

Avelumab (Bavencio®)

Place of Service
Office Administration
Infusion Center Administration
Outpatient Facility Administration
Home Infusion

HCPCS: J9023 per 10 mg

Condition listed in policy (see criteria for details)

- [Endometrial carcinoma](#)
- [Gestational trophoblastic neoplasia](#)
- [Merkel cell carcinoma](#)
- [Renal cell carcinoma](#)
- [Urothelial carcinoma](#)

AHFS therapeutic class: Antineoplastic agent

Mechanism of action: Programmed death ligand-1 (PD-L1) blocking antibody

(1) Special Instructions and Pertinent Information

Covered under the Medical Benefit, please submit clinical information for prior authorization review via fax.

(2) Prior Authorization/Medical Review is required for the following condition(s)

All requests for Bavencio® (avelumab) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

Endometrial carcinoma

1. Being used for recurrent or metastatic disease, **AND**
2. Being used as a single agent, **AND**
3. Patient has received prior chemotherapy, **AND**
4. Provider attestation of microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) tumors

Covered Dose

Up to 800 mg IV every 2 weeks, OR up to 10 mg/kg IV every 2 weeks

Coverage Period

Indefinitely

ICD-10:

C61, C65.1, C65.2, C65.9, C66.1, C66.2, C66.9, C67.0-C67.9, C68.0, D09.0, Z85.51, Z85.59

Gestational trophoblastic neoplasia

1. Being used as a single agent, **AND**
2. Disease has progressed on a multiagent chemotherapy regimen

Covered Dose

Up to 800 mg IV every 2 weeks, OR up to 10 mg/kg IV every 2 weeks

Coverage Period

Indefinitely

ICD-10:

D39.2, C58, O01.9

Merkel cell carcinoma

1. Disseminated, metastatic or relapsed disease, **AND**
2. Being used as a single agent

Covered Dose

Up to 800 mg IV every 2 weeks, OR up to 10 mg/kg IV every 2 weeks

Coverage Period

Indefinitely

ICD-10:

C4A.0, C4A.10-C4A.12, C4A.20-C4A.22, C4A.30, C4A.31, C4A.39, C4A.4, C4A.51, C4A.52, C4A.59-C4A.62, C4A.70-C4A.72, C4A.8, C4A.9, C7B.1, Z85.821

Renal cell carcinoma

1. Advanced or metastatic disease, **AND**
2. First line treatment, **AND**
3. Being used in combination with Inlyta (axitinib)

Covered Dose

Up to 800 mg IV every 2 weeks in combination with axitinib 5 mg orally twice daily

Coverage Period

Indefinitely

ICD-10:

C64.1, C64.2, C64.9, C65.1, C65.2, C65.9, Z85.528

Urothelial carcinoma

1. Locally advanced, recurrent, or metastatic disease, **AND**
2. Being used as a single agent, **AND**
3. Patient has received prior treatment with a platinum-containing chemotherapy

Covered Dose

Up to 800 mg IV every 2 weeks OR up to 10 mg/kg IV every 2 weeks

Coverage Period

PHP Medi-Cal

avelumab (Bavencio®)

Indefinitely

ICD-10:

C61, C65.1, C65.2, C65.9, C66.1, C66.2, C66.9, C67.0-C67.9, C68.0, D09.0, Z85.51, Z85.59

(3) The following condition(s) DO NOT require Prior Authorization/Preservice

All requests for Bavencio® (avelumab) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

(4) This Medication is NOT medically necessary for the following condition(s)

Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.

Please refer to the Provider Manual and User Guide for more information.

(5) Additional Information

How Supplied:

- 200 mg (single-use vial)

(6) References

- AHFS®. Available by subscription at <http://www.lexi.com>
- Bavencio® (avelumab) [Prescribing information]. Rockland, MA: EMD Serono, Inc.; 7/2022.
- DrugDex®. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>
- National Comprehensive Cancer Network. Bladder cancer (Version 3.2023). Available at <http://www.nccn.org>
- National Comprehensive Cancer Network. Gestational trophoblastic neoplasia (Version 1.2023). Available at <http://www.nccn.org>.
- National Comprehensive Cancer Network. Kidney cancer (Version 1.2024). Available at <http://www.nccn.org>
- National Comprehensive Cancer Network. Merkel cell carcinoma (Version 1.2023). Available at <http://www.nccn.org>
- National Comprehensive Cancer Network. Uterine neoplasms. (Version 2.2023). Available at <http://www.nccn.org>.
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(7) Policy Update

Date of last review: 3Q2023

Date of next review: 3Q2024

Changes from previous policy version:

No clinical change to policy following routine annual review.

*BSC Drug Coverage Criteria to Determine Medical Necessity
Reviewed by P&T Committee*