

This policy applies to the following:

Standard Control (SF)	Managed Medicaid Template (MMT)	ACSF Chart (ACSFC)	Medical Benefit	Medicare Part B
Preferred Drug Plan Design (PDPD)	Marketplace (MF)	SF Chart (SFC)	Medical Benefit: Biosimilars First	Medicare Part B: Biosimilars First
Advanced Control Specialty (ACSF)	New to Market (NTM)	VF Chart (VFC)	Medical Benefit: Add-on	Medicare Part B: Advanced Biosimilars First
Value (VF)	Aetna Health Exchange (AHE)		Medical Benefit: Managed Medicaid	
	IVL			

Reference #
5056-D

## EXCEPTIONS CRITERIA BEVACIZUMAB-ONCOLOGY PRODUCTS

### PREFERRED PRODUCTS: ALYMSYS, MVASI, VEGZELMA, ZIRABEV

#### POLICY

This policy informs prescribers of preferred products and provides an exception process for targeted products through prior authorization.

#### I. PLAN DESIGN SUMMARY

This program applies to the bevacizumab products specified in this policy. Coverage for targeted products is provided based on clinical circumstances that would exclude the use of the preferred product and may be based on previous use of a product. The coverage review process will ascertain situations where a clinical exception can be made. This program applies to members who are new to treatment with a targeted product for the first time.

Each referral is reviewed based on all utilization management (UM) programs implemented for the client.

**Table. bevacizumab-Oncology**

	Product(s)
<b>Preferred*</b>	<ul style="list-style-type: none"> <li>• <b>Allymsys</b> (bevacizumab-maly)</li> <li>• <b>Mvasi</b> (bevacizumab-awwb)</li> <li>• <b>Vegzelma</b> (bevacizumab-adcd)</li> <li>• <b>Zirabev</b> (bevacizumab-bvzr)</li> </ul>
<b>Targeted</b>	<ul style="list-style-type: none"> <li>• <b>Avastin</b> (bevacizumab)</li> </ul>

\*: Medications considered formulary or preferred on your plan may still require a clinical prior authorization review.

#### II. EXCEPTION CRITERIA

Coverage for a targeted product is provided when any the following criteria are met:

- A. Member has received treatment with the targeted product in the past 365 days.
- B. Member has had a documented intolerable adverse event to at least three of the preferred products and the adverse event was not an expected adverse event attributed to the active ingredient as described in the prescribing information (i.e., known adverse reaction for both the reference product and biosimilar products).

#### REFERENCES

1. Allymsys [package insert]. Bridgewater, NJ: Amneal Pharmaceuticals LLC; April 2022.
2. Avastin [package insert]. South San Francisco, CA: Genentech, Inc.; September 2022.
3. Mvasi [package insert]. Thousand Oaks, CA: Amgen, Inc.; November 2021.

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4. Vegzelma [package insert]. Incheon, Republic of Korea: Celltrion, Inc.; September 2022.
5. Zirabev [package insert]. New York, NY: Pfizer, Inc.; May 2021.