bavencio is also used to treat a certain type of cancer of the bladder or urinary tract that has spread or cannot be removed with surgery. It is given for this condition after other cancer medicines such as cisplatin or carboplatin have been tried without success. It is administered by intravenous (IV) infusion.

Commercial	A Pharmacy Clinical Guideline, *Bavencio (avelumab)*, is on Magellan Rx Management.
	
	• **Requires prior authorization through Magellan**. Refer to *Review Criteria*.
	  − **Important**: Check policy for limits or exclusions.
	  − **ER or inpatient hospital POS**: PA is not required.
	  − **Providers**: Certain providers are excluded. Refer to Magellan Rx Prior Authorization.
	• Covered based on place of service. Quote office visit, outpatient hospital, or Home IV Therapy benefits.

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Bavencio (Avelumab), Continued

Government Programs

Refer to the table below.

Plan	Coverage
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	Medicaid only groups: • Refer to Medicaid below. Medicare eligible groups: • Covered based on place of service. Quote office visit, outpatient hospital, or Home IV Therapy benefits. • Medicare is the primary payer. • Follows Medicare guidelines. • If no Medicare eligibility, Medicaid applies. Refer to Medicaid below.
AccessAbility Enhanced (SNBC SNP), DUAL (MSHO)	• A Pharmacy Clinical Guideline, *Bavencio (avelumab)*, is on Magellan Rx Management. • **Requires prior authorization through Magellan**. Refer to *Review Criteria* − **Important**: Check policy for limits or exclusions. − **ER or inpatient POS**: PA is not required. − **Providers**: Certain providers are excluded. Refer to Magellan Rx Prior Authorization. • Covered based on place of service. Quote office visit, outpatient hospital, or Home IV Therapy benefits. • Medica is the only payer.

Bavencio (Avelumab), Continued

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<tr><td>Government Programs, continued</td><td colspan="2">

Plan	Coverage
Advantage	- A Pharmacy Clinical Guideline, *Bavencio (avelumab)*, is on <u>Magellan Rx Management</u>. Requires prior authorization through Magellan. Refer to *Review Criteria* − Important: Check policy for limits or exclusions. − ER or inpatient POS: PA is not required. − Providers: Certain providers are excluded. Refer to <u>Magellan Rx Prior Authorization</u>. - Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits. − Drug administration: Covered based on place of service. Quote office visit or <u>Home IV Therapy</u> benefits. Refer to the EOC for primary or specialist cost sharing. − Injection (J-code): Covered under *Part B Prescription Drugs* in the EOC. - Provider must bill per <u>Medicare Product Grid</u>. - Medica is the only payer.

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Bavencio (Avelumab), Continued

Government Programs, continued

Plan	Coverage
Advantage PartnerCare (I-SNP)	• A Pharmacy Clinical Guideline, *Bavencio (avelumab)*, is on Magellan Rx Management. • **Requires prior authorization through Magellan**. Refer to *Review Criteria* – **Important**: Check policy for limits or exclusions. – **ER or inpatient POS**: PA is not required. – **Providers**: Certain providers are excluded. Refer to Magellan Rx Prior Authorization. • Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits. – **Drug administration**: Covered based on place of service. Quote office visit or Home IV Therapy benefits. Refer to the EOC. Copays depend on place of service. – **Injection (J-code)**: Covered under *Part B Prescription Drugs* in the EOC. • Provider must bill per Medicare Product Grid. • Medica is the only payer.
Medicaid (SPP)	• A Pharmacy Clinical Guideline, *Bavencio (avelumab)*, is on Magellan Rx Management. • **Requires prior authorization through Magellan**. Refer to *Review Criteria* – **Important**: Check policy for limits or exclusions. – **ER or inpatient POS**: PA is not required. – **Providers**: Certain providers are excluded. Refer to Magellan Rx Prior Authorization. • Covered based on place of service. Quote office visit, outpatient hospital, or Home IV Therapy benefits.

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Bavencio (Avelumab), Continued

Government Programs, continued

Plan	Coverage
Prime	• Professionally administered drugs pull multiple benefits. It is important to quote ALL benefits. – **Drug administration**: Covered based on place of service. Quote office visit or Home IV Therapy benefits. Refer to the EOC for primary or specialist cost sharing. – **Injection (J-code)**: Covered under *Part B Prescription Drugs* in the EOC. • Follows Medicare guidelines. • Provider must bill per Medicare Product Grid. • **Reminder**: Members can use non-Medica Service Area providers. Refer to Out-of-MSA Benefits.
Select, Signature	• Covered based on place of service. Quote office visit, outpatient hospital, or Home IV Therapy benefits. • Medicare supplement. Medicare is the primary payer. • Follows Medicare guidelines.

Individual and Family Business (IFB)

A Pharmacy Clinical Guideline, *Bavencio (avelumab)*, is on Magellan Rx Management.

• **Requires prior authorization through Magellan**. Refer to *Review Criteria*.
  – **Important**: Check policy for limits or exclusions.
  – **ER or inpatient hospital POS**: PA is not required.
  – **Providers**: Certain providers are excluded. Refer to Magellan Rx Prior Authorization.
• Covered based on place of service. Quote office visit, outpatient hospital, or Home IV Therapy benefits.

Bavencio (Avelumab), Continued

Medica Health Plan Solutions (MHPS)

Coverage depends on the employer.

Employer	Coverage
Mayo Medical Plan	• A Pharmacy Clinical Guideline, *Bavencio (avelumab)*, is on Magellan Rx Management. • **Requires prior authorization through Magellan**. Refer to *Review Criteria*. − **Important**: Check policy for limits or exclusions. − **ER or inpatient hospital POS**: PA is not required. − **Providers**: All providers, including Mayo Clinic providers, require PA. − **Medicare supplement**: PA does not apply. • Covered based on place of service. Quote office visit, outpatient hospital, or Home IV Therapy benefits.
All others	• A Pharmacy Clinical Guideline, *Bavencio (avelumab)*, is on Magellan Rx Management. • **Requires prior authorization through Magellan**. Refer to *Review Criteria* − **Important**: Check policy for limits or exclusions. − **ER or inpatient POS**: PA is not required. − **Providers**: Certain providers are excluded. Refer to Magellan Rx Prior Authorization. • Covered based on place of service. Quote office visit, outpatient hospital, or Home IV Therapy benefits.

National Account Member Services (NAMS)

A Medical Policy, *Oncology Medication Clinical Coverage Policy*, is on UHC Provider.com.

• May be listed separately, if so, quote from iBAAG.
• If not listed separately and *Coverage Rational* is met, covered based on place of service. Quote office visit, outpatient hospital, or Home IV Therapy benefits.
• If *Coverage Rational* is not met, considered unproven and not covered.
• **Non-MSA providers**: Refer to Injectable Drugs Received in a Physician's Office - NAMS for special dispensing requirements.

Bavencio (Avelumab), Continued

Document history

Document history outlined below.

Date	Description
12.26.19	Updated to new template.
3.24.19	Updated to new template.

Applicability

Business Segments
■ All ☐ Assoc. ☐ Comm. ☐ IFB ☐ Medicaid ☐ Medicare ☐ MHPS ☐ My Plan ☐ PSC

Specific Clients/Products
■ All ☐ Other:

System
☐ CCMS ☐ COS ☐ HealthRules Payor ☐ ISET (Choose an item.) ■ N/A ☐ Other:

Departments
☐ All ☐ Billing ■ Call Center ☐ Claims ☐ Enrollment ☐ Other:

Approved By	Document Owner	Date
A-Z Review Team	KNTWs	9.1.17