# 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 |