Commercial/Healthcare Exchange PA Criteria

Effective: June 17, 2019

Prior Authorization: Balversa

Products Affected: Balversa (erdafitinib) oral tablet

Covered Uses: the treatment of adult patients with locally advanced or metastatic urothelial carcinoma that has susceptible FGFR3 or FGFR2 genetic alterations, and progressed during or following at least one line of prior platinum-containing chemotherapy, including within 12 months of neoadjuvant or adjuvant platinum-containing chemotherapy.

Exclusion Criteria: N/A

Required Medical Information:

1. Diagnosis
2. Previous therapies tried and failed
3. Presence of susceptible FGFR genetic alterations in tumor specimens as detected by an FDA-approved companion diagnostic

Age Restrictions: 18 years of age and older

Prescriber Restrictions: Prescribed by, or in consultation with, an oncologist.

Coverage Duration: 3 years

Other Criteria:

A. Patient has a diagnosis of locally advanced or metastatic urothelial carcinoma; AND
B. Patient has a susceptible FGFR3 or FGFR2 genetic alteration; AND
C. Patient has progressed during or following at least one line of prior platinum-containing chemotherapy, including within 12 months of neoadjuvant or adjuvant platinum-containing chemotherapy.

References:

1. Product Information: BALVERSA(TM) oral tablets, erdafitinib oral tablets. Janssen Products LP (per FDA), Horsham, PA, 2019.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	06/10/2019
2	Annual Review	N/A	N/A	3/30/2020