

Balversa™ (erdafitinib) Prior Authorization Form

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

Drug Information

Pharmacy Billing (NDC: _____) Start Date (or date of next dose): _____

Dose: _____ Regimen: _____

Pharmacy Information

Pharmacy NPI: _____ Pharmacy Name: _____

Pharmacy Phone: _____ Pharmacy Fax: _____

Prescriber Information

Prescriber NPI: _____ Prescriber Name: _____

Prescriber Phone: _____ Prescriber Fax: _____ Specialty: _____

Criteria

For Initial Authorization:

1. Please indicate the diagnosis and information:

Urothelial Carcinoma

A. Is disease locally advanced or metastatic? Yes ___ No ___

B. Is tumor positive for FGFR3 genetic mutation? Yes ___ No ___

C. Has disease progressed on or after at least 1 line of systemic therapy? Yes ___ No ___

D. Has member received prior treatment with a programmed death 1 (PD-1) or programmed death ligand 1 (PD-L1) inhibitor? Yes ___ No ___

Other: _____

Additional Information: _____

For Continued Authorization:

1. Date of last dose: _____

2. Does patient have any evidence of progressive disease while on erdafitinib therapy? Yes ___ No ___

3. Has the member experienced any adverse drug reactions related to erdafitinib 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.

Please do not send in chart notes. Specific information will be requested if necessary. Failure to complete this form in full will result in processing delays.

PLEASE PROVIDE THE INFORMATION REQUESTED AND RETURN TO:

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

CONFIDENTIALITY NOTICE

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.